



**DESERT HEALTHCARE DISTRICT  
BOARD MEETING  
Board of Directors  
March 28, 2023  
5:30 P.M.**

Regional Access Project Foundation  
Conference Room 103  
41-550 Eclectic Street  
Palm Desert, CA 92211

***This meeting is handicapped-accessible***

In lieu of attending the meeting in person, members of the public can participate by webinar using the following link:

<https://us02web.zoom.us/j/88671987917?pwd=T29iRktfZlRDM3lTbmJDWkFiMnVMdz09>  
**Password: 355860**

Members of the public can also participate by telephone, using the following dial in information:

**(669) 900-6833 or Toll Free (833) 548-0282  
Webinar ID: 886 7198 7917  
Password: 355860**

You may also email [ahayles@dhcd.org](mailto:ahayles@dhcd.org) with your public comment no later than 4 p.m., Tuesday, 03/28

***Director Leticia De Lara – Virtual – 81879 Shady Court, Indio, 92201***

<b>Page(s)</b>	<b>REVISED AGENDA</b>	<b>Item Type</b>
	<i>Any item on the agenda may result in Board Action</i>	
	<b>A. CALL TO ORDER – President PerezGil</b> Roll Call Director Barraza____Director De Lara____ Director Zendle, MD____Director Shorr____ Secretary Rogers, RN____ Vice-President Zavala, PsyD____President PerezGil	
	<b>B. PLEDGE OF ALLEGIANCE</b>	
<b>1-4</b>	<b>C. APPROVAL OF AGENDA</b>	<b>Action</b>
	<b>D. PUBLIC COMMENT</b> At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. <b>The Board has a policy of limiting speakers to no more than three minutes.</b> 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.	



**E. CONSENT AGENDA**

**Action**

All Consent Agenda item(s) listed below are considered routine by Board of Directors and will be enacted by one motion. 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.

- 1. BOARD MINUTES
  - 5-12 a. Board of Directors Meeting – February 28, 2023
- 2. FINANCIALS
  - 13-37 a. Approval of the February 2023 Financial Statements – F&A Approved March 15, 2023
  - 38-68 b. Audit Firm Selection – FY23 Annual Audit
- 3. AGREEMENTS
  - 69-91 a. Foundant Grant Lifecycle Manager Grant Management Software Platform
  - 92-93 b. California Consulting - Consulting Services Agreement - Addendum #1 – Time Extension to March 31, 2024
  - 94-95 c. INPRO Construction – Las Palmas Medical Plaza Maintenance Service Agreement – 1 Year Extension to April 30, 2024, and Increase from \$11,150 to \$11,485 per month
  - 96-106 d. Activate Inclusion – Diversity, Equity, Inclusion (DEI) consulting/training, leadership development, and coaching services – \$14,940
  - 107-113 e. NPO Centric consulting services agreement addendum through 09/30/23 for an additional 90-hours NTE \$27,000
- 4. POLICIES
  - 114-124 a. Policy #BOD-03 – Appointment to Committees
  - 125-132 b. Policy #BOD-06 – Filling a Vacancy on the Board
  - 133-138 c. Policy #BOD-07 – Board & Committee Meeting Agenda
  - 139-140 d. Policy #BOD-09 – Rules of Order for Board and Committee Meetings
  - 141-146 e. Policy #BOD-10 – Board Meeting Conduct
  - 147-161 f. Policy #OP-5 – Grant & Mini Grant Policy
  - 162-163 g. Policy #OP-06 – Delegating Minor Claims Settlement to the CEO
  - 164-169 h. Policy #OP-07 – Lease Compliance
  - 170-171 i. Policy #OP-08 – Strategic Plan
  - 172-207 j. Policy #OP-10 – Policies and Procedures - Bidding Regulations Governing Purchases of Supplies and Equipment, and Bidding for Public Works Contracts
  - 208-215 k. Policy #OP-13 – Sustainability Program
- 5. GRANTS
  - 216-222 a. Coachella Valley Volunteers in Medicine (CVVIM) 4-month no-cost grant extension for Grant #1296 — Improving Access to Healthcare Services – Strategic Plan Goal #2: Proactively expand community access to primary and specialty care services – Strategy 2.4



Provide funding support to community organizations providing primary and specialty care via telehealth

223-230

- b. Grant #1377 Coachella Valley Journalism Foundation \$300,000 over 3 years to fund 2 Desert Sun and KESQ-TV reporters – declined

**F. DESERT HEALTHCARE DISTRICT CEO REPORT**

– Conrado E. Bárzaga, MD, Chief Executive Officer

231-238

- 1. Consideration to approve the Simpson Gumpertz & Heger (SGH) seismic proposal in preparations for the Riverside County Local Hazard Mitigation Plan – NTE \$45,000 plus reimbursable expenses

**Action**

239

- 2. Desert Regional Medical Center Congratulatory Letter – DAP Health Steve Chase Humanitarian Award

Information

240-242

- 3. Blue Zones Activate Palm Springs

Information

243-246

- 4. Riverside Local Agency Formation Commission (LAFCO) Special District Member Elections Ballot – East and West County

Information

- 5. A Night of Stars – Promotoras Recognition Event Update

Information

247-249

- 6. CEO Community Engagements and Media Visibility

Information

**G. DESERT REGIONAL MEDICAL CENTER CEO REPORT**

– Michele Finney, CEO

Information

**H. DESERT REGIONAL MEDICAL CENTER GOVERNING BOARD MEETING**

– Evett PerezGil, President and Les Zendle, MD, Director

Information

**I. COMMITTEE MEETINGS**

**1. BOARD AND STAFF COMMUNICATIONS AND POLICIES COMMITTEE MEETING –**

Chair/Director Leticia De Lara, Vice-President Evett PerezGil, and Director Les Zendle, MD

250-255

- a. Draft Meeting Minutes – March 07, 2023

Information

256-259

- b. Policy #OP-16 – CEO Discretionary Fund

**Action**

**2. PROGRAM COMMITTEE – Chair/President Evett PerezGil, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara**

260-263

- a. Draft Meeting Minutes – March 14, 2023

Information

264-279

- b. Progress and Final Reports Update

Information

280

- c. Grant applications and Request for Proposals Submitted and Under Review

Information

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- d. Grant Payment Schedule

Information



**3. FINANCE, LEGAL, ADMINISTRATION & REAL ESTATE COMMITTEE – Chair/Director Arthur Shorr, Vice-President Carmina Zavala, PsyD, and Director Leticia De Lara**

- |         |  |             |
|---------|--|-------------|
| 282-285 | a. Draft Meeting Minutes – March 15, 2023  | Information |
| 286-339 | b. Desert Regional Medical Center Updated Seismic Assessment Report provided by Simpson Gumpertz & Heger (SGH) | Information |
| 340-345 | c. Supplemental Valuation Engagement Agreement with VMG Health for Valuation Services                          | Information |

**4. STRATEGIC PLANNING COMMITTEE – Chair/Director Arthur Leticia De Lara, Director Les Zendle, MD, and Director Kimberly Barraza**

- |         |   |             |
|---------|---|-------------|
| 346-348 | a. Draft Meeting Minutes – March 20, 2023       | Information |
| 349-372 | b. Grants Allocated to the Strategic Plan Goals | Information |
| 373-409 | c. 2022 Annual Report                           | Information |

**J. LEGAL**

**K. IMMEDIATE ISSUES AND BOARD COMMENTS**

**L. ADJOURNMENT**

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting. If you have a disability which requires an accommodation to enable you to participate in this meeting, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at [ahayles@dhcd.org](mailto:ahayles@dhcd.org) or call (760) 567-0298 at least 72 hours prior to the meeting.

*Andrea S. Hayles*

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Andrea S. Hayles, Board Relations Officer





**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
February 28, 2023**

Directors Present – Video Conference	District Staff Present – Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Secretary Carole Rogers, RN Treasurer Arthur Shorr Director Les Zendle, MD Director Kimberly Barraza	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, MPH, Chief of Community Engagement Meghan Kane, Senior Program Officer, Public Health Jana Trew, Senior Program Officer Will Dean, Marketing and Communications Director Andrea S. Hayles, Board Relations Officer  <u>Legal Counsel</u> Jeff Scott	Director Leticia De Lara, MPA

AGENDA ITEMS	DISCUSSION	ACTION
<b>A. Call to Order</b>  <b>Roll Call</b>	President PerezGil called the meeting to order at 5:32 p.m.  The Clerk of the Board called the roll with all directors present except Director De Lara.	
<b>B. Pledge of Allegiance</b>	President PerezGil led the pledge of allegiance.	
<b>C. Approval of Agenda</b>	President PerezGil asked for a motion to approve the agenda.	<b>#23-04 MOTION WAS MADE by Director Shorr and seconded by Director Zendle to approve the agenda.</b> <b>Motion passed unanimously.</b> <b>AYES – 6 President PerezGil, Vice-President Zavala, Secretary Rogers, Director Shorr, Director Zendle, and Director Barraza</b> <b>NOES – 0</b> <b>ABSENT – 1 Director De Lara</b>
<b>D. Public Comment</b>	There were no public comments.	
<b>E. Consent Agenda</b>		

DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
MEETING MINUTES  
February 28, 2023

<p><b>1. BOARD MINUTES</b></p> <p>a. Board of Directors Meeting – January 24, 2023</p> <p><b>2. FINANCIALS</b></p> <p>a. Approval of the January 2023 Financial Statements – F&amp;A Approved February 15, 2023</p> <p><b>3. CEO DISCRETIONARY FUND</b></p> <p>a. CEO Discretionary Fund Increase from \$25,000 to \$50,000</p> <p><b>4. VENDOR AGREEMENTS</b></p> <p>a. Project Scope of Work (SOW) and Vendor Contract with Regional Access Project Foundation (RAP) - NPO Centric to provide capacity building and technical assistance for Desert Healthcare District and Foundation’s grantees and community-based organizations – NTE \$250,000 for two years – Strategic Plan Alignment Goal #4</p> <p><b>5. GRANTS</b></p> <p>a. Grant #1372 Reynaldo J. Carreon MD Foundation – Dr. Carreon Scholarship Program – \$50,000 – Strategic Plan Alignment Goal #2: Proactively expand community access to primary and specialty care services</p> <p>b. Grant #1031 University of California, Riverside – requesting a 4-month no cost grant extension for Mental Health 2021 – Strategic Plan Alignment Goal #3: Proactively expand community access to</p>	<p>President PerezGil asked for a motion to approve the consent agenda.</p> <p>Director Zendle pulled item E.3.a., and Director Shorr pulled item E.4.a.</p> <p>Director Zendle described his concerns with using the CEO Discretionary Fund without the Board’s approval, summarizing other past examples of expenditures and their relation to AB 2419.</p> <p>Jeff Scott, Legal Counsel, described the legal perspective for event sponsorships, further explaining AB 2419 related to the grant policy.</p> <p>Director Zendle recommended a consensus for any changes to the discretionary fund are forwarded to the policy committee and for the board to vote no on raising the limit from \$25k to \$50k until the committee reviews the policy.</p> <p>Director Rogers motioned to refer the CEO Discretionary Fund to the policies committee for further discussion.</p> <p>Directors Rogers motioned to table the vote to increase the CEO Discretionary Fund until after the policy committee’s review.</p>	<p><b>#23-05 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve the consent agenda except E.3.a. and E.4.a.</b></p> <p><b>Motion passed unanimously.</b></p> <p><b>AYES – 6 President PerezGil YES, Vice-President Zavala, YES Secretary Rogers NO, Director Shorr, NO Director Zendle NO Director De Lara, and Director Barraza Yes</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 1 Director De Lara</b></p> <p><b>#23-06 MOTION WAS MADE by Director Rogers and seconded by Director Shorr to refer the CEO Discretionary Fund Policy to the policies committee for further discussion.</b></p> <p><b>Motion passed unanimously.</b></p> <p><b>AYES – 6 President PerezGil, Vice-President Zavala, Secretary Rogers, Director Shorr, Director Zendle, and Director Barraza</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 1 Director De Lara</b></p> <p><b>#23-07 MOTION WAS MADE by Director Rogers and seconded by Director Zendle to table the vote to increase the CEO Discretionary Fund until the policy committee’s review.</b></p> <p><b>Motion failed 3-3.</b></p> <p><b>AYES – 3 Secretary Rogers, Director Shorr, and Director Zendle</b></p> <p><b>NOES – 3 – President PerezGil, Vice-President Zavala, and Director Barraza</b></p> <p><b>ABSENT – 1 Director De Lara</b></p>
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**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
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February 28, 2023**

<p>behavioral/mental health services</p> <p><b>6. RESOLUTIONS</b></p> <p><b>a. Subsequent Emergency Resolution #23-01 Re-Ratifying the State of Emergency and Re-Authorizing Remote Teleconference Meetings</b></p>	<p>Director Shorr inquired item E.4.a. – Project Scope of Work (SOW) and Vendor Contract with Regional Access Project Foundation (RAP) - NPO Centric. Donna Craig, Chief Program Officer, provided an overview of the vendor contract and the capacity building for the grantees.</p>	<p><b>#23-08 MOTION WAS MADE by Vice-President Zavala and seconded by Director Barraza to increase the CEO Discretionary Fund from \$25,000 to \$50,000. Motion failed 3-3.</b></p> <p><b>AYES – 3 President PerezGil, Vice-President Zavala, and Director Barraza</b></p> <p><b>NOES – 3 – Secretary Rogers, Director Shorr, and Director Zendle</b></p> <p><b>ABSENT – 1 Director De Lara</b></p> <p><b>#23-09 MOTION WAS MADE by Director Zendle and seconded by Director Rogers to approve item E.4.a.</b></p> <p><b>Motion passed unanimously.</b></p> <p><b>AYES – 6 President PerezGil, Vice-President Zavala, Secretary Rogers, Director Shorr, Director Zendle, and Director Barraza</b></p> <p><b>NOES – 0</b></p> <p><b>ABSENT – 1 Director De Lara</b></p>
<p><b>F. Desert Healthcare District CEO Report</b></p> <p><b>1. Results-Based Accountability (RBA) Overview Presentation – Stephanie Minor, Consultant, NPO Centric</b></p>	<p>Conrado E. Bárzaga, MD, CEO, described the strategic plan alignment for grantee results-based accountability introducing Stephanie Minor, Consultant, NPO Centric. Ms. Minor presented on NPO Centric’s Results-Based Accountability (RBA) outlining the staff’s current work, the scorecard for tracking results, including mental health, community convenings, and the next steps.</p>	

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
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<p><b>2. Consideration to approve participation in the 2023 California Economic Summit Planning Committee</b></p>	<p>Dr. Bárzaga, CEO, described the 2023 California Economic Summit Planning Committee and an invitation to participate in this year’s Summit Regional Host Committee in the Coachella Valley</p>	<p><b>#23-10 MOTION WAS MADE by Director Zavala and seconded by Director Barraza to approve participation in the 2023 California Economic Summit Planning Committee</b> Motion passed unanimously. <b>AYES – 6</b> President PerezGil, Vice-President Zavala, Secretary Rogers, Director Shorr, Director Zendle, and Director Barraza <b>NOES – 0</b> <b>ABSENT – 1</b> Director De Lara</p>
<p><b>3. Consideration for a table purchase at The Chase – 2023 29<sup>th</sup> Annual Steve Chase Humanitarian Awards – DHCDF DAP Health Humanitarian Award Recipient</b></p>	<p>Dr. Bárzaga, CEO, described the annual DAP Chase awards, the District as this year’s humanitarian award recipient, and consideration to purchase a table for the staff to attend the event.</p> <p>Jeff Scott, Legal Counsel, recommended that the motion include that the table and individual tickets disbursement follow the ticket distribution policy; therefore, the tickets are exempt and not considered gifts to public officials in consideration of potentially providing any future grants to DAP Health given the ticket amount threshold.</p>	<p><b>#23-11 MOTION WAS MADE by Director Zendle and seconded by Director Shorr to approve a table purchase at The Chase – 2023 29<sup>th</sup> Annual Steve Chase Humanitarian Awards in accordance to the District’s ticket distribution policy.</b> Motion passed unanimously. <b>AYES – 6</b> President PerezGil, Vice-President Zavala, Secretary Rogers, Director Shorr, Director Zendle, and Director Barraza <b>NOES – 0</b> <b>ABSENT – 1</b> Director De Lara</p>
<p><b>4. Riverside Local Agency Formation Commission (LAFCO) Special District Member Elections – East and West County – DHCD Nomination</b></p>	<p>Dr. Bárzaga, CEO, described the nominations for the LAFCO special district member elections, with Director Barraza as the District’s nominee.</p>	

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
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<p><b>5. California Federal Fair Political Practices Commission (FPCC) Form 700 E-Filing</b></p>	<p>The Board Relations Officer provided an overview of the District’s conflict of interest code and NetFile’s cloud-based platform for e-filing the Statements of Interest (Form 700) and uploading the biennial ethics and harassment certificates.</p>	
<p><b>6. 2022 Annual Report Release</b></p>	<p>Dr. Bárzaga, CEO, described the 2022 annual report publication and distribution, including a Spanish translation version on the District’s website.</p>	
<p><b>7. Public Health Alliance of Southern California and Healthy Places Index (HPI) Board Educational Workshop – May 4</b></p>	<p>Dr. Bárzaga, CEO, reminded the Board of the May 4 Healthy Places Index (HPI) workshop facilitated by the Public Health Alliance.</p>	
<p><b>8. Borrego Community Health Foundation Transfer of Assets</b></p>	<p>Dr. Bárzaga, CEO, updated the Board on the Borrego Community Health Foundation transfer of assets to DAP Health and its partners as the selected organization. Staff has met with Borrego to ensure uninterrupted services in Desert Highland Gateway Estates.</p>	
<p><b>9. CEO Community Engagements and Media Visibility</b></p>	<p>Dr. Bárzaga, CEO, described his community engagements and media visibility.</p>	
<p><b>G. Desert Regional Medical Center CEO Report</b></p>	<p>Linda Evans, Chief Strategy Officer, Desert Care Network (DCN), provided the report in Michele Finney’s absence highlighting the survey activity and people, events, marketing and PR, and highlights on social media.</p>	

**DESERT HEALTHCARE DISTRICT  
BOARD OF DIRECTORS MEETING MINUTES  
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<p><b>H. Desert Regional Medical Center Governing Board</b></p>	<p>President PerezGil provided an overview of the February Governing Board meeting describing Linda Evan's report. Director Zendle elaborated on the COVID normalcy, although the hospital is crowded with patients awaiting discharge to skilled nursing facilities due to shortages, creating a high census rate. The Governing Board also reviewed credentialing and peer review.</p>	
<p><b>I. Committee Meetings –</b></p> <p><b>I.1. Program Committee</b></p> <ol style="list-style-type: none"> <li><b>1. Draft Meeting Minutes – February 14, 2023</b></li> <li><b>2. Grant Payment Schedule</b></li> <li><b>3. Grant applications and Request for Proposals Submitted and Under Review</b></li> <li><b>4. Progress and Final Reports Update</b></li> <li><b>5. Blue Zones Initiative Steering Committee – Update</b></li> </ol> <p><b>I.2. Finance, Legal, Administration, &amp; Real Estate Committee</b></p> <ol style="list-style-type: none"> <li><b>1. Draft Meeting Minutes – February 15, 2023</b></li> </ol>	<p>President PerezGil inquired about any questions concerning the February Program Committee meeting minutes.</p> <p>There were no questions or comments.</p> <p>Dr. Bárzaga, CEO, provided an update on the Blue Zones Initiative Steering Committee also describing the parallel initiative – Activate Palm Springs.</p> <p>President PerezGil inquired about any questions concerning the February F&amp;A Committee meeting minutes.</p>	

**DESERT HEALTHCARE DISTRICT  
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<p><b>2. Q4 – 12/31/2022 – Investment Portfolio Statements – High Mark Capital Management</b></p> <p><b>3. Senior Development Officer</b></p>	<p>Director Shorr provided an overview of the year-to-date variance analysis of the financial statements.</p> <p>Director Shorr, Chair, F&amp;A Committee described the senior development officer discussions as presented in the F&amp;A Committee meeting minutes.</p> <p>The Board discussed the strategic plan and an update from the senior development officer on capital campaigns, public health initiatives, water and air quality, and other matters throughout the Coachella Valley, and the low priority of the strategic plan. Additionally, the Board discussed periodic updates in the CEO Report on the status of each strategic plan goal.</p> <p>The Board did not recommend moving forward with a senior development officer, and the Strategic Planning Committee will provide updates to the Board as appropriate.</p>	
<p><b>J. Old Business</b></p> <p><b>1. Coachella Valley Association of Governments (CVAG) CV Link Q4 Report – October 1, 2022 – December 31, 2022</b></p>	<p>President PerezGil inquired with the Board about any questions on the Coachella Valley Association of Governments (CVAG), CV Link Q4 report.</p>	



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	There were no questions or comments.	
<b>K. Legal</b>	Jeff Scott, Legal Counsel, provided a legal overview of AB 2449, returning to in-person meetings and the legislation on teleconferencing.	
<b>L. Immediate Issues and Comments</b>	<p>Dr. Bárzaga, CEO, described the Association of California Healthcare District Re-Certification, which requires a CEO Evaluation and a Board Self-Assessment administrated by the Walker Company.</p> <p>Director Rogers described her Coachella Valley Association of Governments (CVAG) Homelessness Committee and Lift to Rise (LTR) Affordable Housing Committee reports detailing LTR’s funding from the California Department of Housing and Community Development (HCD) for 100 multi-family homes and 50 senior dwellings.</p>	
<b>L. Adjournment</b>	President PerezGil adjourned the meeting at 7:23 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: \_\_\_\_\_  
 Carole Rogers, RN, Secretary  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*



<b>DESERT HEALTHCARE DISTRICT</b>
<b>FEBRUARY 2023 FINANCIAL STATEMENTS</b>
<b>INDEX</b>
Year to Date Variance Analysis
Cumulative Profit & Loss Budget vs Actual - Summary
Cumulative Profit & Loss Budget vs Actual - District Including LPMP
Cumulative Profit & Loss Budget vs Actual - LPMP
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Balance Sheet - Expanded View
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Deposit Detail - District
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Deposit Detail - LPMP
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Check Register - LPMP
CEO Discretionary Fund Detail
Retirement Protection Plan Update
Grants Schedule

**DESERT HEALTHCARE DISTRICT  
YEAR TO DATE VARIANCE ANALYSIS  
ACTUAL VS BUDGET  
EIGHT MONTHS ENDED FEBRUARY 28, 2023**

<b>Scope: \$25,000 Variance per Statement of Operations Summary</b>				
<b>Account</b>	<b>YTD</b>		<b>Over(Under)</b>	<b>Explanation</b>
	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>	
	4000 - Income	\$ 4,689,085	\$ 3,705,768	
4500 - LPMP	\$ 1,022,941	\$ 903,992	\$ 118,949	Higher rent revenue \$42k; higher CAM revenue \$77k
5000 - Direct Expenses	\$ 860,116	\$ 1,252,460	\$ (392,344)	Lower wage related expenses \$207k due to open positions; lower board expenses \$113k; lower education expense \$47k; lower health insurance expense \$29k; higher retirement expense \$4k
6445 - LPMP Expense	\$ 728,137	\$ 753,408	\$ (25,271)	Lower depreciation expenses \$22k; higher insurance expense \$10k; lower marketing expense \$9k; higher exterminating expense \$9k; higher deferred maintenance expense \$8k; higher property management expense \$7k; higher security expense \$6k; lower plumbing expenses \$5k; lower landscaping expense \$5k; lower HVAC expense \$4k; lower lighting expense \$4k; lower rubbish removal expense \$4k; lower interior building expense \$2k; lower roof repairs expense \$2k; lower vacant units expense \$2k; lower property taxes expense \$2k; lower medical waste expense \$2k; lower misc \$2k
6500 - Professional Fees Expense	\$ 757,038	\$ 712,152	\$ 44,886	Higher Professional Services expense \$61k; lower PR/Communications expense \$25k; higher legal expense \$9k
7000 - Grants Expense	\$ 640,355	\$ 2,666,664	\$ (2,026,309)	Budget of \$4 Million for fiscal year is amortized straight-line over 12-month fiscal year. As of February 28, 2023, there is \$3,359,644 remaining in the fiscal year grant budget.
<b>Las Palmas Medical Plaza - Net</b>	\$ 294,804	\$ 150,584	\$ 144,220	LPMP revenue higher \$119k; LPMP expenses lower \$25k

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July 2022 through February 2023

	MONTH			TOTAL		
	Feb 23	Budget	\$ Over Budget	Jul '22 - Feb 23	Budget	\$ Over Budget
<b>Income</b>						
4000 · Income	(382,912)	(56,333)	(326,579)	4,689,085	3,705,768	983,317
4500 · LPMP Income	191,059	112,999	78,060	1,022,941	903,992	118,949
4501 · Miscellaneous Income	0	0	0	4,500	4,500	0
<b>Total Income</b>	<b>(191,853)</b>	<b>56,666</b>	<b>(248,519)</b>	<b>5,716,526</b>	<b>4,614,260</b>	<b>1,102,266</b>
<b>Expense</b>						
5000 · Direct Expenses	91,153	151,920	(60,767)	860,116	1,252,460	(392,344)
6000 · General & Administrative Exp	38,712	42,495	(3,783)	347,490	339,960	7,530
6127 · Depreciation - Autos	3,287	3,750	(463)	9,861	30,000	(20,139)
6325 · CEO Discretionary Fund	3,402	2,083	1,319	25,346	16,664	8,682
6445 · LPMP Expenses	91,097	94,176	(3,079)	728,137	753,408	(25,271)
6500 · Professional Fees Expense	149,651	89,019	60,632	757,038	712,152	44,886
6700 · Trust Expenses	5,458	6,021	(563)	48,465	48,168	297
<b>Total Expense Before Grants</b>	<b>382,760</b>	<b>389,464</b>	<b>(6,704)</b>	<b>2,776,450</b>	<b>3,152,819</b>	<b>(376,369)</b>
7000 · Grants Expense	90,000	333,333	(243,333)	640,355	2,666,664	(2,026,309)
<b>Net Income</b>	<b>(664,613)</b>	<b>(666,131)</b>	<b>1,518</b>	<b>2,299,721</b>	<b>(1,205,223)</b>	<b>3,504,944</b>

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July 2022 through February 2023

	MONTH			TOTAL		
	Feb 23	Budget	\$ Over Budget	Jul '22 - Feb 23	Budget	\$ Over Budget
<b>Income</b>						
<b>4000 · Income</b>						
<b>4010 · Property Tax Revenues</b>	46,002	0	46,002	4,989,736	4,156,432	833,304
<b>4200 · Interest Income</b>						
<b>4220 · Interest Income (FRF)</b>	86,194	75,000	11,194	665,264	600,000	65,264
<b>9999-1 · Unrealized gain(loss) on invest</b>	(517,108)	(133,333)	(383,775)	(981,915)	(1,066,664)	84,749
<b>Total 4200 · Interest Income</b>	(430,914)	(58,333)	(372,581)	(316,651)	(466,664)	150,013
<b>4300 · DHC Recoveries</b>	2,000	2,000	0	16,000	16,000	0
<b>Total 4000 · Income</b>	(382,912)	(56,333)	(326,579)	4,689,085	3,705,768	983,317
<b>4500 · LPMP Income</b>	191,059	112,999	78,060	1,022,941	903,992	118,949
<b>4501 · Miscellaneous Income</b>	0	0	0	4,500	4,500	0
<b>Total Income</b>	(191,853)	56,666	(248,519)	5,716,526	4,614,260	1,102,266
<b>Expense</b>						
<b>5000 · Direct Expenses</b>						
<b>5100 · Administration Expense</b>						
<b>5110 · Wages Expense</b>	110,811	121,344	(10,533)	792,019	970,752	(178,733)
<b>5111 · Allocation to LPMP - Payroll</b>	(6,363)	(5,470)	(893)	(50,904)	(43,760)	(7,144)
<b>5112 · Vacation/Sick/Holiday Expense</b>	8,604	11,667	(3,063)	142,716	93,336	49,380
<b>5114 · Allocation to Foundation</b>	(28,475)	(27,936)	(539)	(224,566)	(223,488)	(1,078)
<b>5119 · Allocation-FED FUNDS/CVHIP-DHCF</b>	(36,798)	(13,823)	(22,975)	(168,218)	(110,584)	(57,634)
<b>5120 · Payroll Tax Expense</b>	8,722	9,633	(911)	64,913	77,064	(12,151)
<b>5130 · Health Insurance Expense</b>						
<b>5131 · Premiums Expense</b>	20,316	21,576	(1,260)	150,250	172,608	(22,358)
<b>5135 · Reimb./Co-Payments Expense</b>	806	1,950	(1,144)	8,597	15,600	(7,003)
<b>Total 5130 · Health Insurance Expense</b>	21,122	23,526	(2,404)	158,847	188,208	(29,361)
<b>5140 · Workers Comp. Expense</b>	452	399	53	3,893	3,192	701
<b>5145 · Retirement Plan Expense</b>	9,128	8,895	233	75,280	71,160	4,120
<b>5160 · Education Expense</b>	453	7,083	(6,630)	9,156	56,664	(47,508)
<b>Total 5100 · Administration Expense</b>	87,656	135,318	(47,662)	803,136	1,082,544	(279,408)
<b>5200 · Board Expenses</b>						
<b>5210 · Healthcare Benefits Expense</b>	1,222	1,096	126	29,099	45,868	(16,769)
<b>5230 · Meeting Expense</b>	952	2,667	(1,715)	6,482	21,336	(14,854)
<b>5235 · Director Stipend Expense</b>	1,323	3,465	(2,142)	18,591	27,720	(9,129)
<b>5240 · Catering Expense</b>	0	833	(833)	2,391	6,664	(4,273)
<b>5250 · Mileage Reimbursement Expense</b>	0	208	(208)	417	1,664	(1,247)
<b>5270 · Election Fees Expense</b>	0	8,333	(8,333)	0	66,664	(66,664)
<b>Total 5200 · Board Expenses</b>	3,497	16,602	(13,105)	56,980	169,916	(112,936)
<b>Total 5000 · Direct Expenses</b>	91,153	151,920	(60,767)	860,116	1,252,460	(392,344)

**Desert Healthcare District**  
**Profit & Loss Budget vs. Actual**  
July 2022 through February 2023

	MONTH			TOTAL		
	Feb 23	Budget	\$ Over Budget	Jul '22 - Feb 23	Budget	\$ Over Budget
<b>6000 · General &amp; Administrative Exp</b>						
6110 · Payroll fees Expense	187	208	(21)	1,781	1,664	117
6120 · Bank and Investment Fees Exp	5,025	4,500	525	43,994	36,000	7,994
6125 · Depreciation Expense	1,886	1,167	719	10,489	9,336	1,153
6126 · Depreciation-Solar Parking lot	15,072	15,072	0	120,576	120,576	0
6130 · Dues and Membership Expense	8,037	4,159	3,878	34,115	33,272	843
6200 · Insurance Expense	3,929	2,667	1,262	31,632	21,336	10,296
6300 · Minor Equipment Expense	0	42	(42)	0	336	(336)
6305 · Auto Allowance & Mileage Exp	462	500	(38)	3,926	4,000	(74)
6306 · Staff- Auto Mileage reimb	0	625	(625)	336	5,000	(4,664)
6309 · Personnel Expense	0	375	(375)	0	3,000	(3,000)
6310 · Miscellaneous Expense	0	42	(42)	0	336	(336)
6311 · Cell Phone Expense	656	725	(69)	5,095	5,800	(705)
6312 · Wellness Park Expenses	0	83	(83)	0	664	(664)
6315 · Security Monitoring Expense	0	50	(50)	353	400	(47)
6340 · Postage Expense	201	333	(132)	1,492	2,664	(1,172)
6350 · Copier Rental/Fees Expense	377	500	(123)	3,269	4,000	(731)
6351 · Travel Expense	(2,469)	1,667	(4,136)	19,443	13,336	6,107
6352 · Meals & Entertainment Exp	469	875	(406)	17,981	7,000	10,981
6355 · Computer Services Expense	1,603	4,263	(2,660)	25,097	34,104	(9,007)
6360 · Supplies Expense	814	1,917	(1,103)	7,476	15,336	(7,860)
6380 · LAFCO Assessment Expense	205	208	(3)	1,640	1,664	(24)
6400 · East Valley Office	2,258	2,517	(259)	18,795	20,136	(1,341)
<b>Total 6000 · General &amp; Administrative Exp</b>	<b>38,712</b>	<b>42,495</b>	<b>(3,783)</b>	<b>347,490</b>	<b>339,960</b>	<b>7,530</b>
6127 · Depreciation - Autos	3,287	3,750	(463)	9,861	30,000	(20,139)
6325 · CEO Discretionary Fund	3,402	2,083	1,319	25,346	16,664	8,682
6445 · LPMP Expenses	91,097	94,176	(3,079)	728,137	753,408	(25,271)
<b>6500 · Professional Fees Expense</b>						
6516 · Professional Services Expense	135,751	72,094	63,657	637,909	576,752	61,157
6520 · Annual Audit Fee Expense	1,458	1,458	0	11,664	11,664	0
6530 · PR/Communications/Website	2,442	5,467	(3,025)	18,282	43,736	(25,454)
6560 · Legal Expense	10,000	10,000	0	89,183	80,000	9,183
<b>Total 6500 · Professional Fees Expense</b>	<b>149,651</b>	<b>89,019</b>	<b>60,632</b>	<b>757,038</b>	<b>712,152</b>	<b>44,886</b>
<b>6700 · Trust Expenses</b>						
6720 · Pension Plans Expense						
6721 · Legal Expense	0	167	(167)	0	1,336	(1,336)
6725 · RPP Pension Expense	5,000	5,000	0	40,000	40,000	0
6728 · Pension Audit Fee Expense	458	854	(396)	8,465	6,832	1,633
<b>Total 6700 · Trust Expenses</b>	<b>5,458</b>	<b>6,021</b>	<b>(563)</b>	<b>48,465</b>	<b>48,168</b>	<b>297</b>
<b>Total Expense Before Grants</b>	<b>382,760</b>	<b>389,464</b>	<b>(6,704)</b>	<b>2,776,450</b>	<b>3,152,819</b>	<b>(376,369)</b>
<b>7000 · Grants Expense</b>						
7010 · Major Grant Awards Expense	90,000	333,333	(243,333)	640,355	2,666,664	(2,026,309)
<b>Net Income</b>	<b>(664,613)</b>	<b>(666,131)</b>	<b>1,518</b>	<b>2,299,721</b>	<b>(1,205,223)</b>	<b>3,504,944</b>

**Las Palmas Medical Plaza**  
**Profit & Loss Budget vs. Actual**  
July 2022 through February 2023

	MONTH			TOTAL		
	Feb 23	Budget	\$ Over Budget	Jul '22 - Feb 23	Budget	\$ Over Budget
<b>Income</b>						
<b>4500 · LPMP Income</b>						
4505 · Rental Income	86,766	80,018	6,748	681,950	640,144	41,806
4510 · CAM Income	104,293	32,898	71,395	340,991	263,184	77,807
4513 · Misc. Income	0	83	(83)	0	664	(664)
<b>Total 4500 · LPMP Income</b>	<b>191,059</b>	<b>112,999</b>	<b>78,060</b>	<b>1,022,941</b>	<b>903,992</b>	<b>118,949</b>
<b>Expense</b>						
<b>6445 · LPMP Expenses</b>						
6420 · Insurance Expense	4,338	3,125	1,213	34,704	25,000	9,704
6425 · Building - Depreciation Expense	24,455	27,441	(2,986)	195,640	219,528	(23,888)
6426 · Tenant Improvements -Dep Exp	16,959	16,667	292	135,672	133,336	2,336
6427 · HVAC Maintenance Expense	0	1,333	(1,333)	6,702	10,664	(3,962)
6428 · Roof Repairs Expense	0	208	(208)	0	1,664	(1,664)
6431 · Building -Interior Expense	0	625	(625)	2,900	5,000	(2,100)
6432 · Plumbing -Interior Expense	0	667	(667)	1,619	5,336	(3,717)
6433 · Plumbing -Exterior Expense	0	208	(208)	0	1,664	(1,664)
6434 · Allocation Internal Prop. Mgmt	6,363	5,470	893	50,904	43,760	7,144
6435 · Bank Charges	(379)	42	(421)	(174)	336	(510)
6437 · Utilities -Vacant Units Expense	0	183	(183)	(78)	1,464	(1,542)
6439 · Deferred Maintenance Repairs Ex	0	1,250	(1,250)	17,518	10,000	7,518
6440 · Professional Fees Expense	11,150	11,150	0	89,200	89,200	0
6441 · Legal Expense	0	83	(83)	0	664	(664)
6458 · Elevators - R & M Expense	268	1,000	(732)	6,707	8,000	(1,293)
6460 · Exterminating Service Expense	550	333	217	11,695	2,664	9,031
6463 · Landscaping Expense	0	750	(750)	1,360	6,000	(4,640)
6467 · Lighting Expense	0	500	(500)	0	4,000	(4,000)
6468 · General Maintenance Expense	0	83	(83)	0	664	(664)
6471 · Marketing-Advertising	0	1,250	(1,250)	1,475	10,000	(8,525)
6475 · Property Taxes Expense	6,250	6,500	(250)	50,000	52,000	(2,000)
6476 · Signage Expense	369	125	244	748	1,000	(252)
6480 · Rubbish Removal Medical Waste E	1,148	1,500	(352)	10,312	12,000	(1,688)
6481 · Rubbish Removal Expense	2,651	3,058	(407)	20,512	24,464	(3,952)
6482 · Utilities/Electricity/Exterior	822	625	197	4,248	5,000	(752)
6484 · Utilities - Water (Exterior)	553	625	(72)	6,355	5,000	1,355
6485 · Security Expenses	15,600	9,208	6,392	79,843	73,664	6,179
6490 · Miscellaneous Expense	0	167	(167)	275	1,336	(1,061)
<b>Total 6445 · LPMP Expenses</b>	<b>91,097</b>	<b>94,176</b>	<b>(3,079)</b>	<b>728,137</b>	<b>753,408</b>	<b>(25,271)</b>
<b>Net Income</b>	<b>99,962</b>	<b>18,823</b>	<b>81,139</b>	<b>294,804</b>	<b>150,584</b>	<b>144,220</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of February 28, 2023

		Feb 28, 23	Feb 28, 22
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
	1000 · CHECKING CASH ACCOUNTS	4,827,982	1,805,791
	1100 · INVESTMENT ACCOUNTS	60,716,749	63,706,777
	<b>Total Checking/Savings</b>	65,544,731	65,512,568
<b>Accounts Receivable</b>			
	1201 · Accounts Receivable	187,900	29,291
	<b>Total Accounts Receivable</b>	187,900	29,291
<b>Other Current Assets</b>			
	1204.1 · Rent Receivable-Deferred COVID	56,628	116,540
	1270 · Prepaid Insurance -Ongoing	36,701	27,501
	1279 · Pre-Paid Fees	21,883	17,044
	1281 · CalFresh Receivable	0	16,337
	<b>Total Other Current Assets</b>	115,212	177,422
	<b>Total Current Assets</b>	65,847,843	65,719,281
<b>Fixed Assets</b>			
	1300 · FIXED ASSETS	5,092,611	4,925,729
	1335-00 · ACC DEPR	(2,520,690)	(2,296,891)
	1400 · LPMP Assets	6,902,494	7,185,101
	<b>Total Fixed Assets</b>	9,474,415	9,813,939
<b>Other Assets</b>			
	1700 · OTHER ASSETS	3,499,745	3,935,220
	<b>Total Other Assets</b>	3,499,745	3,935,220
	<b>TOTAL ASSETS</b>	<b>78,822,102</b>	<b>79,468,440</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of February 28, 2023

				Feb 28, 23	Feb 28, 22
<b>LIABILITIES &amp; EQUITY</b>					
<b>Liabilities</b>					
<b>Current Liabilities</b>					
<b>Accounts Payable</b>					
2000 · Accounts Payable				12,179	159,282
2001 · LPMP Accounts Payable				3,799	15,051
<b>Total Accounts Payable</b>				<b>15,978</b>	<b>174,333</b>
<b>Other Current Liabilities</b>					
2002 · LPMP Property Taxes				11,970	12,616
2003 · Prepaid Rents				0	11,048
2131 · Grant Awards Payable				4,338,224	3,427,400
2133 · Accrued Accounts Payable				199,550	139,550
2141 · Accrued Vacation Time				103,723	74,515
2145 · Payroll Liability				(588)	0
2188 · Current Portion - LTD				4,934	4,934
2190 · Investment Fees Payable				9,386	9,625
<b>Total Other Current Liabilities</b>				<b>4,667,199</b>	<b>3,679,688</b>
<b>Total Current Liabilities</b>				<b>4,683,177</b>	<b>3,854,021</b>
<b>Long Term Liabilities</b>					
2171 · RPP-Deferred Inflows-Resources				492,802	675,732
2280 · Long-Term Disability				2,981	16,281
2281 · Grants Payable - Long-term				3,520,000	4,990,000
2290 · LPMP Security Deposits				64,960	61,028
<b>Total Long Term Liabilities</b>				<b>4,080,743</b>	<b>5,743,041</b>
<b>Total Liabilities</b>				<b>8,763,920</b>	<b>9,597,062</b>
<b>Equity</b>					
3900 · *Retained Earnings				67,758,461	67,408,928
Net Income				2,299,721	2,462,451
<b>Total Equity</b>				<b>70,058,182</b>	<b>69,871,379</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>				<b>78,822,102</b>	<b>79,468,440</b>



**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of February 28, 2023

			Feb 28, 23	Feb 28, 22
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
<b>1000 · CHECKING CASH ACCOUNTS</b>				
		1010 · Union Bank - Checking	0	1,097,466
		1012 · Union Bank Operating - 9356	4,471,304	638,099
		1046 · Las Palmas Medical Plaza	356,178	69,726
		1047 · Petty Cash	500	500
		<b>Total 1000 · CHECKING CASH ACCOUNTS</b>	<b>4,827,982</b>	<b>1,805,791</b>
<b>1100 · INVESTMENT ACCOUNTS</b>				
		1130 · Facility Replacement Fund	63,508,868	64,156,354
		1135 · Unrealized Gain(Loss) FRF	(2,792,119)	(449,577)
		<b>Total 1100 · INVESTMENT ACCOUNTS</b>	<b>60,716,749</b>	<b>63,706,777</b>
		<b>Total Checking/Savings</b>	<b>65,544,731</b>	<b>65,512,568</b>
<b>Accounts Receivable</b>				
		1201 · Accounts Receivable		
		1204 · LPMP Accounts Receivable	60,415	(9,142)
		1205 · Misc. Accounts Receivable	0	(750)
		1211 · A-R Foundation - Exp Allocation	127,485	39,183
		<b>Total Accounts Receivable</b>	<b>187,900</b>	<b>29,291</b>
<b>Other Current Assets</b>				
		1204.1 · Rent Receivable-Deferred COVID	56,628	116,540
		1270 · Prepaid Insurance -Ongoing	36,701	27,501
		1279 · Pre-Paid Fees	21,883	17,044
		1281 · CalFresh Receivable	0	16,337
		<b>Total Other Current Assets</b>	<b>115,212</b>	<b>177,422</b>
		<b>Total Current Assets</b>	<b>65,847,843</b>	<b>65,719,281</b>
<b>Fixed Assets</b>				
<b>1300 · FIXED ASSETS</b>				
		1310 · Computer Equipment	94,651	91,275
		1320 · Furniture and Fixtures	50,846	33,254
		1321 · Mobile Medical Unit	197,214	59,500
		1322 · Tenant Improvement - RAP #G100	32,794	24,594
		1325 · Offsite Improvements	300,849	300,849
		1331 · DRMC - Parking lot	4,416,257	4,416,257
		<b>Total 1300 · FIXED ASSETS</b>	<b>5,092,611</b>	<b>4,925,729</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of February 28, 2023

		Feb 28, 23	Feb 28, 22
	<b>1335-00 · ACC DEPR</b>		
	1335 · Accumulated Depreciation	(225,898)	(215,373)
	1337 · Accum Deprec- Solar Parking Lot	(2,080,107)	(1,899,243)
	1338 · Accum Deprec - LPMP Parking Lot	(204,824)	(182,275)
	1339 · Accum Deprec - Autos	(9,861)	0
	<b>Total 1335-00 · ACC DEPR</b>	<b>(2,520,690)</b>	<b>(2,296,891)</b>
	<b>1400 · LPMP Assets</b>		
	1401 · Building	8,705,680	8,705,680
	1402 · Land	2,165,300	2,165,300
	1403 · Tenant Improvements -New	2,271,406	2,250,926
	1404 · Tenant Improvements - CIP	129,550	129,550
	<b>1406 · Building Improvements</b>		
	1406.1 · LPMP-Replace Parking Lot	676,484	676,484
	1406.2 · Building Improvements-CIP	459,999	877,933
	1406 · Building Improvements - Other	2,153,527	1,582,543
	<b>Total 1406 · Building Improvements</b>	<b>3,290,010</b>	<b>3,136,960</b>
	1407 · Building Equipment Improvements	444,268	423,000
	<b>1409 · Accumulated Depreciation</b>		
	1410 · Accum. Depreciation	(8,055,015)	(7,792,047)
	1412 · T I Accumulated Dep.-New	(2,048,705)	(1,834,268)
	<b>Total 1409 · Accumulated Depreciation</b>	<b>(10,103,720)</b>	<b>(9,626,315)</b>
	<b>Total 1400 · LPMP Assets</b>	<b>6,902,494</b>	<b>7,185,101</b>
	<b>Total Fixed Assets</b>	<b>9,474,415</b>	<b>9,813,939</b>
	<b>Other Assets</b>		
	<b>1700 · OTHER ASSETS</b>		
	1731 · Wellness Park	1,693,800	1,693,800
	1740 · RPP-Deferred Outflows-Resources	836,699	494,388
	1742 · RPP - Net Pension Asset	969,246	1,747,032
	<b>Total Other Assets</b>	<b>3,499,745</b>	<b>3,935,220</b>
	<b>TOTAL ASSETS</b>	<b>78,822,102</b>	<b>79,468,440</b>

**Desert Healthcare District**  
**Balance Sheet Previous Year Comparison**  
As of February 28, 2023

			Feb 28, 23	Feb 28, 22
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Accounts Payable</b>				
		2000 · Accounts Payable	12,179	159,282
		2001 · LPMP Accounts Payable	3,799	15,051
		<b>Total Accounts Payable</b>	<b>15,978</b>	<b>174,333</b>
<b>Other Current Liabilities</b>				
		2002 · LPMP Property Taxes	11,970	12,616
		2003 · Prepaid Rents	0	11,048
		2131 · Grant Awards Payable	4,338,224	3,427,400
		2133 · Accrued Accounts Payable	199,550	139,550
		2141 · Accrued Vacation Time	103,723	74,515
		2145 · Payroll Liability	(588)	0
		2188 · Current Portion - LTD	4,934	4,934
		2190 · Investment Fees Payable	9,386	9,625
		<b>Total Other Current Liabilities</b>	<b>4,667,199</b>	<b>3,679,688</b>
		<b>Total Current Liabilities</b>	<b>4,683,177</b>	<b>3,854,021</b>
<b>Long Term Liabilities</b>				
		2171 · RPP-Deferred Inflows-Resources	492,802	675,732
		2280 · Long-Term Disability	2,981	16,281
		2281 · Grants Payable - Long-term	3,520,000	4,990,000
		2290 · LPMP Security Deposits	64,960	61,028
		<b>Total Long Term Liabilities</b>	<b>4,080,743</b>	<b>5,743,041</b>
		<b>Total Liabilities</b>	<b>8,763,920</b>	<b>9,597,062</b>
<b>Equity</b>				
		3900 · *Retained Earnings	67,758,461	67,408,928
		Net Income	2,299,721	2,462,451
		<b>Total Equity</b>	<b>70,058,182</b>	<b>69,871,379</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>			<b>78,822,102</b>	<b>79,468,440</b>

**Desert Healthcare District**  
**A/R Aging Summary**  
As of February 28, 2023

	<b>Current</b>	<b>1 - 30</b>	<b>31 - 60</b>	<b>61 - 90</b>	<b>&gt; 90</b>	<b>TOTAL</b>	<b>COMMENT</b>
Aijaz Hashmi, M.D., Inc.	1,896	0	0	0	0	1,896	2022 Excess CAM Fees - Paid in March
Arthritis & Rheumatic Care Clinic, Inc	1,056	0	0	0	0	1,056	2022 Excess CAM Fees - Paid in March
Brad A. Wolfson, M.D.	1,896	0	0	0	0	1,896	2022 Excess CAM Fees - Paid in March
Coachella Valley Volunteers in Medicine-	(3,123)	0	0	0	0	(3,123)	Prepaid
Cohen Musch Thomas Medical Group	2,843	0	0	0	0	2,843	2022 Excess CAM Fees - Paid in March
Cure Cardiovascular Consultants	1,896	0	0	0	0	1,896	2022 Excess CAM Fees - Paid in March
Derakhsh Fozouni, M.D.	3,626	6,414	0	0	0	10,040	2022 Excess CAM Fees; slowpay
Desert Family Medical Center	2,131	0	0	0	0	2,131	2022 Excess CAM Fees
Desert Healthcare Foundation-	62,426	65,058	0	0	0	127,484	Due From Foundation
Desert Oasis Healthcare	(1,359)	0	0	0	0	(1,359)	Prepaid
Desert Regional Medical Center	3,370	0	0	0	0	3,370	2022 Excess CAM Fees
EyeCare Services Partners Management LLC	3,983	0	0	0	0	3,983	2022 Excess CAM Fees
Global Premier Fertility	1,987	0	0	0	0	1,987	2022 Excess CAM Fees
Laboratory Corporation of America	3,168	0	0	0	0	3,168	2022 Excess CAM Fees - Paid in March
Palmtree Clinical Research	6,145	0	0	0	0	6,145	2022 Excess CAM Fees - Paid in March
Pathway Pharmaceuticals, Inc.	1,532	0	0	0	0	1,532	2022 Excess CAM Fees
Peter Jamieson, M.D.	1,742	0	0	0	0	1,742	2022 Excess CAM Fees
Quest Diagnostics Incorporated	2,451	(4,154)	0	0	0	(1,703)	2022 Excess CAM Fees; prepaid
Ramy Awad, M.D.	2,212	40	0	0	0	2,252	2022 Excess CAM Fees - Paid in March
Steven Gundry, M.D.	3,181	(5,743)	0	0	0	(2,562)	2022 Excess CAM Fees; prepaid
Tenet HealthSystem Desert, Inc	3,731	0	0	0	0	3,731	2022 Excess CAM Fees - Paid in March
Tenet HealthSystem Desert, Inc.	18,881	0	0	0	0	18,881	2022 Excess CAM Fees - Paid in March
WestPac Labs, Inc.	614	0	0	0	0	614	2022 Excess CAM Fees - Paid in March
<b>TOTAL</b>	<b>126,285</b>	<b>61,615</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>187,900</b>	

**Desert Healthcare District**  
**Deposit Detail**  
February 2023

Type	Date	Name	Amount
<b>Deposit</b>	<b>02/02/2023</b>		<b>2,469</b>
		IEHP Foundation - Director Expense Reimbursement (Conrado Bárzaga)	(2,469)
TOTAL			(2,469)
<b>Deposit</b>	<b>02/02/2023</b>		<b>2,000</b>
		T-Mobile - Cell Tower Lease	(2,000)
TOTAL			(2,000)
<b>Deposit</b>	<b>02/07/2023</b>		<b>44,725</b>
		Riverside County Treasurer - Property Tax	(44,725)
TOTAL			(44,725)
<b>Deposit</b>	<b>02/07/2023</b>		<b>81</b>
		Jana A Trew - Shirt Reimbursement	(81)
TOTAL			(81)
<b>Deposit</b>	<b>02/14/2023</b>		<b>1,277</b>
		Riverside County Treasurer - Property Tax	(1,277)
TOTAL			(1,277)
<b>Deposit</b>	<b>02/14/2023</b>		<b>162</b>
		Sergio A Rodriguez - Shirt Reimbursement	(162)
TOTAL			(162)
		<b>TOTAL</b>	<b>50,714</b>

DESERT HEALTHCARE DISTRICT										
PROPERTY TAX RECEIPTS FY 2022 - 2023										
RECEIPTS - EIGHT MONTHS ENDED FEBRUARY 28, 2023										
	FY 2021-2022 Projected/Actual					FY 2022-2023 Projected/Actual				
	Budget %	Budget \$	Act %	Actual Receipts	Variance	Receipts %	Receipts \$	Act %	Actual Receipts	Variance
<b>July</b>	2.5%	\$ 182,825	2.2%	\$ 162,345	\$ (20,480)	0.0%	\$ -	0.0%	\$ 3,676	\$ 3,676
<b>Aug</b>	1.6%	\$ 117,008	0.2%	\$ 11,529	\$ (105,479)	0.0%	\$ -	2.2%	\$ 175,271	\$ 175,271
<b>Sep</b>	0.0%	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	0.0%	\$ 3,382	\$ 3,382
<b>Oct</b>	2.6%	\$ 190,138	0.0%	\$ 130	\$ (190,008)	2.6%	\$ 208,624	0.0%	\$ -	\$ (208,624)
<b>Nov</b>	0.4%	\$ 29,252	2.5%	\$ 181,286	\$ 152,034	0.4%	\$ 32,096	2.5%	\$ 198,217	\$ 166,121
<b>Dec</b>	16.9%	\$ 1,235,897	18.3%	\$ 1,337,681	\$ 101,784	16.9%	\$ 1,356,056	18.2%	\$ 1,458,481	\$ 102,425
<b>Jan</b>	31.9%	\$ 2,332,847	37.8%	\$ 2,763,324	\$ 430,477	31.9%	\$ 2,559,656	40.6%	\$ 3,259,483	\$ 699,827
<b>Feb</b>	0.0%	\$ -	2.5%	\$ 180,240	\$ 180,240	0.0%	\$ -	0.6%	\$ 46,002	\$ 46,002
<b>Mar</b>	0.3%	\$ 21,939	0.5%	\$ 35,819	\$ 13,880	0.3%	\$ 24,072	0.0%		
<b>Apr</b>	5.5%	\$ 402,215	6.1%	\$ 443,891	\$ 41,676	5.5%	\$ 441,320	0.0%		
<b>May</b>	19.9%	\$ 1,455,287	45.0%	\$ 3,288,706	\$ 1,833,419	19.9%	\$ 1,596,776	0.0%		
<b>June</b>	18.4%	\$ 1,345,592	0.7%	\$ 47,936	\$ (1,297,656)	22.5%	\$ 1,805,400	0.0%		
<b>Total</b>	<b>100%</b>	<b>\$ 7,313,000</b>	<b>115.6%</b>	<b>\$ 8,452,887</b>	<b>\$ 1,139,887</b>	<b>100.00%</b>	<b>\$ 8,024,000</b>	<b>64.1%</b>	<b>\$ 5,144,512</b>	<b>\$ 988,080</b>

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
February 2023**

Type	Date	Name	Amount
<b>Deposit</b>	<b>02/02/2023</b>		<b>179</b>
Payment	02/02/2023	Desert Oasis Healthcare	(179)
TOTAL			(179)
<b>Deposit</b>	<b>02/06/2023</b>		<b>19,367</b>
Payment	02/03/2023	Cure Cardiovascular Consultants	(3,212)
Payment	02/03/2023	Palmtree Clinical Research	(7,595)
Payment	02/03/2023	Brad A. Wolfson, M.D.	(3,699)
Payment	02/03/2023	Cohen Musch Thomas Medical Group	(4,862)
TOTAL			(19,368)
<b>Deposit</b>	<b>02/07/2023</b>		<b>13,921</b>
Payment	02/07/2023	EyeCare Services Partners Management LLC	(7,552)
Payment	02/07/2023	Ramy Awad, M.D.	(3,615)
Payment	02/07/2023	WestPac Labs, Inc.	(2,755)
TOTAL			(13,922)
<b>Deposit</b>	<b>02/07/2023</b>		<b>4,272</b>
Payment	02/07/2023	Global Premier Fertility	(4,272)
TOTAL			(4,272)
<b>Deposit</b>	<b>02/07/2023</b>		<b>3,410</b>
Payment	02/07/2023	Peter Jamieson, M.D.	(3,410)
TOTAL			(3,410)
<b>Deposit</b>	<b>02/08/2023</b>		<b>9,514</b>
Payment	02/08/2023	Derakhsh Fozouni, M.D.	(6,414)
Payment	02/07/2023	Aijaz Hashmi, M.D., Inc.	(3,101)
TOTAL			(9,515)

**Las Palmas Medical Plaza  
Deposit Detail - LPMP  
February 2023**

Type	Date	Name	Amount
<b>Deposit</b>	<b>02/13/2023</b>		<b>3,976</b>
Payment	02/13/2023	Desert Family Medical Center	(3,976)
TOTAL			(3,976)
<b>Deposit</b>	<b>02/14/2023</b>		<b>8,325</b>
Payment	02/14/2023	Pathway Pharmaceuticals, Inc.	(2,522)
Payment	02/14/2023	Desert Regional Medical Center	(5,803)
TOTAL			(8,325)
<b>Deposit</b>	<b>02/21/2023</b>		<b>46,573</b>
Payment	02/21/2023	Tenet HealthSystem Desert, Inc	(6,494)
Payment	02/21/2023	Steven Gundry, M.D.	(5,743)
Payment	02/21/2023	Tenet HealthSystem Desert, Inc.	(34,336)
TOTAL			(46,573)
<b>Deposit</b>	<b>02/24/2023</b>		<b>1,075</b>
Payment	02/24/2023	Coachella Valley Volunteers in Medicine-	(1,075)
TOTAL			(1,075)
<b>Deposit</b>	<b>02/24/2023</b>		<b>4,154</b>
Payment	02/24/2023	Quest Diagnostics Incorporated	(4,154)
TOTAL			(4,154)
<b>Deposit</b>	<b>02/28/2023</b>		<b>5,711</b>
Payment	02/28/2023	Coachella Valley Volunteers in Medicine-	(3,123)
Payment	02/28/2023	Desert Oasis Healthcare	(2,588)
TOTAL			(5,711)
		<b>TOTAL</b>	<b>120,477</b>



**Desert Healthcare District**  
**Check Register**  
As of February 28, 2023

Type	Date	Num	Name	Amount
<b>1000 - CHECKING CASH ACCOUNTS</b>				
<b>1012 - Union Bank Operating - 9356</b>				
Bill Pmt -Check	02/02/2023	1478	Meghan Kane - Expense Reimbursement	(38)
Bill Pmt -Check	02/02/2023	1479	OneFuture Coachella Valley - Grant Payment	(68,063)
Bill Pmt -Check	02/02/2023	1480	So.Cal Computer Shop	(810)
Bill Pmt -Check	02/02/2023	1481	Strategies 360, Inc.	(22,250)
Bill Pmt -Check	02/02/2023	1482	Underground Service Alert of Southern Cal	(2)
Liability Check	02/03/2023		QuickBooks Payroll Service	(57,448)
Bill Pmt -Check	02/07/2023	1483	First Bankcard (Union Bank)	(4,323)
Bill Pmt -Check	02/07/2023	1484	California Consulting	(4,250)
Bill Pmt -Check	02/07/2023	1485	First Bankcard (Union Bank)	(849)
Bill Pmt -Check	02/07/2023	1486	Staples Credit Plan	(527)
Bill Pmt -Check	02/07/2023	1487	State Compensation Insurance Fund	(427)
Bill Pmt -Check	02/07/2023	1488	Larry L. Simon - Appraisal Services	(3,250)
Bill Pmt -Check	02/07/2023	1489 - VOID	NetFile	0
Bill Pmt -Check	02/07/2023	1490	Spitfire Strategies, LLC	(6,300)
Bill Pmt -Check	02/07/2023	1491	Bloom in the Desert Ministries	(150)
Check	02/08/2023	Auto Pay	Calif. Public Employees' Retirement System	(17,726)
Bill Pmt -Check	02/08/2023	ACH 021023	NetFile	(1,000)
Bill Pmt -Check	02/09/2023	1492	Alejandro Espinoza Santacruz - Expense Reimbursement	(107)
Bill Pmt -Check	02/09/2023	1493	Desert AIDS Project - Grant Payment	(103,673)
Bill Pmt -Check	02/09/2023	1494 - VOID	Rogers, Carole	0
Bill Pmt -Check	02/09/2023	1495	Zendle, Les - Stipend	(221)
Bill Pmt -Check	02/14/2023	1496 - VOID	Alianza Nacional De Campesinas Inc	0
Bill Pmt -Check	02/14/2023	1497 - VOID	California CareForce	0
Bill Pmt -Check	02/14/2023	1498 - VOID	LoopUp LLC	0
Bill Pmt -Check	02/14/2023	1499 - VOID	Mangus Accountancy Group, A.P.C.	0
Bill Pmt -Check	02/14/2023	1500	PolicyMap, Inc.	(5,237)
Bill Pmt -Check	02/14/2023	1501	Rogers, Carole - Medical Premium Reimbursement	(10,273)
Bill Pmt -Check	02/14/2023	1502	Alianza Nacional De Campesinas Inc - Grant Payment	(10,000)
Bill Pmt -Check	02/14/2023	1503	California CareForce - Grant Payment	(10,000)
Bill Pmt -Check	02/14/2023	1504	LoopUp LLC	(24)
Bill Pmt -Check	02/14/2023	1505	Mangus Accountancy Group, A.P.C.	(500)
Bill Pmt -Check	02/14/2023	1506	CoPower Employers' Benefits Alliance	(1,750)
Bill Pmt -Check	02/14/2023	1507	VMG Health	(112,917)
Bill Pmt -Check	02/15/2023	1508	Regional Access Project Foundation	(180)
Bill Pmt -Check	02/15/2023	1509	Rogers, Carole - Stipend	(331)
Liability Check	02/17/2023		QuickBooks Payroll Service	(57,272)
Bill Pmt -Check	02/21/2023	1510	Ernest Enterprises	(373)

**Desert Healthcare District**  
**Check Register**  
As of February 28, 2023

Type	Date	Num	Name	Amount
Bill Pmt -Check	02/21/2023	1511	Palms to Pines Printing	(2,274)
Bill Pmt -Check	02/21/2023	1512	Principal Life Insurance Co.	(2,061)
Bill Pmt -Check	02/21/2023	1513	Regional Access Project Foundation	(2,000)
Bill Pmt -Check	02/21/2023	1514	Spectrum (Time Warner)	(325)
Bill Pmt -Check	02/21/2023	1515	The Write Translator	(261)
Bill Pmt -Check	02/21/2023	1516	HIV+Aging Research Project-Palm Springs - Grant Payment	(10,000)
Bill Pmt -Check	02/21/2023	1517	Voices for Children - Grant Payment	(27,000)
Bill Pmt -Check	02/21/2023	1518	Palms To Pines Parasports - Grant Payment	(10,000)
Bill Pmt -Check	02/21/2023	1519	State Compensation Insurance Fund	(25)
Bill Pmt -Check	02/23/2023	1520	Visual Edge IT (Image Source)	(84)
Bill Pmt -Check	02/23/2023	1521	Larry L. Simon - Appraisal Services	(2,250)
Bill Pmt -Check	02/28/2023	1522	Desert Recreation Foundation	(500)
Bill Pmt -Check	02/28/2023	1523	Frazier Pest Control, Inc.	(33)
Bill Pmt -Check	02/28/2023	1524	Ready Refresh	(50)
Bill Pmt -Check	02/28/2023	1525	So.Cal Computer Shop	(1,511)
Bill Pmt -Check	02/28/2023	1526	Pueblo Unido CDC - Grant Payment	(11,250)
Bill Pmt -Check	02/28/2023	1527	Verizon Wireless	(772)
<b>TOTAL</b>				<b>(570,667)</b>

Desert Healthcare District									
Details for Credit Card Expenditures									
Credit card purchases - January 2023 - Paid February 2023									
Number of credit cards held by District personnel -2									
Credit Card Limit - \$25,000 - Conrado, \$20,000 - Chris									
Credit Card Holders:									
Conrado Bárzaga - Chief Executive Officer									
Chris Christensen - Chief Administration Officer									
Routine types of charges:									
Office Supplies, Dues for membership, Computer Supplies, Meals, Travel including airlines and Hotels, Catering, Supplies for BOD meetings, CEO Discretionary for small grant & gift items									
Statement									
Year	Month	Total	Expense						
Year	Charged	Charges	Type	Amount	Purpose	Description	Participants		
		\$ 5,171.77							
Chris' Statement:									
2023	January	\$ 849.06	District						
			GL	Dollar	Description				
			6360	\$ 178.25	Calchamber - 2023 Posters and Pamphlets				
			6360	\$ 37.50	Nespresso - coffee for RAP office				
			6355	\$ 250.76	Zoom videoconference/webinar expense				
			6355	\$ 78.00	Microsoft Office subscription				
			6355	\$ 239.88	Adobe Pro Annual Subscription				
			6490	\$ 64.67	Ace Hardware - Key duplication for Las Palmas Medical Plaza				
				\$ 849.06					
Conrado's Statement:									
2023	January	\$ 4,322.71	District						
			GL	Dollar	Description				
			6352	\$ (0.30)	Credit from January 2023 payment				
			6325	\$ 1,443.66	Wal-mart -Clothing for migrant children left in Coachella Valley during the holidays, donated to the Galilee Center	CEO Discretionary Fund			
			6355	\$ 60.00	Grammarly quarterly plan				
			6325	\$ 2,500.00	Donation to The Girlfriend Factor	CEO Discretionary Fund			
			6352	\$ 94.35	Ritz Carlton Meeting - Conrado Barzaga & Marty Massiello (Eisenhower)				
			5240	\$ 25.00	Uber Eats - 01/24/23 Board Meeting Food				
			5240	\$ 200.00	Grubhub - 01/24/23 Board Meeting Food				
				\$ 4,322.71					

**Las Palmas Medical Plaza  
Check Register - LPMP  
As of February 28, 2023**

Type	Date	Num	Name	Amount
<b>1000 · CHECKING CASH ACCOUNTS</b>				
<b>1046 · Las Palmas Medical Plaza</b>				
Bill Pmt -Check	02/02/2023	10687	Desert Air Conditioning Inc.	(216)
Bill Pmt -Check	02/02/2023	10688	Imperial Security	(1,950)
Bill Pmt -Check	02/02/2023	10689	Stericycle, Inc.	(1,147)
Bill Pmt -Check	02/07/2023	10690	Palm Springs Disposal Services Inc	(2,651)
Bill Pmt -Check	02/14/2023	10691	Frazier Pest Control, Inc.	(550)
Bill Pmt -Check	02/14/2023	10692	Frontier Communications	(268)
Bill Pmt -Check	02/14/2023	10693	Imperial Security	(3,213)
Bill Pmt -Check	02/14/2023	10694	Southern California Edison	(822)
Bill Pmt -Check	02/21/2023	10695	Imperial Security	(3,588)
Check	02/24/2023		Bank Service Charges	(644)
Bill Pmt -Check	02/28/2023	10696	Best Signs, Inc.	(369)
Bill Pmt -Check	02/28/2023	10697	Imperial Security	(3,400)
Bill Pmt -Check	02/28/2023	10698	INPRO Environmental Management Services	(11,150)
Bill Pmt -Check	02/28/2023	10699	Desert Water Agency	(553)
Bill Pmt -Check	02/28/2023	10700	Imperial Security	(3,400)
<b>TOTAL</b>				<b>(33,921)</b>

**Desert Healthcare District  
CEO Discretionary Fund  
July 2022 through February 2023**

<b>Date</b>	<b>Name</b>	<b>Memo</b>	<b>Amount</b>
<b>6325 - CEO Discretionary Fund</b>			
07/14/2022	Regional Access Project Foundation	Nonprofit Desert Fast Pitch sponsorship	5,000
08/24/2022	Coachella Valley Economic Partnership	2022 CVEP Economic Summit - Silver Sponsorship	5,000
10/20/2022	UC Riverside Foundation	UCR SOM Celebration of Medical Education Gala - Bronze Sponsorship	5,000
11/03/2022	Blood Bank of San Bernardino	11.12.22 Thanks4Giving Gala	3,000
01/27/2023	First Bankcard (Union Bank)	Wal-mart -Clothing for migrant children left in Coachella Valley during the holidays, donated to the Galilee Center	1,444
01/27/2023	First Bankcard (Union Bank)	Donation to The Girlfriend Factor	2,500
02/27/2023	Desert Recreation Foundation	March 29, 2023 Bowling fundraiser	500
02/28/2023	Desert Healthcare Foundation-	The Girlfriend Factor Sponsorship	1,300
02/28/2023	Desert Healthcare Foundation-	2023 Farm to Fork Dinner Table Sponsor	1,602
<b>TOTAL</b>			<b>25,346</b>



**MEMORANDUM**

DATE: March 15, 2023  
 TO: F&A Committee  
 RE: Retirement Protection Plan (RPP)

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Current number of participants in Plan:

	<u>January</u>	<u>February</u>
Active – still employed by hospital	74	72
Vested – no longer employed by hospital	58	58
Former employees receiving annuity	<u>7</u>	<u>7</u>
Total	<u>139</u>	<u>137</u>

The outstanding liability for the RPP is approximately **\$3.2M** (Actives - \$1.7M and Vested - \$1.5M). US Bank investment account balance \$4.6M. Per the June 30, 2022, Actuarial Valuation, the RPP has an Overfunded Pension Asset of approximately **\$1.0M**.

The payouts, excluding monthly annuity payments, made from the Plan for the eight (8) months ended February 28, 2023, totaled **\$224K**. Monthly annuity payments (7 participants) total **\$1.0K** per month.

**DESERT HEALTHCARE DISTRICT  
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE  
February 28, 2023**

**TWELVE MONTHS ENDING JUNE 30, 2023**

Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 Bal Fwd	Current Yr 2022-2023	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 4,990,000		\$ -		\$ 4,990,000
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ 11,944		\$ -
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ 10,000		\$ -
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ 51,081		\$ 11,352
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ 24,325		\$ 5,406
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ 55,553		\$ 12,345
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ 46,233		\$ 10,275
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ 34,555		\$ 7,680
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 54,000		\$ 6,000
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 22,500		\$ 27,500
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 2,566,566		\$ -
2022-1323-Mini-07-21-22	Alianza Nacional De Campesinas, Inc - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1321-Mini-07-25-22	Theresa A. Mike Scholarship Foundation - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1322-Mini-08-13-22	Hanson House Foundation, Inc. - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.			\$ 500,000		\$ 50,000	\$ 450,000
2022-1350-BOD-09-27-22	JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr.			\$ 57,541		\$ 25,893	\$ 31,648
2022-1355-BOD-09-27-22	Joslyn Center - The Joslyn Wellness Center - 1 Yr.			\$ 85,000		\$ 38,250	\$ 46,750
2022-1361-BOD-09-27-22	DAP Health - DAP Health Monkeypox Virus Response - 1 Yr.			\$ 586,727		\$ 205,383	\$ 381,344
2022-1364-Mini-10-25-22	Al Horton Memorial Rotary Foundation - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1356-BOD-10-25-22	Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr.			\$ 140,000		\$ 63,000	\$ 77,000
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.			\$ 110,000		\$ 49,500	\$ 60,500
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.			\$ 160,000		\$ 36,000	\$ 124,000
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.			\$ 100,000		\$ -	\$ 100,000
2022-1330-BOD-12-20-22	OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.			\$ 605,000		\$ 68,063	\$ 536,937
2022-1369-BOD-12-20-22	ABC Recovery Center - Cost of Caring Fund Project - 1 Yr.			\$ 332,561		\$ 74,826	\$ 257,735
2023-1357-Mini-01-09-23	Desert Recreation Foundation - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1333-BOD-01-24-23	Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.			\$ 150,000		\$ -	\$ 150,000
2023-1363-BOD-01-24-23	Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.			\$ 60,092		\$ -	\$ 60,092
2023-1375-Mini-01-30-23	California CareForce - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1374-Mini-02-10-23	Alianza Nacional De Campesinas, Inc - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1373-Mini-02-14-23	Palms To Pines Parasports - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1370-Mini-02-15-23	HIV+ Aging Research Project-Palm Springs - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1372-BOD-02-28-23	Reynaldo J. Carreon MD Foundation - Dr. Carreon Scholarship Program - 1 Yr.			\$ 50,000		\$ -	\$ 50,000
<b>TOTAL GRANTS</b>		<b>\$ 16,670,644</b>	<b>\$ 10,552,067</b>	<b>\$ 3,206,922</b>	<b>\$ 5,174,849</b>	<b>\$ 725,915</b>	<b>\$ 7,858,225</b>
<b>Amts available/remaining for Grant/Programs - FY 2022-23:</b>							
<b>Amount budgeted 2022-2023</b>			\$ 4,000,000			G/L Balance:	2/28/2023
<b>Amount granted through February 28, 2023:</b>			\$ (3,206,922)				
Financial Audits of Non-Profits; Organizational Assessments			\$			2131	\$ 4,338,224
Net adj - Grants not used: FY 21-22 Funds			\$ 2,566,566			2281	\$ 3,520,000
Matching external grant contributions			\$ -				
<b>Balance available for Grants/Programs</b>			<b>\$ 3,359,644</b>			<b>Total</b>	<b>\$ 7,858,224</b>
							<b>\$ 0</b>

\* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.



## **Chief Administration Officer's Report**

**March 15, 2023**

Audit RFP update – The District received 4 proposals of 8 solicited. A recommendation will be made during the Committee meeting.

### **Las Palmas Medical Plaza - Property Management:**

#### **Occupancy:**

See attached unit rental status report.

**93.1%** currently occupied –

Total annual rent including CAM fees is **\$1,348,282**.

#### **Leasing Activity:**

3 suites (1E-204, 2W-102, & 2W-103/104) are now vacant and available for lease. Rob Wenthold, our broker, will be showing the suites to prospective tenants.



**Las Palmas Medical Plaza**

**Unit Rental Status**

**As of March 1, 2023**

Unit	Tenant Name	Deposit	Lease Dates		Term	Unit Sq Feet	Percent of Total	Monthly Rent	Annual Rent	Rent Per Sq Foot	Monthly CAM	Total Monthly Rent Inclg CAM	Total Annual Rent Inclg CAM
			From	To									
											\$ 0.69		
1E, 204	Vacant					880	1.78%						
2W, 102	Vacant					640	1.30%						
2W, 103-104	Vacant					1,878	3.81%						
<b>Total - Vacancies</b>						<b>3,398</b>	<b>6.88%</b>						
<b>Total Suites - 32 - 29 Suites Occupied</b>		\$64,959.90				49,356	93.1%	\$ 80,648.60	\$ 967,783.20	\$ 1.75	\$ 31,708.26	\$ 112,356.86	\$ 1,348,282.32
<b>Summary - All Units</b>													
			<b>Occupied</b>	<b>45,958</b>	<b>93.1%</b>								
			<b>Vacant</b>	<b>3,398</b>	<b>6.9%</b>								
			<b>Pending</b>	<b>0</b>	<b>0.0%</b>								
			<b>Total</b>	<b>49,356</b>	<b>100%</b>								



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: Selection of audit firm to perform the 06/30/2023 financial audits, tax return, and state controller's reports for the District, Foundation and Retirement Protection Plan

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**Staff Recommendation:** Consideration to approve the selection of Moss, Levy, Hartzheim, LLP to perform the 6/30/2023 audits for the District, Foundation, and Retirement Protection Plan.

**Background:**

- At the January 2023 F&A Committee and Board of Director's meeting, a Request for Proposal was approved for selection of a new audit firm for the 6/30/2023 annual audit.
- Eight firms were solicited. Two local firms, one Florida firm, and 5 California firms with healthcare district experience.
- The local firms did not provide a proposal (one firm does not perform Single Audits).
- Four proposals were received, ranging in total fees from \$36,690 to \$94,500. Please see Fee Proposals Schedule included in the packet.
- The firm's fee proposals are as follows:
  - Moss, Levy, Hartzheim, LLP - \$36,690
  - Davis Farr LLP - \$46,800
  - Thomas & Company, CPAs – \$48,740
  - Moss Adams LLP - \$94,500
- Moss, Levy & Hartzheim LLP (MLH) performed the financial audits of the District/Foundation/RPP from 2014-2019.
- As a result, MLH is very familiar with the District, Foundation, and RPP and will be very efficient and thorough with the audits.
- Additionally, MLH performs Single Audits, which are required for the Foundation and its receipt of Federal funds.
- The District F&A Committee and staff were pleased with the work MLH has performed over the past six years.
- At the March 15, 2023, Finance & Administration Committee meeting, the Committee recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of engaging with Moss, Levy, Hartzheim, LLC for the 6/30/2023 financial audits.
- Included in the packet for your review and consideration are the RFP fee proposals summary and the 4 proposals.

**Fiscal Impact:**

\$36,690 for the audit fees for 6/30/2023 audit and is included in the FY23 budget.

**DESERT HEALTHCARE DISTRICT  
RFP FOR FINANCIAL AUDIT SERVICES FOR FYE 6/30/23  
FEE PROPOSALS**

	Fee Proposals			
	District SCO	Foundation Single Audit 990	RPP SCO	Total
<b>Moss, Levy &amp; Hartzheim, LLP – Managing Partner – Craig Hartzheim, CPA, Managing Partner</b> <a href="http://www.mlhcpas.com">Website: www.mlhcpas.com</a> Address: 5800 Hannum Avenue, Suite E, Culver City, CA 90230 - <b>Desert Healthcare District</b> Telephone: 310-670-2745 <a href="mailto:chartzheim@mlhcpas.com">chartzheim@mlhcpas.com</a>	\$ 17,290	\$ 13,910	\$ 5,490	\$ 36,690
<b>Davis Farr LLP</b> <a href="http://www.davisfarr.com">Website: www.davisfarr.com</a> Address: 18201 Von Karman Avenue, Suite 1100, Irvine, CA 92612 – <b>Beach Cities Auditors</b> Telephone: 949-474-2020 Fax: 949-263-5520 <a href="mailto:admin@davisfarr.com">admin@davisfarr.com</a>	\$ 19,000 \$ 950	\$ 11,600 \$ 3,500 \$ 3,000	\$ 8,000 \$ 750	\$ 46,800
<b>Thomas &amp; Company, CPAs</b> Florida firm, but experienced with the District's needs <a href="http://www.jttcpa.com">Website: www.jttcpa.com</a> Address: 9710 Stirling Road, Susite #101, Cooper City, FL 33024 Telephone: 954-435-7272 Fax: 954-435-5558				\$ 48,740
<b>Moss Adams LLP</b> <a href="http://www.mossadams.com">Website: www.mossadams.com</a> Address: 2040 Main Street, Suite 900, Irvine, CA 92614 - <b>Marin Healthcare District</b> Telephone: 909-221-4000 Fax: 909-221-4001      submit doc through online portal	\$ 33,000 \$ 5,000	\$ 12,000 \$ 8,000 \$ 6,500	\$ 25,000 \$ 5,000	\$ 94,500
<b>Clifton Larson Allen LLP</b> <a href="http://www.claconnect.com">Website: www.claconnect.com</a> Address: 3401 Centrelake Drive, Suite 500, Ontario, CA 91761 – <b>Grossmont/Fallbrook Auditors</b> Telephone: 909-985-7286 Fax: 909-982-0847 <a href="mailto:derrick.debruyne@claconnect.com">derrick.debruyne@claconnect.com</a>				Did not provide a proposal
<b>JWT &amp; Associates LLP</b> <a href="http://www.jwtcpa.com">Website: ??</a> Address: 1111 E. Herndon Avenue, Suite 211, Fresno, CA 93720 - <b>Eden &amp; Petaluma Healthcare District</b> Telephone: 559-431-7708 Fax: 559-431-7685 Email: rjctcpa@aol.com				Did not provide a proposal
<b>Maryanov Madsen Gordon &amp; Campbell – Managing Partner – Steven T. Erickson, CPA</b> <a href="http://www.mmgccpa.com">Website: www.mmgccpa.com</a> Address: 801 E. Tahquitz Canyon Way, Suite 200, Palm Springs, CA 92262 Telephone: 760-320-6642 Fax: 760-327-6854				DOES NOT DO SINGLE AUDITS
<b>Osborne Rincon, CPAs – Managing Partner (President) – Lee M. Osborne, CPA</b> <a href="http://www.osbornerincon.com">Website: www.osbornerincon.com</a> Address: 79-245 Corporate Centre Drive, Suite 101, La Quinta, CA 92253 Telephone: 760-777-9805 Fax: ?? <a href="mailto:ayoung@osbornerincon.com">ayoung@osbornerincon.com</a> May not offer single audit				Unable to take on presently Lund & Guttry merger

**DESERT HEALTHCARE DISTRICT**  
**PROPOSAL FOR INDEPENDENT AUDIT SERVICES**  
**For the Fiscal Year Ending June 30, 2023**

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**Submitted By:**

Moss, Levy & Hartzheim, LLP  
5800 Hannum Avenue, Suite E  
Culver City, CA 90230  
Phone: (310) 670-2745  
Fax: (310) 670-1689  
Email: mlhbh@mlhcpas.com  
Website: www.mlhcpas.com

**Submitted On:**

January 25, 2023

**Contact Person:**

Craig A. Hartzheim, CPA: Partner:  
Hadley Y. Hui, CPA: Partner  
Wilson Lam, CPA: Partner

**DESERT HEALTHCARE DISTRICT  
AUDIT PROPOSAL  
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## MOSS, LEVY & HARTZHEIM LLP

CERTIFIED PUBLIC ACCOUNTANTS

### PARTNERS

CRAIG A HARTZHEIM, CPA  
HADLEY Y HUI, CPA  
ALEXANDER C HOM, CPA  
ADAM V GUISE, CPA  
TRAVIS J HOLE, CPA  
WILSON LAM, CPA

### COMMERCIAL ACCOUNTING & TAX SERVICES

9465 WILSHIRE BLVD., 3<sup>RD</sup> FLOOR  
BEVERLY HILLS, CA 90212  
TEL: 310.670.2745  
FAX: 310.670.1689  
www.mlhcpas.com

### GOVERNMENTAL AUDIT SERVICES

5800 HANNUM AVE., SUITE E  
CULVER CITY, CA 90230  
TEL: 310.670.2745  
FAX: 310.670.1689  
www.mlhcpas.com

Mr. Chris Christensen, CPA  
Desert Healthcare District  
1140 N. Indian Canyon Drive  
Palm Springs, California 92262

Dear Mr. Christensen,

We are pleased to respond to the Desert Healthcare District's ("DHCD") Request for Proposal for independent auditing services. We have prepared our proposal to address each of the specifications included in DHCD's Request for Proposal.

After 65 years in public accounting and 45 years of performing local governmental and non-profit audits, it is extremely gratifying to witness the continued growth of Moss, Levy & Hartzheim, LLP. The firm is a regional full service public accounting firm with offices in Beverly Hills, Culver City, and Santa Maria and clients throughout the State of California, as well as thirty-one other states. We are pleased with not only the continuing development of the firm but also the progress and economic health of our clients. We understand that non-profit and governmental accounting are specialized industries with their own accounting standards and requirements, and that is why we strive to constantly improve the quality of our professional services. This degree of dedication, coupled with our ability to inform our clients of any new accounting and auditing issues is paramount to our success.

We feel that our size is such that we are large enough to provide a broad spectrum of services and experience backed by an in-house training program, professional development courses, and an extensive professional library, yet not so large as to become impersonal and rigid. Our informal style allows us to be flexible enough to complete our audits in a timely manner that is the most convenient for each client. Also, this style allows us to be more accessible to our clients when our clients have questions or concerns.

It is our understanding that we will perform an audit of DHCD's financial statements, the Desert Health Care Foundation's financial statements and the Desert Hospital Retirement Protection Plan's financial statements in accordance with auditing standards generally accepted in the United States of America as set forth by the American Institute of Certified Public Accountants, with the objective of expressing an opinion on the fair presentation of the basic financial statements.

In addition to the procedures deemed necessary to express our opinion on the basic financial statements, we understand that we will also be responsible for performing certain limited procedures involving the management's discussion and analysis (MD&A) and the required supplementary information (RSI), as mandated by auditing standards generally accepted in the United States of America.

Our audit would be conducted in accordance with auditing standards generally accepted in the United States of America, including all applicable auditing standards issued by the American Institute of Certified Public Accountants.

It is our understanding that we will also be responsible for issuing an independent auditor's report on the financial statements of the Desert Healthcare Foundation (DHF) and preparing the Federal and State exempt 501(c)3 information tax returns. We will also issue an independent auditor's report on the financial statements of the Desert Health Retirement Protection Plan (RPP).

All noncompliance and significant deficiencies found during the audit will be communicated in writing. Non-reportable conditions discovered will be reported in a separate letter to management. All irregularities and illegal acts or indications of illegal acts of which we become aware of during the course of our audit will be immediately reported, in writing, to the DHCD's Board of Directors.

We will provide DHCD with the necessary amount of bound copies, one unbound copy, and an electronic version of all audit reports. The deadline for completion of the final reports is September 30, 2023.

We also understand that we will be responsible for preparing and electronic filing of the DHCD and RPP State Controller's Reports.

This proposal is a firm and irrevocable offer until April 15, 2023.

Thank you for your consideration and please do not hesitate to contact the authorized representatives listed below with any questions, problems, or concerns.

Craig A Hartzheim, CPA  
Partner  
5800 Hannum Ave  
Suite E

Culver City, CA 90230  
[chartzheim@mlhcpas.com](mailto:chartzheim@mlhcpas.com)

Hadley Y Hui, CPA  
Partner  
5800 Hannum Ave  
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Culver City, CA 90230  
[hhui@mlhcpas.com](mailto:hhui@mlhcpas.com)

Wilson Lam, CPA  
Partner  
5800 Hannum Ave  
Suite E

Culver City, CA  
90230  
[wlam@mlhcpas.com](mailto:wlam@mlhcpas.com)

Sincerely,



Craig A. Hartzheim, CPA  
Partner



**DESERT HEALTHCARE DISTRICT  
AUDIT PROPOSAL**

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**FIRM EXPERIENCE**

Moss, Levy & Hartzheim, LLP is a regional firm that performs audits of non-profit and governmental entities throughout the State of California, from the Oregon border to the Mexico border. Our firm also performs review and compilation engagements as well as tax and consulting services to clients throughout the United States. The firm currently employs 28 professionals, all of whom are trained in nonprofit and governmental auditing and has annual gross revenues in excess of four million dollars. The firm has three offices in California: Beverly Hills, Culver City, and Santa Maria.

Our firm currently provides the following services:

**Audit:**

- Non-Profit
- Pensions
- Governmental (charter schools, school districts, cities, single audits, and special districts)
- Commercial
- Compliance
- Transient Occupancy Tax

**Accounting Services:**

- Reviews
- Compilations

**Management Advisory Services (Non-Audit Clients):**

- Data Processing Services
- Business Consultation
- Pension and Profit-Sharing Plan Assistance
- Acquisition and Mergers

**Income Tax Services:**

- Preparation
- Planning
- Tax Audits and Negotiations with Internal Revenue Service and Other Taxing Authorities

Moss, Levy & Hartzheim has an extensive background in auditing non-profit agencies, charter schools, school districts, and municipalities with over forty-five years of experience in this specialized field. We currently perform ten non-profit audits, one charter school audit, seven school district audits, the annual audit of the County Sanitation Districts of Los Angeles County (all 25 districts), over twenty city audits, and over thirty-two special district audits. We are also on the master lists and have signed master contracts with the County of San Diego and the County of Los Angeles for Compliance and Financial Audits. Therefore, our firm has significant experience in auditing and preparing financial statements for all types of nonprofit and governmental entities.

Please see *Appendix A – Current and/or Recently Completed Governmental Audits* for a list of recent audits performed by the firm.

Recent local auditing experiences include the following:

**1. Non-Profit Agencies**

Currently our firm audits ten non-profit agencies throughout the State of California.

**FIRM EXPERIENCE (Continued)**

Recent local auditing experiences include the following: (Continued)

**2. Special Districts**

Currently our firm audits in excess of thirty-two special districts including the County Sanitation Districts of Los Angeles County (all 25 Districts), recreation districts, utility districts, cemetery districts, community services districts, sanitary districts, water districts, fire districts, ambulance services districts, airport districts, and vector control districts.

**3. Uniform Guidance**

We have performed compliance audits in accordance with Title 2 U.S. Code of Federal Regulation Part 200, Subpart F, *Uniform Administrative Requirements, Cost Principle and Audit Requirements for Federal Awards* (Uniform Guidance), for our municipal clients who are required to have compliance audits (which is the majority of our municipal clients) and for all of our school district clients.

**4. Federal and State Grant Programs and the Single Audit**

Almost all of our school district clients, each of our municipal clients, and the majority of our special district clients receive federal and state grants which require compliance audits. Some of our most commonly audited federal programs are as follows:

School District Major Programs:

- Senior Nutrition Programs
- Child Nutrition Programs
- Title I, II, III and VI
- Migrant Education
- Vocational Education
- Special Education
- Head Start

Municipal Major Programs:

- ARPA Act (2021)
- Cares Act Program
- Community Development Block Grant Funds (CDBG)
- Federal Emergency Management Act Funds (FEMA)
- Section 8 Housing Assistance Payments
- Transportation Enhancement Act (TEA)
- Airport Improvement Program (AIP)
- Economic Development Grants (EDA)
- Home Investment Partnerships Program (HOME)
- Capitalization Grants for State Revolving Funds
- Highway Planning and Construction
- Surveys, Studies, Investigations, and Special Purpose Grants

Other Common Municipal Programs:

- COPS Grants (including LLEBG)
- Asset Seizure Funds
- Retired Senior Volunteer Program

**5. School Districts**

Currently our firm audits one charter schools and seven school districts throughout the State of California. We have also performed audits of student bodies for nearly all of our school district clients.

**FIRM EXPERIENCE (Continued)**

Recent local auditing experiences include the following: (Continued)

**6. Income Tax Services**

The firm provides non-profit information, tax exempt reporting services and other tax services such as planning, preparation, and tax audits as well as negotiations with the Internal Revenue Service and other taxing authorities on behalf of our clients.

**7. Bond Reporting**

The firm has assisted many of our clients in properly reporting and accounting for bond issuance costs and discounts or premiums, as well as reviewing debt covenant requirements. Many of our clients' audited statements have been included in official debt issuance statements.

**8. State Controller's Report and Street Report**

We have prepared State Controller's Reports and Street Reports for numerous special districts, cities, and redevelopment agencies. We feel this experience allows us to help assist our clients in their preparation of the State Controller's Reports or prepare the reports as a separate engagement for our clients.

**9. CSMFO and GFOA Award Programs**

The firm has or is currently auditing the following entities that have participated in and have received the CSMFO and/or GFOA Award Programs:

City of Bellflower  
City of Calabasas  
City of Covina  
City of Culver City  
City of El Centro  
City of Eureka  
City of La Mirada  
City of La Palma  
City of Lompoc

City of Paso Robles  
City of San Gabriel  
City of Santa Maria  
City of Westlake Village  
County Sanitation Districts of  
Los Angeles County  
Encina Wastewater Authority  
Los Angeles County Flood Control District

**FIRM EXPERIENCE (Continued)**

Recent local auditing experiences include the following: (Continued)

**10. Joint Powers Authorities**

We have audited the following joint powers authorities (JPAs):

County of San Diego – Emergency Services Organization  
Data Processing Joint Powers Agency  
Encina Wastewater Authority  
Exclusive Risk Management Authority of California  
Humboldt/Del Norte Hazardous Materials Response Authority of City of Eureka  
North Coast Emergency Medical Services  
Public Agency Self Insurance System  
San Diego Geographic Information Source  
Santa Barbara Water Purveyors Joint Powers Agency

Santa Barbara County Special Education Local Plan Area Joint Powers Agency  
Tracy Area Public Facilities Financing Authority  
Transportation Authority of Marin  
West Contra Costa Integrated Waste Management Authority

In addition to the joint powers agencies listed above, the vast majority of our governmental clients are members of joint powers agencies. As such, our firm has experience in reviewing JPA statements and disclosing the appropriate JPA information in the financial statements for each governmental client.

**11. Other Audits**

The firm has also assisted several clients in reviewing franchise financial statements as part of reviewing franchise request for rate increases. In addition, the firm has performed transient occupancy tax audits for ten municipalities and has performed various audits of operating lease charges (such as use of a sewage treatment plant based on percentage of use by our client and actual expense as recorded by the treatment plant operator).

**12. Investment Compliance**

In addition to financial statement audits, we also review our clients' compliance with their investment policies and examine investment types, including, but not limited to, an evaluation of maturity dates (short-term or long-term), types and category, and collateral to ensure proper disclosure of risk in the basic financial statements.

**ENGAGEMENT TEAM**

DHCD will have one partner, one manager, and one supervising senior assigned to the audits on a full-time basis. In addition, one staff accountant will be assigned to the audits on a full-time basis.

**The audit work will be completed by staff from our Culver City office.**

The Culver City office is currently staffed by five certified public accountants (three partners and two managers). In addition, the Culver City office has nine employees, ranging from managers, senior accountants, to staff accountants. All certified public accountants, managers, senior accountants, and staff accountants are part of the governmental and non-profit audit practice.

**DESERT HEALTHCARE DISTRICT  
AUDIT PROPOSAL**

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**ENGAGEMENT TEAM (Continued)**

The firm will maintain staff continuity on the engagement throughout the term of the contract, barring any terminations, illnesses, or other unforeseen circumstances (departure from the firm, promotion, or assignment to another office). At the written request of the District, any Moss, Levy & Hartzheim, LLP employee assigned to the audit can be removed and replaced by another qualified employee. DHCD retains the right to approve or reject replacements.

In the last three years we have had three professional staff who have left the firm.

Please see *Appendix B – Resumes* for the Partners and Audit Manager’s qualifications and experience.

It is the firm’s policy to have our partners and audit managers involved in the managing function of our audits. Having both the partner and audit manager involved in the engagement allows DHCD to receive immediate response to questions about accounting and audit topics, concerns, and findings.

It is expected that Mr. Hadley Y Hui, CPA would be the technical (concurring) partner in charge of DHCD’s audits. He will be responsible for reviewing DHCD’s financial statements and all other required statements and reports. He may also be responsible for addressing any of DHCD’s questions or concerns that arise during the year. He has assisted numerous non-profit agencies, charter schools, school districts, and municipalities.

Mr. Craig A. Hartzheim, CPA will be the engagement partner assigned to the audits. As engagement partner, he will oversee the day-to-day operations of the audits, review all audit areas, and be on-site for a majority of the fieldwork. He has assisted many non-profit agencies, charter schools, school districts, and municipalities. It is the firm’s policy during the first year on the audit engagement to have a partner on-site for a majority of the fieldwork. This policy enables the partner to become acquainted with DHCD’s daily operations and key personnel.

Mr. Cody Hartzheim will be the manager/supervising senior assigned to the audits. He will oversee the day-to-day operations of the audits and perform more difficult audit sections.

No complaints have been leveled by the State Board of Accountancy or any other agency against any of the staff assigned to DHCD’s audits. In addition to the supervisory staff listed above, one staff accountant will be assigned to the audits. All staff accountants have degrees from accredited colleges or universities, have received in-house non-profit and governmental audit training, and at present, have at least one year of non-profit and governmental auditing experience. All staff accountants will be directly supervised by the manager assigned to the audit at all times. All partners, managers, and staff members have worked on numerous non-profit engagements together. Consistently working together will provide DHCD with a knowledgeable, proficient, and efficient audit team.

The firm conducts an annual firm-wide two-day training seminar to update all governmental auditors on new pronouncements and improved audit techniques. In addition to this firm sponsored seminar, each governmental auditor attends the annual governmental accounting conference and many other continuing education courses and is updated on current accounting/auditing issues through our journals and supplements, which we receive on a regular basis.

## DESERT HEALTHCARE DISTRICT AUDIT PROPOSAL

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### AUDIT APPROACH

Our firm will utilize the current year's budget, and our knowledge of DHCD's systems to determine materiality for the different audit sections. We will select a sample of transactions to determine to what extent the systems are functioning as described to us. The extent of our sample size will depend upon our assessment of the internal control structure and the results of our assessment in accordance with the *Statements on Auditing Standards*.

The selection of transactions for testing will be made using a combination of random, systematic, and haphazard sampling techniques. We will identify the strength of the systems upon which we can rely in planning our substantive tests. Our internal control review will meet all of the following requirements of AICPA: Statement on Auditing Standards (SAS) No. 55, *Consideration of the Internal Control Structure in a Financial Statement Audit*, as amended by SAS No. 78; SAS No. 99, *Consideration of Fraud in a Financial Statement Audit*; SAS No. 106, *Audit Evidence*; SAS No. 107, *Audit Risk and Materiality in Conducting an Audit*; SAS No. 108, *Planning and Supervision*; SAS No. 109, *Understanding the Entity and Its Environment and Assessing the Risks of Material Misstatement*; and SAS No. 110, *Performing Audit Procedures in Response to Assessed Risks and Evaluating the Audit Evidence Obtained*.

It is estimated that the sampling size for transaction testing for compliance with systems as actually implemented would be as following:

- I. Minimum of 60 disbursement items, including automatic and manual checks
- II. Minimum of 40 payroll checks/direct deposits.
- III. Minimum of 40 receipt items.

We have extensive knowledge in auditing computer systems. We have assisted numerous clients with the implementation of accounting software and database business systems. This assistance has provided our firm with a thorough background in computer systems with respect to both the software applications aspect and also insight into auditing such systems. It is our policy to have a computer specialist as part of the audit team and to be used on an as-needed basis. This individual assists the audit team in documenting the computer system internal control structure and highlighting strengths and weaknesses relating to the computer structure of DHCD.

In addition, all of our staff is equipped with not only word processing and spreadsheet capabilities, but also various functional software, such as PPC Audit – e-Tools, Creative Solutions Accounting, Adobe Acrobat, random sampling software, Lacerte Tax Program, and Easy Accounting Software, which contain amortization programs and depreciation programs, and other applications.

We will perform preliminary analytical review procedures using the current year's working trial balance and the current fiscal year's budget. In the preliminary stage, we will adopt ratio analysis procedures to compare the relationships between account balances and classes of transactions against budgets and industry statistics. This may include budgets, trial balances, and/or draft financial statements to help us identify the source of individual fluctuations. Any unexpected trends or deviations will be discussed with relevant DHCH staff to obtain explanations.

We will communicate with the governing body and Audit Committee at the beginning of the audit, either in person or through written communication. We will also interview one or two Board members to discuss the audit process and determine if there are any additional areas to examine.

As part of our audit procedures we usually request a working trial balance in excel format and access to view general ledger detail directly from the software system. This increases our efficiency and provides for less disruption of DHCD staff.

**DESERT HEALTHCARE DISTRICT  
AUDIT PROPOSAL**

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**AUDIT APPROACH (Continued)**

As part of our audit engagements, we issue management letters if we note certain observations or recommendations that we feel need to be disclosed. Our firm's philosophy regarding the management letter is that the management letter is to help management improve its internal control and accounting procedures and not to criticize the management in charge. For this reason, we present our management letters to management in draft form for open discussion prior to issuance.

We will also present the audit results to the Audit Committee and/or Board of the Directors at the end of our audit.

Please see *Appendix C – Peer Quality Review Report* for a copy of our firm's July 26, 2022 quality review report, which includes a review of governmental and non-profit engagements.

We will also review the following documents in order to determine compliance with laws and regulations:

- (a) Minutes of the governing body with special attention to: indications of new revenue sources; expense authorizations and related appropriations, including any special or restrictive provisions; authorization for bank or other debt incurred; awards to successful bidders; authorization for new leases entered into; net position restrictions; and authorization for significant new employees hired
- (b) New agreements and amendments to new agreements including but not limited to grant agreements; debt and lease agreements; labor agreements; joint venture agreements; and other miscellaneous agreements
- (c) Administrative Code
- (d) Investment Policy

The main extent of our work would be what is required to enable us to express an opinion on the financial statements in accordance with:

- 1. *AICPA Audit Standards*
- 2. *Laws of the State of California*
- 3. Our firm's own additional standards and procedures

The audit will be conducted in accordance with auditing standards generally accepted in the United States of America. The primary purpose of the audit is to express an opinion on the financial statements, and such an audit is subject to the inherent risk that material errors, fraud, or other illegal acts may exist and not be detected by us. If conditions are discovered which lead to the belief that material errors, fraud, or other illegal acts may exist, or if any other circumstances are encountered that require extended service, we will promptly advise management and/or other appropriate officials.

Our audit would begin in May. We will schedule up to approximately one week of interim fieldwork. We will prepare narrative flow charts and other documentation of the internal control structure and of the major systems, such as revenue and cash receipts, purchasing and cash disbursements, payroll and personnel, property and equipment, grant compliance, investment activities, and the budget process. We will gain this information through discussions with appropriate DHCD staff and the review of available documented policies, organizational charts, manuals, programs, and procedures. Once we obtain this information, we will evaluate the systems of internal controls and revise our standard audit programs.

The year-end audit fieldwork will include an analytical review of all significant statement of net position and revenues and expense accounts, which includes a comparison of the current year's budget to the year-end trial balance. It is our firm's policy to perform substantive tests on all balance sheet accounts. Analytical procedures will be used to supplement the substantive tests, not supplant them. We will perform analytical procedures on all balance sheet and revenue and expense accounts.

**DESERT HEALTHCARE DISTRICT  
AUDIT PROPOSAL**

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**AUDIT APPROACH (Continued)**

The primary objective of the year-end audit work is to audit the final numbers that will appear in the DHCD's financial statements. Our fieldwork would also consist of procedures required under SAS No. 99, *Consideration of Fraud in a Financial Statement Audit*.

We will perform procedures such as:

- (a) Confirmations by positive and negative circularization including but not limited to all cash and investment accounts; selected receivable and revenue balances; all bonds, loans, notes payable, and capital leases; all notes receivable; all insurance carriers; all legal firms employed on DHCD business; and other miscellaneous confirmations deemed necessary
- (b) Physical verifications and observations
- (c) Analysis and review of evidential material
- (d) Interviews and investigative efforts
- (e) Electronic data processing testing for computer and software reliability
- (f) Numerous other procedures

**FEES**

Please see *Appendix D – Cost Proposal* for the fees and billing rates associated with the audit and preparation of tax returns.

There are no additional charges for questions on technical matters that may arise throughout the year. However, if DHCD needs a report prepared or an opinion on an accounting or audit matter in writing, then the firm will charge DHCD according to quoted hourly rates.

**REFERENCES**

Please see *Appendix E – References* for a list of similar audit engagements performed by the local office.

**WHY SELECT OUR FIRM**

Moss, Levy & Hartzheim, LLP has been auditing all the three entities non-profit organizations for 45 years. Because of our extensive experience with non-profit organizations, we can efficiently serve DHCD. Our firm conducts itself in the highest professional standard and includes a partner being on-site for a majority of the fieldwork, which will ensure that the quality of work performed will be of the highest standard. Also, our firm is flexible and will work with DHCD to schedule the audit fieldwork at a mutually convenient time. In addition, we do not require clients to create new schedules to provide to us. Our firm has the experience and knowledge to work with the schedules that DHCD usually prepares.

Under penalties of perjury, I declare that I am entitled to represent the firm, empowered to submit the bid, and I am an authorized signer. There are no and have never been any financial interests between any officials or employees of the Desert Healthcare District and Moss, Levy & Hartzheim, LLP.

Respectfully Submitted,



Craig A Hartzheim, CPA  
Partner

**Moss, Levy & Hartzheim, LLP is an Equal Opportunity Employer**



**DESERT HEALTHCARE DISTRICT**  
**APPENDIX A – CURRENT AND/OR RECENTLY COMPLETED AUDITS**

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**NONPROFIT ORGANIZATIONS**

Boys & Girls Club of Santa Maria Valley, Santa Maria, CA  
Boy Scouts of America, Verdugo Hills Council  
Buellton Business Association/Chamber of Commerce, Buellton, CA  
Camp Ocean Pines, Cambria, CA  
Central Coast Commission for Senior Citizens, Santa Maria, CA  
Coastal Business Finance, Santa Maria, CA  
Consumer Attorneys Association of Los Angeles, Los Angeles, CA  
Discovery Museum, Santa Maria, CA  
Elks Lodge, Santa Maria, CA  
Grace Bible Church, Arroyo Grande, CA  
Habitat for Humanity, Santa Maria, CA  
House of Yahweh  
Life Options, Vocational and Resource Center, Lompoc, CA  
Lompoc Valley Chamber of Commerce, Lompoc, CA  
Meals on Wheels, Lompoc, CA  
Meals on Wheels, Santa Maria, CA  
Midland School Corp, Los Osos, CA  
Northern California Indian Development Council  
Piedras Blancas Lighthouse, Cambria, CA  
Santa Maria Chamber of Commerce, Santa Maria, CA  
Santa Maria Independent Living Environment, Santa Maria, CA  
Santa Maria Valley Human Society, Santa Maria, CA  
Santa Ynez Valley Airport Authority, Santa Ynez, CA  
St. Elmo's Village, Los Angeles, CA  
Tammis Day Foundation  
Temple Beth El, Santa Maria, CA  
Turlock Regional Aviation Association, Turlock, CA  
United Way, Santa Maria, CA  
Valley Haven, Santa Ynez Valley, CA  
Viking Charities, Inc., Solvang, CA  
YMCA, West End Council

# DESERT HEALTHCARE DISTRICT

## APPENDIX A – CURRENT AND/OR RECENTLY COMPLETED AUDITS

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### SCHOOL DISTRICTS

Acton-Agua Dulce Unified School District  
Ballard School District  
Bellflower Unified School District  
Beverly Hills Unified School District  
Blochman Union School District  
Bradley Elementary School District  
Buellton Union School District  
Calipatria Unified School District  
Carpinteria Unified School District  
Casmalia School District  
Castaic Union School District  
Cayucos Elementary School District  
Coast Unified School District  
Cold Springs School District  
College Elementary School District  
Eastside School District  
Garvey School District  
Goleta Union School District  
Graves School District  
Hughes-Elizabeth Lakes Union School District  
Lancaster School District  
Manhattan Beach Unified School District  
Mark Twain Union Elementary School District  
Mission School District  
Montecito Union School District  
Orcutt Union School District  
Pacific Unified School District  
Palmdale School District  
Pleasant Valley Union School District  
Rosemead School District  
San Ardo Elementary School District  
San Lucas School District  
San Miguel Joint Union School District  
Santa Maria Joint Union High School District  
Shandon Unified School District  
Solvang Elementary School District  
Torrance Unified School District  
Vallecito Union School District  
Wilsona School District

### CITIES AND REDEVELOPMENT AGENCIES\*

Alhambra, CA  
Arroyo Grande, CA  
Atascadero, CA  
Bellflower, CA  
Buellton, CA  
Dinuba, CA  
Duarte, CA  
El Centro, CA  
Eureka, CA  
Greenfield, CA  
Grover Beach, CA  
Healdsburg, CA  
Holtville, CA  
Hughson, CA  
La Mirada, CA  
La Palma, CA  
Lindsey, CA  
Ojai, CA  
Paso Robles, CA  
San Gabriel, CA  
Santa Maria, CA  
Taft, CA  
Westlake Village, CA  
Willits, CA

### PUBLIC FINANCING AUTHORITIES

The majority of our Municipalities issue debt and do so through an established Public Financing Authority.

### OTHER SCHOOL ENTITIES

Academia Semillas del Pueblo Charter School  
Albert Einstein Academy  
Antelope Valley Schools Transportation District  
Bright Star Secondary Charter Academy  
East Bay Regional Occupational Program  
Garr Academy of Mathematics and Entrepreneurial Studies  
Pacoima Charter School  
Santa Ynez Valley Charter School  
Southern California Regional Occupational Center  
Stella Middle Charter Academy  
Synergy Charter Academy  
Tri-Valley Regional Occupational Program

# DESERT HEALTHCARE DISTRICT

## APPENDIX A – CURRENT AND/OR RECENTLY COMPLETED AUDITS

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### COUNTIES

Los Angeles County, CA (Master List)  
San Diego County, CA (Master List)

### SANITATION DISTRICTS

Carpinteria Sanitation District, CA  
Cayucos Sanitation District, CA  
County Sanitation Districts of Los Angeles County, CA  
- All 25 Districts  
Encina Wastewater Authority, CA  
Montecito Sanitation District, CA  
Orange County Sanitation District, CA - Internal Audits

### UTILITY DISTRICTS

Georgetown Divide Public Utility District

### WATER/IRRIGATION DISTRICTS

Aldercroft Heights County Water District, CA  
Foothill Municipal Water District, CA  
Main San Gabriel Basin Watermaster, CA  
Marina Water District, CA  
North Marin Water District, CA  
Sweetwater Springs Water District, CA  
Valley County Water District, CA  
Valley of the Moon Water District, CA

### AMBULANCE SERVICES DISTRICT

Cambria Community Healthcare District  
North Coast Emergency Medical Services

### CEMETERY DISTRICTS

Arroyo Grande Cemetery District, CA  
Atascadero Cemetery District, CA  
Gridley-Biggs Cemetery District, CA  
San Miguel Cemetery District, CA  
Santa Maria Cemetery District, CA

### COMMUNITY SERVICES DISTRICTS

Cambria Community Services District, CA  
Cuyama Community Services District, CA  
Groveland Community Services District, CA  
Heritage Ranch Community Services District, CA  
Los Alamos Community Services District, CA  
Nice Community Services District, CA  
Rancho Murieta Community Services District, CA  
Santa Ynez Community Services District, CA  
Vandenberg Village Community Services District, CA

### RECREATION AND PARK DISTRICTS

Conejo Recreation and Park District, CA  
Isla Vista Recreation and Park District, CA  
Mountains Recreation and Conservation Authority, CA  
Rancho Simi Recreation and Park District, CA  
Hayward Recreation and Park District, CA

### BUILDING AUTHORITY

County of San Diego Regional Building Authority, CA

### FIRE PROTECTION DISTRICTS

Cayucos Fire Protection District, CA  
Lakeport Fire Protection District, CA  
Orcutt Fire Protection District, CA

### OTHER DISTRICTS

Beach Cities Health District  
County of San Diego Emergency Services Organization  
County of San Diego First 5 Commission  
County of San Diego In-Home Supportive Services  
Public Authority  
County of San Diego Health and Human Services Agency  
Child Development Program Grant  
County of San Diego MIOCR Grant  
County of San Diego RLETC Grant  
County of Los Angeles Delta Sigma Theta, Head Start  
Program, Inc.  
County of San Diego DA Office of Auto Ins. Fraud  
Grant, Urban Auto Fraud Grant, WC Ins Fraud Grant  
Los Angeles County Flood Control District  
Marin/Sonoma Mosquito and Vector Control District  
San Diego Geographic Information Source  
Tracy Area Public Facilities Financing Agency  
West Contra Costa Integrated Waste Management  
Authority

### TRANSPORTATION DEVELOPMENT ACT

Arroyo Grande, CA  
Calexico, CA  
El Centro, CA  
Grover Beach, CA  
Holtville, CA  
Paso Robles, CA  
San Luis Obispo County and Cities Area Planning  
Council:  
Local Transportation Fund  
State Transit Assistance Fund  
South County Area Transit, CA  
South County/San Luis Obispo Transit, CA  
Transportation Agency for Monterey County, CA  
Transportation Authority of Marin  
Association of Monterey Bay Area Governments  
Santa Cruz Regional Transportation Commission

### TRANSIENT OCCUPANCY TAX AUDITS

Represented the following municipalities and/or counties  
in the audit of the hotel "bed tax" records:

Arroyo Grande, CA  
Bellflower, CA  
Bishop, CA  
Calexico, CA  
Carmel, CA  
Ojai, CA  
Pismo Beach, CA  
Santa Maria, CA  
South Lake Tahoe, CA  
Whittier, CA

**Craig A. Hartzheim, C.P.A. – Partner**

- California licensed C.P.A. with 38 years of audit experience with governmental, non-profit, and commercial entities
- Engagement/Technical (Concurring) Partner for governmental and non-profit audits (Culver City office), currently including 12 school district audits, 17 municipal audits, and 40 special district audits (including Los Angeles County Flood Control District and the County Sanitation Districts of Los Angeles County)
- Has assisted governmental clients with year-end closing, key position interviews, preparation of award winning CAFRs, and preparation of State Controller’s Reports
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - 2022, 2021, and 2020 School District Conference*
  - 2022, 2021, and 2020, GAAS Update*
  - Single Audits of Governmental Entities*
  - Preparing Governmental Financial Statements*
  - Yellow Book, Government Auditing Standards*
  - GAAS Guide*
  - Other Comprehensive Basis of Accounting (OCBOA) Statements*
  - Audit Standards update*
  - Fraud in Audits*
  - Auditing update*
- Bachelor of Science degree in Accounting from Marquette University, was conferred in 1982
- Member of the following:
  - American Institute of Certified Public Accountants
  - California Society of Certified Public Accountants
- Knowledgeable in all areas of tax law including non-profit and payroll tax issues

**Ron A. Levy, C.P.A. – Consultant**

- California licensed C.P.A. with 45 years of audit experience with governmental and non-profit entities
- Technical (Concurring)/Engagement Partner in charge of all governmental and non-profit audits, currently including 35 school district audits, 12 non-profit, 4 charter schools, 32 municipal audits, and over 75 special district audits
- Has assisted governmental clients with year-end closing, key position interviews, preparation of award winning CAFRs, and preparation of State Controller's Reports
- Has met or exceeded all continuing education requirements, including recent courses in the following:
  - 2022, 2021, and 2020 School District Conference*
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - GASB 34 Training Seminars*
  - Planning a Governmental Audit Engagement*
  - Auditor's Reports on Audits of Local Governments*
  - Governmental Accounting Update*
  - Audits of State and Local Governments*
  - Compliance Auditing, Auditing Sampling, and Concluding the Audit*
  - The Single Audit Act*
- Member of the following:
  - American Institute of Certified Public Accountants
  - California Society of Municipal Finance Officers
  - California Society of Certified Public Accountants
  - California Association of School Business Officials
  - Kiwanis Club
- Bachelor of Science degree from Oregon State University, was conferred in 1977
- Taught accounting courses at a branch of La Verne College and Chapman College
- Knowledgeable in all areas of tax law including non-profit tax issues

**Hadley Y. Hui, C.P.A. – Partner**

- California licensed C.P.A. with 24 years of audit experience with governmental, non-profit, and commercial entities
- Engagement Partner in charge of 10 non-profit, 20 school districts and related audits, 11 municipal audits, 26 special district audits, and 8 special audits for the County of San Diego
- Supervisor for the CSS and DPSS Monitoring Projects for Los Angeles County
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - 2022, 2021, and 2020 School District Conference*
  - 2022, 2021, and 2020, GAAS Update*
  - Yellow Book, Governmental Auditing Standards*
  - Fraud in Audits*
  - GAAS Guide*
  - Risk-Based Auditing Part 1, Part 2*
  - Accounting and Auditing Update*
  - Guide to Auditing Control Course 1, Course 2*
- Extensive knowledge of database systems, networking, and various accounting software
- Bachelor of Arts degree in Economics with a minor in Accounting from University of California – Los Angeles was conferred in 1997
- Member of the following:
  - American Institute of Certified Public Accountants*
  - California Society of Certified Public Accountants*
- Knowledgeable about all areas of tax law including non-profit and payroll tax issues

**Wilson Lam, C.P.A., C.F.E. – Partner**

- California licensed C.P.A. with 13 years of audit experience with governmental and commercial entities.
- Auditing manager for 4 special district audits, 3 municipal audits, and 9 school district audits
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - 2022, 2021, and 2020 Single Audit Compliance*
  - GASB 34 Training Seminars*
  - Internal Control and Fraud in Governmental Engagements*
  - Government Auditing Standards – Yellow Book*
  - Advanced Fraud Techniques*
  - Risk-Based Auditing Part 1, Part 2*
  - 2019 Accounting and Auditing Update*
  - Guide to Auditing Control Course 1, Course 2*
- Bachelor of Arts in Accounting and Finance from California State University - Fullerton was conferred in 2005.

**Terry Robertson, C.P.A – Manager**

- California licensed C.P.A. with 24 years of audit experience with governmental, nonprofit, and commercial entities
- Manager for the Los Angeles County CAFR Audit
- Manager for 9 municipal audits, 4 joint power authority audits, and 21 special district audits
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - 2022, 2021, and 2020 Single Audit Compliance*
  - 2022, 2021, and 2020, GAAS Update*
  - GASB 34 Training Seminars*
  - Auditors' Responsibilities for Detection of Fraud*
  - Internal Control and Fraud in Governmental Engagements*
  - Government Auditing Standards – Yellow Book*
  - Implementing SAS 112 & 114*
  - Advanced Fraud Techniques*
  - Grants Management*
- Bachelor of Science degree in Accounting from University of Quinnipiac, was conferred in 1998

**Edward R. Eisenhauer, C.P.A. – Senior Accountant**

- California licensed CPA with 25 years of experience, and 10 years of audit experience with governmental, non-profit, and commercial entities
- Auditor for 8 non-profit, 18 municipal audits, and 9 special district audits
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - 2022, 2021, and 2020 School District Conference*
  - Accounting and Auditing Standards Update: Risk Assessment Standards*
  - Advanced Audit Standards Workshop: Understanding Risk Assessment*
  - GASB 34 Seminars*
  - GAAS Update*
  - Auditors' Responsibilities for Detection of Fraud*
  - Internal Control and Fraud in Governmental Engagements*
  - Government Auditing Standards – Yellow Book*
  - Implementing SAS 112 & 114*
  - Advanced Fraud Techniques*
  - Grants Management*
- Bachelor of Science degree in Accounting from University of Wisconsin – Whitewater conferred in 1982
- Knowledgeable about all areas of tax law including non-profit and payroll tax issues



**Cody Hartzheim – Senior Accountant**

- Auditor with 8 years of audit experience with governmental and commercial entities
- Auditor for 6 non-profit, 10 municipal audits, 11 special district audits, and 4 school district audits
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - Governmental Auditing Standards – Yellow Book*
  - 2022 Accounting and Auditing Standards Update: Risk Assessment Standards*
  - 2022, 2021, and 2020 Single Audit Compliance*
  - 2019, 2018, and 2017 School District Conference*
- Bachelor of Science in Accounting and Finance from Marquette University, was conferred in 2013

**Nickolas Hartzheim – Staff Accountant**

- Auditor with 2 years of audit experience with governmental and special districts
- Auditor for 6 municipal audits, non-profit, and 4 special district audits
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - 2022, 2021, and 2020 GAAS Update*
  - Auditors' Responsibilities for Detection of Fraud*
  - Government Auditing Standards (GAO) Updates and Changes*
  - Internal Control and Fraud in Governmental Engagements*
  - Government Auditing Standards – Yellow Book*
  - Implementing SAS 112 & 114*
- Bachelor of Science in Business/Administration from San Jose University was conferred in 2018

**Susan Chin – Staff Accountant**

- Auditor with 12 years of audit experience with governmental and commercial entities.
- Auditor for 2 special district audits, 3 municipal audits, and 3 school district audits.
- Staff accountant for the Los Angeles County DMH Monitoring Projects.
- Has met or exceeded all continuing education requirements including recent courses in the following:
  - 2022, 2021, and 2020 Governmental Accounting Conference*
  - 2022 and 2021 GAAS Update*
  - Auditors' Responsibilities for Detection of Fraud*
  - Government Auditing Standards (GAO) Updates and Changes*
  - Internal Control and Fraud in Governmental Engagements*
  - Government Auditing Standards – Yellow Book*
  - Implementing SAS 112 & 114*
- Bachelor of Arts from University of California – Los Angeles was conferred in 1992

**DESERT HEALTHCARE DISTRICT**  
**APPENDIX C – PEER QUALITY REVIEW REPORT**

Our Peer Review included reviews of governmental (including municipalities, school districts) and non-profit engagements. In the past five (3) years our firm has not been required to submit under any Federal or State desk review or field review of our audits.



Patrick D. Spafford, CPA  
Todd C. Landry, CPA

Licensed by the California Board of Accountancy  
Member American Institute of Certified Public Accountants

**Report on the Firm's System of Quality Control**

To Moss, Levy & Hartzheim, L.L.P.  
and the Peer Review Committee of the California Society of CPAs

We have reviewed the system of quality control for the accounting and auditing practice of Moss, Levy & Hartzheim, L.L.P. (the firm) in effect for the year ended December 31, 2020. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary). The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

**Firm's Responsibility**

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

**Peer Reviewer's Responsibility**

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

**Required Selections and Considerations**

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

**Deficiency Identified in the Firm's System of Quality Control**

We noted the following deficiency during our review:

1. The firm's quality control policies and procedures addressing engagement performance requires a review of all engagements prior to issuance. Although this review took place, the Firm should consider a more thorough review of the files prior to completion and lockdown. This contributed to audit engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act, not conforming to professional standards in all material respects in the areas of audit planning, risk assessment, and documentation of testing specific to major program compliance. A similar finding was noted on the Firm's previous peer review.

**Opinion**

In our opinion, except for the deficiency previously described the system of quality control for the accounting and auditing practice of Moss, Levy & Hartzheim, L.L.P. in effect for the year ended December 31, 2020, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency (ies)*, or *fail*. Moss, Levy & Hartzheim, L.L.P. has received a peer review rating of *pass with deficiency*.

July 26, 2022

**DESERT HEALTHCARE DISTRICT**  
**APPENDIX D – COST PROPOSAL**

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**1) TOTAL ALL-INCLUSIVE MAXIMUM PRICE**

The total All-Inclusive Maximum Price is after a discount. The Total All-Inclusive Maximum Price for the proposal shall not exceed the following:

Name of Firm	<u>Moss, Levy &amp; Hartzheim, LLP</u>
Address	<u>5800 Hannum Avenue, Suite E</u>
	<u>Culver City, CA 90230</u>
Contact Name	<u>Craig A. Hartzheim, CPA</u>
Contact Phone #	<u>(310) 670-2745</u> Fax # <u>(310) 670-1689</u>
Contact E-mail	<u>mlhbh@mlhcpas.com</u>

<b>Desert Healthcare District</b>	
	<b>FY 2022- 23</b>
DHCD Audit	\$ 18,200
<b>Discount</b>	(910)
<b>Total for Fiscal Year (not-to exceed)</b>	<b>\$ 17,290</b>

<b>Desert Healthcare Foundation</b>	
	<b>FY 2022- 23</b>
DHF Audit	\$ 14,660
<b>Discount</b>	(750)
<b>Total for Fiscal Year (not-to exceed)</b>	<b>\$ 13,910</b>

	<b>FY 2022- 23</b>
RPP Audit	\$ 6,190
<b>Discount</b>	(700)
<b>Total for Fiscal Year (not-to exceed)</b>	<b>\$ 5,490</b>

Future year fee increases will not exceed 3% as long as DHCD activity does not increase by an extraordinary amount.

Our firm will be accessible throughout the year to answer any questions without any form of billing.

**DESERT HEALTHCARE DISTRICT  
APPENDIX D – COST PROPOSAL**

**2) RATES BY PARTNER, MANAGER, SUPERVISORY AND STAFF LEVEL TIMES HOURS  
ANTICIPATED FOR EACH**

SCHEDULE OF PROFESSIONAL FEES AND EXPENSES

FOR THE AUDIT OF THE 2022-23 DESERT HEALTHCARE DISTRICT FINANCIAL STATEMENTS  
AND PREPARATION OF STATE CONTROLLER’S REPORT

	Hourly Rates	Hours	Total
Partners	\$ 180	20	\$ 3,600
Managers	140	42	5880
Senior	120	42	5040
Staff	95	36	3420
Other (specify)			
Clerical	65	4	260
<b>Discount</b>			<b>\$ (910)</b>
<b>Total</b>		<b>144</b>	<b>\$ 17,290</b>

SCHEDULE OF PROFESSIONAL FEES AND EXPENSES

FOR THE AUDIT OF THE 2022-23 DESERT HEALTHCARE FOUNDATION FINANCIAL  
STATEMENTS, SINGLE AUDIT & REQUIRED TAX RETURN

	Hourly Rates	Hours	Total
Partners	\$ 180	24	\$ 4,320
Managers	140	30	4,200
Senior	120	30	3,600
Staff	95	24	2,280
Other (specify)			
Clerical	65	4	260
<b>Discount</b>			<b>\$ (750)</b>
<b>Total</b>		<b>112</b>	<b>\$ 13,910</b>

**DESERT HEALTHCARE DISTRICT**  
**APPENDIX D – COST PROPOSAL**

**2) RATES BY PARTNER, MANAGER, SUPERVISORY AND STAFF LEVEL TIMES HOURS ANTICIPATED FOR EACH (CONTINUED)**

SCHEDULE OF PROFESSIONAL FEES AND EXPENSES

FOR THE AUDIT OF THE 2022-23 DESERT HOSPITAL RETIREMENT PROTECTION PLAN FINANCIAL STATEMENTS AND STATE CONTROLLER'S REPORT

	Hourly Rates	Hours	Total
Partners	\$ 180	10	\$ 1,800
Manager	140	12	1,680
Senior	120	12	1,440
Staff	95	12	1,140
Other (specify):			
Clerical	65	2	130
<b>Discount</b>			(700)
<b>Total</b>		<b>48</b>	<b>\$ 5,490</b>

**3) PROFESSIONAL RATES FOR ADDITIONAL SERVICES**

Schedule of Professional Fees for Additional Services	Standard Hourly Rates	Quoted Hourly Rates
<b>Partner</b>	\$ 225	\$ 180
<b>Manager</b>	155	145
<b>Supervisory Staff</b>	125	120
<b>Staff Accountant</b>	115	95
<b>Clerical</b>	75	65

**4) MANNER OF PAYMENT**

Progress payments will be made on the basis of hours work completed during the course of the engagement and out-of-pocket expenses incurred in accordance with Moss, Levy & Hartzheim, LLP's cost proposal. Interim billing shall cover a period of no less than one calendar month.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C. A. Hartzheim', with a large, sweeping flourish at the end.

Craig A Hartzheim, CPA  
Partner

**DESERT HEALTHCARE DISTRICT**  
**APPENDIX E – REFERENCES**

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**CITY OF BELLFLOWER**

2018 to Present

(480 Hours)

Audit of Basic Financial Statements Comprehensive Annual Financial – GFOA Certificate of Achievement  
– GASB Standards and Single Audit  
Engagement Partner – Craig A Hartzheim, CPA  
Contact: Tae Rhee (562) 804-1424

**NORTHERN CALIFORNIA INDIAN DEVELOPMENT COUNCIL**

2021 to Present

(340 Hours)

Audit of Financial Statements, Single Audit & Exempt Org. Tax Returns  
Engagement Partner – Craig A. Hartzheim, CPA  
Contact: Chris Byfield, Finance Director (707) 445-8451

**CITY OF EL CENTRO**

2007 to Present

(650 Hours)

Audit of Basic Financial Statements, Single Audit Report, and GANN Limit Review Report, and  
Preparation of City's State Controller Report  
Received GFOA Certificate of Achievement in Financial Reporting  
Contact: Richard Ramirez, Finance Director; (760) 337-4573  
Engagement Partner – Craig A. Hartzheim, C.P.A

**CITY OF DUARTE**

2017 to Present

(400 Hours)

Audit of basic Financial Statements- GASB Standards  
Contact: Dan Jordan, City Manager (626) 357-7931  
Engagement Partner – Craig A. Hartzheim, C.P.A





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

Date: March 28, 2023  
To: Board of Directors  
Subject: Grant Management Software

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**Program Committee and Finance & Administration Committee Recommendation:**

Approve the purchase of Foundant Grant Lifecycle Manager (GLM) software effective April 1, 2023.

**Background:**

Since 2008, the Desert Healthcare District/Foundation has been utilizing Blackbaud Grantmaking (formerly GIFTS) as its primary grants management software. Blackbaud Grantmaking has since become an antiquated system that is far less user-friendly for applicants / grantees and more cumbersome than newer and simpler software options with more features.

**Discussion:**

DHCD/F staff researched and compared three software options (Foundant Technologies Grant Lifecycle Manager, Submittable, and WizHive) to Blackbaud Grantmaking. Presentations were given to staff by representatives of Foundant and WizHive, along with the opportunity to have a discussion and receive feedback from local grantmaking organizations currently using each of those grant management software platforms.

Staff recommends Foundant Technologies Grant Lifecycle Manager software:

- User-friendly interface for applicants and grantees
  - Ability to invite other staff members within the grantee organization to collaborate on an application without sharing account login information
  - Google Translate integration to increase accessibility
  - Ability to communicate with applicants/grantees within the platform by allowing District staff to add comments to sections of an application or report that require additional details, thus reducing email correspondence
  - Ability to list open grant and RFP opportunities and requirements within the platform to simplify the grantee's ability to apply for funding
- User-friendly interface for District staff
  - Dynamic drag and drop software (no coding required) that allows staff to quickly and easily revise application or report forms without interrupting applications and/or reports that are in-progress
  - Easy to identify the process/flow of a request with Grant Lifecycle Manager
  - Ability to see applications in progress (before submitted)
  - Ability to create question branching (new questions based on applicant's responses) on applications and reports

Legal counsel has reviewed the contract/quote and all agreements named in the subscription contract.

**Timeline:**

- 8 – 10 week migration process (*depending on Blackbaud*)
- 6 –10 week training, configuration, and implementation (setting up processes and user workflows, building application and report forms, creating auto emails, etc.)  
This can occur concurrently with migration process.

**Blackbaud Grantmaking**

The current annual software subscription costs with a three-year contract:

- **Total Year 1:** \$ 21,785.49 (an increase of \$4K+)
- **Total Year 2:** \$ 23,528.33
- **Total Year 3:** \$ 25,410.60

**Foundant Grant Lifecycle Manager**

- Initial set-up fee:
  - Historical data migration  
*After meeting with Foundant’s migration team to discuss the volume of historical data, Foundant provided the following final quotes on 3/15/2023:*
    - Data Migration into GLM \$1,500
    - Follow Up Migration (grant reports, etc.) \$2,500
  - Advanced GLM Training fee for up to 3 staff members \$3,000
- Two-year contract subscription cost \$16,500 (**\$8,250 per year**)
  - Price increase is usually around 4.5% when the two-year contract is renewed. Increase is limited to no more than 10%.

**Fiscal Impact:** Current line item expense in approved FY22/23 budget and to be carried over into FY23/24 budget  
Savings: \$13,535.49 first year

**Foundant Technologies, Inc. Contact:**

 Maggie Hickman  
 maggie.hickman@foundant.com  
 143 Willow Peak Drive  
 Bozeman, MT 59718  
 4065798697

**Desert Healthcare District Contact:**

 Erica Huskey  
 ehuskey@dhcd.org  
 1140 North Indian Canyon Drive  
 Palm Springs, CA 92262  
 760-323-6114

**Software and Services Chart ("Software and Services Chart"):**

SKU & Qty.	Product Description	Subscription Term	Price ("Price")	Cost (USD)
GLM2ADV 1	<b>Grant Lifecycle Manager (GLM) - Advanced Two-Year Licensed Subscription</b> Includes 5 GLM Grant Processes, hosting, maintenance and support with no limitations on the number of users or incoming requests.	04/01/23 - 03/31/25	\$16,500.00	<b>\$16,500.00</b>
GLMADVADMIN3-22 1	<b>GLM Training for up to 3 Administrators: Advanced License</b> GLM Training for up to 3 Administrators: Advanced License	-	\$3,000.00	<b>\$3,000.00</b>
MIGRATION 1	<b>Data Migration</b> Foundant staff will work with the client to migrate historical data into GLM. The data migration does not include migration of documents, follow ups or other attachments. See Migration Scope of Work for details.	-	\$1,500.00	<b>\$1,500.00</b>
FOLLOWUPMIGRATION 1	<b>Follow Up Migration</b> Foundant staff will work with the client to migrate historical follow ups (grant reports, grant agreements...etc.) into Foundant GLM.	-	\$2,500.00	<b>\$2,500.00</b>
<b>Total:</b>				<b>\$23,500.00</b>

**Client Order Form for Grant Lifecycle Manager (“GLM”) and Scholarship Lifecycle Manager (“SLM”)**

1. Foundant Technologies, Inc.’s Platform access and Services are provided in accordance with the terms and conditions listed in this Client Order Form (“Client Order Form”) as well as those set forth in the following, which are incorporated by reference, and collectively with any Statements of Work (“SOW”) represent the Agreement (the “**Agreement**”) between Desert Healthcare District, 1140 North Indian Canyon Drive, Palm Springs, CA (the “**Client**”), and Foundant Technologies, Inc., a Montana company located at 143 Willow Peak Drive, Bozeman, MT 59718 (“**Foundant Technologies**”):
  - a. Master Subscription Agreement (“**MSA**”) – <https://www.foundant.com/legal>
  - b. Data Processing Agreement (“**DPA**”) – <https://www.foundant.com/legal>
  - c. Service Level Agreement (“**SLA**”) – <https://www.foundant.com/legal>
  - d. Professional Services Agreement (“**PSA**”) – <https://www.foundant.com/legal>
2. All quoted prices are in U.S. dollars. All payments shall be in U.S. dollars and are due net thirty (30) days from the invoice date.
3. This Client Order Form is valid for ninety (90) days after issuance and shall become binding upon execution by Client and Foundant Technologies.
4. A five percent (5%) discount will be applied to Client purchases of access to two (2) SAAS subscriptions for Service Provider Software and a ten percent (10%) discount will be applied to Client purchases of access to three (3) or more SAAS subscriptions for Service Provider Software.
5. The term of the Agreement (the “Term”) begins on the later date signed by both Parties below (the “Effective Date”).
6. The Subscription Term(s) (“Subscription Term”) for the Software commences on the initial date shown for each Subscription Term shown in the Software and Services Chart.
7. The Software identified in this Client Order Form requires Client to pay the Fees in full and in advance. Client will be invoiced for the Fees upon execution of this Client Order Form. All Platform access rights include maintenance and support with no limitations on the number of users.
8. Unless otherwise specified in the SOW, the Fees for Professional Services are fixed and will be invoiced upon execution of this Client Order Form. Travel expenses associated with Professional Services will be invoiced monthly, if incurred. All Professional Services shall expire at the end of the Subscription Term and must be initiated within the first twelve (12) months of the Effective Date of this Client Order Form.
9. Fees do not take into account any sales tax. Foundant Technologies collects and remits sales tax from our Clients located in certain state and local jurisdictions. Foundant Technologies determines your local taxing jurisdiction based upon shipping address (i.e., the primary business location from which the Platform is accessed). In order to determine if you are exempt from sales tax, you must provide proof of your organization's state sales tax exemption. Please note that states do not recognize your 501(c)3 letter as proof of exemption.
10. Should Foundant Technologies’ Prices increase prior to your renewal date, we commit that your next renewal will be no more than a ten percent (10%) increase over your most current Price.
11. All GLM and SLM subscriptions include hosting, maintenance, and support with no limitations on the number of users.
12. GuideStar by Candid is licensed for up to one thousand (1,000) total lookups per Software subscription (as applicable) over the subscription term based on the items purchased via this Client Order Form.

13. Unless otherwise noted, client activity level is expected to be less than five thousand (5,000) online form submissions through GLM and/or SLM per week (as applicable). Any deviation from this expectation should be communicated by Client to Foundant Technologies at least thirty (30) days prior to the initiation of such activity and Foundant Technologies reserves the right to limit access to GLM and/or SLM (as applicable) if adequate notice is not provided.
14. Capitalized terms used but not defined herein have the meaning given in the Agreement.
15. If there are special conditions documented below, the order of precedence in the MSA shall apply.

**Special Conditions:**

By accepting this Client Order Form that references the MSA, DPA, SLA, PSA, and SOW(s), Client agrees to the terms and conditions of this collective Agreement. Any additional or different terms (whether included in your purchase order, your response to this proposal, or elsewhere) not expressly listed herein, shall be disregarded and shall not bind either Party.

Additionally, if you are entering into this Agreement on behalf of a Client or other legal entity, you warrant that: (i) you have the full legal authority to bind such entity and its Affiliates to these terms and conditions, and in the event such Affiliates exist, the term "Client" shall refer to such entity and its Affiliates; (ii) you have read and understand this Agreement; and, (iii) you agree, on behalf of Client, to this Agreement. If you do not have such legal authority, or if you do not agree with these terms and conditions, you must not accept this Agreement and shall not be permitted to use the Software or Services.

Desert Healthcare District		Foundant Technologies, Inc.	
By:		By:	
Name:		Name:	
Title:		Title:	
Date:		Date:	

**Contact to receive invoice:**

 \_\_\_\_\_  
 Billing Contact(s) Name

 \_\_\_\_\_  
 Billing Contact(s) Email

**Is a Purchase Order required? (Check for Yes)**

**FIXED PRICE STATEMENT OF WORK**

Foundant Technologies, Inc.

This Statement of Work (“**SOW**”), effective as of the later date signed by both Parties below is between Desert Healthcare District, 1140 North Indian Canyon Drive, Palm Springs, CA (“**Client**”) and Foundant Technologies, Inc. (“**Foundant Technologies**” or “**Service Provider**”) (singularly, a “**Party**” and collectively, the “**Parties**”), and describes the Professional Services to be rendered by Service Provider for Client pursuant to the Client Order Form and the Professional Services Agreement (“**PSA**”).

Once executed by the Parties, this SOW shall be incorporated by reference into the PSA. In the event of any inconsistency or conflict between the terms and conditions of this SOW and the PSA, the terms and conditions of this SOW shall govern with respect to the subject matter of this SOW only. Capitalized terms used in this SOW shall have the meaning defined under the Agreement. This SOW may not be amended except in writing signed by a duly authorized representative of each Party.

**1. PROJECT DESCRIPTION****1.1 Scope and Purpose of Document.**

Service Provider will render the following Professional Services to assist Client with the implementation of GLM.

**1.2 Deliverable(s) / Professional Services.****A. Grant Lifecycle Manager (“GLM”) Setup:**

1. Foundant Technologies will create one (1) GLM site instance in a sandbox environment and one (1) GLM site instance in a live environment for the Client.
2. Foundant Technologies will brand the live and sandbox environments based on the Client’s website or brand standards within the product capabilities.
3. Foundant Technologies will import example process(es), data, and email templates into the Client’s sandbox environment.
4. Foundant Technologies will prepare the site by performing the following actions:
  - a. Adjusting site settings in sandbox and live within product capabilities and as supportable within client requirements.
  - b. Creating accounts in sandbox and live environments for necessary Client users.

**B. GLM Training:**

1. Foundant Technologies will train the quantity of site administrators as stated in the Client Order Form.
2. Training calls and Foundant Courses; Foundant will train administrators on one complete process using an established training syllabus and access to Foundant Courses.
  - a. Standard remote training calls and Foundant courses include:
    - Eligibility Quiz, Letter of Intent, and Application;
    - Evaluations;
    - Decisions and follow-ups;
    - Testing the process;
    - Workflows and site management;
    - Pre-go-live discussion; and,
    - Reports and data sets.

- C. GLM transfer to Live Environment:
  - 1. After completion of training and all processes are finalized in the sandbox environment, the system is configured and will be transferred to the live environment.
  
- D. GLM Post Go-Live Support:
  - 1. Foundant Technologies will provide a mutually agreed upon amount of check-in calls throughout the first forty-five (45) days after Client goes live. Any requirement by Client to extend beyond that number of calls and days must be mutually agreed to by both parties.
    - a. Client will own the agenda for check-in calls.
  - 2. A transition will then occur to the Client Success and Client Support teams.
  
- E. Project Management:
  - 1. Schedule Management: managing timeline of project to ensure desired go-live date.
  - 2. Scope Management: ensures all contracted deliverables are successfully delivered resulting in Client acceptance.
  - 3. Ensures Foundant Technologies implementation specialist coordinates and establishes all requisite data discovery and design and training calls.
  - 4. Reviewing assigned homework.
  - 5. Resource Management: ensures proper resourcing is established for a successful delivery.
  - 6. Managing expectations and project escalations as needed.

## 2. CLIENT RESPONSIBILITIES AND ASSUMPTIONS

Client acknowledges that timely provision of and access to office accommodations, facilities, equipment (if applicable), assistance, cooperation, complete and accurate information, and data from Client's officers, agents, and employees (collectively, "**Cooperation**") are essential to the rendering of the Professional Services. Service Provider will not be responsible for any deficiency in performing the Professional Services if such deficiency results from Client's failure to provide full Assistance. Client acknowledges that if Service Provider's cost of providing Professional Services is increased because of Client's failure to meet the obligations listed in this SOW, failure to provide full Cooperation, or because of any other circumstance outside of Service Provider's control, then Client agrees to pay Service Provider for such increased costs. Such increased costs may include time during which Service Provider resources are under-utilized because of delays.

Client acknowledges that Service Provider's ability to render the Professional Services depends upon Client's fulfillment of the following responsibilities and assumptions:

### 2.1 Client Responsibilities.

- 1) Maintain at least one unexpired Subscription Term(s) to the Software identified in a Client Order Form prior to the commencement of Professional Services for the Professional Services Period (as defined below).
- 2) Provide Service Provider with unhindered access to the relevant (i) documentation and (ii) functional, technical and business resources having adequate skills and knowledge to support the performance of Professional Services, as requested by Service Provider.

- 3) Provide a safe and healthy workspace to all Service Provider personnel performing Professional Services at any location directed by Client for Professional Services to be performed (a “**Client Site**”).
- 4) Provide any notices, and obtain any consents, necessary for Service Provider to perform Professional Services.
- 5) If, while performing Professional Services, Service Provider requires access to other vendor’s products that are part of Client’s system, Client will be responsible for acquiring all identified products and the necessary access and licensing rights for Service Provider to access such products on Client’s behalf.
- 6) Be responsible for having Client’s designated attendee, as agreed between the Parties, attend project team administrator training.
- 7) Administrators will complete assigned tasks prior to the training call(s).
- 8) Administrators are expected to dedicate time (4-8 weeks in total) to the full implementation of their site; starting with discovery and ending with the site administrator being fully trained and self-sustaining in the Software.
- 9) Clients are responsible for establishing their internal business workflow processes based upon the product capabilities.
- 10) Administrators are responsible for building all eligibility, application, evaluation, and decision, and follow-up forms as applicable to Client’s workflows.
- 11) Administrators are responsible for testing all workflows prior to go-live.

## **2.2 Project Assumptions.**

- 1) All Professional Services shall be performed remotely; however, at Client’s request and in Service Provider’s discretion, Service Provider may agree to provide Professional Services at a Client Site during the Professional Services Period. Client agrees to be responsible for any reasonable travel and out-of-pocket expenses incurred by Service Provider related to providing Professional Services at a Client Site.
- 2) All project documentation, presentations and project communications shall be in English.
- 3) Service Provider resources are not dedicated to any single project and are engaged across many projects for various Service Provider customers.
- 4) Any actions not expressly listed in Section 1.2 above or below in this project assumption four are outside the scope of the Professional Services.
  - A. GLM Data migrations, follow up migrations, merge template builds, custom report builds, and custom print packets are separate Professional Services.
- 5) Project timeline estimates listed herein are based on availability of Client resources and key decision-makers. Lack of access to these resources and decision-makers or any change to project objectives will impact project timelines and costs.



- 6) Administrators will understand their grant process(es) and will be able to answer questions from the training team when they arise.
- 7) Transparent, honest, and open communications and raises questions/concerns in a timely manner to the Foundant team.

### **2.3 Professional Services Acceptance.**

In accordance with Section 4 of the PSA:

- Service Provider will provide notice to Client when all Professional Services are completed.
- Upon receipt of such notice and determining that all Deliverables meet the acceptance criteria, Client shall: respond to such notice with a confirmation notice that all Deliverables have been completed.

No further obligations shall be required by either Party under this SOW upon mutual agreement by the Parties, in writing, that all Deliverables satisfy the acceptance criteria.

## **3. FEES & INVOICES**

### **3.1 Professional Services Fees.**

#### **A. Fees**

All Professional Services listed in this SOW are included in the Price for the Professional Services in the Software and Services Chart of the Client Order Form (the "Professional Services Fees"). Any discounts to the Professional Services Fees are reflected in the Client Order Form.

Professional Services Fees and any applicable taxes are invoiced and shall be paid by Client in advance of Professional Services being performed. Upon invoicing, payment for the Professional Services Fees becomes due, as per the payment terms in the Client Order Form. Other expenses (if any) related to the providing of the Professional Services are specified in the Client Order Form. Such expenses will be invoiced monthly as they are incurred.

Expenses are not included in the fixed fees and are an additional cost to Client.

Client acknowledges that the Professional Services Fees are based on the information provided to Service Provider and included in this SOW. Any requirement(s) not included herein are outside the scope of this SOW, will be handled through the Change Control Process defined below, and may result in additional cost.

### **3.2 Travel Expenses.**

None.

### **3.3 Payment of Invoices.**

Unless otherwise noted in the Client Order Form, Professional Services Fees are due net 30 from invoice date.

## **4. PROJECT MANAGEMENT**

**4.1 Designated Project Managers.**

Project Managers shall be assigned and identified by each respective Party by the time of the project kick-off meeting.

Client and Service Provider each shall direct all inquiries concerning the Professional Services to the other Party's Project Manager. Client's Project Manager shall have the authority to approve Professional Services on Client's behalf. Service Provider's project manager shall have the sole right to exercise direct control and supervision over the work assignments of Service Provider resources.

**4.2 Changes to SOW.**

Changes identified by either Party shall be governed by this Section and Section 4.7 of the PSA. All change requests will be responded to by the other Party in a timely manner by identifying any impact to the schedule, scope, and/or budget of this SOW. Specifically, changes will include, without limitation:

- a) Any scope items or work activities not listed in this SOW;
- b) Provision or development of service deliverable not included in this SOW;
- c) Any rework of completed or accepted Professional Services; or,
- d) Delays due to acceptance criteria modifications.

Changes accepted by both Parties will be documented, including cost and schedule changes. All accepted changes signed by both Parties shall constitute a Change Order. All Change Orders are subject to the terms of the Agreement. Service Provider shall not be obligated to perform any tasks related to any SOW changes including, but not limited to, changes in time, scope, cost, or contractual obligations unless the Change Order: (i) is a written instrument duly executed by the authorized representatives of both Parties; and, (ii) references this SOW and identifies the specific Sections contained herein which are to be amended or modified.

**4.3 Professional Services Schedule.**

Unless otherwise agreed to in writing, the Professional Services must be completed within twelve (12) months from the signature date of the Client Order Form ("**Professional Services Period**"). In order for Service Provider to provide additional Professional Services to Client after the Professional Services Period, both Parties agree to enter into a separate Client Order Form and SOW for such additional Professional Services.

**5. SIGNATURES**

This SOW shall constitute the entire understanding between the Parties and is intended as the final expression of the Parties' agreement regarding the Professional Services to be provided by Service Provider.

IN WITNESS WHEREOF, the Parties hereto have caused this SOW to be duly executed by their authorized representatives and shall become effective as of the last date executed below.

Desert Healthcare District	Foundant Technologies, Inc.



**Foundant Technologies Subscription Contract for:  
Desert Healthcare District**

Date: March 16, 2023

*Expires in 90 Days*

By:		By:	
Name:		Name:	
Title:		Title:	
Date:		Date:	

**FIXED PRICE STATEMENT OF WORK**

Foundant Technologies, Inc.

This Statement of Work (“**SOW**”), effective as of the later date signed by both Parties below is between Desert Healthcare District, 1140 North Indian Canyon Drive, Palm Springs, CA (“**Client**”) and Foundant Technologies, Inc. (“**Foundant Technologies**” or “**Service Provider**”) (singularly, a “**Party**” and collectively, the “**Parties**”), and describes the Professional Services to be rendered by Service Provider for Client pursuant to the Client Order Form and the Professional Services Agreement (“**PSA**”).

Once executed by the Parties, this SOW shall be incorporated by reference into the PSA. In the event of any inconsistency or conflict between the terms and conditions of this SOW and the PSA, the terms and conditions of this SOW shall govern with respect to the subject matter of this SOW only. Capitalized terms used in this SOW shall have the meaning defined under the Agreement. This SOW may not be amended except in writing signed by a duly authorized representative of each Party.

**1. PROJECT DESCRIPTION****1.1 Scope and Purpose of Document.**

Service Provider will render the following Professional Services to assist Client with the implementation of Data Migration.

**1.2 Deliverable(s) / Professional Services.****A. Data Collection:**

1. The Parties will conduct a conference call to extract the data from current software/data repository.
2. Data will then be sent to Foundant Technologies for review and conversion into Foundant Technologies’ format. The data being sent to Foundant Technologies needs to be in one of the following formats: Access, Microsoft Excel or .csv file.
3. Clients using GIFTS must send the data in Access Database format (if applicable).

**B. Data Configuration**

1. Client to review the configured data from Foundant Technologies’ Microsoft Excel file, identifying any data columns that do not need to be migrated or that may be missing and need to be included in the Microsoft Excel file.
2. The Parties have a follow-up conference call to review the configured data and confirm the following:
  - a. Overview of additional data that may need to be extracted from current Client software/data repository prior to Foundant Technologies cleaning the data.
  - b. Overview of any required fields in the template that are missing data.
  - c. Overview of how the data will be displayed is based on how Client’s new form is being built in Foundant Technologies Platform.

**C. Data Cleansing:**

1. Upon Client confirmation that all data is present, Foundant Technologies will clean the data and identify missing required data (if applicable).

2. Foundant Technologies will send the findings to Client for review; Client provides feedback by phone, email and/or updating the Microsoft Excel sheet and sending to Foundant Technologies. Types of feedback are limited to:
  - a. Updating missing fields in the Microsoft Excel spreadsheet.
  - b. Answering questions about information that does not seem consistent.
  - c. Reviewing data sent and providing additional input.
3. The Parties to discuss feedback and continue to update Client data in the Microsoft Excel spreadsheet. This may involve several rounds of review and input to finalize the data, so it is clean enough to do the test import.

**D. Data Import:**

1. Upon Client confirmation the data is clean, Foundant Technologies will import the data into a test site for Client to test.
2. Within the initial test site, Foundant Technologies generates a report to compare the imported data to the old database data. The goal is to spot check data and use aggregates in the reports to ensure no data has been missed.
3. If items are identified as missing, requiring updates or fixes, the Parties will revisit steps in Section 1.2 C until Client's review of the data does not identify any issues within the test site.
4. The Parties will have a conference call for Client approval of all data configured in the test site and to move forward with the final import into Client's live site.

**E. Data Migration:**

1. Foundant Technologies will migrate the approved configured data into Client's live site.
2. Foundant Technologies will send confirmation the data was successfully imported into the live site to Client via email.

**F. Project Management:**

1. Schedule Management: managing timeline of project to ensure desired go-live date.
2. Scope Management: ensures all contracted deliverables are successfully delivered resulting in Client acceptance.
3. Ensures Foundant Technologies implementation specialist coordinates and establishes all requisite data discovery and design and training calls.
4. Reviewing and completing assigned homework.
5. Resource Management: ensures proper resourcing is established for a successful delivery.
6. Managing expectations and project escalations as needed.

**2. CLIENT RESPONSIBILITIES AND ASSUMPTIONS**

Client acknowledges that timely provision of and access to office accommodations, facilities, equipment (if applicable), assistance, cooperation, complete and accurate information, and data from Client's officers, agents, and employees (collectively, "**Cooperation**") are essential to the rendering of the Professional Services. Service Provider will not be responsible for any deficiency in performing the Professional Services if such deficiency results from Client's failure to provide full Assistance. Client acknowledges that if Service Provider's cost of providing Professional Services is increased because of Client's failure to meet the obligations listed in this SOW, failure to provide full Cooperation, or because of any other circumstance outside of Service Provider's control, then Client agrees to pay Service Provider for such increased costs. Such increased costs may include time during which Service Provider resources are under-utilized because of delays.

Client acknowledges that Service Provider's ability to render the Professional Services depends upon Client's fulfillment of the following responsibilities and assumptions:

**2.1 Client Responsibilities.**

- 1) Maintain at least one unexpired Subscription Term(s) to the Software identified in a Client Order Form prior to the commencement of Professional Services for the Professional Services Period (as defined below).
- 2) Provide Service Provider with unhindered access to the relevant (i) documentation and (ii) functional, technical and business resources having adequate skills and knowledge to support the performance of Professional Services, as requested by Service Provider.
- 3) Provide a safe and healthy workspace to all Service Provider personnel performing Professional Services at any location directed by Client for Professional Services to be performed (a "Client Site").
- 4) Provide any notices, and obtain any consents, necessary for Service Provider to perform Professional Services.
- 5) If, while performing Professional Services, Service Provider requires access to other vendor's products that are part of Client's system, Client will be responsible for acquiring all identified products and the necessary access and licensing rights for Service Provider to access such products on Client's behalf.
- 6) Be responsible for having Client's designated attendee, as agreed between the Parties, attend project team administrator training.

**2.2 Project Assumptions.**

- 1) All Professional Services shall be performed remotely; however, at Client's request and in Service Provider's discretion, Service Provider may agree to provide Professional Services at a Client Site during the Professional Services Period. Client agrees to be responsible for any reasonable travel and out-of-pocket expenses incurred by Service Provider related to providing Professional Services at a Client Site.
- 2) All project documentation, presentations and project communications shall be in English.
- 3) Service Provider resources are not dedicated to any single project and are engaged across many projects for various Service Provider Clients.
- 4) Any actions not expressly listed in Section 1.2 above or below in this project assumption four are outside the scope of the Professional Services.
  - A. Files and follow-ups (Grant Reports) are not included in this Data Migration but can be done as a separate service.
- 5) Project timeline estimates listed herein are based on availability of Client resources and key decision-makers. Lack of access to these resources and decision-makers or any change to project objectives will impact project timelines and costs.

### **2.3 Professional Services Acceptance.**

In accordance with Section 4 of the PSA:

- Service Provider will provide notice to Client when all Professional Services are completed.
- Upon receipt of such notice and determining that all Deliverables meet the acceptance criteria, Client shall: Respond to such notice with a confirmation notice that all Deliverables have been completed.

No further obligations shall be required by either Party under this SOW upon mutual agreement by the Parties, in writing, that all Deliverables satisfy the acceptance criteria.

## **3. FEES & INVOICES**

### **3.1 Professional Services Fees.**

#### **A. Fees**

All Professional Services listed in this SOW are included in the Price for the Professional Services in the Software and Services Chart of the Client Order Form (the "Professional Services Fees"). Any discounts to the Professional Services Fees are reflected in the Client Order Form.

Professional Services Fees and any applicable taxes are invoiced and shall be paid by Client in advance of Professional Services being performed. Upon invoicing, payment for the Professional Services Fees becomes due, as per the payment terms in the Client Order Form. Other expenses (if any) related to the providing of the Professional Services are specified in the Client Order Form. Such expenses will be invoiced monthly as they are incurred.

Expenses are not included in the fixed fees and are an additional cost to Client.

Client acknowledges that the Professional Services Fees are based on the information provided to Service Provider and included in this SOW. Any requirement(s) not included herein are outside the scope of this SOW, will be handled through the Change Control Process defined below, and may result in additional cost.

### **3.2 Travel Expenses.**

Travel expenses are not included in the Professional Services Fees, unless expressly stated elsewhere in the Agreement. Travel expenses shall be reimbursed in accordance with the Service Provider's travel policy, unless agreed otherwise.

None.

### **3.3 Payment of Invoices.**

Unless otherwise noted in the Client Order Form, Professional Services Fees are due net 30 from invoice date.

## **4. PROJECT MANAGEMENT**

### **4.1 Designated Project Managers.**

Project Managers shall be assigned and identified by each respective Party by the time of the project kick-off meeting.

Client and Service Provider each shall direct all inquiries concerning the Professional Services to the other Party's project manager. Client's project manager shall have the authority to approve Professional Services on Client's behalf. Service Provider's project manager shall have the sole right to exercise direct control and supervision over the work assignments of Service Provider resources.

**4.2 Changes to SOW.**

Changes identified by either Party shall be governed by this Section and Section 4.7 of the PSA. All change requests will be responded to by the other Party in a timely manner by identifying any impact to the schedule, scope, and/or budget of this SOW. Specifically, changes will include, without limitation:

- a) Any scope items or work activities not listed in this SOW;
- b) Provision or development of service deliverable not included in this SOW;
- c) Any rework of completed or accepted Professional Services; or,
- d) Delays due to acceptance criteria modifications.

Changes accepted by both Parties will be documented, including cost and schedule changes. All accepted changes signed by both Parties shall constitute a Change Order. All Change Orders are subject to the terms of the Agreement. Service Provider shall not be obligated to perform any tasks related to any SOW changes including, but not limited to, changes in time, scope, cost, or contractual obligations unless the Change Order: (i) is a written instrument duly executed by the authorized representatives of both Parties; and, (ii) references this SOW and identifies the specific Sections contained herein which are to be amended or modified.

**4.3 Professional Services Schedule.**

Unless otherwise agreed to in writing, the Professional Services must be completed within twelve (12) months from the signature date of the Client Order Form ("**Professional Services Period**"). In order for Service Provider to provide additional Professional Services to Client after the Professional Services Period, both Parties agree to enter into a separate Client Order Form and SOW for such additional Professional Services.

**5. SIGNATURES**

This SOW shall constitute the entire understanding between the Parties and is intended as the final expression of the Parties' agreement regarding the Professional Services to be provided by Service Provider.

IN WITNESS WHEREOF, the Parties hereto have caused this SOW to be duly executed by their authorized representatives and shall become effective as of the last date executed below.

Desert Healthcare District		Foundant Technologies, Inc.	
By:		By:	
Name:		Name:	





**Foundant Technologies Subscription Contract for:**  
**Desert Healthcare District**  
Date: March 16, 2023  
*Expires in 90 Days*

Title:		Title:	
Date:		Date:	

**FIXED PRICE STATEMENT OF WORK**

Foundant Technologies, Inc.

This Statement of Work (“**SOW**”), effective as of the later date signed by both Parties below is between Desert Healthcare District, 1140 North Indian Canyon Drive, Palm Springs, CA (“**Client**”) and Foundant Technologies, Inc. (“**Foundant Technologies**” or “**Service Provider**”) (singularly, a “**Party**” and collectively, the “**Parties**”), and describes the Professional Services to be rendered by Service Provider for Client pursuant to the Client Order Form and the Professional Services Agreement (“**PSA**”).

Once executed by the Parties, this SOW shall be incorporated by reference into the PSA. In the event of any inconsistency or conflict between the terms and conditions of this SOW and the PSA, the terms and conditions of this SOW shall govern with respect to the subject matter of this SOW only. Capitalized terms used in this SOW shall have the meaning defined under the Agreement. This SOW may not be amended except in writing signed by a duly authorized representative of each Party.

**1. PROJECT DESCRIPTION****1.1 Scope and Purpose of Document.**

Service Provider will render the following Professional Services to assist Client with the implementation of **GLM Follow Up Migration**.

**1.2 Deliverable(s) / Professional Services.****A. Data Collection:**

1. The Parties will conduct a conference call to extract the data from current software/data repository.
2. Client will provide Data to Foundant Technologies for review and conversion into Foundant Technologies’ format. The data being sent to Foundant Technologies needs to be in one of the following formats: Access, Microsoft Excel or .csv file.
3. Clients using GIFTS must send the data in Access Database format (if applicable).

**B. Data Configuration**

1. Client to review the configured data from Foundant Technologies’ Microsoft Excel file, identifying any data columns that do not need to be migrated or that may be missing and need to be included in the Microsoft Excel file.
2. The Parties have a follow-up conference call to review the configured data and confirm the following:
  - a. Overview of additional data that may need to be extracted from current Client software/data repository prior to Foundant Technologies cleaning the data.
  - b. Overview of any required fields in the template that are missing data.
  - c. Overview of how the data will be displayed is based on how Client’s new form is being built in Foundant Technologies Platform.

**C. Data Cleansing:**

1. Upon Client confirmation that all data is present, Foundant Technologies will clean the data and identify missing required data (if applicable).

2. Foundant Technologies will send the findings to Client for review; Client provides feedback by phone, email and/or updating the Microsoft Excel sheet and sending to Foundant Technologies. Types of feedback are limited to:
  - a. Updating missing fields in the Microsoft Excel spreadsheet.
  - b. Answering questions about information that does not seem consistent.
  - c. Reviewing data sent and providing additional input.
3. The Parties to discuss feedback and continue to update Client data in the Microsoft Excel spreadsheet. This may involve several rounds of review and input to finalize the data, so it is clean enough to do the test import.

**D. Data Import:**

1. Upon Client confirmation the data is clean, Foundant Technologies will import the data into a test site for Client to test.
2. Within the initial test site, Foundant Technologies generates a report to compare the imported data to the old database data. The goal is to spot check data and use aggregates in the reports to ensure no data has been missed.
3. If items are identified as missing, requiring updates or fixes, the Parties will revisit steps in Section 1.2 C until Client's review of the data does not identify any issues within the test site.
4. The Parties will have a conference call for Client approval of all data configured in the test site and to move forward with the final import into Client's live site.

**E. Data Migration:**

1. Foundant Technologies will migrate the approved configured data into Client's live site.
2. Foundant Technologies will send confirmation the data was successfully imported into the live site to Client via email.

**F. Project Management:**

1. Schedule Management: managing timeline of project to ensure desired go-live date. Mutually agreed to by both parties.
2. Scope Management: ensures all contracted deliverables are successfully delivered resulting in Client acceptance.
3. Ensures Foundant Technologies implementation specialist coordinates and establishes all requisite data discovery and design and training calls.
4. Reviewing and completing assigned homework.
5. Resource Management: ensures proper resourcing is established for a successful delivery.
6. Managing expectations and project escalations as needed.

**2. CLIENT RESPONSIBILITIES AND ASSUMPTIONS**

Client acknowledges that timely provision of and access to office accommodations, facilities, equipment (if applicable), assistance, cooperation, complete and accurate information, and data from Client's officers, agents, and employees (collectively, "**Cooperation**") are essential to the rendering of the Professional Services. Service Provider will not be responsible for any deficiency in performing the Professional Services if such deficiency results from Client's failure to provide full Assistance. Client acknowledges that if Service Provider's cost of providing Professional Services is increased because of Client's failure to meet the obligations listed in this SOW, failure to provide full Cooperation, or because of any other circumstance outside of Service Provider's control, then Client

agrees to pay Service Provider for such increased costs. Such increased costs may include time during which Service Provider resources are under-utilized because of delays.

Client acknowledges that Service Provider's ability to render the Professional Services depends upon Client's fulfillment of the following responsibilities and assumptions:

## **2.1 Client Responsibilities.**

- 1) Maintain at least one unexpired Subscription Term(s) to the Software identified in a Client Order Form prior to the commencement of Professional Services for the Professional Services Period (as defined below).
- 2) Provide Service Provider with unhindered access to the relevant (i) documentation and (ii) functional, technical and business resources having adequate skills and knowledge to support the performance of Professional Services, as requested by Service Provider.
- 3) Provide a safe and healthy workspace to all Service Provider personnel performing Professional Services at any location directed by Client for Professional Services to be performed (a "Client Site").
- 4) Provide any notices, and obtain any consents, necessary for Service Provider to perform Professional Services.
- 5) If, while performing Professional Services, Service Provider requires access to other vendor's products that are part of Client's system, Client will be responsible for acquiring all identified products and the necessary access and licensing rights for Service Provider to access such products on Client's behalf.
- 6) Be responsible for having Client's designated attendee, as agreed between the Parties, attend project team administrator training.
- 7) Validation of Data. Foundant Technologies is not responsible for validation.

## **2.2 Project Assumptions.**

- 1) All Professional Services shall be performed remotely; however, at Client's request and in Service Provider's discretion, Service Provider may agree to provide Professional Services at a Client Site during the Professional Services Period. Client agrees to be responsible for any reasonable travel and out-of-pocket expenses incurred by Service Provider related to providing Professional Services at a Client Site.
- 2) All project documentation, presentations and project communications shall be in English.
- 3) Service Provider resources are not dedicated to any single project and are engaged across many projects for various Service Provider Clients.
- 4) Any actions not expressly listed in Section 1.2 above or below in this project assumption four are outside the scope of the Professional Services.

A. Files are not included in this Data Migration but can be done as a separate service.

B. Follow up data can only be migrated into approved requests.

- 5) Project timeline estimates listed herein are based on availability of Client resources and key decision-makers. Lack of access to these resources and decision-makers or any change to project objectives will impact project timelines and costs.

### **2.3 Professional Services Acceptance.**

In accordance with Section 4 of the PSA:

- Service Provider will provide notice to Client when all Professional Services are completed.
- Upon receipt of such notice and determining that all Deliverables meet the acceptance criteria, Client shall: Respond to such notice with a confirmation notice that all Deliverables have been completed.

No further obligations shall be required by either Party under this SOW upon mutual agreement by the Parties, in writing, that all Deliverables satisfy the acceptance criteria.

## **3. FEES & INVOICES**

### **3.1 Professional Services Fees.**

#### **A. Fees**

All Professional Services listed in this SOW are included in the Price for the Professional Services in the Software and Services Chart of the Client Order Form (the "Professional Services Fees"). Any discounts to the Professional Services Fees are reflected in the Client Order Form.

Professional Services Fees and any applicable taxes are invoiced and shall be paid by Client in advance of Professional Services being performed. Upon invoicing, payment for the Professional Services Fees becomes due, as per the payment terms in the Client Order Form. Other expenses (if any) related to the providing of the Professional Services are specified in the Client Order Form. Such expenses will be invoiced monthly as they are incurred.

Expenses are not included in the fixed fees and are an additional cost to Client.

Client acknowledges that the Professional Services Fees are based on the information provided to Service Provider and included in this SOW. Any requirement(s) not included herein are outside the scope of this SOW, will be handled through the Change Control Process defined below, and may result in additional cost.

### **3.2 Travel Expenses.**

Travel expenses are not included in the Professional Services Fees, unless expressly stated elsewhere in the Agreement. Travel expenses shall be reimbursed in accordance with the Service Provider's travel policy, unless agreed otherwise.

None.

### **3.3 Payment of Invoices.**

Unless otherwise noted in the Client Order Form, Professional Services Fees are due net 30 from invoice date.

#### **4. PROJECT MANAGEMENT**

##### **4.1 Designated Project Managers.**

Project Managers shall be assigned and identified by each respective Party by the time of the project kick-off meeting.

Client and Service Provider each shall direct all inquiries concerning the Professional Services to the other Party's project manager. Client's project manager shall have the authority to approve Professional Services on Client's behalf. Service Provider's project manager shall have the sole right to exercise direct control and supervision over the work assignments of Service Provider resources.

##### **4.2 Changes to SOW.**

Changes identified by either Party shall be governed by this Section and Section 4.7 of the PSA. All change requests will be responded to by the other Party in a timely manner by identifying any impact to the schedule, scope, and/or budget of this SOW. Specifically, changes will include, without limitation:

- a) Any scope items or work activities not listed in this SOW;
- b) Provision or development of service deliverable not included in this SOW;
- c) Any rework of completed or accepted Professional Services; or,
- d) Delays due to acceptance criteria modifications.

Changes accepted by both Parties will be documented, including cost and schedule changes. All accepted changes signed by both Parties shall constitute a Change Order. All Change Orders are subject to the terms of the Agreement. Service Provider shall not be obligated to perform any tasks related to any SOW changes including, but not limited to, changes in time, scope, cost, or contractual obligations unless the Change Order: (i) is a written instrument duly executed by the authorized representatives of both Parties; and, (ii) references this SOW and identifies the specific Sections contained herein which are to be amended or modified.

##### **4.3 Professional Services Schedule.**

Unless otherwise agreed to in writing, the Professional Services must be completed within twelve (12) months from the signature date of the Client Order Form ("**Professional Services Period**"). In order for Service Provider to provide additional Professional Services to Client after the Professional Services Period, both Parties agree to enter into a separate Client Order Form and SOW for such additional Professional Services.

#### **5. SIGNATURES**

This SOW shall constitute the entire understanding between the Parties and is intended as the final expression of the Parties' agreement regarding the Professional Services to be provided by Service Provider.

IN WITNESS WHEREOF, the Parties hereto have caused this SOW to be duly executed by their authorized representatives and shall become effective as of the last date executed below.

Desert Healthcare District	Foundant Technologies, Inc.
----------------------------	-----------------------------



**Foundant Technologies Subscription Contract for:  
Desert Healthcare District**

Date: March 16, 2023

*Expires in 90 Days*

By:		By:	
Name:		Name:	
Title:		Title:	
Date:		Date:	



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: Consideration to approve Addendum #1 to the Consulting Services Agreement with California Consulting, Inc. to Provide Grant Writing Services – Extension to March 31, 2024

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**Staff recommendation:** Consideration to approve a Consulting Services Agreement with California Consulting, Inc. to Provide Grant Writing Services – Extension to March 31, 2023

**Background:**

- In April 2022 the F&A Committee and Board approved a contract with California Consulting Group to provide grant writing services to the District.
- California Consulting actively works with the District staff to identify local, state, and federal funding opportunities.
- To date, California Consulting has successfully secured a grant for almost \$1.3million from Riverside County. To date, staff has secured outside funding in the amount of **\$5,140,977** including the aforementioned grant to support local nonprofits in their collective response to COVID-19.
- California Consulting is also exploring infrastructure grants to help secure seismic retrofitting dollars and is working to ensure our hospital is listed as a critical infrastructure asset by the County of Riverside, a condition to pursue infrastructure grants.
- The services continue at a flat monthly rate of \$4,250 per month, plus reimbursement of out-of-pocket fees.
- At the March 15, 2023, Finance & Administration Committee meeting, the Committee recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of the draft addendum to the agreement for California Consulting, Inc. to extend the March 31, 2024.
- Draft Addendum #1 is attached for your review.

**Fiscal Impact:**

\$4,250 per month. The fee FY23 annual budget includes the monthly fee and will be included in the FY24 budget.



**CONSULTING SERVICES AGREEMENT  
ADDENDUM #1**

This Professional Services Agreement (“Agreement”) was entered into on April 18, 2022 by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and California Consulting, (“Consultant”) as follows:

**R-E-C-I-T-A-L-S**

1. This Addendum extends and revises the termination date in Section 3.1 to March 31, 2024.
2. All other terms and conditions of the original service agreement remain unchanged.

“District”:

Desert Healthcare District

“Consultant”:

California Consulting

By: \_\_\_\_\_  
Conrado Barzaga, CEO

By: \_\_\_\_\_  
Steve Samuelian, CEO

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: Addendum #1 to the Property Management/ Maintenance Agreement with INPRO-EMS Construction for property maintenance services for Las Palmas Medical Plaza – Extends to April 30, 2024 and increases compensation to \$11,485 per month

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**Staff recommendation:** Consideration to approve a Property Management - Maintenance Agreement with INPRO\_EMS Construction for property maintenance services for Las Palmas Medical Plaza - Extends to April 30, 2024, and increases compensation to \$11,485 per month

**Background:**

- INPRO-EMS Construction (INPRO) has been the onsite property maintenance company for the Las Palmas Medical Plaza (LPMP) since 2017.
- INPRO continues to maintain a positive working relationship with the LPMP tenants and District staff.
- INPRO frequently responds to maintenance issues outside of the scope of work, often times at no extra cost.
- Staff recommends a 3% increase to \$11,485 per month.
- At the March 15, 2023, Finance & Administration Committee meeting, the Committee recommended forwarding to the Board for consideration of approval.
- Staff recommends approval of the draft addendum to the management/maintenance agreement for the period May 1, 2023 – April 30, 2024 and 3% increase.
- Draft Addendum #1 is attached for your review.

**Fiscal Impact:**

\$11,485 per month. The Las Palmas Medical Plaza FY23-24 annual budget will be adjusted to accommodate the increase.

NOTE: The property maintenance fees are passed on to the LPMP tenants through the CAM charges.

**LAS PALMAS MEDICAL PLAZA  
PROPERTY MANAGEMENT/MAINTENANCE AGREEMENT  
ADDENDUM #1**

This Property Management/Maintenance Agreement (“Agreement”) was entered into on April 18, 2022, by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and INPRO-EMS (“Manager”) as follows:

**R-E-C-I-T-A-L-S**

1. This Addendum extends and revises the termination date in Section 1 to April 30, 2024.
2. This Addendum increases the compensation to \$11,485 per month (a 3% increase).
3. All other terms and conditions of the original agreement remain unchanged.

“District”:

Desert Healthcare District

By: \_\_\_\_\_  
Conrado Barzaga, CEO

Date: \_\_\_\_\_

“Consultant”:

INPRO-EMS

By: \_\_\_\_\_  
Rick Lykins, Owner

Date: \_\_\_\_\_



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: Activate Inclusion DEI Training – Consulting Services Agreement NTE  
\$14,940

---

**Staff Recommendation:**

Consideration to approve a Consulting Services Agreement not to exceed \$14,940 with Activate Inclusion for Board and Staff Development activities related to Diversity, Equity, and Inclusion (DEI)

**Background:**

- Reflecting demographic shifts happening in our country and our community, the Desert Healthcare District & Foundation has become increasingly more diverse, especially after the 2018 expansion.
- It is seemingly imperative to heighten our collective cultural awareness, learn about cultural interaction, and uncover hidden biases.
- Staff has explored opportunities to bring DEI training to the Board and the staff tailored to address the specific needs of the District.
- DEI training is crucial to building a safe and equitable workspace for all employees. It has the potential to help organizations uncover hidden biases, address unfair practices and behaviors, and to embrace colleagues of differing identities and backgrounds. It can also benefit the organization by building a more equitable, courageous, and compassionate culture, thus rising our growth potential and enriching how communities experience the District.
- Staff interviewed Activate Inclusion’s DEI Executive Consultant Sindri Anderson (biography included), recommended by Director Zavala, who has experienced their training.
- At the March 14, 2023, Program Committee meeting, the Committee recommended forwarding to the Board for consideration of approval.
- At the March 15, 2023, Finance & Administration Committee meeting, the Committee recommended forwarding to the Board for consideration of approval.
- At the request of the CEO, Activate Inclusion submitted the enclosed proposal.
- Staff recommends approval of the consulting services agreement.

**Fiscal Impact:**

\$14,940 for DEI training sessions.

## **CONSULTING SERVICES AGREEMENT**

This Professional Services Agreement (“Agreement”) is entered into by and between Desert Healthcare District (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and Activate Inclusion, (“Consultant”) as follows:

### **R-E-C-I-T-A-L-S**

1. District would like to retain the professional services of Consultant to provide diversity, equity, and inclusion (DEI) services for the Board and staff.
2. Consultant has worked with organizations across sectors and industries to develop a strategic, data-based approach addressing DEI opportunities, is qualified, and possesses the knowledge, skill, expertise, necessary to provide the professional services (“Services”) as more specifically outlined in the attached Exhibit “A” (“Consultant Proposal”).

### **C-O-V-E-N-A-N-T-S**

#### **1. CONSULTANT’S SERVICES.**

1.1 Services. Consultant shall provide all labor, materials, equipment, and incidentals necessary to fully and adequately provide the District with the professional services described in the Consultant Proposal. All Services shall be performed by Consultant to the reasonable satisfaction of the District.

1.2 Compliance with Laws. In performing the Services, Consultant shall, at all times comply with all applicable laws, rules, regulations, codes, ordinances, and orders of every kind whatsoever issued, adopted, or enacted by any federal, state, or local governmental body having jurisdiction over the Services.

1.3 Performance Standard. Consultant shall perform the Services with efficiency and diligence and shall execute the Services in accordance with the standards of Consultant’s profession, generally described as that degree of skill and care ordinarily exercised by professionals providing similar services as Consultant practicing in California.

1.4 District and Foundation’s Representative. For purposes of this Agreement, the District and Foundation’s Representative shall be District’s Chief Executive Officer Conrado Barzaga, located at 1140 North Indian Canyon Drive, Palm Springs, CA 92262. All amendments to this Agreement shall be approved by the District Board.

## **2. FEES AND PAYMENTS.**

2.1 Compensation for Services. For the full and satisfactory performance of the Services, District shall compensate Consultant in an amount not to exceed \$14,940, plus reimbursement of out-of-pocket expenses as outlined in the attached Consultant Proposal.

2.2 Invoices. Consultant shall deliver invoices as services are provided to the District no later than the 10th day of each month.

2.3 Payment. The District shall remit payment for all amounts due to Consultant within thirty (30) days after receipt of invoices; provided, however, in the event District disputes any portion of Consultant's invoice, it shall timely pay any undisputed amounts invoiced and notify Consultant within thirty (30) days of its receipt of the invoice of the specifics of any disputed amounts. The parties shall expeditiously resolve the subject of any disputed amounts by way of negotiation or, if necessary, mediation. Any such dispute shall not relieve Consultant of its obligation to continue diligently performing the Services.

## **3. TERM; TERMINATION.**

3.1 Term. The term of this Agreement shall be from the date the agreement is signed through June 30, 2023, subject to Section 1.3.

3.2 Termination for Convenience. District may, at any time in the exercise of its sole discretion, terminate this Agreement in whole or in part, with or without cause, by providing at least 10 calendar days written notice to Consultant of its intention to terminate the Agreement for convenience. So long as Consultant is not in default under this Agreement at the time of such termination, District shall pay Consultant for all Services incurred up to and including the date of termination. Consultant may also terminate this contract with or without cause upon giving 10 calendar days' written notice to District.

## **4. INDEPENDENT CONTRACTOR.**

District has retained Consultant to provide, and Consultant shall perform, the Services as an independent contractor maintaining exclusive direction and control over its employees; and, no personnel utilized by Consultant to perform the Services are employees of the District.

## **5. OWNERSHIP OF DOCUMENTS.**

Consultant reserves the right to bring additional staff to the training sessions for observation or training purposes, unless client expresses specific objections at the time this contract is executed due to sensitive training content issues.

District acknowledges it has specially ordered and commissioned Consultant to create materials for District's use. All original new materials created and contributed by Consultant are defined as "works made for hire" (hereinafter "the Works") under United States copyright laws, subject to the limitations specified below.

#### 5.1 Pre-Existing Intellectual Property of Consultant

District acknowledges that Consultant may use its pre-existing intellectual property (including, without limitation, know-how and proprietary methodologies) ("Pre-Existing IP") as it creates the Works hereunder, and nothing in this Contract is intended to transfer ownership in Consultant's Pre-Existing IP to District.

#### 5.2 Licenses

Should District wish to use or distribute the Works to third parties, and to the extent that such use or distribution by Client of the Works is for charitable purposes only, and subject to the terms of this Contract, District may use and distribute the Works. In no event may District sell or resell the Works for profit or otherwise commercialize the Works. To the extent that any of the Works created by Consultant contain any elements owned by third parties, Consultant warrants that any necessary licenses to use such materials have been obtained and apply to District equally.

#### 5.3 Third-Party Materials

Should Consultant wish to use or distribute the Works or elements of the Works contributed by District to third parties, Consultant shall obtain prior written approval from District.

#### 5.4 Use of Names and Logos

Consultant and District acknowledge that each owns all rights in their respective names, trademarks, service marks, logos, and other indicia of source ("Marks") and that each may not use any of the other's Marks except as expressly authorized in the course of performing the services covered by this contract and in connection with the attribution as described above in this contract.

### **6. INDEMNIFICATION.**

Consultant agrees to indemnify and hold the District and Foundation, its governing body, officers, employees, representatives, agents, successors and assigns (collectively the District/Foundation Indemnities), harmless from and against any and all losses, liabilities, claims, causes of action or costs and expenses of whatever nature or kind, incurred or suffered by the District or the District/Foundation Indemnities including indemnity claims arising by reason of any personal injury of any person or property loss, loss of use, or damage, to the extent the same arise out of or in connection with the negligent act(s) or omission(s), recklessness, or willful misconduct of Consultant, its officers, employees, subcontractors, or representatives, relating to the performance of the services outlined in

this Agreement. Consultant will have no obligation to indemnify the District or District/Foundation Indeminities to the extent the liability is caused solely by the District's or the District/Foundation Indeminities' gross negligence, recklessness or willful misconduct.

## 7. NOTICE.

All notices to be given under this Agreement shall be in writing and shall be deemed effective upon receipt when personally served or two days after mailing by certified, return receipt requested, to the following addresses:

To: District  
Desert Healthcare District  
Attention: Conrado Barzaga, Chief Executive Officer  
1140 N. Indian Canyon Drive  
Palm Springs, California 92262

To: Consultant  
Activate Inclusion  
8321 Buckingham Drive  
El Cerrito, CA 94530

## 8. MISCELLANEOUS PROVISIONS.

8.1 Venue. Venue shall lie only in the federal or state courts nearest to the City of Palm Springs, in the County of Riverside, State of California.

8.2 Modification. This Agreement may not be altered in whole or in part except by a modification, in writing, executed by all the parties to this Agreement.

8.3 Entire Agreement. This Agreement, together with all Schedules attached, contains all representations and the entire understanding between the parties with respect to the subject matter of this Agreement. Any prior correspondence, memoranda, or agreements, whether or not such correspondence, memoranda, or agreements are in conflict with this Agreement, are intended to be replaced in total by this Agreement and its schedules.

8.4 Assignment. Consultant shall not be entitled to assign all or any portion of its rights or obligations contained in this Agreement without obtaining the prior written consent of the District. Nothing in this Agreement shall obligate the District to give such consent. Any purported assignment without the District's consent shall be void.

8.5 Binding Effect. This Agreement shall inure to the benefit of and be binding upon the parties and their respective purchasers, successors, heirs, and assigns.



8.6 Unenforceable Provisions. The terms, conditions, and covenants of this Agreement shall be construed whenever possible as consistent with all applicable laws and regulations. To the extent that any provision of this Agreement, as so interpreted, is held to violate any applicable law or regulation, the remaining provisions shall nevertheless be carried into full force and effect and remain enforceable.

This Agreement is entered into in the County of Riverside, State of California.

“District”:

Desert Healthcare District

By: \_\_\_\_\_  
Conrado Barzaga, CEO

Date: \_\_\_\_\_

“Consultant”:

Activate Inclusion

By: \_\_\_\_\_  
Sindri Anderson, Executive Consultant

Date: \_\_\_\_\_

DRAFT



**DEI Skill Development Proposal  
Desert Healthcare District & Foundation  
March 2, 2023**

Activate Inclusion has provided DEI consulting/training, leadership development and coaching services for over 16 years. We have partnered with organizations across sectors and industries to develop a strategic, data-based approach to addressing equity, inclusion, and diversity opportunities. We begin with a discovery process as the basis to co-creating the delivery plan. Unlike other firms who exclusively provide DEI training, we are organizational and leadership development experts who know how to create sustainable culture change.

We have worked with hundreds of organizations of all sizes and from non-profit, governmental, and for-profit sectors. We are avid learners and continue to develop and update material, ensuring the learning is relevant and actionable.

We have an array of training content (our Lego set) built to address self, others and organizational development. Our learning sessions help employees understand systemic issues, build new mindsets, and then adopt skills and practices to drive an equitable and inclusive work culture that yields equitable outcomes for clients and stakeholders.

For Desert Healthcare District, we are proposing the following approach.

**Data-Gathering:** We would interview all Board members individually and conduct a survey for the staff. The data would be used to customize the training content and offer insights for where ongoing awareness and development are needed. While maintaining strict confidentiality, the data also enables us to identify situations and scenarios that are realistic and relevant, ensuring that learning transfers easily into the real world.

**Training:** We recommend 6 hours of highly interactive education total with brief pre/post work assignments offered in two cohorts: (1) Board Members (2) all employees. Below is a sample curriculum for live virtual training utilizing three 2-hour modules. All sessions are highly interactive and center on real issues & opportunities for your organization. For Zoom sessions, the training team includes a facilitator and a producer who handles all interactive elements and trouble shoot any technical issues. We also provide a participant workbook with all content as well as exercises and space for personal notetaking.

Below is an overview of the potential training program.

Connection across Difference	Practicing Inclusion	Centering Equity
Welcome/Introduction	Debrief Prework	Debrief Prework
Exploring Identity	Understanding Implicit Bias & Microaggressions	Tools & Concept Review
Understanding Context & Terminology	Skills & Tools	Allying & Courageous Conversations
Dynamics of Power & Privilege	Scenario Applications	Application
Reflection & Take Aways	Reflection & Take Aways	Advancing Equity
Post-work Assignment	Post-work Assignment	Close & Next Steps

## Sample Content

### IDENTITY IS COMPLEX!

We are all comprised of a range of internal, external and organizational identities.

Reflection

Answer the questions on the worksheet



Activate  
INCLUSION

### PRIVILEGE DEFINED

“Unearned access to social power based on membership in a dominant social identity group”

- Rights, benefits and advantages beyond the advantages experienced by other individuals
- Varies by country, society, region, etc.
- Often invisible to those who have it, can be emotional and/or psychological...an automatic sense of belonging
- All of us have some form of privilege. Does not imply lack of work ethic or achievement based on effort

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### COURAGEOUS CONVERSATIONS: A PARADIGM SHIFT

From

*These messy conversations are necessary evils or distractions from the important work we do, and may harm relationships*

*I avoid these difficult conversations whenever possible.*

To

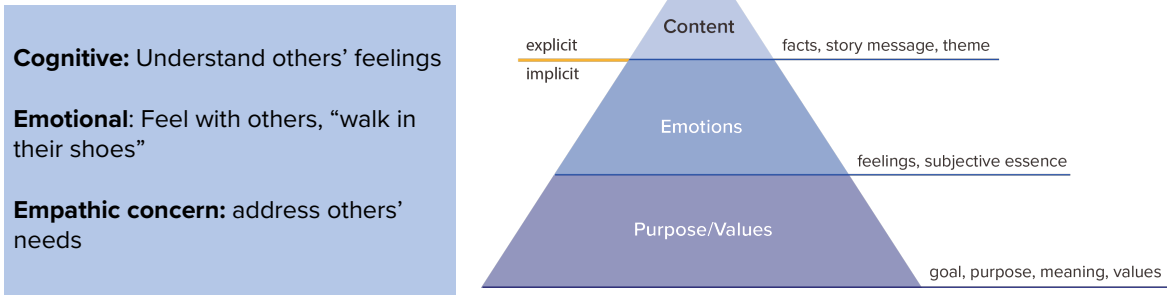
*Done well, courageous conversations are critical opportunities to advance our culture, work and mission.*

*I scan my world for potential courageous conversations that build relational connection and an inclusive culture*

Credit: Social Transformation Project

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## APPLIED EMPATHY & DEEP LISTENING



**Regulate Your Emotions:** Notice, Name, Breathe, Pause, Ask

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INCLUSION

20

## APPLY AN EQUITY LENS

- **Normalize** conversations about power, privilege and dominant culture patterns
- Address **hidden biases in every decision**, question assumptions about choices, resources and access.
- **Identify** who will benefit or be burdened by a given decision or action... micro or macro
- **Seek to understand** potential and existing unintended consequences
- **Develop strategies** to advance equity and mitigate negative impacts... interpersonal, between groups and systemically



Activate  
INCLUSION

## The Consulting Team



***Tres Jiménez***  
**Senior Consultant, Coach**

By diagnosing and assessing needs with her clients, Tres is able to co-create innovative and customized solutions for personal and organizational growth and development. Tres' working style is collaborative, strategic, and directly tied to their vision, culture, and goals. Her authentic and energetic facilitation style ignites passion in the process of design co-creation and implementation of individual and team learning, problem solving, innovation and effectiveness. She has provided DEI, leadership development and coaching services to a wide variety of organizations and across all sectors.

Prior to joining Activate, Tres held leadership roles in the manufacturing and buying functions of the top apparel and home-décor corporations. Tres gained the reputation as an "intra-preneur" by launching several new categories and collaborations. Tres' success in leading and mentoring led her to the world of Organizational Effectiveness where she collaborated with business leaders to assess, motivate and develop individual people and teams. Tres is certified as an innovation facilitator and qualified in leadership skill topics and assessment instruments as part of her coaching toolbox.

Prior to Activate, Tres held senior leadership roles in Gap, Banana Republic and Pier One. In addition to her work through Activate Inclusion, Tres serves on the board of a non-profit for manufacturers in San Francisco, where she also acts as an advisor, coaching and business mentorship to new and growing companies. Tres is also an avid outdoor adventurer and a running coach for a group of women that run long distance trail races.



***Sindri Anderson***  
**Executive Consultant**

Sindri is committed to helping organizations build equitable, courageous, and compassionate cultures. At Activate, her portfolio includes high-stakes facilitation, diversity/equity/inclusion consulting, organizational development, and executive coaching engagements. Her approach is optimistic, practical, and results-based, while focusing on accelerated collective and individual development.

Sindri has held both internal management and external consulting positions, providing expertise in diversity/equity/inclusion, leadership development, executive coaching, organizational development and culture change. She has consulted to a variety of organizations in the public, private and not-for-profit sectors.

She started her career at Hewlett Packard in a divisional Organizational Development role and led diversity training for several sites. At Levi Strauss & Co., she headed up diversity programming, led the Americas' Training & Development team and launched the first global leadership development effort. At Context Integration and Wind River Systems, she was the head of Organizational Effectiveness, defining the role for the first time in both cases.

Sindri founded Activate Inclusion in 2021, birthed from a desire to create a strategic group of like-minded individuals all having a passion and commitment to diversity, equity, and inclusion. Previously, she had co-founded Enact Leadership and grew it to a diverse, seasoned team of 30 individuals.

She received her BA in Russian from Carleton College, an MFA in Theatre from the University of Iowa, and her MBA from the Haas School of Business, University of California, Berkeley.

## Pricing Table

Data collection, analysis, design customization, training material design/production, project management, client communication	\$4000
Delivery: <ul style="list-style-type: none"><li>• 2 Cohorts @ \$6000 each with 1 facilitator &amp; 1 producer with follow up support for individuals as needed through training process</li><li>• Debrief with sponsor, including organizational insights and recommendations report</li></ul> (Pricing would be the same for virtual and in-person)	\$12,600
<b>Sub Total</b>	\$16,600
10% courtesy discount	\$1660
<b>Total</b>	\$14,940

*Note that any travel requested by the client will be billed additionally, to include a fee for travel time as well as costs such as airline, meals, hotel, car rental etc.*



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

Date: March 28, 2023  
To: Board of Directors  
Subject: Addendum #2 to Consulting Services Agreement for NPO Centric - Results Based Accountability (RBA) and Clear Impact – Increasing the Agreement amount by \$27,000 to a total of Not To Exceed \$75,000

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**Staff Recommendation:** Consideration to approve Addendum #2 to the Consulting Services Agreement for NPO Centric - Results Based Accountability (RBA) and Clear Impact – Increasing the Agreement amount by \$27,000 to a total of Not To Exceed \$75,000

**Background:**

- In October 2021 the Board of Directors approved the 2021-2026 five-year strategic plan.
- Goal#4 of the Strategic Plan is to *proactively measure and evaluate the impact of DHCD/F funded programs and services on the health of the community residents.*
- Strategy 4.1 (HIGH Priority) – Adopt Clear Impact performance management and RBA (Results Based Accountability) platforms to track and report impact.
- The RBA approach is used as a means to demonstrate program success, improve programs that the DHCD/F administers and funds, and showcase these results in a meaningful, easy to understand way.
- DHCD/F embraced RBA and implemented the Clear Impact Scorecard and through a contract with a trained RBA/Clear Impact consultant, has been able to build the capacity of staff, the Board of Directors, and our community partners.
- This consultant, NPO Centric (a division of Regional Access Project Foundation) was approved to provide services by the Board of Directors at their May 24, 2022 meeting. The Scope of Work (SOW) of NTE \$48,000/160 hours was also approved.
- The consulting agreement with NPO Centric runs through 9/30/23.

**Current:**

- Stephanie Minor, Executive Consultant with NPO Centric, began the agreed upon consulting services in May 2022.
- To date, SOW accomplishments to goals include:
  - a reporting and metrics management.
  - Grantee survey development
  - Continuation of work with staff on the RBA framework and its elements
  - The addition of Compyle software has been purchased and activated to work in conjunction with the Scorecards
  - Creation of wording and template for the website for the RBA page for joint scorecards with the RAP Foundation and the 2022 Mental Health RFP partnership
  - RBA language for the website has been developed and refined as related to all of DHCD's grant programs
  - The beginning of the creation of the following Clear Impact Scorecards:
    - Mini grants

- Rolling grants (scorecard for each Strategic Plan Goal)
- RFP
- Of the NTE 160 hours that was initially approved, to date there are 9 hours left.
- As the work described above has been accomplished, it has been determined that additional hours are necessary to further fulfill the Action Plan as outlined in the attached Exhibit to the Consultant's addendum.
- These additional hours, if approved, would NTE 90.

**Fiscal Impact:** NTE \$27,000 or 90 hours @ \$300/hour: covered under Education and Training line item in the annual budget.





## Project Scope of Work

### Desert Healthcare District and Foundation – RBA Capacity Building, Action Planning and Implementation

#### **Project Summary**

The Desert Healthcare District is a local government agency that was formed in 1948. Its mission is to achieve optimal health at all stages of life for all District residents. The agency's vision is equitably connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.

The District includes more than 400,000 residents and encompasses the entire Coachella Valley. The District and Desert Healthcare Foundation, together, are one of the largest funders in the valley. These funds are used to assist residents -- especially the underserved -- in accessing vitally needed resources, such as primary and behavioral healthcare, housing, food, and transportation to medical appointments.

On October 26, 2021, the Desert Healthcare District and Foundation (DHCD/F) Board unanimously voted to approve a new Strategic Plan. The Strategic Plan identifies DHCD/F's priorities, goals, and strategies for the Coachella Valley -- with consideration given to the social determinants of health prevalent in the community. It is essentially the framework to inform and support the Board's future funding, program, and policy decisions.

Goal #4 of the Strategic Plan is to proactively measure and evaluate the impact of Desert Healthcare District and Foundation-funded programs and services on the health of community residents. Toward that end, the Desert Healthcare District and Foundation Board agreed to adopt a Results-Based Accountability Framework (RBA) and to utilize the RBA-associated Clear Impact performance management tool to track and report impact.

Adopting the RBA framework will identify how well funded programs are doing in achieving a particular quality of life result and where changes may need to be made. The RBA approach is used as a means to demonstrate program success, improve programs that the DHCD/F administer and fund, and showcase these results in a meaningful, easy-to-understand way.

The Desert Healthcare District and Foundation will be building, maintaining, and using Clear Impact Scorecards to strengthen how they measure, monitor, and continuously improve their organization and funded programs with a focus on whether the children, adults, and families

they work with are "better off." These scorecards will be "live" and available on the DHCD/F's website.

As DHCD/F prepares to embrace Results-Based Accountability and implement the Clear Impact Scorecard, the organization is seeking a consultant to build the capacity of staff, the Board of Directors, and their community partners.

**Scope of Work**

Per the project objectives outlined in the summary above, NPO Centric was contracted to provide services to the DHCD/F's CEO and staff from May 2022 – September 2023. The work encompassed two strategies: work with staff, the Board of Directors, and community partners to help them better understand RBA and Clear Impact, and to create and fulfill an Action Plan to implement RBA for DHCD/F.

**DHCD/F wishes to include the RBA framework for all of its grants programs. NPO Centric will work with staff to fulfill the Action Plan below.**

Cost: \$300.00 per hour.

Description of Activities	Range of Hours
Prerequisite work, development, and design.	4-5
Reporting and metrics management.  Survey development.  Continuation of work with staff on the Results Based Accountability framework and its elements.	8-10
Creation of wording and template for website for RBA page for joint Scorecards (RAP Foundation) and BH RFP #20221002.	2-3
Development and refinement of RBA language for the website related to all of DHCD's grant programs.	5-8

<p>Facilitate creation of Clear Impact Scorecards</p> <ul style="list-style-type: none"> <li>• Mini Grants</li> <li>• Rolling Grants <ul style="list-style-type: none"> <li>• Scorecard for each goal</li> </ul> </li> <li>• RFP Scorecards</li> </ul>	<p>20-22</p>
<p>Further develop the RBA web page on Desert Healthcare District’s website with new scorecard information.</p>	<p>2-3</p>
<p>RBA alignment for DHCD’s grant applications.</p>	<p>3-6</p>
<p><b>New RFP Work</b>  Consultants to work with DHCD/F staff on RFPs that include Results Based Accountability.</p>	<p>8-10</p>
<p>NPO Centric Consultants prep work and planning for the Community Partner sessions. Analyze and gather data.</p>	<p>4-7</p>
<p>NPO Centric consultants to hold a performance hearing and a results hearing for DHCD/F staff. We will work together with staff to determine: What are DHCD/F’s baselines? What is the story behind the baselines? What data will we use? Who are the partners? What works? What doesn’t work? Who needs to be in the first round of the Community Partner Sessions?</p> <p>We will work together to create a results list.</p>	<p>2-3</p>
<p><b>Community Partner Session 1</b></p> <ul style="list-style-type: none"> <li>• Introduction to RBA</li> <li>• Talk about the priorities of DHCD</li> <li>• Data Walk</li> <li>• Strategy designing with community partners</li> </ul> <p><i>DHCD to provide location and snacks. DCHD to send out email/written invitation to community partners. (NPO Centric will provide the invitation text)</i></p>	<p>3-6</p>

Compile, organize, and analyze the information gathered from Community Partner Session.	3-4
NPO Centric Consultant to give presentation for DHCD/F staff on data and information gathered from Community Partner Session.  Begin discussion about strategies.	3-4
Consultants to begin work on Strategy Mapping for new RFP. (What is the North Star?)	2-3
Consultants and DHCD staff begin the review of the strategy maps (North Star), action plan and identify the desired results.	3-4
Help expand, adapt and test the Clear Impact platform	4-6
Refinement and development	3-5
Estimated budget  (Including presentation materials)	Not to exceed 90 hours \$27,000.00

**Project Team:**

Stephanie Minor, Executive Consultant  
NPO Centric  
41550 Eclectic Street  
Palm Desert, CA 92260

**CONSULTING SERVICES AGREEMENT  
ADDENDUM #2**

This Professional Services Agreement (“Agreement”) was entered into on May 31, 2022 by and between Desert Healthcare District(Foundation) (“District”), a public agency organized and operating pursuant to California Health and Safety Code section 32000 et seq., and NPO Centric, (“Consultant”) as follows:

**R-E-C-I-T-A-L-S**

1. This Addendum increases the agreement amount by \$27,000 to a total Not To Exceed \$75,000.
2. All other terms and conditions of the original service agreement and Addendum #1 remain unchanged.

“District”:

“Consultant”:

Desert Healthcare District	NPO Centric/ Regional Access
	Project Foundation

By: \_\_\_\_\_  
Conrado Barzaga, CEO

By: \_\_\_\_\_  
Leticia DeLara, CEO

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: Consideration to Approve Policies

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**Staff Recommendation:** Consideration to approve updated policies

**Background:**

- The policies listed below have been determined to need review and/or revision.
- Policy #BOD-03 – Revisions
- Policy #BOD-06 – Review only
- Policy #BOD-07 – Revisions to include committee meeting agenda
- Policy #BOD-09 – Review only
- Policy #BOD-10 – Review only
- Policy #OP-05 – Revisions to include additional language for AB2019
- Policy #OP-06 – Review only
- Policy #OP-07 – Review only
- Policy #OP-08 – Minor revisions
- Policy #OP-10 – Review only
- Policy #OP-13 - Revisions
- Policy #OP-16 – Minor revisions – NOTE: this policy will be reviewed during the Policies Committee section – Item I.1.2.
- At the March 7, 2023, Board and Staff Communications and Policies Committee meeting, the Committee recommended forwarding the policies for consideration of approval by the full Board.

**Fiscal Impact:**  
None



**POLICY TITLE:** APPOINTMENT & DUTIES FOR COMMITTEES

**POLICY NUMBER:** BOD-03

**COMMITTEE APPROVAL:** ~~03-07-2023~~~~11-09-2020~~

**BOARD APPROVAL:** ~~03-28-2023~~~~11-24-2020~~

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**POLICY #BOD-03:** It shall be the policy of the Desert Healthcare District (“District”) that the Board of Directors (“Board”) President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board. The District encourages community engagement to ensure the community’s voice is heard. For guidelines, reference Policy #OP-15 Engagement of the Community, Public, and Subject Matter Experts.

**1. DISTRICT BOARD COMMITTEES:**

**1.1. Ad-hoc Committees.** Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

**1.2. Standing Committees.** The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

**1.2.1. Finance, Legal, Administration, and Real Estate Committee (F&A).** This committee shall be responsible for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS).



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**1.2.2. Strategic Planning Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in its strategic plan.

**1.2.3. Hospital Lease Oversight Committee.** This committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

**1.2.4. Program Committee.** This committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs.

**1.2.5. Board and Staff Communications & Policies Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**2. F&A COMMITTEE.** In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation) real estate, and information systems (IS).

**2.1. Responsibilities.** The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding ~~finances~~[financial and administrative needs](#).
- To provide advice, counsel and feedback to the committee as requested during budget development.





**3. STRATEGIC PLANNING COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, ~~and or~~ more often if needed, and shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.

**3.1. Responsibilities.** The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To provide vision and guidance on the development of the District's strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

**4. HOSPITAL LEASE OVERSIGHT COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

**4.1. Responsibilities.** The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- Provide an annual report reflective of lease requirements from lessee.

**5. PROGRAM COMMITTEE.** In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to ~~improve the health of the~~ achieve optimal health for all stages of life for all District's residents.

**5.1 Responsibilities.** The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of grant making and program-related activities to ensure alignment with the District's Strategic Plan.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants ~~to approve~~ to the District's Board of Directors ~~to approve as presented, approve with modification, request additional information, or decline.~~

**Commented [ET1]:** Revision from 10.25.22 Board meeting

**6. BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE.** In accordance with the District's bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**6.1 Responsibilities.** The responsibilities of the Board and Staff Communications & Policies Committee include the following:

- To inquire, monitor and develop details for communication between the Board and Staff.
- To review and develop policies applicable to the District & Foundation.
- To review and revise, as needed, policies on a two (2) year rotation to ensure policies are up-to-date.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- [Some policies may require review of the respective committee \(i.e F&A Committee and Program Committee\) prior to review by the Board and Staff Communications & Policies Committee.](#)

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI

**DOCUMENT HISTORY**

<u>Revised</u>	<u>03-28-2023</u>
Revised	11-24-2020
Revised	04-23-2019
Approved	03-22-2016

DRAFT



**POLICY TITLE:** APPOINTMENT & DUTIES FOR COMMITTEES  
**POLICY NUMBER:** BOD-03  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

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**POLICY #BOD-03:** It shall be the policy of the Desert Healthcare District (“District”) that the Board of Directors (“Board”) President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board. The District encourages community engagement to ensure the community’s voice is heard. For guidelines, reference Policy #OP-15 Engagement of the Community, Public, and Subject Matter Experts.

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**1.2.1. Finance, Legal, Administration, and Real Estate Committee (F&A).** This committee shall be responsible for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS).



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**1.2.2. Strategic Planning Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in its strategic plan.

**1.2.3. Hospital Lease Oversight Committee.** This committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

**1.2.4. Program Committee.** This committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs.

**1.2.5. Board and Staff Communications & Policies Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**2. F&A COMMITTEE.** In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation) real estate, and information systems (IS).

**2.1. Responsibilities.** The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding financial and administrative needs.
- To provide advice, counsel and feedback to the committee as requested during budget development.



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**3. STRATEGIC PLANNING COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.

**3.1. Responsibilities.** The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To provide vision and guidance on the development of the District's strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

**4. HOSPITAL LEASE OVERSIGHT COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

**4.1. Responsibilities.** The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- Provide an annual report reflective of lease requirements from lessee.

**5. PROGRAM COMMITTEE.** In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the



Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to achieve optimal health for all stages of life for all District residents.

**5.1 Responsibilities.** The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of grant making and program-related activities to ensure alignment with the District's Strategic Plan.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to the District's Board of Directors to approve as presented, approve with modification, request additional information, or decline.

**6. BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE.** In accordance with the District's bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**6.1 Responsibilities.** The responsibilities of the Board and Staff Communications & Policies Committee include the following:

- To inquire, monitor and develop details for communication between the Board and Staff.
- To review and develop policies applicable to the District & Foundation.
- To review and revise, as needed, policies on a two (2) year rotation to ensure policies are up-to-date.



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- Some policies may require review of the respective committee (i.e F&A Committee and Program Committee) prior to review by the Board and Staff Communications & Policies Committee.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI

**DOCUMENT HISTORY**

Revised	03-28-2023
Revised	11-24-2020
Revised	04-23-2019
Approved	03-22-2016

DRAFT





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** FILLING A VACANCY ON THE BOARD

**POLICY NUMBER:** BOD-06

**COMMITTEE APPROVAL:** ~~03-07-2023~~~~02-09-2021~~

**BOARD APPROVAL:** ~~03-28-2023~~~~02-23-2021~~

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**POLICY #BOD-06:** It is the policy of the Desert Healthcare District (“District”) to fill a vacancy on the Board of Directors per the Desert Healthcare District Bylaws, Article IV, section 4.4.

**GUIDELINES:**

**1. District Bylaws - Article IV, section 4.4 – VACANCIES**

“The remaining Board members may fill any vacancy on the Board by appointment in accordance with Government Code Section 1780, as amended, which set forth the procedure for filling a vacancy of an elective office on a governing board of a special district.”

**Government Code Section 1780**

1780. (a) Notwithstanding any other provision of law, a vacancy in any elective office on the governing board of a special district, other than those specified in Section 1781, shall be filled pursuant to this section.

(b) The district shall notify the county elections official of the vacancy no later than 15 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later.

(c) The remaining members of the district board may fill the vacancy either by appointment pursuant to subdivision (d) or by calling an election pursuant to subdivision (e).

(d) (1) The remaining members of the district board shall make the appointment pursuant to this subdivision within 60 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later. The district shall post a notice of the vacancy in three or more conspicuous places in the district at least



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15 days before the district board makes the appointment. The district shall notify the county elections official of the appointment no later than 15 days after the appointment.

(2) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(3) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(e) (1) In lieu of making an appointment the remaining members of the board may within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(f) (1) If the vacancy is not filled by the district board by appointment, or if the district board has not called for an election within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, then the city council of the city in which the district is wholly located, or if the district is not wholly located within a city, the board of supervisors of the county representing the larger portion of the district area in which the election to fill the vacancy will be held, may appoint a person to fill the vacancy within 90 days of the date the district board is notified of the vacancy or the effective date of the



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vacancy, whichever is later, or the city council or board of supervisors may order the district to call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the city council or board of supervisors calls the election.

(g) (1) If within 90 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, the remaining members of the district board or the appropriate board of supervisors or city council have not filled the vacancy and no election has been called for, then the district board shall call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(h) (1) Notwithstanding any other provision of this section, if the number of remaining members of the district board falls below a quorum, then at the request of the district secretary or a remaining member of the district board, the appropriate board of supervisors or the city council shall promptly appoint a person to fill the vacancy or may call an election to fill the vacancy.

(2) The board of supervisors or the city council shall only fill enough vacancies by appointment or by election to provide the district board with a quorum.

(3) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold the office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is



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elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(4) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(5) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is held 130 or more days after the date the city council or board of supervisors calls the election.

**PUBLIC NOTICE**

Pursuant to Government Code Section 1780, notice is hereby given that effective (date) there exists a vacancy on the Board of Directors of the Desert Healthcare District, a local governmental entity. Pursuant to California law, the remaining District Board members may fill the vacancy by appointment or by holding a special election.

**AUTHORITIES**

Desert Healthcare District Bylaws Article IV, section 4.4  
California Government Code Section 1780

**DOCUMENT HISTORY**

<u>Reviewed</u>	03-28-2023
Revised	02-23-2021
Approved	01-26-2016



**POLICY TITLE:** FILLING A VACANCY ON THE BOARD  
**POLICY NUMBER:** BOD-06  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

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**POLICY #BOD-06:** It is the policy of the Desert Healthcare District (“District”) to fill a vacancy on the Board of Directors per the Desert Healthcare District Bylaws, Article IV, section 4.4.

**GUIDELINES:**

**1. District Bylaws - Article IV, section 4.4 – VACANCIES**

“The remaining Board members may fill any vacancy on the Board by appointment in accordance with Government Code Section 1780, as amended, which set forth the procedure for filling a vacancy of an elective office on a governing board of a special district.”

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1780. (a) Notwithstanding any other provision of law, a vacancy in any elective office on the governing board of a special district, other than those specified in Section 1781, shall be filled pursuant to this section.

(b) The district shall notify the county elections official of the vacancy no later than 15 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later.

(c) The remaining members of the district board may fill the vacancy either by appointment pursuant to subdivision (d) or by calling an election pursuant to subdivision (e).

(d) (1) The remaining members of the district board shall make the appointment pursuant to this subdivision within 60 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later. The district shall post a notice of the vacancy in three or more conspicuous places in the district at least



15 days before the district board makes the appointment. The district shall notify the county elections official of the appointment no later than 15 days after the appointment.

(2) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(3) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(e) (1) In lieu of making an appointment the remaining members of the board may within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, call an election to fill the vacancy.

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vacancy, whichever is later, or the city council or board of supervisors may order the district to call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the city council or board of supervisors calls the election.

(g) (1) If within 90 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, the remaining members of the district board or the appropriate board of supervisors or city council have not filled the vacancy and no election has been called for, then the district board shall call an election to fill the vacancy.

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(h) (1) Notwithstanding any other provision of this section, if the number of remaining members of the district board falls below a quorum, then at the request of the district secretary or a remaining member of the district board, the appropriate board of supervisors or the city council shall promptly appoint a person to fill the vacancy or may call an election to fill the vacancy.

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elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

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#### PUBLIC NOTICE

Pursuant to Government Code Section 1780, notice is hereby given that effective (date) there exists a vacancy on the Board of Directors of the Desert Healthcare District, a local governmental entity. Pursuant to California law, the remaining District Board members may fill the vacancy by appointment or by holding a special election.

#### AUTHORITIES

Desert Healthcare District Bylaws Article IV, section 4.4  
California Government Code Section 1780

#### DOCUMENT HISTORY

Reviewed	03-28-2023
Revised	02-23-2021
Approved	01-26-2016





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** **BOARD & COMMITTEE MEETING AGENDA**

**POLICY NUMBER:** BOD-07

**COMMITTEE APPROVAL:** 03-07-2023~~10-18-2022~~

**BOARD APPROVAL:** 03-28-2023~~10-25-2022~~

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**POLICY #BOD-07:** It is the policy of the Desert Healthcare District (“District”) to prepare an agenda for each regular and special meeting of the Board of Directors.

**GUIDELINES:**

1. The Chief Executive Officer or designee shall prepare an agenda for each regular and special meeting of the Board of Directors. For items to be placed on the agenda, the Board President, or any two Board Members may call the Board President and request the item(s) no later than 5:00 p.m. five (5) business days prior to a regular meeting date.
2. In accordance with Government Code Section 54956(a), the Board President, or a majority of the members of the Board (4) may call a special meeting by delivering written notice to each member of the Board. The Chief Executive Officer or designee shall then develop an agenda forecast with the Board President.
3. This policy does not prevent the Board from taking testimony at regular and special meetings of the Board on matters which are not on the agenda that a member of the public may wish to bring before the Board. However, the Board shall not discuss or take action on such matters at that meeting. The Board may ask clarifying questions of public testimony.
4. At least 72 hours prior to all regular meetings and 24 hours for all special meetings, an agenda which includes but is not limited to all matters on which there may be discussion and/or action by the Board, shall be posted conspicuously for public review within the District offices, in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926), and on the District’s website at [www.dhcd.org](http://www.dhcd.org).



The following outlines the agenda of both type meetings:

- A. Call to Order
- B. Approval of Agenda
- C. Public Comment and/or Presentations (non-agendized)
- D. Consent Calendar
- E. CEO Report
- F. DRMC Governing Board of Directors Report
- G. Committee Reports
- H. Old Business
- I. New Business
- J. Directors Comments and Reports
- K. Informational Items
- L. Adjournment

**5.** On occasion, as needed, a closed session of the Board is required, properly announced and conducted for only those purposes allowed in the Ralph M. Brown Act (California Government Code §54950 through §54926) and are generally held (but not limited to) following the regular or special meeting agenda.

**6.** For Committee meetings, the Chief Executive Officer or designee shall prepare an agenda for each committee meeting. For items to be placed on the agenda, the Committee Chairperson may contact the Chief Executive Officer and request the item(s) no later than 5:00 p.m. five (5) business days prior to a committee meeting date.



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**AUTHORITIES**

Desert Healthcare District Bylaws Article V

**DOCUMENT HISTORY**

<u>Revised</u>	<u>03-28-2023</u>
Revised	10-25-2022
Revised	11-24-2020
Revised	07-23-2016
Approved	03-23-2016

DRAFT



**POLICY TITLE:** BOARD & COMMITTEE MEETING AGENDA  
**POLICY NUMBER:** BOD-07  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

---

**POLICY #BOD-07:** It is the policy of the Desert Healthcare District (“District”) to prepare an agenda for each regular and special meeting of the Board of Directors.

**GUIDELINES:**

1. The Chief Executive Officer or designee shall prepare an agenda for each regular and special meeting of the Board of Directors. For items to be placed on the agenda, the Board President, or any two Board Members may call the Board President and request the item(s) no later than 5:00 p.m. five (5) business days prior to a regular meeting date.
2. In accordance with Government Code Section 54956(a), the Board President, or a majority of the members of the Board (4) may call a special meeting by delivering written notice to each member of the Board. The Chief Executive Officer or designee shall then develop an agenda forecast with the Board President.
3. This policy does not prevent the Board from taking testimony at regular and special meetings of the Board on matters which are not on the agenda that a member of the public may wish to bring before the Board. However, the Board shall not discuss or take action on such matters at that meeting. The Board may ask clarifying questions of public testimony.
4. At least 72 hours prior to all regular meetings and 24 hours for all special meetings, an agenda which includes but is not limited to all matters on which there may be discussion and/or action by the Board, shall be posted conspicuously for public review within the District offices, in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926), and on the District’s website at [www.dhcd.org](http://www.dhcd.org).



The following outlines the agenda of both type meetings:

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  - B. Approval of Agenda
  - C. Public Comment and/or Presentations (non-agendized)
  - D. Consent Calendar
  - E. CEO Report
  - F. DRMC Governing Board of Directors Report
  - G. Committee Reports
  - H. Old Business
  - I. New Business
  - J. Directors Comments and Reports
  - K. Informational Items
  - L. Adjournment
5. On occasion, as needed, a closed session of the Board is required, properly announced and conducted for only those purposes allowed in the Ralph M. Brown Act (California Government Code §54950 through §54926) and are generally held (but not limited to) following the regular or special meeting agenda.
6. For Committee meetings, the Chief Executive Officer or designee shall prepare an agenda for each committee meeting. For items to be placed on the agenda, the Committee Chairperson may contact the Chief Executive Officer and request the item(s) no later than 5:00 p.m. five (5) business days prior to a committee meeting date.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**AUTHORITIES**

Desert Healthcare District Bylaws Article V

**DOCUMENT HISTORY**

Revised	03-28-2023
Revised	10-25-2022
Revised	11-24-2020
Revised	07-23-2016
Approved	03-23-2016

DRAFT



**DESERT HEALTHCARE**  
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**POLICY TITLE:** **RULES OF ORDER FOR BOARD AND COMMITTEE MEETINGS**

**POLICY NUMBER:** BOD-09

**COMMITTEE APPROVAL:** 03-07-2023~~02-09-2021~~

**BOARD APPROVAL:** 03-28-2023~~02-23-2021~~

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**POLICY #BOD-09:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to conduct meetings in accordance with the following rules of order.

**GUIDELINES:**

1. Unless otherwise provided by law, bylaws, or Board rules, Board meeting procedures shall be in accordance with *Robert’s Rules of Order Newly Revised*. However, technical failure to follow *Robert’s Rules of Order* shall not invalidate any action.
2. The President may make and second motions and vote in the same manner as other Board members.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.7

**DOCUMENT HISTORY**

<u>Reviewed</u>	<u>03-28-2023</u>
Reviewed	02-23-2021
Reviewed	07-23-2019
Approved	03-23-2016



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**POLICY TITLE:** RULES OF ORDER FOR BOARD AND COMMITTEE MEETINGS

**POLICY NUMBER:** BOD-09

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

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**POLICY #BOD-09:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to conduct meetings in accordance with the following rules of order.

**GUIDELINES:**

1. Unless otherwise provided by law, bylaws, or Board rules, Board meeting procedures shall be in accordance with *Robert’s Rules of Order Newly Revised*. However, technical failure to follow *Robert’s Rules of Order* shall not invalidate any action.
2. The President may make and second motions and vote in the same manner as other Board members.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.7

**DOCUMENT HISTORY**

Reviewed	03-28-2023
Reviewed	02-23-2021
Reviewed	07-23-2019
Approved	03-23-2016





**POLICY TITLE:** BOARD MEETING CONDUCT

**POLICY NUMBER:** BOD-10

**COMMITTEE APPROVAL:** 03-07-2023~~02-09-2021~~

**BOARD APPROVAL:** 03-28-2023~~02-23-2021~~

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**POLICY #BOD-10:** It is the policy of the Desert Healthcare District (“District”) to conduct meetings in a manner consistent with Policy numbers #BOD-08, “Board Meetings” and #BOD-09, “Rules of Order for Board and Committee Meetings”.

**GUIDELINES:**

1. All Board of Directors (“Board”) meetings shall commence at the time stated on the agenda and shall be guided by the agenda.
2. The conduct of meetings shall, to the fullest possible extent, enable Directors to:
  - 2.1 Consider problems to be solved, weigh evidence related thereto, and make wise decisions intended to solve the problems;
  - 2.2 Hear public testimony, and
  - 2.3 Receive, consider and take any action with respect to reports of accomplishment of District operations.
3. To ensure that all members of the General Public have the opportunity to participate in the meetings of the Board of Directors of the Desert Healthcare District, the Board has established the following provisions for permitting any individual or group to address the Board concerning any item on the agenda of a special meeting, or to address the Board at a regular meeting on any subject that lies within the jurisdiction of the Board:
  - 3.1 It is the policy of the Board to allow three (3) minutes (exclusive of translation services) for any item not on the agenda that a member of the



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public identifies at the beginning of the meeting under the agenda item “Public Comments”.

**3.2** For agenda items, members of the public may speak for five (5) minutes (exclusive of translation services) any time prior to a vote.

**3.3** A maximum of fifteen (15) minutes (exclusive of translation services) total per meeting shall be allowed for each member of the public.

**3.4** No disruptive and/or boisterous conduct shall be permitted at any Board meeting. Persistence in boisterous conduct shall be grounds for summary termination by the Board President/Chair of that person’s privilege of address. If unacceptable conduct persists, the Board President/Chair may request removal of the person from the meeting and/or clear the room, allowing only accredited members of the press, for the duration of the meeting. Only matters appearing on the agenda may be considered. The Board President/Chair may allow for those members of the public not responsible for the disruptive conduct back in the room, if desired.

**4.** A copy of this policy shall be made available to the public at each Board Meeting.

**5.** In order to adhere to this policy, the Board President/Chair of the Meeting shall follow the procedures as outlined below:

**5.1** During the “Public Comments” agenda item, the Board President/Chair shall advise any members of the public wishing to address the Board on items not on the agenda that they may do so at this time.

**5.2** After each agenda item has been motioned and seconded (if applicable), members of the Board and public will be given an opportunity to speak.

**5.3** The Board President/Chair shall advise any member of the public wishing to address the Board that they will have a time limit for each item identified with a maximum time of fifteen (15) minutes for the entire meeting.



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5.4 As the member of the public addresses each previously identified agenda item, their remarks shall be timed to ensure that the policy is followed.

**EXCEPTIONS:**

6. The Board President/Chair, their designated alternate or the majority of the Board, are authorized to make exceptions to this policy during meetings. The Board as a whole may update this policy as it wishes.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V & VI

**DOCUMENT HISTORY**

<u>Reviewed</u>	03-28-2023
Revised	02-23-2021
Revised	07-23-2019
Approved	03-23-2016



**POLICY TITLE:** BOARD MEETING CONDUCT

**POLICY NUMBER:** BOD-10

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

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**POLICY #BOD-10:** It is the policy of the Desert Healthcare District (“District”) to conduct meetings in a manner consistent with Policy numbers #BOD-08, “Board Meetings” and #BOD-09, “Rules of Order for Board and Committee Meetings”.

**GUIDELINES:**

1. All Board of Directors (“Board”) meetings shall commence at the time stated on the agenda and shall be guided by the agenda.
2. The conduct of meetings shall, to the fullest possible extent, enable Directors to:
  - 2.1 Consider problems to be solved, weigh evidence related thereto, and make wise decisions intended to solve the problems;
  - 2.2 Hear public testimony, and
  - 2.3 Receive, consider and take any action with respect to reports of accomplishment of District operations.
3. To ensure that all members of the General Public have the opportunity to participate in the meetings of the Board of Directors of the Desert Healthcare District, the Board has established the following provisions for permitting any individual or group to address the Board concerning any item on the agenda of a special meeting, or to address the Board at a regular meeting on any subject that lies within the jurisdiction of the Board:
  - 3.1 It is the policy of the Board to allow three (3) minutes (exclusive of translation services) for any item not on the agenda that a member of the



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public identifies at the beginning of the meeting under the agenda item “Public Comments”.

**3.2** For agenda items, members of the public may speak for five (5) minutes (exclusive of translation services) any time prior to a vote.

**3.3** A maximum of fifteen (15) minutes (exclusive of translation services) total per meeting shall be allowed for each member of the public.

**3.4** No disruptive and/or boisterous conduct shall be permitted at any Board meeting. Persistence in boisterous conduct shall be grounds for summary termination by the Board President/Chair of that person’s privilege of address. If unacceptable conduct persists, the Board President/Chair may request removal of the person from the meeting and/or clear the room, allowing only accredited members of the press, for the duration of the meeting. Only matters appearing on the agenda may be considered. The Board President/Chair may allow for those members of the public not responsible for the disruptive conduct back in the room, if desired.

**4.** A copy of this policy shall be made available to the public at each Board Meeting.

**5.** In order to adhere to this policy, the Board President/Chair of the Meeting shall follow the procedures as outlined below:

**5.1** During the “Public Comments” agenda item, the Board President/Chair shall advise any members of the public wishing to address the Board on items not on the agenda that they may do so at this time.

**5.2** After each agenda item has been motioned and seconded (if applicable), members of the Board and public will be given an opportunity to speak.

**5.3** The Board President/Chair shall advise any member of the public wishing to address the Board that they will have a time limit for each item identified with a maximum time of fifteen (15) minutes for the entire meeting.



**5.4** As the member of the public addresses each previously identified agenda item, their remarks shall be timed to ensure that the policy is followed.

**EXCEPTIONS:**

**6.** The Board President/Chair, their designated alternate or the majority of the Board, are authorized to make exceptions to this policy during meetings. The Board as a whole may update this policy as it wishes.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V & VI

**DOCUMENT HISTORY**

Reviewed	03-28-2023
Revised	02-23-2021
Revised	07-23-2019
Approved	03-23-2016



**POLICY TITLE:** GRANT & MINI GRANT POLICY

**POLICY NUMBER:** OP-05

**COMMITTEE APPROVAL:** 03-07-2023~~12-13-2022~~

**BOARD APPROVAL:** 03-28-2023~~12-20-2022~~

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**POLICY #OP-05:** In accordance with Desert Healthcare District’s mission and strategic plan it is the policy of the Desert Healthcare District (“District” or “DHCD”) to ~~establish~~provide guidelines for Grants & Mini Grants to provide health and wellness programs/projects for the benefit of the District residents and in alignment with the California Health and Safety Code requirements. Each fiscal year the Board of Directors will allocate a budget for both grants and mini grants awards.

The District Board may amend this policy as needed to be consistent with any state legislation regarding healthcare district grant programs.

**GUIDELINES:**

1. The District will administer the grant funds to assure transparent and responsible distribution of monies and to maximize the benefit to community members and fairness to grant recipients.
  - 1.a. All grants must align with the Desert Healthcare District & Foundation’s (“DHCD/F”) strategic plan. The strategic plan is available on our website, [www.dhcd.org](http://www.dhcd.org)
  - 1.b. The Board will adopt a grant budget allocation each fiscal year during the annual budget process covering the period of July 1-June 30. ~~(July—June)~~
  - 1.c. Grant recipients should not assume there exists an entitlement to continued funding nor that similar funding will be available in future



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years. However, this does not preclude a grant recipient from submitting additional grant applications.

1.d. Grant recipients must accept and adhere to the District's standard grant/contract terms and conditions as a stipulation of any grant award. This includes timely submission of required reports to allow District to monitor the fiscal and programmatic requirements of the grant. A Grantee who is not in compliance as identified in the Grant Contract may become ineligible to apply for future grants for a period of up to two (2) years.

1.e. The District will place a priority on collaboration with community agencies applying for grants, to maximize use of funds and impact while avoiding the fostering of competing programs that may make each such competing programs to become less effective.

Applicants who choose not to collaborate must demonstrate a distinction between their proposed services and those that may already be in place.

1.1 Grant requestors utilizing a fiscal agent may be considered; the application shall include a copy of a resolution adopted by the fiscal agent organization's board of directors approving of the action to act as an agent on behalf of the requestor.

1.2 Per AB 2019 and revised California Health and Safety Code Section 32139(c)(5), individual meetings regarding grants between an applicant and a District Board member, officer, or staff outside of the established grant process is prohibited. Staff may provide technical assistance, upon request, from potential and current Grantees.

**2. Mini Grants** allow the Desert Healthcare District community to access support for small health initiatives that possibly do not have the capacity for a large program or





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project. The mini grant application is processed by the administration of DHCD. Consideration is contingent upon the availability of funds, community health priorities, and the ability of the applicant to effectively administer the project programmatically and financially. The mini grant provides up to \$10,000 per one request in a fiscal year. The request must align with the DHCD strategic goals and objectives.

**3. Grant Application Process** – [The grant application is available on the District's website at www.dhcd.org. The online application details the information necessary to submit an application such as required documents, detail of strategic plan focus areas, and other information based on specific grant application needs. The visual representation of the process of a submitted application is noted in the attached application process flowchart.](http://www.dhcd.org)

**a. Program Committee**

The Program Committee shall be responsible for oversight and for making recommendations to the Board, where appropriate, on District matters related to grant-making and related programs.

**b. Eligibility/Criteria**

3.b.1 The District awards grants only to organizations exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption; such as a public/governmental agency, program or institution. Except for mini grant recipients, all organizations must have current audited financial statements.

3.b.2 Some small organizations (annual revenue of \$500,000 or less) may be financially unable to provide audited financial statements. Under certain circumstances defined by the ability of the organization and if the organization is able to provide a service to meet the mission of the District, the District may consider providing grant funds to



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complete a financial audit. The District may also consider providing grant funds to develop capacity building.

3.b.3 Organizations must directly serve residents of the Desert Healthcare District. Agencies physically located outside District boundaries would be eligible for funds upon demonstration that the residents of the District will be proportionately served.

3.b.4 Grants are available to organizations whose activities improve residents' health within at least one priority area of the District's strategic plan. Through investment of its grant dollars, the District supports programs, organizations and community collaborations with potential for achieving measurable results to underserved individuals and communities. Through the use of a grant scoring structure, consideration is given to projects or organizations that:

- Have proven records of success and capacity
- Have potential to impact the greatest numbers of District residents in alignment with strategic goals
- Can demonstrate the greatest potential to positively change health-related behaviors
- Are based on research and/or best practices that demonstrate effectiveness
- Have data available to measure progress, outcomes and relevance
- Have strong fiscal and operational governance

#### **4. Funding Restrictions**

4.1 The District's grants will NOT support the following:

- Individuals
- Endowment campaigns



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- Retirement of debt
- Annual campaigns, fundraising events, or expenses related to fundraising
- Programs that proselytize or promote any religion or sect, or deny services to potential beneficiaries based upon religious beliefs
- Expenses related to lobbying public officials
- Political campaigns or other partisan political activities
- Unfunded government mandates
- Replacement funds to allow funding to be shifted to other programs or budget areas
- Any organization who discriminates against others based on, including, but not limited to race, color, creed, gender, gender identity, sexual orientation or national origin.

## 5. Application Process

**Please refer to attached Application Process flowchart**

### 5.1 Grant Declination Appeals Process

Any applicant who wishes to appeal their grant declination must follow the guidelines below:

1. Submit in writing the request for appeal and the specific focus point/criteria the DHCD/F is being asked to consider.
2. The written request must be submitted to the Chief Program Officer within 30 calendar days of receipt of the declination notification.
3. The DHCD/F will review said request and will respond in writing within 60 calendar days of receipt of the grant declination appeal request (process for review and final determination).



## 6. No-Cost Grant Extension

6.1 Under a No-Cost Extension, grantees may extend a grant's project period one time for up to 12 months. A No-Cost Extension may be requested when the following conditions are met:

- 6.1.1 No term of award specifically prohibits the extension
- 6.1.2 Project's originally approved scope will not change
- 6.1.3 The end of the project/grant period is approaching
- 6.1.4 There is a programmatic need to continue
- 6.1.5 There are sufficient funds remaining to cover the extended effort

6.2 The Desert Healthcare District always retains the right to decline the request. Examples of reasons to decline might include:

- a. An extension may not be granted solely because there is money left over. Programmatic benefit must be justified.
- b. Deliverables as outlined in Exhibit B (Payment Schedule, Requirements & Deliverables) have been met.

6.3 Process:

Grantee must submit a written request to the DHCD/F at least 30 days before the end of the current project period. The request should be sent to the Grant Department and include the following information:

- 1. The amount of funds remaining, and an explanation for why they have not been spent
- 2. Rationale for continuing the project
- 3. An explanation of why the project has not been completed
- 4. Inclusion of a detailed work plan and how all unfinished activities will be completed by the proposed end date



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~~6.4.~~

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
[California Health and Safety Code section 32132](#)

**DOCUMENT HISTORY**

<u>Revised</u>	<u>03-28-2023</u>
Revised	12-20-2022
Revised	02-22-2022
Revised	02-23-2021
Revised	03-24-2020
Revised	05-28-2019
Revised	05-24-2016
Approved	02-20-2012



**POLICY TITLE:** GRANT & MINI GRANT POLICY  
**POLICY NUMBER:** OP-05  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

---

**POLICY #OP-05:** In accordance with Desert Healthcare District’s mission and strategic plan it is the policy of the Desert Healthcare District (“District” or “DHCD”) to establish guidelines for Grants & Mini Grants to provide health and wellness programs/projects for the benefit of the District residents and in alignment with the California Health and Safety Code requirements. Each fiscal year the Board of Directors will allocate a budget for both grants and mini grants awards.

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- Expenses related to lobbying public officials
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- Unfunded government mandates
- Replacement funds to allow funding to be shifted to other programs or budget areas
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- 6.1.5 There are sufficient funds remaining to cover the extended effort

6.2 The Desert Healthcare District always retains the right to decline the request. Examples of reasons to decline might include:

- a. An extension may not be granted solely because there is money left over. Programmatic benefit must be justified.
- b. Deliverables as outlined in Exhibit B (Payment Schedule, Requirements & Deliverables) have been met.

6.3 Process:

Grantee must submit a written request to the DHCD/F at least 30 days before the end of the current project period. The request should be sent to the Grant Department and include the following information:

- 1. The amount of funds remaining, and an explanation for why they have not been spent
- 2. Rationale for continuing the project
- 3. An explanation of why the project has not been completed
- 4. Inclusion of a detailed work plan and how all unfinished activities will be completed by the proposed end date



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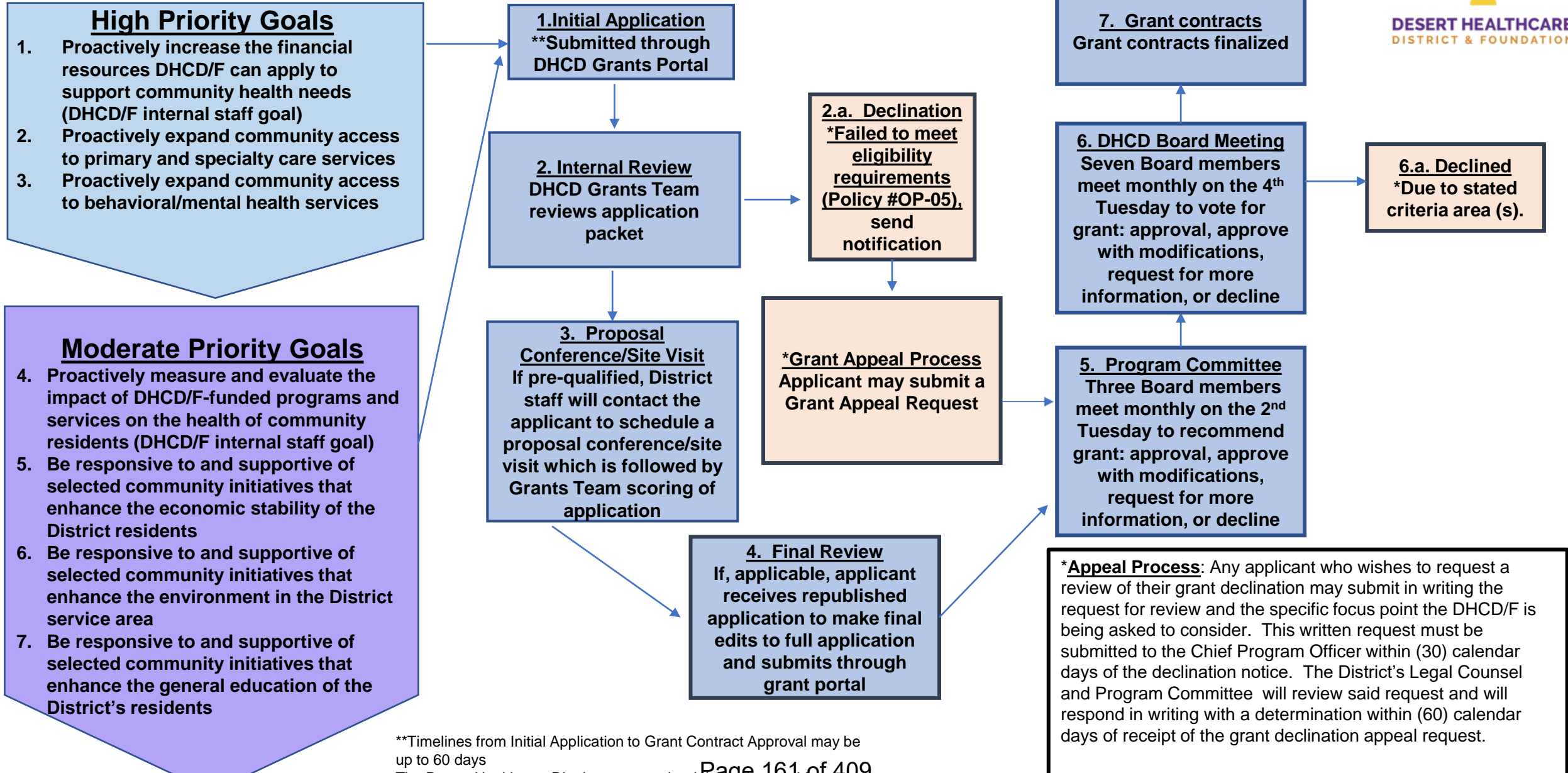
**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
California Health and Safety Code section 32132

**DOCUMENT HISTORY**

Revised	03-28-2023
Revised	12-20-2022
Revised	02-22-2022
Revised	02-23-2021
Revised	03-24-2020
Revised	05-28-2019
Revised	05-24-2016
Approved	02-20-2012

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\*\*Timelines from Initial Application to Grant Contract Approval may be up to 60 days  
The Desert Healthcare District reserves the right to change this process at any point in time.



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**POLICY TITLE:** DELEGATING MINOR CLAIMS TO THE CEO

**POLICY NUMBER:** OP-06

**COMMITTEE APPROVAL:** 03-07-2023~~11-09-2020~~

**BOARD APPROVAL:** 03-28-2023~~11-24-2020~~

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**POLICY #OP-06:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to provide an efficient procedure for handling minor claims filed against the District per Government Code Section 935.4.

1. Minor claims are considered claims which do not exceed \$5,000.
2. The Board delegates authority to the Chief Executive Officer to take all administrative actions necessary to resolve minor claims against the District which do not exceed \$5,000.

**AUTHORITIES**

Desert Healthcare District Resolution #11-04

**DOCUMENT HISTORY**

<u>Reviewed</u>	<u>03-28-2023</u>
Revised	11-24-2020
Approved	05-24-2016



**POLICY TITLE:** DELEGATING MINOR CLAIMS TO THE CEO  
**POLICY NUMBER:** OP-06  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

---

**POLICY #OP-06:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to provide an efficient procedure for handling minor claims filed against the District per Government Code Section 935.4.

1. Minor claims are considered claims which do not exceed \$5,000.
2. The Board delegates authority to the Chief Executive Officer to take all administrative actions necessary to resolve minor claims against the District which do not exceed \$5,000.

**AUTHORITIES**

Desert Healthcare District Resolution #11-04

**DOCUMENT HISTORY**

Reviewed	03-28-2023
Revised	11-24-2020
Approved	05-24-2016



**POLICY TITLE:** LEASE COMPLIANCE POLICY

**POLICY NUMBER:** OP-07

**COMMITTEE APPROVAL:** 03-07-2023~~11-09-2020~~

**BOARD APPROVAL:** 03-28-2023~~11-24-2020~~

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**POLICY #OP-07:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to define the process for addressing written complaints received regarding the Desert Regional Medical Center (“Medical Center”). During the course of business, ~~the Desert Healthcare District (“District”) employees, its Chief Executive Officer (“CEO”), or Board of Directors (“Board”)~~ may occasionally receive complaints regarding the ~~Desert Regional Medical Center (“Medical Center”)~~ and its operations. When such complaints are received, ~~it is the policy of the Board to forward~~ the complaint shall be forwarded to the Chief Executive Officer and Compliance Officer of the Medical Center through the District CEO, with a request to address the complaint in writing and provide a copy of the response to the District Board. As the operation of the Medical Center is conducted by the Medical Center and not the District, no action shall be taken by the District to address received complaints beyond the process noted above unless required by law or by direction of legal counsel of either District or Medical Center.

Should the District receive complaints specific to the Lease between the District and leaseholder of the Medical Center, the District CEO will address the complaint in writing and provide any recommendations to the District Board.

**Hospital Lease Oversight Committee:**

The Hospital Lease Oversight Committee (“Committee”) shall conduct a quarterly walk-through inspection of portions of the Medical Center. The walk-through shall be coordinated with Hospital Management and the Committee may utilize the services of a consultant who has experience in hospital facilities. After each inspection, the Committee shall provide an inspection report (including notation of any deficiencies) to the District Board, and the Medical Center CEO and Local Governing Board.

1. The Hospital Lease Oversight Committee shall be a standing committee and hold regular meetings per the Brown Act and Bylaws of the District.





2. The Committee shall meet quarterly or more often if needed, to review the status of open issues, resolutions, and any new reporting items from the quarterly walk-throughs and other reporting.
3. The Management of the Medical Center shall be invited to attend Committee and District Board meetings and provide written reports on activities at the Hospital.
4. The Committee shall provide monthly updates to the Board.
5. During the fiscal year, the Committee shall review the following information provided by Management at the Medical Center:
  - A list of current Hospital licenses and their expiration dates.
  - A list of current accreditations and their expiration dates.
  - Copies of all insurance policies including property (including earthquake insurance), general liability, professional liability, and employer's compensation insurance.
  - Confirmation of the Hospital's participation in Medicare and Medi-Cal.
6. The Committee shall periodically provide updates to the full Board on Lease compliance.
7. On an annual basis, Management at the Medical Center shall be requested to provide a comprehensive report on the activities and operations at the Hospital. The report shall include and address the following:
  - Overall operations of the Hospital.
  - Maintenance budget and ongoing maintenance programs.
  - Charity care policy and estimated dollar amount provided for indigent care.
  - Substantiation of benefits of the Hospital to the Community.
  - Confirmation that Core Services are being maintained at the Hospital.
  - List and status of any Subleases and or Assignments.
  - List of donor identifications and documentation of efforts to support District and Foundation efforts to generate additional donor support.

**Resolution of Disputes:**



In the event of any dispute or disagreement over enforcement or interpretation of Lease compliance, and in accordance with Section 16.12 of the May 30, 1997<sub>1</sub> Lease, the following Dispute Resolution process shall apply:

- Meet and Confer: The District Board through the CEO shall provide written notice to Management at the Medical Center setting forth the nature of the dispute and the parties shall meet and confer in good faith to discuss the dispute within 30 days in an attempt to resolve the dispute.
- Arbitration: Any dispute which cannot be resolved by the meet and confer process may be submitted to binding arbitration. The Arbitration shall be conducted in Riverside County and a single disinterested third party shall be selected by mutual agreement or if the parties cannot agree on the selection of an arbitrator within 15 days, either party may elect to have the dispute arbitrated through JAMS/Endispute. The decision of the arbitrator shall be final and binding and as part of the award the arbitrator may award reasonable and necessary costs incurred by the prevailing party as determined by the arbitrator.
- Mediation: In lieu of Arbitration<sub>7</sub>, the parties may<sub>7</sub> by mutual agreement of<sub>1</sub> have the dispute resolved through non-binding mediation.

## AUTHORITIES

Desert Healthcare District Bylaws Article V, section 5.6; Article VI, section 6.2 (c)

## DOCUMENT HISTORY

<u>Revised</u>	<u>03-28-2023</u>
Revised	11-24-2020
Revised	02-28-2017
Approved	06-28-2016



**POLICY TITLE:** LEASE COMPLIANCE POLICY

**POLICY NUMBER:** OP-07

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

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## **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6; Article VI, section 6.2 (c)

## **DOCUMENT HISTORY**

Revised	03-28-2023
Revised	11-24-2020
Revised	02-28-2017
Approved	06-28-2016



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** STRATEGIC PLAN  
**POLICY NUMBER:** OP-08  
**COMMITTEE APPROVAL:** 03-07-2023~~11-09-2020~~  
**BOARD APPROVAL:** 03-28-2023~~11-24-2020~~

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**POLICY #OP-8:** The Desert Healthcare District's mission is to achieve optimal health at all stages of life for all District residents. ~~is responsible for promoting health and wellness.~~ In the Desert Healthcare District By-Laws, Section 6.2 (b), the Board of Directors established a standing committee to monitor the District's ~~promote a~~ strategic plan ~~of action,~~ which is established to improve decision making, to enhance organizational responsiveness, to improve performance, and to strengthen the organization.

1. The Board of Directors will meet at least annually to assess, review, and update its strategic plan. This may take the form of a retreat, workshop, special meeting or part of a regularly scheduled meeting, as appropriate.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2 (b)

**DOCUMENT HISTORY**

Revised 03-28-2023  
Revised 11-24-2020  
Approved 05-24-2016



**POLICY TITLE:** STRATEGIC PLAN  
**POLICY NUMBER:** OP-08  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

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**POLICY #OP-8:** The Desert Healthcare District’s mission is to achieve optimal health at all stages of life for all District residents. In the Desert Healthcare District Bylaws, Section 6.2 (b), the Board of Directors established a standing committee to monitor the District’s strategic plan, which is established to improve decision making, to enhance organizational responsiveness, to improve performance, and to strengthen the organization.

1. The Board of Directors will meet at least annually to assess, review, and update its strategic plan. This may take the form of a retreat, workshop, special meeting or part of a regularly scheduled meeting, as appropriate.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2 (b)

**DOCUMENT HISTORY**

Revised	03-28-2023
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Approved	05-24-2016



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**POLICY TITLE:** **POLICIES AND PROCEDURES INCLUDING BIDDING REGULATIONS GOVERNING PURCHASES OF SUPPLIES AND EQUIPMENT, AND BIDDING FOR PUBLIC WORKS CONTRACTS**

**POLICY NUMBER:** OP-10

**COMMITTEE APPROVAL:** 03-07-2023~~11-09-2020~~

**BOARD APPROVAL:** 03-28-2023~~11-24-2020~~

**POLICY #OP-10:** Government Code section 54202 requires the District to adopt policies and procedures, including bidding regulations, governing purchases of supplies and equipment by the District. In addition, with limited exceptions, Health & Safety Code section 32132 requires the District to competitively bid contracts involving expenditures of more than Twenty-Five Thousand Dollars (\$25,000) for materials and supplies to be furnished, sold, or leased to the District, as well as contracts involving expenditures of more than Twenty-Five Thousand Dollars (\$25,000) for work to be done.

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**I. FORMAL COMPETITIVE BIDDING REQUIREMENTS**

A. Contracts Requiring Formal Bids.

Unless exempted by this Policy or applicable law, any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District shall be awarded by the District through the “formal” bidding procedures specified in this Section “I” (Formal Bidding Requirements) if they involve an expenditure of more than Twenty-Five Thousand Dollars (\$25,000). (H&S Code § 32132(a).) Such contracts involving an expenditure of Twenty-Five Thousand Dollars (\$25,000) or less may be made without soliciting or securing bids. As used herein, “work to be done” may include, among other things, general maintenance work or public works contracts.

B. Bid Procedures.

1. Preparation of Bid Package.

Before entering into any contract which requires formal bidding, the District shall prepare or cause to be prepared a bid package. Unless exempted by the Board of Directors (“Board”) or designee pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, the bid package shall include a notice inviting bids, instructions to bidders, bid form (which shall include a provision as to the method for determining the lowest bidder, whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), contractors qualification statement contract form, conditions of the contract, required bonds and other forms, drawings, and full, complete, and accurate plans and specifications, giving such directions as will enable any competent supplier or contractor to ascertain and carry out the contract requirements.

The Board or designee shall endeavor to include all required contract documents in the bid package. To the extent that the Board or their designee determines, pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, that any required contract document



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cannot be incorporated into the bid package, its terms shall be negotiated with the lowest responsible bidder prior to the award of the contract.

To the extent possible, the plans and specifications shall also be reviewed and approved by the District's authorized representative prior to their insertion in the bid package.

2. Notice Inviting Bids – Contents

All bid packages shall include a notice inviting bids. The notice inviting bids shall include, among other things determined necessary for a particular contract by the Board or designee, information as to the type, quality and quantity of materials, supplies or work to be provided, the contract performance schedule, the project location, the basis for determining the lowest bidder (whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), a contact person, and other bid requirements and information regarding how to obtain a bid package, the place where bids are to be received, and the time by which they are to be received. For contracts involving public works projects, the notice inviting bids shall also contain any other information required by state law or Section “II” (Provisions Applicable to Public Works Contracts) of this Policy.

3. Notice Inviting Bids - Distribution by Mail, Posting or Other Means.

Except in cases of emergency or where not practicable, all suppliers and contractors who have notified the District in writing that they desire to bid on contracts, and all suppliers and contractors which the District would like to bid on contracts, shall be furnished with the notice inviting bids by postal or electronic mail.

In addition to notifying all such persons by mail, the District shall post the notice inviting bids in one or more public places typically used by the District. It shall be posted in sufficient time in advance of the bid opening to allow bidders to bid, as determined by the Board or designee. The notice shall remain posted until an award has been



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made. Notice may also be made by telephone, facsimile, telegram, personal contact, letter, or other informal means.

4. Notice Inviting Bids - Advertising/Publication.

Except in cases of emergency or where circumstances require that less notice be given, as determined by the Board pursuant to Section "III" (Flexibility and Waiver of Policy Requirements) below, the notice inviting bids shall be published once a week for at least two (2) consecutive weeks, as follows:

- a. In a newspaper of general circulation published in Riverside County; or
- b. In trade journals or papers of general circulation as the Board, or designee, deems proper.

In the event that the Board determines, pursuant to Section "III" (Flexibility and Waiver of Policy Requirements) below, that circumstances require less than the prescribed notice period, they shall endeavor to provide notice by publication to the extent practicable under the circumstances.

For cost efficiency purposes, the published notice inviting bids need not be as detailed as that provided by other means, including by mail, posting or inclusion in the bid package, but should contain the legally and practically required essential contents of the notice, including but not limited to, where and how to obtain the complete bid package, Labor Code notice provisions, and bonding requirements.

5. Bid Form.

As part of the bid package, the District shall furnish to each bidder an appropriate bid form prepared by the District for the type of contract being let. Bids not presented on forms so furnished, or exact copies thereof, shall be rejected as non-responsive.

6. Presentation of Bids.



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All bids shall be presented under sealed cover. Upon receipt, the bid shall be date and time stamped.

Any bids received after the due date and specified time shall be returned unopened. (Gov. Code § 53068.)

7. Withdrawal of Bids.

Bids may be withdrawn at any time prior to the time fixed in the public notice for the opening of bids only by written request made to the person or entity designated in charge of the bidding procedure. The withdrawal of a bid does not prejudice the right of the bidder to timely file a new bid. Except as authorized by law for public works contracts (Pub. Contract Code §5100 et seq.), no bidder may withdraw its bid after opening for the period of time indicated in the bid package, which period shall be at least forty-five (45) days.

C. Award of Contracts.

1. Opening of Bids.

On the day named in the public notice, the District shall publicly open the sealed bids. Award of the contract shall be to the lowest responsive and responsible bidder, if at all. All bidders shall have complied with the foregoing bid procedures, except as otherwise provided herein and except for any minor errors or irregularities which may be waived by the District. After a bid is opened it shall be deemed irrevocable for the period specified in the invitation to bid.

The Board of Directors is under no obligation to accept the lowest responsive and responsible bid received, since the District has absolute discretion in the acceptance of bids and reserves the right to reject all bids if it is desires. The Board of Directors also reserves the right to determine the conditions of responsibility including matters such as delivery date, product quality, and the service and reliability of the supplier.

2. Responsible Bidder.



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The District's determination of whether a bidder is responsible shall be based on an analysis of each bidder's ability to perform, financial statement (if required), experience, past record and any other factors it shall deem relevant. If the lowest bidder is to be rejected because of an adverse determination of the bidder's responsibility based on the District's staff review, the bidder shall be entitled to be informed of the adverse evidence and afforded an opportunity to rebut that evidence and to present evidence of responsibility. In such event, the District shall give the rejected bidder and the bidder to be awarded the contract at least five (5) working days' notice of a public board meeting at which the responsibility issue shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be conclusive.

3. Bid Challenges.

If any bidder wishes to challenge a potential bid award, they shall file a written objection within five (5) calendar days following bid opening. The written objection shall include specific reasons why the District should reject the bid questioned by the bidder. The District may, in its discretion, consider the protest during the public meeting at which the contract award is to be considered, or it may consider it at a prior meeting. The District shall give the challenging bidder and the bidder to be awarded the contract at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be final.

4. Notice to Bidders Not Awarded the Contract; Return of Bid Security.





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Whenever a contract is not to be awarded to a bidder, such bidder shall be notified by regular mail not more than five (5) working days after the award of the contract to another bidder. The bid security supplied by the bidder shall be returned with the notice.

D. Emergencies.

The District may, by majority vote of the Board of Directors, award any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District without soliciting or securing bids if it determines that an emergency exists as provided for in Health & Safety Code section 32136 as it may be amended from time to time.

E. Contracts Not Requiring Formal Bids Pursuant to Law.

Medical or Surgical Equipment or Supplies: Contracts for purchases of medical or surgical equipment or supplies may be made without soliciting or securing bids. (H&S Code § 32132(b).) As used herein, "medical or surgical equipment or supplies" shall be defined as provided in Health & Safety Code section 32132(d), as that section may be amended from time to time. Currently, Section 32132(d) defines these terms to include "only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital." (H&S Code § 32132(d).) If bids are solicited, the "formal" bidding procedures specified in this Section "I" (Formal Bidding Requirements), modified as the Board or designee shall determine to be in the District's best interest, shall be followed.

**II. PROVISIONS APPLICABLE TO PUBLIC WORKS CONTRACTS**

The following provisions govern all contracts awarded by the District for public works:

A. Prequalification for Bids \$100,000 or Over.

1. Prequalification Requirements.





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The District shall, on contracts in which the estimated cost is equal to or exceeds One Hundred Thousand Dollars (\$100,000), require all prospective bidders to prequalify by completing an appropriate "Contractor's Qualification Statement" and submitting a listing of experience in performing the type of contract being let, a current Dunn & Bradstreet report, a summary of current trade agreements, and such other information as the District shall deem relevant.

The requirement of pre-qualification shall be indicated in the notice inviting bids. The second newspaper publication shall be published to allow potential bidders at least seven (7) days to submit pre-qualification requirements and the District at least five (5) days to review submitted pre-qualification packages prior to distribution of bid packages, which distribution shall be at least thirty (30) days prior to the time by which bids are to be received.

The Contractors Qualification Statement shall be verified under oath and submitted on or before the due date specified in the notice inviting bids. The documents submitted for pre-qualifications shall remain confidential and not open to public inspection. The decision as to prequalification shall be made by the Board, or designee. Pre-qualification procedures are intended to assist the District in determining "responsibility" of bidders but shall not be conclusive evidence thereof.

2. Notice and Protest Requirements.

The District shall notify each potential bidder in writing by regular mail within seventy-two (72) hours after the District's decision as to pre-qualification. A duplicate of all such notices shall be mailed to the Secretary of the Board of Directors of the District. Bid packages shall only be provided to pre-qualified contractors, except as set forth below.

Whenever a contractor is notified of the District's denial of pre-qualification to bid on a contract, the contractor may file a written protest to the disqualification within seventy-two (72) hours of its receipt of notice of disqualification. Receipt shall be deemed to be



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two (2) days after mailing of the notice. The written objection shall include specific reasons why the District should not disqualify the bidder. The District may, in its discretion, consider the protest during a public meeting prior to the circulation of bid packages, or it may allow the protestor to submit a bid under protest.

If the District chooses to consider the protest prior to the circulation of bid packages, it shall give the challenging bidder at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board prior to circulation of bid packages. The Board's decision shall be final.

If the District allows the bidder to bid under protest the bid package will be provided only after the bidder has made payment therefore in an amount equal to the District's cost of printing and reproduction of the bid package.

If a written protest is not timely received from the bidder, the bidder waives any right to bid under protest.

**B. Qualification for Bids Under \$100,000.**

The District shall, on contracts in which the estimated cost is less than One Hundred Thousand Dollars (\$100,000), require all prospective bidders to complete an appropriate "Contractor's Qualification Statement," submit a list of the contractor's experience in performing the type of contract being let and such other information as the District shall deem relevant. The Statement shall be verified under oath and submitted prior to or with the contractor's bid, as determined by the Board or designee. The documents submitted for qualification shall remain confidential and not open to public inspection. These documents shall be considered by the District in making its award to the lowest responsible bidder but shall not be deemed conclusive evidence of responsibility.



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C. Bid Security.

All bids shall be accompanied by bid security in an amount equal to at least ten percent (10%) of the total bid price. The security shall be in a form as follows:

1. Cashier's or Certified Check in the required amount; or
2. Bidder's Bond executed by an admitted surety insurer and made payable to the District.

Any bid not accompanied by one of the foregoing forms of bidder's security shall be rejected as non-responsive.

An "admitted surety insurer" means a corporate insurer or a reciprocal or interinsurance exchange to which the Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.)

The bid security for all other unsuccessful bidders shall be returned to them within five (5) working days after the contract is awarded.

D. License Requirement.

In every completed bid, and in all construction contracts and subcontracts, shall be included the license number of the contractor and all subcontractors working under them. No project may be awarded to a contractor which is not licensed pursuant to state law or which utilizes subcontractors not so licensed.

E. Insurance.

All contracts shall require insurance of the type, in amounts and with provisions approved by District Legal Counsel and management. All contractors awarded contracts shall furnish the District with original certificates of insurance and endorsements effecting coverage required by the contract. The certificates and endorsements for each insurance policy shall be signed by a person authorized by that insurer to bind coverage on its behalf and shall be on forms supplied or approved by the District. All



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certificates and endorsements must be received and approved by the District before work commences, or sooner if indicated by the contract documents. The District shall reserve the right to require complete, certified copies of all required insurance policies, at any time.

At a minimum, all general liability and automobile insurance policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) the District, its directors, officers, employees and agents shall be covered as additional insureds with respect to the work or operations performed by or on behalf of the contractor, including materials, parts or equipment furnished in connection with such work; and (2) the insurance coverage shall be primary insurance as respects the District, its directors, officers, employees and agents, or if excess, shall stand in an unbroken chain of coverage excess of the contractor's scheduled underlying coverage. Any insurance or self-insurance maintained by the District, its directors, officers, employees and agents shall be excess of the contractor's insurance and shall not be called upon to contribute with it in any way.

At a minimum, all workers' compensation and employers' liability policies shall contain the following provision, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provision to the insurance policies: (1) the insurer shall agree to waive all rights of subrogation against the District, its directors, officers, employees and agents for losses paid under the terms of the insurance policy which arise from work performed by the contractor.

At a minimum, all policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) coverage shall not be canceled except after thirty (30) days prior written notice by mail has been given to the District; and (2) any failure to comply with reporting or other provisions of the policies, including breaches of warranties, shall not affect coverage provided to the District, its directors, officials, officers, employees and agents. Insurance carriers shall be qualified to do business in California and maintain an agent for process



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within the state. Such insurance carrier shall have not less than an “A” policyholder's rating and a financial rating of not less than “Class VII” according to the latest Best Key Rating Guide.

All insurance required by the contract shall contain standard separation of insureds provisions. In addition, such insurance shall not contain any special limitations on the scope of protection afforded to the District, its directors, officers, employees or agents.

All builders'/all-risk insurance policies shall provide that the District be named as loss payee. In addition, the insurer shall waive all rights of subrogation against the District. The making of progress payments to the contractor shall not be construed as creating and insurable interest by or for the District, or as relieving the contractor or its subcontractors of any responsibility for loss from any direct physical loss, damage or destruction covered by the builders'/all-risk policy occurring prior to final acceptance of the work by the District.

The District shall not be liable for loss or damage to any tools, machinery, equipment, materials or supplies of the contractor. The contractor shall supply to the District an endorsement waiving the insurance carrier's right of subrogation against the District for all policies insuring such tools, machinery, equipment, materials or supplies.

F. Contract Requirements.

1. Performance Bond.

A Performance Bond is an undertaking furnished by a contractor for the faithful performance of the contract by the contractor guaranteeing that performance of the contract will be accomplished according to its terms. Every public works contract or contract for a work of improvement over Twenty-Five Thousand (\$25,000) or contracts of one contractor with the District which aggregate Twenty-Five Thousand Dollars (\$25,000) or more, shall provide for the filing of a separate performance bond by the contractor executed by an Admitted Surety. An “admitted surety insurer” means a corporate insurer or a reciprocal or interinsurance exchange to which the



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Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.) Each Performance Bond shall be in a sum equal to One Hundred percent (100%) of the contract price or equal to the sum of the aggregate outstanding contracts. In any notice giving call for bids for any contract, the notice shall state that the Performance Bond is required. The Performance Bond shall not be used as a substitute for a determination of bidder responsibility. The District shall also require the Performance Bond to comply with any other legal requirements, as they may be amended from time to time.

2. Materials and Labor Payment Bond.

A Payment Bond means a bond which insures the payment in full of the claims of all persons supplying labor and/or materials to the project. (Civil Code § 3096.) In contrast to the Performance Bond, the Payment Bond guarantees payment of the obligation of all claimants who have furnished labor or materials to a work of improvement.

A Payment Bond executed by an Admitted Surety Insurer, as defined above, shall be required for all public works contracts or contracts for works of improvement in amounts and in a form required by Civil Code sections 3247 and 3248, as these sections may be amended from time to time. The bond must be in the form of a Payment Bond and not a deposit in lieu of bond. The District shall also require the Payment Bond to comply with any other legal requirements, as they may be amended from time to time.

3. Time for Completion/Liquidated Damages.

Every contract shall state the time when the whole or any specified portion of the work shall be completed. In the discretion of the Board of Directors, giving consideration to the size and nature of the project, the contract may provide that for each day completion is delayed beyond the specified time(s), the contractor shall forfeit and pay to the District a specified sum of money, to be deducted from any





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payments due or to become due to the contractor. The provision for liquidated damages shall be in a form approved by District Legal Counsel. (Civil Code § 1671; Gov. Code § 53069.85.)

4. Retentions; Substitution of Securities in Lieu of Retentions.

Contract Retentions shall be withheld and released in compliance with Public Contract Code sections 7107 and 9203. In accordance with California Public Contract Code section 22300, a provision shall be included in every invitation for bid and in every contract to permit the substitution of security for any monies withheld to insure performance (Retentions).

5. Bonus for Early Completion.

Any contract may also provide for the payment of extra compensation to the contractor as a bonus for completion of the project prior to the specified contract time. If such bonus for early completion is to be awarded to the contractor, the bid specifications shall also state the availability of such bonus compensation and the requirements therefore. (Gov. Code § 53069.85.)

6. Listing and Substitution of Subcontractors.

Subcontractors shall be listed by the general contractor in its bid in accordance with, and shall not be substituted in violation of, the provisions of the Subletting and Subcontracting Fair Practices Act. (Pub. Contract Code § 4100 et seq.)

7. Contract Terms.

All contract terms, including, but not limited to, the contract form, general conditions and special conditions shall be approved by District Legal Counsel.

G. Changes in Plans and Specifications

Every contract shall provide that the District may make changes in the plans and specifications for the project after execution of the contract. Bid



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procedures as set forth in this Policy need not be secured for change orders which do not materially change the scope of the project, as set forth in the original contract, if each individual's change order does not total more than five percent (5%) of the original contract. (H&S Code § 32132(c).)

However, if the original contract met all of the competitive bidding requirements set forth in this Policy, the contract may be terminated, amended or modified as provided in the original contract and according to the terms and provisions set forth in the original contract without regard to the five percent (5%) limitation set forth above. The compensation payable, if any, shall be determined as set forth in the original contract or applicable state law.

All changes or amendments to the original contract must be in writing and signed by both the contractor and a duly authorized representative of the District.

### **III. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS**

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board or designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with District Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and Administration Committee and Board of Directors for approval.





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**AUTHORITIES**

California Gov. Code section 54202

California Health and Safety Code – HSC § 32132

Desert Healthcare District Bylaws Article V, section 5.6

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Revised	11-24-2020
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**POLICY TITLE:** POLICIES AND PROCEDURES INCLUDING BIDDING REGULATIONS GOVERNING PURCHASES OF SUPPLIES AND EQUIPMENT, AND BIDDING FOR PUBLIC WORKS CONTRACTS

**POLICY NUMBER:** OP-10

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

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**I. FORMAL COMPETITIVE BIDDING REQUIREMENTS**

A. Contracts Requiring Formal Bids.

Unless exempted by this Policy or applicable law, any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District shall be awarded by the District through the “formal” bidding procedures specified in this Section “I” (Formal Bidding Requirements) if they involve an expenditure of more than Twenty-Five Thousand Dollars (\$25,000). (H&S Code § 32132(a).) Such contracts involving an expenditure of Twenty-Five Thousand Dollars (\$25,000) or less may be made without soliciting or securing bids. As used herein, “work to be done” may include, among other things, general maintenance work or public works contracts.

B. Bid Procedures.

1. Preparation of Bid Package.

Before entering into any contract which requires formal bidding, the District shall prepare or cause to be prepared a bid package. Unless exempted by the Board of Directors (“Board”) or designee pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, the bid package shall include a notice inviting bids, instructions to bidders, bid form (which shall include a provision as to the method for determining the lowest bidder, whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), contractors qualification statement contract form, conditions of the contract, required bonds and other forms, drawings, and full, complete, and accurate plans and specifications, giving such directions as will enable any competent supplier or contractor to ascertain and carry out the contract requirements.

The Board or designee shall endeavor to include all required contract documents in the bid package. To the extent that the Board or their designee determines, pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, that any required contract document



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cannot be incorporated into the bid package, its terms shall be negotiated with the lowest responsible bidder prior to the award of the contract.

To the extent possible, the plans and specifications shall also be reviewed and approved by the District's authorized representative prior to their insertion in the bid package.

2. Notice Inviting Bids – Contents

All bid packages shall include a notice inviting bids. The notice inviting bids shall include, among other things determined necessary for a particular contract by the Board or designee, information as to the type, quality and quantity of materials, supplies or work to be provided, the contract performance schedule, the project location, the basis for determining the lowest bidder (whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), a contact person, and other bid requirements and information regarding how to obtain a bid package, the place where bids are to be received, and the time by which they are to be received. For contracts involving public works projects, the notice inviting bids shall also contain any other information required by state law or Section “II” (Provisions Applicable to Public Works Contracts) of this Policy.

3. Notice Inviting Bids - Distribution by Mail, Posting or Other Means.

Except in cases of emergency or where not practicable, all suppliers and contractors who have notified the District in writing that they desire to bid on contracts, and all suppliers and contractors which the District would like to bid on contracts, shall be furnished with the notice inviting bids by postal or electronic mail.

In addition to notifying all such persons by mail, the District shall post the notice inviting bids in one or more public places typically used by the District. It shall be posted in sufficient time in advance of the bid opening to allow bidders to bid, as determined by the Board or designee. The notice shall remain posted until an award has been



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made. Notice may also be made by telephone, facsimile, telegram, personal contact, letter, or other informal means.

4. Notice Inviting Bids - Advertising/Publication.

Except in cases of emergency or where circumstances require that less notice be given, as determined by the Board pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, the notice inviting bids shall be published once a week for at least two (2) consecutive weeks, as follows:

- a. In a newspaper of general circulation published in Riverside County; or
- b. In trade journals or papers of general circulation as the Board, or designee, deems proper.

In the event that the Board determines, pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, that circumstances require less than the prescribed notice period, they shall endeavor to provide notice by publication to the extent practicable under the circumstances.

For cost efficiency purposes, the published notice inviting bids need not be as detailed as that provided by other means, including by mail, posting or inclusion in the bid package, but should contain the legally and practically required essential contents of the notice, including but not limited to, where and how to obtain the complete bid package, Labor Code notice provisions, and bonding requirements.

5. Bid Form.

As part of the bid package, the District shall furnish to each bidder an appropriate bid form prepared by the District for the type of contract being let. Bids not presented on forms so furnished, or exact copies thereof, shall be rejected as non-responsive.

6. Presentation of Bids.



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All bids shall be presented under sealed cover. Upon receipt, the bid shall be date and time stamped.

Any bids received after the due date and specified time shall be returned unopened. (Gov. Code § 53068.)

7. Withdrawal of Bids.

Bids may be withdrawn at any time prior to the time fixed in the public notice for the opening of bids only by written request made to the person or entity designated in charge of the bidding procedure. The withdrawal of a bid does not prejudice the right of the bidder to timely file a new bid. Except as authorized by law for public works contracts (Pub. Contract Code §5100 et seq.), no bidder may withdraw its bid after opening for the period of time indicated in the bid package, which period shall be at least forty-five (45) days.

C. Award of Contracts.

1. Opening of Bids.

On the day named in the public notice, the District shall publicly open the sealed bids. Award of the contract shall be to the lowest responsive and responsible bidder, if at all. All bidders shall have complied with the foregoing bid procedures, except as otherwise provided herein and except for any minor errors or irregularities which may be waived by the District. After a bid is opened it shall be deemed irrevocable for the period specified in the invitation to bid.

The Board of Directors is under no obligation to accept the lowest responsive and responsible bid received, since the District has absolute discretion in the acceptance of bids and reserves the right to reject all bids if it is desires. The Board of Directors also reserves the right to determine the conditions of responsibility including matters such as delivery date, product quality, and the service and reliability of the supplier.

2. Responsible Bidder.





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The District's determination of whether a bidder is responsible shall be based on an analysis of each bidder's ability to perform, financial statement (if required), experience, past record and any other factors it shall deem relevant. If the lowest bidder is to be rejected because of an adverse determination of the bidder's responsibility based on the District's staff review, the bidder shall be entitled to be informed of the adverse evidence and afforded an opportunity to rebut that evidence and to present evidence of responsibility. In such event, the District shall give the rejected bidder and the bidder to be awarded the contract at least five (5) working days' notice of a public board meeting at which the responsibility issue shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be conclusive.

3. Bid Challenges.

If any bidder wishes to challenge a potential bid award, they shall file a written objection within five (5) calendar days following bid opening. The written objection shall include specific reasons why the District should reject the bid questioned by the bidder. The District may, in its discretion, consider the protest during the public meeting at which the contract award is to be considered, or it may consider it at a prior meeting. The District shall give the challenging bidder and the bidder to be awarded the contract at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be final.

4. Notice to Bidders Not Awarded the Contract; Return of Bid Security.



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Whenever a contract is not to be awarded to a bidder, such bidder shall be notified by regular mail not more than five (5) working days after the award of the contract to another bidder. The bid security supplied by the bidder shall be returned with the notice.

D. Emergencies.

The District may, by majority vote of the Board of Directors, award any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District without soliciting or securing bids if it determines that an emergency exists as provided for in Health & Safety Code section 32136 as it may be amended from time to time.

E. Contracts Not Requiring Formal Bids Pursuant to Law.

Medical or Surgical Equipment or Supplies: Contracts for purchases of medical or surgical equipment or supplies may be made without soliciting or securing bids. (H&S Code § 32132(b).) As used herein, “medical or surgical equipment or supplies” shall be defined as provided in Health & Safety Code section 32132(d), as that section may be amended from time to time. Currently, Section 32132(d) defines these terms to include “only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital.” (H&S Code § 32132(d).) If bids are solicited, the “formal” bidding procedures specified in this Section “I” (Formal Bidding Requirements), modified as the Board or designee shall determine to be in the District's best interest, shall be followed.

**II. PROVISIONS APPLICABLE TO PUBLIC WORKS CONTRACTS**

The following provisions govern all contracts awarded by the District for public works:

A. Prequalification for Bids \$100,000 or Over.

1. Prequalification Requirements.



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The District shall, on contracts in which the estimated cost is equal to or exceeds One Hundred Thousand Dollars (\$100,000), require all prospective bidders to prequalify by completing an appropriate "Contractor's Qualification Statement" and submitting a listing of experience in performing the type of contract being let, a current Dunn & Bradstreet report, a summary of current trade agreements, and such other information as the District shall deem relevant.

The requirement of pre-qualification shall be indicated in the notice inviting bids. The second newspaper publication shall be published to allow potential bidders at least seven (7) days to submit pre-qualification requirements and the District at least five (5) days to review submitted pre-qualification packages prior to distribution of bid packages, which distribution shall be at least thirty (30) days prior to the time by which bids are to be received.

The Contractors Qualification Statement shall be verified under oath and submitted on or before the due date specified in the notice inviting bids. The documents submitted for pre-qualifications shall remain confidential and not open to public inspection. The decision as to prequalification shall be made by the Board, or designee. Pre-qualification procedures are intended to assist the District in determining "responsibility" of bidders but shall not be conclusive evidence thereof.

2. Notice and Protest Requirements.

The District shall notify each potential bidder in writing by regular mail within seventy-two (72) hours after the District's decision as to pre-qualification. A duplicate of all such notices shall be mailed to the Secretary of the Board of Directors of the District. Bid packages shall only be provided to pre-qualified contractors, except as set forth below.

Whenever a contractor is notified of the District's denial of pre-qualification to bid on a contract, the contractor may file a written protest to the disqualification within seventy-two (72) hours of its receipt of notice of disqualification. Receipt shall be deemed to be



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two (2) days after mailing of the notice. The written objection shall include specific reasons why the District should not disqualify the bidder. The District may, in its discretion, consider the protest during a public meeting prior to the circulation of bid packages, or it may allow the protestor to submit a bid under protest.

If the District chooses to consider the protest prior to the circulation of bid packages, it shall give the challenging bidder at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board prior to circulation of bid packages. The Board's decision shall be final.

If the District allows the bidder to bid under protest the bid package will be provided only after the bidder has made payment therefore in an amount equal to the District's cost of printing and reproduction of the bid package.

If a written protest is not timely received from the bidder, the bidder waives any right to bid under protest.

**B. Qualification for Bids Under \$100,000.**

The District shall, on contracts in which the estimated cost is less than One Hundred Thousand Dollars (\$100,000), require all prospective bidders to complete an appropriate "Contractor's Qualification Statement," submit a list of the contractor's experience in performing the type of contract being let and such other information as the District shall deem relevant. The Statement shall be verified under oath and submitted prior to or with the contractor's bid, as determined by the Board or designee. The documents submitted for qualification shall remain confidential and not open to public inspection. These documents shall be considered by the District in making its award to the lowest responsible bidder but shall not be deemed conclusive evidence of responsibility.



C. Bid Security.

All bids shall be accompanied by bid security in an amount equal to at least ten percent (10%) of the total bid price. The security shall be in a form as follows:

1. Cashier's or Certified Check in the required amount; or
2. Bidder's Bond executed by an admitted surety insurer and made payable to the District.

Any bid not accompanied by one of the foregoing forms of bidder's security shall be rejected as non-responsive.

An "admitted surety insurer" means a corporate insurer or a reciprocal or interinsurance exchange to which the Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.)

The bid security for all other unsuccessful bidders shall be returned to them within five (5) working days after the contract is awarded.

D. License Requirement.

In every completed bid, and in all construction contracts and subcontracts, shall be included the license number of the contractor and all subcontractors working under them. No project may be awarded to a contractor which is not licensed pursuant to state law or which utilizes subcontractors not so licensed.

E. Insurance.

All contracts shall require insurance of the type, in amounts and with provisions approved by District Legal Counsel and management. All contractors awarded contracts shall furnish the District with original certificates of insurance and endorsements effecting coverage required by the contract. The certificates and endorsements for each insurance policy shall be signed by a person authorized by that insurer to bind coverage on its behalf and shall be on forms supplied or approved by the District. All



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certificates and endorsements must be received and approved by the District before work commences, or sooner if indicated by the contract documents. The District shall reserve the right to require complete, certified copies of all required insurance policies, at any time.

At a minimum, all general liability and automobile insurance policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) the District, its directors, officers, employees and agents shall be covered as additional insureds with respect to the work or operations performed by or on behalf of the contractor, including materials, parts or equipment furnished in connection with such work; and (2) the insurance coverage shall be primary insurance as respects the District, its directors, officers, employees and agents, or if excess, shall stand in an unbroken chain of coverage excess of the contractor's scheduled underlying coverage. Any insurance or self-insurance maintained by the District, its directors, officers, employees and agents shall be excess of the contractor's insurance and shall not be called upon to contribute with it in any way.

At a minimum, all workers' compensation and employers' liability policies shall contain the following provision, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provision to the insurance policies: (1) the insurer shall agree to waive all rights of subrogation against the District, its directors, officers, employees and agents for losses paid under the terms of the insurance policy which arise from work performed by the contractor.

At a minimum, all policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) coverage shall not be canceled except after thirty (30) days prior written notice by mail has been given to the District; and (2) any failure to comply with reporting or other provisions of the policies, including breaches of warranties, shall not affect coverage provided to the District, its directors, officials, officers, employees and agents. Insurance carriers shall be qualified to do business in California and maintain an agent for process





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within the state. Such insurance carrier shall have not less than an “A” policyholder's rating and a financial rating of not less than “Class VII” according to the latest Best Key Rating Guide.

All insurance required by the contract shall contain standard separation of insureds provisions. In addition, such insurance shall not contain any special limitations on the scope of protection afforded to the District, its directors, officers, employees or agents.

All builders'/all-risk insurance policies shall provide that the District be named as loss payee. In addition, the insurer shall waive all rights of subrogation against the District. The making of progress payments to the contractor shall not be construed as creating and insurable interest by or for the District, or as relieving the contractor or its subcontractors of any responsibility for loss from any direct physical loss, damage or destruction covered by the builders'/all-risk policy occurring prior to final acceptance of the work by the District.

The District shall not be liable for loss or damage to any tools, machinery, equipment, materials or supplies of the contractor. The contractor shall supply to the District an endorsement waiving the insurance carrier's right of subrogation against the District for all policies insuring such tools, machinery, equipment, materials or supplies.

F. Contract Requirements.

1. Performance Bond.

A Performance Bond is an undertaking furnished by a contractor for the faithful performance of the contract by the contractor guaranteeing that performance of the contract will be accomplished according to its terms. Every public works contract or contract for a work of improvement over Twenty-Five Thousand (\$25,000) or contracts of one contractor with the District which aggregate Twenty-Five Thousand Dollars (\$25,000) or more, shall provide for the filing of a separate performance bond by the contractor executed by an Admitted Surety. An “admitted surety insurer” means a corporate insurer or a reciprocal or interinsurance exchange to which the



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Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.) Each Performance Bond shall be in a sum equal to One Hundred percent (100%) of the contract price or equal to the sum of the aggregate outstanding contracts. In any notice giving call for bids for any contract, the notice shall state that the Performance Bond is required. The Performance Bond shall not be used as a substitute for a determination of bidder responsibility. The District shall also require the Performance Bond to comply with any other legal requirements, as they may be amended from time to time.

2. Materials and Labor Payment Bond.

A Payment Bond means a bond which insures the payment in full of the claims of all persons supplying labor and/or materials to the project. (Civil Code § 3096.) In contrast to the Performance Bond, the Payment Bond guarantees payment of the obligation of all claimants who have furnished labor or materials to a work of improvement.

A Payment Bond executed by an Admitted Surety Insurer, as defined above, shall be required for all public works contracts or contracts for works of improvement in amounts and in a form required by Civil Code sections 3247 and 3248, as these sections may be amended from time to time. The bond must be in the form of a Payment Bond and not a deposit in lieu of bond. The District shall also require the Payment Bond to comply with any other legal requirements, as they may be amended from time to time.

3. Time for Completion/Liquidated Damages.

Every contract shall state the time when the whole or any specified portion of the work shall be completed. In the discretion of the Board of Directors, giving consideration to the size and nature of the project, the contract may provide that for each day completion is delayed beyond the specified time(s), the contractor shall forfeit and pay to the District a specified sum of money, to be deducted from any





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payments due or to become due to the contractor. The provision for liquidated damages shall be in a form approved by District Legal Counsel. (Civil Code § 1671; Gov. Code § 53069.85.)

4. Retentions; Substitution of Securities in Lieu of Retentions.

Contract Retentions shall be withheld and released in compliance with Public Contract Code sections 7107 and 9203. In accordance with California Public Contract Code section 22300, a provision shall be included in every invitation for bid and in every contract to permit the substitution of security for any monies withheld to insure performance (Retentions).

5. Bonus for Early Completion.

Any contract may also provide for the payment of extra compensation to the contractor as a bonus for completion of the project prior to the specified contract time. If such bonus for early completion is to be awarded to the contractor, the bid specifications shall also state the availability of such bonus compensation and the requirements therefore. (Gov. Code § 53069.85.)

6. Listing and Substitution of Subcontractors.

Subcontractors shall be listed by the general contractor in its bid in accordance with, and shall not be substituted in violation of, the provisions of the Subletting and Subcontracting Fair Practices Act. (Pub. Contract Code § 4100 et seq.)

7. Contract Terms.

All contract terms, including, but not limited to, the contract form, general conditions and special conditions shall be approved by District Legal Counsel.

G. Changes in Plans and Specifications

Every contract shall provide that the District may make changes in the plans and specifications for the project after execution of the contract. Bid



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procedures as set forth in this Policy need not be secured for change orders which do not materially change the scope of the project, as set forth in the original contract, if each individual's change order does not total more than five percent (5%) of the original contract. (H&S Code § 32132(c).)

However, if the original contract met all of the competitive bidding requirements set forth in this Policy, the contract may be terminated, amended or modified as provided in the original contract and according to the terms and provisions set forth in the original contract without regard to the five percent (5%) limitation set forth above. The compensation payable, if any, shall be determined as set forth in the original contract or applicable state law.

All changes or amendments to the original contract must be in writing and signed by both the contractor and a duly authorized representative of the District.

### **III. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS**

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board or designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with District Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and Administration Committee and Board of Directors for approval.



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**AUTHORITIES**

California Gov. Code section 54202

California Health and Safety Code – HSC § 32132

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

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**POLICY TITLE:** SUSTAINABILITY PROGRAM

**POLICY NUMBER:** OP-13

**COMMITTEE APPROVAL:** 03-07-2023~~11-09-2020~~

**BOARD APPROVAL:** 03-28-2023~~11-24-2020~~

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**POLICY #OP-13:** The Desert Healthcare District (“District”) recognizes the importance of sustainability in developing and promoting healthy behaviors and healthy communities. The District is committed to being a leader in implementing sustainable measures in all facets of its operations and to model sustainable practices that promote, encourage and empower the community to take actions that will improve the environment, the economy, and the quality of life and health for future generations.

With this in mind, the District seeks to instill a culture of sustainability by investing in improvements to our residents’ health and environment and promoting sustainable healthy communities throughout the District.

In addition to a commitment to expand and share its knowledge on general sustainability, the District intends to lead by example by utilizing available technology and supporting the infrastructure necessary for sustainable programs and practices. This includes building public spaces and buildings to high green standards, enhancing energy efficiency, and promoting the use of renewable resources and sustainable products.

For sustainable development, a structure is necessary in which environmental, economic and social factors are coordinated for a healthy community. The District needs to lead this coordination as well as advocate to the policy makers to remove environmental, cultural and institutional barriers to good health and ensure sustainable health care services for all residents. Long term action is the key to achieve sustainability with the overlapping issues in health and environment.

**GUIDELINES:**

The following guidelines shall be considered and when possible, included in District efforts. The examples provided are not intended to be a fully inclusive list, but to provide ideas on how the District, grantees and District residents can take action to support



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sustainability in their everyday lives for the benefit of the community as a whole.

**1) Improve air quality and reduce local emissions:**

- a) Encourage contractors, grantees, and the public to attend meetings via web conferencing
- b) Enhance technology used to accommodate web conferencing
- c) Enhance website utility to reduce trips, promote transparency and ease of access to information
- d) Support alternatives to gas powered engines used in vehicles, fed lawnmowers, and leaf blowers

**2) Reduce waste and amount of materials consumed:**

- a) Replace ~~styrofoam~~ Styrofoam or single-use plastic products with reusable or compostable items such as corn based degradable products
- b) Utilize glassware or other compostable or reusable items for meetings
- c) Waste Separation - Hire a recycling company to pick up office recyclables
- d) Reduce paper used in board and committee packets – utilize web posting, conferencing and digital distribution of packets to the extent feasible
- e) Utilize technology where possible to eliminate need for copying

**3) Reduce amount of potable water used:**

- a) Incorporate smart controllers
- b) Water efficient landscape
- c) Install low flow toilets
- d) Install automatic faucets
- e) Use filtered water instead of purchasing plastic water bottles

**4) Reduce trip miles:**

- a) Support efforts to promote ride sharing, public transportation, walking and biking to reduce trip miles
- b) Conduct virtual meetings when permissible

**5) ~~Adopt Incorporate~~ sustainable business and purchasing practices and utilize the use of local suppliers:**



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- a) Adopt sustainable purchasing policies including ~~for~~ cleaning and office supplies
- b) Promote the use of local vendors for products and services when feasible

**6) Increase energy efficiency and promote renewable resources:**

- a) Improve building and system energy efficiency
- b) Change lighting to utilize occupancy sensors
- c) Apply ~~W~~ window tinting to reduce heat
- d) Install automatic/programmable thermostats

**7) Incorporate renewable energy in facility design and operations:**

- a) Integrate renewable, solar energy in new parking facility
- b) Work with DRMC (lessee) to identify opportunities to enhance the hospital campus by investing in sustainable infrastructure enhancements and/or programs that socially, physically and environmentally contribute to a healthy campus and community

**8) Embed sustainable principles and practices:**

- a) Incorporate sustainability best practices into the DHCD work culture
- b) Establish a District “Green Team” to identify sustainable practices and opportunities, vet proposals and monitor/report progress
- c) Seek employee suggestions and implement when feasible
- d) Develop an online “suggestion box” for feedback on policy/suggestions/implementation and additional ideas for improving operations
- e) Incorporate sustainability into recruitment, hiring, and performance evaluation processes
- f) Add sustainability expectations into recruitment efforts, job descriptions, and performance evaluations
- g) Inform, train, and educate board, staff, agencies, and public
- h) Incorporate ongoing sustainability education and training for employees and grant agencies

**9) Be an early adopter and become a model for sustainable programs and practices:**

- a) Update employees on a regular basis of new sustainable programs and office practices to improve energy use, reduce paper usage, and engage in recycling



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- b) Enhance the website to highlight District sustainability practices, lifting the District up as an example for the rest of the Valley
- c) Participate in Mayor’s Leadership Council and share policies, progress, data, and reports

**10) Incorporate sustainability principles and practices into grant making policies and procedures:**

- a) Add sustainable principles and practices into grant and agency expectations
- b) Share sustainability policies and programs with grant agencies and encourage their adoption
- c) Utilize web conferencing and paperless meetings where possible.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

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**POLICY TITLE:** SUSTAINABILITY PROGRAM

**POLICY NUMBER:** OP-13

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

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**POLICY #OP-13:** The Desert Healthcare District (“District”) recognizes the importance of sustainability in developing and promoting healthy behaviors and healthy communities. The District is committed to being a leader in implementing sustainable measures in all facets of its operations and to model sustainable practices that promote, encourage and empower the community to take actions that will improve the environment, the economy, and the quality of life and health for future generations.

With this in mind, the District seeks to instill a culture of sustainability by investing in improvements to our residents’ health and environment and promoting sustainable healthy communities throughout the District. In addition to a commitment to expand and share its knowledge on general sustainability, the District intends to lead by example by utilizing available technology and supporting the infrastructure necessary for sustainable programs and practices. This includes building public spaces and buildings to high green standards, enhancing energy efficiency, and promoting the use of renewable resources and sustainable products.

For sustainable development, a structure is necessary in which environmental, economic and social factors are coordinated for a healthy community. The District needs to lead this coordination as well as advocate to the policy makers to remove environmental, cultural and institutional barriers to good health and ensure sustainable health care services for all residents. Long term action is the key to achieve sustainability with the overlapping issues in health and environment.

**GUIDELINES:**

The following guidelines shall be considered and when possible, included in District efforts. The examples provided are not intended to be a fully inclusive list, but to provide ideas on how the District, grantees and District residents can take action to support sustainability in their everyday lives for the benefit of the community as a whole.





**1) Improve air quality and reduce local emissions:**

- a) Encourage contractors, grantees, and the public to attend meetings via web conferencing
- b) Enhance technology used to accommodate web conferencing
- c) Enhance website utility to reduce trips, promote transparency and ease of access to information
- d) Support alternatives to gas powered engines used in vehicles, lawnmowers, and leaf blowers

**2) Reduce waste and amount of materials consumed:**

- a) Replace Styrofoam or single-use plastic products with reusable or compostable items such as corn based degradable products
- b) Utilize glassware or other compostable or reusable items for meetings
- c) Waste Separation - Hire a recycling company to pick up office recyclables
- d) Reduce paper used in board and committee packets – utilize web posting, conferencing and digital distribution of packets to the extent feasible
- e) Utilize technology where possible to eliminate need for copying

**3) Reduce amount of potable water used:**

- a) Incorporate smart controllers
- b) Water efficient landscape
- c) Install low flow toilets
- d) Install automatic faucets
- e) Use filtered water instead of purchasing plastic water bottles

**4) Reduce trip miles:**

- a) Support efforts to promote ride sharing, public transportation, walking and biking to reduce trip miles
- b) Conduct virtual meetings when permissible

**5) Adopt sustainable business and purchasing practices and utilize local suppliers:**

- a) Adopt sustainable purchasing policies including cleaning and office supplies
- b) Promote the use of local vendors for products and services when feasible



**6) Increase energy efficiency and promote renewable resources:**

- a) Improve building and system energy efficiency
- b) Change lighting to utilize occupancy sensors
- c) Apply window tinting to reduce heat
- d) Install automatic/programmable thermostats

**7) Incorporate renewable energy in facility design and operations:**

- a) Integrate renewable, solar energy in new parking facility
- b) Work with DRMC (lessee) to identify opportunities to enhance the hospital campus by investing in sustainable infrastructure enhancements and/or programs that socially, physically and environmentally contribute to a healthy campus and community

**8) Embed sustainable principles and practices:**

- a) Incorporate sustainability best practices into the DHCD work culture
- b) Establish a District "Green Team" to identify sustainable practices and opportunities, vet proposals and monitor/report progress
- c) Seek employee suggestions and implement when feasible
- d) Develop an online "suggestion box" for feedback on policy/suggestions/implementation and additional ideas for improving operations
- e) Incorporate sustainability into recruitment, hiring, and performance evaluation processes
- f) Add sustainability expectations into recruitment efforts, job descriptions, and performance evaluations
- g) Inform, train, and educate board, staff, agencies, and public
- h) Incorporate ongoing sustainability education and training for employees and grant agencies

**9) Be an early adopter and become a model for sustainable programs and practices:**

- a) Update employees on a regular basis of new sustainable programs and office practices to improve energy use, reduce paper usage, and engage in recycling
- b) Enhance the website to highlight District sustainability practices, lifting the District up as an example for the rest of the Valley
- c) Participate in Mayor's Leadership Council and share policies, progress, data, and reports



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**10) Incorporate sustainability principles and practices into grant making policies and procedures:**

- a) Add sustainable principles and practices into grant and agency expectations
- b) Share sustainability policies and programs with grant agencies and encourage their adoption
- c) Utilize web conferencing and paperless meetings where possible.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	03-28-2023
Revised	11-24-2020
Revised	05-24-2016
Approved	06-22-2010



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

**Date:** March 28, 2023

**To:** Board of Directors

**Subject:** Grant #1296 Coachella Valley Volunteers in Medicine – no cost grant extension for four (4) months

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**Program Committee recommendation:** forward to the Board of Directors a recommendation to approve a four (4) month no-cost grant extension, extending the grant agreement through March 31, 2023.

**Background:** On November 23, 2021, the Desert Healthcare District Board of Directors awarded a \$154,094 grant to Coachella Valley Volunteers in Medicine, for “Improving Access to Healthcare Services”. The term of the grant was from December 1, 2021 through November 30, 2022.

**Current:** Per the email (attached) Executive Director Doug Morin, the request for a four (4) month no cost grant extension is in response to needing the extension to meet goal # 2 of providing 24 remote clinics (telehealth). Coachella Valley Volunteers in Medicine completed 12 clinics before November 30, 2022. There will be no changes to the budget or the scope of work.

**Fiscal Impact:** none

## Erica Huskey

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**To:** Donna Craig; Doug Morin  
**Subject:** RE: Grant #1296

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**From:** Donna Craig <drcraig@dhcd.org>  
**Sent:** Tuesday, February 21, 2023 12:47 PM  
**To:** Doug Morin <doug.morin@cvvim.org>  
**Cc:** Erica Huskey <ehuskey@dhcd.org>  
**Subject:** RE: Grant #1296

Hi Doug – thank you for your email and a request for a 4 month no-cost grant extension in order to complete the deliverables. We will place the no-cost extension on the March agenda of the Program Committee and then the March Board meeting.

Thank you, as well, for the detailed information on expanding cultural competency to your clients. What lessons learned! Hopefully we can share this with other service providers and the “Welcome” package and videos could be replicated throughout !

Donna



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**DONNA CRAIG**  
CHIEF PROGRAM OFFICER  
P: 760.323.6700  
M: 760.567.0309. **Please use my mobile number for all contacts.**  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262  
[dhcd.org](http://dhcd.org)  
Advancing *community wellness*  
in the Coachella Valley



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**From:** Doug Morin <doug.morin@cvvim.org>  
**Sent:** Monday, February 20, 2023 11:53 AM  
**To:** Donna Craig <drcraig@dhcd.org>  
**Subject:** Grant #1296

Donna,

Thank you for meeting with me recently regarding the above grant "Improving access to healthcare services". I would like to request an extension of the grant period to March 31, 2023 as we did not meet our targeted goal (#2) of providing 24 remote clinics (telehealth) during the grant period. As stated in our first and second


reports, we did complete 12 clinics before November 30, 2022, only 50% of goal. Extending our grant by 4 months will give us additional time to meet this goal.

Additionally, when I submit the Final Report, I would like to share more information and examples on cultural competency (goal #3) that we have undertaken since the initial grant end date. Specifically, understanding that adults learn in various ways (visual, auditory, kinesthetic) we are undertaking various steps to ensure, as much as possible, that we are cognizant of these and incorporating all three methods in our communications and educational efforts with patients. For example, when instructing patients how to take their glucose levels with a glucometer, we always explain how (auditory), then demonstrate (visual) and then watch them take their measurement (kinesthetic). One of our educational objectives this year is to do even more, and so we will continue to teach, demonstrate AND now, provide an instructional sheet using VTS (Visual Teaching Strategies) such as pictures or infographics, for visual learners. In addition to the instructional handout, we are also developing short videos in "common" English and Spanish for posting to YouTube; first however, we will include a QR Code on the instructional handout to the video to enable patients to access the auditory instruction after their visit. Videos will be by our medical assistants, whom the patients already trust, to further the education the patient is receiving and has access to. More than just considering how adults learn however, the VST/Infographic instructional handout will also assist patients who are illiterate in reading or writing English or Spanish language, as well as patients who have a hearing deficit. For patients who have a visual deficit, the instructions will be available in high contrast colors and QR Codes will be displayed in a larger size.

Also, one of the things we have learned from our discussions with patients is that many of them are new, or first-generation immigrants, most commonly coming from countries where going to a doctor is considered a privilege reserved for the wealthy. Thus, patients often don't understand the premise of free care - there must be a catch somewhere - and they don't understand the importance of completing lab tests that have been ordered for them, or the need for follow-up appointments, or the value of wellness visits, vaccinations and other routine medical care visits. So, this year we are also in the process of developing a "Welcome Booklet" for patients that explains, in simple and common English and Spanish, the services we provide and how we can do this without any cost to them, ever! We are using a patient advisory group to inform us on their impressions and thoughts of the booklet once complete and before we begin to provide it to all patients, new and current, around mid-year.

Please let me know if you have any questions, otherwise, I'll look forward to hearing from you.

**Doug J. Morin**  
**Executive Director**  
**Direct: (760) 625-0760**  
**Email: [doug.morin@cvvim.org](mailto:doug.morin@cvvim.org)**



**Coachella Valley  
Volunteers in Medicine**  
Mail Address: PO Box 10090 | Indio, Ca | 92202  
Facility Address: 82915 Avenue 48 | Indio, Ca | 92201

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*Have you considered leaving a gift to CVVIM in your estate plan? Contact us to learn more today.*

**DESERT HEALTHCARE DISTRICT GRANT EXTENSION AGREEMENT**

This agreement is entered into by the Desert Healthcare District (“DISTRICT”), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and Coachella Valley Volunteers In Medicine (“Recipient”), a California nonprofit 501(c)3, and is effective upon execution by both parties.

1. **Grant Extension**

Purpose and Use of Extension: Coachella Valley Volunteers In Medicine is hereby granted a 4-month extension to the original grant agreement approved on November 9, 2021 for Improving access to healthcare services

No additional funds will be disbursed. RECIPIENT shall use remaining dollars, if any, from original grant amount of \$154,094 during extension period.

2. **Term of Agreement**

The amended end of term of this agreement shall be 3/31/2023.

3. **Agreement Requirements**

RECIPIENT shall submit a final report with tracking documents to DISTRICT within thirty (30) days from the expiration of this agreement. All other requirements and conditions not specified in this extension agreement remain the same as in the original grant agreement.

4. **Signatories**

The persons executing this extension agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a member of the RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

**RECIPIENT:**

Coachella Valley Volunteers In Medicine  
PO Box 10090  
Indio, California 92202

**Name:** President/Chair of RECIPIENT  
Governing Body

**Name:** Executive Director

\_\_\_\_\_  
PLEASE PRINT

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DATE

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DATE

**Authorized Signatory for Desert Healthcare District:**

**Name:** Conrado Barzaga, M.D.

**Title:** Chief Executive Officer

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Desert Healthcare District  
1140 N. Indian Canyon Dr.  
Palm Springs, CA 92262



**EXHIBIT B**

*(revised to reflect a four (4) month no cost grant extension)*

**PAYMENT SCHEDULES, REQUIREMENTS & DELIVERABLES**

<u>Project Title</u> Improving Access to Healthcare Services	<u>Start/End</u> 12/01/2021 <del>11/30/2022</del> Amended to reflect a four (4) month no cost extension 3/31/2023
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**PAYMENTS:**

(2) Payments: \$69,342.00  
10% Retention: \$15,410.00

Total request amount: \$154,094.00

**GRANT AND PAYMENT SCHEDULE REQUIREMENTS:**

Scheduled Date	Grant Requirements for Payment	Payment
12/01/2021	Signed Agreement submitted & accepted.	Advance of \$69,342.00 for time period 12/01/2021 - 5/31/2022
7/01/2022	1 <sup>st</sup> six-month (12/01/2021 - 5/31/2022) progress report, budget reports and receipts submitted & accepted	Advance of \$69,342.00 for time period 6/01/2022 - 11/30/2022
<del>1/01/2023</del> 5/01/2023	2 <sup>nd</sup> six-month (6/01/2022 - <del>11/30/2022</del> 3/31/2023) progress report, budget reports and receipts submitted & accepted	\$0
<del>1/15/2023</del> 5/15/2023	Final report (12/01/2021 - <del>11/30/2022</del> 3/31/2023) and final budget report submitted & accepted	\$15,410.00 (10% retention)

**TOTAL GRANT AMOUNT: \$154,094.00**

DELIVERABLES:

Program/Project Goals and Evaluation

<p><b>Goal #1:</b> Provide a minimum of 1,000 service contacts for healthcare and ancillary services during the grant period. Services shall include instances of medical appointments, health education, general and diabetes care management, social service assessments (using SDOH as a guide), labs, x-rays, imaging services, homeless medical outreach, and health/flu vaccination fairs. In-clinic, remote telemedicine and outreach services, such as homeless outreach and community fairs are all considered.</p>	<p><b>Evaluation #1:</b> Track individual instances of scheduled service contacts on a monthly basis by service type and monitor ongoing patient volume to ensure overall service volume goals are being met.</p>
<p><b>Goal #2:</b> Promote and provide a minimum of 24 remote telemedicine clinics to improve access to healthcare services in the community during the grant period.</p>	<p><b>Evaluation #2:</b> Schedule and complete a minimum of 2 remote, telemedicine clinics each month. Numbers of clinics and patients scheduled and seen at each clinic, and services provided, will be monitored and tracked for recording purposes.</p>
<p><b>Goal #3:</b> Ensure culturally competent services are provided at all times in the clinic, at remote clinics, and through our homeless medical outreach and community activities during the grant period.</p>	<p><b>Evaluation #3:</b> Monitor and ensure all patient-focused marketing materials are provided in Spanish and other indigenous languages when appropriate; ensure Spanish speaking staff and volunteers are present at all times of service in the clinic, at remote telemedicine sites, during homeless outreach services and community activities.</p>
<p><b>Goal #4:</b> Complete a minimum of 4 patient surveys from all patients receiving care during the grant period to evaluate patient perceptions of services received.</p>	<p><b>Evaluation #4:</b> Using existing internal surveys, evaluate a random sampling of 20% of total patients served in each three-month period to solicit perceptions of quality of services received, culturally competency experienced, and overall satisfaction with CVVIM experience, and attain at least an 80% favorable rating from all surveys. Surveys will be reviewed for deficiencies and program changes will be identified, planned and implemented on an ongoing basis throughout the grant period to improve responses.</p>



**DESERT HEALTHCARE  
DISTRICT & FOUNDATION**

**Date:** March 28, 2023

**To:** Board of Directors

**Subject:** Grant # 1377 Coachella Valley Journalism Foundation

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**Program Committee recommendation:** to support the declination of Grant #1377 Coachella Valley Journalism Foundation due to the stated criteria area listed below.

**Background:**

- The mission of the CV Journalism Foundation is to promote and support excellent, sustainable community journalism in the Coachella Valley.
- The Coachella Valley Journalism Foundation recently submitted a grant request to the Desert Healthcare District to hire two reporters with expertise in reporting on healthcare issues.
- The request for \$300,000 is over a three-year period (\$100,000/year - \$50,000/year/salary for each reporter. These reporters would be hired by the Desert Sun newspaper and KESQ TV (both for-profit businesses and who's parent organizations, Gannett and News-Press and Gazette Co. respectively, are publicly traded on the New York Stock Exchange – stock symbols GCI and NPG respectively).

**Reference:**

Grant & Mini-Grant Policy OP-05 (last board approval on 10/18/2022, states “in accordance with Desert Healthcare District’s mission and strategic plan it is the policy of the Desert Healthcare District to provide guidelines for Grants and Mini Grants to provide health and wellness programs/projects for the benefit of District residents and in alignment with the California Health and Safety Code requirements.”

**Reasons for Declination:**

Grant declination determinations by the Program Committee or Board of Directors includes a statement of identified declination criteria area. (Section 3.b. Eligibility/Criteria)

This request for funding to support the salaries of journalists fall outside the scope of the District’s current guidelines for grantmaking and is not in alignment with the CA Health and Safety Code requirements.

In particular:

- 3.b.3 Organizations must directly serve residents of the Desert Healthcare District – *the requesting funds from CV Journalism Foundation would be directly passed through to the for-*

*profit entities, thus taxpayers' dollars are not being held accountable by CV Journalism Foundation with no oversight of how the funds will be spent and maintained.*

- The CV Journalism Foundation does not do any bookkeeping, so there are no balance sheets and Profit and Loss statements as well as no audited financial statements.*
- 3.b.4 Grants are available to organizations whose activities improve residents' health within one **priority area** of the District's strategic plan – Currently high priority has been designated to Goals 1, 2 & 3. This funding request does not align with these high priority goals.*



## **Grant Application Summary**

### **Coachella Valley Journalism Foundation, Grant #1377**

#### **About the Organization**

Coachella Valley Journalism Foundation  
PO Box 207  
PALM SPRINGS, CA  
<http://cvjf.org>

**Tax ID #:** 85-2800545

#### **Primary Contact:**

Randy Lovely  
Tel: (480) 231-8379  
[cvjournalismfoundation@gmail.com](mailto:cvjournalismfoundation@gmail.com)

#### **Organization History and Mission**

A free and vibrant press is one of the cornerstones of democracy. Local news outlets inform the public, hold elected officials accountable, and provide a forum for civic debate.

The traditional business model of local news outlets — newspapers, local TV broadcasters, and community radio stations — has been disrupted by technology and battered by economic downturns, including the COVID-19 pandemic. In some cases, corporate interests have neglected or stripped away resources from local news outlets, diminishing the quality and quantity of their work.

The Coachella Valley Journalism Foundation aims to improve and expand the work of news organizations in the Coachella Valley in service to the community.

CVJF launched in 2020. The CVJF successfully raised funds to allow The Desert Sun to hire a new opinion page editor in 2021. The organization continues to raise funds to provide ongoing financial support for this important role.

The CVJF also was fortunate to obtain grant money to fund several internships at local news organizations in 2022, and the organization plans to continue to fund internships in the years ahead.

The organization is comprised of an all-volunteer board of directors.

**Organization Annual Budget:** \$75,000.00

**Historical (approved Requests)**

**Project Information**

**Project Title:** Healthcare journalists

**Start Date:** 3/4/2023 **End Date:** 3/4/2026

**Term:** 36 months

**Total Project Budget:** \$300,000

**Requested Amount:** \$300,000

**Executive Summary:**

Every resident of the Coachella Valley faces daily health challenges, whether it's the latest outbreak of Covid 19, the rising infection rate of sexually transmitted diseases, the annual battle with the flu virus, the economic disparities that lead to a growing unhoused population, or chronic issues such as obesity and diabetes that are of particular concern within minority populations. For health care professionals the biggest challenge in helping the community navigate through this healthcare maze is often a lack of information or the proliferation of misinformation.

The Coachella Valley Journalism Foundation (CVJF) is uniquely positioned to tackle this community-wide concern. Our stated mission is to promote and support sustainable community journalism in the Coachella Valley.

We propose a partnership with the Desert Healthcare District to fund and hire two reporters with expertise in reporting on healthcare issues.

We work with local news organizations to align their needs with funding sources that can support quality journalism. In this case, both The Desert Sun and KESQ have expressed an interest in participating in this venture if funding is received from the Desert Healthcare District.

Here's how it would work: The two newsrooms would recruit and hire reporters with background experience in health reporting. Each position would cost \$50,000 a year. We would prefer a three-year commitment in order to give the journalists security in their jobs, so we are requesting \$100,000 a year for three years -- \$300,000 in total.

These journalists would work independent of any influence from the Healthcare District in order to meet the ethical standards of the journalism profession. But their work would focus on the issues facing the community that are of primary concern to the Healthcare District.

With stories produced for print, broadcast and digital, the work of these journalists would reach thousands of residents. While each journalist would work exclusively for their particular news organization we would also encourage collaboration between the two reporters to produce content that could be shared and distributed across both The Desert Sun and KESQ's platforms to reach the maximum audience.

The Desert Healthcare District's goal is "advancing community wellness in the Coachella Valley." Working with the CVJF, we can help you reach your stated objectives while extending our mission to enhance quality journalism for the good of the community.

Thank you for considering this proposal.

**Community Need for the Project:**

Covid 19 exposed a critical gap in the dissemination of a critical healthcare issue to the community. Residents, at times, were confused about when vaccinations were available and who was eligible to receive their shots. Conspiracy theories unfortunately were given credibility because of the gap in the flow of information. This provides just one example of why this project to hire reporters with expertise in reporting on healthcare issues is so important.

Currently, no media outlet in the Coachella Valley employs a journalist specializing in health care reporting at a time when the range of critical healthcare issues facing the community has only grown.

These journalists would report on urgent healthcare issues as they emerge but would also generate enterprise reports on a range of topics impacting specific segments of the population.

**Strategic Plan Alignment:**

Goal: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents.

Strategy: Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions.

**Project Description and Use of District funds:**

The Coachella Valley Journalism Foundation would work with two media organizations - The Desert Sun and KESQ -- to recruit and hire two journalists with experience in reporting on healthcare issues. The Desert Healthcare District would provide funding which would be distributed by CVJF.

The project calls for the hiring of two journalists at \$50,000 a year, and we would prefer that the project be funded for three years in order to give the journalists some job security. The journalists would have to work independently without any influence from the Healthcare District in order to meet the ethical standards of the news organizations.

The project would cost \$100,000 a year for three years.

**Description of the Target Population (s):**

All segments of the community would potentially benefit from the information generated by these journalists, with different community groups benefiting at different times depending on the issues being addressed.

The reporters would tackle emerging health issues as well as generate enterprise reports on topics of interest to particular audience groups.

The Desert Sun and KESQ reach thousands of residents every day across their print, broadcast and digital platforms so the access to important information would become readily available to the community when it is needed most.

**Geographic Area(s) Served:**

All District Areas

**Age Group:**

(25-64) Adults

(65+) Seniors

**Total Number of District Residents Served:**

**Direct:** NA

**Indirect:** Thousands

**Project Goals and Evaluation**

**Goal #1:**

By March 2026, the end of this three-year project, two healthcare reporters will have produced multiple informative stories on a range of community healthcare issues that will be published across their print, broadcast and digital platforms. This project goal coincides with the District's goal 7 to play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions.

**Evaluation #1:**

Both news organizations (KESQ and The Desert Sun) will track the number of stories produced, the amount of engagement with the content through their digital platforms (data is trackable) and the anecdotal feedback and reaction from the community to this content.

**Goal #2:**

The Coachella Valley Journalism Foundation will host a community forum annually focused on a healthcare topic of timely concern to the community. Representatives from the Healthcare District will be invited to participate along with the two healthcare reporters. The project goal coincides with the District's goal 7 to be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents. Depending on the topic selected, this project goal could coincide with goal 6 to be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area.

**Evaluation #2:**

Both media outlets will use their platforms and extensive reach among their audiences to promote the town hall events. The Coachella Valley Journalism Foundation will take care of logistics in terms of identifying a location and managing set-up and other details. The media outlets will also provide coverage of the town hall events to extend the messaging to reach the maximum audience.



<b>Goal #3:</b>	<b>Evaluation #3:</b>
<b>Goal #4:</b>	<b>Evaluation #4:</b>
<b>Goal #5:</b>	<b>Evaluation #5:</b>

**Proposed Project Evaluation Plan**

All digital content is trackable in terms of number of page views received to each particular piece of content. Both media outlets will provide regular (quarterly) reports on the number of stories produced, the number of page views received for that content on their digital platforms (we'll also track publication in print and airing on broadcast although that data is anecdotal in terms of reach among the reader/viewer, as well as any feedback from the community in terms of letters to the editor or online comments. The CVJF uses a similar tracking approach with its current partnership with The Desert Sun on the funding of the Opinion Editor and it allows us to understand the audience impact of the investment we have made.

**Organizational Capacity and Sustainability**

**Organizational Capacity**

The CVJF is an all-volunteer organization. Our biggest investment would be in hosting the annual townhall events promised in our proposal. The media outlets would take full responsibility for recruiting, hiring and managing the work of the journalists working on this project. They would also be responsible for tracking the impact of their work and providing quarterly summaries of that information.

**Organizational Sustainability:**

The mission of CVJF is to promote and support excellent, sustainable community journalism in the Coachella The non-profit identifies needs in the local journalism ecosystem and seeks grants and donations from individuals and foundations to fulfill those needs. We have identified coverage of healthcare issues as a major gap in the staffing at local news organizations. None of the news organizations in the Coachella Valley currently employ journalists with expertise in healthcare reporting at a time when healthcare issues are of primary importance in terms of informing and educating the community. Beyond the obvious gap this project would fill in the journalism ecosystem, it would also allow the CVJF to expand its efforts and use the success of this partnership with the Healthcare District to promote its mission and explore other funding measures to grow the news environment in the Valley.

**Diversity, Equity, and Inclusion**

**How does your organization address diversity, equity, and inclusion at the board and executive staff levels?**

The CVJF is an all-volunteer board comprised of just four members. We were created in 2020 when two concerned community members stepped up to meet an urgent need in the community. From these two founders, two other board members were added in 2021. While two board members are part of the LGBTQIA community, we realize that we need to continue to find ways to diversify our board with new members who share our passion for the mission but can also bring practical skills in fund-raising and event planning. In granting funds to media organizations, we do insist that diversity is given strong consideration in the recruiting and hiring of journalists.

**If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.**

**Partnerships:**

**Key Partners:**

The Coachella Valley Journalism Foundation partners with local news organizations to identify gaps in the local journalism ecosystem. We have worked directly with The Desert Sun, KESQ and Coachella Valley Independent through funding for their news operations. We have developed relationships with other news outlets with the hope of finding avenues to support their efforts in the future.

To date, the majority of our fund-raising has been grassroots. We have received donations from hundreds of community members. We have received donations from the city of Rancho Mirage, the Greater Palms Springs Realtors, the Gannett Foundation and the Schnitzer Family Foundation. In 2023, we have committed to extending our efforts to solicit funding from community-based foundations.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: Proposal for Consulting Services with Simpson, Gumpertz, & Heger– Local Hazard Mitigation Plan Development for Desert Regional Medical Center – NTE \$45,000, plus reimbursable expenses

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**Staff Recommendation:** Consideration to approve a Proposal for Consulting Services with Simpson, Gumpertz, & Heger (SGH)– Local Hazard Mitigation Plan Development for Desert Regional Medical Center - NTE \$45,000, plus reimbursable

**Background:**

- The District Board has been engaged in assessing the seismic retrofit needs of DRMC over the previous few years
- In 2018 & 2019, the District Board enlisted the services of SGH to complete **Phase 0 (Preliminary High-Level Assessment)** and **Phase 1 (ASCE 41-17)** reports
- The ASCE 41-17 report originally included an estimate of both structural and nonstructural retrofit costs, with a range between \$119M - \$180M
- The COVID-19 pandemic interfered with the progress of the assessments
- The District has reconvened the seismic retrofit needs of DRMC

**Funding:**

- Staff has been working with our grant writing consultant, California Consulting, to explore funding options through grants and other resources
- Staff and the California Consulting recently met with representatives of Haggarty Consulting and Cal OES (Office of Emergency Services)
- Staff was referred to the County of Riverside Emergency Management Department
- As a result of meetings with the Emergency Management Department, the District is eligible to participate with the county-wide Hazard Mitigation Plan, which may allow opportunity to apply for funding
- To participate, a detailed Local Hazard Mitigation Plan (LHMP) must be prepared within a year
- Staff desires to enlist the expertise of the engineering firm, SGH, to assist in preparing the LHMP
- Staff recommends approval of the SGH proposal for development of the LHMP.

**Fiscal Impact:**

NTE - \$45,000, plus reimbursable expenses



23 March 2022

Mr. Chris Christensen  
Chief Financial Officer  
Desert Healthcare District  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262

Re: Proposal for Consulting Services, Local Hazard Mitigation Plan Development, Desert Regional Medical Center, Palm Springs, CA

Dear Mr. Christensen:

Simpson Gumpertz & Heger Inc. (SGH) is pleased to submit this proposal to the Desert Healthcare District (DHD) for assistance with the preparation of the DHD annex for the Riverside County Local Hazard Mitigation Plan (LHMP). This effort is in support of obtaining funding to complete seismic retrofit projects required by the Alquist Hospital Seismic Safety Act, for certain buildings at the Desert Regional Medical Center.

## **1. BACKGROUND**

The DHD is a local governmental agency that owns Desert Regional Medical Center (DRMC) in Palm Springs, California. SGH previously completed a project that identified necessary mitigation measures, and the associated costs with completing those measures to bring the DRMC into compliance with the Alquist Hospital Seismic Safety Act (aka SB 1953). That project (Phase 0, Phase 1, cost update) included structural/seismic evaluations of three existing hospital buildings and general anticipated scopes of work and rough order of magnitude (ROM) costs associated with attaining both SPC 4D for the same three buildings and Nonstructural Performance Category 5, and compliance with the nonstructural requirements of the Alquist Hospital Seismic Safety Act (AHSSA) for all buildings at the DRMC.

The DRMC comprises twenty independent buildings (as described in the Phase 1 report, Section 1.3) with approximately 600,000 sq ft of occupiable space. Many of the DRMC buildings were designed and constructed under a permit let by the California State Office of Statewide Health Planning and Development (OSHPD), which typically minimizes the need for seismic retrofit construction for structural systems, but still requires engineering consulting to confirm compliance with nonstructural bracing regulations.

This proposal is limited to providing consulting services that supplement efforts by you and your staff to develop the LHMP. In addition to specific technical work associated with writing

certain portions of the LHMP, this proposal contemplates meetings, presentations, and correspondence with DHD stakeholders and Riverside County representatives. The scope of work described in this proposal is anticipated to be completed by December 31, 2023.

## 2. BASIS OF PROPOSAL

The following serves as the basis for this proposal:

- E-mail, video conference, and telephone correspondence with you between 3 March 2023 and 21 March 2023.
- Attendance at two meetings with DHD representatives and Riverside County representatives on 13 March 2023 and 21 March 2023.
- Information and documentation associated with the Phase 0 and Phase 1 reports developed by SGH for DRMC, referenced above.

## 3. PROJECT SCOPE AND GENERAL SCOPE OF SERVICES

The proposed consulting services for this project are limited to assisting DHD with the development of documentation required to annex the DRMC into the Riverside Local Hazard Mitigation Plan. The LHMP will describe multiple hazards, requiring information associated with both facility conditions and potential mitigation and operational procedures that may be important in properly responding to the FEMA review rubric for the LHMP. We anticipate the following scope of work, with the expectation that our efforts may change as we develop a better understanding of the LHMP annex requirements and the extent of data available for our review and use. Our estimated duration is not an estimate of time spent, but an approximate time duration required to complete the scope of work assuming part-time effort by staff. Some scope will be completed simultaneously to facilitate completion by 31 December 2023.

### **Document Review, Duration: Two Months**

**Objective:** Understand the LHMP requirements and how best to characterize and document information to support a favorable FEMA review.

**Basic Services:** The following tasks comprise the basic services for this phase.

- 1) Review LHMP requirements.
- 2) Review FEMA source documents.
- 3) Review County documents, including example report information.
- 4) Review other applicable documents as appropriate.

**LHMP Response Coordination, Duration: Six Months**

**Objective:** Understand appropriate information and data to inform and develop a complete and accurate annex for the Riverside County LHMP.

**Basic Services:** The following tasks comprise the basic services for this phase.

- 1) Meet via video conference with you and DHD staff as requested.
- 2) Meet with you, DHD Board members, and stakeholders.
- 3) Meet via video conference with Riverside County representatives.
- 4) Meet via video conference or in person with other key personnel.

**Develop LHMP Response/Annex, Duration: Six Months**

**Objective:** Complete the LHMP annex documentation for submission to Riverside County.

**Basic Services:** The following tasks comprise the basic services for this phase.

- 1) Meet via video conference with you and DHD staff as requested or required.
- 2) Create documentation for review by you, DHD stakeholders and Riverside County.
- 3) Meet via video conference with Riverside County representatives.
- 4) Correspond with you and Riverside County representatives to finalize annex documentation.

**4. REIMBURSABLE EXPENSES**

SGH will bill direct expenses at actual cost plus 10%. Direct expenses include out-of-pocket expenses, such as subconsultants, travel, outside services, and charges for the use of SGH field and laboratory equipment, reproduction facilities, etc. We have not calculated a detailed fee estimate for reimbursable expenses, but recommend establishing a budget of \$15,000, which will be reviewed monthly throughout the project duration. Should reimbursable costs appreciably increase (a potential scenario given current inflation), we will discuss the situation with you so that the budget can be adjusted accordingly.

**5. COMPENSATION**

We propose to provide our services on a time-and-material basis, using rates described in the attached Fee Schedule. Because we don't fully understand the complete scope of work and associated consulting time required to complete each task, we recommend establishing a budget of \$45,000 for our efforts. This is not an upset limit, but represents a reasonable effort of maximum fee, to be monitored and discussed no less than three times during the project. SGH will bill for services on a monthly basis. Additional services beyond those listed herein, or

efforts that extend beyond those currently estimated, will be computed on an hourly basis in accordance with the attached Fee Schedule. Reimbursable expenses will be included with our monthly invoices and will track against the proposed budget described above.

## **6. ADDITIONAL SERVICES**

We understand that DHD and SGH do not completely understand what is required to develop a final set of documents for the LHMP annex. Because of this uncertainty, SGH or DHD may request specialty consultation for certain issues related, but separate from tasks described above. SGH will stay involved with any consultant providing additional services, as part of this agreement. Work provided by a consultant may be provided on an hourly basis and could include reimbursable expenses. We do not recommend a budget for these potential services, but will discuss any additional service request with you before developing an amendment to our agreement or engaging a consultant to complete the additional service.

## **7. PROJECT SCHEDULE**

We started our work for this project on 3 March 2023 and will continue with our efforts until we submit the annex to Riverside County. We will target completing this assignment by 31 December 2023, but may provide consulting services beyond that date if necessary. If the schedule requires significant modification, we will request an amendment to the agreement accordingly.

## **8. INFORMATION TO BE FURNISHED BY OTHERS**

- Documents related to hazard mitigation for the DRMC and any other buildings that may need to be included in the identified annex.
- Documents and information about the LHMP program, example reports and annexes, review rubrics and any other pertinent data that will help SHG and DHD develop a responsive and successful document for inclusion in the Riverside County LHMP.

**9. GENERAL PROVISIONS**

This proposal is valid for 90 days. Our proposed agreement consists of this proposal and the enclosed Contract Provisions and Fee Schedule. If acceptable, please sign and return one copy of this letter.

We look forward to working with you on this project.

Sincerely yours,  
SIMPSON GUMPERTZ & HEGER INC.



Kevin S. Moore, S.E.  
Senior Principal  
CA License No. 4528

Accepted: DESERT HEALTHCARE DISTRICT

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

KSM/ner (SF23-0000382-KSM) 0101C23 CP-2-CA

Encls.



**SIMPSON GUMPERTZ & HEGER INC.  
FEE SCHEDULE AND PAYMENT TERMS**

<u>Personnel Category</u>	<u>Hourly Billing Rate</u>
Senior Principal	\$375
Principal	\$355
Associate Principal	\$315 – \$335
Project/Technical Director	\$275 – \$325
Senior Technical Manager	\$250
Senior Project Manager	\$285 – \$310
Senior Project Supervisor	\$255 – \$280
Senior Consulting Architect/Engineer	\$235 – \$260
Consulting Architect/Engineer	\$195 – \$220
Senior Project Consultant	\$240 – \$245
Project Consultant II	\$200
Project Consultant	\$175 – \$190
Associate Project Consultant	\$155
Technical Aide	\$100
Senior Laboratory Technician	\$155 – \$185
Laboratory Technician	\$145
Senior Graphics Specialist	\$260
Graphics Specialist II	\$195
Graphics Specialist	\$145
Senior BIM Technician II/Senior Project Drafter	\$200
Senior BIM Technician I/Senior Project Drafter	\$180
BIM Technician II/Senior Drafter	\$160
BIM Technician I/Drafter	\$130
Non-Technical	\$120 – \$140

Rates are in US dollars. Where ranges of hourly rates are shown for a single title, they reflect the varying rates of the particular individuals with that title. An annual rate adjustment, based upon salary increases, will apply on 1 January each year.

## CONTRACT PROVISIONS

1. **CONTRACT** – These Contract Provisions and the accompanying Proposal and Fee Schedule constitute the entire Agreement of the parties, and supersede all prior negotiations, agreements, and understandings with respect to the subject matter of this Agreement. These Contract Provisions shall take precedence over any inconsistency or contradictory provisions contained in any proposal, contract, purchase order, requisition, notice to proceed, or like document. The parties may only amend this Agreement by a written document duly executed by both parties.
2. **RIGHT OF ENTRY** – When entry to property is required by the work, the Client agrees to obtain legal right-of-entry on the property.
3. **DOCUMENTS** – All reports, notes, drawings, specifications, data, calculations, and other documents prepared by SGH are instruments of SGH's service that shall remain SGH's property. The Client agrees not to use SGH-generated documents for marketing purposes or for projects other than the project for which the documents were prepared by SGH without SGH's prior written permission.

Any reuse or disbursement to third parties without such express written permission or project-specific adaptation by SGH will be at the Client's sole risk and without liability to SGH or its subsidiaries, independent professional associates, subconsultants, and subcontractors. Accordingly, the Client shall, to the fullest extent permitted by law, defend, indemnify, and hold harmless SGH from and against any and all costs, expenses, fees, losses, claims, demands, liabilities, suits, actions, and damages whatsoever arising out of or resulting from such unauthorized reuse or disbursement. Any reuse or project-specific adaptation by SGH will entitle SGH to further compensation at rates to be agreed upon by the Client and SGH.

4. **DISPOSAL OF SAMPLES** – SGH will discard samples upon completion of the work covered under this Agreement, unless the Client instructs otherwise in writing.
5. **HAZARDOUS MATERIALS** – The scope of SGH's services for this Agreement does not include any responsibility for detection, remediation, accidental release, or services relating to waste, oil, asbestos, lead, or other hazardous materials, as defined by Federal, State, and local laws or regulations.
6. **CONSTRUCTION SERVICES** – When construction-phase services are included in the Agreement, SGH will provide personnel to evaluate whether construction is in general accordance with the construction contract, but not to perform detailed observations or inspections of the work.

SGH is not a guarantor or insurer of the contractor's work; the contractor is solely responsible for the accuracy and adequacy of construction and for all other activities performed by the contractor, including the means and methods of construction; supervision of personnel and construction; control of machinery; false work, scaffolding, and other temporary construction aids; safety in, on, and about the job site; and compliance with OSHA and all other applicable regulations. SGH's evaluation of the contractor's performance will not include review or observation of the adequacy of the contractor's safety measures or of safety conditions on the project site nor of Contractor's means or methods of construction.

7. **STANDARD OF CARE** – SGH and its subsidiaries, independent professional associates, subconsultants, and subcontractors will exercise that degree of care and skill ordinarily practiced under similar circumstances by engineers and architects providing similar services. The Client agrees that services provided by SGH will be rendered without any warranty, express or implied.

SGH shall exercise usual and customary professional care in its efforts to comply with codes, regulations, laws rules, ordinances, and such other requirements in effect as of the date of execution of this Agreement.

The Client agrees that SGH has been engaged to provide technical professional services only, and that SGH does not owe a fiduciary responsibility to the Client.

8. **OPINION OF PROBABLE COSTS** – When required as part of our work, SGH will furnish opinions of probable cost but does not guarantee the accuracy of such estimates. Opinions of probable cost, financial evaluations, feasibility studies, economic analyses of alternate solutions, and utilitarian considerations of operations and maintenance costs prepared by SGH hereunder will be made on the basis of SGH's experience and qualifications and will represent SGH's judgment as an experienced and qualified design professional. SGH does not have control over the cost of labor, material, equipment, or services furnished by others or over market conditions or contractors' methods of determining prices or performing the work.

9. **SUSPENSION OF WORK** – The Client may, at any time, by written notice, suspend further work by SGH. The Client shall remain liable for, and shall promptly pay SGH for all services rendered to the date of suspension of services plus suspension charges. Suspension charges shall include the cost of assembling documents, personnel and equipment rescheduling or reassignment, and commitments made to others on the Client's behalf. If after ninety (90) days the Client resumes SGH's work on the Project, SGH and the Client shall renegotiate SGH's fee.

If payment of invoices by the Client is not maintained current, SGH may, upon written notice to the Client, suspend further work until payments are brought current. The Client agrees to indemnify and hold SGH harmless from any claim or liability resulting from such suspension.

10. **TERMINATION** – The Client or SGH may terminate this Agreement for cause, except only the Client may terminate for convenience. The party initiating termination shall so notify the other party. The Client shall compensate SGH for services performed prior to termination and for prior authorized commitments made by SGH on the Client's behalf.

11. **CHANGES OR DELAYS** – Unless the accompanying Proposal provides otherwise, the proposed fees constitute SGH's estimate to perform the services required to complete the Project. Required services often are not fully definable in the initial planning; accordingly, developments may dictate a change in the scope of services to be performed. Where this occurs, changes in the Agreement shall be negotiated and an equitable adjustment shall be made. In addition, costs and schedule commitments shall be subject to renegotiation for unreasonable delays caused by the Client's failure to provide specified facilities, direction, or information.

12. **FORCE MAJEURE** – SGH will not be liable to the Client for delays in performing its Services or for direct or indirect costs resulting from such delays that may result from labor strikes, riots, war, acts of governmental authorities, extraordinary weather conditions or other natural catastrophes, or any other cause beyond the reasonable control or contemplation of either party.

13. **LIABILITY** – SGH will furnish appropriate insurance certificates for general and professional liability upon request. The Client agrees that SGH's total liability to the Client and the total liability to the Client of SGH's principals, officers, agents, and employees, for any and all injuries, claims, losses, expenses, or damages whatsoever, including attorney's fees, arising out of or in any way related to the Project or this Contract from any cause or causes, including, but not limited to, SGH's negligence, errors, omissions, strict liability, breach of contract, or breach of warranty shall not exceed SGH's total fee under this Agreement or \$50,000, whichever is greater. In no event shall SGH be liable to Client for any indirect, incidental, special or consequential damages whatsoever (including but not limited to lost profits or interruption of business) arising out of or related to the services provided under the Agreement.

14. **CONFLICTS OF INTEREST** – This assignment may presently or in the future involve parties with potentially adverse interests to those of SGH's existing or future clients ("Affected Parties" or "Affected Party"). Prior to SGH's acceptance of this assignment, SGH will make reasonable attempts to identify any Affected Parties based on information SGH has in its possession from the Client and any Affected Parties and SGH's search of its project and proposal databases. To the extent that SGH identifies a relationship with an Affected Party, SGH will inform the Client as to the identity of such parties. Client agrees to allow SGH to release to any Affected Parties the fact of SGH's engagement by the Client and any other information required to evaluate any potential conflict.

SGH's ability to inform the Client of a relationship with an Affected Party is limited by the thoroughness and accuracy of the information provided to SGH by the Client and any Affected Parties, and by SGH's limitations in reasonably and diligently discovering all relationships with Affected Parties. Regardless of SGH's relationship with an Affected Party, and, provided such relationship with an Affected Party does not arise from SGH's willful disregard of a relationship with the Affected Party, SGH shall be entitled to payment for all services rendered to the date of discovery or notice, whichever occurs first, of a relationship between SGH and an Affected Party. SGH does not guarantee that a relationship between the Client and an Affected Party, which may be perceived by the Client as a conflict, will not arise during the course of an assignment or thereafter. SGH disclaims responsibility for such occurrences and to the fullest extent permitted by law, the Client agrees to waive any claim against SGH arising out of any such actual or potential conflict-related occurrences. Subsequent to the date of this Agreement, SGH will not be in a position to guaranty that it can advise the Client of any future Affected Parties or perceived or actual conflict circumstances that may arise, but will endeavor to notify Client of such situations.

15. **INDEMNIFICATION** – SGH shall, subject to the limitation of liability contained in Section 13, indemnify (but not defend) the Client for any loss or damage caused solely by the professional negligence of SGH in performance of the services under this Agreement.
16. **MISCELLANEOUS**

**Governing Law:** The laws of the state in which the Project is located shall govern the validity and interpretation of this Agreement.

**Invalid Terms:** If any of these Contract Provisions shall be finally determined to be invalid or unenforceable in whole or in part, the remaining provisions hereof shall remain in full force and effect and be binding upon the parties. The parties agree to reform the contract between them to replace any such invalid or unenforceable provision with a valid and enforceable provision that comes as close as possible to the intention of the stricken provision.

**SGH Reliance:** Unless otherwise specifically indicated in writing, SGH shall be entitled to rely, without liability, on the accuracy and completeness of information provided by the Client, the Client's consultants and contractors, and information from public records, without the need for independent verification.

**Copyright Infringement Indemnification:** To the fullest extent permitted by law, the Client agrees to defend, indemnify, and hold harmless SGH from any and all claims, damages, suits, causes of action, liabilities or costs, including reasonable attorneys' fees and costs of defense, arising out of or in any way connected with SGH's use of documents or designs prepared by the Client's consultants, that may be asserted against or incurred by SGH.

**Certifications:** SGH shall not be required to sign any documents, no matter by whom requested, that would result in SGH's having to certify, guaranty, or warrant the existence of conditions that SGH cannot ascertain.

**Payment:** Invoices will be submitted periodically, and are due and payable upon receipt. Unpaid balances shall be subject to an additional charge at the rate of 1-1/2% per month from the date of invoice if the unpaid balance is not paid within thirty (30) days. The Client shall reimburse SGH for all attorney's fees and costs related to collection of overdue payments.

**Litigation:** All costs and labor associated with compliance with any subpoena or other official request for documents, for testimony in a court of law (other than in connection with expert witness services), or for any other purpose relating to work performed by SGH, in connection with work performed for the Client, shall be paid by the Client as a direct expense (actual cost plus 10%).

**Taxes:** Client shall, in addition to the other amounts payable under this Agreement, pay, on a timely basis, all sales, use, value added or other taxes, federal, state or otherwise, however designated (hereinafter "Taxes"), which are levied or imposed by reason of the transactions contemplated by this Agreement or any of the Services, except for taxes on SGH's net income. Client shall promptly pay SGH for any Taxes actually paid by SGH on behalf of Client, or which are required to be collected or paid by SGH. SGH may bill Client separately for such Taxes.



March 23, 2023

Dr. Conrado E. Bárzaga  
Chief Executive Officer  
Desert Healthcare District & Foundation  
1140 N. Indian Canyon Drive  
Palm Springs, California 92262

Dear Conrado,

On behalf of the Board of Directors of Desert Regional Medical Center, we wanted to offer our early congratulations to you, the District Board of Directors and staff on receiving the DAP Health Humanitarian Award at this year's DAP Steve Chase Humanitarian Awards Gala.

The District team did an outstanding job early in the pandemic by quickly partnering with the County, becoming the lead organizer of the Coachella Valley Equity Collaborative, to activate and execute on testing and vaccinations to our valley's most vulnerable residents. Moreover, your efforts continued with MPOX, which we know was very much appreciated by the City of Palm Springs and the patients served by DAP. Standing up the Mobile Clinics and taking a leadership role with the migrant crisis is just another example of caring for the most vulnerable and stepping in to fill an unmet need.

The District's model of outreach and access, especially with the farmworker population, is a role model for the entire State in responding to COVID and other issues of health inequity.

I, along with others from Desert Care Network, look forward to celebrating with you and cheering you on Saturday night. This award is well deserved.

Congratulations once again and thank you!

Sincerely,

A handwritten signature in blue ink, appearing to read "Michele Finney".

Michele Finney  
Chief Executive Officer

cc: Desert Healthcare District Board of Directors



Date: March 28, 2023  
To: Board of Directors  
Subject: Riverside County Blue Zones Initiative - Update

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**Background:**

- In 2022 Riverside County announced it would explore the feasibility of implementing a Blue Zones Initiative in selected communities.
- Riverside County Director of Public Health, Kimberly Saruwatari invited the District's CEO to join the Riverside County's Blue Zones Initiative Steering Committee.
- The District authorized the CEO to participate in the Steering Committee.
- Six (6) communities were selected: Riverside (city), Banning, Corona, Coachella, French Valley, and Mead Valley.
- The City of Palm Springs joined the effort in 2023, becoming the seventh community exploring implementation of a Blue Zone Initiative in the county.

**Information:**

- During the week of March 13 in Palm Springs, the Blue Zones team engaged with well over 200 key stakeholders including a Keynote event on March 15<sup>th</sup> that has an attendance of over 120 people, four focus groups with 30 participants, and presentations to various groups.
- The Blue Zones Team also met with both the Corona Chamber and Banning Chamber which mobilized 80 to 150 people.
- On Friday March 17 Steering Committee members from across the County joined a one-hour Activate Palm Springs debrief.
- On March 22<sup>nd</sup>, the Blue Zones Team delivered a **Value Impact Analysis** to the Steering Committee to learn more about the cost of doing nothing and the return on investing in well-being improvement.

### **Next Steps**

- With all In-Community Activities completed, Blue Zones' internal team are working expeditiously to produce a series of reports and proposals that will be released in April / May.
- Additionally, local champions will also be scheduling a series of sponsor development meetings to discuss interest and capacity for funding a next-phase transformation initiative.



**Anne Mayer**

Executive Director  
Riverside County  
Transportation Committee



**Cindy Roth**

Former CEO  
Greater Riverside  
Chamber of Commerce



**Columbus Batiste**

Chief of Cardiology  
Kaiser Permanente



**Conrado Barzaga (Dr.)**

CEO  
Desert Healthcare  
District & Foundation



**David Brinkman**

Executive Director  
DAP Health



**Dayne Brassard**

CEO  
Tilden-Coil  
Construction



**Diana Fox**

Executive Director  
Reach Out



**Edward Coronado**

Advisor to Mayor:  
Policy and Advocacy  
City of Riverside



**Edwin Gomez (Dr.)**

Superintendent  
Riverside County  
Office of Education



**Gabriel Martin (Dr.)**

City Manager  
City of Coachella



**Geoff Kors**

Former Mayor  
City of Palm Springs



**Jarrod McNaughton**

Chief Executive Officer  
Inland Empire  
Health Plan (IEHP)



**Jeff Van Wagenen**

Chief Executive Officer  
Riverside County -  
Executive Office



**Jennifer Cruikshank**

Chief Executive Officer  
RUHS Medical  
Center



**Jodie Wingo**

President &  
Chief Executive Officer  
Community Health Association  
Inland Southern Region



**Lauren Bruggemans**

Director of Sustainability &  
Community Engagement  
Palm Springs Convention  
& Visitor Center



**Linda Evans**

Chief Strategy Officer  
Community Advocacy for  
Desert Care Network



**Lisa Wright**

President  
Inland SoCal United Way,  
211+ Connect IE



**Mark Wolfson**

Chair & Professor  
UC Riverside



**Martin (Marty) Massiello**

President &  
Chief Executive Officer  
Eisenhower Health



**Michele Finney**

CEO  
Desert Regional  
Medical Center



**Rafael Guzman**

Assistant City Manager  
City of Riverside



**Rusty Bailey**

Former Mayor  
City of Riverside



**Silvia Paz**

Executive Director  
Alianza



**Tom Dolan**

Executive Director  
Inland Congregations  
United for Change



**Wes Winter**

Executive Director  
Mizell Senior Center



**Zareh Sarrafian**

Assistant CEO  
RUHS

*Riverside County -  
Steering Committee*





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: LAFCO 2023 Special District Selection Committee Election Ballot – East and West Portion of the County

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**Background:**

- The Local Area Formation Commission (LAFCO) released a notice for Special District Member representation to fill one vacancy in the Eastern portion of the county and one vacancy in the Western portion of the county.
- On January 19, LAFCO released a formal call for nominations.
- The Presiding Officer, Evett PerezGil, is eligible to vote for the position, with the Eastern portion of the county term expiring May 6, 2024.
- The nomination and vote do not require board action.
- Director Kimberly Barraza is the nominee to represent the Desert Healthcare District.
- The commission includes two city council representatives, two special district board members, one public member, and meets the fourth Thursday of every month.
- The commission consists of two committees – Administrative and Legislative Review.

**Election Process:**

- The Special District Selection Committee (SDSC) consists of the presiding officer of each independent special district in Riverside County.
- The nomination period closed on February 21, and the ballots were distributed on February 23 to the presiding officers.
- On March 15, Director Barraza contacted the presiding officer describing her newly assigned work responsibilities and, as a result requested a withdrawal from the ballot.
- After attending a virtual forum of the candidates, the presiding officer cast her vote for one nominee from each region.
- 55 voting districts are eligible, requiring 28 cast ballots to meet the quorum.
- Attached are the ballot and ballot instructions.





February 23, 2023

via electronic mail

**2023 BALLOT INSTRUCTIONS FOR SPECIAL DISTRICT SELECTION COMMITTEE,  
ONE (1) EASTERN REGION MEMBER AND ONE (1) WESTERN REGION MEMBER  
OF THE RIVERSIDE LOCAL AGENCY FORMATION COMMISSION**

To Special District Selection Committee Members:

**Please read these instructions carefully before completing your ballot.** As previously announced, a physical meeting of the Special District Selection Committee (SDSC) is not feasible at this time, therefore, the selection proceedings are being conducted by electronic mail or regular USPS mail. A nomination period for the positions in the title above was opened on Monday, January 23, 2023, and closed at 5:00 p.m. on Tuesday, February 21, 2023.

Enclosed you will find an official election ballot sectioned by region, as follows:

**One (1) LAFCO Regular Special District Member – Eastern Riverside County:** A total of three (3) eligible nominations were received for this position. Candidates are restricted to the eastern region area of the County.

**One (1) LAFCO Regular Special District Member – Western Riverside County:** A total of six (6) eligible nominations were received for this position. Candidates are restricted to the western region area of the County.

All members of the SDSC may cast a ballot for one (1) regular member from each region.

Pursuant to procedures adopted by the Selection Committee in 2016, the election for a LAFCO regular member position will be conducted using Instant Runoff Voting (IRV). IRV eliminates the requirement for the expensive and lengthy process of sending out a second runoff ballot to achieve a majority. An example demonstrating how IRV works is attached.

Please fill out your ballot by ranking each region's nominees in the order of preference, using "1" for your first choice, "2" for your second choice and so on. Please note ranking more than one candidate will not work against your first choice candidate, however, voting for only one candidate is allowed. Do not mark the same number beside more than one candidate and do not skip numbers.



**General Instructions and Information:**

- Completed ballots must be delivered via electronic mail to [rholtzclaw@lafco.org](mailto:rholtzclaw@lafco.org), or by regular mail delivered to the LAFCO office at 6216 Brockton Avenue, Suite 111-B, Riverside CA 92506 **no later than 5:00 p.m. on Monday, March 27, 2023.**
- Only the presiding officer or another board member authorized by your board of directors to vote, may cast the ballot. Board members designated by their district board to vote in place of the presiding officer must provide that authorization (in the form of a resolution or minute order) to LAFCO no later than the time the ballot is cast. District managers or other staff members may not vote.
- The voting member must print his or her name on the ballot as well as sign and date the certification indicating he or she is authorized to vote for the district.
- We must receive a ballot with an original signature. However, if you deliver your ballot via electronic mail, you may return a scanned copy of the signed ballot by email to +
- Failure to follow these instructions will invalidate the ballot.

Finally, these positions ensure special districts are appropriately represented on our local boards. Appointments are only valid if ballots representing a quorum, from 28 of our 55 independent special districts, are returned. Please return your ballots in a timely manner.

If you have any questions, please contact our office at (951) 369-0631.

Sincerely,



GARY THOMPSON  
Executive Officer

Attachments:

2023 Special District Selection Committee – Official Election Ballot  
Instant Runoff Voting Election Process (IRV)

February 23, 2023

via electronic mail

## SPECIAL DISTRICT SELECTION COMMITTEE 2023 OFFICIAL ELECTION BALLOT

**Name of District:** Desert Healthcare District  
Print District Name Here (required)

**Certification of voting member:**

I, Evelt PerezGil hereby certify that I am (check one):  
Print Name Here (required)

- the presiding officer of the above-named district.
- a member of the board of the above-named district authorized by the board to vote in place of the presiding officer. [Authorization:  previously transmitted  attached]

Evelt PerezGil 3/20/2023  
Presiding Officer Signature (required) Date (required)

### RIVERSIDE LOCAL AGENCY FORMATION COMMISSION Regular Special District Members

**Vote for one (1) from each region**

**Please rank the candidates in preferential order, "1" being the first preference, "2" being the second, etc.**

**Eastern Region**  
(Term runs through May 6, 2024)

	Circle rank for each candidate
<b>BRUCE C. UNDERWOOD</b> , Coachella Valley Public Cemetery District	1 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span> 3
<b>KIMBERLY BARRAZA</b> , Desert Healthcare District	1 2 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span>
<b>CÁSTULO R. ESTRADA</b> , Coachella Valley Water District	<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span> 2 3

Listed in random drawing order conducted on 2-22-2023

**Western Region**  
(Term runs through May 4, 2026)

	Circle rank for each candidate
<b>LARRY SMITH</b> , San Gorgonio Pass Water Agency	1 2 3 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">4</span> 5 6
<b>CAROL L. GONZALES-BRADY</b> , Rancho California Water District	1 2 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span> 4 5 6
<b>STEPHEN J. CORONA</b> , Eastern Municipal Water District	1 2 3 4 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">5</span> 6
<b>STEVE A. PASTOR</b> , Lake Hemet Municipal Water District	1 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span> 3 4 5 6
<b>ANGELA D. LITTLE</b> , Valley-Wide Recreation & Park District	<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span> 2 3 4 5 6
<b>JOHN SKERBELIS</b> , Rubidoux Community Services District	1 2 3 4 5 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">6</span>

Listed in random drawing order conducted on 2-22-2023

Completed ballots must be delivered via electronic mail to [rholtzclaw@lafco.org](mailto:rholtzclaw@lafco.org), or by regular mail delivered **no later than 5:00 p.m. on March 27, 2023** to Riverside LAFCO, 6216 Brockton Avenue, Suite 111-B, Riverside CA 92506.



Date: March 28, 2023  
To: Board of Directors  
Subject: CEO Community Engagements and District Media Visibility

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**Background:**

- Continuing with the key professional responsibilities of the District’s CEO in maintaining and developing the organization’s external relations by communicating the organization’s mission and achievements effectively to stakeholders and to create links with community constituents so the highest degree of impact can be achieved through the most effective use of resources.
- The following is brief information regarding some of the past, current, and upcoming presentations and community engagements involving the CEO.

**Information:**

- Meeting Marcus Cannon, LMFT, Deputy Director, RUHS Mental Health Services – February 24, 2023
- Meeting with Huron Consulting – February 24, 2023
- Meeting with Activate Inclusion, DEI Training Overview – February 24, 2023
- Planning meeting with Momentous, Promotoras Recognition Event – February 27, 2023
- Attended the unveiling of HARC 2022 Coachella Valley Community Health Survey – February 28, 2023
- Air Quality Emergency Communication Plan: Key stakeholder Meeting – March 28, 2023
- Interview with Marián Bouchot, KESQ about COVID-19 – March 1, 2023

- Meeting with Alex Sanchez & Michael Curry, Field Representatives for ASM Greg Wallis – March 1, 2023
- Presented at the Serving from the Heart Symposium – March 1, 2023
- Meeting with Dr. Peter Eveland, California University of Science and Medicine – March 2, 2023
- ACHD CEO Roundtable Meeting – March 2, 2023
- Meeting with Huron Consulting Group – March 3, 2023
- Meeting with S360 – March 3, 2023
- Meeting with Brian MacGavin, Emergency Management Department Program Director, County of Riverside – March 3, 2023
- Meeting with Stephen Bennett and Mihai Patru, CaravanSerai Project – March 3, 2023
- Meeting with IEHP to explore collective impact – March 6, 2023
- Meeting with Jaime Alonso, GRID to explore education/workforce development – March 6, 2023
- Meeting with College of the Desert senior leadership to explore Nursing Program expansion opportunities to expand workforce pipeline – March 7, 2023
- Meeting with Huron Consulting Group – March 8, 2023
- Meeting with Maria Paz, Altamed – March 8, 2023
- UCR Center for Health Disparities Research (HDR) meeting – March 9, 2023
- Meeting with Kathleen Titus, Henry Schein – March 9, 2023
- Meeting with Kimberly Saruwatari and Dr. Goeffrey Leung, RUHS Public Health regarding Fentanyl crisis actions – March 13, 2023
- Riverside County Hazard Mitigation Plan Overview – March 13, 2023
- Interview with Ema Sazic, the Desert Sun – March 14, 2023
- Meeting with Coachella Valley Unified School District – March 15, 2023
- Blue Zones Initiative, Activate Palm Springs - Steering Committee Debrief – March 17, 2023
- Meeting with Huron Consulting Group – March 17, 2023

- Meeting with Union Bank representative regarding banking industry instability – March 20, 2023
- Meeting regarding Hocker Productions ideas for DHCD 75th Anniversary activities – March 20, 2023
- Attended (virtual) California Assembly Health Committee Hearing on AB 869 – March 21, 2023
- Meeting with S360 – March 21, 2023
- Blue Zones Steering Committee Meeting - Value Impact Analysis – March 22, 2023
- Inland Empire Funders Alliance – Interview with Krista Jensen, Praxsys Leadership regarding advocacy funding – March 22, 2023
- Meeting with The Galilee Center – March 23, 2023
- Meeting with Huron Consulting Group – March 24, 2023
- ASM Eduardo Garcia Open House – March 24, 2023
- Attended the California Women in Agriculture event – March 24, 2023
- Meeting with ASM Eduardo Garcia and ASM Robert Rivas – March 25, 2023
- DAP Health Gala – March 25, 2023

### **District Media Visibility**

March 17 – The Desert Sun – “DAP Health CEO, The Chase honorees reflect on work serving others, upcoming celebration” <https://www.desertsun.com/story/news/health/2023/03/17/qa-dap-health-ceo-the-chase-honorees-reflect-on-helping-others/69989055007/>

March 1 – KESQ – “Coachella Valley health report predicts more adults will lose insurance as pandemic relief ends” <https://kesq.com/top-stories/2023/03/01/coachella-valley-health-report-predicts-more-adults-will-lose-insurance-as-pandemic-relief-ends/>

February 20 – The Desert Sun – “Donna Karan, Desert Healthcare District to be honored, Darren Criss to Perform at 29<sup>th</sup> Annual Steve Chase Humanitarian Awards” ... <https://www.desertsun.com/story/news/health/2023/02/20/darren-criss-to-perform-at-29th-annual-steve-chase-humanitarian-awards/69923782007/>



**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
March 07, 2023**

<b>Directors Present</b>	<b>District Staff Present</b>	<b>Absent</b>
Chair/Director Leticia De Lara, Chair President Evett PerezGil Director Les Zendle, MD	Conrado E. Bázquez, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, Senior Program Officer, Behavioral Health Eric Taylor, Accounting Manager Andrea S. Hayles, Board Relations Officer	

<b>AGENDA ITEMS</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>I. Call to Order</b>	The meeting was called to order at 3:08 p.m. by Chair De Lara.	
<b>II. Approval of Agenda</b>	Chair De Lara asked for a motion to approve the agenda.	<b>Moved and seconded by Director Zendle and President PerezGil to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b>	Chair De Lara asked for a motion to approve the October 18, 2022, meeting minutes.	<b>Moved and seconded by Director Zendle and President PerezGil to approve the October 18, 2022, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. Old Business</b>	There was no Old Business to report.	
<b>VI. New Business – Existing Policy Revisions</b>		
<b>1. Policy #BOD-03 – Appointment to Committees</b>	Chris Christensen, CAO, described the addition of the Board and Staff Communications and Policies Committee in the appointment and to committees' policy, including other minor revisions.	<b>Moved and seconded by President PerezGil and Director Zendle to approve Policy #BOD-03 – Appointment to Committees and forward to the Board for approval. Motion passed unanimously.</b>
<b>2. Policy #BOD-06 – Filling a Vacancy on the Board</b>	Chris Christensen, CAO, described the minor change to the date of the policy.	<b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #BOD-06 – Filling a Vacancy on the Board and forward to the Board for approval. Motion passed unanimously.</b>

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
March 07, 2023**

<p><b>3. Policy #BOD-07 – Board &amp; Committee Meeting Agenda</b></p>	<p>Chris Christensen, CAO, provided an overview of the policy changes with the addition of item #1 in the guidelines for placing a matter on the agenda, the Board President or any three Board Members may contact the Board President for the request.</p> <p>The committee recommended modifying from three to two Board Members requesting an item placed on the agenda.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #BOD-07 – Board &amp; Committee Meeting Agenda and modifying from three to two Board Members requesting an item placed on the agenda and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>4. Policy #BOD-09 – Rules of Order for Board and Committee Meetings</b></p>	<p>Chris Christensen, CAO, described the minor change to the date of the policy.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #BOD-09 – Rules of Order for Board and Committee Meetings and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>5. Policy #BOD-10 – Board Meeting Conduct</b></p>	<p>Chris Christensen, CAO, described the minor change to the date of the policy.</p>	<p><b>Moved and seconded by President PerezGil and Director Zendle to approve Policy #BOD-10 – Board Meeting Conduct and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>6. Policy #OP-5 – Grant &amp; Mini Grant Policy</b></p>	<p>Chris Christensen, CAO, described the additional language and transparency for compliance with AB 2019, including the ACHD recertification.</p>	<p><b>Moved and seconded by President PerezGil and Director Zendle to approve Policy #OP-5 – Grant &amp; Mini Grant Policy and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>7. Policy #OP-06 – Delegating Minor Claims Settlement to the CEO</b></p>	<p>Chris Christensen, CAO, described the minor change to the date of the policy.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #OP-06 – Delegating Minor Claims Settlement to the CEO and forward to the Board for approval. Motion passed unanimously.</b></p>



**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
March 07, 2023**

<p><b>8. Policy #OP-07 – Lease Compliance</b></p>	<p>Chris Christensen, CAO, described the minor change to the date of the policy.</p> <p>The committee discussed public comments during Board meetings related to Desert Regional Medical Center (DRMC) and oversight of hospital, possibly revising the policy concerning complaints, modifying the first paragraph, referring the public to the policy, and further directing matters to the DRMC compliance officer.</p> <p>The committee recommended tabling the matter until Legal Counsel and the CEO review and potentially modify the first paragraph of the policy and forward to the Board at the March meeting for approval or the next Policies Committee meeting.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to table Policy #OP-07 – Lease Compliance for Legal and CEO review to discuss modifications in the first paragraph and forward to the Board for approval or at the next Policies Committee meeting. Motion passed unanimously.</b></p>
<p><b>9. Policy #OP-08 – Strategic Plan</b></p>	<p>Chris Christensen, CAO, described the minor modifications to the strategic plan policy and the inclusion of the mission statement. Staff will ensure that “optimal” is included in the mission statement.</p> <p>The committee discussed Director Shorr’s recommendation to review the strategic plan annually. The committee determined that it would assess and review the strategic plan at the quarterly strategic planning committee meetings with recommendations</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #OP-08 – Strategic Plan and forward to the Board for approval with the inclusion of “optimal” in the mission statement. Motion passed unanimously.</b></p>



**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING**  
**MEETING MINUTES**  
**March 07, 2023**

<p><b>10. Policy #OP-10 – Policies and Procedures - Bidding Regulations Governing Purchases of Supplies and Equipment, and Bidding for Public Works Contracts</b></p>	<p>to the Board with no additional modifications to the policy.</p> <p>Chris Christensen, CAO, described the minor change to the date of the policy.</p>	<p><b>Moved and seconded by President PerezGil and Director Zendle to approve Policy #OP-10 – Policies and Procedures - Bidding Regulations Governing Purchases of Supplies and Equipment, and Bidding for Public Works Contracts and forward to the Board for approval.</b> <b>Motion passed unanimously.</b></p>
<p><b>11. Policy #OP-13 – Sustainability Program</b></p>	<p>Chris Christensen, CAO, described the edits to the policy with the inclusion of additional sustainability guidelines.</p> <p>The committee recommended the inclusion of virtual meetings when appropriate under the guidelines of the Brown Act pending legal review to item #4.</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #OP-13 – Sustainability Program and forward to the Board for approval the inclusion of virtual meetings when appropriate under the guidelines of the Brown Act pending legal review to item #4.</b> <b>Motion passed unanimously.</b></p>
<p><b>12. Policy #OP-16 – CEO Discretionary Fund &amp; Sponsorships</b></p>	<p>Director Zendle recapped his position that does not relate to concerns of the financial increase but ensuring that the funds are not for bypassing grants or mini-grants, including inappropriate use for partiality and concerns about board members inquiring with the CEO for sponsorships, which places the CEO and Directors in an uncomfortable position.</p> <p>The committee discussed Board members' sponsorship requests, matters that should be presented to the Board, sponsoring events for grantees, advocating as Board members for the CEO's discretion, and</p>	<p><b>Moved and seconded by Director Zendle and President PerezGil to approve Policy #OP-16 – CEO Discretionary Fund &amp; Sponsorships and forward to the Board for approval.</b> <b>Motion passed unanimously.</b></p>

**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING  
MEETING MINUTES  
March 07, 2023**

	<p>determining when to use mini-grants for some matters.</p> <p>The committee approved the CEO Discretionary Fund policy as-is, and the CEO will report monthly expenses at the Board meeting in the CEO Report agenda line item. Additionally, the action of the CEO Discretionary fund is listed on the Board meeting agenda in the Policies Committee report.</p>	
<p><b>VI. Future Topics &amp; Issues</b></p>	<p>Director Zendle described relations between the directors, staff, code of conduct issues, communications, and interactions, including directors not providing justifications to nay votes. Director Zendle also suggested calendaring special meetings and workshops for the remainder of the year, an annual half-day retreat, and an in-person AB 1234 ethics training.</p> <p>President PerezGil suggested a code of conduct meeting concerning respecting everyone’s opinion.</p> <p>Dr. Bárzaga described an upcoming Diversity, Equity, and Inclusion (DEI) training and identifying a consultant for governance and development workshops.</p> <p>The committee directed staff to reserve the third Tuesday of every month as a placeholder for any special meetings.</p>	
<p><b>VII. Adjournment</b></p>	<p>Chair De Lara adjourned the meeting at 4:23 p.m.</p>	<p><b><i>Audio recording available on the website at</i></b></p>



**BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE MEETING**  
**MEETING MINUTES**  
**March 07, 2023**

		<a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a>
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ATTEST: \_\_\_\_\_

Leticia De Lara, Chair/Director  
Board and Staff Communications & Policies Committee

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*



**POLICY TITLE:** CEO DISCRETIONARY FUND

**POLICY NUMBER:** OP-16

**COMMITTEE APPROVAL:** ~~03-07-2023~~02-10-2022

**BOARD APPROVAL:** ~~03-28-2023~~02-22-2022

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**POLICY #OP-16:** Discretionary funds awarded to the Chief Executive Officer (“CEO”) are intended to supplement existing and available funds and can be used to fund any qualified non-salaried District expenditure, except as noted in #3 below. Such expenditures, while not integral to District grant-making activities, support the overall activities of the CEO and the Desert Healthcare District community at large.

Discretionary Funds operate under the following guidelines:

1. The CEO Discretionary Fund is structured as a restricted account in the fiscal year awarded. The budget is established at \$50,000 per year.
2. The CEO Discretionary Fund cannot operate with a deficit balance.
3. Legitimate Business Purpose – The CEO must ensure expenses charged to Discretionary Fund are for legitimate business purposes as defined under IRS regulations and District policies. Examples of eligible expenditures are:
  1. Travel to meetings of professional associations or for research activities
  2. Temporary positions (consultants)
  3. Subscriptions to professional periodicals, memberships in professional organizations, reference books
  4. Sponsorship of events, conferences, and donations to local organizations
  5. Business-related meals and beverages, or hosted professional functions
4. Expenses Not Eligible – Personal expenses of any kind are not eligible for use of discretionary Fund. Examples of items not allowable include:
  1. Home office costs such as furniture and equipment, maintenance expenses, and supplies
  2. Political contributions under any circumstances
  3. Postage for personal correspondence
  4. Office phone sets, or ordinary line charges
  5. Memberships in social clubs or airline travel clubs
  6. Donations to organizations currently supported by District/Foundation grants are capped at \$5,000.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Monthly, the cumulative CEO Discretionary report shall be included in the financials presented to the Finance & Administration Committee. A detailed explanation of new charges shall also be presented by the CEO during the monthly CEO report.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

<u>Revised</u>	<u>03-28-2023</u>
Approved	02-22-2022

DRAFT



**POLICY TITLE:** CEO DISCRETIONARY FUND

**POLICY NUMBER:** OP-16

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

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**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

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**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	03-28-2023
Approved	02-22-2022

DRAFT



**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
March 14, 2023**

Directors Present via Video Conference	District & Legal Counsel Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Jana Trew, SPO, Senior Program Officer, Behavioral Health Meghan Kane, MPH, Senior Program Officer, Public Health Andrea S. Hayles, Board Relations Officer	Alejandro Espinoza, Chief of Community Engagement

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	The meeting was called to order at 5:01 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 Director De Lara and Vice-President Zavala to approve the agenda. Motion passed unanimously.</b>
<b>III. Meeting Minutes</b> <b>1. February 14, 2023</b>	Chair PerezGil asked for a motion to approve the February 14, 2023 meeting minutes.	<b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the February 14, 2023, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There were no public comments.	
<b>V. CEO Report</b>  <b>1. Consideration to approve and forward to the board a Diversity, Equity, and Inclusion (DEI) Skill Development Proposal with Activate Inclusion for Board and Staff training</b>	Conrado E. Bárzaga, MD, CEO, provided an overview of discussions on Diversity, Equity, and Inclusion and the recommendation from Vice-President Zavala for Activate Inclusion, which fits the needs of the District reflecting the demographic shift as a result of the expansion in the community for the board and staff tailored to the needs and work of the	<b>Moved and seconded by Vice-President Zavala and Director De Lara to approve the Diversity, Equity, and Inclusion (DEI) Skill Development Proposal with Activate Inclusion for Board and Staff training and forward to the Board for approval. Motion passed unanimously.</b>



DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
March 14, 2023

	District, also a component to advance equity in grantmaking.	
<b>VI. Old Business</b>		
<p><b>1. Consideration to approve and forward to the Board a 4-month no-cost grant extension for Grant #1296 – Coachella Valley Volunteers in Medicine – Improving Access to Healthcare Services – Strategic Plan Goal #2: Proactively expand community access to primary and specialty care services / Strategy 2.4 Provide funding support to community organizations providing primary and specialty care via telehealth</b></p>	<p>Chair PerezGil described the 4-month no-cost grant extension for Coachella Valley Volunteers in Medicine – Improving Access to Healthcare Services inquiring about any questions.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1296 – Coachella Valley Volunteers in Medicine – Improving Access to Healthcare Services 4-month no-cost grant extension and forward to the Board for approval.</b></p> <p><b>Motion passed unanimously.</b></p>
<p><b>2. Consideration to approve and forward the Board revisions to Policy #OP-5 – Grant &amp; Mini Grant Policy</b></p>	<p>Chair PerezGil inquired on any questions concerning the modifications to the Grant &amp; Mini Grant Policy.</p> <p>There were no questions or comments.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve revisions to Policy #OP-5 – Grant &amp; Mini Grant Policy and forward to the Board for approval.</b></p> <p><b>Motion passed unanimously.</b></p>
<p><b>3. Consideration to adopt the Foundant Grant Lifecycle Manager grant management software platform from the current Blackbaud Grantmaking software</b></p>	<p>Dr. Bárzaga, CEO, described the comparable costs of Blackbaud, the current grant management software, and the Foundant Grant Lifecycle Manager platform, which is more user-friendly for the grantees and staff. The Regional Access Project Foundation (RAP) uses the platform and has no objections to the software.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve to adopt the Foundant Grant Lifecycle Manager grant management software platform and forward to the Board for approval.</b></p> <p><b>Motion passed unanimously.</b></p>

**DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
March 14, 2023**

<p><b>4. Desert Healthcare District/Regional Access Project Foundation Health/Mental Health partnership RFP – UPDATE</b></p>	<p>Donna Craig, Chief Program Officer, described the closure of the Letters of Intent (LOI), the forty-five submissions, District and RAP staff reviewing the LOIs, with a determination of fifteen unfit for eligibility, and thirty invited to submit applications. In April, staff will review the applications with over \$2.8M in funding.</p> <p>Dr. Bárzaga, CEO, provided an update indicating that due to the number of applications and for all grantee qualifications, the RAP Foundation is supplementing another \$100k to the RFP, inquiring about a consensus from the committee to forward a \$100k additional match from the District for action to the Board.</p> <p>The committee recommended forwarding the additional \$100k match from the District to the Board for review and approval.</p>	
<p><b>VII. Program Updates</b></p> <ol style="list-style-type: none"> <li><b>1. Progress and Final Reports Update</b></li> <li><b>2. Grant Applications and RFP Proposals Submitted and Under Review</b></li> <li><b>3. Grant Payment Schedule</b></li> </ol>	<p>Chair PerezGil inquired with the committee concerning any questions about the progress and final reports, grant applications and RFP proposals submitted and under review, and the grant payment schedule.</p> <p>Director De Lara inquired if Well in the Desert obtained their financial audit; however, mini-</p>	

DESERT HEALTHCARE DISTRICT  
PROGRAM COMMITTEE MEETING  
MEETING MINUTES  
March 14, 2023

	grant approval does not necessitate audited financials.	
<b>VIII. Grant Funding Requests</b>		
<b>1. Grant #1377 Coachella Valley Journalism Foundation \$300,000 over 3 years to fund 2 Desert Sun and KESQ-TV reporters – declined by staff</b>	<p>Donna Craig, Chief Program Officer, described the declination of the Coachella Valley Journalism Foundation grant request due to several criteria outside of the District’s guidelines for grantmaking, including the priorities within the strategic plan.</p> <p>The committee supports the grant recommendation of declination based on the criteria presented by staff.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to decline Grant #1377 Coachella Valley Journalism Foundation \$300,000 over 3 years to fund 2 Desert Sun and KESQ-TV reporters and forward to the Board for approval of the declination. Motion passed unanimously.</b></p>
<b>IX. Committee Members Comments</b>		
<b>X. Adjournment</b>	Chair PerezGil adjourned the meeting at 5:21 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: \_\_\_\_\_  
 Evett PerezGil, Chair/ President, Board of Directors  
 Program Committee

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*



**Date:** March 14, 2023

**To:** Program Committee – District

**Subject:** Progress and Final Grant Reports 2/1/2023 – 2/28/2023

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**The following progress and final grant reports are included in this staff report:**

**Voices For Children # 1314**

Grant term: 7/1/2022 – 6/30/2023

Original Approved Amount: \$60,000.

**Progress Report** covering the time period from: 7/1/2022 – 12/31/2022

**Pueblo Unido CDC # 1331**

Grant term: 7/1/2022 – 6/30/2024

Original Approved Amount: \$50,000.

**Progress Report** covering the time period from: 7/1/2022 – 12/31/2022

**Desert Cancer Foundation # 1289**

Grant term: 1/1/2022 – 12/31/2022

Original Approved Amount: \$150,000.

**Final Report** covering the time period from: 1/1/2022 – 12/31/2022

## **Grant Progress Report**

**Voices for Children, Grant#: 1314**

### **Court Appointed Special Advocate (CASA) Program**

#### **Strategic Plan Goal:**

Goal 2: Proactively expand community access to primary and specialty care services

Goal 3: Proactively expand community access to behavioral/mental health services

#### **Strategic Plan Strategy:**

Strategy 2.7 Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services (Priority: Moderate)

**Reporting Period:** 7/1/2022 - 12/31/2022

Jessica Munoz

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JessicaM@speakupnow.org

### **Grant Information**

**Grant Amount:** \$60,000

**Paid to date:** \$27,000

**Balance:** \$33,000

**Due Date:** 2/1/2023

### **Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (6/30/2023):

#### **Progress Outcomes:**

Voices for Children (VFC) is pleased to report that we are on track to achieve each of our program goals.

#### **Goal #1:**

*By June 30, 2023, 30 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services.*

*This project goal coincides with the District and Foundation's Strategic Plan performance measure: "# of individuals who were connected to primary and specialty healthcare services in underserved communities" under strategy 2.7: "Utilize an equity lens to expand services and resources to underserved communities."*

**Progress of Goal #1:**

Goal 1: By June 30, 2023, 30 underserved Coachella Valley youth in foster care will be matched with a CASA who will ensure that they receive primary and/or specialty healthcare services.

Progress: As of December 31, 2022, 30 Coachella Valley youth in foster care have been matched with a VFC CASA. Each child was referred for CASA services by judges, attorneys, and social workers. Each CASA completed 35 hours of initial training through Advocate University, VFC's internal CASA training program.

VFC Advocacy Supervisors are monitoring each child's access to health services through monthly updates from CASAs. Advocacy Supervisors maintain detailed case notes about a child's overall health, emerging health issues, and medical care. Every six months, Advocacy Supervisors and CASAs are submitting a comprehensive court report which includes information about a child's health, including information about their medical and dental exams, immunizations, prescribed medications, developmental milestones, and access to health services.

**Goal #2:**

*By June 30, 2023, the 30 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services.*

*This project goal coincides with the District and Foundation's Strategic Plan performance measure "# of individuals who were connected to behavioral/mental health services" under strategy 3.7 "Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services."*

**Progress of Goal #2:**

Goal 2: By June 30, 2023, the 30 underserved Coachella Valley youth in foster care who have been matched with a CASA will receive access to any necessary behavioral/mental health services

Progress: As of December 31, 2022, the 30 Coachella Valley youth in foster care who have been matched with a CASA are receiving access to any necessary behavioral/mental health services. VFC Advocacy Supervisors monitor each child's behavioral and mental health on a monthly basis as they receive updates from CASAs. The comprehensive court report that Advocacy Supervisors and CASAs develop every

six months includes information about a child's mental health, access to behavioral and mental health services, therapeutic goals and progress, and prescribed medications.

### **Progress on the Number and Location of District Residents Served**

**Proposed number of District residents to be *directly* served:**

Total: 30

**Progress on the number of District residents *directly* served:**

Total: 30

**Proposed number of District residents to be *indirectly* served:**

Total: 0

**Progress on the number of District residents *indirectly* served:**

Total: 27

**Geographic area(s) served during this reporting period:**

Cathedral City

Coachella

Desert Hot Springs

Indio

La Quinta

Mecca

Palm Desert

Palm Springs

Rancho Mirage

### **Project Tracking:**

- **Is the project on track? Yes**
- **Please describe any specific issues/barriers in meeting the desired outcomes:**

VFC has encountered no issues or barriers that will prevent us from meeting program goals.

- **If the project is not on track, what is the course correction? N/A**
- **Describe any unexpected successes during this reporting period other than those originally planned:**

VFC was honored that our staff and CASA volunteers received attention in multiple local publications during the grant period. We celebrate media attention since it helps us to grow our network and spread the word about the need for CASA volunteers to serve children in the Coachella Valley. CASA Tessa Voss was featured

in Palm Springs Life (<https://www.palmspringslife.com/40-under-40-tessa-voss/>) and our Philanthropy Manager, Brianna Miller, and Executive Director, Jessica Muñoz were featured in Desert Charities News's Women in Philanthropy ([https://issuu.com/awodigitalaedition/docs/desert\\_charities\\_nov\\_dec\\_2022?fr=sODNiZjUzOTEwNzY](https://issuu.com/awodigitalaedition/docs/desert_charities_nov_dec_2022?fr=sODNiZjUzOTEwNzY)). Desert Charities News also highlighted the need for additional community members to step forward as CASA volunteer Voices for Children's <https://www.dcnnews.com/volunteers-needed-to-advocate-for-riverside-county-youth-living-in-foster-care/>.

We would also like to share a story to celebrate the impact the DHCD grant is having in the lives of Coachella Valley children in foster care:

■■■■-year-old ■■■■ has been in and out of the foster care system ever since he was a toddler. He re-entered the foster care system in 2016 after suffering physical abuse and neglect at the hands of his parents. Since entering care, ■■■■ has lived in 12 different foster and group home placements.

■■■■ has been matched with CASA ■■■■ since 2021. Although he is slow to trust adults, he has built developed a trust-based relationship with ■■■■ during her consistent bi-monthly visits. Like many youth who have experienced trauma, ■■■■ has significant mental health challenges, including depression and anxiety. In addition to his mental health challenges, ■■■■ suffers from extreme nosebleeds, and he recently told ■■■■ that he is having trouble seeing the board at school.

■■■■ has changed placements multiple times since he was matched with ■■■■, and she is the now the adult on his case who is most familiar with his medical and behavioral history. Each time ■■■■ changes placements, there is a risk that he may experience delays or gaps in his access to critical health and behavioral health services. This fall, ■■■■ changed placements twice within a five-week period. During this time, he also lost access to the therapist who he had been working with for over a year. ■■■■ submitted a court report with detailed information about ■■■■'s unaddressed health and behavioral health needs. She included a reminder that ■■■■'s former therapist had recommended that he undergo a medication evaluation with a psychiatrist based on some emerging psychological symptoms she had observed. ■■■■ also reminded that team that ■■■■'s nose cauterization had been delayed two times due to home placement changes, and she recommended that he be screened by an optometrist.

After the court hearing, ■■■■'s attorney reached out to ■■■■ to thank her for the critical information she had provided. ■■■■ received the cauterization surgery and he has upcoming appointments with a psychiatrist and an optometrist. If it were not for ■■■■'s advocacy, ■■■■ may have gone without access to critical services. Thank you to the Desert Healthcare District for supporting children like ■■■■ to have the advocacy of CASAs like ■■■■.



## **Grant Progress Report**

**Pueblo Unido Community Development Corporation, Grant#: 1331**

**Interim Drinking Water Program Core Support**

**Strategic Plan Goal:**

Goal 3: Proactively expand community access to behavioral/mental health services.

**Strategic Plan Strategy:**

Strategy 3.7 Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services.

**Reporting Period:** 7/1/22 to 12/31/2022

Sergio Carranza

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### **Grant Information**

**Grant Amount:** \$50,000

**Paid to date:** \$11,250

**Balance:** \$38,750

**Due Date:** 2/1/2023

### **Goals and Evaluation**

The specific benefits or measurable impact to be achieved by: (6/30/2024):

**Progress Outcomes:**

Pueblo Unido CDC (PUCDC) is well on track to meeting our goals. We are developing the schedule for quarter 1 of 2023 for additional Point-of-Use (POU) installations, quarterly arsenic sampling and monitoring. We continue to work with the U.S. Environmental Protection Agency (EPA) and other regulatory agencies to ensure Polanco mobile home park residents are receiving resources and tools needed to regulate their small water systems and comply with the appropriate regulations. Outreach is ongoing, reaching Polancos that have high levels of contaminants and that do not have any source of treatment.

**Goal #1:**

*By July 2024, PUCDC will provide environmental and public health training and education resources to at least 480 low-income residents of Polanco mobile home parks*

*in the Eastern Coachella Valley through one Health Resources Fair (Spring 2023), three capacity-building training workshops (1st, 2nd and 4th quarters of calendar year 2023); and eight community meetings (2023-2024). This project goal coincides with the following DHCD Strategic Plan performance measures: “# of community awareness activities related to educating the community around behavioral/mental health services and resources”; “# of individuals reached through behavioral/mental healthcare community awareness activities (indirect)”; and “# of individuals who were connected to behavioral/mental health services and resources (direct)” under strategy 3.6 Educate community residents on available behavioral/mental health resources.*

**Progress of Goal #1:**

During the reporting period, PUCDC made the decision to change direction on the original proposed goal due to the urgency around safe drinking water in the Eastern Coachella Valley, especially in the vicinity around Oasis Mobile Home Park and the active involvement of the U.S. EPA. PUCDC provided technical assistance to the Polanco mobile home parks that transitioned from being regulated by Riverside County to the U.S. EPA.

In collaboration with the U.S. EPA, Pueblo Unido assisted a total of 19 Polanco mobile home parks in developing a compliance plan for arsenic and other contaminant treatment. This included creating a schedule for POU installations for seven mobile home parks under an Emergency Notice for high levels of arsenic. In addition, PUCDC hosted two community meetings and three individual Polanco meetings to discuss the compliance plan and site sample plans. This included information about the water quality, the Safe Drinking Water Act, and best practices for access to safe drinking water.

PUCDC assisted the park owners in collecting water samples, recording and sharing the analytical results with residents to build trust in the safety of the treated water and the importance of working together to ensure compliance and safety.

**Goal #2:**

*By July 2024, PUCDC will expand access to safe drinking water by installing 96 under the sink Reverse Osmosis water filtration systems to provide drinkable water and of improved quality for an estimated 480 low-income residents of Polanco mobile home parks in the Eastern Coachella Valley. This project goal coincides with the DHCD Strategic Plan performance measure “# of individuals who received culturally-sensitive behavioral/mental health services” under strategy 3.7 Collaborate/partner with community providers to enhance access to culturally-sensitive behavioral/mental health services.*

**Progress of Goal #2:**

Eighty (80) new POU units were installed during this period at ten different Polanco mobile home parks serving 320 people. Five of those Polanco parks received an Emergency Notice from U.S. EPA at the beginning of 2022. PUCDC worked with the U.S. EPA and the park owners during this time to create a plan that will move these

parks into compliance with the Safe Drinking Water Act, treating the arsenic and monitoring the POU units to ensure residents have access to safe drinking water at their home.

## **Progress on the Number and Location of District Residents Served**

**Proposed number of District residents to be *directly* served:**

Total: 480

**Progress on the number of District residents *directly* served:**

Total: 320

**Proposed number of District residents to be *indirectly* served:**

Total: 4,000

**Progress on the number of District residents *indirectly* served:**

Total: 812

**Geographic area(s) served during this reporting period:**

Mecca

North Shore

Oasis

Thermal

## **Project Tracking:**

- **Is the project on track? Yes**
- **Please describe any specific issues/barriers in meeting the desired outcomes:**

The most challenging part of this cycle was the need to put the goals into implementation on an urgent time schedule. A great partnership between the U.S. EPA and PUCDC was leveraged, however, the U.S. EPA team is not local to the area, which limits the access to resources the agency has to offer, both to the people it serves and to PUCDC as a technical assistance provider. PUCDC's capacity for implementation was a bit challenging.

- **If the project is not on track, what is the course correction? N/A**
- **Describe any unexpected successes during this reporting period other than those originally planned:**

The level of collaboration between PUCDC and the U.S. EPA has been very successful. The agency used PUCDC's expertise in working with the community to develop their strategy and plan to get all 19 Polanco parks up to compliance with the Safe Drinking Water Act.

**Desert Cancer Foundation, Grant#: 1289**

**Patient Assistance Program**

**Strategic Area:** Vital Human Services to People with Chronic Conditions

**Reporting Period:** 1/1/2022 to 12/31/2022

Evet Edens

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**Grant Information**

**Grant Amount:** \$150,000

**Paid to date:** \$135,000

**Balance:** \$15,000

**Proposed Goals and Evaluation**

**The specific benefits or measurable impact to be achieved by:** (12/31/2022)

**Evaluation Plan:**

NEED

Desert Cancer Foundation (DCF) has been serving Coachella Valley residents for over 25 years. We are the only nonprofit that makes direct payments to healthcare providers on behalf of residents who otherwise could not afford vital care.

Desert Cancer Foundation kindly requests funding from the Desert Healthcare District in the amount of \$150,000 to help provide cancer care through our Patient Assistance (PA) program for District residents. The PA program aligns with DHCD's strategic Goal #2 – Community access to primary and specialty care.

**PARTNERSHIPS**

Desert Cancer Foundation has longstanding partnerships with local healthcare providers, including Desert Care Network's Comprehensive Cancer Center, Eisenhower Lucy Curci Cancer Center, City of Hope, over 10 local pharmacies and additional radiologist and oncologists. Together, we ensure patient navigation and timely access to cancer care and treatment.

DCF has negotiated contractual agreements with many of the providers, allowing for a

reduced rate for uninsured patients. Along with navigation to help access existing available resources, to leverage funds, where every \$1 translates to over \$10 in cancer care.

The PA program is an ongoing, well-managed process - from application to patient navigation, access to healthcare and treatment coverage.

**Goal #1:**

Provide financial assistance for Coachella Valley residents undergoing cancer care.

For the upcoming calendar year (January 1 to December 31, 2022), Desert Cancer Foundation (DCF) will provide financial assistance for Coachella Valley residents living within the Desert Healthcare District (DHCD) boundaries, ensuring access to healthcare for medical services related to cancer and its allied diseases.

Through the Patient Assistance (PA) program, DCF will provide financial assistance to approximately 120 District residents, 18 years and older; cover approximately 1,600 cancer care services and treatments, for an estimated \$115,000 paid directly to the healthcare providers.

For marginalized individuals (living at or below 300% of FPL), who are uninsured, underinsured, or simply lack funds for cancer care, Desert Cancer Foundation will cover the costs associated with their medical screening, diagnosis, and treatment. DCF will pay for insurance premiums and deductibles, co-insurance and co-pays, chemo and radiation therapies, scans and diagnostic screenings, prescription medications, and Medi-Cal Share of Cost.

**Evaluation of goal #1:**

DCF's Patient Assistance (PA) program is well-organized and managed, with the goal to process all incoming applications, provide coverage and access to healthcare. All data is gathered into a database and reconciled monthly.

Progress of the PA program (patients served, services rendered, dollar amount paid vs. billed) is provided and monitored monthly by the Executive Director (ED), Patient Assistance Committee and DCF's Board of Directors. There is also ongoing collaboration that ensures the program is being executed efficiently, as follows:

- A dedicated PA Coordinator works closely with healthcare partners to process patient applications.

- Applications are reviewed twice monthly by a PA Committee – comprised of social workers, oncologists, radiologists, pharmacists, insurance brokers, along with the PA Coordinator and ED – to ensure eligibility guidelines, review medical coverage, treatment plan, and leverage available resources to meet the patient needs.

- Patients approved into our program are entered into a database, with demographics

information including age, gender, ethnicity, zip code.

-DCF's Accounting Manager will process insurance premiums and medical bills, rendering payments directly to the providers. Billing and payment data is entered into a tracking system to allow for reporting.

**Goal #2:**

Patient Navigation to ensure all available resources for the patient.

From January 1 to December 31, 2022, Desert Cancer Foundation will provide patient navigation for cancer care services and treatment, for an estimated 120 patients residing in the District boundaries.

Through ongoing communication, collaboration, and outreach efforts with our local healthcare community, DCF will ensure the availability of our Patient Assistance program, as well as offer patient navigation (especially for newly diagnosed patients), to provide cancer-related screening, diagnosis, and access to services and vital treatment.

The Patient Assistance Coordinator works with social workers and patient navigators to ensure we leverage all available and existing resources to meet the patient's needs. This includes financial navigation – such as Medicare supplemental plans, Medi-Cal and other low-income subsidy programs, as well as additional support services such as transportation and mental health counseling.

**Evaluation of goal #2:**

DCF's Patient Assistance program is regularly monitored by the Patient Assistance Coordinator, Executive Director, and the PA Committee. We work closely with community social workers, financial counselors, doctors, nurses, and pharmacists, to ensure a smooth process for patient navigation and support.

There is ongoing collaborative work to access or leverage available resources to further alleviate the financial burden to our patients - subsidized funding or coverage options such as Covered California, Medi-Cal, Medicare supplemental plans, or Pharma Drug Assistance Programs. Patient navigation is further ensured with:

- A dedicated PA Coordinator who receives and reviews the applications, communicates with the patient, and prepares the summary for committee review.
  
- Our PA Coordinator also works alongside the healthcare community - social workers, financial counselors, and pharmacists - to ensure that a can access existing resources and support services, especially early in their cancer journey.
  
- Hosting bi-monthly PA Committee meetings to review and approve patient applications. DCF staff, along with social workers, doctors, and insurance brokers also provide patient navigation and discusses the most suitable resources for the patient.

- For patients approved into the program, there is ongoing oversight of coverage, treatment plan, services rendered, and billing review and paid.

Proposed number of District residents to be served:

**Total:** 120

Proposed geographic area(s) served:

Cathedral City  
Coachella  
Desert Hot Springs  
Indio  
La Quinta  
Mecca  
Palm Desert  
Palm Springs  
Thousand Palms  
Bermuda Dunes

**Final Progress:**

Final Outcomes on Goals and Evaluation

**Program/project final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.**

Desert Cancer Foundation pays for cancer care for local resident who are uninsured, underinsured, or need financial assistance with treatment. For the reporting period from January 1, 2022 to December 31, 2022, Desert Cancer Foundation (DCF) served a total of 129 unduplicated residents within District boundaries, paid a total of \$177,555 rendering access to 1077 medical services for cancer and allied diseases; in comparison to the estimated 120 residents, \$115,000 paid, and 1600 services as stated in the grant proposal.

The breakdown of dollar amount paid is as follows:

\$ 2,966 in Medi-Cal Share of Cost

\$ 53,639 in insurance premiums

\$ 116,221 in co-pays and co-insurance

\$ 4,729 in prescription medications

**Goal #1:**

Desert Cancer Foundation (DCF) delivered on its first goal to provide financial

assistance for Coachella Valley and surrounding community residents undergoing cancer care. DCF's Patient Assistance (PA) Program provided financial assistance to District residents, who are uninsured, underinsured, or lack funds to access or pay for treatment.

For the reporting period from January 1 to December 31, 2022, DCF provided financial assistance for marginalized residents living within the Desert Healthcare District (DHCD) boundaries, ensuring timely access to healthcare for medical services related to all cancer and allied diseases.

DCF served 129 unduplicated District residents (ages 25 & over), paid \$177,555 to local providers for 1077 cancer-related medical services. This is compared to the estimated 120 residents, \$115,000 paid and 1600 services, stated in the grant proposal.

For District residents living at or below 300% of FPL, DCF covered the out-of-pocket costs of insurance premiums and deductibles, co-pays, and co-insurance, and more. Medical services rendered included CT scans and diagnostic imaging, chemo and radiation therapies, prescription medications, and more.

#### **Evaluation of goal #1:**

The Patient Assistance (PA) program was well managed and monitored. DCF delivered on the goal to process all incoming applications, collect pertinent data, and continuously measure program progress.

The number of patients served, services rendered, dollar amount paid vs. billed was compiled monthly by the accounting manager, monitored by the Executive Director (ED), and presented for review at DCF's Board of Directors meetings. Ongoing work and collaboration to ensure program execution also includes:

- A dedicated PA Coordinator who worked closely with healthcare partners to process incoming applications, gather information, and prepare patient summaries for committee review.

- Applications were reviewed twice monthly by the PA Committee – comprised of doctors, pharmacists, licensed social workers, insurance brokers, our PA Coordinator and ED – to review eligibility guidelines, secure adequate coverage, monitor treatment plans, and leverage existing and available resources to meet the patients' needs.

- Demographic information of all patients approved into our program (both new and renewals) was collected into our database. Data points including age, gender, ethnicity, zip code, diagnosis, insurance details, treating physician and facility.

- DCF's Accounting Manager successfully processed insurance premiums and medical bills, rendering direct payments to the medical providers. All billing and payment data is entered into QuickBooks along with patient details and coded in a way allow for confidential approval and reporting.



**Goal #2:**

Desert Cancer Foundation (DCF) delivered on its second program goal to offer Patient Navigation and ensure all existing and available resources to each applicant.

From January 1 to December 31, 2022, as part of the application and review process, DCF staff provided patient navigation to 81 program applicants (of the estimated 120) residing within the Desert Healthcare District boundaries.

Our dedicated Patient Assistance (PA) Coordinator maintained ongoing communication, collaboration, and outreach efforts with our local healthcare partners to ensure the availability of our program and offer pertinent resources. Patient navigation is an ongoing process and was offered to (8-12 monthly) new and renewal applicants. In addition, we continue to monitor program recipients for any changes in income and/or insurance coverage.

The PA Coordinator worked with social workers and patient navigators to ensure that we leverage all available and existing resources to meet each patient's needs. This includes securing resources such as Medicare supplemental plans, Covered California, Medi-Cal, and Drug Assistance Programs, along with additional support services such as transportation, referrals to support groups and other wellness services.

**Evaluation of goal #2:**

DCF's Patient Assistance (PA) program is regularly monitored by the PA Coordinator, Executive Director, and PA Committee. We work closely with social workers, financial counselors, doctors, and pharmacists, to ensure a timely process for patient navigation and support services.

There is ongoing collaborative work to access or leverage available resources to further alleviate the financial and emotional burdens to the patients. DCF helped to find suitable coverage options such as Covered California, Medi-Cal, Medicare supplemental plans, and Drug Assistance Programs. The Patient Navigation process is ongoing, and was successfully executed as follows:

- A dedicated PA Coordinator received and reviewed patient applications, maintained communication with the patient, their family, their medical provider, and gathered pertinent data to prepare the application for committee review.
- Our coordinator also works alongside the healthcare community - social workers, financial counselors, and pharmacists - to ensure that each patient can access existing resources and support services, especially early in their cancer journey.
- We held bi-monthly PA Committee meetings to review and approve patient applications. DCF staff, along with medical partners, continued to work together to provide patient navigation to find the resources most suitable for each patient.
- For patients approved into DCF's PA program, there was ongoing monitoring of

insurance coverage, treatment plan, services rendered, as well as ongoing review of billing and payment.

Final number of District residents served:

**Total:** 129

Final geographic area(s) served:

All District Areas

### **Please answer the following questions**

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

There were no issues or barriers in meeting the program goals. The need for financial support is ongoing and DCF consumed the grant funds to serve District residents, as anticipated. With that said, there are inherent delays and fluctuations with medical billing and number of residents served and services rendered vary. There are over 120 District residents in our program at any given time, but this report accounts only for the number for whom we submitted payments with grant the funds.

2. Please describe any unexpected successes other than those originally planned

DCF strives to process invoices once received. Yet oftentimes, medical billing is sent long after the medical services have been rendered. We had a pending case of a patient, who was uninsured when admitted to the hospital in late 2020, and who's medical bills exceeded \$200,000. Although this had occurred two years ago, this past year, DCF worked with our hospital partner to "net" out the bills, per our agreement, and make all due payments alleviating the family from the financial burden.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

Desert Cancer Foundation has been serving the local community for close to 28 years and fulfills an ongoing need to help residents pay for cancer treatment. Thanks to the collaboration with our healthcare partners, and support of our community and business partners, DCF has diversified our revenue streams to ensure sustainability of this vital program.

DCF has and will continue to fill an important gap in healthcare and remains the only local nonprofit that makes direct payment to healthcare providers, on behalf of individuals who otherwise could not afford or access care.

4. List five things to be done differently if this project/program were to be implemented again. Even with a well-managed program, there is room for improvement and possible expansion. Some of the “wish list” items include:

1- Official Patient Navigator training and certification for our PA Coordinator to better serve clients who self-refer to DCF.

2- A review of our patient application to see where DCF can identify needs outside of the medical financial assistance (such as mental health, nutrition, transportation, etc.)

3- Prepare a comprehensive packet (with program guidelines, catchment area, and application process) that would be shared with current healthcare partners and used as outreach tool for providers in the East Valley.

4- A data study to determine potential program recipients in the region.

5- IT and software tools for better integration, data, and reporting. Research a potential app to capture demographics for easier reporting to grantors and constituents



**DESERT HEALTHCARE  
DISTRICT & FOUNDATION**

Date: March 14, 2023  
To: Program Committee  
Subject: Grant Applications, RFPs, and MOUs Submitted and Under Review

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**Staff Recommendation:** Information only.

**Grant Applications:** The following grant applications have been submitted and under review by the grants team and are pending either proposal conferences and or a site visit or have been approved by the board of directors. Recommendations/suggested decisions will be brought forward to the Program Committee for possible action:

1. #1377 Coachella Valley Journalism Foundation - \$300,000 (\$100,000 each year for 3 years) – *Healthcare Journalists*. Use of District funds: to hire and fund two reporters (one for The Desert Sun; the other for KESQ) with expertise in reporting on healthcare needs.
  - a. Status: Staff recommendation for declination is before the March 14, 2023 Program Committee for review of declination reasons..
2. #1387 Well In The Desert - \$10,000 mini grant *Hot Meals program*
  - a. Status: Site visit and proposal conference to be scheduled
3. #1386 Coachella Valley Economic Partnership (CVEP) - \$25,000 *CVEP Business Services Center FY 2024*
  - a. Status: Site visit and proposal conference scheduled for March 27, 2023

**Recently approved grants:**

1. #1372 Reynaldo J. Carreon MD Foundation - \$50,000 *Dr. Carreon Scholarship Program*. Use of District funds: Scholarships to low income high school students of Mexican-American descent and other minorities who desire to enter the health care or mental health care career pathway.
  - a. Status: **Approved** at February 28, 2023 Board of Directors meeting.

**DESERT HEALTHCARE DISTRICT  
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE  
February 28, 2023**

**TWELVE MONTHS ENDING JUNE 30, 2023**

Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 Bal Fwd	Current Yr 2022-2023	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 4,990,000		\$ -		\$ 4,990,000
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ 11,944		\$ -
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ 10,000		\$ -
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 67,500		\$ 15,000
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ 51,081		\$ 11,352
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ 22,500		\$ 5,000
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ 24,325		\$ 5,406
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ 55,553		\$ 12,345
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ 46,233		\$ 10,275
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ 34,555		\$ 7,680
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 54,000		\$ 6,000
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 11,250		\$ 38,750
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 33,750		\$ 116,250
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 22,500		\$ 27,500
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 2,566,566		\$ -
2022-1323-Mini-07-21-22	Alianza Nacional De Campesinas, Inc - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1321-Mini-07-25-22	Theresa A. Mike Scholarship Foundation - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1322-Mini-08-13-22	Hanson House Foundation, Inc. - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.			\$ 500,000		\$ 50,000	\$ 450,000
2022-1350-BOD-09-27-22	JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr.			\$ 57,541		\$ 25,893	\$ 31,648
2022-1355-BOD-09-27-22	Joslyn Center - The Joslyn Wellness Center - 1 Yr.			\$ 85,000		\$ 38,250	\$ 46,750
2022-1361-BOD-09-27-22	DAP Health - DAP Health Monkeypox Virus Response - 1 Yr.			\$ 586,727		\$ 205,383	\$ 381,344
2022-1364-Mini-10-25-22	Al Horton Memorial Rotary Foundation - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1356-BOD-10-25-22	Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr.			\$ 140,000		\$ 63,000	\$ 77,000
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.			\$ 110,000		\$ 49,500	\$ 60,500
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.			\$ 160,000		\$ 36,000	\$ 124,000
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.			\$ 100,000		\$ -	\$ 100,000
2022-1330-BOD-12-20-22	OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.			\$ 605,000		\$ 68,063	\$ 536,937
2022-1369-BOD-12-20-22	ABC Recovery Center - Cost of Caring Fund Project - 1 Yr.			\$ 332,561		\$ 74,826	\$ 257,735
2023-1357-Mini-01-09-23	Desert Recreation Foundation - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1333-BOD-01-24-23	Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.			\$ 150,000		\$ -	\$ 150,000
2023-1363-BOD-01-24-23	Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.			\$ 60,092		\$ -	\$ 60,092
2023-1375-Mini-01-30-23	California CareForce - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1374-Mini-02-10-23	Alianza Nacional De Campesinas, Inc - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1373-Mini-02-14-23	Palms To Pines Parasports - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1370-Mini-02-15-23	HIV+ Aging Research Project-Palm Springs - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1372-BOD-02-28-23	Reynaldo J. Carreon MD Foundation - Dr. Carreon Scholarship Program - 1 Yr.			\$ 50,000		\$ -	\$ 50,000
<b>TOTAL GRANTS</b>		<b>\$ 16,670,644</b>	<b>\$ 10,552,067</b>	<b>\$ 3,206,922</b>	<b>\$ 5,174,849</b>	<b>\$ 725,915</b>	<b>\$ 7,858,225</b>
<b>Amts available/remaining for Grant/Programs - FY 2022-23:</b>							
<b>Amount budgeted 2022-2023</b>			\$ 4,000,000			G/L Balance:	2/28/2023
<b>Amount granted through February 28, 2023:</b>			\$ (3,206,922)				
Financial Audits of Non-Profits; Organizational Assessments			\$			2131	\$ 4,338,224
Net adj - Grants not used: FY 21-22 Funds			\$ 2,566,566			2281	\$ 3,520,000
Matching external grant contributions			\$ -				
<b>Balance available for Grants/Programs</b>			<b>\$ 3,359,644</b>			<b>Total</b>	<b>\$ 7,858,224</b>
							<b>\$ 0</b>

\* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.



**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**March 15, 2023**

**7** **District Staff Present** **Absent**  
**Directors Present**

Chair/Treasurer Arthur Shorr Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, Chief Administration Officer Eric Taylor, Accounting Manager Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Andrea S. Hayles, Board Relations Officer	
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AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair Shorr called the meeting to order at 4:00 p.m. Director De Lara joined the meeting at 4:11 p.m. due to technical difficulties.	
<b>II. Approval of Agenda</b>	Chair Shorr asked for a motion to approve the agenda.	<b>Moved and seconded by Director Shorr and Vice-President Zavala 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>F&amp;A Minutes – Meeting February 15, 2023</b>	Chair Shorr motioned to approve the February 15, 2023, meeting minutes.	<b>Moved and seconded by Director Shorr<sup>38</sup> and Vice-President Zavala to approve the February 15, 2023, meeting minutes. Motion passed unanimously.</b>
<b>V. CEO Report</b> 1. <b>Activate Inclusion – Diversity, Equity, Inclusion (DEI) consulting/training, leadership development, and coaching services – \$14,940</b>	Conrado Bárzaga, MD, CEO, described the organizational development activity for the Board and Staff on Diversity, Equity, and Inclusion (DEI), detailing the diversity for more cultural awareness, further describing Activate Inclusion for facilitating the trainings.	<b>Moved and seconded by Vice-President Zavala and Director De Lara and to approve Activate Inclusion – Diversity, Equity, Inclusion (DEI) consulting/training, leadership development, and coaching services – \$14,940. Motion passed unanimously.</b>
<b>VI. Chief Administration Officer’s Report</b>	Chris Christensen, CAO, provided an update on the financial auditor's Request for	



**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**March 15, 2023**

	<p>Proposals (RFP), receiving four proposals and eight solicited, with a recommendation for approval in Other Matters of the meeting.</p> <p>The Las Palmas Medical Plaza has 93% capacity with prospective interest in occupying the three vacant suites available for lease. The ongoing fire sprinkler installations are in the final phase of the inspections.</p> <p>Mr. Christensen provided details on the added security with 24-hour services, including weekends. Staff is researching additional cost-effective measures, but there have been no break-ins since the holiday season.</p>	
<p><b>VII. Financial Reports</b></p> <ol style="list-style-type: none"> <li><b>1. District and LPMP Financial Statements</b></li> <li><b>2. Accounts Receivable Aging Summary</b></li> <li><b>3. District – Deposits</b></li> <li><b>4. District – Property Tax Receipts</b></li> <li><b>5. LPMP Deposits</b></li> <li><b>6. District – Check Register</b></li> <li><b>7. Credit Card – Detail of Expenditures</b></li> <li><b>8. LPMP – Check Register</b></li> <li><b>9. Retirement Protection Plan Update</b></li> <li><b>10. Grant Payment Schedule</b></li> </ol>	<p>Chair Shorr reviewed the February financials with the committee describing the \$3.5M overbudget with minimal expenses.</p> <p>Chris Christensen, CAO, answered various questions from the committee concerning reimbursements and the check register expenditures.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve the February 2023 financials – items 1-10 and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>VIII. Other Matters</b></p>		

**DESERT HEALTHCARE DISTRICT**  
**FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE**  
**MEETING MINUTES**  
**March 15, 2023**

<p><b>1. Audit Firm Selection for the FY23 Annual Audit</b></p>	<p>Chris Christensen, CAO, described the four proposals received and the corresponding fees, selecting Moss, Levy, Hartzheim – a prior auditor with less fees than the prior auditors.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve auditing firm Moss, Levy, Hartzheim and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>2. California Consulting - Consulting Services Agreement - Addendum #1 – Time Extension to March 31, 2024</b></p>	<p>Chris Christensen, CAO, described California Consulting’s assistance with securing \$1.3M in grants, their current work in obtaining seismic grant funding, and the services agreement addendum extension through March 2024.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve California Consulting - Consulting Services Agreement - Addendum #1 – Time Extension to March 31, 2024, and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>3. INPRO Construction – Las Palmas Medical Plaza Maintenance Service Agreement – 1 Year Extension to April 30, 2024, and Increase to \$11,485 per month</b></p>	<p>Chris Christensen, CAO, described INPRO Construction’s scope of work and maintenance services at the Las Palmas Medical Plaza and the 3% increase to extend their agreement for an additional year to April 2024.</p>	<p><b>Moved and seconded by Director De Lara and Vice-President Zavala to approve INPRO Construction – Las Palmas Medical Plaza Maintenance Service Agreement – 1 Year Extension to April 30, 2024, and Increase to \$11,485 per month and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>4. FOUNDANT – Grant Application Software Agreement</b></p>	<p>Dr. Bárzaga, CEO, described the current Blackbaud software and the more user-friendly software with FOUNDANT, including the added cost savings.</p>	<p><b>Moved and seconded by Director De Lara and Director Shorr to approve FOUNDANT – Grant Application Software Agreement and forward to the Board for approval. Motion passed unanimously.</b></p>
<p><b>5. Desert Regional Medical Center - Seismic Assessment Update Report</b></p>	<p>Chris Christensen, CAO, described the background on the seismic retrofit assessment at Desert Regional Medical Center, the</p>	



DESERT HEALTHCARE DISTRICT  
FINANCE, ADMINISTRATION, REAL ESTATE, AND LEGAL COMMITTEE  
MEETING MINUTES  
March 15, 2023

<p><b>6. Valuation Engagement Agreement – VMG Health – Additional Valuation Requirements for DRMC</b></p>	<p>engagement with Simpson Gumpertz &amp; Heger (SGH), and the additional costs for phase 1 of \$222M, with the committee recommending costs up to \$222M.</p> <p>Chris Christensen, CAO, described the background on the engagement of VMG Health to guide the Board with the lease outcomes. An added scope of work and fees totaling \$20k is necessary since prior Board-approval to move forward with the valuation reports.</p>	
<p><b>IX. Adjournment</b></p>	<p>Chair Shorr adjourned the meeting at 4:38 p.m.</p>	<p><b>Audio recording available on the website at</b> <a href="http://dhcd.org/Agendas-and-Documents">http://dhcd.org/Agendas-and-Documents</a></p>

ATTEST: \_\_\_\_\_  
Arthur Shorr, Chair/Treasurer, Board of Directors  
Finance & Administration Committee Member  
Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: Phase 1 Construction Cost Estimate Seismic Update Report for  
Desert Regional Medical Center - \$222,000,000

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**Staff Recommendation:** Information Only

**Background:**

- The District Board has been engaged in assessing the seismic retrofit needs of DRMC over the previous few years
- In 2018 & 2019, the District Board enlisted the services of SGH to complete **Phase 0 (Preliminary High-Level Assessment)** and **Phase 1 (ASCE 41-17)** reports
- The ASCE 41-17 report originally included an estimate of both structural and nonstructural retrofit costs, with a range between \$119M - \$180M
- The COVID-19 pandemic interfered with the progress of the assessments
- The District has reconvened the seismic retrofit needs of DRMC
- In April 2022, the District Board approved an engagement with Simpson Gumpertz & Heger to provide a cost estimate update
- The cost estimate has now been updated to \$222,000,000
- The Phase 1 Construction Cost Estimate report is included in the packet for your review

**Fiscal Impact:**

Estimated retrofit costs - \$222,000,000

# PHASE 1 CONSTRUCTION COST ESTIMATE

Desert Regional Medical Center  
Palm Springs, California  
2 August 2022

SGH Project 227208



Date Signed: 08/02/2022



**PREPARED FOR**  
Desert Healthcare District  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262

**PREPARED BY**  
Simpson Gumpertz & Heger Inc.  
1999 Harrison Street, Suite 2400  
Oakland, CA 94612  
o: 415.495.3700

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## APPENDICES

APPENDIX A – Conceptual Cost Estimate

## **1. INTRODUCTION**

The Desert Healthcare District (DHD) commissioned Simpson Gumpertz & Heger Inc. (SGH) to evaluate the Desert Regional Medical Center (DRMC) to gain a more detailed understanding of potential design and construction work associated with attaining compliance with the Alquist Hospital Seismic Safety Act (AHSSA, aka SB 1953). This report provides updated fees and construction costs that were developed under Phase 1 of the referenced project, which builds upon the information presented in the Phase 0 report. Certain portions of the Phase 1 report are left in this report to help the reader. Detailed information related to structural retrofit work was not included herein but can be found in the Phase 1 report.

### **1.1 Background**

The AHSSA (aka SB1953) was enacted in 1995 in response to hospital building's unexpected poor seismic performance during the 1994 Northridge earthquake. The AHSSA requires that all General Acute Care (GAC) hospital buildings comply with certain building code regulations by 1 January 2030. This requirement is intended to provide higher confidence that a building will retain a high level of functional recovery following a major earthquake. The 1995 California Building Code, Title 24 (CBC), with a few specific modifications, was designated the target building code regulation for attaining acceptable performance. Specific Structural Performance Category (SPC) and Nonstructural Performance Category (NPC) definitions primarily establish a common vocabulary for stakeholders, design professionals, contractors, and the California Department of Healthcare Access and Information (HCAI, formerly known as the California Office of Statewide Health Planning and Development, OSHPD).

The original AHSSA regulations require that buildings rated SPC 2 or NPC 2 comply with SPC 5 and NPC 4 by 1 January 2030. Because of the compliance timelines associated with the AHSSA, SPC 1 buildings and NPC 1 buildings are currently not a concern at many medical centers in California, including the DRMC, which does not have any SPC 1 or NPC 1 buildings. SPC 2 through SPC 4 and NPC 2 through NPC 4 are performance categories applicable to the DRMC. The introduction of DRMC compliance with the AHSSA and related standards is described in the Phase 0 report, so it is not repeated herein.

The DRMC comprises twenty independent buildings with approximately 550,000 sq ft of occupiable space. Seventeen of the twenty buildings were designed and constructed under a permit granted by OSHPD, now known as HCAI, which typically minimizes the need for seismic retrofit construction. However, these “compliant” buildings require engineering consulting to confirm that nonstructural systems comply with seismic performance regulations. Phase 0 results describe the existing status of the DRMC, general compliance with the AHSSA today and the defined scope of work, schedule, and fee for our work in Phase 1. This report presents an updated estimate of consulting service fees and construction costs associated with future retrofit work to attain both structural and nonstructural compliance at DRMC.

## 1.2 Objectives

Based on Phase 0 findings, the Phase 1 objective developed actionable structural retrofit strategies for three SPC 2 buildings, including a rough order of magnitude cost for the related construction. Additionally, the Phase 1 work describes the scope of engineering work and estimated professional fees associated with developing nonstructural evaluation reports and construction documents to attain NPC 4 compliance for twenty buildings at the DRMC. Phase 1 also includes a cost model appropriate for estimating potential construction costs to bring twenty buildings into compliance with NPC 4 requirements. This report updates costs presented in the Phase 1 report, considering a new economic climate and associated cost impact of various influences over the past three years.

## 1.3 Existing Buildings

The DRMC comprises twenty structurally separated buildings. The SPC/NPC ratings, posted by HCAI and listed in Table 1, are confirmed per our review of the documents listed above.

**Table 1 – Existing Buildings and SPC/NPC Ratings**

Building No.	HCAI Building No.	Building Name	SPC	NPC
1	BLD-01393	Main Hospital & Additions	2	2
2	BLD-02932	East Tower	2	2
3	BLD-01395	Woman & Infants Hospital	3	2
4	BLD-01396	North Wing	2	2
5	BLD-01397	Central Plant	4	2

Building No.	HCAI Building No.	Building Name	SPC	NPC
6	BLD-01398	Shipping/Receiving	4	2
7	BLD-01399	Surgery Wing	4	2
8	BLD-01400	West Tower (Sinatra Tower)	3	2
8A	BLD-03720	West Tower Corridor 1	3	2
8B	BLD-03721	West Tower Corridor 2	3	2
8C	BLD-03722	West Tower Corridor 3	3	2
8D	BLD-03723	West Tower Corridor 4	3	2
8E	BLD-03725	West Tower Corridor 5	3	2
9	BLD-01401	Lobby	3	2
10	BLD-01402	Admitting	4	2
11	BLD-01403	Elevator Tower	4	2
11.1	BLD-03764	Elevator Tower Corridor 1	3	2
11.2	BLD-03765	Elevator Tower Corridor 2	3	2
12	BLD-01404	Dinah Shore Waiting Area	3	2
13	BLD-03741	Medical Records Building	3	2

Buildings rated SPC 3, SPC 4, or SPC 5 may continue to function as a GAC building beyond 1 January 2030 without retrofit or analytical validation. Buildings rated SPC 2 must be analyzed and or retrofit to confirm compliance with SPC 4D before 1 January 2030.

Buildings rated NPC 2 must be evaluated to establish a record of existing conditions and required scope of work to bring the building into compliance with NPC 4 or NPC 4D. This report considers the effort required to bring the buildings into compliance with NPC 4.

#### 1.4 Scope of Work

To complete the Phase 1 objectives (completed previously), SGH performed the following:

1. Per the AHSSA, a structural analysis using the *Seismic Evaluation and Retrofit of Existing Buildings*, ASCE 41-17, Damage Control performance level. SGH used the linear elastic analysis method with United States Geological Survey (USGS) based seismic design factors for:
  - Main Hospital & Additions (Building 1)
  - East Tower (Building 2)
  - North Wing (Building 4)
2. Work with Swinerton Builders (Swinerton) to develop a conceptual cost estimate for seismic retrofit concepts based on evaluation results described in Item 1.



3. Identify and describe scopes of work and estimated fee for developing nonstructural evaluation reports and construction documents for buildings that are rated NPC 2 but require only fire sprinkler bracing to achieve NPC 4 (based on Phase 0 results).
4. Identify and describe scopes of work and estimated fee for developing nonstructural evaluation reports and construction documents for buildings that are rated NPC 2 and were designed between 1973 and 1983, with construction documents that show details of equipment/systems bracing and anchorage (based on Phase 0 results).
5. Identify and describe scopes of work and estimated fee for developing nonstructural evaluation reports and construction documents for buildings that are rated NPC 2 and designed before 1973 (based on Phase 0 results).
6. Work with Swinerton to develop a representative cost model and strategy for executing archetypical construction activities associated with the identified scopes of work for each building as described in the construction document scopes of work.
7. Develop presentation materials for DHD.
8. Develop written documents describing scope of work and estimated fees for consulting, HCAI review and potential construction cost, including phasing and sequencing for scope of work described in Items 1-6.

To complete this report's objectives, SGH performed the following:

1. Work with Swinerton to update and revise representative cost models and strategies for executing archetypical construction activities associated with the scopes of work for each building as described in the construction document scopes of work and written directives identified and described in Phase 1.
2. Update this report and the related estimated fees for consulting, HCAI review, and potential construction cost for scopes of work described in Items 1-6.

## **2. DOCUMENT REVIEW**

### **2.1 Construction Drawings**

- Architectural, Electrical, HVAC, Plumbing and Structural drawings for the General Hospital Building dated 24 May 1950.
- Architectural, Electrical, HVAC, Plumbing and Structural drawings for Alterations & Additions to the Desert Hospital dated 5 March 1956.
- Architectural and Structural drawings for Alterations & Additions to the Desert Hospital dated 1 August 1962.
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for A-B-C Wings Remodel dated 10 February 1971.
- Electrical, Mechanical, Plumbing and Structural drawings for Desert Hospital dated February 1967 (East Tower drawings).
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for Desert Hospital Phase I Expansion dated 24 July 1991 (Women and Infants drawings).
- Architectural, Civil, Electrical, Mechanical, Plumbing and Structural drawings for Additions & Alterations to Desert Hospital Diagnostic & Treatment Center dated March 1971 (North Wing drawings).
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for Central Power Plant for Desert Hospital dated 30 October 1974.
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for Desert Hospital – Palm Springs Phase 1 Addition ‘Revised’ dated 4 February 1977.

### **2.2 Codes and Standards**

- 2016 California Existing Building Code (CEBC).
- American Society of Civil Engineers (ASCE); ASCE 41-17, Seismic Evaluation and Retrofit of Existing Buildings.
- American Concrete Institute (ACI); ACI 318-14, Building Code Requirements for Structural Concrete.
- American Institute of Steel Construction (AISC); AISC 360, Specifications for Structural Steel Buildings.
- American Wood Council (AWC); NDS 2015, National Design Specification for Wood Construction.

### 2.3 Information Provided by Others

Mr. John T. Greenwood of Prest Vuksic Architects (PVA) provided documents that inform completed, HCAI-reviewed projects in the subject buildings and a description of the scopes of work completed as part of these projects. This data was used to develop cost models for work associated with attaining nonstructural seismic compliance. The referenced documents are listed below:

- Project Index dated November 28, 2018 (7 pages).
- Annotated architectural plans identified "PVA Mark Up 11-28-18", S-200 through S-206.
- Architectural plans (departments identified).
- Architectural, Electrical, Mechanical, Plumbing and Structural drawings for Desert Hospital Phase I Expansion dated 24 July 1991 (Women and Infants drawings).

Mr. John Austin of Swinerton developed construction cost estimates for conceptual seismic retrofit and nonstructural compliance retrofit work associated with attaining compliance with the AHSSA (as part of Phase 1). The referenced documents are listed below:

- Desert Regional Medical Center, Conceptual SPC 4 ROM Estimate Summary dated 14 December 2018.
- Desert Regional Medical Center, Conceptual SPC 4 ROM Estimate Floor by Floor Summary dated 14 December 2018.
- Desert Regional Medical Center, Conceptual NPC 4 ROM Estimate dated 19 December 2018.

Mr. John Austin, Mr. Brian Giambastiani, Mr. Christopher Spencer, Mr. Gerald Mejia, and Mr. Jared Backman of Swinerton developed updated construction cost estimates for conceptual seismic retrofit and nonstructural compliance retrofit work associated with attaining compliance with the AHSSA (this updated report). The referenced documents are listed below:

- Desert Regional Medical Center, 00 Narrative.PDF file dated 29 April 2022.
- Desert Regional Medical Center, Conceptual SPC 4 OPC (Opinion of Probable Cost) Estimate dated 25 April 2022.

- Desert Regional Medical Center, Opinion of Probable Cost Variance Report: January 11, 2019 VS. April 25, 2022.
- Desert Regional Medical Center, Conceptual SPC 4 ROM Estimate Variance Report December 13, 2018 Estimate VS. April 25, 2022 Estimate.
- Desert Regional Medical Center, 03 SPC NPC Escalation RPT – April 25-2022.PDF file dated 29 April 2022.

### **3. STRUCTURAL ANALYSIS/EVALUATION (SPC 4D)**

SGH completed ASCE 41-17 Tier 2 Structural Seismic Evaluations for three buildings. The description of that analysis and our findings is provided in the Phase 1 report and is not repeated here.

#### **4. STRUCTURAL RETROFIT (SPC 4D)**

##### **4.1 Main Hospital & Additions (Building 1)**

###### **4.1.1 Description of Identified Deficiencies Requiring Retrofit**

The following deficiencies were identified in the structural analysis/evaluation for SPC 4D.

Following the description of each deficiency is a brief description of the proposed retrofit:

###### **1. Walls and wall connections**

- Deficiency: Several walls lack the strength necessary to resist forces transferred from the elevated steel addition. Other walls are overloaded because of irregularities and numerous openings in the existing structure.
- Retrofit: Increase the thickness of the deficient walls. Dowel a section of concrete on to the face of existing walls, diaphragms, and foundations.

###### **2. Concrete columns and wall piers**

- Deficiency: Shear critical columns frame interior and exterior openings.
- Retrofit: Add layers of fiber-reinforced polymer to increase the shear strength of columns and slender wall piers.

###### **3. Steel braced frames**

- Deficiency: Welded connection at the top and bottom of braces lack the strength necessary to meet the target performance objectives.
- Retrofit: Replace the existing braced frame system with reinforced concrete walls.

###### **4. Foundations**

- Deficiency: Existing foundations lack the strength necessary to support the retrofitted walls. New walls also require new footings.
- Retrofit: Cast and dowel new reinforced concrete footings around the existing footings. Cast new footings underneath the new walls.

###### **4.1.2 Main Hospital & Additions Conceptual Construction Cost Estimate**

Swinerton updated the conceptual cost estimate for the proposed retrofit elements described in Section 4.1.1. The 2018 estimated cost, including normal extra contractor general conditions, general requirements, insurance, and fees, 10% contingency and 20% escalation, is \$50,237,006. The 2022 estimated cost, including normal extra contractor general conditions,

general requirements, insurance, and fees, 10% contingency and 21% escalation, is \$64,012,430, a 27.4% increase. The updated cost estimates are provided for reference in Appendix A.

## **4.2 East Tower (Building 2)**

### **4.2.1 Description of Identified Deficiencies Requiring Retrofit**

The following deficiencies were identified in the structural analysis/evaluation for SPC 4D.

Following the description of each deficiency is a brief description of the proposed retrofit:

1. Chord and collector connections
  - Deficiency: The chords and collectors at the first floor are insufficient to resist diaphragm seismic forces and transfer loads into the basement walls.
  - Retrofit: This deficiency is mitigated by the addition of new walls between the second floor and foundation levels.
2. Steel special moment frame beams
  - Deficiency: The special moment frame beams are inadequately braced at their bottom flanges.
  - Retrofit: Brace the bottom flange using gusset plates and braces.
3. Steel special moment frame connections
  - Deficiency: Some special moment frame connections lack adequate strength to meet the target performance goals.
  - Retrofit: Reinforce existing connections with supplemental flange plates.
4. Story drift
  - Deficiency: Story drift at the second-floor level exceeds the acceptance criteria.
  - Retrofit: Add walls between the second-floor and foundation levels to stiffen the base of the structure and reduce story drift at the second-floor level.
5. Foundations
  - Deficiency: Inadequate uplift capacity for tensile loads in moment frame columns.
  - Retrofit: Add reinforced concrete walls at the first and basement levels to distribute column tensile loads into new reinforced concrete footings adjacent and connected to existing column footings.

## **4.2.2 East Tower Conceptual Construction Cost Estimate**

Swinerton developed a conceptual cost estimate for the proposed retrofit elements described in Section 4.2.1. The 2018 estimated cost, including normal extra contractor general conditions, general requirements, insurance, and fees, 10% contingency and 20% escalation, is \$34,008,944. The 2022 estimated cost, including normal extra contractor general conditions, general requirements, insurance, and fees, 10% contingency and 21% escalation, is \$42,103,815, a 23.8% increase. The updated cost estimates are provided for reference in Appendix A.

## **4.3 North Wing (Building 4)**

### **4.3.1 Description of Identified Deficiencies and the Proposed Retrofit**

The following deficiencies were identified in the structural analysis/evaluation for SPC 4D. Following the description of each deficiency is a brief description of the proposed retrofit:

1. Metal deck diaphragm at the upper and lower roofs
  - Deficiency: The diaphragm has insufficient strength to transfer seismic forces from the diaphragm to the vertical elements of the seismic force resisting system. Roof braces are added to increase the strength of the diaphragm.
  - Retrofit: Add steel bracing in the perimeter framing bays at the upper roof and lower roof.
2. Shear transfer mechanism to transfer forces from the lower to upper roofs
  - Deficiency: The connection between the lower and upper roof diaphragms has insufficient strength to transfer seismic forces between levels.
  - Retrofit: Add supplemental steel connections and brace elements at the change in elevation between upper and lower roofs.
3. Chord and collector connections
  - Deficiency: The chords and collectors at the first floor are insufficient to resist diaphragm seismic forces and transfer loads into the basement walls.
  - Retrofit: Install steel members as chords and collectors at the upper roof and Fiber Reinforced Polymer (FRP) strengthening at the first-floor level.



4. Connections between the concrete bond beams and reinforced masonry walls
  - Deficiency: The existing detail between the concrete bond beams and reinforced masonry walls is not adequate to resist the seismic forces transferred between the two elements.
  - Retrofit: Add reinforced concrete element between the concrete bond beams and reinforced masonry walls.
  
5. Connections between the reinforced masonry walls and reinforced concrete basement walls
  - Deficiency: The existing detail between the reinforced masonry walls and reinforced concrete basement walls is not adequate to resist the seismic forces transferred between the two elements.
  - Retrofit: Add reinforced concrete element between the concrete bond beams and reinforced masonry walls.

#### **4.3.2 North Wing Conceptual Construction Cost Estimate**

Swinerton developed a conceptual cost estimate for the proposed retrofit elements described in Section 4.3.1. The 2018 estimated cost, including normal extra contractor general conditions, general requirements, insurance, and fees, 10% contingency and 20% escalation, is \$6,885,714. The 2022 estimated cost, including normal extra contractor general conditions, general requirements, insurance, and fees, 10% contingency and 21% escalation, is \$8,975,061, a 30.3% increase. The updated cost estimates are provided for reference in Appendix A.

#### **4.4 Material Testing for SPC 4D Projects**

The CBC and HCAI will require a certain level of material testing for any structural retrofit project. Our Phase 1 SPC 4D evaluations are based on rudimentary material properties anticipated for structures constructed around the dates indicated on the referenced construction drawings. The following materials are representative of the materials that will eventually require sampling and testing to determine appropriate design values for use when designing the final SPC 4D retrofits:

- Concrete
- Steel Reinforcing

- Structural Steel
- Metal Deck
- Masonry
- Mortar
- Grout
- Plywood
- Lumber

Without a specific material testing plan, Swinerton estimated a cost allowance for construction costs associated with anticipated material testing. The value established in 2018 was \$1,822,633, approximately 2% of the estimated construction cost. The same 2% estimate was used to establish 2022 material testing costs of \$2,301,826 in this report.

#### 4.5 Cost Estimates for SPC 4D

SPC 4D retrofit costs (both 2018 and 2022) are presented in Table 2.

**Table 2 – Cost Estimates for SPC 4D**

<b>Building</b>	<b>2018 Cost (Complete)</b>	<b>2022 Cost (Complete)</b>	<b>Cost Delta</b>
Main Hospital	\$ 50,237,006	\$ 64,012,430	\$ 13,775,424
East Tower	\$ 34,008,944	\$ 42,103,815	\$ 8,094,871
North Wing	\$ 6,885,714	\$ 8,975,061	\$ 2,089,347
Subtotal	\$ 91,131,664	\$ 115,091,306	\$ 23,959,642
Materials Testing	\$ 1,822,633	\$ 2,301,826	\$ 479,193
<b>Total</b>	<b>\$ 92,954,297</b>	<b>\$ 117,393,132</b>	<b>\$ 24,438,835</b>

The cost estimate excludes costs related to:

- Permit fees
- Plan check fees
- Design fees
- Builder's risk
- Utility costs

- Payment or performance bond premiums
- Costs for testing and inspection
- Hazardous material identification, testing, and abatement
- Security guard services
- Owner's consultants and design fees
- Soil, structural, mechanical engineering fees
- Owner equipment
- Correction of existing code deficiencies beyond those associated with the AHSSA

#### **4.6 Construction Schedule for SPC 4D Retrofit**

SPC 4D retrofit costs as described for each of three buildings in the sections above, based on analytical results provided in the Phase 1 report, consider construction occurring while the DRMC is fully operational. This assumption includes installing proper infection control measures, preparing, and mobilizing contractors away from hospital entrances and construction activity is used to minimize disruption to existing operations and hospital staff. The estimated construction duration for this scenario is approximately thirty-six months—an increase from the original schedule presented in the Phase 1 report. If the identified buildings were vacant before, during and after construction, the duration could be reduced, resulting in potential construction cost savings. Because construction schedule is highly dependent on operational parameters, further study is necessary to establish a proper link between construction cost and schedule. Construction schedule is typically refined during the project design.

## 5. NONSTRUCTURAL EVALUATION (NPC 4/NPC 4D/NPC 5)

The AHSSA requires that buildings rated NPC 2 be evaluated and modified (if required) to comply with NPC 4 before 1 January 2030. The first requirement is submission of a full nonstructural engineering evaluation for NPC 2 buildings to HCAI for review and approval by 1 January 2024. The nonstructural evaluation must also consider elements required to achieve NPC 5. By 1 January 2026, the DRMC must submit a complete set of construction documents to bring all NPC 2 buildings into compliance with NPC 5. A building permit for all nonstructural retrofit projects must be received by 1 January 2028, with the construction work completed by 1 January 2030.

All twenty buildings will require a detailed nonstructural evaluation. The level of effort required for the evaluation report developed for each building varies as described in Section 1.4. All NPC retrofit projects will mitigate deficiencies identified in the associated nonstructural evaluation report. At this time, we assume that necessary infrastructure to achieve NPC 5 will be required as a separate construction project and was assigned a cost.

The following sections describe an assumed scope of work and level of effort required by a licensed structural engineer to develop a full nonstructural evaluation report for each building based on its age, specific building information, and regulatory requirements. Based on this assumed scope of work, SGH and Swinerton developed a cost model that describes an estimated cost for the construction associated with nonstructural compliance for NPC 4. NPC 4 is a conservative estimate of compliance and represents a realistic goal if no complete nonstructural evaluation report exists for each building. The nonstructural evaluation report may also explore the applicability of NPC 4D—a level of nonstructural seismic performance category that intends to reduce to the extent of nonstructural retrofit, effective 1 July 2019.

This report updates the Phase 1 work, which focused on NPC 4, not NPC 4D. NPC 4D is a significantly different scope of work that cannot be compared to NPC 4 in terms of consultation effort, fee, and estimated construction cost.

## **5.1 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Main Hospital & Additions (Building 1)**

The Main Hospital & Additions building is the oldest building at DRMC. Because the building was originally constructed in the 1950s, with constant additions, modifications, and remodel projects occurring throughout the building's history, this building represents the greatest challenge for attaining nonstructural seismic compliance. The building is identified as a type that is "designed before 1973" as described in Section 1.4. The building comprises approximately 96,000 sq ft of occupiable space. Much of the space has been renovated over the last sixty years.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Identify specific wall types (for those being retrofit).
- Create construction details for ceiling and wall retrofit.
- Create anchorage details for equipment and components.
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$935,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

## **5.2 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings East Tower (Building 2)**

The East Tower was built around 1966. Because the building was originally constructed in the 1960s, the building is identified as a type that is “designed before 1973” as described in Section 1.4. The building comprises approximately 40,000 sq ft of occupiable space. Much of the space has been renovated over the last fifty years.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Identify specific wall types (for those being retrofit).
- Create construction details for ceiling and wall retrofit.
- Create anchorage details for equipment and components.
- Develop test plan and test protocols for testing existing construction (optional).

- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$220,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

### **5.3 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Woman & Infants Hospital (Building 3)**

The Woman & Infants Hospital was built around 1990. Because the building was originally constructed after 1983, the building only requires evaluation and retrofit of the fire sprinkler system. The building comprises approximately 88,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Review fire sprinkler system shop drawings if available.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.



The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying fire sprinkler systems in the building.
- Create construction details for bracing fire sprinkler systems.
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$200,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.4 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings North Wing (Building 4)**

The North Wing was built around 1971. Because the building was originally constructed before 1973, the building is identified as a type that is “designed before 1973” as described in Section 1.4. The building comprises approximately 19,000 sq ft of occupiable space. Much of the space has been renovated over the last forty-five years.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Review all remodel project drawings associated with this building.

- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Identify specific wall types (for those being retrofit).
- Create construction details for ceiling and wall retrofit.
- Create anchorage details for equipment and components.
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$105,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.5 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Central Plant (Building 5)**

The Central Plant was built around 1974. Because the building was originally designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The building comprises approximately 15,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).

- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building (if required).
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit.
- Create anchorage details for equipment and components.
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$120,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

## **5.6 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Shipping/Receiving (Building 6)**

The Central Plant was built around 1977. Because the building was originally designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The building comprises approximately 16,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.

- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$60,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.7 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Surgery Wing (Building 7)**

The Surgery Wing was built around 1977. Because the building was originally designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The building comprises approximately 105,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.

- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$915,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.8 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings West Tower and West Tower Corridors (Building 8 and 8A through 8E)**

The West Tower was built around 1977. Because the building was originally designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The buildings comprise approximately 110,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).



- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$1,050,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

## **5.9 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Lobby (Building 9)**

The Lobby was built around 1990. Because the building was originally constructed after 1983, the building only requires evaluation and retrofit of the fire sprinkler system. The building comprises approximately 6,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Review fire sprinkler system shop drawings if available.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying fire sprinkler systems in the building.
- Create construction details for bracing fire sprinkler systems.
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our

estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$25,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.10 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Admitting (Building 10)**

The Admitting building was built around 1977. Because the building was originally designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The building comprises approximately 9,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$50,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.11 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Elevator Tower and Elevator Tower Corridors (Buildings 11, 11.1, 11.2)**

The Elevator Tower and Tower Corridors were built around 1977. Because the building was originally designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The buildings comprise approximately 16,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).

- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$110,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.12 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Dinah Shore Waiting Area (Building 12)**

There are no available construction drawings for the Dinah Shore Waiting Area. We understand the building was built around 1977. Because the building was likely designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The building comprises approximately 2,000 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.

- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$45,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

### **5.13 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Medical Records Building (Building 13)**

The Medical Records Building was built around 1977. Because the building was originally designed after 1973, the building is identified as a type that is “designed between 1973 and 1983” as described in Section 1.4. The building comprises approximately 500 sq ft of occupiable space.

This building will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with this building.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with this building.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing building to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.



The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the building.
- Create plans identifying distributed systems in the building.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).
- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for this building.

We estimate a fee of approximately \$15,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for this building.

#### **5.14 Scope of Work and Fee for Nonstructural Report and NPC 4 Retrofit Drawings Public Spaces**

The public spaces are essentially corridors, entries, foyers, and stairways that are not necessarily included in individual buildings, as well as the engineering facility, which is a surrogate for elements associated with NPC 5. The public spaces comprise approximately 23,000 sq ft of occupiable space.

The public spaces will require the following scope of work to complete a nonstructural evaluation report:

- Review all original architectural drawings associated with public spaces.
- Confirm original approved construction drawings show pertinent nonstructural details.
- Review all remodel project drawings associated with public spaces.
- Develop and manage site investigations with hospital management and staff.
- Access areas to observe existing conditions above the ceiling.
- Access areas to observe wall construction.
- Walk through the existing public spaces to confirm all equipment and components are identified.
- Perform calculations to confirm adequacy of existing equipment anchorage (optional).
- Perform calculations to confirm adequacy of existing component construction (optional).
- Develop test protocols to confirm existing element anchorage (optional).
- Compile observation data into drawing form for use in report.
- Produce nonstructural evaluation report for submission to HCAI.
- Iterate with HCAI during the review phase.

The following scope of work is required to complete nonstructural retrofit construction documents:

- Create plans identifying equipment, components, and architectural elements in the public spaces.
- Create plans identifying distributed systems in the public spaces.
- Identify specific ceiling types on reflected ceiling plans (for those being retrofit).
- Create construction details for ceiling and wall retrofit (if required).
- Create anchorage details for equipment and components (if required).
- Develop test plan and test protocols for testing existing construction (optional).

- Produce calculation package for submission to HCAI.
- Produce construction drawings for submission to HCAI.
- Produce construction specifications for submission to HCAI.

A structural engineer can act as the “Designer of Record” for any HCAI project. Traditionally, structural engineers developed nonstructural evaluation reports and construction documents for nonstructural retrofit projects. Our estimate of scope and fee assumes that SGH will perform the work described above or contract with consultants to provide services, as necessary. Our estimate of fee for this work is based on previous experience and estimated construction cost associated with the anticipated nonstructural retrofit for the public spaces.

We estimate a fee of approximately \$20,000 is required to complete a nonstructural evaluation report and set of NPC 4 retrofit construction documents for the public spaces.

#### **5.15 NPC 4 Retrofit Construction Cost Model**

The existing buildings comprise approximately 550,000 sq ft. of occupiable space. Using an estimate of space for each building and department, we apply an estimate of cost for construction associated with typical retrofit work needed to bring the building into compliance with NPC 4. Because the DRMC does not have any recent nonstructural evaluation reports that include evaluation of required infrastructure to attain NPC 5 considering operational characteristics, we estimate a placeholder cost described as “FACILITIES – ENG” in the estimates provided in the appendix. This value represents a reasonable estimate for the cost required to construct NPC 5 infrastructure, which typically comprise valving and tanks for wastewater, water, and fuel.

Sections 5.1 through 5.14 describe the scope of work necessary to complete a nonstructural evaluation report that will define the actual scope of work necessary to bring each building at the DRMC into compliance with NPC 4. In consideration of the many areas that have been remodeled, the unit costs are individually developed considering potential savings associated with compliant work in remodeled areas. In addition to recognizing savings associated with previously completed work, costs are developed considering efficiencies related to

simultaneous construction, primarily for Building 1, Building 2, and Building 4; each of these buildings require both nonstructural and structural retrofit.

Without a detailed nonstructural evaluation report, our cost model presents uncertainty. To account for this uncertainty, Swinerton developed a cost model that considers a 10% contingency. The 2022 cost model presents costs associated with the contractor’s mark-up and escalation (calculated at 21%, assuming construction starts after 2026) and the 10% contingency. The cost estimates presented in the 2019 Phase 1 report included “Low” and “High” construction costs. This report (2022 values) establishes a single cost estimate using 2022 labor rates, equipment rates and material costs, considering certain factors that affect work in different clinical spaces. The escalation is uniquely calculated for the 2022 cost estimate, assuming contractor buyout at mid-year 2026 and construction completion mid-year 2029. Contractor markup costs include general requirements, general conditions, insurance, and a 5% fee. All pricing includes Infection Control Risk Assessment (ICRAs) during construction. The cost estimate assumes installation while hospital is in full operation.

**Table 3 – NPC 4 Retrofit Construction Cost Model**

Building Name	Estimate of Affected Area	Consulting Fee Estimate	NPC 4 Cost Estimate (High)	NPC 4 \$/SF Estimate (High)	NPC 4 Cost Estimate	NPC 4 \$/SF Estimate
			2018	2018	2022	2022
Main Hospital & Additions	95,913	\$935,000	\$9,257,332	\$97	\$11,244,995	\$117
East Tower	40,418	\$220,000	\$2,111,483	\$52	\$3,016,680	\$75
Woman & Infants Hospital	88,486	\$200,000	\$3,014,959	\$34	\$3,903,473	\$44
North Wing	18,790	\$105,000	\$1,026,092	\$55	\$1,254,916	\$67
Central Plant	15,159	\$120,000	\$1,455,919	\$96	\$1,789,992	\$118
Shipping/Receiving	15,742	\$60,000	\$847,801	\$54	\$1,042,337	\$66
Surgery Wing	105,266	\$915,000	\$8,787,497	\$83	\$13,730,307	\$130
West Tower (Sinatra Tower)	110,614	\$1,050,000	\$15,153,819	\$137	\$18,869,665	\$171
Lobby	6,214	\$25,000	\$203,307	\$33	\$287,530	\$46
Admitting	9,141	\$50,000	\$476,457	\$52	\$558,225	\$61
Elevator Tower	16,254	\$110,000	\$1,062,956	\$65	\$1,575,920	\$97
Dinah Shore Waiting Area	2,006	\$45,000	\$267,657	\$133	\$309,703	\$154
Medical Records Building	507	\$15,000	\$32,948	\$65	\$42,970	\$85

Building Name	Estimate of Affected Area	Consulting Fee Estimate	NPC 4 Cost Estimate (High)	NPC 4 \$/SF Estimate (High)	NPC 4 Cost Estimate	NPC 4 \$/SF Estimate
			2018	2018	2022	2022
Public Spaces/ NPC5	22,881	\$20,000	\$2,003,761	\$88	\$2,498,766	\$109
<b>Total Medical Center</b>	<b>547,391</b>	<b>\$4,208,000</b>	<b>\$45,701,987</b>	<b>\$82</b>	<b>\$60,125,479</b>	<b>\$110</b>

### 5.16 Schedule for NPC 4 Evaluation Reports and Retrofit Construction

Nonstructural Evaluation Reports are based on actual existing conditions that must be collected by the consultant team; we understand that this effort is being done by another consultant. Once collected, the data must be synthesized and documented in a format easily accepted and reviewed by HCAI. Data collection can take many months to complete and may depend on access and operational constraints (e.g., operating suites are available only on weekends). Report generation requires extensive documentation of both existing conditions and existing documents that may indicate compliant conditions. This report updates the previously developed consulting fee estimates for consistency, but those consulting fee values can be revised for inclusion in budgeting as information is developed by the consultant working on the nonstructural evaluation reports at DRMC.

NPC 4 retrofit costs are identified in the cost model (Table 3) above. The cost model uses a base assumption that construction work is performed on “straight time” in the fully operational medical center. This assumes that proper infection control measures are in place, and that remote construction preparation and mobilization is required to minimize disruption to existing operations and hospital staff. The estimated construction duration for this scenario is approximately thirty-six months, assumed to be coincident with the structural retrofit construction. Variations related to working hours (off-hours or weekends) can drastically affect the construction duration and construction cost. Because the schedule is highly dependent on operational parameters, further study, including meetings with operational staff, is necessary to establish a proper link between cost and schedule. Construction schedule is typically refined during the construction document development phases of a project.

## 6. CONCLUSIONS

The DRMC requires structural retrofit of three buildings and nonstructural retrofit of twenty buildings. Table 4 shows an approximate range of costs for nonstructural retrofit, structural retrofit, and total medical center retrofit project costs. These costs represent a reasonable estimate of construction and consulting fees as estimated by Swinerton and SGH, given experience with similar projects of scope and size completed in the last several years. Currently, we estimate an appropriate budget range to bring the DRMC into compliance with the AHSSA of approximately \$222,000,000, which includes estimates of soft costs associated with professional fees, inspection, etc. The professional fees identified in Section 5 are included in the 25% soft cost assumption. Future budgets should account for work that is currently being completed and have appropriate consideration for the uncertainty associated with this cost estimate being based on conceptual data. As more detailed data is developed, the cost estimate should be updated using the new data and revised according to economic conditions.

**Table 4 – Nonstructural Retrofit, Structural Retrofit + “Soft” Costs**

Building Name	Estimate of Affected Area	NPC 4 Cost Estimate Includes: Contingency & Escalation	NPC 4 \$/SF (2022)	SPC 4 Cost Estimate Includes: Contingency & Escalation	SPC 4 Cost Estimate \$/SF (High)
		(2022)		(2022)	
Main Hospital & Additions	95,913	\$ 11,244,995	\$ 117	\$ 64,012,430	\$ 667
East Tower	40,418	\$ 3,016,680	\$ 75	\$ 42,103,815	\$1,042
Woman & Infants Hospital	88,486	\$ 3,903,473	\$ 44	-	-
North Wing	18,790	\$ 1,254,916	\$ 67	\$ 8,975,061	\$ 478
Central Plant	15,159	\$ 1,789,992	\$ 118	-	-
Shipping/Receiving	15,742	\$ 1,042,337	\$ 66	-	-
Surgery Wing	105,266	\$ 13,730,307	\$ 130	-	-
West Tower (Sinatra Tower)	110,614	\$ 18,869,665	\$ 171	-	-
Lobby	6,214	\$ 287,530	\$ 46	-	-
Admitting	9,141	\$ 558,225	\$ 61	-	-
Elevator Tower	16,254	\$ 1,575,920	\$ 97	-	-
Dinah Shore Waiting Area	2,006	\$ 309,703	\$ 154	-	-
Medical Records Building	507	\$ 42,970	\$ 85	-	-
Public Spaces/NPC 5	22,881	\$ 2,498,766	\$ 109	-	-
Material Testing				\$ 2,301,826	-
<b>Subtotal</b>		<b>\$60,125,479</b>		<b>\$117,393,132</b>	
Soft Costs <sup>1</sup> (25% Subtotal)		\$ 15,031,370		\$ 29,348,283	
<b>Total Retrofit Including Soft Costs</b>	<b>547,391</b>	<b>\$ 75,156,849</b>	<b>\$ 137</b>	<b>\$146,741,415</b>	<b>\$ 268</b>

Footnote 1: Soft costs include those costs excluded by Swinerton and other project costs typical for this type of work.

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# APPENDIX A

**Desert Regional Medical Center, Palm Springs California**

**8-4-2022**

Our Opinion of Probable Cost for the Desert Regional Medical Center in Palm Springs California is based on:

- 2022 labor rates, equipment rates and material costs.
- Simpson Gumpertz & Heger plans set dated 11/17/18
- Contractor Buyout assumes mid-year 2026 and completing mid-year 2029

Contractor markup costs are as follows:

- General Requirements
  - Cost of site requirements to perform and complete the project.
- General Conditions
  - Cost of job site offices, storage containers and Management: Project Manager, Engineers, and Superintendent.
- Subgaurd
  - Subcontractor Default Insurance is a two-party agreement between the insured (subcontractor) and the insurer (general contractor) in which the insurer undertakes to indemnify the insured against loss as a result of a contingent default.
- General Insurance is calculated at a rate of 1.1% of the total project cost.
- Includes a 5% General Contractor fee.
- 2022 costs escalation of 21% to mid-year 2026.
- All pricing includes Infection Control Risk Assessment (ICRAs) during construction.
- NPC pricing assumes installation while hospital is in full operation and includes a departmental difficulty factor as follows:
  - Critical Care, Med Surge & Corridors - 32% added cost
  - Labs – 22% added cost
  - Patient Care – 15% added cost
  - Administration, Building Mechanical and Penthouse/Roof – None added
- Please note that the compounding equations that are occurring in the estimate to build-up each unit cost and how the rounding function in Excel works, some of the cost per SF will be off by \$1-\$2 when calculated separately.





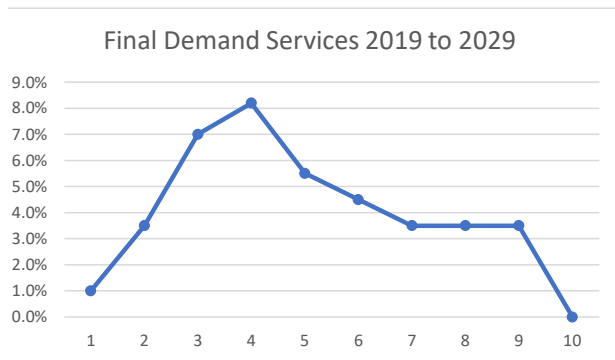
## Confidential Swinerton Document

4/25/2022

Based on Bureau of Labor Statistics, producer price indexes, [www.bis.gov/ppi](http://www.bis.gov/ppi)

Associated General Contractors of America February 2022 Report

YEAR	Final Demand Services + Producer Price Index		Escalation per 1,000K Compounded	
2018	0.0%	Starting Point	\$1,000.00	0%
2019	1.0%		\$1,010.00	1.0%
2020	3.5%		\$1,045.35	4.5%
2021	7.0%		\$1,118.52	11.9%
<b>2022</b>	<b>8.2%</b>	<b>Current Year</b>	<b>\$1,210.24</b>	<b>21.0%</b>
2023	5.5%		\$1,276.81	27.7%
2024	4.5%		\$1,334.26	33.4%
2025	3.5%		\$1,380.96	38.1%
<b>2026</b>	<b>3.5%</b>	<b>Contractor Buy-out</b>	<b>\$1,429.30</b>	<b>42.9%</b>
2027	3.5%		\$1,479.32	47.9%
2028	0.0%	<i>Included in Buyout \$</i>	\$0.00	0.0%
<b>2029</b>	<b>0.0%</b>	<b>Year of Completion</b>	<b>\$1,479.32</b>	<b>47.9%</b>



Final Demand Services Assumed 2026 Sub Buyout	Compounded Escalation	
	Compounded FDS to 2026	42.9%
	Labor Breakout to 2024	17%
	Material Breakout 2024	26%

Year	Labor Rates	Compounded FDS to 2029	
2019	\$107.68	Labor Breakout to 2028	20%
2020	\$111.13	Material Breakout 2028	28%
2021	\$114.68		
2022	\$118.35	<b>ContingencyToComplete 2026 to 2029</b>	<b>12%</b>
2023	\$122.14		
2024	\$126.05		
2025	\$130.08		

<b>2026</b>	<b>\$134.24</b>	<b>23%</b>	<b>4 year project starts in 2026</b>	<b>Net % Add to Direct Work with 2026 Start</b>	<b>20%</b>
2027	\$138.54				
2028	\$142.97				
2029	<b>\$147.55</b>	<b>37%</b>	<b>Labor increase 2019 to 2029</b>		

<https://www.bls.gov/news.release/ppi.nr0.htm>

The Producer Price Index for final demand increased 1.4 percent in March, seasonally adjusted, the U.S. Bureau of Labor Statistics reported today. This rise followed advances of 0.9 percent in February and 1.2 percent in January. (See table A.) On an unadjusted basis, final demand prices moved up 11.2 percent for the 12 months ended in March, the largest increase since 12-month data were first calculated in November 2010.



Desert Regional Medical Center  
 Palm Springs California  
 Conceptual SPC 4 OPC (Opinion of Probable Cost) Estimate  
 April 25, 2022  
 Pricing Assumes Contractor Buy-out in 2026 with Completion date of Mid Year 2029

SPC 4D OPC Retroft Costs	\$ 68,926,928	\$ 85,827,683	\$ 115,091,306
Location	Direct Cost Forecast 2022	Cost w/ Contractor GCs, GRs, Insurance & Fee 2022	Cost w/ 10% Contingency & 21.9% Escalation 2026
<b>Main Hospital Retrofit Scheme</b>	\$ 38,336,346	\$ 47,736,347	\$ 64,012,430
Wing A Strengthening Plan	\$ 3,405,010	\$ 4,239,912	\$ 5,685,543
Wing B Strengthening Plan	\$ 816,762	\$ 1,017,030	\$ 1,363,795
Wing C Strengthening Plan	\$ 5,437,555	\$ 6,770,834	\$ 9,079,403
Wing D & E Strengthening Plan	\$ 7,582,655	\$ 9,441,908	\$ 12,661,200
Wing F Strengthening Plan	\$ 2,705,524	\$ 3,368,913	\$ 4,517,571
Wing G Strengthening Plan	\$ 918,857	\$ 1,144,159	\$ 1,534,269
Wing H Strengthening Plan	\$ 17,469,983	\$ 21,753,591	\$ 29,170,649
	Direct Cost	Cost w/ Contractor Costs	Cost w/ Escalation & Contin.
<b>Building 2 - East Tower Retrofit Scheme</b>	\$ 25,215,516	\$ 31,398,313	\$ 42,103,815
Basement	\$ 4,631,580	\$ 5,767,234	\$ 7,733,618
1st Floor	\$ 7,575,580	\$ 9,433,098	\$ 12,649,387
2nd Floor	\$ 8,253,862	\$ 10,277,694	\$ 13,781,954
3rd Floor	\$ 1,409,110	\$ 1,754,621	\$ 2,352,873
4th Floor	\$ 1,553,817	\$ 1,934,810	\$ 2,594,498
Roof	\$ 1,791,567	\$ 2,230,856	\$ 2,991,484
	Direct Cost	Cost w/ Contractor Costs	Cost w/ Escalation & Contin.
<b>Building 4 - North Wing Retrofit Scheme</b>	\$ 5,375,066	\$ 6,693,022	\$ 8,975,061
Exterior Wall	\$ 3,061,313	\$ 3,811,941	\$ 5,111,652
Main Level	\$ 79,897	\$ 99,487	\$ 133,408
Roof	\$ 2,233,857	\$ 2,781,595	\$ 3,730,001
<b>Project SPC 4D Totals</b>	\$ 68,926,928	\$ 85,827,683	\$ 115,091,306

- Exclusions
1. Permit fees, plan check fees, design fees, Builders Risk.
  2. All utility costs.
  3. Payment or performance bond premiums.
  4. Testing and Inspection costs.
  5. Hazardous material identification, abatement or testing.
  6. Security guard service.
  7. Owner's consultants.
  8. Soil, structural, mechanical, engineering.
  9. Owner equipment.
  10. Correction of existing code deficiencies.



<b>Project SPC 4D Totals</b>	<b>\$ 91,131,664</b>	<b>\$ 115,091,305</b>	<b>\$ 23,959,641</b>
	December 13, 2018 Pricing	April 15, 2022 Pricing	Cost Delta +/-
<b>Main Hospital Retrofit Scheme</b>	<b>\$ 50,237,006</b>	<b>\$ 64,012,430</b>	<b>\$ 13,775,424</b>
Wing A Strengthening Plan	\$ 4,417,883	\$ 5,685,543	\$ 1,267,660
Wing B Strengthening Plan	\$ 1,011,782	\$ 1,363,795	\$ 352,013
Wing C Strengthening Plan	\$ 6,886,176	\$ 9,079,403	\$ 2,193,227
Wing D & E Strengthening Plan	\$ 9,912,203	\$ 12,661,200	\$ 2,748,997
Wing F Strengthening Plan	\$ 3,351,528	\$ 4,517,571	\$ 1,166,043
Wing G Strengthening Plan	\$ 1,138,255	\$ 1,534,269	\$ 396,014
Wing H Strengthening Plan	\$ 23,519,179	\$ 29,170,649	\$ 5,651,470
	Cost w/ Escalation & Contin.	Cost w/ Escalation & Contin.	
<b>Building 2 - East Tower Retrofit Scheme</b>	<b>\$ 34,008,944</b>	<b>\$ 42,103,814</b>	<b>\$ 8,094,870</b>
Basement	\$ 6,191,970	\$ 7,733,618	\$ 1,541,648
1st Floor	\$ 9,991,841	\$ 12,649,387	\$ 2,657,546
2nd Floor	\$ 11,031,863	\$ 13,781,954	\$ 2,750,091
3rd Floor	\$ 2,067,299	\$ 2,352,873	\$ 285,574
4th Floor	\$ 2,180,652	\$ 2,594,498	\$ 413,846
Roof	\$ 2,545,319	\$ 2,991,484	\$ 446,165
	Cost w/ Escalation & Contin.	Cost w/ Escalation & Contin.	
<b>Building 4 - North Wing Retrofit Scheme</b>	<b>\$ 6,885,714</b>	<b>\$ 8,975,061</b>	<b>\$ 2,089,347</b>
Exterior Wall	\$ 4,025,409	\$ 5,111,652	\$ 1,086,243
Main Level	\$ 103,821	\$ 133,408	\$ 29,587
Roof	\$ 2,756,484	\$ 3,730,001	\$ 973,517

**Exclusions**

1. Permit fees, plan check fees, design fees, Builders Risk.
2. All utility costs.
3. Payment or performance bond premiums.
4. Testing and Inspection costs.
5. Hazardous material identification, abatement or testing.
6. Security guard service.
7. Owner's consultants.
8. Utility costs.
9. Soil, structural, mechanical, engineering.
10. Owner equipment.
11. Correction of existing code deficiencies.



Difficulty Factor %r Added to Units  
 Critical Care 32% Added to unit cost  
 Med Surge & Corridors 32% Added to unit cost  
 Labs 22% Added to unit cost  
 Patient Care 15% Added to unit cost  
 Administration 0% None added  
 Building Mechanical 0% None added  
 Penthouse/Roof 0% None added

546,884 GSF

Unit Cost w/ Contractor Costs

Department	AREA (SQ. FT.)	Unit	Unit Cost w/ Contractor Costs					\$/w/ Contractor Mark-up - 2022	\$/SF	\$/w/Contingency 2022	21%	\$/SF	\$/w/Escalation - Year 2026	22%	\$/SF
			Equipment Bracing	Utility Bracing	Fire Sprinkler Bracing	Ceiling Bracing	Wall Bracing								
<b>Building 1 - Main Hospital &amp; Additions</b>	<b>95,913 SF</b>	<b>89 \$/SF</b>						<b>\$ 8,385,793</b>	<b>89 \$/SF</b>	<b>\$ 9,224,372</b>	<b>98 \$/SF</b>	<b>\$ 11,244,995</b>	<b>119 \$/SF</b>		
OUTPATIENT MATERNAL FETAL	5,173	\$ 94.02	\$ 10.70	\$ 28.80	\$ 32.92	\$ 21.60	\$ -	\$ 486,385	\$ 94	\$ 535,024	\$ 103	\$ 652,222	\$ 126		
CARDIO PULMO	3,772	\$ 104.39	\$ 13.06	\$ 35.96	\$ 28.39	\$ 26.97	\$ -	\$ 393,756	\$ 104	\$ 433,131	\$ 115	\$ 528,010	\$ 140		
DR. LOUNGE	1,133	\$ 69.95	\$ 6.58	\$ 20.57	\$ 22.22	\$ 20.57	\$ -	\$ 79,256	\$ 70	\$ 87,181	\$ 77	\$ 106,279	\$ 94		
ACUTE REHAB	7,038	\$ 81.63	\$ 10.41	\$ 12.92	\$ 37.86	\$ 20.44	\$ -	\$ 574,508	\$ 82	\$ 631,958	\$ 90	\$ 770,391	\$ 109		
BUSINESS SERVICES	4,380	\$ 94.02	\$ 9.22	\$ 28.80	\$ 31.11	\$ 24.89	\$ -	\$ 411,788	\$ 94	\$ 452,967	\$ 103	\$ 552,191	\$ 126		
PHY THERAPY	4,936	\$ 107.89	\$ 10.41	\$ 34.07	\$ 37.86	\$ 25.55	\$ -	\$ 532,549	\$ 108	\$ 585,804	\$ 119	\$ 714,126	\$ 145		
THERAPY	4,631	\$ 107.89	\$ 10.41	\$ 34.07	\$ 37.86	\$ 25.55	\$ -	\$ 499,642	\$ 108	\$ 549,606	\$ 119	\$ 669,999	\$ 145		
POST PARTUM - BLDG 1	8,673	\$ 108.13	\$ 12.30	\$ 33.12	\$ 37.86	\$ 24.84	\$ -	\$ 937,789	\$ 108	\$ 1,031,568	\$ 119	\$ 1,257,535	\$ 145		
MED SURGE - BLDG 1	4,705	\$ 114.46	\$ 11.04	\$ 36.14	\$ 40.16	\$ 27.11	\$ -	\$ 538,525	\$ 114	\$ 592,378	\$ 126	\$ 722,140	\$ 153		
PEDIATRICS	4,180	\$ 107.89	\$ 10.41	\$ 34.07	\$ 37.86	\$ 25.55	\$ -	\$ 450,983	\$ 108	\$ 496,082	\$ 119	\$ 604,750	\$ 145		
GI - ENDO	1,669	\$ 106.00	\$ 8.52	\$ 34.07	\$ 37.86	\$ 25.55	\$ -	\$ 176,911	\$ 106	\$ 194,602	\$ 117	\$ 237,230	\$ 142		
BUSINESS SERVICES - MED RECORDS	7,430	\$ 69.95	\$ 6.58	\$ 20.57	\$ 22.22	\$ 20.57	\$ -	\$ 519,744	\$ 70	\$ 571,718	\$ 77	\$ 696,955	\$ 94		
FACILITIES - ENG	3,565	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 239,404	\$ 67	\$ 263,344	\$ 74	\$ 321,031	\$ 90		
ADMINISTRATION	11,665	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 783,351	\$ 67	\$ 861,686	\$ 74	\$ 1,050,441	\$ 90		
NON-PATIENT CARE	9,400	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 631,248	\$ 67	\$ 694,372	\$ 74	\$ 846,476	\$ 90		
MECH/ELEC	3,422	\$ 53.49	\$ 6.58	\$ 24.69	\$ 22.22	\$ -	\$ -	\$ 183,052	\$ 53	\$ 201,357	\$ 59	\$ 245,465	\$ 72		
PUBLIC CORRIDOR	10,141	\$ 93.37	\$ -	\$ 25.10	\$ 27.11	\$ 11.04	\$ 30.12	\$ 946,902	\$ 93	\$ 1,041,593	\$ 103	\$ 1,269,756	\$ 125		
<b>Building 2 - East Tower</b>	<b>40,418 SF</b>	<b>56 \$/SF</b>						<b>\$ 2,249,645</b>	<b>56 \$/SF</b>	<b>\$ 2,474,610</b>	<b>61 \$/SF</b>	<b>\$ 3,016,680</b>	<b>75 \$/SF</b>		
LAB	5,975	\$ 69.62	\$ 18.51	\$ 41.64	\$ -	\$ 9.46	\$ -	\$ 415,962	\$ 70	\$ 457,558	\$ 77	\$ 557,788	\$ 93		
ORTHO	9,733	\$ 49.78	\$ 7.57	\$ 23.66	\$ -	\$ 8.14	\$ 10.41	\$ 484,520	\$ 50	\$ 532,972	\$ 55	\$ 649,721	\$ 67		
MED SURGE - BLDG 2 - FLR 3	10,170	\$ 54.32	\$ 10.41	\$ 34.07	\$ -	\$ 9.84	\$ -	\$ 552,475	\$ 54	\$ 607,722	\$ 60	\$ 740,845	\$ 73		
SNF - BLDG 2	10,170	\$ 69.95	\$ 9.05	\$ 29.63	\$ -	\$ 22.22	\$ 9.05	\$ 711,413	\$ 70	\$ 782,554	\$ 77	\$ 953,974	\$ 94		
STAIRCASES	3,360	\$ 9.05	\$ -	\$ 9.05	\$ -	\$ -	\$ -	\$ 30,417	\$ 9	\$ 33,458	\$ 10	\$ 40,788	\$ 12		
MECH PENTHOUSE	1,010	\$ 54.32	\$ 24.69	\$ 29.63	\$ -	\$ -	\$ -	\$ 54,859	\$ 54	\$ 60,345	\$ 60	\$ 73,563	\$ 73		
<b>Building 3 - Woman &amp; Infants Hospital</b>	<b>88,486 SF</b>	<b>33 \$/SF</b>						<b>\$ 2,914,684</b>	<b>33 \$/SF</b>	<b>\$ 3,206,153</b>	<b>36 \$/SF</b>	<b>\$ 3,903,473</b>	<b>44 \$/SF</b>		
LDRP	18,051	\$ 37.86	\$ -	\$ -	\$ 37.86	\$ -	\$ -	\$ 683,346	\$ 38	\$ 751,681	\$ 42	\$ 916,338	\$ 51		
NICU	8,148	\$ 43.45	\$ -	\$ -	\$ 43.45	\$ -	\$ -	\$ 354,052	\$ 43	\$ 389,457	\$ 48	\$ 474,768	\$ 58		
POST PARTUM - BLDG 3	3,421	\$ 37.86	\$ -	\$ -	\$ 37.86	\$ -	\$ -	\$ 129,507	\$ 38	\$ 142,457	\$ 42	\$ 173,663	\$ 51		
EMERGENCY DEPT.	12,801	\$ 36.61	\$ -	\$ -	\$ 36.61	\$ -	\$ -	\$ 468,629	\$ 37	\$ 515,492	\$ 40	\$ 628,412	\$ 49		
RADIOLOGY	25,328	\$ 28.39	\$ -	\$ -	\$ 28.39	\$ -	\$ -	\$ 719,120	\$ 28	\$ 791,033	\$ 31	\$ 964,310	\$ 38		
PUBLIC SPACE	1,120	\$ 39.75	\$ -	\$ -	\$ 39.75	\$ -	\$ -	\$ 44,519	\$ 40	\$ 48,971	\$ 44	\$ 59,698	\$ 53		
HELIPAD	10,126	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
MECH PENTHOUSE - BLDG 3	9,491	\$ 54.32	\$ 24.69	\$ 29.63	\$ -	\$ -	\$ -	\$ 515,511	\$ 54	\$ 567,062	\$ 60	\$ 686,283	\$ 72		
<b>Building 4 - North Wing</b>	<b>18,790 SF</b>	<b>50 \$/SF</b>						<b>\$ 935,835</b>	<b>50 \$/SF</b>	<b>\$ 1,029,419</b>	<b>55 \$/SF</b>	<b>\$ 1,254,916</b>	<b>67 \$/SF</b>		
ADMINISTRATION OFFICES (Basement)	9,395	\$ 49.38	\$ 6.58	\$ 15.64	\$ 24.69	\$ 2.47	\$ -	\$ 463,906	\$ 49	\$ 510,296	\$ 54	\$ 622,078	\$ 66		
NON-PATIENT CARE (First Floor)	9,395	\$ 50.23	\$ 6.58	\$ 15.64	\$ 23.04	\$ 2.47	\$ 2.50	\$ 471,930	\$ 50	\$ 519,123	\$ 55	\$ 632,838	\$ 67		
<b>Building 5 - Central Plant</b>	<b>15,159 SF</b>	<b>88 \$/SF</b>						<b>\$ 1,334,861</b>	<b>88 \$/SF</b>	<b>\$ 1,468,347</b>	<b>97 \$/SF</b>	<b>\$ 1,789,992</b>	<b>118 \$/SF</b>		
CENTRAL PLANT	15,159	\$ 88.06	\$ 24.69	\$ 32.92	\$ 29.63	\$ 0.82	\$ -	\$ 1,334,861	\$ 88	\$ 1,468,347	\$ 97	\$ 1,789,992	\$ 118		
<b>Building 6 - Shipping/Receiving</b>	<b>15,742 SF</b>	<b>49 \$/SF</b>						<b>\$ 777,307</b>	<b>49 \$/SF</b>	<b>\$ 855,038</b>	<b>54 \$/SF</b>	<b>\$ 1,042,337</b>	<b>66 \$/SF</b>		
EXTERIOR LOADING DOCK	15,742	\$ 49.38	\$ 6.58	\$ 20.57	\$ 22.22	\$ -	\$ -	\$ 777,307	\$ 49	\$ 855,038	\$ 54	\$ 1,042,337	\$ 66		
<b>Building 7 - Surgery Wing</b>	<b>105,266 SF</b>	<b>97 \$/SF</b>						<b>\$ 10,239,179</b>	<b>97 \$/SF</b>	<b>\$ 11,263,097</b>	<b>107 \$/SF</b>	<b>\$ 13,730,307</b>	<b>130 \$/SF</b>		
KITCHEN	9,606	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 645,081	\$ 67	\$ 709,589	\$ 74	\$ 865,027	\$ 90		
SPD	4,569	\$ 76.21	\$ 10.70	\$ 24.69	\$ 23.04	\$ 17.78	\$ -	\$ 348,188	\$ 76	\$ 383,007	\$ 84	\$ 466,905	\$ 102		
CENTRAL SUPPLY	3,044	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 204,417	\$ 67	\$ 224,858	\$ 74	\$ 274,114	\$ 90		
SHIPPING/REC	2,314	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 155,394	\$ 67	\$ 170,934	\$ 74	\$ 208,377	\$ 90		
PHARMACY	4,331	\$ 101.74	\$ 23.66	\$ 28.39	\$ 28.39	\$ 21.29	\$ -	\$ 440,632	\$ 102	\$ 484,695	\$ 112	\$ 590,869	\$ 136		
I/T	2,994	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 201,059	\$ 67	\$ 221,165	\$ 74	\$ 269,612	\$ 90		
ADMIN SERVICES	2,971	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 199,515	\$ 67	\$ 219,466	\$ 74	\$ 267,541	\$ 90		
ADMINISTRATIVE OFFICES	9,331	\$ 67.15	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ -	\$ 626,614	\$ 67	\$ 689,275	\$ 74	\$ 840,263	\$ 90		
CAFETERIA	6,810	\$ 77.23	\$ 7.57	\$ 23.66	\$ 25.55	\$ 20.44	\$ -	\$ 525,916	\$ 77	\$ 578,508	\$ 85	\$ 705,232	\$ 104		
OUTPATIENT SERVICES	1,067	\$ 101.74	\$ 23.66	\$ 28.39	\$ 28.39	\$ 21.29	\$ -	\$ 108,556	\$ 102	\$ 119,411	\$ 112	\$ 145,569	\$ 136		
SURGICAL/OR	23,624	\$ 162.29	\$ 18.47	\$ 57.35	\$ 43.45	\$ 43.02	\$ -	\$ 3,833,924	\$ 162	\$ 4,217,316	\$ 179	\$ 5,141,130	\$ 218		
CATH LAB	6,344	\$ 119.82	\$ 14.99	\$ 41.28	\$ 32.59	\$ 30.96	\$ -	\$ 760,141	\$ 120	\$ 836,155	\$ 132	\$ 1,019,317	\$ 161		



**Desert Regional Medical Center - Opinion Of Probable Cost**  
**Palm Springs California**  
 Conceptual NPC 4 ROM Estimate - Updated to Current Year 2022  
 Estimate Date: April 25, 2022  
 Pricing Assumes Contractor Buy-out in 2026 with Completion date of Mid Year 2029

Difficulty Factor %r Added to Units  
 Critical Care 32% Added to unit cost  
 Med Surge & Corridors 32% Added to unit cost  
 Labs 22% Added to unit cost  
 Patient Care 15% Added to unit cost  
 Administration 0% None added  
 Building Mechanical 0% None added  
 Penthouse/Roof 0% None added

546,884 GSF

Department	AREA (SQ. FT.)	Unit	Unit Cost w/ Contractor Costs						\$/w/ Contractor Mark-up - 2022	\$/SF	\$/w/Contingency 2022	\$/SF	\$/w/Escalation - Year 2026	\$/SF
			Equipment Bracing	Utility Bracing	Fire Sprinkler Bracing	Ceiling Bracing	Wall Bracing							
MECH PENTHOUSE	13,061	\$ 54.32	\$ 24.69	\$ 29.63	\$ -	\$ -	\$ -	\$ -	\$ 709,418	\$ 54	\$ 780,360	\$ 60	\$ 951,299	\$ 73
PUBLIC CORRIDOR	15,200	\$ 97.39	\$ -	\$ 37.15	\$ 40.16	\$ -	\$ 9.04	\$ 11.04	\$ 1,480,324	\$ 97	\$ 1,628,357	\$ 107	\$ 1,985,052	\$ 131
<b>Building 8 - West Tower</b>	<b>110,614 SF</b>	<b>127 \$/SF</b>							<b>\$ 14,071,781</b>	<b>127 \$/SF</b>	<b>\$ 15,478,959</b>	<b>140 \$/SF</b>	<b>\$ 18,869,665</b>	<b>171 \$/SF</b>
MECH/ELEC	7,780	\$ 96.75	\$ 27.49	\$ 29.63	\$ 19.75	\$ 3.29	\$ 16.59	\$ -	\$ 752,750	\$ 97	\$ 828,025	\$ 106	\$ 1,009,407	\$ 130
ICU	18,934	\$ 165.77	\$ 21.25	\$ 47.80	\$ 41.28	\$ 28.68	\$ 26.77	\$ -	\$ 3,138,701	\$ 166	\$ 3,452,571	\$ 182	\$ 4,208,866	\$ 222
MED SURGE - BLDG 8 - FLR 2	18,934	\$ 129.28	\$ 11.04	\$ 36.14	\$ 40.16	\$ 21.69	\$ 20.24	\$ -	\$ 2,447,738	\$ 129	\$ 2,692,511	\$ 142	\$ 3,282,313	\$ 173
MED SURGE - BLDG 8 - FLR 3	18,934	\$ 129.28	\$ 11.04	\$ 36.14	\$ 40.16	\$ 21.69	\$ 20.24	\$ -	\$ 2,447,738	\$ 129	\$ 2,692,511	\$ 142	\$ 3,282,313	\$ 173
MED SURGE - BLDG 8 - FLR 4	18,934	\$ 129.28	\$ 11.04	\$ 36.14	\$ 40.16	\$ 21.69	\$ 20.24	\$ -	\$ 2,447,738	\$ 129	\$ 2,692,511	\$ 142	\$ 3,282,313	\$ 173
MED SURGE - BLDG 8 - FLR 5	18,934	\$ 127.29	\$ 9.05	\$ 36.14	\$ 40.16	\$ 21.69	\$ 20.24	\$ -	\$ 2,410,029	\$ 127	\$ 2,651,032	\$ 140	\$ 3,231,747	\$ 171
PENTHOUSE	1,135	\$ 39.91	\$ 15.22	\$ 24.69	\$ -	\$ -	\$ -	\$ -	\$ 45,302	\$ 40	\$ 49,832	\$ 44	\$ 60,748	\$ 54
MECH PENTHOUSE - BLDG 8	7,029	\$ 54.32	\$ 24.69	\$ 29.63	\$ -	\$ -	\$ -	\$ -	\$ 381,785	\$ 54	\$ 419,964	\$ 60	\$ 511,958	\$ 73
<b>Building 9 - Lobby</b>	<b>6,214 SF</b>	<b>35 \$/SF</b>							<b>\$ 214,421</b>	<b>35 \$/SF</b>	<b>\$ 235,863</b>	<b>38 \$/SF</b>	<b>\$ 287,530</b>	<b>46 \$/SF</b>
MAIN ENTRANCE/LOBBY	6,214	\$ 34.51	\$ -	\$ -	\$ 34.51	\$ -	\$ -	\$ -	\$ 214,421	\$ 35	\$ 235,863	\$ 38	\$ 287,530	\$ 46
<b>Building 10 - Admitting</b>	<b>9,141 SF</b>	<b>46 \$/SF</b>							<b>\$ 416,288</b>	<b>46 \$/SF</b>	<b>\$ 457,917</b>	<b>50 \$/SF</b>	<b>\$ 558,225</b>	<b>61 \$/SF</b>
LOBBY/REGISTRATION	6,306	\$ 25.55	\$ -	\$ -	\$ 25.55	\$ -	\$ -	\$ -	\$ 161,138	\$ 26	\$ 177,252	\$ 28	\$ 216,079	\$ 34
MORGUE	965	\$ 101.74	\$ 23.66	\$ 28.39	\$ 28.39	\$ 21.29	\$ -	\$ -	\$ 98,178	\$ 102	\$ 107,996	\$ 112	\$ 131,653	\$ 136
MORGUE - OFFICE SPACE	1,870	\$ 83.94	\$ 19.75	\$ 20.57	\$ 23.04	\$ 20.57	\$ -	\$ -	\$ 156,972	\$ 84	\$ 172,670	\$ 92	\$ 210,493	\$ 113
<b>Building 11 - Elevator Tower</b>	<b>16,254 SF</b>	<b>72 \$/SF</b>							<b>\$ 1,175,220</b>	<b>72 \$/SF</b>	<b>\$ 1,292,742</b>	<b>80 \$/SF</b>	<b>\$ 1,575,920</b>	<b>97 \$/SF</b>
ELEVATOR CORRIDOR SPACE	13,932	\$ 75.30	\$ -	\$ 30.12	\$ 42.17	\$ 3.01	\$ -	\$ -	\$ 1,049,098	\$ 75	\$ 1,154,008	\$ 83	\$ 1,406,797	\$ 101
MECH PENTHOUSE	2,322	\$ 54.32	\$ 24.69	\$ 29.63	\$ -	\$ -	\$ -	\$ -	\$ 126,121	\$ 54	\$ 138,733	\$ 60	\$ 169,123	\$ 73
<b>Building 12</b>	<b>2,006 SF</b>	<b>115 \$/SF</b>							<b>\$ 230,957</b>	<b>115 \$/SF</b>	<b>\$ 254,052</b>	<b>127 \$/SF</b>	<b>\$ 309,703</b>	<b>154 \$/SF</b>
WAITING ROOM	2,006	\$ 115.13	\$ 9.88	\$ 30.86	\$ 33.33	\$ 26.66	\$ 14.40	\$ -	\$ 230,957	\$ 115	\$ 254,052	\$ 127	\$ 309,703	\$ 154
<b>Building 13 - Medical Records</b>	<b>507 SF</b>	<b>63 \$/SF</b>							<b>\$ 32,044</b>	<b>63 \$/SF</b>	<b>\$ 35,249</b>	<b>70 \$/SF</b>	<b>\$ 42,970</b>	<b>85 \$/SF</b>
MEDICAL RECORDS ROOM	507	\$ 63.20	\$ 8.23	\$ 8.56	\$ 19.75	\$ 26.66	\$ -	\$ -	\$ 32,044	\$ 63	\$ 35,249	\$ 70	\$ 42,970	\$ 85
<b>Public Spaces</b>	<b>22,881 SF</b>	<b>81 \$/SF</b>							<b>\$ 1,863,419</b>	<b>81 \$/SF</b>	<b>\$ 2,049,761</b>	<b>90 \$/SF</b>	<b>\$ 2,498,766</b>	<b>109 \$/SF</b>
PUBLIC SPACE	3,863	\$ 80.87	\$ 6.80	\$ 30.45	\$ 32.92	\$ 10.70	\$ -	\$ -	\$ 312,389	\$ 81	\$ 343,628	\$ 89	\$ 418,900	\$ 108
FACILITIES - ENG	19,018	\$ 81.56	\$ 6.58	\$ 20.57	\$ 22.22	\$ 17.78	\$ 14.40	\$ -	\$ 1,551,030	\$ 82	\$ 1,706,133	\$ 90	\$ 2,079,866	\$ 109
<b>Total</b>	<b>547,391 SF</b>								<b>44,841,435</b>	<b>\$ 82</b>	<b>49,325,578</b>	<b>\$ 90</b>	<b>60,125,479</b>	<b>\$ 110</b>



	Opinion Of Probable Cost Variance Report: January 11, 2019 VS. April 25, 2022	Cost Forecast December 2018	Cost Forecast December 2022	2018 VS 2022	2018 VS 2022 Estimates
Building #	Department	\$/w/Escalation	\$/w/Escalation	Cost Delta	Percentage of Variance

	<b>Building 1 - Main Hospital &amp; Additions</b>	<b>\$ 9,257,332</b>	<b>\$ 11,244,995</b>	<b>\$ 1,987,663</b>	<b>21%</b>
B1	OUTPATIENT MATERNAL FETAL	\$ 294,849	\$ 652,222	\$ 357,373	
B1	CARDIO PULMO	\$ 522,827	\$ 528,010	\$ 5,183	
B1	DR. LOUNGE	\$ 63,053	\$ 106,279	\$ 43,226	
B1	ACUTE REHAB	\$ 494,645	\$ 770,391	\$ 275,745	
B1	BUSINESS SERVICES	\$ 449,133	\$ 552,191	\$ 103,058	
B1	PHY THERAPY	\$ 690,369	\$ 714,126	\$ 23,757	
B1	THERAPY	\$ 647,710	\$ 669,999	\$ 22,289	
B1	POST PARTUM - BLDG 1	\$ 992,417	\$ 1,257,535	\$ 265,118	
B1	MED SURGE - BLDG 1	\$ 658,060	\$ 722,140	\$ 64,079	
B1	PEDIATRICS	\$ 584,632	\$ 604,750	\$ 20,118	
B1	GI - ENDO	\$ 167,787	\$ 237,230	\$ 69,443	
B1	BUSINESS SERVICES - MED RECORDS	\$ 646,909	\$ 696,955	\$ 50,045	
B1	FACILITIES - ENG	\$ 289,787	\$ 321,031	\$ 31,244	
B1	ADMINISTRATION	\$ 816,699	\$ 1,050,441	\$ 233,742	
B1	NON-PATIENT CARE	\$ 680,058	\$ 846,476	\$ 166,419	
B1	MECH/ELEC	\$ 184,295	\$ 245,465	\$ 61,170	
B1	PUBLIC CORRIDOR	\$ 1,074,102	\$ 1,269,756	\$ 195,654	
	<b>Building 2 - East Tower</b>	<b>\$ 2,111,483</b>	<b>\$ 3,016,680</b>	<b>\$ 905,197</b>	<b>43%</b>
B2	LAB	\$ 394,509	\$ 557,788	\$ 163,279	
B2	ORTHO	\$ 428,081	\$ 649,721	\$ 221,641	
B2	MED SURGE - BLDG 2 - FLR 3	\$ 450,040	\$ 740,845	\$ 290,806	
B2	SNF - BLDG 2	\$ 751,283	\$ 953,974	\$ 202,691	
B2	STAIRCASES	\$ 33,175	\$ 40,788	\$ 7,612	
B2	MECH PENTHOUSE	\$ 54,395	\$ 73,563	\$ 19,169	
	<b>Building 3 - Woman &amp; Infants Hospital</b>	<b>\$ 3,014,959</b>	<b>\$ 3,903,473</b>	<b>\$ 888,514</b>	<b>29%</b>
B3	IDRP	\$ 777,724	\$ 916,338	\$ 138,615	
B3	NICU	\$ 351,055	\$ 474,768	\$ 123,713	
B3	POST PARTUM - BLDG 3	\$ 147,393	\$ 173,663	\$ 26,270	
B3	EMERGENCY DEPT.	\$ 503,385	\$ 628,412	\$ 125,027	
B3	RADIOLOGY	\$ 682,032	\$ 964,310	\$ 282,278	
B3	PUBLIC SPACE	\$ 42,223	\$ 59,698	\$ 17,475	
B3	HELIPAD	\$ -	\$ -	\$ -	
B3	MECH PENTHOUSE - BLDG 3	\$ 511,147	\$ 686,283	\$ 175,135	
	<b>Building 4 - North Wing</b>	<b>\$ 1,026,092</b>	<b>\$ 1,254,916</b>	<b>\$ 228,824</b>	<b>22%</b>
B4	ADMINISTRATION OFFICES (Basement)	\$ 505,977	\$ 622,078	\$ 116,101	
B4	NON-PATIENT CARE (First Floor)	\$ 520,115	\$ 632,838	\$ 112,723	
	<b>Building 5 - Central Plant</b>	<b>\$ 1,455,919</b>	<b>\$ 1,789,992</b>	<b>\$ 334,073</b>	<b>23%</b>
B5	CENTRAL PLANT	\$ 1,455,919	\$ 1,789,992	\$ 334,073	
	<b>Building 6 - Shipping/Receiving</b>	<b>\$ 847,801</b>	<b>\$ 1,042,337</b>	<b>\$ 194,535</b>	<b>23%</b>
B6	EXTERIOR LOADING DOCK	\$ 847,801	\$ 1,042,337	\$ 194,535	
	<b>Building 7 - Surgery Wing</b>	<b>\$ 8,787,497</b>	<b>\$ 13,730,307</b>	<b>\$ 4,942,810</b>	<b>56%</b>
B7	KITCHEN	\$ 703,583	\$ 865,027	\$ 161,443	
B7	SPD	\$ 379,765	\$ 466,905	\$ 87,140	
B7	CENTRAL SUPPLY	\$ 222,955	\$ 274,114	\$ 51,159	
B7	SHIPPING/REC	\$ 169,487	\$ 208,377	\$ 38,890	
B7	PHARMACY	\$ 459,870	\$ 590,869	\$ 130,999	
B7	I/T	\$ 219,293	\$ 269,612	\$ 50,319	
B7	ADMIN SERVICES	\$ 217,608	\$ 267,541	\$ 49,932	
B7	ADMINISTRATIVE OFFICES	\$ 683,441	\$ 840,263	\$ 156,822	
B7	CAFETERIA	\$ 498,793	\$ 705,232	\$ 206,439	
B7	OUTPATIENT SERVICES	\$ 113,295	\$ 145,569	\$ 32,273	
B7	SURGICAL/OR	\$ 3,167,894	\$ 5,141,130	\$ 1,973,236	
B7	CATH LAB	\$ 628,089	\$ 1,019,317	\$ 391,228	
B7	MECH PENTHOUSE	\$ -	\$ 951,299	\$ 951,299	
B7	PUBLIC CORRIDOR	\$ 1,323,421	\$ 1,985,052	\$ 661,631	



	Opinion Of Probable Cost Variance Report: January 11, 2019 VS. April 25, 2022	Cost Forecast December 2018	Cost Forecast December 2022	2018 VS 2022	2018 VS 2022 Estimates
Building #	Department	\$/w/Escalation	\$/w/Escalation	Cost Delta	Percentage of Variance
	<b>Building 8 - West Tower</b>	<b>\$ 15,153,819</b>	<b>\$ 18,869,665</b>	<b>\$ 3,715,846</b>	<b>25%</b>
B8	MECH/ELEC	\$ 821,017	\$ 1,009,407	\$ 188,390	
B8	ICU	\$ 3,241,808	\$ 4,208,866	\$ 967,059	
B8	MED SURGE - BLDG 8 - FLR 2	\$ 2,678,012	\$ 3,282,313	\$ 604,301	
B8	MED SURGE - BLDG 8 - FLR 3	\$ 2,678,012	\$ 3,282,313	\$ 604,301	
B8	MED SURGE - BLDG 8 - FLR 4	\$ 2,678,012	\$ 3,282,313	\$ 604,301	
B8	MED SURGE - BLDG 8 - FLR 5	\$ 2,642,747	\$ 3,231,747	\$ 589,000	
B8	PENTHOUSE	\$ 35,657	\$ 60,748	\$ 25,091	
B8	MECH PENTHOUSE - BLDG 8	\$ 378,554	\$ 511,958	\$ 133,404	
	<b>Building 9 - Lobby</b>	<b>\$ 203,307</b>	<b>\$ 287,530</b>	<b>\$ 84,223</b>	<b>41%</b>
B9	MAIN ENTRANCE/LOBBY	\$ 203,307	\$ 287,530	\$ 84,223	
	<b>Building 10 - Admitting</b>	<b>\$ 476,457</b>	<b>\$ 558,225</b>	<b>\$ 81,769</b>	<b>17%</b>
B10	LOBBY/REGISTRATION	\$ 191,034	\$ 216,079	\$ 25,045	
B11	MORGUE	\$ 102,465	\$ 131,653	\$ 29,188	
B10	MORGUE - OFFICE SPACE	\$ 182,958	\$ 210,493	\$ 27,536	
	<b>Building 11 - Elevator Tower</b>	<b>\$ 1,062,956</b>	<b>\$ 1,575,920</b>	<b>\$ 512,964</b>	<b>48%</b>
B11	ELEVATOR CORRIDOR SPACE	\$ 937,902	\$ 1,406,797	\$ 468,895	
B11	MECH PENTHOUSE	\$ 125,054	\$ 169,123	\$ 44,069	
	<b>Building 12</b>	<b>\$ 267,657</b>	<b>\$ 309,703</b>	<b>\$ 42,046</b>	<b>16%</b>
B12	WAITING ROOM	\$ 267,657	\$ 309,703	\$ 42,046	
	<b>Building 13 - Medical Records</b>	<b>\$ 32,948</b>	<b>\$ 42,970</b>	<b>\$ 10,022</b>	<b>30%</b>
B13	MEDICAL RECORDS ROOM	\$ 32,948	\$ 42,970	\$ 10,022	
	<b>Public Spaces</b>	<b>\$ 2,003,761</b>	<b>\$ 2,498,766</b>	<b>\$ 495,005</b>	<b>25%</b>
B?	PUBLIC SPACE	\$ 312,069	\$ 418,900	\$ 106,832	
B?	FACILITIES - ENG	\$ 1,691,692	\$ 2,079,866	\$ 388,174	
	<b>Total</b>	<b>45,701,987</b>	<b>60,125,479</b>	<b>14,423,492</b>	<b>32%</b>



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Date: March 28, 2023  
To: Board of Directors  
Subject: VMG Health - Valuation Engagement Agreement Additional Scope of Work  
– Not To Exceed \$20,000

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**Staff Recommendation:** For review and information, VMG Health - Valuation Engagement Agreement to provide Additional Scope of Work for the DRMC hospital valuation Not To Exceed \$20,000.

**Background:**

- To help guide the Board regarding future lease decisions, in 2018, the District enlisted the services of VMG Health to produce valuation reports.
- Due to the pandemic and the passage of time, the reports were outdated and required an update.
- In April 2022, the District approved an engagement with VMG Health to provide an update to the reports.
- Significant work has been completed on the updated reports.
- However, additional scope of work services has been identified by the District's consultant, legal counsel and staff and is required to finalize the valuation.
- Included in the packet for your review is a Valuation Engagement Agreement to complete the additional scope of work.

**Fiscal Impact:**

\$20,000 additional fees are included in the FY23 budget.





Desert Regional Medical Center

Desert Healthcare Foundation /  
Desert Healthcare District

Valuation Engagement Agreement

March 8, 2023

Chris Christensen, CPA  
Chief Administration Officer  
Desert Healthcare District & Foundation

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## Valuation Engagement Agreement

VMG Holdings LLC d/b/a VMG Health (“VMG”) is pleased to offer the valuation or other transaction advisory services outlined in this agreement (“Agreement”) to Desert Healthcare Foundation & Desert Healthcare District (“Client” or “District”).

### Background and Description

We understand Client leased Desert Regional Medical Center (the “Hospital”) to Tenet Healthcare System (“Tenet” or “Lessee”) in 1997 for a 30-year term. The Lessee prepaid for the 30-year rent at the inception of the lease and the Hospital currently requires seismic upgrades before 2030. Client is evaluating strategic options regarding the Hospital given the pending seismic upgrade requirements and upcoming lease expiration. VMG issued a valuation dated June 1, 2022 utilizing financial and operational data through May 31, 2022. Client has requested an update to the Fair Market Value (“FMV”) analysis utilizing data through December 31, 2022.

### Purpose of the Engagement

The purpose of this engagement is to assist Client with regulatory compliance and internal planning.

### Use and Disclosure of the Report

VMG’s valuation report (“Report”) may only be used for the purpose stated within the Report. Client may provide a copy of a Report to its legal counsel, the Internal Revenue Service, or the Office of Inspector General. However, Client may not provide the Report to any other third party without VMG’s written consent. Such consent shall be timely and not unreasonably withheld.

### Engagement Scope

This engagement is a Valuation Engagement as generally outlined below.

A “Valuation Engagement” is defined by the American Institute of Certified Public Accountants (“AICPA”) Statement on Standards for Valuation Services (“SSVS”) No. 1 in VS sec. 100, and establishes standards for the valuation of a business, business ownership interest, security, or intangible asset. This involves an estimate of value of a subject interest applying the valuation approaches and methods deemed appropriate in the circumstances. The Report expresses the valuation conclusion as either a single amount or a range.

### Services Not Included Within Scope of This Engagement

- Real property valuations or fair market rent study
- Capital asset appraisal or physical inventory
- Opinions of value for any contractual or service agreement, including compensation agreements
- Assist in negotiations or transaction advisory services
- Due diligence or quality of earnings analyses
- Comparative reimbursement analyses and other strategic decision support
- Financial reporting post transaction

### Standard of Value

The standard of value will be **fair market value** (“FMV”), generally defined by the International Glossary of Business Valuation Terms as the price, expressed in terms of cash equivalents, at which a property would change hands between a hypothetical willing and able buyer and a hypothetical willing and able seller, acting at arm’s length in an open and unrestricted market, when neither is under compulsion to buy or sell and when both have reasonable knowledge of the relevant facts.

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In a healthcare setting, FMV has additional considerations associated with the Anti-Kickback Statute and the Stark Law. Under the Stark Law, FMV is generally defined as the value in arm's-length transactions consistent with the "general market value" ("GMV") defined by 42 CFR §411.351.

### Engagement Deliverables and Timing

VMG will provide Client a formal written appraisal Report and associated exhibits. A draft of the valuation exhibits will be provided within four weeks of receipt of all requested data.

### Fees

The fee for this engagement will be invoiced on an hourly basis. VMG requests a budget of \$15,000 to \$20,000 to be invoiced as follows:

- Upon delivery of the draft analysis or progress billed, as necessary;
- Reasonable out-of-pocket expenses, billed at cost, and a
- One-time administrative fee of 3% of fees, or a minimum administrative fee of \$350 per engagement.

### Hourly Rates:

Managing Director	\$540	Senior Analyst	\$360
Director	\$485	Analyst	\$305
Manager	\$420	Administrative	\$110

***\*\*The budget above represents approximately 30 to 40 hours of professional time. VMG will not invoice for fees more than \$20,000 without written approval from Client.***

### Additional Fee for Increase in Engagement Scope, Client Reviews, or Poor Data

Fees include issuing the deliverables above and responding to customary questions from Client and its auditor, tax, or legal advisors. Additional fees will apply for an increase or change in scope, poorly formatted or excessive Client data, delay in receiving required data, or involvement in subsequent reviews beyond the customary work effort. VMG will notify Client before any additional fee is incurred due to any of these factors.

### Additional Fee for Subpoena, Document Production Request, or Testimony

If VMG is required to produce information, testify, or provide additional analysis based on a client or other party request, or by receiving a third-party or non-party subpoena, court order, or similar process, Client will pay for VMG's consulting time and expenses to comply at then-current hourly rates, including attorney's fees and document production costs. VMG will notify Client of any such event before incurring costs.

### Late Fees and Independence

Invoices are due on receipt. Unpaid invoices over 31 days will incur a 2% monthly fee. VMG may withhold services, testimony, and Report delivery if any issued invoices are unpaid. Credit card payments incur a 5% surcharge. If this agreement is canceled, Client will only be obligated for fees and expenses incurred to the date of termination. VMG's fee is not contingent on VMG's conclusions, or any subsequent event related to it.

### Terms and Conditions

Attachment A contains terms and conditions incorporated herein by reference.

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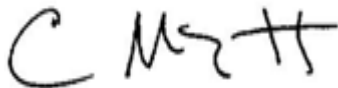
### Non-Solicitation of Employees

During this Agreement, and for twelve months after delivery of VMG's Opinion, neither party will solicit for employment the other party's employees without prior written consent. If either party does solicit and hire an employee of the other party in this period, the soliciting party shall owe and pay the other party one-third of the hired employee's annual salary at the time they resigned. Such restriction does not apply to employees who independently respond to indirect employment ads, agency, or postings not targeting such employee.

### Authorization

We appreciate the opportunity to service Desert Healthcare District. To authorize, please sign below and return to Colin McDermott at Colin.McDermott@VMGHealth.com. Please call with any questions at (972) 616-7808.

Respectfully Submitted,



Colin McDermott, CFA, CPA/ABV

Managing Director

#### Client of Record: Desert Healthcare District

#### Invoicing Contact (If Different)

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
A/P Email: \_\_\_\_\_

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## **Attachment A: Terms and Conditions**

**Confidentiality:** VMG shall maintain the confidentiality of Client's information and will not disclose or use it for any purpose other than Client's engagement. This excludes information (i) available to the public, (ii) already in VMG's possession, or (iii) from a party having no confidentiality obligation to Client. VMG may use Client's name and logo in its Client list, with proper reference.

**Reliance on Data Provided by Client:** VMG will not independently verify information provided by Client, its advisors, or third parties acting at Client's direction. VMG assumes the accuracy of all such information.

**Client of Record and no Third-Party Reliance:** Only the Client is the Intended User of, and may rely on, VMG's Report. Client may not substitute this reliance for its own due diligence. Client may provide the Report to its legal counsel, the Internal Revenue Service, or the Office of Inspector General. However, Client may not provide the Report to any other third party without VMG's written consent. No third party shall have the right of reliance on the Report, and neither receipt nor possession of the Report by any third party shall create any express or implied third-party beneficiary rights.

**No Different Use of Report:** The Report may only be used for the purpose and premise of value stated in this Agreement and in the Report. Client may not generate different valuation scenarios or discount rates.

**Mutual Indemnification and Limitation of Liability:** VMG shall indemnify Client, its directors, officers, and employees for any liability, claims, expenses, and reasonable attorneys' fees associated with VMG's breach of any third-party intellectual property rights, bodily injury or property damage caused by VMG's personnel or representatives related to this engagement, except to the extent caused by Client negligence or misconduct.

Client shall defend and indemnify VMG, its directors, officers, and employees against any liability, claims, and expenses, and reasonable attorneys' fees, resulting from VMG becoming part of, or named in, an administrative or legal dispute related to this engagement, except to the extent caused by VMG's negligence or misconduct. VMG and Client shall not be liable to each other for any consequential, incidental, special, or punitive damages. VMG's liability to Client is limited to the fees received by VMG for that engagement.

**Client Compliance with Laws:** VMG assumes Client and related parties have complied with all federal, state, and local laws applicable to the healthcare industry and the transaction. These include the *Stark Law*, the *Anti-Kickback Statute*, the *Medicare and Medicaid Patient and Program Protection Act*, the *False Claims Act*, *Civil Money Penalties Law*, *HIPAA*, state laws, regulations by the *U.S. Department of Health and Human Services*, the *Centers for Medicare and Medicaid Services*, and the *Inspector General*.

**No ADA or Environmental Compliance Review:** VMG will not investigate if any assets are subject to or in compliance with the Americans with Disabilities Act of 1990, nor any environmental compliance matters.

**HIPAA:** Client acknowledges it is subject to the Health Insurance Portability and Accountability Act ("HIPAA") and shall de-identify all data it or its agents provide to VMG to remove all individually identifiable health information under the HIPAA Privacy Rule. VMG's engagement does not require such data.

**No Assurance of Forecasts:** VMG does not assure any forecasted results. Events and circumstances may not occur as expected, actual results may be materially different, and achieving forecasted results depends on the actions and plans of others.

**Response to Subpoena:** If lawfully compelled to disclose any Client documents, VMG will provide Client written notice so Client may seek a protective remedy, if applicable.

**Governing Law and Disputes:** This Agreement is governed by the laws of Texas. Any dispute shall be resolved with binding arbitration under the Rules of Practice and Procedure of Judicial Arbitration & Mediation Services, Inc. The arbitrator's judgment may be entered by any state or federal court having jurisdiction. The prevailing party shall be entitled to reasonable attorneys' fees and costs, including appealing or enforcing any judgment.



**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
March 20, 2023**

Directors Present via Video Conference	District Staff Present via Video Conference	Absent
Director/Chair Leticia De Lara, MPA Director Les Zendle, MD Director Kimberly Barraza	Conrado E. Bárzaga, MD, CEO Chris Christensen, CAO Donna Craig, Chief Program Officer Meghan Kane, Senior Program Officer, Public Health Jana Trew, Senior Program Officer, Behavioral Health Andrea S. Hayles, Board Relations Officer	Alejandro Espinoza, Chief of Community Engagement

AGENDA ITEMS	DISCUSSION	ACTION
<b>I. Call to Order</b>	Chair De Lara called the meeting to order at 5:35 p.m. with all directors present.	
<b>II. Approval of Agenda</b>	Chair De Lara asked for a motion to approve the agenda.	<b>It was moved by Director Zendle and seconded by Director Barraza to approve the agenda. Motion passed unanimously.</b>
<b>III. Approval of the Minutes – June 14, 2022</b>	Chair De Lara asked for a motion to approve the minutes of the June 14, 2022, meeting.	<b>It was moved by Director Zendle and seconded by Director Barraza to approve the June 14, 2022, meeting minutes. Motion passed unanimously.</b>
<b>IV. Public Comment</b>	There was no public comment.	
<b>V. Old Business</b>  <b>1. FY2021-2026 Strategic Plan</b> <b>a. Grants Allocated to the Strategic Plan Goals</b>	Conrado Bárzaga, MD, CEO, provided an overview of the strategies in the grants allocated to the strategic goals commencing with strategic goals 1.1 – 1.6.  The committee requested the inclusion of the collaborative networks assisting in the response efforts with Riverside University Health Systems (RUHS) for the fentanyl crisis, grant funding requests, and funded grants in the project description for Behavioral Health and the collective funding between the District and the	



**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
March 20, 2023**

	<p>Regional Access Project Foundation (RAP).</p> <p>After discussion, the committee agreed recommending to the Board moving forward with the existing high priority strategic planning items and not prioritizing the development director position. The committee recommended reassessing the senior development director position after the lease negotiations, including other low priority matters.</p> <p>Dr. Bárzaga, CEO, described the instability challenges of Borrego Community Health Foundation and the outcomes with the three FQHCs impeding some funding matters in strategic goals #2; however, the staff is exploring other matters, such as implementing a residency program for primary care providers to expand the FQHC workforce. Staff is also exploring with College of the Desert on expanding the nursing students in the Coachella Valley to increase the graduation rate of local RNs. There is an estimated shortage of at least 400 nurses amongst the three hospitals in the Coachella Valley.</p> <p>The committee discussed staff providing strategies to assist with advancing and improving nursing programs and modifying strategy 2.5 from a moderate to high priority to address the nursing shortage and provide the recommendation to the Board.</p> <p>Staff will provide direction on the committee’s inquiry for allocating strategy 3.7 instead of strategy 6.2 to</p>	
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**DESERT HEALTHCARE DISTRICT  
STRATEGIC PLANNING COMMITTEE  
MEETING MINUTES  
March 20, 2023**

	<p>Pueblo Unido CDC related to the Interim Drinking Water Program (IDWP).</p> <p>Staff will amend the allocations report to include the internal Goals in #4 with the Results-Based Accountability and additional ongoing efforts in progress not aligned to funding, including the annual report.</p>	
<p><b>VI. New Business</b></p> <p><b>1. 2022 Annual Report</b></p>	<p>Dr. Barzaga, CEO, provided an overview of the grant funding illustrated in the 2022 Annual Report highlighting the significant amount of grant funding.</p> <p>Staff will present to the Board a summarized report highlighting the six strategic goals with the suggested revisions.</p>	
<p><b>VII. Committee Member Comments</b></p>	<p>There were no committee member comments.</p>	
<p><b>VIII. Adjournment</b></p>	<p>Chair De Lara adjourned the meeting at 6:30 p.m.</p>	<p><b>Audio recording available on the website at</b> <a href="https://www.dhcd.org/Agendas-and-Documents">https://www.dhcd.org/Agendas-and-Documents</a></p>

ATTEST: \_\_\_\_\_  
 Leticia De Lara, Chair/Director, Strategic Planning Committee  
 Desert Healthcare District Board of Directors

*Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer*





# Desert Healthcare District & Foundation

Strategic Plan Update – March 28, 2023

# CPIs “Drive” Selection of *Draft* DHCD/F Goals

Critical  
Planning  
Issues



- Goal 1: Proactively increase the **financial resources** DHCD/F can apply to support community health needs
- Goal 2: Proactively expand community **access to primary and specialty care services**
- Goal 3: Proactively expand community access to **behavioral/mental health services**
- Goal 4: Proactively measure and evaluate the **impact** of DHCD/F-funded programs and services on the health of community residents
- Goal 5: Be responsive to and supportive of selected community initiatives that **enhance the economic stability** of the District residents
- Goal 6: Be responsive to and supportive of selected community initiatives that **enhance the environment** in the District’s service area
- Goal 7: Be responsive to and supportive of selected community initiatives that **enhance the general education** of the District's residents

## **Goal 1: Increase the financial resources DHCD/F can apply to support community health needs**

- 1- Huron Consulting Group completed new healthcare infrastructure assessment
- 2- Working to address seismic issues through planning, grant funding, and legislative fixes
- 3- Hired grant-writing group, have secured funding for a variety of initiatives, notably COVID-19 response, and Fentanyl crisis response
- 4- Ongoing partnership with Riverside County Department of Public Health and Department of Mental Health
- 5- Establish collective impact partnership with the RAP Foundation that is expanding access to behavioral health and providing capacity building for the local nonprofits

## **Goal 2: Expand community access to primary and specialty care services**

1. This is an area where significant challenges have been faced due to the instability in the marketplace caused by the bankruptcy of Borrego Community Health Foundation
2. Currently exploring opportunities to expand nursing programs and family medicine residency programs and other workforce pipeline projects
3. Awarded 18 grants. Total value: \$3,664,000

## **Goal 3: Expand community access to behavioral/mental health services**

1. This is an area of significant growth and many challenges.
2. Workforce shortages continue to prevent access to behavioral health
3. Staff continues to co-lead, with the County Department of Mental Health, the Coachella Valley Behavioral Health Collective, which is advancing integrated, equitable and whole-person behavioral health care for the Coachella Valley
4. Grants awarded: 14. Total value: \$2,630,000

## **Goal 4: Measure and evaluate the impact of DHCD/F programs and services on the health of the community**

1. Implementing a Results-Based Accountability (RBA) framework. Capacity Building, Action Planning and Implementation in partnership with the RAP Foundation
2. Capacity Building and Technical Assistance partnership with NPO Centric, which will benefit numerous local nonprofits
3. Released Annual Report (English & Spanish)

## **Goal 5: Responsive/supportive of selected initiatives that enhance economic stability of District residents**

1. Funded TODEC's Health Equity program will provide outreach, education, case management, and raise awareness about housing to frontline farmworkers.
2. Grants awarded: 1. Total value: \$100,000

## **Goal 6: Responsive/Supportive of selected initiatives that enhance the environment in the District's area**

1. The ECV Emergency Communication Plan will be released in the upcoming weeks (partnership with CONCOUR, Inc.)
2. Alianza CV: Partnerships for Air Quality Community Training in Rural Communities of the Eastern Coachella Valley (SCAQMD DHCD Air Quality Academy)
3. Alianza CV: Expanding and Advancing Outreach Through Increasing Capacity Development
4. Grants awarded: 4. Total value: \$290,000



## **Goal 7: Responsive/Supportive of selected initiatives that enhance general education of the District's residents**

1. Connect IE: Ongoing education sessions
2. Activating community agencies for electronic referrals to human services
3. Over 40 agencies trained
4. 12 agencies are currently participating
5. Program supported by the Inland Empire Health Plan in collaboration with SoCal United Way, 211+, and the Inland Empire Health Information Organization

***Strategic Plan Goal 1: Proactively increase the financial resources DHCD/F can apply to support community health needs.***

**Strategy 1.1:** Develop a healthcare delivery system vision for the Coachella Valley (Priority: High)

**Strategy 1.2:** Pursue renegotiation of the hospital lease - Complete seismic retrofit design/planning (Priority: High)

**Strategy 1.3:** Expand capabilities and activities for obtaining new grant funding (Priority: High)

**Strategy 1.4:** Work with Riverside University Health System to continue/expand funds provided to DHCD/F to meet community health needs (Priority: High)

**Strategy 1.5:** Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs (Priority: Moderate)

**Strategy 1.6:** Evaluate the potential to conduct community-based fund raising (Foundations, individuals, corporations) - Hire a development director - Explore planned giving program (Priority: Low)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Huron Consulting Group	Perception Health (Assessment)	\$95,000	12/1/2022	4/30/2023	1.1	Huron will complete a needs assessment and deliver a report on the healthcare infrastructure needs of the Coachella Valley
SGH	Seismic Assessment		On-going		1.2	SGH will present its updated seismic retrofit plan at an upcoming Board meeting
DHCD Staff	Seismic Funding		On-going		1.2	Staff is pursuing funding opportunities to support seismic retrofit work
Strategies 360	Seismic Legislation		On-going		1.2	S-360 is helping shape AB 869
California Consulting	Grant-Writing		On-going		1.3	California Consulting has secured grants for \$1.3 million
RUHS 1. Public Health	COVID testing, vaccinations	\$4,415,977 for COVID 19 response since it started	Ongoing			CV Equity Collaborative Collective Impact/Response.
	RODA (Riverside Overdose Data to Action)	\$50,000 for Fentanyl response	April 1, 2023	August 31, 2023	1.4	Fentanyl Harm Reduction strategies to address overdoses and mortality in communities with the highest rate – Indio, Cathedral City, Desert Hot Springs
2. Behavioral Health	CV Behavioral Health Collective		Ongoing			Mission: Advancing integrated, equitable and whole-person behavioral health care for the Coachella Valley

<p>RAP Foundation/NPO Centric Collective Impact Partnership</p>	<p>1. Behavioral Health RFP</p> <p>2. Capacity Building and Technical Assistance</p>	<p>RFP 2022 \$300K RFP 2023 \$500K</p> <p>\$250K over two years</p>	<p>2022 – 2023</p> <p>3/1/2023</p>	<p>3/31/2025</p>	<p>1.5</p>	<p>DHCD &amp; RAP Foundation have partnered to implement a collective impact funding and have supported large number of grantees, including capacity building and technical assistance – important venues for nonprofit success and sustainability</p>
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**Strategic Plan Goal 2: Proactively Expand Community Access to Primary and Specialty Care Services**

**Strategy 2.1:** Provide funding to support an increase in the number of primary care and specialty professionals (clinicians, physicians, physician assistants, nurses, nurse practitioners, etc.) (Priority: High)

**Strategy 2.2:** Provide funding to support an increase in the number of clinics and needed programs (FQHCs, community clinics, multi-purpose community centers) in geographically targeted markets and the days and hours that they operate (Priority: High)

**Strategy 2.3:** Provide funding support and evaluation to community organizations providing expanded mobile primary and specialty care services (Priority: High)

**Strategy 2.4:** Provide funding support to community organizations providing primary and specialty care via telehealth (Priority: High)

**Strategy 2.5:** Collaborate/Partner with culturally competent training programs to expand primary care residency and nursing programs with required retention initiatives (Priority: Moderate)

**Strategy 2.6:** Collaborate/Partner with the Riverside University Health System on increasing the number of public health initiatives, including but not limited to: COVID-19, obesity, sex education, drug use/addiction, and nutrition (Priority: Moderate)

**Strategy 2.7:** Utilize an equity lens to expand services and resources to underserved communities (Priority: High)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
ABC Recovery	Cost of Caring Fund Project	\$332, 561	1/1/2023	12/31/2023	2.7	Funds will help ABC Recovery reach 428 clients directly for addiction related services and 856 family members indirectly through their family support program.
Angel View	Improving Access to Primary and Specialty Care Services for Children with Disabilities	\$76,790	7/1/2022	6/30/2023	2.7	Support to provide one-on-one support to children and their families by helping parents find and apply for various safety net services and health insurance.
Blood Bank of San Bernardino and Riverside Counties, Inc.	Coachella Valley Therapeutic Apheresis Program	\$140,000	11/1/2022	10/31/2023	2.3	Fund the creation of their Coachella Valley Therapeutic Apheresis Program. This specialized medical procedure removes harmful components of a patient’s blood and replaces the harmful components with either albumin or other blood products.
Borrego Community Health Foundation	Improving Healthcare Access in Desert Highland Gateway Estates	\$575,000	7/1/2021	6/30/2024	Healthcare Infrastructure (Old SP) - Fits under 2.2, 2.3	Help to increase access to healthcare services in Desert Highland Gateway Estates neighborhood via a mobile medical unit.
Coachella Valley Volunteers in Medicine	Improving access to healthcare services	\$154,094	12/1/2021	11/30/2022	2.4	Target healthcare access by providing no-charge in-person medical care and telehealth medical care while additionally providing telemedicine clinics in remote areas (Mecca and Desert Hot Springs).
CSUSB Philanthropic Foundation	PDC Street Medicine Program	\$54,056	2/1/2022	1/31/2023	2.2	Utilize nursing students to provide healthcare services to vulnerable populations in geographically targeted areas. This program works to reduce the number of persons who are

						unable to obtain or delay in obtaining necessary medical care and reduce nonurgent emergency department use.
Desert AIDS Project DBA DAP Health	DAP Health Monkeypox Virus Response	\$586,727	7/1/2022	6/30/2023	2.3, 2.6, 2.7	Prevent the spread of MPX infection among the high-risk MSM population in the Coachella Valley region.
Desert Arc	Desert Arc Healthcare for Adults with Disabilities Project Employment of Licensed Vocational Nurses	\$102,741	5/1/2022	4/30/2023	2.7	Support the annual salaries of two Licensed Vocational Nurses. The LVN's primary responsibility are to provide medical services to adults with severe disabilities who participate in the Adult Day Program.
Desert Cancer Foundation	Patient Assistance Program	\$150,000	1/1/2022	12/31/2022	2.7	Directly support their Patient Assistance Program. The Patient Assistance Program provides financial relief to patients and a supportive, trusting environment where patients and families can turn to for assistance and resource navigation.
DPMG Health	DPMG Health Street Medicine	\$500,000	10/1/2022	9/30/2025	2.3	Operates the District's mobile medical unit targeting underserved communities.
Lideres Campesinas	Healthcare Equity for ECV Farmworker Women and Families	\$150,000	2/1/2023	1/31/2025	2.7, 3.6, 3.7	Funds will focus on the education, implementation, and response of Adverse Childhood Experiences tailored care in the community and within the local healthcare and community-based organizations.
OneFuture Coachella Valley	Coachella Valley Black/African American Healthcare Student Scholarships	\$200,000	3/1/2021	2/28/2023	Healthcare Infrastructure (Old SP) – Fits under 2.1	Funds will be utilized for the planning phase of development for a sustainable structure and the initial launch that addresses disparities and obstacles in college enrollment and attainment and entry into health careers among our region's African American student population.
One Future Coachella Valley	Building a Healthcare Workforce Pipeline	\$605,000	1/1/2023	12/32/2024	2.1, 2.7, 3.1, 3.7	Funds will be utilized to use a proven scholar success model that pairs scholarship awards with wrap-around services and case-management to provide a minimum of 50 students with funding and support services to complete degrees and certificates that lead to in-demand healthcare careers. The scholar success project will serve two groups: 1) Black and African American Health students who are underrepresented in health professions and 2) students in graduate level programs preparing for in-demand clinical professions.
Pegasus Riding Academy	Pegasus Equine Assisted Therapy Program	\$60,092	2/1/2023	1/31/2024	2.7	Funds will be used to expand capacity to provide specialty care addressing client's physical health including improved balance, strengthened muscles, improved coordination,

						increasing range of motion of the joints, and sensory integration.
Reynaldo J Carreon MD Foundation	Dr. Carreon Scholarship Program	\$50,000	3/1/2023	2/29/2024	2.1, 2.7	The funds provide direct scholarships to students pursuing healthcare related fields. This grant focuses on increasing the health professional workforce and ultimately hopes to increase the number of healthcare professionals in Coachella Valley.
Vision to Learn	Vision To Learn – Palm Springs, Desert Sands and Coachella Valley Unified School Districts	\$50,000	2/1/2022	1/31/2023	2.3	Bring a mobile clinic to elementary schools in Coachella Valley, Palm Springs and Desert Sands school districts. Every student at each participating school would have their vision screened. Students who do not pass the screening will be referred for an eye exam, conducted by a licensed optometrist on the Vision To Learn mobile clinic.
Vision y Compromiso	CVEC Unrestricted Grant Funds	\$150,000	7/1/2022	6/30/2024	2.7	Provide unrestricted grant funds to support health equity work by developing and strengthening promotoras. VyC will promote diverse pathways for promotoras to express their leadership and build economic self-sufficiency including workforce development as well as volunteer and other community engagement opportunities.
Voices for Children	Court Appointed Special Advocate (CASA) Program	\$60,000	7/1/2022	6/30/2023	2.7, 3.7	Provide advocacy and support via CASAs to children. CASAs advance the physical and mental health of marginalized children living in foster care by ensuring that their health needs are not overlooked and helping them to consistently access physical and mental/behavioral health services. This individualized advocacy helps judges make the most informed decisions for each child's future.
<b>TOTAL FUNDING AWARDED</b>		<b>\$3,664,500</b>				

**Strategic Plan Goal 3: Proactively Expand Community Access to Behavioral/Mental Health Services**

**Strategy 3.1:** Provide funding to support an increase in the number of behavioral/mental health professionals (includes training) (Priority: High)

**Strategy 3.2:** Provide funding to Community-Based Organizations to support an increase in the number of days and hours of operation of behavioral/mental health services (Priority: High)

**Strategy 3.3:** Provide funding to Community-Based Organizations enabling an increase in the number and the geographic dispersion of sites providing behavioral/mental health services (consider co-location with other health services) (Priority: High)

**Strategy 3.4:** Provide funding support to Community-Based Organizations providing tele-behavioral/mental health services (Priority: High)

**Strategy 3.5:** Work with the new private psychiatric and community hospitals to identify opportunities to collaborate on the delivery of community-based behavioral/mental health services (payer mix) (Priority: Moderate)

**Strategy 3.6:** Educate community residents on available behavioral/mental health resources (Priority: Moderate)

**Strategy 3.7:** Collaborate/Partner with community providers to enhance access to culturally sensitive behavioral/mental health services (Priority: Moderate)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Clinicas De Salud Del Pueblo Inc. (DBA Inercare)	Expansion of Mental Health Services for Children Beyond COVID-19 in the Coachella Valley	\$150,000	8/1/2022	7/31/2024	3.1, 3.4	Support the partnership with the Boys and Girls Club of Coachella Valley to ensure that youth at their Club sites have a direct pathway to behavioral health services with a Licensed Clinical Social Worker.
Cove Communities Senior Association DBA The Joslyn Center	The Joslyn Wellness Center	\$85,000	10/1/2022	9/30/2023	3.1, 3.2, 3.6, 3.7	Support the Problem-Solving Therapy, Aging Mastery Program, and Brain Boot Camp that all work to optimize mental health and well-being in older adults through a multi-faceted approach that combines focus on behavioral health, healthy aging, memory, and exercise.
Desert Sands Unified School District Educational Foundation	Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families.	\$296,194	8/1/2022	7/31/2024	3.1, 3.3, 3.6	Builds on the increasing capacity of the school district’s mental health teams to include a mental health nurse and a behavioral health specialist in order to reach more children quicker.
El Sol Neighborhood Educational Center	Expanding Access to Educational Resources for Promotores	\$150,000	7/1/2022	6/30/2024	2.7, 3.6, 7.1	Develop additional training material topics, enhance mental health training for promotores and to develop a resource hub where materials can be accessible to members within the Coachella Valley Equity Collaborative and other community organizations.
Foundation of Palm Springs Unified School District	School-Based Wellness Center Project	\$110,000	11/1/2022	10/31/2023	3.3	Funds will be used to convert identified spaces at four elementary schools (Bella Vista, Bubbling Wells, Cabot Yerxa, and Two Bunch Palms) into “wellness centers.”

Jewish Family Service of the Desert	Mental Health Counseling Services for Underserved Coachella Valley Residents	\$160,000	11/1/2022	10/31/2024	3.2, 3.4, 3.7	Continue providing mental health counseling services, administering depression scales to all adult counseling clients; and ensuring that all adult counseling clients are aware of case management services, including emergency financial assistance. Also, funds support the “Hole Soul to Whole Soul” support group, which partners with teens and their parents or guardians to educate and address mental health struggles most pertinent to community youth.
John F Kennedy Memorial Foundation	Behavioral Health Awareness and Education Program	\$57,541.44	10/1/2022	9/30/2023	3.6, 3.7	Provide additional services to families with children/youth 0-18 enrolled in JFK Foundation’s SafeCare In-Home Parent-Training Program and to families recruited by JFK Foundation’s Community Outreach Specialist.
Martha’s Village and Kitchen Inc.	Martha’s Behavioral Health Support for Homeless Children and Families	\$99,853.60	8/1/2022	7/31/2024	3.6	Focus on homeless children and families through tailored outreach, educational materials, and direct assessments with referrals to behavioral health professionals as needed.
Olive Crest	General Support for Counseling and Mental Health Services to Vulnerable Children and Families in Coachella Valley	\$123,451	3/1/2022	2/28/2023	3.3	Provide a range of counselling services that address the mental, social-emotional, behavioral and physical health of children through holistic treatment plans that they develop in a child-family-team setting.
Riverside County Latino Commission	Healthy Minds Healthy Lives – Mentas Sanas Vidas Sanas	\$605,507	1/1/2023	6/30/2024	3.1, 3.3, 3.4, 3.6, 3.7	In partnership with Vision Y Compromiso, the project will utilize four promotoras who will directly engage residents by providing outreach around available resources, resource and referral navigation through case management, and direct connections to the Latino Commission for mental healthcare services. Additionally, funding will go to expanding the Latino Commission’s capacity to supervise behavioral health graduate students and trainees and ultimately help to retain behavioral health professionals in the valley.
Transgender Health and Wellness Center	Healing Rainbows	\$129,771	8/1/2022	7/31/2024	3.1, 3.4, 3.6, 3.7	Expand the healthcare workforce by bringing in five masters’ level behavioral health interns, expanding the capacity of their telehealth services/case management/crisis intervention line, enhancing education to youth and families, and building on collaborative efforts with the high schools of the three Coachella Valley school districts.



University of California, Riverside	Improving Access to Behavioral Health Education and Prevention Services to Children (0-18 years) and their Families	\$500,000	8/1/2022	7/31/2024	3.1, 3.3, 3.4, 3.6, 3.7	Address mental health needs in the region and to reduce barriers to accessing services by offering on-site and telehealth behavioral health services in Desert Hot Springs schools and at a new CAREspace.
University of California, Riverside	Community-Based Interventions to Mitigate Psychological Trauma and Mental Health Disparities in Immigrant Communities in the COVID-19 Pandemic	\$113,514	2/1/2022	1/31/2023	3.7	Builds on an existing project, STOP COVID-19 CA, to implement restorative circles—culturally sensitive community-based group sessions facilitated by mental health professionals and promotores —to build capacity to address community mental health disparities in diverse communities in the ECV.
Youth Leadership Institute	Youth Voice in Mental Health	\$50,000	7/1/2022	6/30/2024	3.6, 3.7	Provide training, tools and resources for effective youth advocacy and leverages the experiences of adult allies while sticking to their core values of inclusion, innovation, social justice, and community.
<b>TOTAL FUNDING AWARDED</b>		<b>\$2,630,832</b>				

**Strategic Plan Goal 4: Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents**

**Strategy 4.1:** Adopt Clear Impact performance management and Results-Based Accountability platform to track and report impact (Priority: High)

**Strategy 4.2:** Evaluate the potential to offer multi-year grants to organizations (Priority: Moderate)

**Strategy 4.3:** Require, where appropriate, grantees to conduct and report the results of patient satisfaction surveys (Priority: Low)

**Strategy 4.4:** Conduct a CHNA in 5 years (2026) (Priority: Low)

**Strategy 4.5:** Annually report progress of funded programs/services toward meeting identified community health needs (Priority: High)

**Strategy 4.6:** Support local organizations' capacity building efforts (Priority: Low)

Organization	Project Title	Funded Amount	Contract Start Date	Contract End Date	Strategy Alignment	Project Description
NPO Centric	RBA Capacity Building, Action Planning and Implementation	Start: \$48,000 Proposed additional hours \$27,000 Total: \$75,000	May 1, 2022	September 30, 2023	4.1	<p>To date, SOW accomplishments to goals include:</p> <ul style="list-style-type: none"> <li>○ a reporting and metrics management;</li> <li>○ Grantee survey development</li> <li>○ Continuation of work with staff on the RBA framework and its elements</li> <li>○ The addition of Compyle software has been purchased and activated to work in conjunction with the Scorecards</li> <li>○ Creation of wording and template for the website for the RBA page for joint scorecards with the RAP Foundation and the 2022 Mental Health RFP partnership</li> <li>○ RBA language for the website has been developed and refined as related to all of DHCD's grant programs</li> <li>○ The beginning of the creation of the following Clear Impact Scorecards: <ul style="list-style-type: none"> <li>▪ Mini grants</li> <li>▪ Rolling grants (scorecard for each Strategic Plan Goal)</li> <li>▪ RFP</li> </ul> </li> </ul>

1. DHCD Program staff	RBA certification training for two staff – Meghan Kane and Jana Trew		January 2023	Ongoing		Once certified and trained, Meghan and Jana will continue to implement RBA in ongoing grant awards and RFP development
DHCD staff			Ongoing	Ongoing	4.2	Multi-year grants have been awarded and future multi-year requests continued to be vetted through the Grants Team, Program Committee, and Board of Directors
DCHD staff			Not started		4.3	Potential for “patient” survey to be incorporated in RBA/Clear Impact scorecards in the future
Outside consultant to be named in the future	CHNA		2026		4.4	Community Health Needs Assessment to be followed by a Community Health Improvement Plan (CHIP)
DHCD staff	Annual report 2022		January 2022	December 2022	4.5	Completed; printed; placed on website; community engagement plan to potentially present to local government jurisdictions, businesses, grantees, community members etc.?
DHCD in partnership with RAP/NPO Centric	Capacity Building and Technical Assistance	\$250,000/2 years	March 1. 2023	March 31, 2025	4.6	Although this was originally deemed a “low priority”, it has been highlighted in the past few months that CV nonprofits are in dire need for assistance in building their capacity whether it be board governance, strategic planning, audited financial assistance, grant writing, and other important venues needed for nonprofit success and sustainability

***Strategic Plan Goal 5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents***

**Strategy 5.1:** On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to homelessness of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 5.2:** On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to affordable housing for community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 5.3:** On a situational basis, play a role in raising awareness of/facilitating progress on the social determinants of health specific to poverty among community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate/Low)

**Strategy 5.4:** Promote health action planning and co-location of healthcare services in affordable housing developments (Priority: Moderate)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
TODEC Legal Center	TODEC's Equity Program	\$100,000	1/1/2023	12/31/2024	5.2, 5.3	TODEC's Health Equity program will provide outreach, education, case management, and raise awareness about housing to frontline farmworkers.
<b>TOTAL FUNDING AWARDED</b>		<b>\$100,000</b>				

**Strategic Plan Goal 6: Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area**

**Strategy 6.1:** Play a role in raising awareness of the impact of air quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 6.2:** Play a role in raising awareness of the impact of poor water quality in the East Coachella Valley on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 6.3:** Collaborate with and support public organizations in the Coachella Valley to address social determinants of health related to the environment (air quality, water quality and shelter) (Priority: Moderate)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Alianza Coachella Valley	Partnerships for Air Quality Community Training in Rural Communities of the Eastern Coachella Valley (SCAQMD DHCD Air Quality Academy)	\$40,000	7/1/2022	1/31/2024	6.1, 6.2, 6.3	Strengthen Alianza Environmental Justice campaign's community organizing, civic engagement and public policy efforts to transform the state's binary environmental policies to be truly sustainable by providing economic and social benefits, starting at the Salton Sea.
Alianza Coachella Valley	Expanding and Advancing Outreach Through Increasing Capacity Development	\$100,000	8/1/2022	7/31/2024	3.1, 3.6, 6.1, 6.2, 6.3	Increase internal and external capacity to support their Environmental campaign targeting environmental issues around Salton Sea and their Community Justice campaign targeting alternative disciplinary approach in schools based on restorative justice practices.
Galilee Center	Our Lady of Guadalupe Center	\$100,000	8/1/2022	7/31/2024	3.1, 3.6, 6.1, 6.2, 6.3	Increase and advance outreach via monthly in person and virtual community meetings/trainings and quarterly Action Team community meetings. In these meetings and trainings, the community will have the opportunity to receive updates on their advocacy work and receive the needed tools and resources to be engaged in the scope of work.
Pueblo Unido CDC	Interim Drinking Water Program (IDWP)	\$50,000	7/1/2022	6/30/2024	6.2	Provide core operating support for their Interim Drinking Water Program, a second phase installation of water filtration units for drinking and cooking and to provide
<b>TOTAL FUNDING AWARDED</b>		<b>\$290,000</b>				

**Strategic Plan Goal 7: Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents**

**Strategy 7.1:** Play a role in raising awareness of the impact of general health education on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

**Strategy 7.2:** Play a role in raising awareness of the impact of school resources on the health of community residents and be a catalyst for community organizations to act in implementing solutions (Priority: Moderate)

<i>Organization</i>	<i>Project Title</i>	<i>Funded Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
DHCD/F	Connect IE					<ol style="list-style-type: none"> <li>1. Connect IE: Ongoing education sessions</li> <li>2. Activating community agencies for electronic referrals to human services</li> <li>3. Over 40 agencies trained</li> <li>4. 12 agencies are currently participating</li> <li>5. Program supported by the Inland Empire Health Plan in collaboration with SoCal United Way, 211+, and the Inland Empire Health Information Organization</li> </ol>
<b>TOTAL FUNDING AWARDED</b>		<b>\$0</b>				

Mini Grants						
<i>Organization</i>	<i>Project Title</i>	<i>Amount</i>	<i>Contract Start Date</i>	<i>Contract End Date</i>	<i>Strategy Alignment</i>	<i>Project Description</i>
Al Horton Memorial Rotary Foundation	Community Service Financial Assistance	\$5,000	10/29/2022	6/30/2023	7.2	Help sponsor health activities for families and children – Happy Healthy Halloween, DHS Family Triathlon, Annual Community Appreciation Day
Alianza Nacional De Campesinas, Inc.	Coachella Valley Farmworkers Food Distribution	\$5,000	8/1/2022	11/30/2022	5.1, 5.3	Contribute to the monthly food distribution to the farmworker community.
Alianza Nacional De Campesinas, Inc.	Coachella Valley Farmworkers Food Distribution	\$10,000	2/1/2023	6/30/2023	5.1, 5.3	Contribute to the monthly food distribution to the farmworker community.
California CareForce	Riverside County Free Healthcare Clinic 2023	\$10,000	2/1/20223	4/30/2023	2.2	Support the Riverside County Free Healthcare Clinic.
Desert Recreation Foundation	Adaptive Program: Inclusion & Education	\$10,000	1/1/2023	12/31/2023	2.7	Funds will be used to expand adaptive programs to reach more individuals with visual impairments.
Hanson House Foundation, Inc.	Emergent Needs to Clients of Hanson House Foundation	\$5,000	8/1/2022	8/1/2023	2.7	Subsidize lodging for the families of trauma patients, and cancer patients seeking treatment who reside in local counties near the Coachella Valley and are on a fixed income.
Hidden Harvest	Free fresh produce for those in need	\$5,000	6/1/2022	5/31/2023	5.3	Provide free, fresh produce twice a month at 9 locations through our Senior Markets.
HIV+ Aging Research Project – Palm Springs	The Positive Connections 50+ Virtual Village	\$10,000	2/1/2023	1/31/2024	3.6	Support an on-line platform to reduce isolation, foster support systems, and connect older people living with HIV to needed behavioral health, medical, and supportive services.

Palms to Pines Parasports	Leveling the Playing Field	\$10,000	2/1/2023	1/31/2024	2.7	Create a more-inclusive society by providing competitive and recreational opportunities focusing on people with physical disabilities.
Theresa A. Mike Scholarship Foundation	Theresa A. Mike Scholarship Foundation	\$5,000	8/1/2022	1/31/2023	2.1	Provide financial support to students in the Coachella Valley
<b>TOTAL FUNDING AWARDED</b>		<b>\$75,000</b>				



# DESERT HEALTHCARE DISTRICT & FOUNDATION

# ANNUAL REPORT 2022



# Introduction

Health and wellness were a leading concern in 2022, as communities continued to navigate a response to the global COVID-19 pandemic, emerging MPOX (Monkeypox) virus, and more.

The Desert Healthcare District and Foundation met the Coachella Valley's challenges with a collaborative approach that centered health as a human right. This annual report shows how the agency supported the work of many nonprofit partners through a robust grants program and diverse public health initiatives. It implemented a collective outreach that included providing thousands of COVID-19 tests and vaccines, and acquiring a new, 26-foot, mobile, medical clinic for the community.

As the District celebrates its 75th year in 2023, its Board of Directors, staff and partners remain committed to advancing community wellness in the Coachella Valley with an emphasis on the most vulnerable residents.

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

**Vision: Equitably connecting Coachella Valley residents to health and wellness services and programs through philanthropy, health facilities, information and community education, and public policy.**



## At A Glance

**1948** – The Desert Healthcare District is established as a local governmental agency to build Desert Hospital to serve Palm Springs and other western Coachella Valley communities.

**1967** – The Desert Healthcare Foundation is formed with its own separate board to support the nonprofit hospital's activities.

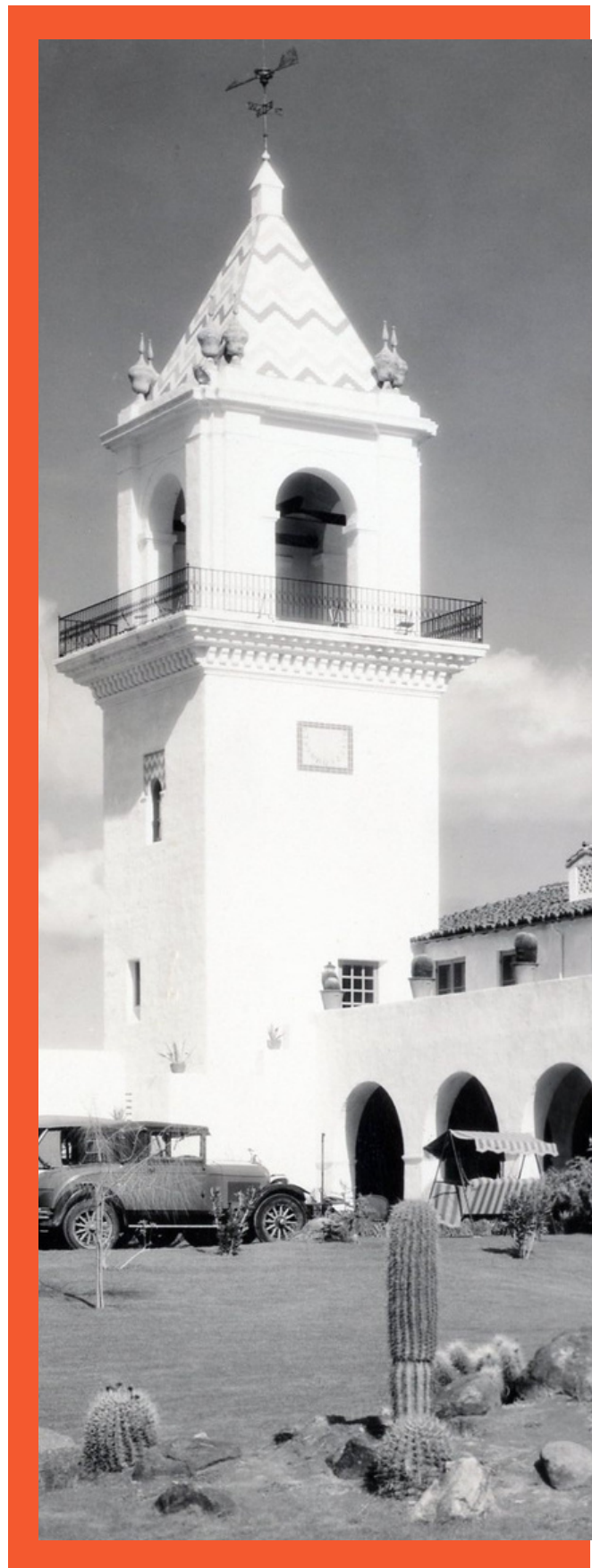
**1997** – The District Board leases the hospital to Tenet Health for 30 years and, with the Foundation, shifts focus to support community health and wellness programs.

**2018** – Coachella Valley voters approve expanding the District's geographic boundary east of Cook Street to encompass the entire valley, more than 400,000 residents.

**7** – With District expansion in 2018, the Board increases from five to seven elected Directors who serve a 4-year term.

**\$92.7 million** – Total funds awarded by the District since 1998.

**2020** – The District earns certification for best practices from both the California Special Districts Association and the Association of California Healthcare Districts.



## District & Foundation Highlights of 2022



As a respected public agency, the Desert Healthcare District and Foundation is often called upon to act as a fiscal sponsor or steward of county, state and federal funds.

In this role, the agency has the capacity to leverage funds it receives to encourage contributions from other organizations to public health initiatives that benefit the Coachella Valley.

A portion of the total grants the District and Foundation awarded in 2022 includes the following funds it received from Riverside County Public Health to support the ongoing COVID-19 response:

- \$50,000 to Alianza Coachella Valley
- \$170,000 to El Sol Neighborhood Educational Center
- \$70,000 to Galilee Center
- \$300,000 to TODEC
- \$35,000 to Youth Leadership Institute

Total: \$625,000

### Grant-funded Services Include:

- Improving access to healthcare in Desert Highland Gateway Estates (Borrego Health)
- Advocacy and support for youth in the foster care system (Voices for Children)
- Healthcare career pathway program for local students (OneFuture Coachella Valley)
- Mobile vision services for underserved children (Vision to Learn)
- Street medicine program for unhoused & others (California State University San Bernardino)
- Free medical clinic (Volunteers in Medicine)



# Desert Healthcare District (DHCD) Grants Program & Grantees

The Desert Healthcare District's grants program supports collaborative processes and invests in the services and programs of local nonprofits, health service providers, and public agencies that align with and advance the District's mission, vision, and the implementation of its Strategic Plan.

## 2022 Grant Award Recipients

- ABC Recovery Center
- Al Horton Memorial Rotary Foundation
- Alianza Coachella Valley
- Alianza Nacional De Campesinas Inc.
- Angel View
- Blood Bank of San Bernardino & Riverside Counties Inc.
- Clinicas De Salud Del Pueblo Inc.
- CSUSB Philanthropic Foundation
- DAP Health
- Desert Arc
- Desert Recreation Foundation
- Desert Sands Unified School District Educational Foundation
- DPMG Health
- Desert Regional Medical Center – Auxiliary
- Eisenhower Medical Center
- El Sol Neighborhood Educational Center
- Foundation of Palm Springs Unified School District
- Galilee Center
- Hanson House Foundation Inc.
- Hidden Harvest
- Jewish Family Service of the Desert
- John F. Kennedy Memorial Foundation
- The Joslyn Center
- Martha's Village & Kitchen Inc.
- Olive Crest
- OneFuture Coachella Valley
- Pueblo Unido CDC
- Riverside County Latino Commission
- Theresa A. Mike Scholarship Foundation
- TODEC Legal Center
- Transgender Health & Wellness Center
- University of California, Riverside
- Vision to Learn
- Vision y Compromiso
- Voices For Children
- Youth Leadership Institute



Grant applications are being accepted. To learn more, visit <https://www.dhcd.org/Grant-Programs>

# Strategic Plan

The District implemented its new five-year strategic plan, which the Board approved in October 2021. The plan identified the following goals to inform the District and Foundation's (DHCD/F) funding and programmatic decisions.

<b>Goal 1 (G.1)</b>	Proactively increase the financial resources DHCD/F can apply to support community needs
<b>Goal 2 (G.2)</b>	Proactively expand community access to primary and specialty care services
<b>Goal 3 (G.3)</b>	Proactively expand community access to behavioral/mental health services
<b>Goal 4 (G.4)</b>	Proactively measure and evaluate the impact of DHCD/F-funded programs and services on the health of community residents
<b>Goal 5 (G.5)</b>	Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents
<b>Goal 6 (G.6)</b>	Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area
<b>Goal 7 (G.7)</b>	Be responsive to and supportive of selected community initiatives that enhance the general education of the District's residents

## Public Health Initiatives

### COVID-19 RESPONSE

The Coachella Valley Equity Collaborative, founded by the Desert Healthcare District and Foundation with the support of Riverside University Health System - Public Health and other partners, hosted 138 vaccination events and 278 testing sites.

### MOBILE UNIT

With the financial support of the Coachella Valley Resource Conservation District, the Desert Healthcare District and Foundation purchased a 26-foot-long mobile medical clinic to improve access to healthcare services.

### MPOX RESPONSE

The Desert Healthcare District and Foundation partnered with DAP Health to increase our community's visibility and advocate for more MPOX vaccines in the Coachella Valley.

### CONNECT IE

The Desert Healthcare Foundation fully merged its community resource website with ConnectIE.org, the Inland Empire Health Plan's robust online resource for accessible, low-cost or free, medical services and more.

### BEHAVIORAL HEALTH

With the support of Riverside University Health System - Behavioral Health, the Healthcare District coordinated a collective of more than 50 stakeholders to identify high priority behavioral health needs and to create programs to address them.

### ADVANCING HEALTHCARE ACCESS FOR BLACK RESIDENTS

To improve racial equity, we partnered with Borrego Health to deliver health and wellness services to Black/African American residents and awarded scholarships to 11 Black and African American students pursuing health careers.

### CLEAN AIR/ENVIRONMENT

The District and Foundation advanced our commitment to work in collaboration with community partners to address and lessen the health effects of environmental hazards such as the highly saline Salton Sea and illegal dump fires.

# Public Health Initiative | COVID-19 Response

Goals: G.2

Two years into the COVID-19 pandemic, the Desert Healthcare District and Foundation continued its role as the lead organizer of the Coachella Valley Equity Collaborative (supported by **Riverside University Health System - Public Health**). The Collaborative's response to COVID-19 in the Coachella Valley included:

## In 2022:



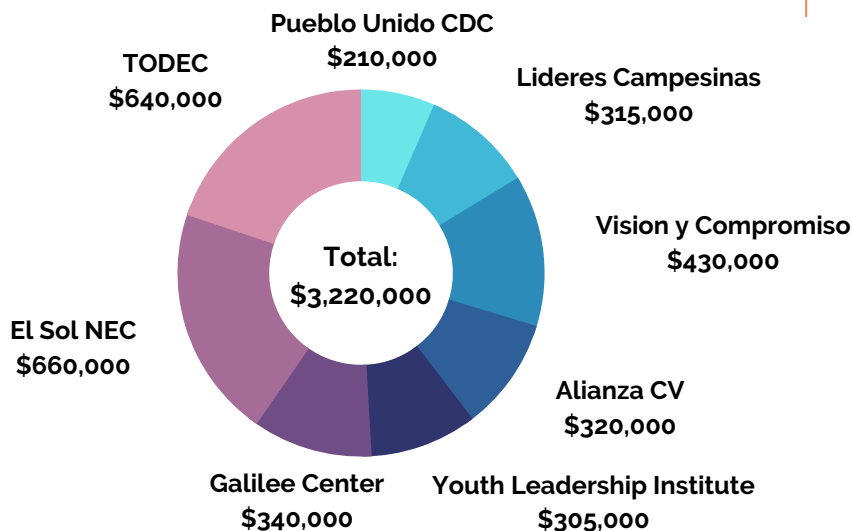
## Since the Collaborative was formed in 2020

**23,437 COVID-19 tests** given at 318 events  
**47,250 vaccine doses** given at 369 events

### Grants Received:

\$725,000 - Public Health Institute  
 \$3,150,000 - Riverside County Public Health

### Funds Awarded to Collaborative Partners Since 2020



## Our Partners

### Medical Partners

- Borrego Health
- CV Pharmacy
- Rite Aid Pharmacies
- Riverside University Health System - Public Health

### Community Partners

- Cabazon Band of Cahuilla Indians
- California Farmworker Foundation
- Cathedral City Senior Center
- Coachella Valley Unified School District
- City of Palm Springs- James O. Jesse Community Center
- Desert Recreation District
- Desert Sands Unified School District
- Growing Coachella Valley
- The Joslyn Center
- Palm Springs Unified School District
- San Bernardino Catholic Diocese
- Torres Martinez Desert Cahuilla District



# Public Health Initiative | Mobile Medical Clinic

Goals: G.2, G.3

A new, 26-foot, mobile medical clinic — purchased by the Desert Healthcare District and Foundation with the financial support of the Coachella Valley Resource Conservation District — was unveiled December 2. Licensed and operated by Desert Physicians Medical Group (DPMG) Health, the mobile clinic reflects our commitment to remove barriers to healthcare, such as transportation, for traditionally underserved residents. The Board allocated \$336,500 for the purchase (\$197,000 was the final cost) and another \$500,000 to operate the clinic for over 3 years.

## Funds Received & Allocated for Clinic:

### Mobile Unit and Equipment Purchase

- Desert Healthcare District - \$336,500
- Coachella Valley Resource Conservation District - \$175,000

### Mobile Clinic Operations

- DPMG Health - \$500,000 over 3 years from the Healthcare District

## Medical & Academic Partners

DPMG Health/Desert Regional Medical Center Residents  
California State University - San Bernardino Nursing Program

## Partners (Nonprofits)

Alianza Coachella Valley  
California Farmworker Foundation  
El Sol Neighborhood Educational Center  
Galilee Center  
Growing Coachella Valley  
Lideres Campesinas  
Pueblo Unido CDC  
TODEC  
Vision y Compromiso



# Public Health Initiative | MPOX Response

Goals: G.2

When the MPOX (monkeypox) virus began affecting the Coachella Valley, cases first appeared among men who have sex with men. Despite the valley's significant population of LGBTQ residents and visitors, the state vaccine rollout did not initially meet the local need. The Desert Healthcare District and Foundation collaborated with DAP Health to increase our community's visibility and advocate for more vaccines.

## Strategy:

- A full-page public service announcement was co-created by DAP Health and Desert Healthcare District and Foundation to gain the attention of state lawmakers and public health officials. The PSA appeared in The Sacramento Bee and The Desert Sun.
- Early during the MPOX response, at least half of all MPOX cases identified in Riverside County were located in the Coachella Valley. To prevent the spread of the virus, the District and Foundation supported DAP Health's additional outreach and clinical services through a grant.

## Funding:

- \$586,727 grant awarded to DAP Health in September
- \$13,000 for public service announcement in August

## DAP Health (as of Jan. 1, 2023):

- Provided 245 MPOX tests
- Administered 5,744 vaccines
- Provided MPOX treatment to 16 people and 4 hotel stays for people recovering from MPOX
- MPOX hotline has responded to 3,076 calls and emails; an average of 42 inquires per day

# Public Health Initiative | CONNECT IE

Goals: G.2, G.3

The Desert Healthcare Foundation fully merged its community resource website with ConnectIE.org, the Inland Empire Health Plan's robust online resource. Coachella Valley residents can now discover thousands of free and reduced-cost medical and community services.

## Partners:

- Inland Empire Health Plan (Principal Partner)
- Find Help
- Inland SoCal United Way
- Inland SoCal 211+
- Inland Empire Health Information Organization



## Funding:

- \$73,663 from Inland Empire Health Plan
- \$28,454 from Desert Healthcare Foundation

## Training & Onboarding for Valley Nonprofits:

**43**

**Community  
Presentations**

**15**

**Community-Based  
Organizations  
Onboarded**

**27**

**Social Media  
Posts**

**3,438**

**Users in 4th  
Quarter of 2022**

# Public Health Initiative | Behavioral Health



## Goals: G.3

More than 50 stakeholders from partner organizations and agencies met throughout the year to identify high priority behavioral health needs that align with the Desert Healthcare District and Foundation Strategic Plan and could benefit from focused support.

Co-founded by **Riverside University Health System – Behavioral Health**, this collaborative effort advanced implementation of the District and Foundation's Behavioral Health Initiative. In recent years, the Board has allocated \$4 million for the initiative.

The convenings, which are coordinated by the District and Foundation's senior program officer for behavioral health, are expected to transition in 2023 to a Coachella Valley-focused behavioral health collective.

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Behavioral health grants that were approved in 2022 totaled \$2,680,832. They were awarded to serve 11,947 District residents over a two-year period in the following ways:

- Delivery of behavioral health support services to vulnerable and underserved communities
- Workforce expansion projects including additional scholarship support to District students including Black and African American scholars and support for post-Masters graduates entering the behavioral health field
- Trauma and mental health support services for immigrant communities
- Expansion of trusted messenger/promotores networks to disseminate access linkage information to our community members
- Expanded behavioral health education and prevention services to children (0-18) and their families including school-based supportive services
- Specific support to transgender and nonbinary communities
- Improved access to wellness support services for older adults
- Substance use recovery support

# Public Health Initiative | Healthcare Access & Scholarships for Black Residents

Goals: G.2, G.3

## Improving access to healthcare in Desert Highland Gateway Estates (Borrego Health)

- Through the weekly mobile medical clinic, Borrego provided services to pediatrics, teens, and adults that included immunizations, COVID-19 tests/vaccines, physical exams, well child exams, and flu vaccines.
- Specialty service referrals for behavioral health, dental, cardiac, and other specialty care services – patients were offered free transportation to one of Borrego's standing clinics.
- Treated 163 uninsured patients and enrolled 114 of those into an insurance program.

## Scholarships for Black Residents

The first recipients of a new health-oriented scholarship launched by the Desert Healthcare District and Foundation completed their first of two years covered by the scholarship. Managed by OneFuture Coachella Valley, the scholarship program was designed to improve racial equity in health professions. It benefits Black and African American students in the Coachella Valley who are pursuing careers in which people of color are underrepresented.

The District and Foundation's initial \$200,000 grant to OneFuture provided \$5,000 to \$10,000 scholarships. Two of the 11 recipients finished their studies in the spring, one dropped out, and eight continued into 2023.

In December, the District and Foundation Board approved an additional \$605,000 grant for OneFuture: \$200K for scholarships for Black/African American students, \$250K to support graduate-level students preparing for clinical professions, and \$155K to cover OneFuture's case management (wrap around services)/holistic student support services.

### **First-year Recipients**

3 Seniors   3 Juniors   2 Sophomores

### **Major(s)**

5 in Nursing, 1 in Biology/Pre-Med, 1 in Kinesiology/Health, 1 Undetermined

### **College Type**

2 Private, 2 Out of State, 2 at CSU, 1 at UC, 1 in Community College

### **Community**

4 West Valley, 3 East Valley, 1 Mid-Valley

### **School District**

4 from Palm Springs Unified School District,  
1 from Desert Sands Unified School District, and 3 out of the valley.

# Public Health Initiative | Clean Air/Environment

## Goals: G.6

The District and Foundation advanced our commitment to work in collaboration with community partners to address and lessen the health effects of environmental hazards such as the highly saline Salton Sea and illegal dump fires.

### Air Quality Community Training & Air Quality Monitoring

#### Partners

- Alianza Coachella Valley (Alianza CV)
- South Coast Air Quality Management District (SCAQMD)
- Health Assessment and Research for Communities (HARC)
- U.S Environmental Protection Agency (U.S. EPA)

#### Funding

- \$27,000 from U.S. EPA TO DHCD
- \$40,000 to Alianza CV from Avery Trust Funds and U.S. EPA

### Coachella Valley Air Quality and Health Analysis

#### Partners

- Public Health Institute (Principal Partner)

#### Funding

- \$250,000 to PHI from Avery Trust Funds\*

### Air Quality Emergency Communciation Plan

#### Partners

- CONCUR Inc. (Principal Partner)
- Alianza CV
- Cabazon Band of Mission Indians
- California Department of Forestry & Fire Protection (CAL Fire)
- Coachella Valley Unified School District
- Leadership Counsel
- Pueblo Unido CDC
- Office of Riverside County Supervisor V. Manuel Perez
- Office of Assemblyman Eduardo Garcia
- Office of Congressman Raul Ruiz
- Riverside County Fire Department
- South Coast Air Quality Management District (SCAQMD)
- Torres Martinez Desert Cahuilla Indians

#### Funding

- \$191,573 to CONCUR Inc. from Avery Trust Funds\*



## Awards & Honors

The District received two of the Association of California Healthcare District's three annual state awards: Conrado Bárzaga, MD, as CEO of the Year, and Leticia De Lara as Trustee of the Year (Bárzaga is pictured top right, center.)



**February 5** - 12th Annual Palm Springs Black History Committee Philanthropist of the Year (District & Foundation)

**February 14** - Palm Springs Human Rights Commission 2022 Community Service Award (District & Foundation)

**March 29** - Director Leticia De Lara was honored as Woman of the Year by Riverside County Supervisor V. Manuel Perez for District 4 (pictured, front row)



**April 5** - Riverside County Department of Public Health's Public Health Champion Award (District & Foundation)

**April 13** - The Joslyn Center's Merritt and Penney Joslyn Award (District & Foundation)

**May 25** - Director Leticia De Lara was one of three Women Who Lead recognized by Palm Springs Life magazine

**Nov. 4** - Outgoing Director Karen Borja received the 2022 Friend of Pride Award from Greater Coachella Valley Pride

**Nov. 11** - 2022 VIMY Award from the Coachella Valley Volunteers in Medicine, awarded to the Desert Healthcare District and Foundation



## Board & Staff

The Desert Healthcare District and Foundation is governed by a 7-member Board of Directors, elected by voters to serve. In 2022, incumbents Carole Rogers and Evett PerezGil were unchallenged and were reappointed to serve. Director Karen Borja did not seek re-election, and her Zone 6 seat was filled by Kimberly Barraza.

### Current Board of Directors

**Les Zendle**, MD, Zone 1  
**Carole Rogers**, RN, MPH, Zone 2  
**Carmina Zavala**, PsyD, MA, Zone 3  
**Evett PerezGil**, Zone 4  
**Arthur Shorr**, Zone 5  
**Kimberly Barraza**, Zone 6  
**Leticia De Lara**, MPA, Zone 7

### Current Staff

**Conrado E. Bárzaga**, MD, Chief Executive Officer  
**Chris Christensen**, CPA, Chief Administration Officer  
**Donna Craig**, Chief Program Officer  
**Alejandro Espinoza**, MPH, CHES, Chief of Community Engagement  
**Meghan Kane**, MPH, Senior Program Officer – Public Health  
**Jana Trew**, MS, Senior Program Officer – Behavioral Health  
**Andrea S. Hayles**, Special Assistant to the CEO and Board Relations Officer  
**Erica Huskey**, Administrative and Program Assistant  
**Eric Taylor**, Accounting Manager  
**Sergio Rodríguez**, Program Assistant  
**Will Dean**, Director of Communications and Marketing  
**Consuelo Márquez**, Communications Assistant

To learn more about our current Board of Directors and Staff, visit <https://www.dhcd.org/About-Us> or scan the QR code.





## Look Ahead

### Healthcare Infrastructure

Working with a consulting team, the Desert Healthcare District and Foundation expects the completion and delivery of an infrastructure roadmap in early 2023 to identify gaps in healthcare services to target future funding in support of its Strategic Plan (G.2, G.3).

### Building Capacity

A partnership between the District and Foundation and the Regional Access Project Foundation's NPO Centric program will focus on providing technical assistance and educational resources to community-based nonprofits to improve their organizational capacity.

### Donations

The Desert Healthcare District and Foundation provides two opportunities for the public to support advancing community wellness in the Coachella Valley as described below:

#### Social Services Fund

Each year, the Desert Healthcare Foundation provides funding to Coachella Valley hospitals and cancer centers to assist uninsured and underinsured patients with emergent healthcare needs and services determined by hospital case management counselors. These services include food vouchers, gas vouchers, transportation home from a facility, and limited prescriptions.

#### Wellness Park

The Palm Springs park features exercise equipment, recreational seating, and numerous healing, fragrant plants for Desert Regional Medical Center patients, community residents and visitors to enjoy. It also provides naming opportunities to honor a loved one by purchasing a bench, tree and other park features.

Learn more: <https://www.dhcd.org/Wellness-Park>  
(or scan QR code)





To donate, please make your check or other payment payable to the Desert Healthcare District and Foundation. Indicate on the memo line which fund you're supporting. A name, address and phone number must be included with the payment. All donations are tax-deductible, and a tax document will be provided. Remit to:

Attn.: Chris Christensen, CAO  
Desert Healthcare District and Foundation  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262  
Email: [cchristensen@dhcd.org](mailto:cchristensen@dhcd.org)

## Contact Us

Desert Healthcare District and Foundation  
1140 N. Indian Canyon Drive, Palm Springs, CA 92262  
Email: [info@dhcd.org](mailto:info@dhcd.org) - (760) 323-6113



# DESERT HEALTHCARE DISTRICT & FOUNDATION

# INFORME ANUAL 2022





# Introducción

La salud y el bienestar fueron dos de las principales preocupaciones en 2022, ya que las comunidades siguieron dando respuesta a la pandemia mundial de COVID-19, al virus emergente MPOX (viruela del mono), entre otros.

El Desert Healthcare District and Foundation afrontaron los retos del Valle de Coachella con un planteamiento de colaboración centrado en la salud como derecho humano. Este informe anual muestra cómo la agencia apoyó el trabajo de muchos socios sin ánimo de lucro a través de un sólido programa de subvenciones y diversas iniciativas de salud pública. Puso en marcha una campaña de divulgación colectiva que incluía el suministro de miles de pruebas y vacunas COVID-19 y la adquisición de una nueva clínica médica móvil de 26 pies de largo para la comunidad.

Mientras el Distrito celebra su 75 aniversario en 2023, su Junta Directiva, personal y socios mantienen su compromiso de promover el bienestar de la comunidad en el Valle de Coachella, haciendo hincapié en los residentes más vulnerables.

**Misión: Lograr una salud óptima en todas las etapas de la vida para todos los residentes del Distrito.**

**Visión: Conectar equitativamente a los residentes del Valle de Coachella con los servicios y programas de salud y bienestar a través de la filantropía, las instalaciones sanitarias, la información y la educación comunitaria, y las políticas públicas.**



## De un vistazo

**1948** - Se crea el Desert Healthcare District como agencia gubernamental local para construir el Desert Hospital y dar servicio a Palm Springs y otras comunidades del oeste del Valle de Coachella

**1967**- Se crea la Desert Healthcare Foundation con su propio patronato para apoyar las actividades del hospital sin ánimo de lucro.

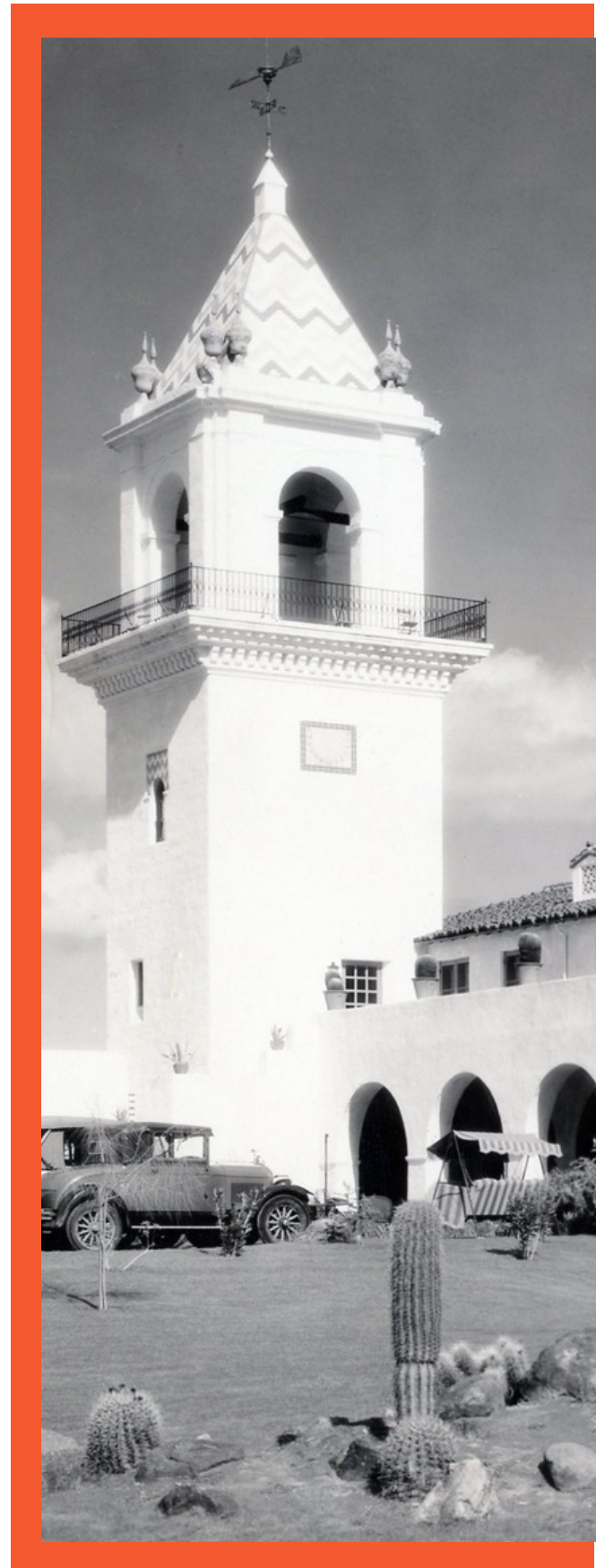
**1997** - La Junta del Distrito arrienda el hospital a Tenet Health por 30 años y, junto con la Fundación, cambia su enfoque para apoyar los programas de salud y bienestar de la comunidad.

**2018** - Los votantes del Valle de Coachella aprueban ampliar el límite geográfico del Distrito al este de Cook Street para abarcar todo el valle, más de 400,000 residentes.

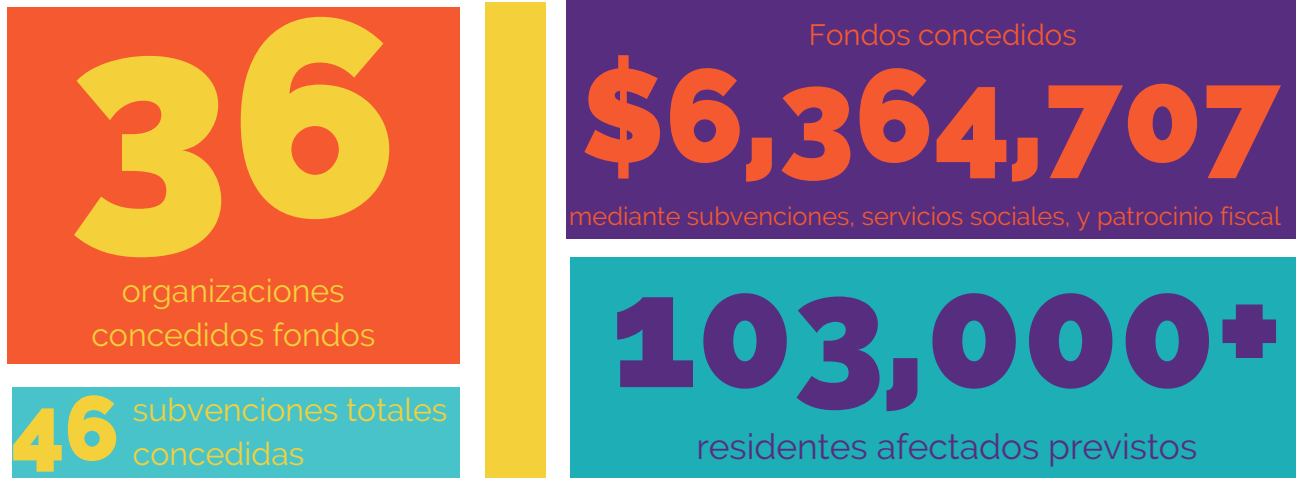
**7** - Con la ampliación del Distrito en 2018, la Junta pasa de cinco a siete Directores electos que ejercen un mandato de 4 años.

**\$92.7 millones** - Total de fondos concedidos por el Distrito desde 1998.

**2020** - El Distrito obtiene la certificación de mejores prácticas tanto de la Asociación de Distritos Especiales de California como de la Asociación de Distritos Sanitarios de California.



# Hechos destacados del Distrito y la Fundación en 2022



Como organismo público respetado, a menudo se solicita al Desert Healthcare District and Foundation que actúe como patrocinador fiscal o administrador de fondos del condado, estatales y federales.

En este papel, la agencia tiene la capacidad de aprovechar los fondos que recibe para fomentar las aportaciones de otras organizaciones a iniciativas de salud pública que beneficien al Valle de Coachella.

Una parte del total de subvenciones que el Distrito y la Fundación concedieron en 2022 incluye los siguientes fondos que recibió de Salud Pública del Condado de Riverside para apoyar la respuesta en curso al COVID-19:

- \$50,000 para Alianza Coachella Valley
- \$170,000 para El Sol Neighborhood Educational Center
- \$70,000 para Galilee Center
- \$300,000 para TODEC
- \$35,000 para Youth Leadership Institute

**Total: \$625,000**

## Los servicios financiados mediante subvenciones incluyen:

- Mejora del acceso a la atención sanitaria en Desert Highland Gateway Estates (Borrego Health)
- Defensa y apoyo a los jóvenes en régimen de acogida (Voices for Children)
- Programa de orientación profesional sanitaria para estudiantes locales (OneFuture Coachella Valley)
- Servicios de la visión móviles para niños desfavorecidos (Vision to Learn)
- Programa de medicina de calle para personas sin hogar y otras personas (Universidad Estatal de California en San Bernardino)
- Clínica médica gratuita (Voluntarios en Medicina)

# Programa de subvenciones y beneficiarios del Desert Healthcare District (DHCD)

El programa de subvenciones del Desert Healthcare District apoya los procesos de colaboración e invierte en los servicios y programas de organizaciones locales sin ánimo de lucro, proveedores de servicios sanitarios y organismos públicos que se alinean con la misión, la visión y la aplicación del Plan Estratégico del Distrito.

## Beneficiarios de subvenciones 2022

- ABC Recovery Center
- Al Horton Memorial Rotary Foundation
- Alianza Coachella Valley
- Alianza Nacional De Campesinas Inc.
- Angel View
- Blood Bank of San Bernardino & Riverside Counties Inc.
- Clinicas De Salud Del Pueblo Inc.
- CSUSB Philanthropic Foundation
- DAP Health
- Desert Arc
- Desert Recreation Foundation
- Desert Sands Unified School District Educational Foundation
- DPMG Health
- Desert Regional Medical Center – Auxiliary
- Eisenhower Medical Center
- El Sol Neighborhood Educational Center
- Fundación of Palm Springs Unified School District
- Galilee Center
- Hanson House Foundation Inc.
- Hidden Harvest
- Jewish Family Service of the Desert
- John F. Kennedy Memorial Foundation
- The Joslyn Center
- Martha's Village & Kitchen Inc.
- Olive Crest
- OneFuture Coachella Valley
- Pueblo Unido CDC
- Comisión Latina del Condado de Riverside
- Theresa A. Mike Scholarship Foundation
- TODEC Legal Center
- Transgender Health & Wellness Center
- University of California, Riverside
- Vision to Learn
- Visión y Compromiso
- Voices For Children
- Youth Leadership Institute



Se están aceptando solicitudes de subvención. Para más información, visite <https://www.dhcd.org/Grant-Programs>

# Plan Estratégico

El Distrito puso en marcha su nuevo plan estratégico quinquenal, que la Junta aprobó en octubre de 2021. El plan identificó los siguientes objetivos para informar las decisiones programáticas y de financiación del Distrito y la Fundación (DHCD/F).

<b>Objetivo 1 (G.1)</b>	Aumentar de forma proactiva los recursos financieros que el DHCD/F puede aplicar para apoyar las necesidades de la comunidad
<b>Objetivo 2 (G.2)</b>	Ampliar proactivamente el acceso de la comunidad a los servicios de atención primaria y especializada
<b>Objetivo 3 (G.3)</b>	Ampliar proactivamente el acceso de la comunidad a los servicios de salud mental y del comportamiento
<b>Objetivo 4 (G.4)</b>	Medir y evaluar de forma proactiva el impacto de los programas y servicios financiados por el DHCD/F en la salud de los residentes de la comunidad
<b>Objetivo 5 (G.5)</b>	Responder y apoyar las iniciativas comunitarias seleccionadas que mejoren la estabilidad económica de los residentes del Distrito
<b>Objetivo 6 (G.6)</b>	Responder y apoyar las iniciativas comunitarias seleccionadas que mejoren el medio ambiente en el área de servicio del Distrito
<b>Objetivo 7 (G.7)</b>	Responder y apoyar las iniciativas comunitarias seleccionadas que mejoren la educación general de los residentes del Distrito



## Iniciativas de salud pública

### RESPUESTA COVID-19

El Coachella Valley Equity Collaborative, fundado por el Desert Healthcare District and Foundation con el apoyo del Riverside University Health System - Public Health y otros socios, organizó 138 eventos de vacunación y 278 puntos de realización de pruebas.

### UNIDAD MÓVIL

Con el apoyo financiero del Coachella Valley Resource Conservation District, el Desert Healthcare District and Foundation adquirieron una clínica médica móvil de 26 pies de largo para mejorar el acceso a los servicios sanitarios.

### RESPUESTA MPOX

El Desert Healthcare District and Foundation se asociaron con DAP Health para aumentar la visibilidad de nuestra comunidad y abogar por más vacunas MPOX en el Valle de Coachella.

### CONNECT IE

La Desert Healthcare Foundation ha fusionado completamente su sitio web de recursos comunitarios con ConnectIE.org, el sólido recurso en línea del Inland Empire Health Plan para acceder a servicios médicos accesibles, de bajo coste o gratuitos, y mucho más.

### SALUD CONDUCTUAL

Con el apoyo de Riverside University Health System - Behavioral Health, el Healthcare District coordinó un colectivo de más de 50 partes interesadas para identificar las necesidades de salud conductual más prioritarias y crear programas para abordarlas.

### MEJORAR EL ACCESO DE LA POBLACIÓN NEGRA A LA ATENCIÓN SANITARIA

Para mejorar la equidad racial, nos asociamos con Borrego Health para prestar servicios sanitarios y de bienestar a residentes negros/afroamericanos y concedimos becas a 11 estudiantes negros y afroamericanos que cursan carreras sanitarias.

### AIRE LIMPIO/MEDIO AMBIENTE

El Distrito y la Fundación avanzaron en su compromiso de trabajar en colaboración con los socios de la comunidad para abordar y atenuar los efectos sobre la salud de peligros medioambientales como el Mar Salton, de elevada salinidad, y los incendios de vertederos ilegales.

# Public Health Initiative | COVID-19 Response

Goals: G.2

Dos años después de la pandemia de COVID-19, el Desert Healthcare District and Foundation continuaron desempeñando su papel como organizadores principales de la Coachella Valley Equity Collaborative (apoyada por el **Sistema de Salud Pública de la Universidad de Riverside**). La respuesta de la Collaborative a COVID-19 en el Valle de Coachella incluyó:

## En 2022:

278 eventos de prueba	17,047 pruebas realizadas
138 eventos de vacunaciones	7,960 vacunas administradas

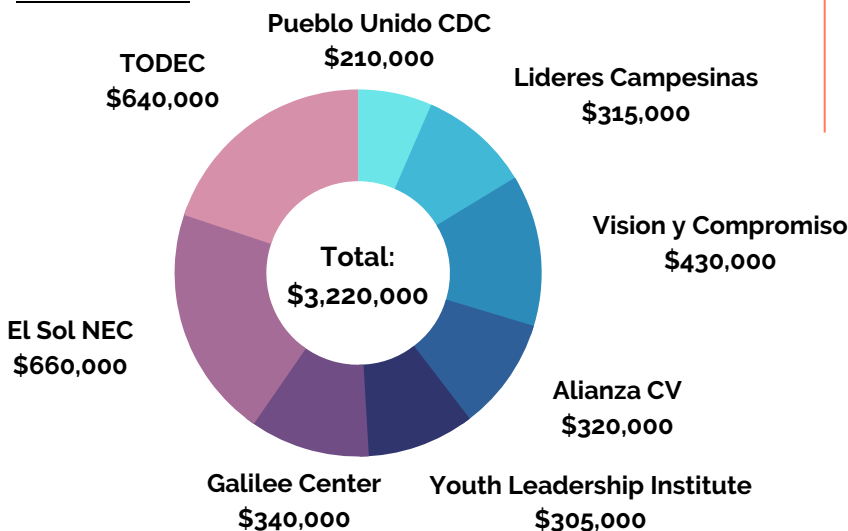
## Desde la creación de la Collaborative en 2020

**23,437 pruebas COVID-19** realizadas en 318 eventos  
**47,250 dosis de vacunas** administradas en 369 eventos

### Subvenciones recibidas:

- \$725,000 - Public Health Institute
- \$3,150,000 - Salud pública del condado de Riverside

### Fondos concedidos a Socios del Collaborative desde 2020



## Nuestros socios

### Socios Médicos

- Borrego Health
- CV Pharmacy
- Rite Aid Pharmacies
- Riverside University Health System - Public Health

### Socios Comunitarios

- Cabazon Band of Cahuilla Indians
- California Farmworker Foundation
- Cathedral City Senior Center
- Distrito Escolar Unificado de Coachella Valley
- City of Palm Springs- James O. Jesse Community Center
- Desert Recreation District
- Desert Sands Unified School District
- Growing Coachella Valley
- The Joslyn Center
- Palm Springs Unified School District
- San Bernardino Catholic Diocese
- Torres Martinez Desert Cahuilla District

# Public Health Initiative | Mobile Medical Clinic

Objetivos: G.2, G.3

El 2 de diciembre se inauguró una nueva clínica médica móvil de 26 pies de largo, adquirida por el Desert Healthcare District and Foundation con el apoyo financiero del Coachella Valley Resource Conservation District. Autorizada y gestionada por Desert Physicians Medical Group (DPMG) Health, la clínica móvil refleja nuestro compromiso de eliminar las barreras a la atención sanitaria, como el transporte, para los residentes tradicionalmente desatendidos.

La Junta directiva destinó \$336,500 a la compra (\$197,000 fue el coste final) y otros \$500,000 al funcionamiento de la clínica durante más de 3 años.

## Fondos recibidos y asignados para la clínica:

Compra de unidades móviles y equipos

- Desert Healthcare District - \$336,500
- Coachella Valley Resource Conservation District - \$175,000

Operaciones en clínicas móviles

- DPMG Health - \$500,000 over 3 years from the Healthcare District

## Socios médicos y académicos

DPMG Health/Desert Regional Medical Center Residents  
Programa de Enfermería de California State University - San Bernardino

## Socios (organizaciones sin fines de lucro)

Alianza Coachella Valley  
California Farmworker Foundation  
El Sol Neighborhood Educational Center  
Galilee Center  
Growing Coachella Valley  
Lideres Campesinas  
Pueblo Unido CDC  
TODEC  
Visión y Compromiso



# Iniciativa de Salud Pública | Respuesta MPOX

## Objetivos: G.2

Cuando el virus MPOX (viruela del mono) empezó a afectar al Valle de Coachella, los primeros casos aparecieron entre hombres que tienen sexo con hombres. A pesar de la importante población de residentes y visitantes LGBTQ del valle, la implantación de la vacuna estatal no satisfizo inicialmente la necesidad local. El Desert Healthcare District and Foundation se asociaron con DAP Health para aumentar la visibilidad de nuestra comunidad y abogar por más vacunas.

### Estrategia:

- DAP Health y Desert Healthcare District and Foundation crearon conjuntamente un anuncio de servicio público a toda página para llamar la atención de los legisladores estatales y los funcionarios de salud pública. El anuncio de servicio público apareció en The Sacramento Bee y The Desert Sun.
- Al principio de la respuesta MPOX, al menos la mitad de todos los casos MPOX identificados en el condado de Riverside estaban localizados en el Valle de Coachella. Para prevenir la propagación del virus, el Distrito y la Fundación apoyaron mediante una subvención los servicios clínicos adicionales y de divulgación de DAP Health.

### Financiación:

- Subvención de \$586,727 concedida a DAP Health en septiembre
- \$13,000 para un anuncio de servicio público en agosto

### DAP Health (a partir del 1 de enero de 2023):

- Realización de 245 pruebas
- MPOX Administración de 5,744 vacunas
- Tratamiento de MPOX a 16 personas y 4 estancias en hoteles para personas que se recuperan de MPOX
- La línea directa MPOX ha respondido a 3,076 llamadas y correos electrónicos; una media de 42 consultas al día

# Iniciativa de Salud Pública | CONNECT IE

Objetivos: G.2, G.3

La Desert Healthcare Foundation ha fusionado completamente su sitio web de recursos comunitarios con ConnectIE.org, el sólido recurso en línea del Inland Empire Health Plan para acceder a servicios médicos accesibles y mucho más. Los residentes del Valle de Coachella ya pueden descubrir miles de servicios médicos y comunitarios gratuitos o a precio reducido.

## Socios:

- Inland Empire Health Plan (Socio principal)
- Find Help
- Inland SoCal United Way
- Inland SoCal 211+
- Inland Empire Health Information Organization



## Financiación:

- \$73,663 de Inland Empire Health Plan
- \$28,454 de Desert Healthcare Foundation

## Formación e incorporación para las organizaciones sin fines de lucro del valle:

**43**

**Presentaciones  
comunitarias**

**27**

**Publicaciones  
en redes  
sociales**

**15**

**Organizaciones  
comunitarias  
integradas**

**3,438**

**Usuarios en el  
4º trimestre  
de 2022**

# Iniciativa de Salud Pública | Salud Conductual



## Objetivos: G.3

Más de 50 partes interesadas de organizaciones y agencias asociadas se reunieron a lo largo del año para identificar las necesidades de salud conductual de alta prioridad que se alinean con el Plan Estratégico del Desert Healthcare District and Foundation y que podrían beneficiarse de un apoyo específico.

Este esfuerzo de colaboración, cofundado por **Riverside University Health System - Behavioral Health**, impulsó la aplicación de la Iniciativa de Salud Mental del Distrito y la Fundación. En los últimos años, la Junta ha destinado 4 millones de dólares a esta iniciativa.

Se espera que las reuniones, coordinadas por el responsable del programa de salud conductual del Distrito y la Fundación, se conviertan en 2023 en un colectivo de salud conductual centrado en el Valle de Coachella.

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Las subvenciones de salud conductual que se aprobaron en 2022 ascendieron a un total de \$2,680,832. Se concedieron para atender a 11,947 residentes del Distrito durante un periodo de dos años de las siguientes maneras:

- Prestación de servicios de apoyo a la salud conductual a comunidades vulnerables y desatendidas
- Proyectos de ampliación de la mano de obra, como la concesión de becas adicionales a los estudiantes del Distrito, incluidos los estudiantes negros y afroamericanos, y el apoyo a los graduados de posgrado que se incorporan al campo de la salud conductual
- Servicios de apoyo al trauma y la salud mental para comunidades de inmigrantes
- Ampliación de las redes de mensajeros/promotores de confianza para difundir información sobre los vínculos de acceso entre los miembros de nuestra comunidad
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- Apoyo específico a las comunidades transexuales y no binarias.
- Mejora del acceso a los servicios de apoyo al bienestar para los adultos mayores
- Apoyo a la recuperación del consumo de sustancias

# Iniciativa de Salud Pública | Acceso a la sanidad y becas para residentes afro-americanos

Goals: G.2, G.3

## Mejora del acceso a la asistencia sanitaria en Desert Highland Gateway Estates (Borrego Health)

- A través de la clínica médica móvil semanal, Borrego prestó servicios a pediatras, adolescentes y adultos que incluyeron inmunizaciones, pruebas/vacunas COVID-19, exámenes físicos, exámenes de niño sano y vacunas contra la gripe.
- Remisiones a servicios especializados de salud conductual, odontología, cardiología y otros servicios de atención especializada: se ofreció a los pacientes transporte gratuito a una de las clínicas permanentes de Borrego.
- Trató a 163 pacientes no asegurados e inscribió a 114 de ellos en un programa de seguros.

## Becas para residentes negros

Los primeros beneficiarios de una nueva beca orientada a la salud puesta en marcha por el Desert Healthcare District and Foundation han completado el primero de los dos años cubiertos por la beca. Gestionado por OneFuture Coachella Valley, el programa de becas se diseñó para mejorar la equidad racial en las profesiones sanitarias. Beneficia a estudiantes negros y afroamericanos del Valle de Coachella que cursan carreras en las que las personas de color están subrepresentadas.

La subvención inicial de \$200,000 del Distrito y la Fundación a OneFuture proporcionó becas de \$5,000 hasta \$10,000. Dos de los 11 beneficiarios terminaron sus estudios en primavera, uno los abandonó y ocho continuaron en 2023.

En diciembre, la Junta directiva del Distrito y la Fundación aprobó una subvención adicional de \$605,000 para OneFuture: \$200,000 para becas para estudiantes negros/afroamericanos, \$250,000 para apoyar a los estudiantes de posgrado que se preparan para profesiones clínicas y \$155,000 para cubrir la gestión de casos de OneFuture (servicios envolventes)/servicios holísticos de apoyo a los estudiantes.

### **Beneficiarios de primer año**

3 4-año 3 3er año 2 2do año

### **Comunidad**

4 Valle Oeste, 3 Valle Este, 1 Valle Medio

### **Especialidades(es)**

5 en enfermería 1 in Biología/Pre-Medicina 1 in Kinesiología/Salud, 1 Indeterminado

### **Tipo de universidad**

2 privados, 2 fuera del estado, 2 en CSU, 1 en UC, 1 en Colegio comunitario

### **Distrito Escolar Originario**

4 del Distrito Escolar Unificado de Palm Springs, 1 del Distrito Escolar de Desert Sands, y 3 fuera del valle



# Iniciativa de Salud Pública | Acceso a la sanidad y becas para residentes afro-americanos

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4 Valle Oeste, 3 Valle Este, 1 Valle Medio

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5 en enfermería  
1 in Biología/Pre-Medicina  
1 in Kinesiología/Salud,  
1 Indeterminado

### **Distrito Escolar Originario**

4 del Distrito Escolar Unificado de Palm Springs  
1 del Distrito Escolar de Desert Sands y  
3 fuera del valle

### **Tipo de universidad**

2 privados, 2 fuera del estado, 2 en CSU,  
1 en UC, 1 en Colegio comunitario



# Iniciativa de Salud Pública | Aire limpio/Medio ambiente

## Objetivos: G.6

El Distrito y la Fundación avanzaron en su compromiso de trabajar en colaboración con los socios de la comunidad para abordar y atenuar los efectos sobre la salud de peligros medioambientales como el Mar Salton, de elevada salinidad, y los incendios de vertederos ilegales.

### Calidad del aire Formación comunitaria y Control de la calidad del aire

#### Socios:

- Alianza Coachella Valley (Alianza CV)
- South Coast Air Quality Management District (SCAQMD)
- Health Assessment and Research for Communities (HARC)
- Agencia de Protección del Medio Ambiente de Estados Unidos (EPA)

#### Financiación

- \$27.000 de U.S. EPA a DHCD
- \$40,000 a Alianza CV de Avery Trust Funds y U.S. EPA

### Análisis de la calidad del aire y la salud en el Valle de Coachella

#### Socios

- Public Health Institute (Principal Partner)

#### Financiación

- \$250,000 a PHI de Avery Trust Funds\*

### Plan de comunicación de emergencias relacionadas con la calidad del aire

#### Socios

- CONCUR Inc. (Socio principal)
- Alianza CV
- Cabazon Band of Mission Indians
- California Department of Forestry & Fire Protection (CAL Fire)
- Coachella Valley Unified School District
- Leadership Counsel
- Pueblo Unido CDC
- Oficina del Supervisor del Condado de Riverside V. Manuel Pérez
- Oficina del Asambleísta Eduardo García
- Oficina del Congresista Raúl Ruiz
- Riverside County Fire Department
- South Coast Air Quality Management District (SCAQMD)
- Torres Martinez Desert Cahuilla Indians

#### Financiación

- \$191,573 a CONCUR Inc. de Avery Trust Funds\*

## Premios y distinciones

El Distrito recibió dos de los tres premios estatales anuales de la Association of California Healthcare District: Conrado Bárzaga, MD, como Director General del Año, y Leticia De Lara como Patrono del Año (Bárzaga aparece en la foto superior derecha, centro)



**5 de febrero** - 12º Annual Palm Springs Black History Committee Philanthropist of the Year (Distrito y Fundación)

**14 de febrero** - Premio al Servicio Comunitario 2022 de la Human Rights Commission of Palm Springs (Distrito y Fundación)

**29 de marzo** - La Directora Leticia De Lara fue galardonada como Mujer del Año por el Supervisor del Condado de Riverside V. Manuel Pérez por el Distrito 4 (en la foto, primera fila)



**5 de abril** - Champion Award de la Salud Pública del Departamento de Salud Pública del Condado de Riverside (Distrito y Fundación)

**13 de abril** - Merritt y Penney Joslyn Award del Joslyn Center (Distrito y Fundación)

**25 de mayo** - La Directora Leticia De Lara fue una de las tres Mujeres que Lideran reconocidas por la revista Palm Springs Life

**4 de noviembre** - La Directora saliente, Karen Borja, recibió el Friend of Pride Award 2022 de Greater Coachella Valley Pride

**11 de noviembre** - VIMY AWARD 2022 de los Coachella Valley Volunteers in Medicine, concedido al Desert Healthcare District and Foundation



## Junta Directiva y personal

El Desert Healthcare District and Foundation está gobernado por un Consejo de Administración de 7 miembros, elegidos por los votantes. En 2022, los titulares Carole Rogers y Evett PerezGil no tuvieron oposición y fueron reelegidos para el cargo. La Directora Karen Borja no se presentó a la reelección, y su puesto en la Zona 6 fue ocupado por Kimberly Barraza.

### Junta Directiva actual

**Les Zendle**, MD, Zona 1  
**Carole Rogers**, RN, MPH, Zona 2  
**Carmina Zavala**, PsyD, MA, Zona 3  
**Evett PerezGil**, Zona 4  
**Arthur Shorr**, Zona 5  
**Kimberly Barraza**, Zona 6  
**Leticia De Lara**, MPA, Zona 7

### Personal actual

**Conrado E. Bárzaga**, MD, Consejero Delegado  
**Chris Christensen**, CPA, Directora de Administración  
**Donna Craig**, Directora de Programas  
**Alejandro Espinoza**, MPH, CHES, Jefe de Participación Comunitaria  
**Meghan Kane**, MPH, Oficial Superior de Programas - Salud Pública  
**Jana Trew**, MS, Responsable Principal de Programas - Salud Conductual  
**Andrea S. Hayles**, Asistente Especial del Consejero Delegado y Responsable de Relaciones con la Junta Directiva  
**Erica Huskey**, Asistente administrativa y de programas  
**Eric Taylor**, Director de Contabilidad  
**Sergio Rodríguez**, Asistente de programas  
**Will Dean**, Director de Comunicación y Mercadotecnia  
**Consuelo Márquez**, Asistente de Comunicación

Para saber más sobre nuestro Consejo de Administración y nuestro personal actual, visite <https://www.dhcd.org/About-Us> o escanee el código QR.



## Mirar hacia delante

### Infraestructuras sanitarias

En colaboración con un equipo de consultores, el Desert Healthcare District and Foundation esperan completar y entregar una hoja de ruta de infraestructuras a principios de 2023 para identificar las carencias en los servicios sanitarios y orientar la financiación futura en apoyo de su Plan Estratégico (G.2, G.3).

### Crear capacidad

Una asociación entre el Distrito y la Fundación y el programa Regional Access Project Foundation's NPO Centric se centrará en proporcionar asistencia técnica y recursos educativos a las organizaciones sin ánimo de lucro de la comunidad para mejorar su capacidad organizativa.

### Donaciones

El Desert Healthcare District and Foundation ofrecen dos oportunidades para que el público apoye el avance del bienestar comunitario en el Valle de Coachella, como se describe a continuación:

#### Fondo de Servicios Sociales

Cada año, la Desert Healthcare Foundation proporciona financiación a los hospitales y centros oncológicos del Valle de Coachella para ayudar a los pacientes sin seguro o con seguro insuficiente con las necesidades y servicios sanitarios urgentes determinados por los asesores de gestión de casos de los hospitales. Estos servicios incluyen vales de comida, vales de gasolina, transporte a casa desde un centro y recetas limitadas.

#### Parque de bienestar

El parque de Palm Springs cuenta con aparatos para hacer ejercicio, asientos de recreo y numerosas plantas curativas y aromáticas para disfrute de los pacientes del Desert Regional Medical Center, los residentes de la comunidad y los visitantes. También ofrece la posibilidad de dar nombre a un ser querido comprando un banco, un árbol y otros elementos del parque.

Más información: <https://www.dhcd.org/Wellness-Park>  
(o escanee el código QR)







Para donar, por favor haga su cheque u otro pago a nombre de Desert Healthcare District and Foundation. Indique en la línea de la nota a qué fondo apoya. El pago debe ir acompañado de un nombre, una dirección y un número de teléfono. Todas las donaciones son deducibles de impuestos y se facilitará un documento fiscal. Remitir a:

Attn.: Chris Christensen, CAO  
Desert Healthcare District and Foundation  
1140 N. Indian Canyon Drive  
Palm Springs, CA 92262  
Email: [cchristensen@dhcd.org](mailto:cchristensen@dhcd.org)

## Póngase en contacto con nosotros

Desert Healthcare District and Foundation  
1140 N. Indian Canyon Drive, Palm Springs, CA 92262  
Email: [info@dhcd.org](mailto:info@dhcd.org) - (760) 323-6113

