

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG)**

Fiscal Year 2007-2008

*******Request for Proposals*******

*An electronic version of this document is available from the City Manager's Office
Email request to: jramirez@ci.carson-city.nv.us*

WHERE TO TURN IN: **CARSON CITY
CITY MANAGER'S OFFICE
201 NORTH CARSON STREET, SUITE 2
CARSON CITY, NEVADA 89701**

WHEN: **FEBRUARY 2, 2007, 5:00 P.M.**

DEADLINE: *The date and hour deadline established is **FIRM**. Any proposal received **AFTER** the deadline **WILL NOT** be considered for funding.*

APPLICATION COVER SHEET

1. Name of Agency: Ron Wood Family Resource Center
2. Project Title: Reach Up!
3. Mailing Address: 212 East Winnie Lane – Suite 212, Carson City, Nevada 89706
Physical Address: 212 East Winnie Lane, Carson City, Nevada 89706
4. Agency Director: Joyce Buckingham ~ Executive Director
5. Board Chairperson: Paul R. Saucedo
6. Contact person (see instructions): Joyce Buckingham
Phone number: (775) 884-2269 E-Mail: Executive_Director@carson-family.org
Fax: (775) 884-2730
7. What is your funding request for FY 2007-2008? \$ \$31,520.00
8. Type of Grant (Check One):
 Public Service Community Facilities/Improvements
 Economic Development Housing Rehabilitation

9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	4-9-97
Date of IRS certification	5-23-97
Tax exempt number	IRS - 86-0865470 NV - RCE-012-907

10. DUNS Number: 867923401

For information on DUNS, go to: <http://www.cer.gov/pdfs/DUNSGuideGovVendors.pdf>

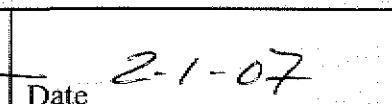
11. Attach the following to each copy of the Proposal for Funding

(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right: Previous recipient / Information on file

- a. IRS Tax Exempt "501(c)(3)" letter.
- b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).
- e. *For all 501(c)(3) non-profit organizations:* a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

12. Required Certification (see instructions):

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

 Signature of Authorized Official	 Date
Joyce Buckingham, Executive Director	(775) 884-2269
Typed Name and Title of Authorized Official	Phone Number

 Signature of President of Board of Directors	 Date
Paul R. Saucedo	(775) 884-2269
Typed Name of President of Board of Directors	Phone Number

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG) Application**

I. PROJECT DESCRIPTION AND NEEDS ANALYSIS

HUD has outlined three objectives for the CDBG Program with expected outcomes. When developing your proposal, please adhere to the CDBG Objectives and Outcomes.

Objectives	Outcomes
1. Create suitable living environments	1. Availability/accessibility
2. Provide decent affordable housing	2. Affordability
3. Create economic opportunities	3. Sustainability

A. What is the problem the proposed project is designed to solve?

- 1. Teen & Youth Grief/Bereavement issues and Teen & Youth suicide prevention.
- 2. Catastrophic mental health issues that face our community's youth.
- Carson City youth are dangerously underserved when it comes to mental health services and counseling dealing with family crisis, loss of a loved one, drug, alcohol and sexual abuse issues, suicide prevention and loss or death of family and friends.

B. Which CDBG objective (listed above) will you be meeting?

- Suitable Living Environment

C. How is the problem being dealt with at the present time?

- Carson City does not have immediate accessibility to an entity or service provider that offers free services, outreach and counseling for the low to moderate income families that desperately need mental health counseling and support group services for troubled youth.
- Currently, family mental health issues are addressed through cost prohibitive private therapy and the highly utilized state mental health service providers. State mental health service providers are many times the only option for low income families. Unfortunately families are not able to schedule appointments in an urgent and or consecutive manner as the waiting time can be unreasonable when a child is in need.
- The narrow availability of professional counseling and services are only offered for individuals that can afford the professional care of qualified therapists. Low income families are forced to locate doctors and counseling that are available through

Medicaid, Nevada Check-up or hard to find sliding scale services. These providers often have extensive waiting lists or are located out of the Carson City area.

- The underserved low income youth of our community are many times overlooked and as a result are not able to process emotional trauma and move through life-changing events and situations that many times result in long-term behavioral problems, drug abuse, criminal activity, poor performance in school and the inability to have healthy and productive social and family relationships.
- Nevada ranked 1st (worst) in the nation with 42% of the population reporting poor mental health in the prior 30 days. *
* (2003 Report – Kaiser Family Foundation Report)

D. What is the project or activity you want to undertake to solve the problem?

- *"Reach Up"* is a comprehensive mental health treatment program designed to identify, support and counsel the Carson City youth from 3 – 17 years of age in crisis due to loss of a loved one, at-risk of suicide, dysfunctional family issues, poor educational performance and chemical dependency issues. *"Reach Up"* will offer bilingual services to insure outreach to the Hispanic community as well.
- *"Reach Up"* will provide mental health counseling to assist youth and their family in gaining the ability to communicate in a healthy environment, to interact with mental health professionals, work with mentors and peers toward realizing appropriate methods of dealing with catastrophic issues, improve critical thinking skills, develop a network of individuals to work alongside and methodically deal with overwhelming situations.
- *"Reach Up"* will offer:
 1. *Reach Up* intake to determine family need including but not limited to: initial contact with the Family Advocate to pre-screen participants for appropriateness of services and to evaluate other family needs, determine income status, family size, residence, areas of concern, development of family goal worksheet and referral to a *Reach Up* mental health professional.
 2. *Reach Up* counseling will consist of up to 10 individual weekly counseling sessions per youth with a qualified mental health professional and referral to the weekly *Reach Up* support group for ongoing support and follow-up.
 3. *Reach Up* support group will be offered for age specific groups. Targeted ages for the *Reach Up* program will be from 3 – 17 years of age. *Reach Up* support groups will be facilitated by a licensed mental health professional and co-facilitated by a mental health intern. Parents of youth that are involved in the *Reach Up* support groups will be encouraged to attend a *Reach Up* parents support group that will be scheduled at the same time as the youth support group. The parental group will focus on identifying areas of concern with other

parents, support of the youth group and offer the availability of networking with other parents that are having same or similar issues. In conducting both a youth and parental support group simultaneously we hope to instill consistency and cooperation to insure parents are aware and communicating with their children as well as other family members in an appropriate and positive manner.

4. *Reach Up* will also provide follow-up services for up to a year to insure youth and family needs are being met and constructive behaviors and relationships ensue.
5. *Reach Up Response Team* will be available to offer support services on an emergency response basis. Carson City has a history of gang activity and consequently the victims of criminal activity are often times the associated family, friends and community surrounding an incident. The *Reach Up Response Team* would be available for counseling and support immediately. With a focus on availability and accessibility of services, the *Reach Up Response Team* would offer services at the Ron Wood Family Resource Center, school locations and residential visits as needed.

E. How will the proposed project solve the problem?

- *Reach Up* will offer low income families the same accessibility to therapy and counseling services that presently are mostly utilized by moderate – higher income families and households.*
* (See Attachment 7 – DHHS Director’s Biennial Report – Insurance Eligibility)
- *Reach Up* will offer services and support to youth and families in the Carson City area and serve as supplemental services for low-moderate income individuals that “slip-through-the cracks” with state and private mental health service providers.*
* (See Attachment 6 – NVDHHS - MHDS Projected Persons Served 4/03 to 3/06)
- *Reach Up* as with associated drop-in and family resource centers will offer services and support deemed essential in treating those in need to meet the demand in Nevada.*
* (UNLV – Nevada Mental Health Problems and Needs Handbook – 2006)
- Unmet need: An estimated 31,969 children and adults did not receive services.*
* (MHDS 2004 Prevalence Study)
- Children and youth ages 17 and under make up 22.5% of all Mental Health and Development clients in Nevada.*
* NVDHHS – Director’s Report – 1/24/07)

F. How will you know if you have successfully solved the problem?

- Data collection through pre-assessment, case file documentation of sessions and activities, post-assessment, participant feedback and 1 year follow-up procedures.
- The problem of quality mental health services for everyone is a problem that is not likely to disappear. However, as a partial solution, *Reach Up* will offer a positive impact and opportunity to the low income youth and families that have no other options.
- Sustainability of the *Reach Up* program would offer continuous gain to the entire community.

G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

- Youth and families seeking service will complete an intake procedure that is currently being utilized at the Ron Wood Family Resource Center.
- Reach Up intake to determine family need including but not limited to: initial contact with the Family Advocate to pre-screen and pre-assess participants for appropriateness of services and to evaluate other family needs, determine income status, family size, residence & evaluate other services and/or referrals.
- Development of family goal worksheet identifying measurable goals and objectives individualized to each youth and family. Focus in goal-setting is individualized attainable goals.
- Case management/case file maintenance to record chronological progress and activities throughout and after the counseling sessions.
- Post-assessment and participant feedback will be collected and documented accordingly.
- Participant follow-up for 1 year following counseling sessions to assist the youth and families in maintaining and continuing healthy relationships.

H. How will the CDBG funds be used on this project?

- CDBG funds will offset the services of mental health professionals, 5 hours of wages weekly for the Family Advocate and minimal printing, postage costs and refreshment costs during support group sessions.
- Ron Wood Family Resource Center has an operating budget of approximately \$750,000.00 annually and operates under 11 separate grants and private donations. Operating costs, fixed costs, meeting facilities, support staff, use of equipment and center offices and meeting facilities will be provided through the Center as matching resources.

I. What will you do to solve the problem if the proposed project is not funded by CDBG?

- Ron Wood Family Resource Center will continue to seek out sliding scale services or gratis services and refer individuals accordingly. Unfortunately most of the individuals through the center that request mental health services cannot afford sliding scale services and gratis services are scarce at best.

J. Where will the project be located and what is the geographic target area that will be served by this project?

Target Area (specify geographic area) _____

OR Community-wide – Carson City Low Income Youth and Families

For Capital (Public) Improvement Projects only – N/A

K. Is the proposed project part of a larger project or is it a stand-alone project?

1. If part of a larger project, please describe the entire project.

2. Can this project be done in different phases? _____ Yes _____ No
If YES, explain.

3. Have CDBG funds been used for an earlier phase? _____ Yes _____ No

L. Ownership Information

1. Who currently holds title to the property involved?

2. In whom will title be vested upon completion?

3. Do any rights-of-way, easements or other access rights need to be acquired?

_____ Yes _____ No

4. If the project requires water rights or well permits, have they been acquired?

_____ Yes _____ No

II. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, is implementing Performance Measures into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are the products or activities of program implementation (such as numbers of clients served) and *outcomes* are the benefits or changes that result from the program (how well the service met the user needs).

1. Please identify the quantifiable, projected outputs of this program/project.

- 100 - *Reach Up* intake sessions conducted by Ron Wood Family Resource Center Staff
- 208 - *Reach Up* Youth and Parental Support Group sessions facilitated by licensed mental health professionals
- 200 - *Reach Up* Youth individual counseling sessions
- 100 - *Reach Up* case files with supporting documentation
- Maintaining post-program communication:
- 400 follow-up phone calls (1 per participant quarterly) to maintain relationships and assess further youth and family needs.

2. Please quantify the total number of persons intended to benefit from program/project output.

- 100 youth and associated parents and siblings.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?

- 60% – 90% are low income to moderate income.

4. Please identify the quantifiable, projected outcome of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)

- 100 youth and 100 parents will receive mental health counseling, learning to cope with traumatic events, improve social skills, learn how to manage and adapt to severe emotional stress, improve healthy family relationships, reduce poor choices; criminal activity, substance abuse problems, improve education/academic performance and improve and instill asset building and increase self-esteem issues.
- Pre and Post assessments as well as telephone follow-up will provide quantifiable data to measure demographics, outcomes and participant satisfaction.

5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project.

- Joyce Buckingham – Executive Director (775-884-2269)
212 East Winnie Lane, Carson City, NV 89706
Executive_Director@carson-family.org

III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.
 2. Project addresses a problem that poses a health or safety concern in the community.

B. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

Abused Children Illiterate Persons Homeless Persons
 Battered Spouses Elderly Severely Disabled Adults
 Migrant Farm Workers Other (Please explain)

Teen/Youth in Crisis and Parents and family members suffering tremendous loss, tragic circumstances, teens with suicidal tendencies, substance abuse issues, dysfunctional family situations.

C. If your project will not be serving one of the above categories, explain (a) how you will document client income and (b) how you will document that at least 51% of your clientele will be low-to-moderate income: N/A

D. How many unduplicated persons/households will benefit from this project?

- 100 youth in need
- 100 parents/or family members

E. What level of benefit will each person receive?

- Minimum of 2 individual counseling sessions for youth ages 3 – 17 and up to 10 counseling sessions maximum per youth depending on the individual need of the youth.
- Unlimited support group sessions for each youth and parent.
- Quarterly follow-up for 1 year to insure each youth is moving forward and is sustaining healthy a healthy lifestyle.
- Resources and referrals for extended need as often as there is a participant need.

F. For economic development projects:

(a) identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired. N/A

G. For housing projects, please indicate: N/A

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

IV. CDBG PROJECT BUDGET

Itemize only those portions of the project and administrative costs that will be paid from CDBG funds as shown on the Project Cost Schedule. The total for this budget schedule must equal the total CDBG request for this project.

Project Title: <i>Reach Up!</i>	FY 2007-08 Total Budget	FY 2007-08 Proposed CDBG Request	FY 2007-08 All Other Funding Sources
Program Expenses			
Salaries and Benefits	4621.14	3900.00	25,158.86
Rent and Utilities	-0-	-0-	72000.00
Mortgage	-0-	-0-	-0-
Equipment	-0-	-0-	-0-
Equipment Maintenance & Repair	-0-	-0-	-0-
Office Supplies	1500.00	1500.00	-0-
Operating Supplies	-0-	-0-	-0-
Postage and Shipping	100.00	100.00	-0-
Printing and Publications	500.00	500.00	-0-
Advertising and Promotion	-0-	-0-	-0-
Subscriptions and Dues	-0-	-0-	-0-
Liability/Other Insurance	-0-	-0-	3600.00
Professional Fees	24980.00	24980.00	-0-
Other project costs: (Specify Below)			
Refreshments for Support Groups	540.00	540.00	-0-
TOTALS	32241.14	31520.00	100,758.86

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

- Joyce Buckingham – Executive Director (775-884-2269)
212 East Winnie Lane, Carson City, NV 89706
[Executive Director@carson-family.org](mailto:Executive_Director@carson-family.org)

2. The person directly responsible for on-site supervision of the project, such as a project manager:

- Joyce Buckingham – Executive Director (775-884-2269)
212 East Winnie Lane, Carson City, NV 89706
[Executive Director@carson-family.org](mailto:Executive_Director@carson-family.org)

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:

- Lavon Sollberger – Fiscal Manager (775-884-2269)
212 East Winnie Lane, Carson City, NV 89706
lavons@sbcglobal.net
- Joyce Buckingham – Executive Director (775-884-2269)
212 East Winnie Lane, Carson City, NV 89706
[Executive Director@carson-family.org](mailto:Executive_Director@carson-family.org)

APPENDIX I

CARSON CITY CITY MANAGER'S OFFICE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

(To be completed only in cases where applicant will contract for services with an additional party)

SUBRECIPIENT NAME: Lynne Anne Goldsmith, Certified Marriage and Family Counselor

SUBRECIPIENT ADDRESS: 407 North Walsh, Carson City, NV 89701

PROJECT NAME: Reach Up!

CDBG CONTACT PERSON: Joyce Buckingham

TITLE: Executive Director – Ron Wood Family Resource Center

PHONE NUMBER: (775) 887-1313

YEARS IN CURRENT POSITION: 6 years experience as a therapist

FISCAL CONTACT PERSON: Lavon Sollberger

TITLE: Ron Wood Family Resource Center – Fiscal Manager

PHONE NUMBER: (775) 884-2269

YEARS IN CURRENT POSITION:

AUDIT CONTACT PERSON (if different than fiscal contact person): - N/A

TITLE: _____

PHONE NUMBER: _____

YEARS IN CURRENT POSITION: _____

SUBRECIPIENT FISCAL YEAR END: June 30, 2008

APPENDIX I

CARSON CITY CITY MANAGER'S OFFICE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

(To be completed only in cases where applicant will contract for services with an additional party)

SUBRECIPIENT NAME: Valeri Bianchi-Wood, Certified Marriage and Family Counselor

SUBRECIPIENT ADDRESS: 407 North Walsh, Carson City, NV 89701

PROJECT NAME: Reach Up!

CDBG CONTACT PERSON: Joyce Buckingham

TITLE: Executive Director – Ron Wood Family Resource Center

PHONE NUMBER: (775) 887-1313

YEARS IN CURRENT POSITION: 13 years experience as a Certified Social Worker and Therapist

FISCAL CONTACT PERSON: Lavon Sollberger

TITLE: Ron Wood Family Resource Center – Fiscal Manager

PHONE NUMBER: (775) 884-2269

YEARS IN CURRENT POSITION: _____

AUDIT CONTACT PERSON (if different than fiscal contact person): - N/A

TITLE: _____

PHONE NUMBER: _____

YEARS IN CURRENT POSITION: _____

SUBRECIPIENT FISCAL YEAR END: June 30, 2008

APPENDIX I

CARSON CITY
CITY MANAGER'S OFFICE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

(To be completed only in cases where applicant will contract for services with an additional party)

SUBRECIPIENT NAME: Lisa Yesitis, Marriage and Family Intern

SUBRECIPIENT ADDRESS: 407 North Walsh, Carson City, NV 89701

PROJECT NAME: Reach Up!

CDBG CONTACT PERSON: Joyce Buckingham

TITLE: Executive Director – Ron Wood Family Resource Center

PHONE NUMBER: (775) 887-1313

YEARS IN CURRENT POSITION: 8 years experience in social work/new intern

FISCAL CONTACT PERSON: Lavon Sollberger

TITLE: Ron Wood Family Resource Center – Fiscal Manager

PHONE NUMBER: (775) 884-2269

YEARS IN CURRENT POSITION:

AUDIT CONTACT PERSON (if different than fiscal contact person): - N/A

TITLE: _____

PHONE NUMBER: _____

YEARS IN CURRENT POSITION: _____

SUBRECIPIENT FISCAL YEAR END: June 30, 2008

APPENDIX I

CARSON CITY CITY MANAGER'S OFFICE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

(To be completed only in cases where applicant will contract for services with an additional party)

SUBRECIPIENT NAME: Rebecca Phillipsen, Licensed Certified Social Work (LCSW)

SUBRECIPIENT ADDRESS: 407 North Walsh, Carson City, NV 89701

PROJECT NAME: Reach Up!

CDBG CONTACT PERSON: Joyce Buckingham

TITLE: Executive Director – Ron Wood Family Resource Center

PHONE NUMBER: (775) 887-1313

YEARS IN CURRENT POSITION: 10 years experience

FISCAL CONTACT PERSON: Lavon Sollberger

TITLE: Ron Wood Family Resource Center – Fiscal Manager

PHONE NUMBER: (775) 884-2269

YEARS IN CURRENT POSITION: _____

AUDIT CONTACT PERSON (if different than fiscal contact person): - N/A

TITLE: _____

PHONE NUMBER: _____

YEARS IN CURRENT POSITION: _____

SUBRECIPIENT FISCAL YEAR END: June 30, 2008

APPENDIX II

INDEX OF ATTACHMENTS

Required Attachments: The required attachments as described on Page 2 are listed below. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

Attachment Number	Attachment Description	Application Page / Section Referenced	Attachment Included (✓)
1	IRS Tax Exempt "501(c)(3) letter	Page 2	X
2	Proof of incorporation from Secretary of State (Certificate Only)	Page 2	X
3	Current Organization Chart with names of staff members	Page 2	X
4	Current Board of Directors and terms of office	Page 2	X
5	<i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX)	Page 2	X
6	DHHS/MHDS Projected Mental Health Needs in Nevada Graph	Page 5	X
7	DHHS Director's Biennial Report – Insurance Eligibility	Page 5	X
8			
9			
10			
11			
12			
13			
14			
15			

APPENDIX III

APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete CDBG application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

- Grant Cover Sheet.
- Grant Application completed and signed by Agency representative.
- Section I: Project Description and Needs Analysis.
- Section II: Project Measurement.
- Section III: Goals and Objectives.
- Section IV: CDBG Project Budget.
- Section V: Project Administration.
- Appendix I: Subrecipient Questionnaire (*if applicable*).
- Appendix II: Index of Attachments.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

Date: MAY 23 1997

RON WOOD FAMILY RESOURCE CENTER
637 S STEWART ST STE D
CARSON CITY, NV 89701

ATTACHMENT 1
DEPARTMENT OF THE TREASURY

Employer Identification Number:

86-0865470

DLN:

17053125159007

Contact Person:

D. A. DOWNING

Contact Telephone Number:

(513) 241-5199

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(1)

Advance Ruling Period Begins:

April 9, 1997

Advance Ruling Period Ends:

June 30, 2001

Addendum Applies:

Nc

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

RON WOOD FAMILY RESOURCE CENTER

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

RON WOOD FAMILY RESOURCE CENTER

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

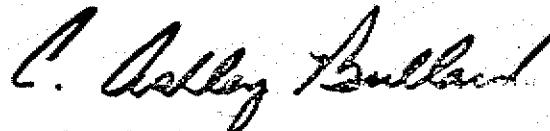
Since you have not indicated that you intend to finance your activities with the proceeds of tax exempt bond financing, in this letter, we have not determined the effect of such financing on your tax exempt status.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

Enclosure(s):
Form 872-C

SECRETARY OF STATE

ATTACHMENT



CORPORATE CHARTER

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that RON WOOD FAMILY RESOURCE CENTER did on April 9, 1997 file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 10, 1997.

A handwritten signature in black ink that reads "Dean Heller".

Secretary of State

By

A handwritten signature in black ink that reads "Beverly J. Davenport".

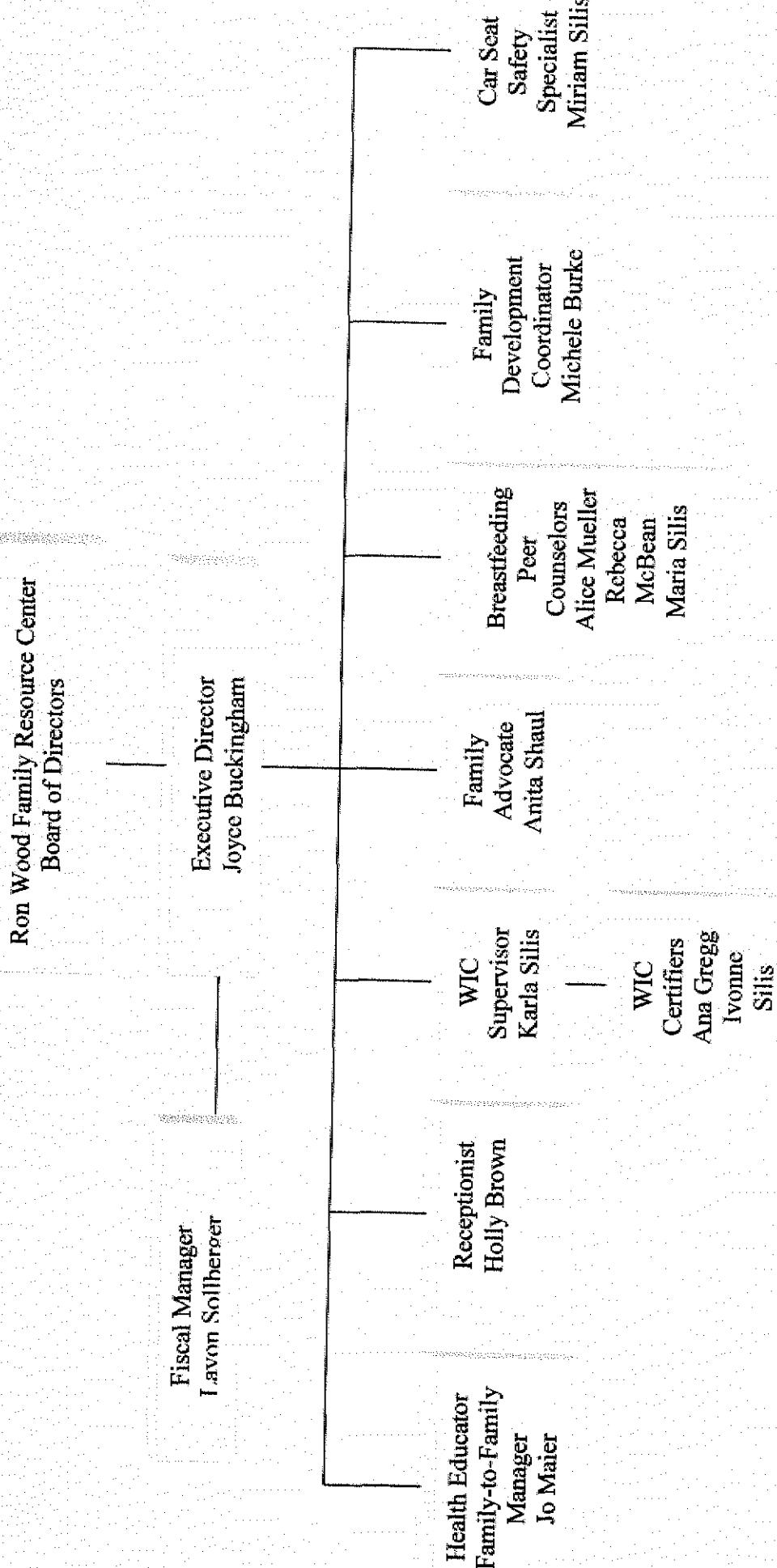
Certification Clerk



Ron Wood Family Resource Center

Organizational Chart

ATTACHMENT 3



Ron Wood Family Resource Center - Board of Directors					
Name	Work Address	Home Address	Numbers	Email Address	
Paul Saucedo, Chair	N/A	1231 Chapparel Drive Carson City, NV. 89703	(H) 883-3626 (P) 883-7650	psaucedo@aol.com	
Valeri Wood, Vice Chair	Carson Professional Group 407 North Walsh Street Carson City, NV. 89701	456 Genoa Lane Minden, NV. 89423	(W) 887-1313 (H) 782-7381 (C) 781-2468 (F) 887-0466	valgal0199@aol.com	
Jack Wilson, Secretary	N/A	1279 Koontz Lane Carson City, NV. 89701	(H) 882-7685 (C) 722-7685	wilsons1279@shbglobal.net	
J.R. Clark Treasurer	N/A	2555 Waterford Place Carson City, NV. 89703	(H) 882-0856	millardclark@shbglobal.net	
Trina Dahlin	District Attorney's Office 885 East Musser Street #2030 Carson City, NV. 89701	330 Crystal Water Way Carson City, NV. 89701	(W) 887-2268 (H) 887-0629 (F) 887-2129	TDahlin@ci.carson-city.nv.us	
Ruth Aberasturi	N/A	2050 Jodi Lane Carson City, NV. 89701	(H) 882-3649 (C) 722-3649	raberasturi@att.net	
Ken Furlong	Carson City Sheriff's Office 901 East Musser Street Carson City, NV. 89701	—	(W) 887-2020 ext. 1900 or 1901	kfurlong@ci.carson-city.nv.us	
Rick Redickin	N/A	4257 Combs Canyon Road Carson City, NV. 89703	(H) 882-6911	Frannrick@shbglocal.net	
Sheila Banister	Carson City Juvenile Probation 1545 East 5 th Street Carson City, NV. 89701	581 Southwest Court Carson City, NV. 89701	(W) 887-2033 (F) 887-2036	Sbanister@ci.carson-city.nv.us	
Kim Carrubba	Harley Davidson Financial Services 3850 Arrowhead Drive Carson City, NV. 89706	957 Lindsay Lane Carson City, NV. 89706	(W) 886-3158 (H) 883-7435 (F) 886-3134 (C) 560-7435	kim.carrubba@hdfs1.com	
Joyce Buckingham	RWFRC 212 East Winnie Lane Carson City, NV. 89706	1321 Kim Place Minden, NV. 89423	(W) 884-2269 (H) 901-2404 (C) 450-2321 (C) 790-3515	Executive_Director@carson-family.org	

2004

Open to Public
Inspection

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 1

Department
Internal Revenue Service

A For

B Check
appall

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Treasury
service

1 calendar year, or tax year beginning

JUL 1, 2004

and ending JUN 30, 2005

D Empl id or identification number

E Tel. phone number

F Fax. number

G E-mail

H

I

J

K

L

M

N

O

P

C Name of organization

RON WOOD FAMILY RESOURCE CENTER

Number and street (or P.O. box if mail is not delivered to street address)

212 E. WINNIE LANE

City or town, state or country, and ZIP + 4

CARSON CITY, NV 89706

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).

G. Web site address ►

J. Org type (check one) ► 501(c)(3) 4947(a)(1) or 527K. Check if the organization's gross receipts are normally not more than \$2,000. The
organization need not file a return with the IRS, but if the organization received a Form 990 Package
it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return or affiliate? Yes No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates in line 4? N/A Yes No

(If "No," attach a list.)

H(d) Is this a separate entity covered by a group return? Yes No

(If "Yes," attach a list.)

I. Group Exemption Number ►

J. Check if the organization is not required to attach

Sch. B (Form 990-99-EZ, or 990-PF).

L. Gross amount of Add lines E, 8b, 9b, and 10b to line 12 ► 801,737.

M. Revenue, Expenses, and Changes in Net Assets or Fund Balances

Contributions, grants, and similar amounts received:

Direct public support

1a 125,355

Indirect public support

1b

Government contributions (grants)

1c 644,911

Total (add lines 1a through 1c) (cash \$ 790,276. non cash \$)

Program service revenue including government fees and contracts (from Part VII, line 93)

1d 790,276.

Membership dues and assessments

2 3,345.

Interest on savings and temporary cash investments

3

Dividends and interest from securities

4 372.

Gross rents

5a

Less: rental expenses

5b

Net rental income or (loss) (subtract line 5b from line 5a)

5c

Other investment income (describe) ►

(A) Securities (B) Other

Gross amount from sales of assets other

6a

than inventory

6b

Less: cost or other basis and sales expenses

6c

Gain or (loss) (attach schedule)

6d

Net gain or (loss) (combine line 6c, columns (A) and (B))

6e

Special events and activities (attach schedule). If any amount is from gambling, check here ►

6f

Gross revenue not including \$ of contributions

6g

reported on line 1a)

6h

Less: direct expenses other than fundraising expenses

6i

Net income or (loss) from special events (subtract line 6g from line 6a)

6j

Gross sales of inventory, less returns and allowances

6k

Less: cost of goods sold

6l

Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 6k from line 6a)

6m

Other revenue (from Part VII, line 103)

6n

Total revenue (add lines 10, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

6o

Program services (from line 44, column (B))

6p

Management and general (from line 44, column (C))

6q

Fundraising (from line 44, column (D))

6r

Payments to affiliates (attach schedule)

6s

Total expense (add lines 16 and 44, column (A))

6t

Excess or (deficit) for the year (subtract line 17 from line 12)

6u

Net assets or fund balances at beginning of year (from line 73, column (A))

6v

Other changes in net assets or fund balances (attach explanation)

6w

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

6x

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 910 (2/04)

01-15

11050 1 130450 1211528

2004.09000 RON WOOD FAMILY RESOURCE CII 12115281

RON WOOD FAMILY RESOURCE CENTER

36-0815470

Page 2

Part I Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.			
Do	Line amount reported on line b, 9b, 10b, or 15 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	allocations (attach schedule)				
23	22				
24	23				
25	24				
26	25 77,026.	75,401.	1,525.	0.	
27	26 187,811.	176,336.	11,475.		
28	27				
29	28 24,882.	20,403.	4,479.		
30	29 3,443.	3,233.	210.		
31	30				
32	31 2,495.		2,495.		
33	32				
34	33 32,610.	25,392.	7,218.		
35	34 10,199.	9,485.	714.		
36	35 2,112.	2,112.			
37	36				
38	37 930.		930.		
39	38 2,269.	250.	2,019.		
40	39 2,086.	2,086.			
41	40 7,836.	7,836.			
42	41				
43	42 1,008.	1,008.			
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
44	STATEMENT 1 a) expenses (add lines 22 through 43) b) total line 43 less lines 13-15	402,198.	396,009.	6,189.	
		44	756,905.	719,551.	37,354.

Join Co if you are following SOP 98-2.Are any costs from a combined educational campaign and fundraising solicitation required in (B) Program service? Yes No
If Yes, the aggregate amount of these joint costs \$ (i) the amount allocated to Program services \$ (ii) the amount allocated to Management and general \$ (iii) the amount allocated to Fundraising \$ Part II
Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose?

TO E DE HEALTY FAMILY RELATIONSHIPS

Not exclusive of exempt purpose accomplishments in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss any accomplishments in (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts may also enter the amount of grants and contributions.

Program Service
Expenditures
Required for 501(c)(3) and
(4) orgs. and 4947(a)(1)
in sec. 990 (a) (1) (b) (2)

a PE DE SUCCESS IN SCHOOL AND TRUANCY PREVENTION SERVICES

(\$ grants and allocations \$)

45,131.

b PE DE DIRECT IN-HOME FAMILY WELLNESS SERVICES

(\$ grants and allocations \$)

122,138.

c PE DE PARENT EDUCATION AND SUPPORT PROGRAMS

(\$ grants and allocations \$)

552,232.

d

(\$ grants and allocations \$)

e Oth DE services (attach schedule)

(\$ grants and allocations \$)

f Tot DE Program Service Expenditures (should equal line 44, column (B), Program services)

719,551.

Form 990 (2004)

42001
01-12-05

Form 9

RON WOOD FAMILY RESOURCE CENTER

83-0861470

Page 3

Part V

Balance Sheets

Note:

Required, abbreviated schedules and amounts within the description column
be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
	Assets		
	Cash - non-interest bearing	63,772.5	109,985.
	Savings and term temporary cash investments	45	
	Accounts receivable	47a	
	Less: allowance for doubtful accounts	47b	7c
	Funds receivable	48a	
	Less: allowance for doubtful accounts	48b	8c
	Grants receivable		9
	Receivables from officers, directors, trustees, and key employees		10
	Other notes and loans receivable	51a	
	Less: allowance for doubtful accounts	51b	10a
	Inventories for sale or use		11
	Repaid expenses and deferred charges		12
	Investments - securities		13
	Investments - land, buildings, and equipment basis	55a	
	Less: accumulated depreciation	55b	14b
	Investments - other	57a	5,215.
	Land, buildings, and equipment: basis	57b	1,531.
	Less: accumulated depreciation		349
	Other assets (describe) ►		1,684.
			58
	Total assets (add lines 45 through 58) (must equal line 74)	64,126	113,669.
	Accounts payable and accrued expenses	2,262	4,373.
	Grants payable		61
	Deferred revenue		62
	Loans from officers, directors, trustees, and key employees		63
	Tax-exempt bond liabilities		64a
	Mortgages and other notes payable		64b
	Other liabilities (describe) ►		65
	Total Liabilities (add lines 60 through 65)	2,262	4,373.
	Situations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	Unrestricted	61,864	108,596.
	Temporarily restricted		68
	Permanently restricted		69
	Situations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.		
	Capital stock, trust principal, or current funds		70
	Paid-in or capital surplus, or land, buildings, and equipment fund		71
	Retained earnings, endowment, accumulated income, or other funds		72
	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	61,864	108,596.
	Total liabilities and net assets / fund balances (add lines 66 and 73)	64,126	113,669.

Net Assets or Fund Balances

For
price
and 11is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public
organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate
and in Part II, the organization's programs and accomplishments.45302
01-13

110501 130450 1211528

2004.09000 RON WOOD FAMILY RESOURCE CE 12115281

75. E _____ officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

42-2003
光

Form 9 Part	1. RON WOOD FAMILY RESOURCE CENTER Other Information	85-0865470	Page 5
76	Organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
77	Changes made in the organizing or governing documents but not reported to the IRS? Attach a conformed copy of the changes.	77	<input checked="" type="checkbox"/>
78	Organization has unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
	Has it filed a tax return on Form 990-T for this year?	78b	<input type="checkbox"/>
79	Is a liquidation, dissolution, termination, or substantial contraction during the year?	79	<input checked="" type="checkbox"/>
80	Organization related (other than by association with a statewide or nationwide organization) through common membership, to bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<input checked="" type="checkbox"/>
	Enter the name of the organization ►	and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	
B1 a	Part or indirect political expenditures. See line 81 instructions	B1a	<input type="checkbox"/>
b	Organization file Form 1120-POL for this year?	B1b	<input checked="" type="checkbox"/>
B2 a	Organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair value?	B2a	<input checked="" type="checkbox"/>
b	You may indicate the value of these items here. Do not include this amount in revenue in Part II or as an expense in Part III. (See instructions in Part III.)	B2b	<input checked="" type="checkbox"/> N/A
B3 a	Organization comply with the public inspection requirements for returns and exemption applications?	B3a	<input checked="" type="checkbox"/>
b	Organization comply with the disclosure requirements relating to quid pro quo contributions?	B3b	<input checked="" type="checkbox"/>
B4 a	Organization solicit any contributions or gifts that were not tax deductible?	B4a	<input checked="" type="checkbox"/>
b	Did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	B4b	<input checked="" type="checkbox"/> N/A
B5	(1) (5) or (6) organizations. a. Were substantially all dues nondeductible to members?	B5a	<input checked="" type="checkbox"/> N/A
b	Organization make only in-house lobbying expenditures of \$2,000 or less?	B5b	<input checked="" type="checkbox"/> N/A
c	Was answered to either 85a or 85b, do not complete 85c through 85n below unless the organization received a waiver for proxy tax in the prior year?	B5c	<input type="checkbox"/>
d	Assessments, and similar amounts from members	B5d	<input checked="" type="checkbox"/> N/A
e	162(e) lobbying and political expenditures	B5e	<input checked="" type="checkbox"/> N/A
f	Net nondeductible amount of section 6033(e)(1)(A) dues notices	B5f	<input checked="" type="checkbox"/> N/A
g	Amount of lobbying and political expenditures (line 85d less 85e)	B5g	<input checked="" type="checkbox"/> N/A
h	Organization subject to pay the section 6033(e) tax on the amount on line 85?	B5h	<input checked="" type="checkbox"/> N/A
i	In 8033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its tax liability as in the case of dues to nondeductible lobbying and political expenditures for the following tax year?	B5i	<input checked="" type="checkbox"/> N/A
B6	(1) organizations. Enter: a Initiation fees and capital contributions included on line 12	B6a	<input checked="" type="checkbox"/> N/A
b	Receipts, including on line 12, for public use of club facilities	B6b	<input checked="" type="checkbox"/> N/A
B7	(2) organizations. Enter: a Gross income from members or shareholders	B7a	<input checked="" type="checkbox"/> N/A
b	Income from other sources. (Do not list amounts due or paid to other sources)	B7b	<input checked="" type="checkbox"/> N/A
c	Amounts due or received from them.	B7c	<input checked="" type="checkbox"/> N/A
B8	Line during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?	B8a	<input type="checkbox"/>
b	Entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	B8b	<input checked="" type="checkbox"/> N/A
c	Complete Part X	B8c	<input type="checkbox"/>
B9 a	(3) organizations. Enter: Amount of tax imposed on the organization during the year under	B9a	<input type="checkbox"/>
b	4912, section 4912 ► 0, section 4955 ► 0.	B9b	<input type="checkbox"/>
c	(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?	B9c	<input type="checkbox"/>
d	Attach a statement explaining each transaction	B9d	<input type="checkbox"/>
e	Amount of tax imposed on the organization managers or disqualified persons during the year under	B9e	<input type="checkbox"/>
f	4912, 4955, no 4958	B9f	<input type="checkbox"/> 0.
g	Amount of tax on line 89c, above, reimbursed by the organization	B9g	<input type="checkbox"/> 0.
B10 a	States with which a copy of this return is filed ► NEVADA	B10a	<input type="checkbox"/>
b	Number of employees employed in the pay period that includes March 12, 2004	B10b	<input type="checkbox"/> 3
91	Offices are in care of ► EXECUTIVE DIRECTOR	Telephone no. ► 775-884-2269	
b	Address ► 212 E WINNIE LANE, CARSON CITY, NV	ZIP + 4	► 89701
82	► 4947(a)(1) / one exempt charitable trusts filing Form 990 in lieu of Form 1041- Check here if the amount of tax-exempt interest received or accrued during the tax year	82a	<input type="checkbox"/>
82b	► 2	82c	<input checked="" type="checkbox"/> N/A
Form 990 (2004)			

Form 9 1 RON WOOD FAMILY RESOURCE CENTER 83-0861470 Page 6
Part II Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Gross amounts unless otherwise indicated

93 P 1 Service revenue

ITEM B: RON SERVICE REVENUE

- 1 M 1 Medicaid payments
- 9 F 1 Contracts from government agencies
- 94 N 1 Hipp dues and assessments
- 95 N 1 in savings and temporary cash investments
- 96 C 1 Gain and interest from securities
- 97 K 1 Income or (loss) from real estate:
 - 1 C 1 Real property
 - 1 C 1 Financed property
- 98 N 1 Income or (loss) from personal property
- 99 C 1 Estimated income
- 100 C 1 Losses from sales of assets
- 101 C 1 in inventory
- 102 C 1 Net or (loss) from sales of inventory
- 103 C 1 Grants

ITEM C: INCOME

104 S 0 (add columns (B), (D), and (E)) 13,189.

105 S 0 to line 104, col. minus (B), (D), and (E)) 13,161.

Note: Line 105, Part I, should equal the amount on line 12, Part I.

Part V Relation of Activities to the Accomplishment of Exempt Purpose (See page 4 of the instructions.)

Line 1 Explain how each activity for which income is reported in column (E) of Part I contributed importantly to the accomplishment of the organization's exempt purpose(s) (other than by providing funds for such purposes).

ITEM C: EDUCATE PUBLIC IN PARENTING SKILLS RELATED TO CHILD SAFETY

Part VI Information on Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of entities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part VII Information on Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: As to (a), file Form 5870 and Form 4720 (see instructions).

Please sign here to declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer

Date Type or print name and title.

Preparer's signature Check if self-employed Preparer's SSN or PTIN

Preparer's name (Last, first, middle initial) EIN

Business address (Street, city, state, zip code) Phone no. ► 775-833-3201

44310-0001 Form 960 (2004) Form 960 (2004)

Schedule: 990 or 990-EZ 2004 RON WOOD FAMILY RESOURCE CENTER 86-0835470 Page 2

Part	Statement About Activities (See page 2 of the instructions.)	Yes	No
1 D	Has the organization attempted to influence national, state, or local legislation, including any attempt to influence action on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities ► \$ _____ \$ _____ (Must equal amounts on line 5, Part VI-A, Part VI-B.)	1	X
2 D	In a year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributor, director, officer, or employee, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detail state next explaining the transactions.) SEE STATEMENT 3	2a	X
3 D	Given, or leased property?	2b	X
4 D	Given money or other extension of credit?	2c	X
5 D	Given goods, services, or facilities?	2d	X
6 D	Given compensation (or payment or reimbursement of expenses) more than \$1,000? SEE PART V. FOR 990	2e	X
7 D	Given any part of its income or assets?	2f	X
8 a D	Given grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how grants that recipients qualify to receive payments.)	3a	X
8 b D	Has a section 413(b) annuity plan for your employees?	3b	X
9 a D	Maintain any separate account for participating donors where donors have the right to provide advice or distribution of funds?	4a	X
9 b D	Provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)
10	The organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(v). Enter the hospital's name, city, and state ►
11a	An organization is operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vii). (Also complete the Support Schedule in Part IV-A.)
11c	A community trust. Section 170(b)(1)(A)(viii). (Also complete the Support Schedule in Part IV-A.)
12	An organization that normally receives: (1) more than 99 1/3% of its support from contributions, membership fees, or gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions; and (2) no more than 5 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from business assets acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports or maintains its related inc. (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).) Provide the following information about the supported organizations. (See page 5 of the instructions.)

	(a) Name(s) of supported organization(s)	b) Line number from above
14	An organization organized and operated to test for public safety. Section 09(a)(4). (See page 5 of the instructions.)	

432311
11-03

An organization organized and operated to test for public safety. Section 09(a)(4). (See page 5 of the instructions.)

Schedule A (For a 990 or 990-EZ) 2004

Sched. I (in 990 or 990 EZ) 2004 **RON WOOD FAMILY RESOURCE CENTER** 86-0815470 Page 4
Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing document, or in a resolution of its governing body? 25

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, or written communications with the public dealing with student admissions, programs, and scholarships? 96

31 Does the organization publicize its racially nondiscriminatory policy through newspaper or broadcast media during the period for student enrollment or during the registration period if it has no solicitation program, in a way that makes the policy known to the general community it serves? 31

	Yes	No
29	25	
30	96	
31	31	

Schedule A (Form 990 or 990 EZ) 2004 RON WOOD FAMILY RESOURCE CENTER 36-0815470 Page 5

Part I **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) **N/A**

(To be completed ONLY by an eligible organization that filed Form 5768) If the organization belongs to an affiliated group. Check if you checked "a" and line 40, or if not. provides as apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36 To	loring expenditure is to influence public opinion (grassroots lobbying)	36	
37 To	loring expenditure is to influence a legislative body (direct lobbying)	37	
38 To	loring expenditure is (add lines 36 and 37)	38	
39 Or	not purpose expenditures	39	
40 To	not purpose expenditures (add lines 38 and 39)	40	
41 Le	ntaxable amount. Enter the amount from the following table.		
42 G	If <input type="checkbox"/> on line 40, the lobbying (nontaxable) amount is - No <input type="checkbox"/> \$0,000 Or <input type="checkbox"/> \$0,000 but not over \$1,000,000 Or <input type="checkbox"/> \$1,000,000 but not over \$19,000,000 Or <input type="checkbox"/> \$19,000,000 but not over \$17,000,000 Or <input type="checkbox"/> \$17,000,000 43 Si	20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$178,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41
42 G	nontaxable amount (enter 25% of line 41)	42	
43 Si	ne 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Si	ne 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Ca	If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five lines below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period					N/A
Category	(or line 40)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45 Le	nontaxable						0.
46 Le	ceiling amount <input type="checkbox"/> line 45(e)						0.
47 To	ing						0.
48 G	es						0.
49 G	ceiling amount <input type="checkbox"/> line 48(e)						0.
50 G	s lobbying <input type="checkbox"/> res						0.

Part VI-A Lobbying Activity by Nonselecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the month	Did the organization attempt to influence national, state or local legislation, including any attempt to express an opinion on a legislative matter or referendum, through the use of:	Yes	No	Abstain
a. Vi	ce			
b. P	or management (include compensation of expenses reported on lines e through h.)			
c. M	compensations			
d. M	o members, legislators, or the public			
e. P	ns, or published or broadcast statements			
f. G	other organizations for lobbying purposes			
g. D	act with legislators, their staffs, government officials, or a legislative body			
h. R	emonstrations, seminars, conventions, speeches, lectures, or any other means			
i. T	ing expenditures (Add lines e through h.)			0.
ii. E	Any of the above, also attach a statement giving a detailed description of the lobbying activities.			

22-151
11-244

Schedule A (Form 990 or 990EZ) 2004

Set 3 **File B**
 (Form 990-EZ or
 990-PF)
 Dept of the
 Treasury
 Service
 Name **Organization**

Schedule of Contributors

OMB No. 1545-0047

Supplementary Information for
 Line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2004

Enter Noyer identifier number

RON WOOD FAMILY RESOURCE CENTER**86-0863470**

Organ 1 type (check one):

Filers 1 Section:

Form 1 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 1 990

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check 1 organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both General Rule and a Special Rule—see instructions.)

General 1

organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special 1

a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 35 1/3% support test of the regulations (sections 509(a)(1) /170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of three times or \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational uses, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$10. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution 1 organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but check the box in the heading of their Form 990, Form 990-EZ, or on Line 2 of their Form 990-PF, to certify that they do not meet the filing of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 1 **Penwork Reduction Act Notice**, see the Instructions
 in Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of filer

Page 1 of 1 of Part

Employer identification number

RON WOOD FAMILY RESOURCE CENTER**86-0863470****Part II Contributors (See Specific Instructions)**

(a) Name	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	CARSON CITY SCHOOL DISTRICT P.O. BOX 602 CARSON CITY, NV 89702	\$ 25,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	STATE OF NEVADA 755 FIFTH STREET CARSON CITY, NV 89701	\$ 727.99	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	COMMUNITY COUNCIL ON YOUTH 537 S. STEWART STREET #C CARSON CITY, NV 89701	\$ 25,821	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	CITY OF CARSON CITY 201 N. CARSON ST CARSON CITY, NV 89701	\$ 3,641	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	RON WOOD FAMILY RESOURCE CENTER 86-0863470	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	RON WOOD FAMILY RESOURCE CENTER 86-0863470	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

RON WOOD FAMILY RESOURCE CENTER

36-0865470

FORM 9	OTHER EXPENSES	STATEMENT 1		
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM EXPENSE	340,395.	340,395.		
LIABILITY INSURANCE	2,501.		2,501.	
BANK SERVICE CHARGE	2,789.		2,789.	
ADVERTISING	337.		337.	
FACILITY EXPENSE	56,176.	55,614.	562.	
TOTAL FM 990, LN 43	402,198.	396,009.	6,189.	

FORM 9	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 2
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NAME & ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
PAUL S J EDO 1231 CEDAR ARREL DRIVE CARSON CITY, NV 89703	CHAIR 1+	0.	0.
VALERIE JODD 456 GEORGE LANE MINDEN NV 89423	VICE CHAIR 1+	0.	0.
JACK W BON 1279 BONITA LANE CARSON CITY, NV 89701	SECRETARY/TREASURER 1+	0.	0.
J.R. C WALKER 2555 W WILDFORD PLACE CARSON CITY, NV 89703	BOARD MEMBER 1+	0.	0.
TRINA W LIN 330 CEDAR VAL WATER WAY CARSON CITY, NV 89701	BOARD MEMBER 1+	0.	0.
RUTH A ASTURI 2050 JEWEL LANE CARSON CITY, NV 89701	BOARD MEMBER 1+	0.	0.

36-0865470

RON WOOD FAMILY RESOURCE CENTER

KEN FU JUNG 901 E 13TH STREET CARSON CITY, NV 89701	BOARD MEMBER 1+	0.	0.	0.
RICK RICKIN 4257 C 13 CANYON ROAD CARSON CITY, NV 89703	BOARD MEMBER 1+	0.	0.	0.
SHEILA MINISTER 581 1501 WEST COURT CARSON CITY, NV 89701	BOARD MEMBER 1+	0.	0.	0.
TEAH C PERRDON 1823 N 13TH NEVADA STREET CARSON CITY, NV 89703	EXECUTIVE DIRECTOR 40+	30,395.	0.	0.
SHARLE LYNE 212 E TONIE LANE CARSON CITY, NV 89706	EXECUTIVE DIRECTOR 40+	46,631.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		77,026.	0.	0.

SCHEDULE 1 STATEMENT REGARDING ACTIVITIES WITH STATEMENT 3
 SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
 CREATORS, KEY EMPLOYEES, ETC.,
 PART III, LINE 2

THE EXECUTIVE DIRECTOR POSITIONS AND EMPLOYEE COMPENSATION ARE SOLELY AT THE DISCRETION OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTORS DO NOT PARTICIPATE IN THE DETERMINATION OF COMPENSATION.

86-08624

07/01/200

Search: G

2005

W

in Inv.

RON WOOD FAMILY RESOURCES [102115]
Depreciation Expense

Federl

07/01/2004 - 07/31/2005

5/11/2006

12:51:06PM

Year	1	2	Description	Date In Service	Method / Cons.	Life	Cost / Inv. Basis	Bal. Inv. %	Shc. 179% Bonus	Salvage Value Adj.	Blg. Accrued Depreciation	Current Depreciation	7 Year Depreciation
860, Pg 2			n 860, Pg 2										
1			Computer	12/23/2003	M/N/A	5.0000	872.0	100.0000	0.00	0.0	523.20	138.62	862.72
2			Sign and install	11/30/2004	M/HY	5.0000	4,943.1	100.0000	0.00	0.0	0.00	868.63	868.63
Subtotal 1			860 - Form 860, Pg 2			5,215.1			0.00	0.00	523.20	138.62	1,631.36
Less: Inv.			and exchanges			0.0			0.00	0.0	0.00	0.00	0.00
Net for 1			860 - Form 860, Pg 2			5,215.1			0.00	0.00	523.20	1,008.15	1,631.36
Subtotal						5,215.1			0.00	0.00	523.20	1,008.15	1,631.36
Less: Inv.			and exchanges			0.0			0.00	0.0	0.00	0.00	0.00
Grand Total						5,215.1			0.00	0.00	523.20	1,008.15	1,631.36

32	x	Does the organization maintain the following:		
	a	x	Is there a document indicating the racial composition of the student body, faculty, and administrative staff?	321
	b	x	Is there a document showing that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	321
	c	x	Is there a catalogue, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	321
	d	x	Is there a material used by the organization or on its behalf to solicit contributions?	321
	y	x	If answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	
33	x	Does the organization discriminate by race in any way with respect to:		
	a	x	Admission or privileges?	331
	b	x	Admissions policies?	332
	c	x	Appointment of faculty or administrative staff?	333
	d	x	Scholarships or other financial assistance?	334
	e	x	Facilities?	335
	f	x	Programs?	336
	g	x	Extracurricular activities?	337
	y	x	If answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	
34 a	x	Does the organization receive any financial aid or assistance from a governmental agency?	343	
b	x	Does the organization's right to such aid ever been revoked or suspended?	344	
	y	If answered "Yes" to either 34a or b, please explain using an attached statement.		
35	x	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 5-50, C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

Schedule A (Form 930 or 930-EZ) 2004

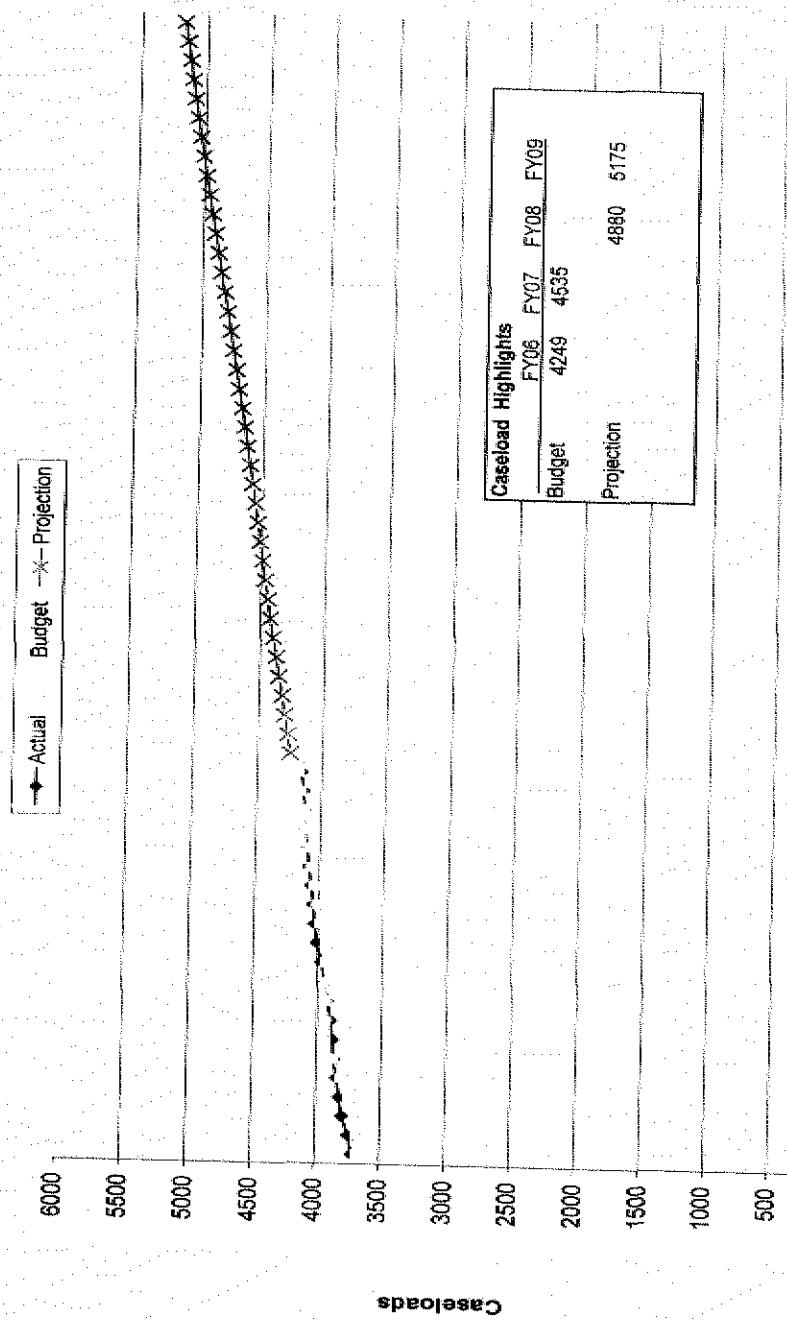
423381
11-204

1.0

110505 130450 1211528 2004,09000 RON WOOD FAMILY RESOURCE C3 12115381

Department of Health and Human Services
Mental Health and Developmental Services (MH/DS)

DS - Total Persons Served: 7/04 to 6/09
Linear Projection using 36 month actual data points 4/03 - 3/06



Caseload Highlights				
	FY06	FY07	FY08	FY09
Budget	4249	4535		
Projection		4980	5175	

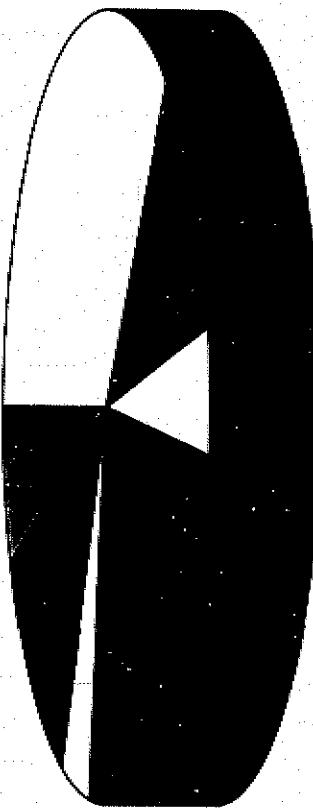
Month	Actual												Budget												Projection																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	1/04	2/04	3/04	4/04	5/04	6/04	7/04	8/04	9/04	10/04	11/04	12/04	1/05	2/05	3/05	4/05	5/05	6/05	7/05	8/05	9/05	10/05	11/05	12/05	1/06	2/06	3/06	1/04	2/04	3/04	4/04	5/04	6/04	7/04	8/04	9/04	10/04	11/04	12/04	1/05	2/05	3/05	4/05	5/05	6/05	7/05	8/05	9/05	10/05	11/05	12/05	1/06	2/06	3/06																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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INSURANCE ELIGIBILITY

June 2006	NNAMHS	Rural Clinics	SNAMHS	Statewide
No Insurance	59%	35%	63%	57%
Medicaid Only	12%	12%	16%	15%
Medicare Only	8%	5%	3%	4%
Private Insurance Only	2%	25%	1%	6%
Medicaid & Medicare	11%	4%	2%	4%
Medicaid & Private Insurance	1%	12%	0%	3%
Medicare & Private Insurance	5%	4%	6%	6%
Medicaid, Medicare & Private Insurance	2%	2%	9%	6%

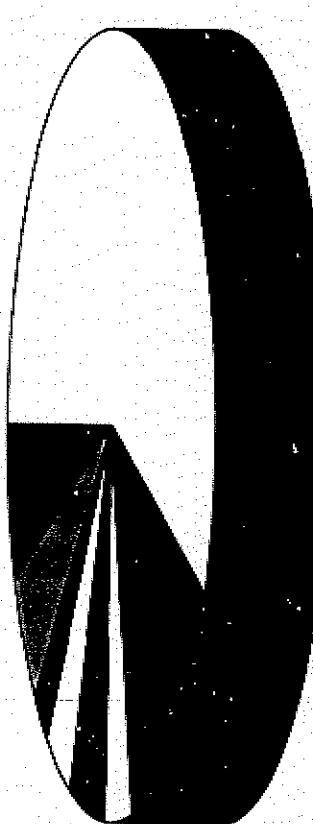
NNAMHS

Rural Clinics



SNAMHS

Statewide



CDBG APPLICATION REVIEW WORKGROUP
QUESTION #1: REvised BUDGET SHEET

Project Title: <i>Reach Up!</i>	FY 2007-08 Total Budget	FY 2007-08 Proposed CDBG Request	FY 2007-08 All Other Funding Sources
Program Expenses			
Salaries and Benefits	25,158.86	3900.00	21,258.86
Rent and Utilities	72,000.00	-0-	72,000.00
Mortgage	-0-	-0-	-0-
Equipment	-0-	-0-	-0-
Equipment Maintenance & Repair	-0-	-0-	-0-
Office Supplies	1500.00	1500.00	-0-
Operating Supplies	-0-	-0-	-0-
Postage and Shipping	100.00	100.00	-0-
Printing and Publications	500.00	500.00	-0-
Advertising and Promotion	-0-	-0-	-0-
Subscriptions and Dues	-0-	-0-	-0-
Liability/Other Insurance	3600.00	-0-	3600.00
Professional Fees	24980.00	24980.00	-0-
Other project costs: (Specify Below)			
Refreshments for Support Groups	540.00	540.00	-0-
TOTALS	128,378.86	31520.00	96,858.86

CDBG APPLICATION REVIEW WORKGROUP
QUESTION #2: HOW WOULD THE CDBG FUNDS BE USED?

ITEM	CALCULATION	TOTAL BUDGET AMT
Family Advocate's wage /intake with family for initial meeting	5 hrs per week x 15.00 per hour x 52 weeks	\$3900.00
Individual Youth Counseling Sessions Intern - MSW	50 youth x 10 sessions x 25.00 per hour	12500.00
Individual Youth Counseling Sessions Intern - BSW	50 youth x 10 sessions x \$0.00 per hour	Gratis
Group Youth Counseling Sessions (up to 10 per group)	Age Group 1: 52 sessions x \$60.00 Age Group 2: 52 sessions x \$60.00	3120.00 3120.00
Group Parent Counseling Sessions (up to 10 per group)	52 sessions x \$60.00 52 sessions x \$60.00	3120.00 3120.00
Office Supplies	File Folders materials, pens, printer ink, etc.	1500.00
Postage	Sending reminders/follow-up information	100.00
Printing and Publications	Youth Directories, flyers	500.00
Refreshments	Pizza for support Groups	540.00
TOTAL BUDGET		31520.00

92% of the requested funding will fund direct participant services.

8% of the requested funding will fund materials and supplies for program

Inkind/matching funds will fund all expenses associated with operating the *Reach Up* program including administrative and operating costs such as phone, power, equipment, liability insurance, receptionist support, office space, mileage, etc.

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG)**

Fiscal Year 2007-2008

*******Request for Proposals*******

*An electronic version of this document is available from the City Manager's Office
Email request to: jramirez@ci.carson-city.nv.us*

**WHERE TO
TURN IN:** **CARSON CITY
CITY MANAGER'S OFFICE
201 NORTH CARSON STREET, SUITE 2
CARSON CITY, NEVADA 89701**

WHEN: **FEBRUARY 2, 2007, 5:00 P.M.**

DEADLINE: *The date and hour deadline established is **FIRM**. Any proposal received **AFTER** the deadline **WILL NOT** be considered for funding.*

APPLICATION COVER SHEET

1. Name of Agency: Community Counseling Center
2. Project Title: Methamphetamine Treatment Project
3. Mailing Address: 205 South Pratt Ave, Carson City Nevada 89701
- Physical Address: Same as above:
4. Agency Director: Mary K Bryan
5. Board Chairperson: Thomas Perkins
6. Contact person (see instructions): Mary Bryan
Phone number: 775+882-3945 _____ E-Mail: meadowmary@aol.com
Fax: 775 - 882 - 6126 _____
7. What is your funding request for FY 2007-2008? \$ 58,343
8. Type of Grant (Check One):
 Public Service Community Facilities/Improvements
 Economic Development Housing Rehabilitation

9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	5/31/85
Date of IRS certification	2/16/99
Tax exempt number	88-0212354

10. DUNS Number: 78-2755326

For information on DUNS, go to: <http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf>

11. Attach the following to each copy of the Proposal for Funding

(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right: Previous recipient / Information on file

- a. IRS Tax Exempt "501(c)(3)" letter.
- b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).
- e. For all 501(c)(3) non-profit organizations: a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

12. Required Certification (see instructions):

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

 Signature of Authorized Official	1/29/07 Date
Mary K. Bryan Typed Name and Title of Authorized Official	7758823945 Phone Number

 Signature of President of Board of Directors	1/29/07 Date
Tom Perkins Typed Name of President of Board of Directors	7758823945 Phone Number

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG) Application**

I. PROJECT DESCRIPTION AND NEEDS ANALYSIS

HUD has outlined three objectives for the CDBG Program with expected outcomes. When developing your proposal, please adhere to the CDBG Objectives and Outcomes.

Objectives	Outcomes
1. Create suitable living environments	1. Availability/accessibility
2. Provide decent affordable housing	2. Affordability
3. Create economic opportunities	3. Sustainability

A. What is the problem the proposed project is designed to solve?

It is the intent of the Community Counseling Center to provide services to meet a particularly urgent community development need which is Methamphetamine Use in Carson City. It is the aim of substance and drug abuse counseling and treatment to create more suitable living environments for all citizens. When drug addicts get clean after receiving treatment, the entire community is safer. It frees all of the citizens from the fear of theft by the addict for cash to buy drugs and the impaired driving that results from addicts moving around to do drug deals and commit the crimes to maintain their habits. Everyone benefits.

Additionally, abuse of methamphetamine is linked to serious medical complications, which puts a financial burden on the local health organizations, hospital, and urgent care facilities. Methamphetamine use also can lead to violence. Methamphetamine use may also lead to inappropriate sexual activity. This involves friends, neighbors, and family members and puts additional pressure on the city's social service agencies. The numbers of clients reporting meth use rose from 29% in 2004 to 55% in 2005 and has stayed around 53% in 2006. This methamphetamine treatment project is intended to address the specific needs of this population by providing specially designed treatment protocols that are known to produce the best results. These "best practices" are taken from National and Statewide treatment practices which have been shown promising results when used with methamphetamine users.

The staff who provide methamphetamine treatment are trained in these best practices and have all the tools and materials available to deliver the services in the best possible way. The counseling staff is instructed in the treatment protocols by instruction manuals, online classes, home study, study CD's, classroom training when available, and pertinent conferences when not cost prohibitive. Additionally, the Center provides general addiction training every Monday from noon to 1 p.m. to keep all counselors aware of latest trends and correct application of addiction theories and treatment methods.

B. Which CDBG objective (listed above) will you be meeting?

The objective to create suitable living environments is the objective that is most in line with our goals for the community. We believe that there is urgency because of the conditions the meth epidemic poses to our community's health and welfare. There are not enough financial resources available to meet all such needs.

C. How is the problem being dealt with at the present time?

The clients may be in with other drug addicts/alcoholics for treatment. The treatment is available but it is not as specific as we believe it needs to be. In 2006, we began to provide the Early Recovery Group using the CDBG funding. The aim of this project is to maintain a specific number of groups for the methamphetamine user until they have at least passed the first 90 to 120 days of recovery. The national studies indicate that the brain of meth users takes a few months longer than other drugs to clear up sufficiently for the paranoia to pass so that they may begin to function more normally. The Center has adapted an Early Recovery Group for meth addicts which meets three times a week for 3 hours each time, for a total of 9 hours per week. There is also an additional Meth Recovery Group which meets on Saturdays for one and one half hours. This makes available a total of ten and one half hours of treatment each week for the recovering meth addicts to make an intense and focused start to their recovery. The duration of treatment recommended for meth addicts is longer than that found to be helpful with alcoholics and other addicts. We believe that the 9 month and two year periods are necessary for the meth addicts to get the support they need in those early days, weeks, and months of recovery.

Additionally, we provide an individual session at least once a month so that the meth users can review their treatment plans and have an opportunity to review their successes and be reminded of the areas where they are not meeting their goals. This provides the counselor with the opportunity to work with each of them to revise their methods and objectives so that they can be more successful. It allows the opportunity to stay focused and not let the meth addicts get depressed or become hopeless at the amount of work they have to do in recovery to be successful. Sometimes they have truly lost everything when they begin treatment and there is so much to do it can seem overwhelming. We do everything we can to encourage people to move forward in positive ways without falling backwards in despair. The individual sessions once every month is an effort to not let anyone fall through the cracks by hiding in the group process.

D. What is the project or activity you want to undertake to solve the problem?

Funding a counseling position allows us to provide the more unique practices for meth addiction, case management of the meth addicts, assists with the costs of the extra time required to provide the treatment on a weekly basis and the extra length of the treatment duration (up to two years instead of one year). The relapse prevention training with each client is also more of a priority and with the funded position, the time is made available that might not be with the overwhelming increases of clients we see each year. We do not make people wait to get into treatment. We have been able to meet the needs of the population so far without resorting to a long period of time between the request for services and the provision of same. Even when a residential bed is needed, if we have a slight delay getting an addict into a bed, we encourage them to begin with our Early

Recovery Groups or any other weekly groups that allows them to begin receiving some services, even if not at the level they require, until the appropriate level of service is available.

E. How will the proposed project solve the problem?

We believe our drug court statistics show that criminal recidivism has decreased with the treatment we are providing. Placing these clients in a specific intense treatment program immediately begins the reversal of negative behaviors that permeate our community to at least a neutralizing of those behaviors until treatment effects begin to be effective and the client behavior begins to be positive. Along with the reversal from negative behaviors, we anticipate a decrease in the usage of medical and social services here in the community. The impact on law enforcement and legal services is also expected to continue to diminish and be reduced.

The drug court report, which is attached shows that the Carson City Drug Court success rate was 79%. This indicates that of the 72 who graduated from drug court, 57 were not re-arrested.

F. How will you know if you have successfully solved the problem?

Recidivism of methamphetamine related cases in those who have been treated will continue to decrease. Client employment status will also indicate the success of changing their previous behaviors. We would expect that the successful treatment of meth users would also show up in decreased numbers of clients reporting meth as a major problem in the community in sheriff department statistics as well.

G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

The Community Counseling Center has a sophisticated data management system. It is new effective September 2006 so while we are still learning how to produce reports with it, the training is ongoing for the staff and we are beginning to have the ability to produce more sophisticated numbers than we have in the past. Effective January 1, 2007, we are entering all alcohol and drug clients into this statewide system, so our number at the end of this year should have significant strength. We track client attendance, progress, drug of choice, and a variety of other demographic data like employment status, education, etc that allows to measure a variety of areas.

H. How will the CDBG funds be used on this project?

To provide the staff, the benefits, the training to provide this specialized treatment for methamphetamine addicts.

I. What will you do to solve the problem if the proposed project is not funded by CDBG?

We will try to continue the services at a lower level with fewer clients and begin a waiting list for those we cannot serve immediately. We will refer clients to Reno, the Lake, Fallon, and Elko for treatment. We will fold some of the clients into treatment that does not specifically address their methamphetamine problems, and generally do the best that we can. There will come a time in the very near future, without additional funding that the Center will not be able to meet the needs of the Community at the level that it currently does.

J. Where will the project be located and what is the geographic target area that will be served by this project?

Target Area (specify geographic area) _____
OR Community-wide

For Capital (Public) Improvement Projects only

K. Is the proposed project part of a larger project or is it a stand-alone project?

1. If part of a larger project, please describe the entire project.

2. Can this project be done in different phases? _____ Yes _____ No
If YES, explain.

3. Have CDBG funds been used for an earlier phase? _____ Yes _____ No

L. Ownership Information

1. Who currently holds title to the property involved?

2. In whom will title be vested upon completion?

3. Do any rights-of-way, easements or other access rights need to be acquired?

Yes No

4. If the project requires water rights or well permits, have they been acquired?

Yes No

II. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, is implementing Performance Measures into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are the products or activities of program implementation (such as numbers of clients served) and *outcomes* are the benefits or changes that result from the program (how well the service met the user needs).

1. Please identify the quantifiable, projected outputs of this program/project.

The clients who receive these services will report at the end of the treatment period that they have obtained gainful employment, have not been re-arrested after the first 12 months, and that they are generally satisfied with the services at a rate of 85%. They will also report abstinence from methamphetamine use.

2. Please quantify the total number of persons intended to benefit from program/project output.

Groups are allowed to have 15 members in addition to the counselors. We anticipate ten and one half hours of group per week, when there is no holiday. These groups should be full most of the time, but there is always some acceptable absenteeism due to illness, work, vacation, and other life issues. The total number of hours available will be 10.5 hours times 13 (average attending per group) 136.5 hours of service per week. This should cover 26 different people each week, but not necessarily different people each month, as we expect the clients to stay for a few months to receive maximum benefit. If the clients in the Early Recovery Group which is nine hours per week, stay in the group for four months, that allows the possibility of 78 different clients per year in the Early Recovery Stage. Then they are moved to the regular intensive outpatient group or two groups per week. These same clients are "stepped down" for the following months for a period up to two years so they stay in treatment longer than this grant covers. Additionally on Saturdays, there are an average of 13 clients present each week. This easily accounts for 91 different clients each quarter, who may overlap, but generally are moving and progressing from the most intense treatment to the lesser intense treatment as they make progress.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?

100 % of our clientele is low to moderate income. This project will assist them in leaving this category by providing them with finding work as a goal and assisting them by supporting them in maintaining ongoing employment.

4. Please identify the quantifiable, projected outcome of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)

The information for the outcome will be measurable on our data system, which is called NHIPPS. It is the Nevada Health Information Provider Performance System.

5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project.

Mary Bryan 205 South Pratt Ave Carson City Nevada 89701 Phone : 775+882-3945
E mail meadowmary@aol.com

III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.
 2. Project addresses a problem that poses a health or safety concern in the community.

B. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

Abused Children Illiterate Persons Homeless Persons
 Battered Spouses Elderly Severely Disabled Adults
 Migrant Farm Workers Other (Please explain) Methamphetamine
Users/Abusers/Addicts

C. If your project will not be serving one of the above categories, explain (a) how you will document client income and (b) how you will document that at least 51% of your clientele will be low-to-moderate income:

All clients complete a statement of current income when they are accepted into the program. The income level is verified through required documentation of income which is part of the client file.

D. How many unduplicated persons/households will benefit from this project?

A minimum of 91 different unduplicated methamphetamine clients will be served. There are very likely more, but this many at a minimum. The longer duration of the treatment means that the clients should stay with us for no less than 9 months and optimally 18 to 24 months.

E. What level of benefit will each person receive?

The clients will receive the service benefits at 100% for a period of 30 days if they are unemployed. They will then have the sliding fee scale applied which will require them to participate at a percentage of their treatment not to exceed 50% of the full cost.

F. For economic development projects:

(a) identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are

either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

G. For housing projects, please indicate:

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

IV. CDBG PROJECT BUDGET

Itemize only those portions of the project and administrative costs that will be paid from CDBG funds as shown on the Project Cost Schedule. The total for this budget schedule must equal the total CDBG request for this project.

Project Title:	FY 2007-08 Total Budget	FY 2007-08 Proposed CDBG Request	FY 2007-08 All Other Funding Sources
Program Expenses			
Salaries and Benefits	58343	58343	
Rent and Utilities			
Mortgage			
Equipment			
Equipment Maintenance & Repair			
Office Supplies			
Operating Supplies			
Postage and Shipping			
Printing and Publications			
Advertising and Promotion			
Subscriptions and Dues			
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
TOTALS	58343	58343	

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

**Mary Bryan, Administrator
205 South Pratt Avenue
Carson City Nevada 89701
775 882-3945
meadowmary@aol.com**

2. The person directly responsible for on-site supervision of the project, such as a project manager:

**Mary Bryan, Administrator
205 South Pratt Avenue
Carson City Nevada 89701
775 882-3945
meadowmary@aol.com**

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:

**Katrina Bledsaw, Fiscal Assistant
Same phone number and address
E mail : Katrina@communitycc.org**

APPENDIX I

CARSON CITY CITY MANAGER'S OFFICE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

(To be completed only in cases where applicant will contract for services with an additional party)

SUBRECIPIENT NAME: _____

SUBRECIPIENT ADDRESS: _____

PROJECT NAME: _____

CDBG CONTACT PERSON: _____

TITLE: _____

PHONE NUMBER: _____

YEARS IN CURRENT POSITION: _____

FISCAL CONTACT PERSON: _____

TITLE: _____

PHONE NUMBER: _____

YEARS IN CURRENT POSITION: _____

AUDIT CONTACT PERSON (if different than fiscal contact person):

TITLE: _____

PHONE NUMBER: _____

YEARS IN CURRENT POSITION: _____

SUBRECIPIENT FISCAL YEAR END: _____

APPENDIX II

INDEX OF ATTACHMENTS

Required Attachments: The required attachments as described on Page 2 are listed below. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

Attachment Number	Attachment Description	Application Page / Section Referenced	Attachment Included (✓)
1	IRS Tax Exempt "501(c)(3) letter	Page 2	
2	Proof of incorporation from Secretary of State (Certificate Only)	Page 2	
3	Current Organization Chart with names of staff members	Page 2	
4	Current Board of Directors and terms of office	Page 2	
5	<i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX)	Page 2	
6	Subsequent Arrest report for Drug Court Clients		XXXX
7			
8			
9			
10			
11			
12			
13			
14			
15			

APPENDIX III

APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete CDBG application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

- Grant Cover Sheet.
- Grant Application completed and signed by Agency representative.
- Section I: Project Description and Needs Analysis.
- Section II: Project Measurement.
- Section III: Goals and Objectives.
- Section IV: CDBG Project Budget.
- Section V: Project Administration.
- Appendix I: Subrecipient Questionnaire (*if applicable*).
- Appendix II: Index of Attachments.

SUBSEQUENT ARRESTS FOR DRUG COURT GRADUATES

COUNTY	# OF GRADUATES	SUBSEQUENT ARRESTS *		NO ARRESTS	
Carson City	72	15	21%	57	79%
Churchill	46	8	17%	38	83%
Clark	1	0	0%	1	100%
Douglas	51	12	24%	39	76%
Elko	1	0	0%	1	100%
Lyon	63	10	16%	53	84%
Mineral	15	1	7%	14	93%
TOTAL	249	46	18%	203	82%

*does not include arrests during program

Length of time between graduation and subsequent arrest:

Longest: 36 months

Shortest: .5 months

Mean: 12.12 months

Subsequent charge:

Theft: 19%

Drugs: 38%

DUI: 10%

Violence: 23%

Other: 10%

COUNTY	ON PROBATION	NOT ON PROBATION	UNKNOWN	TOTAL
Carson City	63	8	1	72
Churchill	13	31	2	46
Clark	0	1	0	1
Douglas	36	15	0	51
Elko	0	1	0	1
Lyon	18	45	0	63
Mineral	4	11	0	15

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG)**

Fiscal Year 2007-2008

*******Request for Proposals*******

*An electronic version of this document is available from the City Manager's Office
Email request to: jramirez@ci.carson-city.nv.us*

**WHERE TO
TURN IN:** **CARSON CITY
CITY MANAGER'S OFFICE
201 NORTH CARSON STREET, SUITE 2
CARSON CITY, NEVADA 89701**

WHEN: **FEBRUARY 2, 2007, 5:00 P.M.**

DEADLINE: *The date and hour deadline established is **FIRM**. Any proposal received **AFTER** the deadline **WILL NOT** be considered for funding.*

APPLICATION COVER SHEET

1. Name of Agency: C.C. Health & Human Services
2. Project Title: Circles of Support Initiative
3. Mailing Address: 900 E. Long Street Carson City, Nevada 89706
Physical Address: Same
4. Agency Director: Daren Winkleman
5. Board Chairperson: N/A
6. Contact person (see instructions): Kathy Wolfe
Phone number: 887-2190 E-Mail: kwolfe@ci.carson-city.nv.us
Fax: 887-2248
7. What is your funding request for FY 2007-2008? \$ 30,000
8. Type of Grant (Check One):
 Public Service Community Facilities/Improvements
 Economic Development Housing Rehabilitation

9. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	
Date of IRS certification	
Tax exempt number	

10. DUNS Number: 073787152

For information on DUNS, go to: <http://www.cer.gov/pdfs/DUNSGuideGovVendors.pdf>

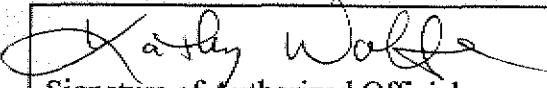
11. Attach the following to each copy of the Proposal for Funding:

(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right: Previous recipient / Information on file)

- a. IRS Tax Exempt "501(c)(3)" letter.
- b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).
- e. *For all 501(c)(3) non-profit organizations:* a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

12. Required Certification (see instructions):

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

 Signature of Authorized Official	1/30/07 Date
Kathy Wolfe Admin. Health & Human Services Officer Typed Name and Title of Authorized Official	887-2190 Phone Number

 Signature of President of Board of Directors	Date
Typed Name of President of Board of Directors	Phone Number

**Carson City
City Manager's Office
Community Development Block Grant Program (CDBG) Application**

I. PROJECT DESCRIPTION AND NEEDS ANALYSIS

HUD has outlined three objectives for the CDBG Program with expected outcomes. When developing your proposal, please adhere to the CDBG Objectives and Outcomes.

Objectives

1. Create suitable living environments
2. Provide decent affordable housing
3. Create economic opportunities

Outcomes

1. Availability/accessibility
2. Affordability
3. Sustainability

A. What is the problem the proposed project is designed to solve?

Ending Poverty in Carson City

B. Which CDBG objective (listed above) will you be meeting?

3. Create economic opportunities

C. How is the problem being dealt with at the present time?

Band-Aid effect, agencies currently provide supportive services w/o long-term solutions.

D. What is the project or activity you want to undertake to solve the problem?

Circles of Support Initiative

E. How will the proposed project solve the problem?

Circles ends poverty by:

- ξ Engaging the community
- ξ Develops leadership within the community
- ξ Overcomes the limitations of the human services helping model
- ξ Increases the capacity of helping organizations
- ξ Supporting people to befriend each other across class and race lines
- ξ Building community solutions to the systems barriers people face in getting out of poverty
- ξ Increasing the awareness of the community

F. How will you know if you have successfully solved the problem?

On-going evaluations of program and participants will be conducted to monitor process.

G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

Three primary areas of focus for Circles of Support (CoS) are Participant financial status, academic attendance and performance of children in Circles Program, and family level of social support.

Participant's status in these three areas is assessed at their entry into the program, and two to four times per year over the course of the program.

Baseline: Upon their entry into the CoS program, all participants complete an intake interview with CoS staff member. During this intake, the level of family social support is gathered using likert scale items. The family also rates the safety of their living environment. Demographic and descriptive information about the family is gathered. Examples of this data are: family composition, level of education, work history, length of time in poverty, mental health, substance abuse, and domestic violence.

Follow-up: Participant social support goals are documented during a goal-setting meeting with their Circle. Progress toward those goals is assessed every three months during on-going data collection, and every six months in a formal goal assessment meeting.

H. How will the CDBG funds be used on this project?

Asset Development:

Revolving Loans-People often need emergency funds while they make their way out of poverty. The revolving loan program provides up to \$1,000 at a time to help meet emergency needs. In the Des Moines, Iowa model, United Way matches Circle donation dollar for dollar up to \$1,000 max on loans. People are expected to develop their leadership and economic self-sufficiency goals and sign a reciprocity and/or payback agreement on each loan.

Individual Development Accounts (IDAs)- IDAs help eligible families save earned income in asset accounts, which are matched. The family's plan may include using saved money for a home purchase, post-secondary education, or starting a micro-enterprise. A financial plan is made for the option the family chooses and economic literacy training is also provided.

Asset Development is one of the ways that households move into the middle class and become more economically self-sufficient. This way we identify what the barriers are for families to reach prosperity rather than talking about what keeps people in poverty. Overcoming roadblocks to prosperity is another way to look at solutions, and developing assets is one way that more economically stable households are able to remain that way, even through difficult times.

I. What will you do to solve the problem if the proposed project is not funded by CDBG?

Continue to look for other available funding sources that would support the Circles Concept.

J. Where will the project be located and what is the geographic target area that will be served by this project?

Target Area (specify geographic area) _____
OR Community-wide
Carson City County Residents

For Capital (Public) Improvement Projects only

K. Is the proposed project part of a larger project or is it a stand-alone project?

1. If part of a larger project, please describe the entire project.

2. Can this project be done in different phases? _____ Yes _____ No
If YES, explain.

3. Have CDBG funds been used for an earlier phase? _____ Yes _____ No

L. Ownership Information

1. Who currently holds title to the property involved?

2. In whom will title be vested upon completion?

3. Do any rights-of-way, easements or other access rights need to be acquired?

Yes No

4. If the project requires water rights or well permits, have they been acquired?

Yes No

II. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, is implementing Performance Measures into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are the products or activities of program implementation (such as numbers of clients served) and *outcomes* are the benefits or changes that result from the program (how well the service met the user needs).

1. Please identify the quantifiable, projected outputs of this program/project.

Approximately 25 Families/individuals of this community will have been identified for the Circles Program to participate in:

- ξ Asset Development.
- ξ Health Plans-Too many adults are uninsured or underinsured, Circles Allies are educated to partner with families to advocate for a more caring and rational health-care system.
- ξ Transportation- Car Donation Programs Public and private dealerships can be solicited to donate dependable cars for families needing reliable cars.
- ξ Job Coaching/Career Development- Workforce development services.

2. Please quantify the total number of persons intended to benefit from program/project output.

25 Families/Individuals are anticipated to participate in this program over 18 months.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?

Approximately 25 Families /Individuals in first 12-18 months

4. Please identify the quantifiable, projected outcome of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)

- ξ Plans are implemented
- ξ Jobs are created
- ξ Attitudes are changed
- ξ Awareness is increased
- ξ People are out of poverty

5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project.

Kathy Wolfe, 900 E. Long Street C.C., 887-2190, kwolfe@ci.carson-city.nv.us
Frances Ashley, 900 E. Long Street C.C., 887-2190, fashley@ci.Carson-city.nv.us

III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.
 2. Project addresses a problem that poses a health or safety concern in the community.

B. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

Abused Children Illiterate Persons Homeless Persons
 Battered Spouses Elderly Severely Disabled Adults
 Migrant Farm Workers Other (Please explain) Families/Individuals currently
at or below federal poverty guidelines.

C. If your project will not be serving one of the above categories, explain (a) how you will document client income and (b) how you will document that at least 51% of your clientele will be low-to-moderate income:

All clients will be evaluated upon completion of agency application and proof of income by Case Manager and information will be entered into existing database. Federal Poverty Guidelines will be used to evaluate participant's income to be eligible for Circles Program.

D. How many unduplicated persons/households will benefit from this project?

Approximately 25 families/individuals

E. What level of benefit will each person receive?

Level of benefit is based solely upon each person/s need/s.

F. For economic development projects: **NA**

(a) identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

For housing projects, please indicate: **NA**

Carson City Health & Human Services-Circles of Support Initiative Program	FY 2007-08 Total Budget	FY 2007-08 Proposed CDBG Request	FY 2007-08 All Other Funding Sources
Program Expenses			
Salaries and Benefits	140,828		140,828
Rent and Utilities	10,000		10,000
Mortgage			
Equipment	1,000		1,000
Equipment Maintenance & Repair			
Office Supplies	500		500
Operating Supplies	500		500
Postage and Shipping	250		250
Printing and Publications	250		250
Advertising and Promotion	200		200
Subscriptions and Dues	350		350
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
Circles – Seed Dollars	10,000		10,000
Domestic Missionary Partnership/Episcopal	9,500		9,500
B.O.S. Foundation-Portland Oregon	3,000		3,000
Circles of Support Initiative		30,000	
TOTALS	176,378	30,000	206,378

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

Kathy Wolfe, 887-2190
kwolfe@ci.carson-city.nv.us

2. The person directly responsible for on-site supervision of the project, such as a project manager:

Kathy Wolfe, 887-2190
kwolfe@ci.carson-city.nv.us

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:

Kathy Wolfe, 887-2190
kwolfe@ci.carson-city.nv.us

Connie Lucido, 887-2190,
clucido@ci.carson-city.nv.us

APPENDIX I

CARSON CITY CITY MANAGER'S OFFICE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT QUESTIONNAIRE

(To be completed only in cases where applicant will contract for services with an additional party)

SUBRECIPIENT NAME:

SUBRECIPIENT ADDRESS:

PROJECT NAME:

CDBG CONTACT PERSON:

TITLE:

PHONE NUMBER:

YEARS IN CURRENT POSITION:

FISCAL CONTACT PERSON:

TITLE:

PHONE NUMBER:

YEARS IN CURRENT POSITION:

AUDIT CONTACT PERSON (if different than fiscal contact person):

TITLE:

PHONE NUMBER:

YEARS IN CURRENT POSITION:

SUBRECIPIENT FISCAL YEAR END:

APPENDIX II

INDEX OF ATTACHMENTS

Required Attachments: The required attachments as described on Page 2 are listed below. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

Attachment Number	Attachment Description	Application Page / Section Referenced	Attachment Included (✓)
1	IRS Tax Exempt "501(c)(3) letter	Page 2	N/A
2	Proof of incorporation from Secretary of State (Certificate Only)	Page 2	N/A
3	Current Organization Chart with names of staff members	Page 2	N/A
4	Current Board of Directors and terms of office	Page 2	N/A
5	<i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX)	Page 2	N/A
6	Flow Chart	Page 14	
7	Budgeting for Poverty	Page 15	
8			
9			
10			
11			
12			
13			
14			
15			

APPENDIX III

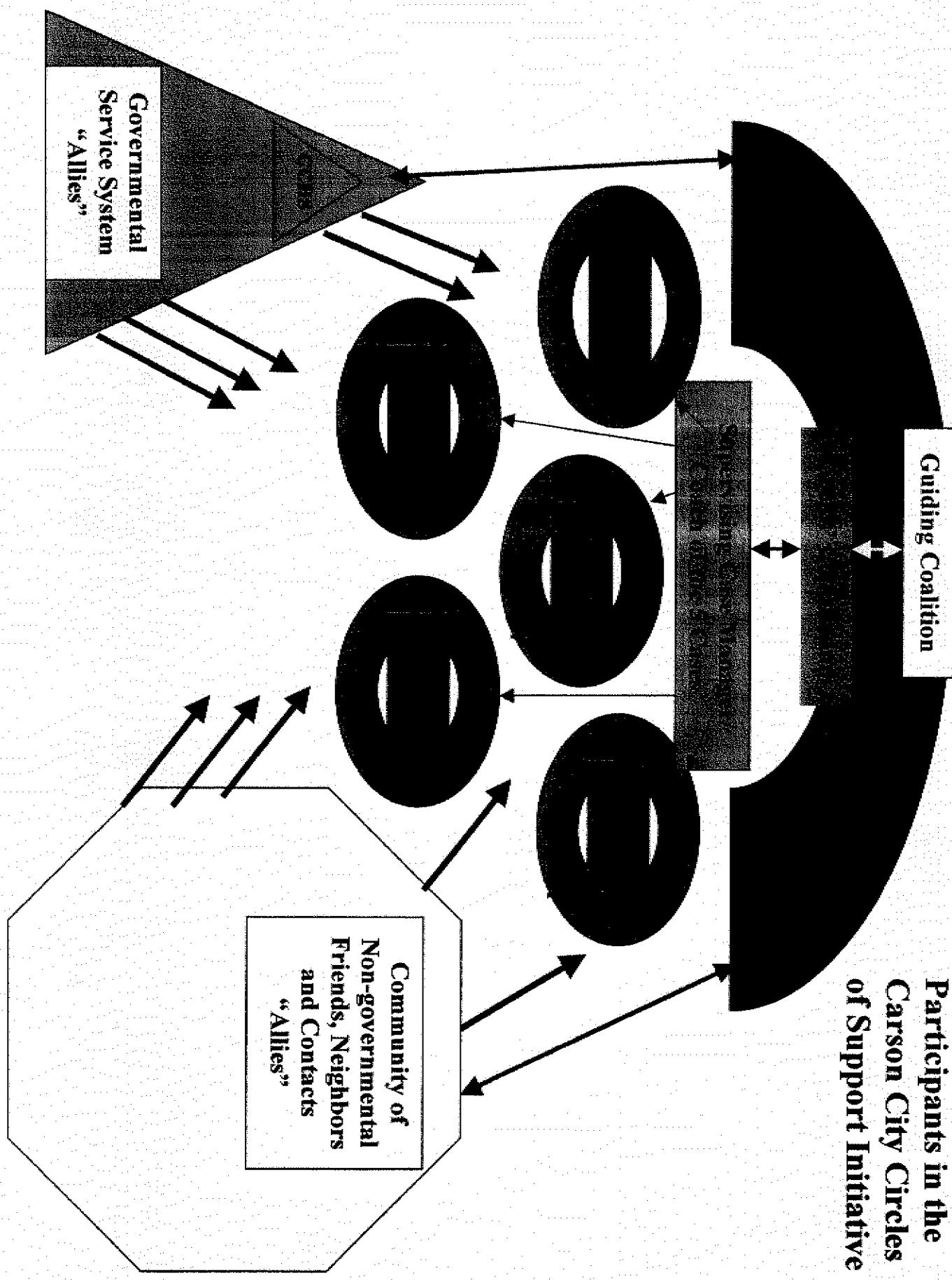
APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete CDBG application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

- X Grant Cover Sheet.
- X Grant Application completed and signed by Agency representative.
- X Section I: Project Description and Needs Analysis.
- X Section II: Project Measurement.
- X Section III: Goals and Objectives.
- X Section IV: CDBG Project Budget.
- X Section V: Project Administration.
- NA Appendix I: Subrecipient Questionnaire (*if applicable*).
- X Appendix II: Index of Attachments.

**Flow Chart of the
Participants in the
Carson City Circles
of Support Initiative**



Budgeting for Poverty

The federal government says a family of four earning \$19,971 or less a year is living in poverty.

But how far does \$19,971 go in America today?

How do you budget? What do you leave out?

You make the hard choices.

Housing?

In America, a family of four earning less than \$19,971 a year will spend on average \$5,478 annually for the most basic of shelter.

$$\begin{array}{r} \$19,971 \\ - 5,478 \\ \hline 14,493 \end{array}$$

Utilities?

To keep a family of four warm and secure, the average expense for utilities and public services runs \$2,371 a year.

$$\begin{array}{r} \$14,493 \\ - 2,371 \\ \hline 12,122 \end{array}$$

Transportation?

A family at the poverty line will spend \$5,005 a year to own and maintain a used car, and fill it with the gas and oil needed to go to work, to day care, to the store, wherever.

$$\begin{array}{r} \$12,122 \\ - 5,005 \\ \hline 7,117 \end{array}$$

Food?

Even with public assistance such as food stamps, families making less than \$19,971 will spend \$4,139 a year for food at home and away.

$$\begin{array}{r} \$7,117 \\ - 4,139 \\ \hline 2,978 \end{array}$$

Health Care?

Even if an employer contributes part of the costs of health insurance, a family of four at the poverty line would still pay on average \$2,139 for health and medical expenses. The cost of not having health insurance, however, could be devastating.

\$2,978
- 2,139
839

Child Care?

The costs in a metropolitan-area child care center for two children five and under can reach over \$13,000. Even with child care subsidies, low income families with two small children will spend on average \$2,440 on child care annually.

\$839
- 2,440
- 1,601

So now you're \$1,601 over budget, and you still don't have everything you need.

What do you leave out?

Toiletries, School Supplies, Shoes, Clothes, Holiday Gifts, Education, Life Insurance, Furnishings, Recreation, Cleaning Supplies, Entertainment, Birthday Gifts

These are the decisions that people are forced to make every day when they live in the state of poverty.

Visit www.povertyusa.org to learn more.

Source of Statistics:

Rent, utilities, transportation, food, health care: *Consumer Expenditures Survey*, U.S. Department of Labor, Bureau of Labor Statistics, April 2006;
Child care: *Expenditures on Children by Families*, United States Department of Agriculture, Center for Nutrition Policy and Promotion, April 2006
Poverty threshold: U.S. Census Bureau, *Income, Poverty, and Health Insurance Coverage in the United States: 2005*

Nevada Health Centers, Inc.

Bringing Quality Health Care to Nevada's Communities

Carson City Administrative Office

1802 No. Carson Street • Suite 100 • Carson City, Nevada 89701 • Phone (775) 887-1590 • Fax: (775) 887-7047

Las Vegas Administrative Office

4415 Spring Mountain Road • Suite 103 • Las Vegas, Nevada 89102 • Phone: (702) 307-5414 • Fax: (702) 307-5421

RECEIVED

February 1, 2007

FEB 02 2007

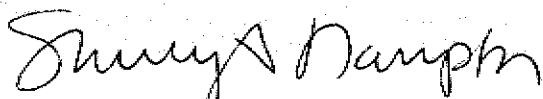
Javier Ramirez
CDBG Coordinator
201 North Carson Street, Suite 2
Carson City, NV 89701

CARSON CITY
EXECUTIVE OFFICES

Dear Javier:

Nevada Health Centers, Inc. respectfully submits our Community Development Block Grant application for 2007-2008. Should you have any questions concerning this application, please do not hesitate to contact me.

Sincerely,



Shirley A. Hampton, RN
Development Director

cc: Steven C. Hansen
Chief Executive Officer

Health Center Sites Throughout Nevada:

- **Rural Centers:** Amargosa Valley • Austin • Beatty • Carlin • Crescent Valley • Elko • Eureka • Gerlach • Jackpot • Wendover •
- **Carson City:** Sierra • **State Wide:** Mammovan • Miles For Smiles Dental Vans (3) • **Las Vegas Area:** Cambridge • Child Haven •
- Downtown Outreach Clinic • Las Vegas Outreach Clinic • Martin Luther King • North Las Vegas •
- OB/GYN • School Based Health Centers (3) • WIC •

Web Site: www.nvhealthcenters.org

APPLICATION COVER SHEET

1. Name of Agency:

Nevada Health Centers, Inc.

RECEIVED

FEB 02 2007

2. Project Title:

Access to Health Care
Diabetes Management

3. Agency Mailing Address, Physical Address:

Nevada Health Centers, Inc.
1802 N. Carson Street
Suite 100
Carson City, NV 89701

Program Address:

Sierra Family Health Center
2527 N. Carson Street
Carson City, NV 89706

4. Agency Director:

Steven C. Hansen, Chief Executive Officer

5. Board Chairperson:

Keyth Durham

6. Contact Person, Phone, E-Mail, Fax

Shirley A. Hampton, RN
Development Director
775-887-1590 Ext. 1119
shampton@nvrhc.org
775-887-7047

7. Funding Requested:

\$31,711.00

8. Type of Grant:

Public Service – Health Care for the Uninsured

9. Proof of Non-Profit Status:

A copy of Nevada Health Centers, Inc. Internal Revenue Service letter is enclosed.
Date of incorporation was June of 1976.
Tax exempt number: 943199117

10. DUNS Number:

139767255

Nevada Health Centers, Inc.

Carson City CDBG

11. Attachment to Proposals:

A copy of our IRS Tax Exempt 501(c)(3) is attached

A copy of the certificate of incorporation from the Secretary of State is enclosed

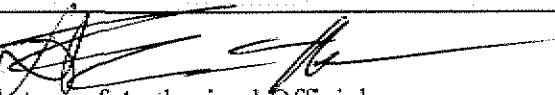
NVHC's organizational chart is attached

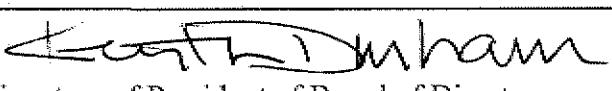
A list of Board Members and their terms of office is attached.

A copy of NVHC's most recently submitted tax return is enclosed

12. Certification:

This application is signed by Steven C. Hansen, Chief Executive Officer of Nevada Health Centers, Inc.

	February 2, 2007
Signature of Authorized Official	Date
Steven C. Hansen, Chief Executive Officer	775-887-1590 x 1114
Typed Name and Title of Authorized Official	Phone Number

	February 2, 2007
Signature of President of Board of Directors	Date
Keyth Durham	775-664-4224
Typed Name of President of Board of Directors	Phone Number

APPLICATION COVER SHEET

1. Name of Agency:

Nevada Health Centers, Inc.

2. Project Title:

Access to Health Care
Diabetes Management

3. Agency Mailing Address, Physical Address:

Nevada Health Centers, Inc.
1802 N. Carson Street
Suite 100
Carson City, NV 89701

Program Address:

Sierra Family Health Center
2527 N. Carson Street
Carson City, NV 89706

4. Agency Director:

Steven C. Hansen, Chief Executive Officer

5. Board Chairperson:

Keyth Durham

6. Contact Person, Phone, E-Mail, Fax

Shirley A. Hampton, RN
Development Director
775-887-1590 Ext. 1119
shampton@nvrhc.org
775-887-7047

7. Funding Requested:

\$31,711.00

8. Type of Grant:

Public Service – Health Care for the Uninsured

9. Proof of Non-Profit Status:

A copy of Nevada Health Centers, Inc. Internal Revenue Service letter is enclosed.
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Signature of Authorized Official	February 2, 2007 Date
Steven C. Hansen, Chief Executive Officer Typed Name and Title of Authorized Official	775-887-1590 x 1114 Phone Number

Signature of President of Board of Directors	February 2, 2007 Date
Keyth Durham Typed Name of President of Board of Directors	775-664-4224 Phone Number

GRANT APPLICATION

I. PROJECT DESCRIPTION AND NEEDS ANALYSIS

A. What is the problem the proposed project is designed to solve?

The problem Nevada Health Center is trying to solve is two fold:

- 1) Nevada Check-Up and Medicaid are programs for uninsured, low-income people that will enable them to receive affordable health care. Many children in Carson City are eligible for Medicaid or Nevada Check-Up but are not enrolled in the programs and many adults are eligible for Medicaid but are not enrolled in the program. Sierra Family Health Center, located in Carson City cares for all patients including insured, Nevada Check-Up, Medicaid and the uninsured. Many residents of Carson City do not know that healthcare is available to them regardless of immigration status, insurance status or their ability to pay.
- 2) Diabetes is increasing throughout the nation and Nevada is not immune. The burden of this disease on the individual patient can be overwhelming. Unmanaged or poorly managed diabetes leads to disability, escalating costs of intervention and untimely death. Safety network agencies such as Sierra Family Health Center are needed to care for patients with limited abilities to care for themselves due to educational, cultural, social, financial and linguistic challenges.

Nevada Health Centers, Inc. (NVHC) was founded on the principal that all people, regardless of where they live or their ability to pay, have the right to quality health care services. NVHC is a non-profit, federally qualified Community Health Center program that has been providing health care in Nevada for almost 30 years. We operate 22 medical and dental centers, three dental buses and a mobile mammography project in frontier, rural and urban areas of the state. In addition we offer telemedicine and medicine dispensaries at select sites. The mission of Nevada Health Centers is to provide access to quality health care services throughout Nevada. Sierra Family Health Center (SFHC) is one of our medical centers that opened in Carson City in 1998. Employing two full-time Family Practice physicians, a part-time Endocrinologist and two bilingual Physician Assistants, SFHC provides 14,000 medical visits per year.

Unfortunately Nevada remains well above the national average in uninsured residents. Children in Nevada are less likely to be insured than their counterparts nationwide.¹ In Carson City the uninsured rate in children age 0 –18 is 18.8 %,² which is well above the national average of

¹ Roccapriore, Carla, Reno Gazette Journal, "Nevada children less likely to be insured, survey finds", August 3, 2005.

² Great Basin Primary Care Association, Study of the Uninsured in Nevada – 2005, www.gbpca.org

11.5%.³ The Hispanic population in Carson City continues to rise and Hispanics are more than twice as likely to be uninsured.⁴ According to the most recent census data, 19.7% of people living in Carson City are persons of Latino origin.⁵ The uninsured rate statistics are astounding and lead to expensive emergency room visits and worse yet, children and adults going without appropriate care. Forty-three percent of uninsured children in Nevada went without medical care for a year in 2004, according to the Robert Wood Johnson Foundation.⁶ This includes such basic care as childhood immunizations and well child checks. Certainly most low-income and uninsured people do not even think of paying for preventive care which is the greatest benefit a child could have when it comes to healthcare.

Also in Nevada, fewer people than average participate in Medicaid programs. This is in part because eligibility for Medicaid in Nevada is relatively restricted and in part because eligible people do not apply or do not follow through with paper work needed for the application process. The uninsured rate for adults age 19 – 64 in Carson City is over 25%.⁷ As far as we can tell, the only way adults get enrolled in Medicaid is if they apply through their local welfare office or if they meet an eligibility worker through Nevada Health Centers.

To alleviate the problem of too few people enrolling in Nevada Check Up and Medicaid, NVHC proposes to continue our eligibility program that began last year with Carson City CDBG funding. The eligibility worker enrolls eligible children and adults in Nevada Check-Up and/or Medicaid. If the low-income patients are not eligible for one of these programs they will be placed on our sliding fee scale. NVHC will receive greater revenue if we have more people enrolled in these programs and we anticipate that by next year we will be receiving enough funding to cover the cost of an Eligibility Worker ourselves.

The Nevada Diabetes Report states that households with incomes of \$15,000 or less had the highest prevalence of diabetes at 10.4%; the Healthy People 2010 objective is 2.5%.⁸ Diabetes is one of the most serious health challenges facing Nevada and the United States. According to Healthy People 2010, gaps exist among racial and ethnic groups in the rate of diabetes and its associated complications. In 1994 3.7% of Nevadans had diabetes. By 2004 it rose to 6.4%; however, an estimated 430,000 people in Nevada were at increased risk for undiagnosed diabetes due to risk factors such as age, obesity and sedentary lifestyle.⁹ Certain racial and ethnic communities, including Hispanics as well as economically disadvantaged or older people, suffer disproportionately. In 2003, the diabetes prevalence for Hispanics was 6.7%.¹⁰ Diabetes education is an important tool with which to arm the patient. In these important educational classes, diabetic patients learn how to best control their disease through such interventions as nutrition, exercise, weight management and stress management.

³ Roccapriore, Carla

⁴ Great Basin Primary Care Association; Study of the Uninsured in Nevada - 2005, www.gbPCA.org.

⁵ US Census, Quick Facts, Carson City 2004.

⁶ Johnson, Linda, Las Vegas Sun, "Nevada ranked second in uninsured kids getting no medical care", August 2, 2005.

⁷ Great Basin Primary Care Association, Study of the Uninsured in Nevada – 2004, www.gbPCA.org

⁸ The Diabetes Report 2005, State Health Division, <http://health2k.state.nv.us>

⁹ Nevada Diabetes Report 2005, State Health Division, <http://health2k.state.nv.us>

¹⁰ The Diabetes Report 2005, State Health Division, <http://health2k.state.nv.us>

NVHC currently employs a part-time Endocrinologist to take care of our 304 diabetic patients. We have partnered with Bayer Corporation who is providing free blood glucose meters, low-cost test strips and free bilingual educational classes to our patient population. We need to promote these services in order for patients to take advantage of them. To help ensure that patients are seeing the physician at appropriate intervals, attending the educational classes and getting their glucose meters and strips, NVHC proposes to hire a part-time bilingual diabetes clerk. (This position will be the same person as the eligibility worker.)

The diabetes clerk will receive training in diabetes through diabetic educational programs and our physicians and physician assistants. She will order test strips and glucometers from Bayer and teach patients how to use them. She is bilingual and will teach patients in both English and Spanish. She will encourage all patients to test their blood sugars at home. Blood sugar testing and knowledge about self care promotes compliance in nutrition, exercise and stress management techniques that can improve diabetic outcomes. The diabetes clerk will refer patients to education classes and make follow-up calls to ensure they keep their doctor's appointments and get their lab work done. She will also contact patients to encourage them to exercise and follow their prescribed diet. Our ultimate goal is to keep our diabetes patients in an acceptable blood sugar range. All diabetics are encouraged to get a glycosylated hemoglobin test at least twice a year. This test provides a measurement of how well they are managing their blood sugars over time.

B. Which CDBG objective will you be meeting?

Nevada Health Centers, Inc. will meet objective number one: "Public Service" – New or expanding projects that serve members of the community.

Basic or primary needs are the minimum vital requirements which must be met to ensure dignified human existence. Health care is a basic need and all people should have access to primary health care regardless of their situation in life. Education to control such illnesses as diabetes is essential and blood sugar control can only be achieved if a patient is aware of an appropriate diet, exercise, stress management and testing program.

C. How is the problem being dealt with at the present time:

Problem 1 - Uninsured in Carson City: A CDBG award from Carson City in 2006-2007 addresses the uninsured and provided NVHC with funding to hire a full time Eligibility Worker. During the first six months of the grant period our eligibility worker met with 519 people and completed 147 Medicaid or Nevada Check-Up applications and received approval for 29 patients. (The approval process can take up to three months so we still have limited data) She assisted more than 300 people with Pap Rx which is a free prescription program and helped those people who did not qualify for Medicaid or Nevada Check-Up enroll in NVHC's sliding fee program.

Now that the program is established, NVHC is proposing one part-time eligibility worker who will be available at SFHC so parents can enroll their children in Nevada Check Up or Medicaid

when they are first introduced to the medical center and older patients can apply for Medicaid. Those low-income patients who do not qualify for either of these programs will be placed on NVHC's sliding fee schedule. The Eligibility Worker has become a conduit between the service and the state bureaucracy. We still anticipate that the Eligibility Worker will pay for herself by next year as NVHC will see increased revenue due to the enrollment in Nevada Check-Up and Medicaid.

Problem 2 – Diabetes: In July 2006 NVHC hired an endocrinologist to care for diabetic patients at SFHC one week a month. In 2006 Sierra Family Health Center had 304 Diabetic patients. NVHC contracted with Bayer Corporation to provide our uninsured diabetic patients with free glucometers, low-cost test strips and diabetes education. The education classes are conducted by a registered dietician who is also a certified diabetic educator. The current problem is that we do not have anyone to promote the classes or explain to the diabetic patients how to use the glucometers. The proposed diabetic clerk will ensure that patients get to the classes, (she will send out flyers about the classes, assist them with transportation or child care needs and break down any other barriers that keep them from attending); she will explain to them the importance of self management, teach them how to use their glucometers, and follow them to encourage diet, exercise, stress management and testing compliance.

D. What is the project or activity you want to undertake to solve the problem?

NVHC operates the only health center in the community of Carson City who sees all patients regardless of insurance status, immigration status and/or their ability to pay. We are proposing retaining .5 FTE of a bilingual Eligibility Worker and adding .5 FTE of a Diabetic Clerk. Our goal is for patients to have ongoing access to health care and diabetes education.

NVHC is aware that many people, particularly those who speak Spanish are still not aware that a full spectrum of family practice medical care is available to them. We propose doing community out-reach by attending health fairs and participating in local events to spread the word about the availability of health care as well as diabetic education to all Carson City residents.

E. How will the proposed project solve the problem?

The program being proposed by Nevada Health Centers will result in healthier residents of Carson City and decrease emergency room visits to Carson City Regional Medical Center because people will have improved access to primary health care. There will be both an improvement in health and a cost savings.

Diabetic patients will learn how to manage their diabetes through self care techniques that include testing blood sugar levels, exercising, eating properly, managing stress, checking their feet and seeing the physician for exams and lab tests. Many diabetics do not realize the potential seriousness of their condition. We want to educate them, not to scare them but to empower them to take care of themselves.

F. How will you know if you have successfully solved the problem?

NVHC will know that we have successfully solved or at least made significant inroads into the problem of uninsured people in Carson City not receiving health care if we continue to enroll them in programs that give them access. Diabetic outcomes will improve with education and this can be measured by checking patient's glycosylated hemoglobin levels (which provides an index number regarding the stability of the patient's blood sugar).

NVHC has the MIS capacity to track the number of people the Eligibility Worker meets with and what programs they enroll in. These numbers will be provided in reports to CDBG. We will also track the number of diabetic patients, the number who receive free glucometers and low cost test strips and the number who attend diabetic education classes.

G. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

NVHC has a sophisticated computer program called "NextGen" that can provide data for all the outcomes of the project. It is a practice management and an electronic medical record system that has the capacity to capture demographic information, number of visits per user, payor source per user, income level per user, as well as the services received by the patient (including education and eligibility) and patient diagnosis. The program is able to track all the data we need for our federal and other reports.

H. How will the CDBG funds be used on this project?

Salary: The CDBG money will be used to hire one bilingual Eligibility Worker/Diabetes Clerk @ 12.60 per hour totaling \$26,208. NVHC pays benefits at 21% which include medical, dental and vision insurance, long term disability, life insurance and a 401K retirement plan. Benefits for this project will be \$5,503.00. This brings the total salary and benefit cost to \$31,711. We are hoping that the Eligibility Worker who was funded with CDBG funds in 2006-2007 will remain with NVHC during the next grant period.

NVHC will cover the cost of office space, travel costs, supplies and the overhead expense of human resource, payroll, finance, purchasing, supervision and the like.

I. What will you do to solve the problem if the proposed project is not funded by CDBG?

Prior to hiring an eligibility worker the staff of SFHC made every effort to assist patients with enrollment in insurance programs they may be eligible for but because there was not "one person" who is specifically assigned to this task and because the staff has their "primary" job to do, more often than not, it was left up to the patient. Many of our patients have low literacy levels and do not understand how to navigate the complex enrollment system. We all "limped" along doing the best we can with what we have, but it was problematic system at best. Thanks to CDBG funding from Carson City in 2006-2007 an eligibility worker has been available to patients at SFHC with an improved outcome in enrolling people in Nevada Check-Up, Medicaid, Pap Rx and our own sliding fee scale with much success.

The same is true in caring for our diabetic patients. The providers are doing their best at providing information on self care for diabetes and explaining to them how to use the glucometers. Our physicians and physician assistants recognize the importance of providing education but they need to prioritize what they do. With a waiting room full of patients who are often ill, it is difficult to find the time to inspire diabetic patients to sign up for education classes and to take the time to show them how to use a glucometer.

J. Where will the project be located and what is the geographic target area that will be served by this project?

The project will be located in Sierra Family Health Centers, 2527 North Carson Street, Suite 103, Carson City. NVHC also maintains an Administrative Office in Carson City which provides MIS assistance and other administrative oversight to SFHC. The geographic area that is served by SFHC is primarily Carson City.

K. Is the proposed project part of a larger project or is it a "stand alone" project?

1. Describe the larger project: The proposed project is part of a larger project. SFHC has been providing medical care to Carson City since 1998 and it sees over 8,000 patients who have more than 14,000 visits a year. Currently two full time family practice physicians, one part-time Endocrinologist and two full time bilingual physician assistants provide medical care at SFHC.

2. Can this project be done in different phases? Yes No The proposed project should be implemented at one time so all patients have the equal opportunity to enroll in an insurance program they may be eligible for and so all of our diabetic patients can have access to education, glucose meters, test strips and support. If full funding is not available it can be implemented in phases.

3. Has CDBG funds been used for an earlier phase? Yes No CDBG funding was used to fund a full time eligibility worker in 2006-2007.

L. Ownership Information

Sierra Family Health Center is part of Nevada Health Centers, Inc., a non-profit corporation. It is housed in a building owned by Standard Management who is out of Los Angeles, California. They are aware that NVHC is using the building as a medical facility.

II. Project Measurement

1. Please identify the quantifiable, projected outputs of this program/project?

The activities that will occur from this proposal include:

1. Hire one person who will work half time as an Eligibility Worker and half time as a Diabetes Clerk.

- a. During the grant period the Eligibility Worker will meet with a minimum of **500** people and enroll them in Nevada Check-Up, Medicaid, Pap Rx or NVHC's sliding fee program.
- b. **Three hundred diabetic** patients will be provided with information about the availability of free blood glucose monitors and low cost test strip for low-income patients; inform 300 diabetic patients about bilingual diabetic education classes; check 150 medical charts to ensure the diabetic patients are getting prescribed lab work; provide support to diabetic patients about life style changes. At least 40 diabetics will attend classes and at least 78 patients will receive the free meters and test strips with instruction on how to use them.

2. Please quantify the total number of persons intended to benefit from program/project output.

The direct benefit will be to a minimum of 500 people who enroll in Nevada Check-up, Medicaid, Pap Rx and/or NVHC's sliding fee program.

Three hundred diabetic patients will be informed that services are available to them. A direct benefit will be to a minimum of 78 diabetic patients who will receive blood glucose monitors with instruction, test strips, diabetes education and support. A minimum of 40 people will attend the educational classes for diabetics.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?

A minimum of 500 people who meet for eligibility assistance are low to moderate income. At least 50% or 150 of our diabetic patients are considered low to moderate income. A minimum of 650 people will be low to moderate income.

**4. Please identify the quantifiable, projected outcome of this program/project.
(How will the out-puts benefit the total number of persons in Question 2 above?)**

There will be a direct benefit to 500 people who will have better access to medical care. Some of these people will also receive free prescriptions for chronic conditions. Of the 304 diabetic patients we estimate that at minimum 78 will receive meters and strips, 40 will attend educational classes and 150 will have chart reviews.

5. Please list the name, address, phone number and e-mail of the person responsible to track the performance measurement on this program/project?

Travis Cox, Director
Management Information Services
1802 N. Carson Street, Suite 100
Carson City, NV 89704
775-887-1590
tcox@nvrhc.org

and

Shirley A. Hampton, RN,
Development Director
1802 N. Carson Street, Suite 100
Carson City, NV 89704
775-887-1590 x 1119
shampton@nvrhc.org

III. GOALS AND OBJECTIVES

A. Mark all of the following Carson City goals that apply to this project:

1. Project has been identified as part of the local planning process.

2. Project addresses a problem that poses a health or safety concern in the community.

The city lists many remarkable goals for 2007 including those that have to do with improving downtown, providing economic growth, furthering development and assessing road needs, there is very little in the plan regarding health of Carson City's citizenry. In order to build a healthy community with a strong infrastructure the people need to be healthy.

B. If your project is designed to serve a limited clientele please indicate the population you will be serving with your project:

NVHC's proposed eligibility project is designed to serve all uninsured people living in Carson City. This includes the 17.1% of children and 25% of adults; age 25 – 64 living in Carson City. NVHC currently provides care to 304 diabetic patients but any person in the community can attend our free diabetic educational sessions.

C. If your project will not be serving one of the above categories explain a) how you will document client income and b) how you will document that at least 51% of your clientele will be low-to-moderate income:

Our target audience are those eligible for Nevada Check-Up, Medicaid and NVHC's sliding fee scale. In order to qualify for any of these programs the clients must be 200% or below the federal poverty level. Clients are asked to bring in proof of income to enroll in any of the eligibility programs mentioned above. We estimate that at least half of our diabetic patients are 200% or more the federal poverty level. In order to receive a free meter and low cost strips they must bring in proof of income. Proof of income becomes part of the patient's medical record.

D. How many unduplicated persons/households will benefit from this project?

NVHC will enroll 500 people in Nevada Check Up, Medicaid or our sliding fee scale program. We will provide interventions regarding diabetes to 150 people.

E. What level of benefit will each person receive?

Each person will receive affordable access to primary medical care which includes preventive medical care, care for chronic illness, laboratory, family planning, children's health and the like. The diabetic patients will receive free blood glucose meters, low cost test strips, free education and free support for life style change. Diabetic patients will be reminded to come to their doctor's appointments and get their prescribed lab work.

F. For economic development projects:

(a) identify the proposed employers that will be assisted with the project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

N/A

G. For housing projects, please indicate:

The number of homes to be rehabilitated: N/A

The number of persons to be benefited: N/A

APPENDIX II

IV. CDBG PROJECT BUDGET

Itemize only those portions of the project and administrative costs that will be paid from CDBG funds as shown on the Project Cost Schedule. The total for this budget schedule must equal the total CDBG request for this project.

Project Title: Access To Care – Diabetes Care	FY 2005-06 Total Budget	FY 2005-06 Proposed CDBG Request	FY 2005-06 All Other Funding Sources
Program Expenses			
Salaries and Benefits	\$1,164,738	\$31,711	\$1,196,449
Rent and Utilities	\$ 104,460		\$ 104,460
Mortgage	-		
Equipment	\$	\$	\$
Equipment Maintenance & Repair	\$ 5,000		\$ 5,000
Office Supplies	\$ 14,251		\$ 14,421
Operating Supplies	\$ 46,188		\$ 46,188
Postage and Shipping	\$ 250		\$ 250
Printing and Publications	\$ 5,500		\$ 5,500
Advertising and Promotion			-
Subscriptions and Dues	\$ 2,250		\$ 2,250
Liability/Other Insurance	\$ 300		\$ 300
Professional Fees	-		-
Other project costs: (Specify Below)	\$		
Travel & Continuing Education	\$ 10,500		\$ 10,500
Purchased Services (labs, recruiting, janitorial etc.)	\$ 55,338		\$ 55,338
Telephone	\$ 4,780		\$ 4,780
Other operating expense	\$ 27,016		\$ 27,016
TOTALS	\$1,440,571	\$31,711	\$1,472,282

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

Shirley A. Hampton, RN
Development Director
775-887-1590 x 1119
shampton@nvrhc.org

2. The person directly responsible for on-site supervision of the project, such as a project manager:

Angie Sorber
SFHC Manager
Sierra Family Health Center
775-887-5140 x 1211
absorber@nvrhc.org

3. The person responsible for the financial management of the project, including preparation, review and approval of reimbursement requests:

Linda Costa
Chief Financial Officer
775-887-1590 x 1112
lcosta@nvrhc.org

INDEX OF ATTACHMENTS

Required Attachments: The required attachments as described on Page 2 are listed below. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

Attachment Number	Attachment Description	Application Page / Section Referenced	Attachment Included (✓)
1	IRS Tax Exempt "501(c)(3) letter	Page 2	X
2	Proof of incorporation from Secretary of State (Certificate Only)	Page 2	X
3	Current Organization Chart with names of staff members	Page 2	X
4	Current Board of Directors and terms of office	Page 2	X
5	<i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX)	Page 2	X
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete CDBG application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

Grant Cover Sheet.

Grant Application completed and signed by Agency representative.

Section I: Project Description and Needs Analysis.

Section II: Project Measurement.

Section III: Goals and Objectives.

Section IV: CDBG Project Budget.

Section V: Project Administration.

n/a Appendix I: Subrecipient Questionnaire (*if applicable*).

Appendix II: Index of Attachment

Internal Revenue Service

Date: February 24, 2004

Nevada Healths Centers, Inc.
1802 N. Carson St. Ste. 100
Carson City, NV 89701-1227

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Brenda Fox 31-07209

Customer Service Representative

Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST

877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:
94-3199117

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on July 1, 2001. We have updated our records to reflect the name change as indicated above.

On July 1994 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

Exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Persons may deduct contributions to your organization as provided in section 170 of the Code. Bequests, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Nevada Healths Centers, Inc.
94-3199117

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

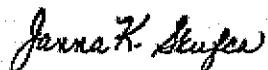
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

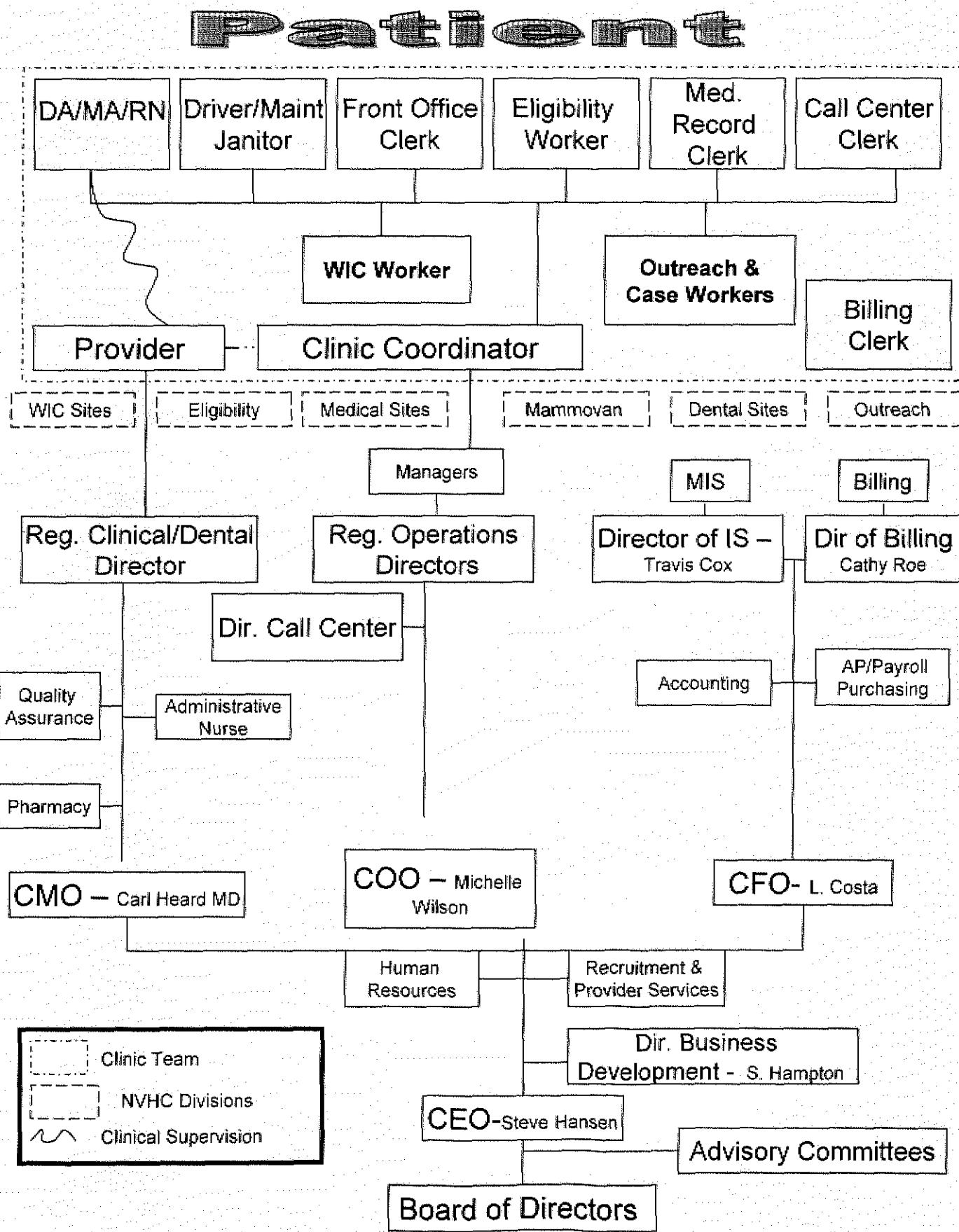
This letter affirms your organization's exempt status.

Sincerely,



Janna K. Skufca, Acting Director, TE/GE
Customer Account Services

Nevada Health Center Organizational Chart



SECRETARY OF STATE

Attachment 2: Proof of incorporation from
Secretary of State



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NEVADA HEALTH CENTER, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 22, 1992, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on December 13, 2001.

A handwritten signature in black ink that reads "Dean Heller".

Secretary of State

By

A handwritten signature in black ink that reads "Jacqueline Wren".

Certification Clerk

RECEIPT OF GOOD STANDING
AND OFFICER FILING

Attachment 4: Current Board of Directors and
terms of office

NEVADA HEALTH CENTERS, INC. - CURRENT BOARD MEMBER CHARACTERISTICS

BOARD MEMBER NAME	BOARD OFFICE HELD	AREA OF EXPERTISE	INDICATE IF USER OF HEALTH CENTER SERVICES (YES/NO)	LIVE (L) OR WORK (W) IN SERVICE AREA	YEARS OF CONTINUOUS BOARD SERVICE
1. Keith Durham	Chair	Office of Rural Health	Y	(L)(W)	8
2. Will Johnson		Geography: File	Y	(L)(W)	8
3. Karen Holcher	Treasurer	Health Administration	N	(W)	7
4. Chuck Austin		Retired Business Man	Y	(L)(W)	4
5. Fran Courtney	At Large Member	Public Health	N	(L)(W)	6
6. Phil Schmitz		Local Businessman	Y	(L)(W)	2
7. Pete Kaufmann	Secretary	Local Businessman	Y	(L)(W)	2
8. Gustavo Ramos		Outreach (HCH)	N	(L)(W)	2
9. Gerald Ackerman		Area Health Education	N	(L)(W)	5
10. Raquel Knecht		Hispanic Services	N	(L)(W)	6
11. Daniel Giraldo	Vice Chair	Neighborhood Services	Y	(L)(W)	2
12. Loretta Assay		County Schools	N	(L)(W)	2
13. Marianne Bloom		Business Owner	Y	(L)(W)	2
14. Vacant					
15. Vacant					

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e.g.,
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

LAW
Open to Public
Inspection

A For the 2005 calendar year, or tax year beginning

JUN 1, 2005

and ending MAY 31, 2006

B Check if applicable:

Please use IRS
label or
print or
type.
See
Specific
Instruc-
tions.
Final
return
Amended
return
Application
pending

C Name of organization

NEVADA HEALTH CENTERS, INC.

Number and street (or P.O. box if mail is not delivered to street address)

1802 NORTH CARSON STREET

City or town, state or country, and ZIP + 4

CARSON CITY, NV 89701-1230

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

D Employer identification number

94-3199117

E Telephone number

(702)887-1590

F Accounting method: Cash Accrual
 Other (specify) ►

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ► N/A

H(c) Are all affiliates included? N/A Yes No
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ► N/A

M Check ► if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ► WWW.NVRHC.ORG

J Organization type (check only one) ► 501(c)(3) 4947(a)(1) or 527K Check here ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 17,781,393.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:	1a	679,666.	1d	7,634,099.
	a Direct public support	1b			
	b Indirect public support	1c	6,954,433.		
	c Government contributions (grants)				
	d Total (add lines 1a through 1c) (cash \$ 7,260,904. noncash \$ 373,195.)				
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				
	3 Membership dues and assessments				
	4 Interest on savings and temporary cash investments				
	5 Dividends and interest from securities				
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)				
Expenses	7 Other investment income (describe ►				
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less: cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/>				
	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)				
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
Net Assets	11 Other revenue (from Part VII, line 103)				
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				
	13 Program services (from line 44, column (B))				
	14 Management and general (from line 44, column (C))				
	15 Fundraising (from line 44, column (D))				
	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44, column (A))				
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				
	20 Other changes in net assets or fund balances (attach explanation)				
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ 0 • noncash \$ 0	22			
If this amount includes foreign grants, check here ► <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 435,334.	196,153.	239,181.	0.
26 Other salaries and wages	26 9,759,287.	8,190,590.	1,568,697.	
27 Pension plan contributions	27			
28 Other employee benefits	28 2,298,545.	1,737,550.	560,995.	
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 263,028.	197,935.	65,093.	
34 Telephone	34 333,015.	118,588.	214,427.	
35 Postage and shipping	35 117,646.	35,863.	81,783.	
36 Occupancy	36 538,393.	418,391.	120,002.	
37 Equipment rental and maintenance	37 375,344.	267,866.	107,478.	
38 Printing and publications	38 45,000.	27,827.	17,173.	
39 Travel	39 75,041.	74,929.	112.	
40 Conferences, conventions, and meetings	40 313,663.	138,520.	175,143.	
41 Interest	41 159,775.	17,011.	142,764.	
42 Depreciation, depletion, etc. (attach schedule)	42 387,647.	172,264.	215,383.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 1	43g 2,840,606.	4,473,980.	<1,633,374. >	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 17,942,324.	16,067,467.	1,874,857.	0.

 Joint Costs. Check ► if you are following SOP 98-2.

 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No

 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 2

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3)
and (4) orgs., and
4947(a)(1) trusts; but
optional for others.)

a OPERATED 11 HEALTH CLINICS IN NEVADA EMPHASISING PREVENTATIVE HEALTH CARE & MEDICAL SERVICES RESPONSIVE TO THE NEEDS OF THE LOCAL AREA SERVED. OPERATED MAMMOVAN & THREE MOBILE DENTAL VANS, ONE SPECIFICALLY FOR CHILDREN.

(Grants and allocations \$) If this amount includes foreign grants, check here ► 16,067,467.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 16,067,467.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	45 Cash - non-interest-bearing	266,869.	45	189,878.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 4,161,842.		
	b Less: allowance for doubtful accounts	47b 1,578,779.	47c 2,882,365.	2,583,063.
	48 a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	334,471. 450,909.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a 34,429.		
	b Less: allowance for doubtful accounts	51b	51c	34,429.
	52 Inventories for sale or use		52	367,319. 305,963.
	53 Prepaid expenses and deferred charges		53	23,433. 24,492.
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
Assets	55 a Investments - land, buildings, and equipment: basis	55a	55c	
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 3,557,046.		
	b Less: accumulated depreciation	57b 1,408,558.	57c 1,536,776.	2,148,488.
	58 Other assets (describe ► DEPOSITS)		58	26,888. 34,210.
	59 Total assets (must equal line 74). Add lines 45 through 58.		59	5,441,391. 5,771,432.
Liabilities	60 Accounts payable and accrued expenses		60	892,800. 955,853.
	61 Grants payable		61	
	62 Deferred revenue		62	131,667. 78,750.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	523,231.
	65 Other liabilities (describe ► SEE STATEMENT 4)		65	904,649. 1,908,716.
	66 Total liabilities. Add lines 60 through 65.		66	2,452,347. 2,943,319.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	2,173,456. 1,620,655.
	68 Temporarily restricted		68	815,588. 1,207,458.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		73	2,989,044. 2,828,113.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74	5,441,391. 5,771,432.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	18,260,358.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	478,965.
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	478,965.
c	Subtract line b from line a	c	17,781,393.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	17,781,393.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 5		407,341.	27,993.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	►	17	
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X	
<p>Note. Related organizations include section 509(a)(3) supporting organizations.</p> <p>If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.</p>				
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ►	N/A	
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
(See instructions in Part III.) 82b 478,965.

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b

84 a Did the organization solicit any contributions or gifts that were not tax deductible? N/A

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.

c Dues, assessments, and similar amounts from members 85c N/A

d Section 162(e) lobbying and political expenditures 85d N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A

86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A

b Gross receipts, included on line 12, for public use of club facilities 86b N/A

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 88

If "Yes," complete Part IX

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0. 89a

b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 89c 0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization 89d 0.

90 a List the states with which a copy of this return is filed ► **NONE**

b Number of employees employed in the pay period that includes March 12, 2005 90b 202

91 a The books are in care of ► **LINDA L. COSTA** Telephone no. ► (775) 887-1590

Located at ► **1802 N CARSON ST #100, CARSON CITY, NV** ZIP + 4 ► 89701

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b

If "Yes," enter the name of the foreign country ► **N/A**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country ► **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CLINIC REVENUES					7,511,503.
b CONTRACT REVENUE					2,435,924.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MEDICAL SERVICES					199,463.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				0.	404.
105 Total (add line 104, columns (B), (D), and (E))					10,146,890.
					► 10,147,294.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	
93A	SLIDING SCALE FOR PATIENTS SEEN IN THE RURAL CLINICS
93B	CONTRACT REVENUE FOR SERVICES
103A	PHARMACY CONTRACT REVENUES & OTHER MISCELLANEOUS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			
N/A				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	SEP 28 2006	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
523163 02-03-08	Firm's name (or yours if self-employed); address, and ZIP + 4	MATSON AND ISOM P.O. BOX 1638 CHICO, CA 95927-1638		EIN <input type="checkbox"/>
				Phone no. ► (530) 891-6474

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust)

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2005

Name of the organization

Employer identification number

NEVADA HEALTH CENTERS, INC.

94 3199117

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GEORGE CHAMBERS 1802 N CARSON ST #100, CARSON CITY, N	PHYSICIAN 40.00	259,973.	14,000.	
ERIC GRANT 1802 N CARSON ST #100, CARSON CITY, N	PHYSICIAN 40.00	251,402.		
SURESH PRABHU 1802 N CARSON ST #100, CARSON CITY, N	PHYSICIAN 40.00	163,636.		
FRANK ANDERSON 1802 N CARSON ST #100, CARSON CITY, N	PHYSICIAN 40.00	212,796.	1,875.	
GAYNELL ROLLING 1802 N CARSON ST #100, CARSON CITY, N	PHYSICIAN 40.00	190,002.		
Total number of other employees paid over \$50,000	► 43			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services	► 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services	► 0	

Part III. Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line ii of Part VI-B.)		1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.					
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)				
a	Sale, exchange, or leasing of property?		2a	X	
b	Lending of money or other extension of credit?		2b	X	
c	Furnishing of goods, services, or facilities?		2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990		2d	X	
e	Transfer of any part of its income or assets?		2e	X	
3	a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		3a	X
	b	Do you have a section 403(b) annuity plan for your employees?		3b	X
	c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		3c	X
4	a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		4a	X
	b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		4b	X

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv).
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14. An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,213,247.	4,537,204.	3,552,893.	3,394,952.	17,698,296.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,766,437.	5,598,732.	4,924,528.	3,524,716.	20,814,413.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,069.	261.	1,738.	4,838.	7,906.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	478,809.	212,575.	175,326.	84,584.	951,294.
23 Total of lines 15 through 22	13,459,562.	10,348,772.	8,654,485.	7,009,090.	39,471,909.
24 Line 23 minus line 17	6,693,125.	4,750,040.	3,729,957.	3,484,374.	18,657,496.
25 Enter 1% of line 23	134,596.	103,488.	86,545.	70,091.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26a 373,150.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26b 82,381.
d Add: Amounts from column (e) for lines: 18 7,906. 19					26c 18,657,496.
22 951,294. 26b 82,381.					26d 1,041,581.
e Public support (line 26c minus line 26d total)					26e 17,615,915.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.4174%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27i N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

.....
.....
.....

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

32 Does the organization maintain the following:

- Records indicating the racial composition of the student body, faculty, and administrative staff?
- Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

.....
.....

33 Does the organization discriminate by race in any way with respect to:

- Students' rights or privileges?
- Admissions policies?
- Employment of faculty or administrative staff?
- Scholarships or other financial assistance?
- Educational policies?
- Use of facilities?
- Athletic programs?
- Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

.....
.....

34 a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40	41	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
Calendar year (or fiscal year beginning in) ►						
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						0.

Part VI-B: Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N.Y.A.

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

a. Volunteers

b. Paid staff or management (Include compensation in expenses reported on lines c through h.)

c. Media advertisements

d. Mailings to members, legislators, or the public

e. Publications, or published or broadcast statements

f. Grants to other organizations for lobbying purposes

g. Direct contact with legislators, their staffs, government officials, or a legislative body

h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

i. Total lobbying expenditures (Add lines c through h.)

If "Yes" in any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
- b Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

52 a. Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes

No

b If "Yes," complete the following schedule:

N/A

Schedule A

**Identification of Excess Contributions
Included on Part IV-A, Line 26b**

2005

** Do Not File **

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Line 26b

82,381.

NEVADA RURAL HEALTH CENTERS

FIXED ASSETS

EIN 94-3199117

For year ended 05/31/06

	BEGINNING BALANCE	ADDITIONS	DELETIONS	ENDING BALANCE
ASSETS	2,557,687	1,028,879	(29,519)	3,557,047
ACCUMULATED DEPRECIATION	(1,020,911)	(387,648)	-	(1,408,559)
NET FIXED ASSETS	<u>1,536,776</u>	<u>641,231</u>	<u>(29,519)</u>	<u>2,148,488</u>

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BOARD EXPENSE	9,591.	434.	9,157.	
FEES	985,315.	809,429.	175,886.	
RECRUITING	101,987.	55,575.	46,412.	
DUES, MEMBERSHIPS & SUBSCRIPTIONS	42,291.	13,506.	28,785.	
BOOKS & MANUALS	4,537.	4,233.	304.	
INSURANCE	10,312.	8,416.	1,896.	
TAX & LICENSE	40,507.	39,952.	555.	
MISCELLANEOUS	10,787.	6,343.	4,444.	
CONTRACT SERVICES	292,126.	277,529.	14,597.	
MEDICAL SUPPLIES	391,535.	389,650.	1,885.	
LAB & X-RAY SUPPLIES	55,353.	55,353.		
PHARMACEUTICALS	491,467.	490,656.	811.	
SMALL EQUIPMENT	142,672.	87,941.	54,731.	
ADMINISTRATIVE EXPENSE ALLOCATION	0.	2,001,545.	<2,001,545.>	
CONTINUING EDUCATION	39,970.	39,450.	520.	
MARKETING	49,948.	21,760.	28,188.	
DENTAL SUPPLIES	172,208.	172,208.		
TOTAL TO FM 990, LN 43	2,840,606.	4,473,980.	<1,633,374.>	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 2

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEVEN HANSEN	128,936.			128,936.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	128,936.			128,936.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. CARL HEARD	196,153.			196,153.
A. PROGRAM SERVICES	196,153.			196,153.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LINDA L. COSTA	110,245.			110,245.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	110,245.			110,245.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES	196,153.
TOTAL MANAGEMENT AND GENERAL	239,181.
TOTAL FUNDRAISING	
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	435,334.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO PROVIDE PRIMARY MEDICAL CARE TO RURAL NEVADANS IN GENERAL AND TO UNDERSERVED POPULATIONS REGARDLESS OF THEIR ABILITY TO PAY.

FORM 990 OTHER LIABILITIES STATEMENT 4

DESCRIPTION	AMOUNT
PAYROLL & PAYROLL TAXES PAYABLE	449,272.
ACCRUED PENSION CONTRIBUTION	244,954.
ACCRUED VACATION	304,807.
OBLIGATIONS UNDER CAPITAL LEASE	867,683.
LINE OF CREDIT PAYABLE	42,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,908,716.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GUSTAVO RAMOS 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
MARIANNE BLOOM 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
STEVEN HANSEN 1802 N CARSON ST #100 CARSON CITY, NV 89701	CEO/COO 40.00	125,336.	3,600.	0.
DR. CARL HEARD 1802 N CARSON ST #100 CARSON CITY, NV 89701	MEDICAL DIRECTOR 40.00	182,000.	14,153.	0.
LINDA L. COSTA 1802 N CARSON ST #100 CARSON CITY, NV 89701	CHIEF FINANCIAL OFFICER 40.00	100,005.	10,240.	0.
KEYTH DURHAM 1802 N CARSON ST #100 CARSON CITY, NV 89701	CHAIR 2.00	0.	0.	0.
KAREN HOLCHER 1802 N CARSON ST #100 CARSON CITY, NV 89701	TREASURER 2.00	0.	0.	0.
FRAN COURTNEY 1802 N CARSON ST #100 CARSON CITY, NV 89701	VICE CHAIR 2.00	0.	0.	0.
CHUCK AUSTIN 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
PETE KAUFMANN 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
GERALD ACKERMAN 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.

WILL JOHNSTON 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
RAQUEL KNECHT 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
DANIEL GIRALDO 1802 N CARSON ST #100 CARSON CITY, NV 89701	SECRETARY 2.00	0.	0.	0.
PHIL SCHMITZ 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
LORETTA ASAY 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
JANET ROGERS 1802 N CARSON ST #100 CARSON CITY, NV 89701	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A	407,341.	27,993.		0.

SCHEDULE A	OTHER INCOME	STATEMENT	6	
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	478,809.	212,575.	175,326.	84,584.
TOTAL TO SCHEDULE A, LINE 22	478,809.	212,575.	175,326.	84,584.