

**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):

<u> X </u> Public Service <u> </u> Economic Development	<u> </u> Community Facilities/Improvements <u> </u> Housing Rehabilitation
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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.ccr.gov/pdfs/DUNSGuideGovVendors.pdf>

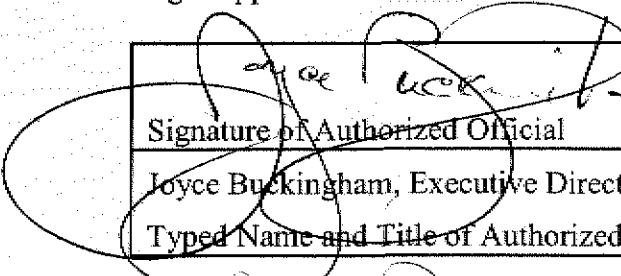
11. Attach the following to each copy of the Proposal for Funding

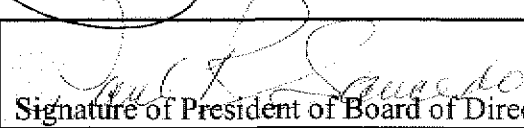
(If you are a previous recipient of CDBG funding and have already submitted this information, and it is still current, you do not have to submit it again. Then check the box on the right: ☐ Previous recipient / Information on file

- IRS Tax Exempt "501(c)(3)" letter.
- Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- 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).
- 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 <u>2-1-07</u>
Joyce Buckingham, Executive Director	(775) 884-2269
Typed Name and Title of Authorized Official	Phone Number

 Signature of President of Board of Directors	Date <u>2-1-07</u>
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

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?

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

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

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

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

Working Grants

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.

- 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.
- X Appendix I: Subrecipient Questionnaire *(if applicable)*.
- X Appendix II: Index of Attachments.

ATTACHMENT 1

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

DEPARTMENT OF THE TREASURY

Date:

MAY 23 1997

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

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:
No

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

Letter 1045 (DO/CG)

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

Letter 1045 (DO/CG)

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.

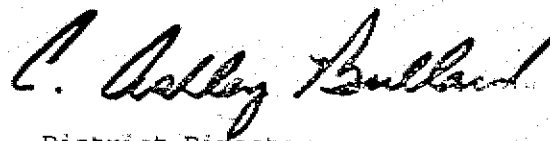
Since you have not indicated that you intend to finance your activities with the proceeds of tax exempt bond financing, in this letter, we have not determined the effect of such financing on your tax exempt status.

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.

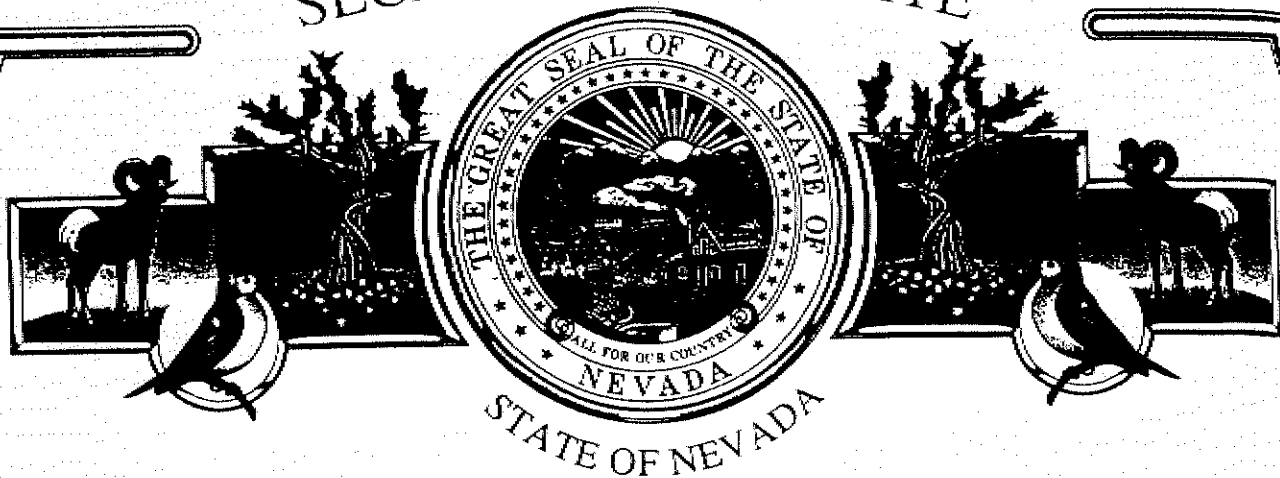
Sincerely yours,



District Director

Enclosure(s):
Form 872-C

Letter 1045 (DO/CG)



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**.



Dean Heller

Secretary of State

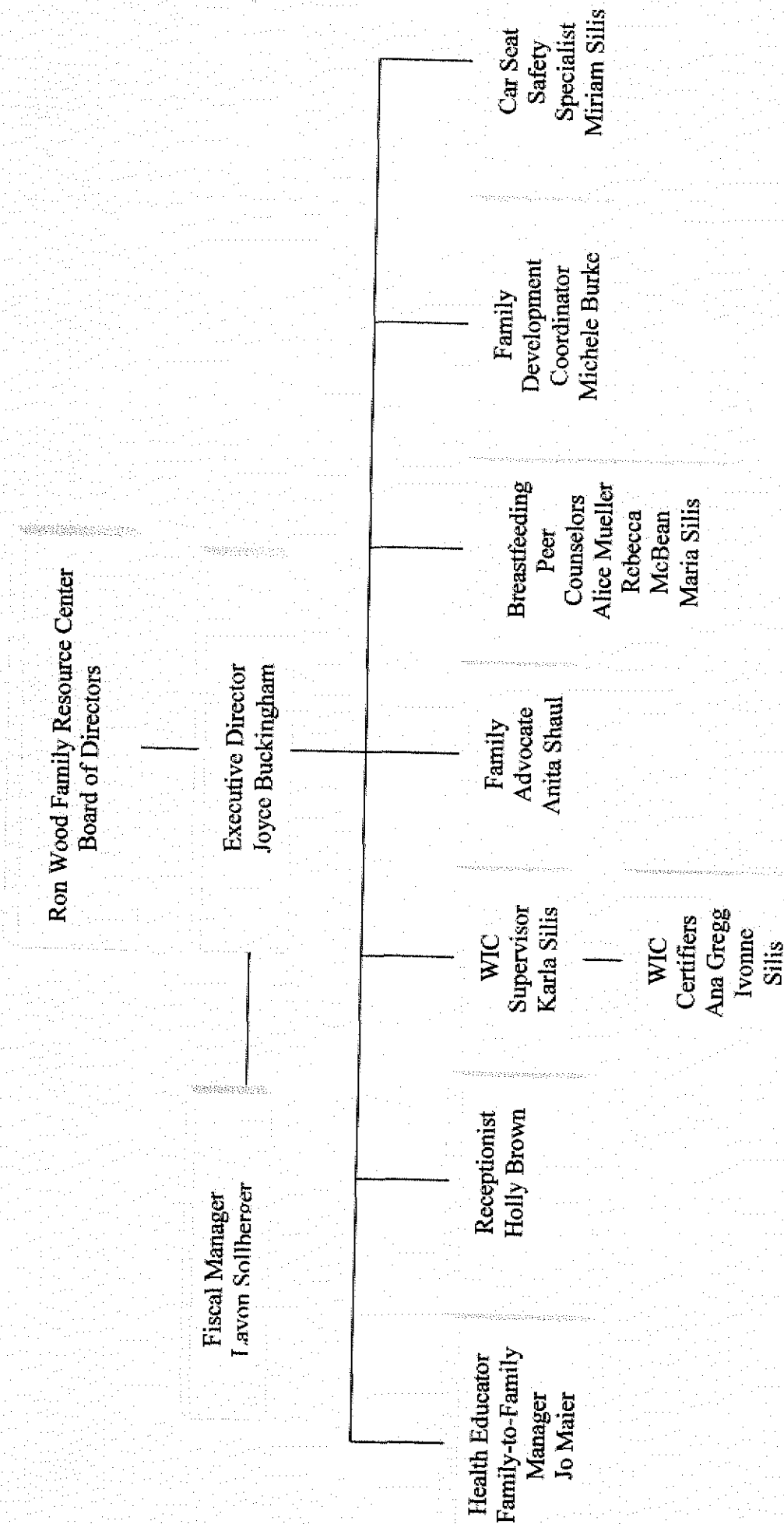
By

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 Chaparral Drive Carson City, NV. 89703	(H) 883-3626 (F) 883-7650	psauce@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@sbcglobal.net	
J.R. Clark Treasurer	N/A	2555 Waterford Place Carson City, NV. 89703	(H) 882-0856	millardclark@sbcglobal.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@sbcglobal.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@hdfsi.com	
Joyce Buckingham	RWERC 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	

COPY

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)

Form 990

2004

Part I

1 Calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

2 EIN or other identification number **86-0865470**

3 Name of organization **RON WOOD FAMILY RESOURCE CENTER**

4 Number and street (or P.O. box if mail is not delivered to street address) **212 E. WINNIE LANE**

5 City or town, state or country, and ZIP + 4 **CARSON CITY, NV 89706**

6 Telephone number **775-884-2269**

7 Fax number **775-884-2269**

8 If the organization's gross receipts are normally not more than \$50,000, 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.

9 If and when not applicable to section 527 organizations, H(a) Is this a (group) return or affiliates? ☐ Yes ☒ No

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

11 H(c) Are all affiliates included? (If "No," attach a list) ☐ Yes ☒ No

12 H(d) Is this a separate entity controlled by an organization covered by a group ruling? ☐ Yes ☒ No

13 Group Exemption Number **00000000**

14 Check ☐ if the organization is not required to attach Sch. B (Form 990-99-EZ, or 990-PF).

Part II

15 Add lines 6a, 8a, 9a, and 10a to line 12 **803,737.**

16 **Revenue, Expenses, and Changes in Net Assets or Fund Balances**

17 Contributions, gifts, grants, and similar amounts received:

18 Direct public support

19 Indirect public support

20 Government contributions (grants)

21 Total (add lines 17a through 19c) (cash \$ **790,276.** non-cash \$ **0.**)

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

23 Membership dues and assessments

24 Interest on savings and temporary cash investments

25 Dividends and interest from securities

26 Gross rents

27 Less: rental expenses

28 Net rental income or (loss) (subtract line 26b from line 26a)

29 Other investment income (describe **_____**)

30 Gross amount from sales of assets other than inventory

31 Less: cost or other basis and sales expenses

32 Gain or (loss) (attach schedule)

33 Net gain or (loss) (combine line 28, columns (A) and (B))

34 Special events and activities (attach schedule). If any amount is from gaming, check here ☐

35 Gross revenue not including \$ **_____** of contributions reported on line 17a

36 Less: direct expenses other than fundraising expenses

37 Net income or (loss) from special events (subtract line 36b from line 35a)

38 Gross sales of inventory, less returns and allowances

39 Less: cost of goods sold

40 Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 39b from line 38a)

41 Other revenue from Part VII, line 103

42 Total revenue (add lines 21, 22, 23, 24, 25, 28c, 29, 32, 33, 37, 40, 41, and 42)

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

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

45 Fundraising (from line 44, column (D))

46 Payments to affiliates (attach schedule)

47 Total expense (add lines 43 and 44, column (A))

48 Excess or (deficit) for the year (subtract line 47 from line 42)

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

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

51 Net assets or fund balances at end of year (combine lines 48, 49, and 50)

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

Form 990 (2004)

RON WOOD FAMILY RESOURCE CENTER

36-08/15470

Page 2

Part I	Statement of functional expenses	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
23	Salaries to individuals (attach schedule)				
24	Fees for or for members (attach schedule)				
25	Salaries of officers, directors, etc.	77,026.	75,401.	1,525.	0.
26	Salaries and wages	187,811.	176,336.	11,475.	
27	Professional contributions				
28	Employee benefits	24,882.	20,403.	4,479.	
29	Payroll taxes	3,443.	3,233.	210.	
30	Fundraising fees				
31	Fees	2,495.		2,495.	
32	Legal fees				
33	Supplies	32,610.	25,392.	7,218.	
34	Telephone	10,199.	9,485.	714.	
35	Postage and shipping	2,112.	2,112.		
36	Occupancy				
37	Equipment rental and maintenance	930.		930.	
38	Printing and publications	2,269.	250.	2,019.	
39	Travel	2,086.	2,086.		
40	Conferences, conventions, and meetings	7,836.	7,836.		
41	Intangible assets				
42	Depreciation, depletion, etc. (attach schedule)	1,008.	1,008.		
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
44	STATEMENT 1 Total expenses (Part I lines 22 through 43, excluding columns (B) or (C) only. Enter lines 22-43) (44)	402,198.	396,009.	6,189.	
		756,905.	719,551.	37,354.	0.

Check ☐ if you are following SOP 98-2.

Are any of the expenses from a combined educational campaign and fundraising solicitation reported in (B) Program service? ☐ Yes ☒ No

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

Part II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **TO PROMOTE HEALTHY FAMILY RELATIONSHIPS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. (Do not include the amount of grants and allocations.)

a. PREVENTION OF SUCCESS IN SCHOOL AND TRUANCY PREVENTION SERVICES

(Grants and allocations \$ _____) 45,131.

b. PROVIDE DIRECT IN-HOME FAMILY WELLNESS SERVICES

(Grants and allocations \$ _____) 122,188.

c. PROVIDE PARENT EDUCATION AND SUPPORT PROGRAMS

(Grants and allocations \$ _____) 552,232.

d.

(Grants and allocations \$ _____)

e. Other program services (attach schedule)

(Grants and allocations \$ _____)

f. Total Program Service Expenses (should equal line 44, column (B), Program services)

719,551.

Form 990 (2004)

Form 990 (12-31-13) **RON WOOD FAMILY RESOURCE CENTER** 85-0861470 Page 8**Part V Balance Sheets****Note:** Required, attach schedules and amounts within the description of line to be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	Cash - non-interest-bearing	63,777.5	109,985.
	Savings and temporary cash investments		
	Accounts receivable	47a	
	Less: allowance or doubtful accounts	47b	47c
	Notes receivable	48a	
	Less: allowance or doubtful accounts	48b	48c
	Grants receivable		49
	Receivables from officers, directors, trustees, and key employees		50
	Other notes and loans receivable	51a	
	Less: allowance or doubtful accounts	51b	51c
	Inventories for sale or use		52
	Prepaid expenses and deferred charges		53
	Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	Investments - land, buildings, and equipment basis	55a	
	Less: accumulated depreciation	55b	55c
Investments - other		56	
Land, buildings, and equipment basis	57a	5,215.	
Less: accumulated depreciation	57b	1,531.	
Other assets (describe)		349	
Total assets (add lines 45 through 58) (must equal line 74)		64,126	113,669.
Liabilities	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.	
Net Assets or Fund Balances	Sections that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 73 and lines 79 and 74.		
	Unrestricted	61,864	108,596.
	Temporarily restricted		68
	Permanently restricted		69
	Sections 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, building, 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.

For purposes of this return, the organization is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. If the public organization is such cases may be determined by the information presented in its return. Therefore, please make sure the return is complete and accurate reflects, in Part IV, the organization's programs and accomplishments.

Form 990 (2004) **RON WOOD FAMILY RESOURCE CENTER** 83-0861470 Page 6

Part I Analysis of Income-Producing Activities (See page 33 of the instructions.)

Line	Description	Unrelated Business Income		Excluded by section 513(c)(1)		(E) Total (B), (D), and (E)
		(A) Business Code	(B) Amount	(C) Excluded Income	(D) Amount	
98	Service revenue					
99	RAM SERVICE REVENUE					3,845.
100	Medicaid payments					
101	Contracts from government agencies					
102	Tip dues and assessments					
103	Dividends and temporary cash investments			14	72.	
104	Dividends and interest from securities					
105	Income or (loss) from real estate:					
106	(a) Owned property					
107	(b) Financed property					
108	Income or (loss) from personal property					
109	Rent income					
110	Losses from sale of assets					
111	Inventory					
112	Net or (loss) from special events					
113	Net or (loss) from sales of inventory					
114	Other					
115	GR INCOME					9,244.
116						
117						
118						
119						
120	(Add columns (B), (D), and (E))		0.		72.	13,189.
121	(See line 104, columns (B), (D), and (E))					13,161.

Note: Line 121 should equal the amount on line 12, Part I.

Part II Relationship of Activities to the Accomplishment of Exempt Purpose (See page 4 of the instructions.)

Line 122 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 purposes (other than by providing funds for such purposes).

932 **EDUCATE PUBLIC IN PARENTING SKILLS RELATED TO CHILD SAFETY**

Part III Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 5 of 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 IV Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) During the year, did the organization, directly or indirectly, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) During the year, did the organization, directly or indirectly, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: See instructions for exceptions to the above questions.

Preparer's Signature: *Roberta Davis* Date: 5/12/06

Preparer's Name: **FREEMAN & WILLIAMS, LLP**
3470 G.S. RICHARDS BLVD
CARSON CITY, NV 89703

Preparer's EIN: **775-882-3201**

SCH C E A
(Form 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(c)(6), 501(j), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service
Name of the organization

RON WOOD FAMILY RESOURCE CENTER

Employer identification number

86-0865470

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) Compensation to the organization (including other compensation)	(e) Expense account and other allowances
NON				
Total of other employees paid	0			

Part II 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
NON		
Total of others receiving over \$50,000 for professional services	0	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

See instructions A (Form 990 or 990-EZ) 2004

Schedule A (Form 990 or 990-EZ) 2004		RON WOOD FAMILY RESOURCE CENTER		86-0855470		Page 2	
Part I	Statements About Activities (See page 2 of the instructions.)					Yes	No
1	D	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence a nomination 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 51, Part VI-A, if Part VI-B.)					X
	O	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	D	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributor, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such individual 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.) SEE STATEMENT 3					
	a	Exchange of property?					X
	b	Lending of money or other extension of credit?					X
	c	Furnishing of goods, services, or facilities?					X
	d	Provision of compensation (for payment or reimbursement of expenses of more than \$1,000)? SEE PART V, FORM 990		X			
	e	Use of any part of its income or assets?					X
3	a	Does the organization have grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the recipients qualify to receive payments.)					X
	b	Does the organization have a section 401(a) annuity plan for its employees?					X
4	a	Does the organization maintain any separate account for participating donors where donors have the right to provide advice as to the distribution of funds?					X
	b	Does the organization provide credit counseling, debt management, credit repair, or debt negotiation services?					X
Part II	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)						
10	a	Is the organization 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)(v). Enter the hospital 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)(vi). (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)(vii). (Also complete the Support Schedule in Part IV-A.)					
	11b	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 33 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 1 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	a	Is the organization not controlled by any disqualified persons (other than foundation managers) and supported or organized for the purpose of: (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	a	Is the organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)					

Schedule 990 or 990-EZ 2004 **RON WOOD FAMILY RESOURCE CENTER** 86-08115470 Page 3

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

Calendar year (or fiscal year)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Grants and contributions received (Do not include unusual items. See line 28.)	294,593.	188,195.	295,491.	305,793.	1,084,072.
16 Fees received					
17 Receipts from admissions, sales of goods or services, or furnishing of any activity that is not the organization's principal activity, etc., purposes					
18 Income from interest, dividends, amounts received from sales of securities, loans (section 511), rents, royalties, and other business income (section 511) taxes from operations after June 30, 1975	164.	225.	1,212.	384.	1,889.
19 Income from unrelated business activities (Do not include in line 18)					
20 Expenses for the organization's benefit or for the benefit of its beneficiaries					
21 Value of services or facilities provided to the organization by a related party without charge. Include the value of services generally furnished to the organization without charge.					
22 Capital assets (Attach a schedule. Include gain or (loss) from capital assets)					
23 Lines 15 through 22	294,757.	188,424.	296,703.	306,177.	1,086,161.
24 Minus line 17	294,757.	188,424.	296,703.	306,177.	1,086,161.
25 Excess of line 23	2,948.	1,884.	2,967.	3,052.	
26 a Excess amounts described on lines 15 or 17: a. Enter 2% of amount in column (e), line 24					N/A
b List for your records to show the name of and amount contributed by each person (other than a governmental entity or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Be this list with your return. Enter the total of all these excess amounts					N/A
c Report for section 509(a)(1) test. Enter line 24, column (e)					N/A
d Excess amounts from column (e) for lines: 18 11 22 20					N/A
e Support (line 26) minus line 26d (total)					N/A
f Support percentage (line 26e (numerator) divided by line 26c (denominator))					N/A %
27 a Excess amounts 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 amounts for each year:					
b 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 as well as individuals. Do not file this list with your return. After computing the differences between the amount received and amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
c Excess amounts from column (e) for lines: 15 1,084,072. 16 20 21					
d Line 27a total 0. and line 27b total 0.					
e Support (line 27) total minus line 27d (total)					1,084,072.
f Report for section 509(a)(2) test. Enter amount on line 23, column (e)					1,086,061.
g Support percentage (line 27e (numerator) divided by line 27f (denominator))					99.8165%
h Net income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					1.831%
28 Unusual grants: For a organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records 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.					NONE

School Form 990 or 990-EZ 2004 RON WOOD FAMILY RESOURCE CENTER 86-0815470 Page 4
 Part 1 **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 its agreement in its charter, bylaws, other governing document, 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, catalogs, or other written communications with the public dealing with student admissions, programs, and scholarships?
 31 ☐ Does the organization publicize 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 the general community it serves?

	Yes	No
29		
30		
31		

Schedule 1 with 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)Check ☐ if the organization belongs to an affiliated group. Check ☐ if you checked "a" and limited or not provide RS apply.

Limits on Lobbying Expenditures

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

	(a) All related group totals	(b) To be completed for ALL electing organizations
36 To influence public opinion (grassroots lobbying)	36	
37 To influence a legislative body (direct lobbying)	37	
38 To influence a legislative body (add lines 36 and 37)	38	
39 Other lobbying purpose expenditures	39	
40 Total lobbying purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If amount on line 40 is -	The lobbying nontaxable amount is -	
No more than \$10,000	25% of the amount on line 40	
Over \$10,000 but not over \$100,000	\$100,000 plus 15% of the excess over \$100,000	
Over \$100,000 but not over \$1,000,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,000,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,000,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 38. Enter -0- if line 42 is more than line 38	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 line items below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				(d) Total
Category	(or planning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable						0.
46 Lobbying ceiling amount						0.
47 Lobbying excess						0.
48 Grassroots nontaxable						0.
49 Grassroots ceiling amount						0.
50 Grassroots lobbying						0.

Part V 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/A

During the year	1. 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:	Yes	No	Amount
a. Written reports				
b. Publications or management	(Include compensation in expenses reported on lines c through h.)			
c. Meetings or conferences				
d. Meetings with 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. Radio, television, seminars, conventions, speeches, lectures, or any other media				
i. Total lobbying expenditures (Add lines c through h.)				0.
j. If any of the above, also attach a statement giving a detailed description of the lobbying activities.				

421541
11-24-

Schedule A (Form 990 or 990-EZ) 2004

1.1

Sch
(Formile B
990-EZ, or
990-PFDepartment
of the Treasury
Internal Revenue Service

Name of

organization

Schedule of Contributors

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

OMB No. 1545-0047

2004

Employer identification number

RON WOOD FAMILY RESOURCE CENTER

85-0861470

Organ

ization type (check one):

Filers

Section:

Form

990-EZ

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

Form

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

Check

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

y

☐

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

s-

☒

a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 35 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$1,000 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 purposes, 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 \$100. (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

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 they must check the box at 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 requirement of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA

perwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

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

Schedule 1 100, 990-EZ, or 990-PF (2004)

Page 1 of 1 of Part I

Name of organization

Employer identification number

RON WOOD FAMILY RESOURCE CENTER

86-0861470

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution \$	(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"/> Non-cash <input type="checkbox"/> (Complete Part II if there is a non-cash contribution.)
	STATE OF NEVADA 755 FIFTH STREET CARSON CITY, NV 89701	\$ 727.59.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Non-cash <input type="checkbox"/> (Complete Part II if there is a non-cash 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"/> Non-cash <input type="checkbox"/> (Complete Part II if there is a non-cash contribution.)
	CITY OF CARSON CITY 201 N. CARSON ST CARSON CITY, NV 89701	\$ 3,841.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Non-cash <input type="checkbox"/> (Complete Part II if there is a non-cash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Non-cash <input type="checkbox"/> (Complete Part II if there is a non-cash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Non-cash <input type="checkbox"/> (Complete Part II if there is a non-cash contribution.)

423452

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

1.4

110505 130450 1211528

2004.09000 RON WOOD FAMILY RESOURCE CE 12115281

RON WOOD FAMILY RESOURCE CENTER

36-0865470

FORM 9	OTHER EXPENSES	STATEMENT	1
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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	55,176.	55,614.	502.	
TOTAL FORM 990, LN 43	402,198.	396,009.	6,105.	

FORM 9	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSES (CONTRIB ACCOUNT)
PAUL E CARSON 1231 CARRIEL DRIVE CARSON CITY, NV 89703	CHAIR 1+	0.	0. 0.
VALERIE M MINDEN 456 GERRARD LANE MINDEN NV 89423	VICE CHAIR 1+	0.	0. 0.
JACK W CARSON 1279 BIRCH LANE CARSON CITY, NV 89701	SECRETARY/TREASURER 1+	0.	0. 0.
J.R. CARSON 2555 WILKINSON PLACE CARSON CITY, NV 89703	BOARD MEMBER 1+	0.	0. 0.
TRINA CARSON 330 CRYSTAL WATER WAY CARSON CITY, NV 89701	BOARD MEMBER 1+	0.	0. 0.
RUTH A CARSON 2050 JEFFERSON LANE CARSON CITY, NV 89701	BOARD MEMBER 1+	0.	0. 0.

RON () FAMILY RESOURCE CENTER		36-0865470		
KEN FU J NG	BOARD MEMBER			
901 E 1 3ER STREET	1+	0.	0.	0.
CARSON () PY, NV 39701				
RICK R 1 CKIN	BOARD MEMBER			
4257 C 1 3 CANYON ROAD	1+	0.	0.	0.
CARSON () PY, NV 39703				
SHEILA 1 NISTER	BOARD MEMBER			
581 SO 1 WEST COURT	1+	0.	0.	0.
CARSON () PY, NV 39701				
TEAH C 2 DERDON	EXECUTIVE DIRECTOR			
1823 N 1 3 NEVADA STREET	40+	30,395.	0.	0.
CARSON () PY, NV 39703				
SHARLE WYNE	EXECUTIVE DIRECTOR			
212 E 2 WIE LANE	40+	46,631.	0.	0.
CARSON () PY, NV 39706				
TOTALS : INCLUDED ON FORM 990, PART V		77,026.	0.	0.

SCHEDULE 1 A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 3
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THE 1 EXECUTIVE DIRECTOR POSITIONS AND EMPLOYEE COMPENSATION ARE SOLELY AT THE
DISC 1 ION OF THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTORS DO NOT
PART 1 PATE IN THE DETERMINATION OF COMPENSATION.

86-08654

07/01/2005

Sayed: G

1/2005

in link

RON WOOD FAMILY RESOURCES (102115) Depreciation Expense

Federal

07/01/2004 - 07/30/2005

5/11/2006

12:31:05PM

Line	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179? (bonus)	Salvage/ Estm. Adj.	Reg. Accum. Depreciation	Current Depreciation	Total Depreciation
990, Pg 2		n 990, Page 2										
1		Computer	12/29/2003	M / N/A	5.0000	872.00	100.0000	0.00	0.00	523.20	138.62	661.72
2		Sign and stamp	11/30/2004	M / HY	5.0000	4,343.10	100.0000	0.00	0.00	0.00	868.63	868.63
Subtotal		990 - Form 990, Page 2				5,215.10	0.00	0.00	0.00	523.20	1,008.15	1,531.35
Less: de		and exchanges				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for. B		1 - Form 990, Page 2				5,215.10	0.00	0.00	0.00	523.20	1,008.15	1,531.35
Subtotal						5,215.10	0.00	0.00	0.00	523.20	1,008.15	1,531.35
Less: de		and exchanges				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Tot						5,215.10	0.00	0.00	0.00	523.20	1,008.15	1,531.35

32	x	Does the organization maintain the following:		
a	x	indicating the racial composition of the student body, faculty, and administrative staff?	121	
b	x	documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	121	
c	x	in all catalogues, brochures, announcements, and other written communications to the public dealing with student affairs, programs, and scholarships?	121	
d	x	in all material used by the organization or on its behalf to solicit contributions?	121	
y		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	rights or privileges?	131	
b	x	admissions policies?	131	
c	x	employment of faculty or administrative staff?	131	
d	x	scholarships or other financial assistance?	131	
e	x	admission policies?	131	
f	x	activities?	131	
g	x	programs?	131	
h	x	extracurricular activities?	131	
y		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?	34a	
b	x	Has the organization's right to such aid ever been revoked or suspended?	34b	
y		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 990 or 990-EZ) 2004

421331
11-24-1

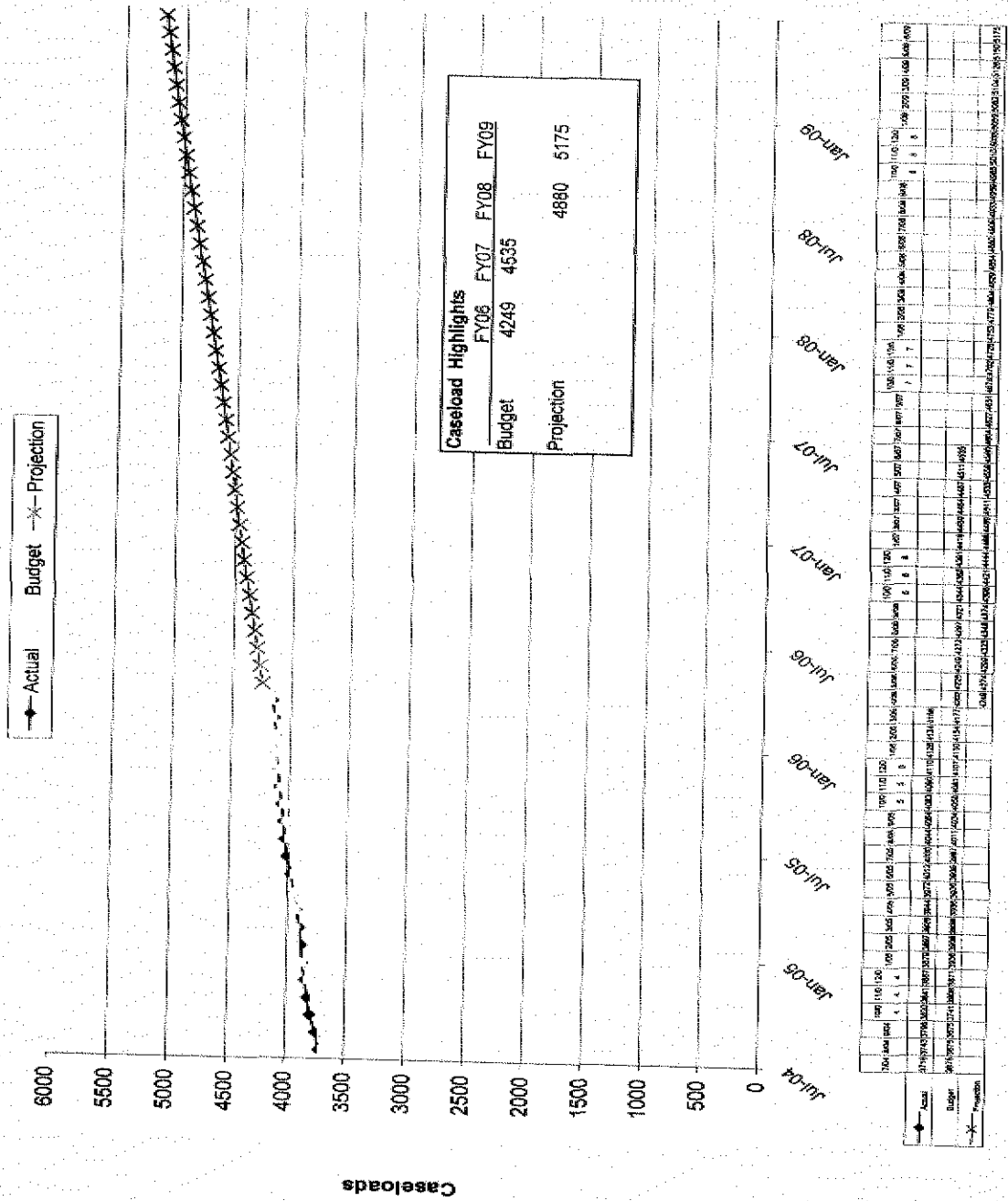
1.0

110505 130450 1211528

2004.09000 RON WOOD FAMILY RESORT/CE CE 12115281

Department of Health and Human Services
Mental Health and Developmental Services (MHDS)

DS - Total Persons Served: 7104 to 6109
Linear Projection using 36 month actual data points 4/03 - 3/06

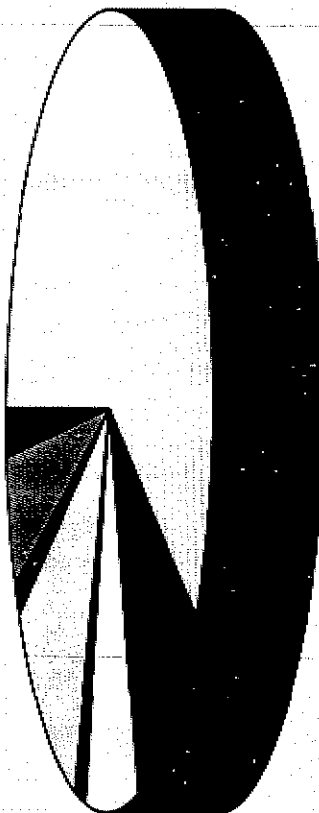


ATTACHMENT 6

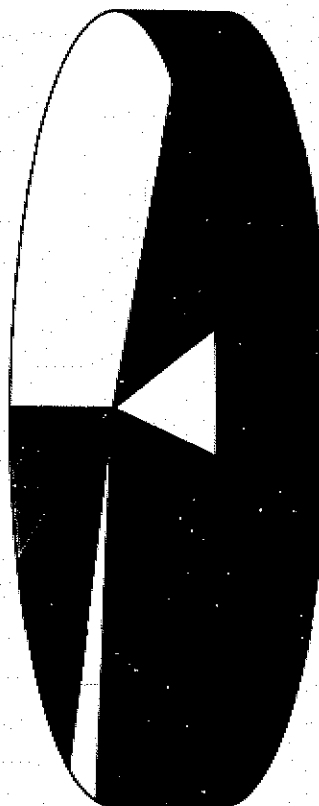
INSURANCE ELIGIBILITY

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%

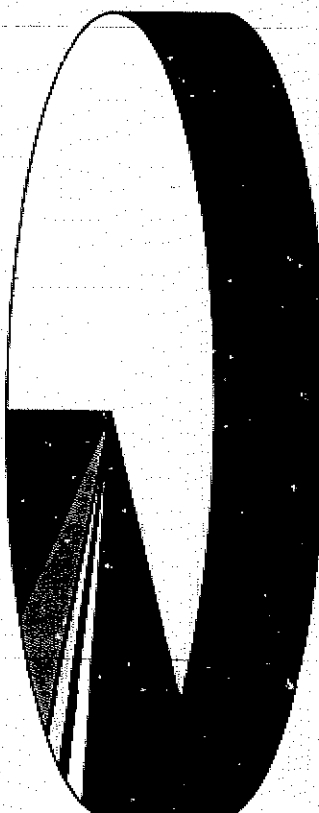
NNAMHS



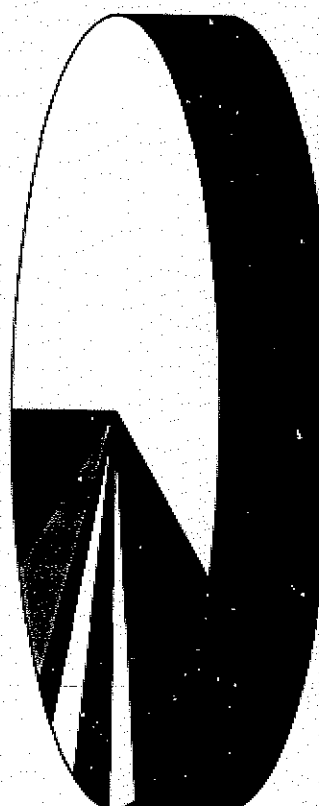
Rural Clinics



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):
☒ XX 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

- IRS Tax Exempt "501(c)(3)" letter.
- Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
- Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
- 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).
- 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	<u>1/29/07</u> Date
Mary K Bryan Typed Name and Title of Authorized Official	7758823945 Phone Number

 Signature of President of Board of Directors	<u>1/29/07</u> 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

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?

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 last 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):

<u> X </u> Public Service <u> </u> Economic Development	<u> </u> Community Facilities/Improvements <u> </u> 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.eer.gov/pdfs/DUNSGuideGovVendors.pdf>

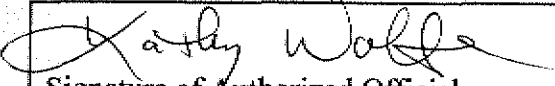
11. Attach the following to each copy of the Proposal for Funding


(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.

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

	
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:

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

NA

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: **N/A**

(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: **N/A**

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

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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			
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14			
15			

APPENDIX III

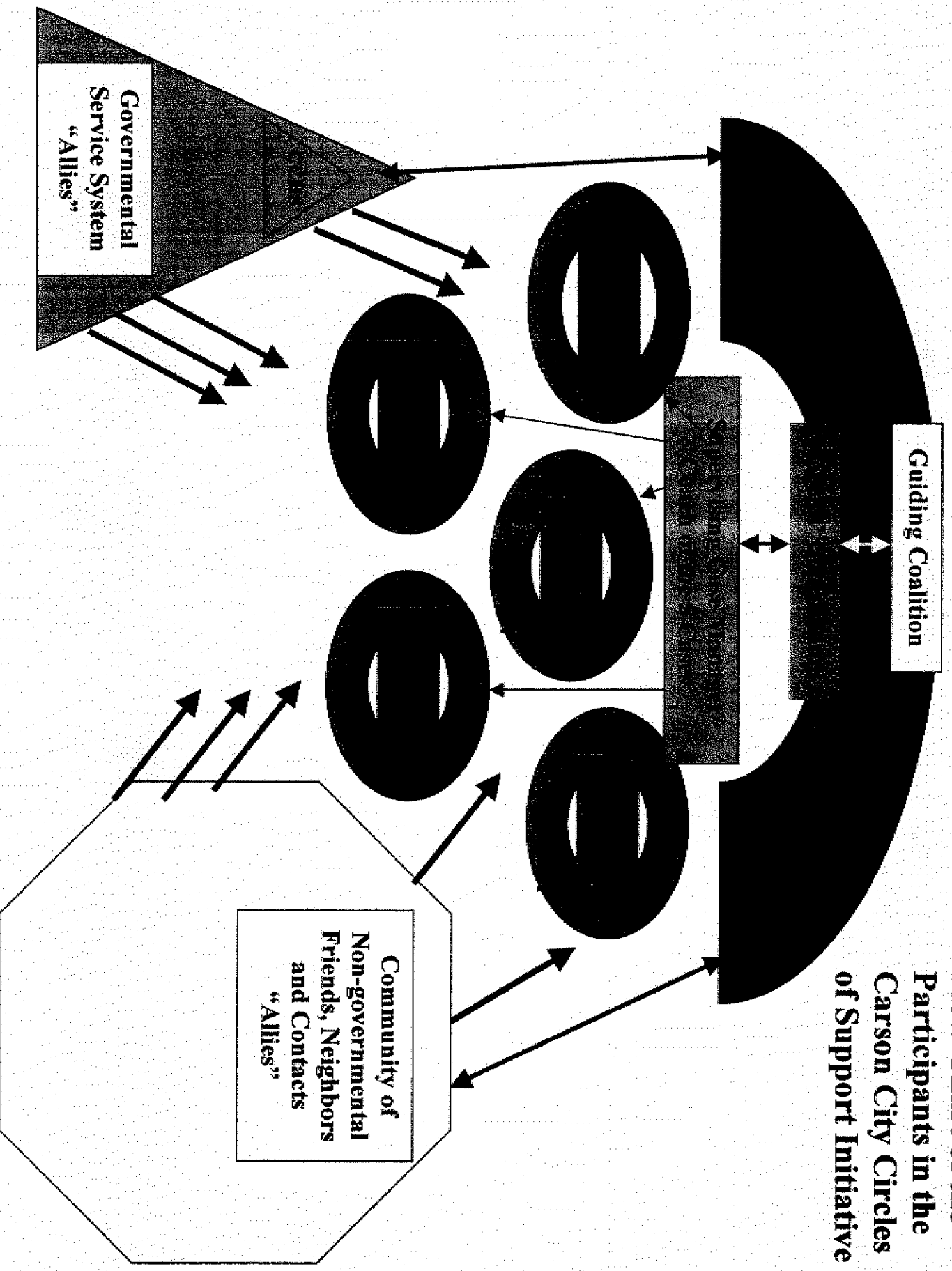
APPLICATION CHECKLIST

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.
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- ☒ Section IV: CDBG Project Budget.
- ☒ Section V: Project Administration.
- ☐ Appendix I: Subrecipient Questionnaire (*if applicable*).
- ☒ 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.

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

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

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

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.

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

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.

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

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

February 1, 2007

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

RECEIVED

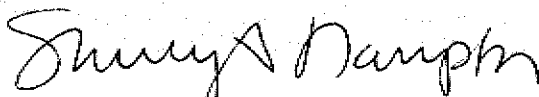
FEB 02 2007

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

2. Project Title:

Access to Health Care

Diabetes Management

FEB 02 2007

CARSON CITY
EXECUTIVE OFFICER

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

p. 1

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

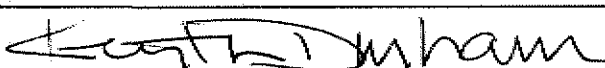
A list of Board Members and their terms of office is attached.

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.

 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

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:

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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 Roccapiore, 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.gbpc.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 Roccapiore, Carla

⁴ Great Basin Primary Care Association; Study of the Uninsured in Nevada - 2005, www.gbpc.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.gbpc.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
tcov@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/house/holds 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	501(c)(3) non-profits: Copy of the most recent Federal Tax Return (Form 990 or 990EX)	Page 2	X
6			
7			
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11			
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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.

<u> x </u>	Grant Cover Sheet.
<u> x </u>	Grant Application completed and signed by Agency representative.
<u> x </u>	Section I: Project Description and Needs Analysis.
<u> x </u>	Section II: Project Measurement.
<u> x </u>	Section III: Goals and Objectives.
<u> x </u>	Section IV: CDBG Project Budget.
<u> x </u>	Section V: Project Administration.
<u> n/a </u>	Appendix I: Subrecipient Questionnaire <i>(if applicable)</i> .
<u> x </u>	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.

In 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 on 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 Internal Revenue Code. However, these organizations are not automatically exempt from other federal excise taxes.

Contributors 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 tax 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.

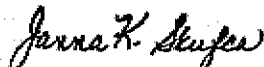
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make 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.

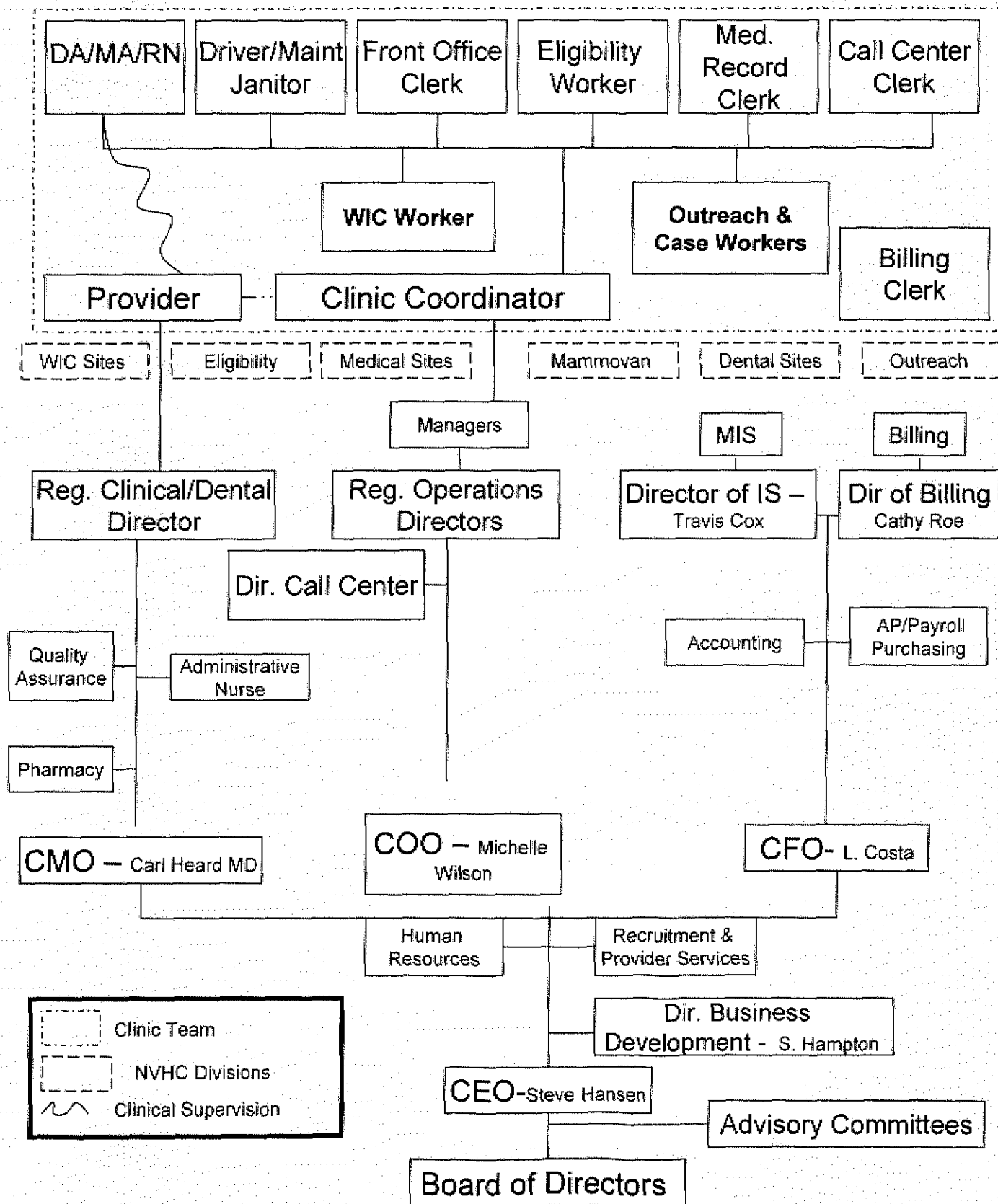
Sincerely,

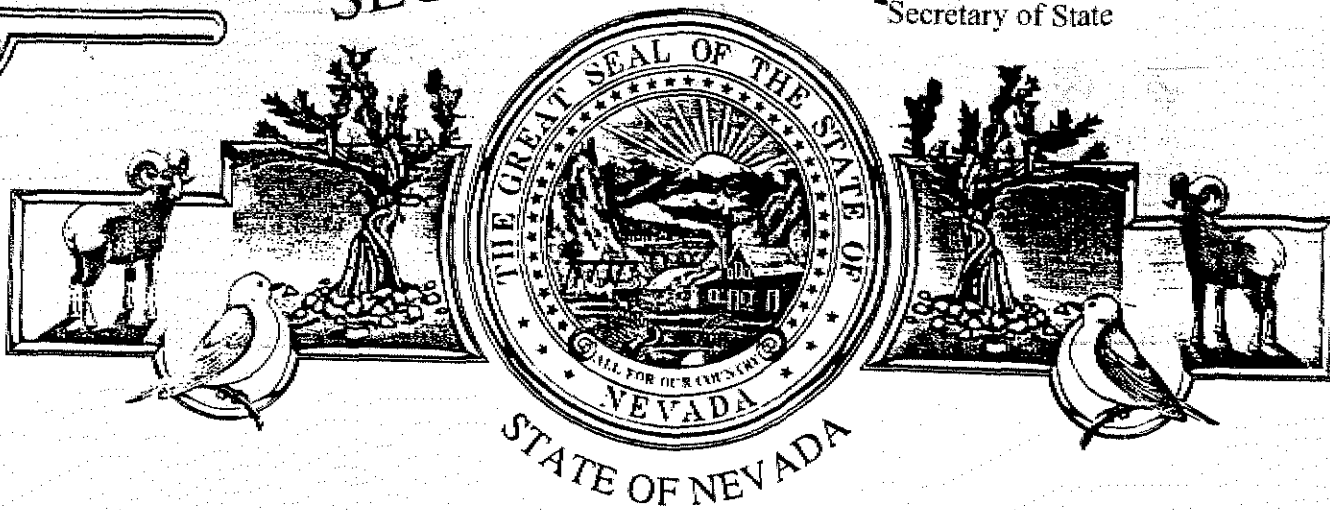


Janna K. Skufca, Acting Director, TE/GE
Customer Account Services

Nevada Health Center Organizational Chart

Patient





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.

Dean Heller

Secretary of State

By

Acqueline Curry
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. Keyth Durham	Chair	Office of Rural Health	y	(L) (W)	8
2. Will Johnson		Geography: Fire	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 Asay		County Schools	n	(L) (W)	2
13. Marianne Bloom		Business Owner	y	(L) (W)	2
14. Vacant					
15. Vacant					

Form **990****Return of Organization Exempt From Income Tax**

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

Department of the Treasury
Internal Revenue Service

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

2000
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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> 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	D Employer identification number 94-3199117
		E Telephone number (702) 887-1590
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ N/A H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ N/A M Check <input checked="" type="checkbox"/> 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) () (insert no.) ☐ 4947(a)(1) or ☐ 527**K** 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.	
	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.)	1d	7,634,099.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	9,947,427.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	404.	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
Expenses	8a 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		
	8d			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 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)	9c		
	10a 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)	10c		
11 Other revenue (from Part VII, line 103)	11	199,463.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	17,781,393.		
Net Assets	13 Program services (from line 44, column (B))	13	16,067,467.	
	14 Management and general (from line 44, column (C))	14	1,874,857.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 13 and 14, column (A))	17	17,942,324.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<160,931.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,989,044.		
20 Other changes in net assets or fund balances (attach explanation)	20	0.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,828,113.		

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 . If this amount includes foreign grants, check here <input type="checkbox"/>	22			
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

Form 990 (2005)

** 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		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
a <u>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.</u>		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		16,067,467.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
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.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	266,869.	189,878.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	4,161,842.	
	b Less: allowance for doubtful accounts	1,578,779.	2,583,063.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable	334,471.	450,909.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable	34,429.	
	b Less: allowance for doubtful accounts		34,429.
	52 Inventories for sale or use	367,319.	305,963.
	53 Prepaid expenses and deferred charges	23,433.	24,492.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	3,557,046.		
b Less: accumulated depreciation	1,408,558.	2,148,488.	
58 Other assets (describe DEPOSITS)	26,888.	34,210.	
59 Total assets (must equal line 74). Add lines 45 through 58	5,441,391.	5,771,432.	
Liabilities	60 Accounts payable and accrued expenses	892,800.	955,853.
	61 Grants payable		
	62 Deferred revenue	131,667.	78,750.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	523,231.	
	65 Other liabilities (describe SEE STATEMENT 4)	904,649.	1,908,716.
66 Total liabilities. Add lines 60 through 65	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	2,173,456.	1,620,655.
	68 Temporarily restricted	815,588.	1,207,458.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	2,989,044.	2,828,113.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,441,391.	5,771,432.

Yes	No
-----	----

17

756

X

750

X

75d

X

d. Does the organization have a written conflict of interest policy?

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.)

[illegible]

	Yes	No
--	-----	----

76

X

77.

X

78a

X

N/A

386

79

X

802

X

N/A

☐ e

☐ nonexempt

812

0

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	X
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	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	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?	85h	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? If "Yes," complete Part IX	88	X
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.		
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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		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)? 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.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated.

	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			14	404.	
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.	10,146,890.
105 Total (add line 104, columns (B), (D), and (E))					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).

Under penalties of perjury, I declare that I have prepared 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.

Please Sign Here	Signature of officer		Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature	Date	SEP 28 2006	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	MATSON AND ISOM P.O. BOX 1638 CHICO, CA 95927-1638		EIN	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)

(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**

OMB No. 1545-0047

2005

Name of the organization

NEVADA HEALTH CENTERS, INC.

Employer identification number

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 32, Part VI-A, or line i 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	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	<input type="checkbox"/> 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	<input type="checkbox"/> 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: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> 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.	SEE STATEMENT 6 175,326.	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					26a 373,150.
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					26b 82,381.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 18,657,496.
d Add: Amounts from column (e) for lines: 18 7,906. 19					26d 1,041,581.
22 951,294. 26b 82,381.					26e 17,615,915.
e Public support (line 26c minus line 26d total)					26f 94.4174%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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))					
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)

	Yes	No
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?	29	
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?	30	
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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2005

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.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
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 -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	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	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
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/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:

	Yes	No	Amount
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.)			0.

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

Schedule A

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

2005

**** Do Not File ****

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
COMMUNITY COLLEGE OF SO NEVADA	455,531.	82,381.
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	1,536,776	641,231	(29,519)	2,148,488

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.
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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
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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.	