

Special 10th Anniversary
DORIS BARGER GOLF OUTING

June 12, 2017

5/18/2017

Mark Twain Health Care District
768 Mountain Ranch Road
San Andreas, CA 95249

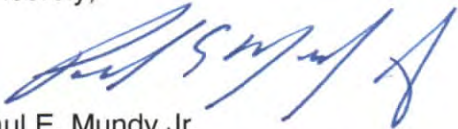
Dear Friends:

Thank you for your donation of \$2,500.00 as a Gold Sponsorship at the 10th Annual Doris Barger Golf Outing. The proceeds of this event go towards supporting Women's Health while honoring long-time supporter Doris Barger.

Your donation and support are greatly appreciated and will help Mark Twain Medical Foundation support the Mark Twain Medical Center in its campaign to build a new medical center in Angels Camp.

The Foundation acknowledges your generous donation.

Sincerely,



Paul E. Mundy Jr.
Senior Foundation Associate
Mark Twain Medical Center Foundation

Please consult your tax preparer or attorney for applicability of this donation. Tax ID #68-0023507 501(c)3

 **Mark Twain
Medical Center Foundation** 768 Mountain Ranch Road, San Andreas, CA 95249 • 209-754-2603



ACHD Advocate

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From the Desk of Ken Cohen, Executive Director

Bylaws

The ACHD Board of Directors completed and presented the Amended and Restated Bylaws of the Association to our Membership. To better position ACHD to meet the challenges ahead, the Board has recommended support of the Amended and Restated Bylaws by Member Healthcare Districts. Members (and their official delegate) received their election materials either electronically or by certified mail. **Please note that ballots must be returned no later than June 16, 2017.** On May 8th and May 15th, 2017, ACHD's Board Chair Julie Nygaard, Vice-Chair of the Board and Chair of the Governance Committee, Julia Miller, ACHD's Attorney, Ashley West, and myself hosted a discussion to review the recommended changes to the Association's Bylaws. The webinar recordings are now available for you and is one way to have your questions answered. To obtain access to the webinar recordings, please contact [Zoe Kipping](#).



American Health Care Act

While the fate of the Affordable Care Act remains uncertain, on May 4, 2017, the House of Representatives passed HR 1628, otherwise known as the American Health Care Act of 2017 (AHCA). The House measure includes dramatic changes to Medicaid, including: rolling back Medicaid expansion, converting Medicaid from an entitlement to grant program, allowing

states to seek waivers that would no longer require insurance companies to provide essential benefits, such as: mental health, maternity care, substance abuse services. According to the Congressional Budget Office (CBO) in 2026, an estimated 52 million people would be uninsured, compared with 28 million who would lack insurance that year under current law. Though the CBO analysis didn't address California specifically, both the state's Medicaid program and its individual insurance market could be seriously harmed if the legislation passes, according to legislators, consumer advocates and other critics. Additionally, the amount of federal funds that California can expect in the future is highly likely to be reduced or perhaps even shifted to other States. HR 1628 (AHCA) has now been referred to the Senate for their review and action, causing wide spread speculation regarding its future and possible wide-ranging outcomes. ACHD will continue to monitor HR 1628 and will communicate any impacts anticipated to Healthcare Districts in a timely manner.

Transitions

Eden Township Health District CEO Dev Mahadevan will be retiring from the Healthcare District in July. During his nine-year tenure at Eden, Dev fended off an attempt to dissolve the District by the State legislature, mapped out the future of the District's Dublin Gateway Medical Center, and tied up issues around the \$20 million legal judgement that the district is paying to Sutter Health over San Leandro Hospital. I would like to acknowledge and thank Dev for his encouragement of ACHD, his friendship and support, and extend good wishes for all his future endeavors.

I would also like to extend our welcome and encouragement to Michael Mahoney, as he begins his new role with Eden. Prior to joining Eden, Mike served as the CEO for the San Francisco-based Pacific Vision Foundation since April 2015. He also successfully served as CEO of St. Rose Hospital from March 1992 to March 2012. Mike also serves as a board member for the Alameda County Fair, Hayward Chamber of Commerce and Tri-CED Community Recycling.

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Legislative Update

Legislative Day 2017

View the highlights from this year's Legislative Day.



Little Hoover Commission

As previously reported, the Little Hoover Commission has scheduled a small and targeted roundtable meeting in June. This Advisory Committee Meeting will take place in Sacramento on June 22, 2017. Please note that the agenda is not set yet, but will be posted on their [website](#), when available. ACHD is continuing to work with CSDA on strategies to address the Commission and will be present at the meeting. Stay tuned for updates on details and the outcome of this advisory meeting.

Legislative Update

The Legislature is halfway through their legislative year, as the "House of Origin" deadline for legislation was on June 2. Legislation that failed to pass out of its house of origin by the deadline could be considered again next year as a two-year bill. Here is an update on the key bills ACHD has an active position on:

[AB 387 \(Thurmond, D-Richmond\)](#) requires health care entities to pay allied health students minimum wage for time spent in clinical or experiential training that is required for state licensure. This bill failed to pass out of the Assembly last week. ACHD actively opposed this measure, along with a large coalition of hospital and healthcare groups as well as educational institutions.

[AB 893 \(Garcia, Eduardo, D-Coachella\)](#) implements a study on the need for additional residency programs in Imperial County and similarly medically underserved counties. We anticipate this bill to be amended again later in the legislative session to provide funding for a new residency program for Pioneers Memorial Healthcare District. This bill passed out of the Assembly and will be heard next week in Senate Health Committee. ACHD supports this measure.

[AB 979 \(Lackey, R-Palmdale\)](#) allows special districts to vote on LAFCO representation in a meeting of the county's independent special districts selection committee. This bill passed out of the Assembly and will be heard next in the Senate Governance & Finance Committee. ACHD supports this measure.

[AB 994 \(Muratsuchi, D-Manhattan Beach\)](#) authorizes Beach Cities Health District to utilize the design-build process for a construction project on a pilot basis. This bill passed out of the Assembly on a 74-1 vote with the Chair of Local Government Committee, Cecilia Aguiar-Curry casting the only "no" vote. This bill will be heard next in the Senate Governance & Finance Committee. ACHD supports this measure.

[AB 1612 \(Burke, D-Inglewood\)](#) removes the physician supervision requirement for certified nurse midwives. This bill was not heard by the Assembly Appropriations Committee and failed passage. ACHD Supports this measure.

[AB 1728 \(Committee on Local Government\)](#) requires Healthcare Districts to: 1. create and maintain a website, which must include contact information for the district 2. annually adopt a budget 3. annually adopt policies for providing assistance or grant funding to ensure funding is spent on health care services consistent with the mission and purpose of the District. This bill passed out of the Assembly and will be heard in the Senate Governance & Finance Committee next. ACHD supports this measure.

[SB 448 \(Wieckowski, D-Fremont\)](#) establishes new audit requirements for special districts, creates new categories of "inactive" and "idle" districts and amends the dissolution process for these new categories of districts, and requires counties to include additional information on the county tax bill related to the services provided in the county. This bill passed out of the

Senate and will be heard by the Assembly Local Government Committee next. ACHD is opposed to this measure.

[SB 793 \(Hill, D-San Mateo\)](#) authorizes Beach Cities Health District and Peninsula Healthcare District to utilize the design-build process on a pilot basis. This bill passed out of the Senate and will be heard by the Assembly Local Government Committee next. ACHD supports this measure.

For more bills ACHD has a position on, find the [Legislative Reports](#) on our website.

Please contact [Amber King](#) with questions or comments.

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Budget Update

The Legislature is in the process of completing their work on the State Budget, which must be passed by June 15. Here is a summary of the items that may impact your District.

Health Care Workforce

There are three separate health care workforce items before the Budget Conference Committee:

- *Issue 4140: Primary Care Workforce.* The Conference Committee will be discussing the amount of General Fund to expend for primary care residency slots and student loan repayments. The Governor proposed to eliminate the \$33.3 million GF that was provided in the 2016-17 budget. The Assembly proposed restoring the full \$33.3 million allocation for three years. The Senate proposed to restore \$6 million GF over three years, with \$5.7 million for Song-Brown Program primary care residency slots at teaching health centers and \$333,000 for the Student Loan Repayment Program. The Conference Committee held this item open on June 4.
- *Issue 4260: Graduate Medical Education & Public Hospitals.* The Conference Committee will consider whether to limit Graduate Medical Education (GME) funding to designated public hospitals that contract with all Medi-Cal managed care plans in the hospital's service area. The Assembly adopted the language requiring the hospitals to contract with all the plans; the Senate did not. The Governor proposed \$1.2 billion (\$600 million federal funds, \$600 million from local governments) to implement a graduate medical education program for the 21 designated public hospitals. The California Association of Public Hospitals and Health Systems (CAPH) and several counties are supporting the Senate version and opposing the Assembly version. The Conference Committee approved the Senate version on a 5-0, 5-0 vote on June 4.
- *Issue 6440: Graduate Medical Education & University of California.* The Conference Committee will also discuss whether to include \$50 million GF in ongoing funding for the University of California. The Governor proposed allocating \$50 million in Proposition 56 funds to UC for GME. The Proposition 56 revenue is being used to replace \$50 million in GF fund revenue that supported GME at UC in 2016-17. The Governor is also proposing a \$50 million unallocated reduction to the UC base. The Senate approved the Governor's proposal. The Assembly rejected the Governor's

proposal and refunded the \$50 million GF for the UC base and provided \$50 million in Proposition 56 for GME, for a total of \$100 million. The Conference Committee held this item open on June 4.

The Legislative Analyst's office (LAO) suggested a \$135 million (over three years) conference compromise to address issue 4140 and issue 6440. The LAO's overview document on the proposed compromise on graduate medical education and workforce training can be found [here](#).

Proposition 56

The two houses and the Governor differ in their approach to spending tobacco tax revenues generated from Proposition 56. The Governor proposed to spend \$1.3 billion on Medi-Cal caseload costs in 2017-18. Both houses of the Legislature rejected the Governor's expenditure plan and instead focused on physician and dental rates, restoring optional benefits and expanding Medi-Cal coverage. The Proposition 56 item was held open on June 4.

The Legislative Analyst provided an overview of the items before Conference Committee. A few items of note:

- Additional General Fund will be needed to fund the existing Medi-Cal program under the Assembly and Senate Plans.
- Proposition 56 revenues are anticipated to decline beyond 2017-18. Therefore, the Proposition 56 spending package adopted by the Legislature should adapt to the amount of available annual Proposition 56 funding.
- The cost of expanding full scope coverage to undocumented immigrants ages 19-26 is likely significantly higher than estimated in the Assembly and Senate plans. The Administration is projected annual costs of the expansion to be \$300 million; substantially more than the Legislature's estimate of \$86 million annually.
- The LAO recommends targeting provider payment increases to geographic areas or specialties of high need.

The following provides a summary of the differences between the two houses:

Proposal	Assembly	Senate
TOTAL	\$1 billion in 2017-18	\$348.5 million in 2017-18
Physician Incentive Payments	\$610 million in 2017-18	-
High-need Specialty Access pool	-	\$150 million in 2017-18, growing to \$700 million in 2020-21 and annually thereafter
Dental Incentive Payments	\$247.3 million in 2017-18	-
Dental Reimbursement rates	-	\$130 million annually beginning in 2017-18
Family Planning and Abortion Services rates	\$50 million in 2017-18	\$50 million annually beginning in 2017-18

Intermediate Care Facilities- Developmentally Disabled rates	\$26.7 million in 2017-18	14.5 million annually beginning in 2017-18
AIDS Waiver rates	\$2 million in 2017-18	\$4 million annually beginning in 2017-18
Restoration of Optional Benefits	**	Effective January 1, 2019 restores: Adult dental, optical, audiology, incontinence creams/washes, podiatry, and speech therapy (\$52.9 million in 2018-19, and \$105.8 million in 2019-20 and annually thereafter)
Full-scope Medi-Cal coverage to all individuals up to age 26 regardless of immigration status	\$54 million in 2017-18	Beginning July 1, 2018, (\$63.1 million in 2018-19, \$85.8 million in 2019-20 and annually thereafter)
Pediatric In-Home Health Rates	\$10 million in 2017-18	-
Durable Medical Equipment Protection from Rate Reduction	No cost	-

** In a non-Proposition 56 action, the Assembly approved \$108.6 million in state General Fund to restore dental, optical, audiology, chiropractic, incontinence creams/washes, podiatry, and speech therapy in 2017-18.

Please contact [Amber King](#) with questions.

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Register Today for ACHD's Inaugural Wellness Summit!



Healthy You: Healthy Community!



In collaboration with the Stanford Health Improvement Program and WELL for Life program at Stanford University, ACHD is hosting a one-day Wellness Summit to provide Healthcare Districts

and their Community Partners with valuable wellness tools and inspiration for embracing existing programs and envisioning new initiatives. Your attendance at our Wellness Summit will assist you and your colleagues in creating an action plan to implement healthy initiatives at your District and throughout your communities.

Together, ACHD and our Stanford Collaborators will present valuable wellness tools and initiatives that will allow Districts to continue to make strides in improving the overall community wellbeing.

When:

Thursday, July 13, 2017, 10:00 a.m. - 4:00 p.m.

Where:

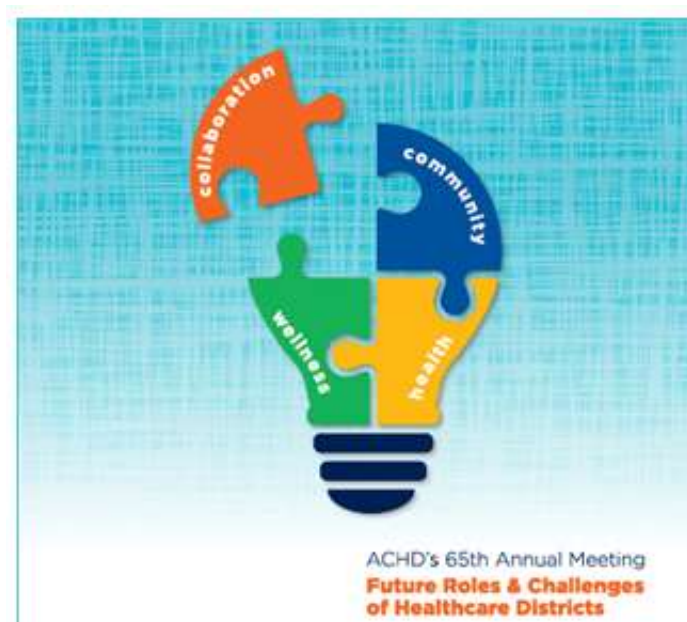
California Endowment
1414 K Street, Suite 500
Sacramento, CA 95814

To read more about the Wellness Summit, [click here](#).

[Register today](#) for Healthy You: Healthy Community!

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Don't Forget to Register for Annual Meeting!



The Association's Education Committee has planned the 65th Annual Meeting with a focus on preparing Healthcare Districts for the challenges ahead and the role of District's in the face of change. Our program is designed to inspire innovation and motivate Districts to prepare for the future.

Newly elected, as well as experienced trustees and executives will want to attend our Annual Meeting. Networking with colleagues and sharing best practices will help elevate Healthcare

District performance to the next level. This year's meeting will include wellness activities that will create a new level of energy!

Join us for what will be our best educational event ever!

Our Annual Meeting will take place September 12-September 14, 2017, at the [Kona Kai Resort and Spa](#) in San Diego.

[Register for Annual Meeting Here.](#)

[Make Hotel Reservations Here.](#)

[Click here for a schedule of events.](#)

Costs:

- Member: \$800/attendee
- Non-Member: \$1500/attendee
- Guest of Member: \$250 (Meals only)
- Guest of Non-Member: \$750 (Meals Only)

Note: Registration fees include all meals.

Please contact [Sheila Johnston](#) with any questions or concerns. We hope to see you there!

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Call for Nominations - Submit Your Forms Today for Healthcare District and Trustee of the Year!

ACHD would like to request nominations for District and Trustee of the Year. Each year, the Education Committee solicits nominations to recognize the work of Districts and Trustees in the community. Awards will be presented at the 65th Annual Meeting, taking place September 12-14, 2017, at the Kona Kai Resort and Spa in San Diego.

District of the Year

The ACHD District of the Year Award recognizes a District that has identified one or more initiatives implemented to improve the health and well-being of the communities served. Districts must demonstrate that the initiative(s) implemented achieved a healthier community.

Complete the District of the Year Nomination form [here](#).

Trustee of the Year

The ACHD Trustee of the Year Award recognizes a Trustee who has made notable impacts in the District through notable, significant achievements in governance, strategic planning/partnering, stakeholder relationships, leadership and/or finance. Eligible Trustees include current Trustees and Trustees that have served since May 2016.

Complete the Trustee of the Year Nomination Form [here](#).

Please contact [Sheila Johnston](#) with any questions.

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Apply Today to Serve on an ACHD Committee!



Each year, ACHD solicits Members to participate on standing committees. The commitment is for one year and committees generally meet between 3 and 5 times per year.

The Governance Committee has started the process of constituting committees for 2017-2018. Member District Trustees and Executives who have an interest in being considered for a committee assignment are requested to register their interest by completing an interest form, along with a brief statement of why they are interested in the committee, by **Friday, June 16, 2017**.

NOTE: All committees meet in person at least twice annually and at various other times by conference call. In-person meetings generally meet in Sacramento; however, locations may vary.

Those who wish to continue serving on a committee must re-submit their interest forms.

To submit your interest form, please [click here](#).

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Request for Electronic Consent Forms

In order to comply with current law, we require your consent to send you electronic communication. At your convenience, please review and return the electronic consent form to me by email or fax. You may fax the form to 916.266.5201 or send by email. Access the consent form [here](#).

Please contact [Sheila Johnston](#) with any questions.

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In Case You Missed It... Healthcare District News from Around the State



Assembly Health Committee Passes Garcia's Legislation to Alleviate Health Disparities in Rural Areas

AB 893 (Eduardo Garcia) would authorize The Office of Statewide Health Planning and Development to collect data from local public health agencies, physician groups, and professional and educational associations. This information will ascertain the number of graduate medical education slots necessary to meet the needs of medically underserved areas such as Imperial County. [Click here](#) to read the full article

John C. Fremont Healthcare District to offer Nursing Assistant paid training program in Mariposa

The District provides trainees' books, a uniform, equipment, fingerprinting fee and the State's certification test fee. [Click here](#) to read the full article.

Marin General Hospital set to launch new breast clinic in Larkspur

Beginning next month, women will have access to a breast cancer screening technique in Marin that yields fewer false positives, reducing the anxiety of repeat exams. [Click here](#) to read the full article.

Petaluma Health Care District honors community leader and three nonprofits

Petaluma Health Care District announced the recipients of its second annual Community Health Awards, recognizing outstanding service benefiting the health and wellness needs of Southern Sonoma County residents. [Click here](#) to read the full press release.

Camarillo Health Care District named Ventura County's "Optimal Aging Organization"

Camarillo Health Care District was named Ventura County's "Optimal Aging Organization" by the Ventura County Area Agency on Aging (VCAAA), in an inaugural presentation recognizing several agencies for their dedication and innovation in providing services that enhance quality of life for older adults. [Click here](#) to read the full press release.

Sequoia Healthcare District Board approves 42 community grants

42 grants to local non-profits totaling more than \$2 million dollars have been approved by the Sequoia Healthcare District Board. [Click here](#) for a list of grant recipients.

Eden Health District welcomes new CEO

Michael Mahoney, a former CEO of St. Rose Hospital in Hayward accepts the position of Chief Executive Officer for Eden Township Healthcare District (DBA Eden Health District). The District's current CEO, Dev Mahadevan, plans to retire from that position July 1, 2017, when his agreement expires. [Click here](#) to read the full press release.

Hearing device recipients no longer hear the sound of silence (Palomar Health)

Partnering with the Starkey Hearing Foundation, Palomar Health and Chief Audiologist Dr. David Illich are collecting used hearing devices to change people's lives all over the world. [Click here](#) to read the full article.

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Healthcare District Engagement Tour

ACHD's Senior Legislative Advocate, Amber King, and Member Services Specialist, Sheila Johnston, began visiting Healthcare Districts this month. Over the course of the next three months, Amber and Sheila will meet with a variety of Districts to hear about the issues of utmost importance to the District and share information regarding the tools the Association provides. In May, Amber and Sheila traveled over 465 miles to meet with [Corning Healthcare District](#) in Corning, [Bloss Memorial Healthcare District](#) in Atwater, and [Westside Community Health District](#) in Newman. You can follow Amber and Sheila's tour on [Twitter](#) and [Facebook](#)!



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Join CAPP Today!



The Association of California Healthcare Districts (ACHD) is a member of Californians Allied for Patient Protection (CAPP), the coalition created to protect access to health care through California's Medical Injury Compensation Reform Act (MICRA). ACHD continues to strongly support the preservation of MICRA.

In 2014, California voters definitively rejected Proposition 46, an attempt by the trial lawyers to quadruple MICRA's non-economic damages cap. Had this ballot measure passed, California would have seen higher health care costs and decreased access to care, especially among vulnerable populations who are most in need. Despite this victory, the battle to protect MICRA continues.

ACHD is strongly urging its members to individually become supporters of the CAPP coalition.

There is **no cost** to be a member of CAPP, and you will be in good company. Seven out of 10 Board Members are already CAPP members, with more than 1,000 other organizations representing community clinics, hospitals, physicians, nurses, EMTs, labor unions, local governments, dentists and other health care providers. A complete coalition list can be found on the CAPP website at www.micra.org.

As a CAPP member, you will receive quarterly newsletters with updates on legislative activities concerning MICRA and direct access to the CAPP staff to be your one stop resource on MICRA. Additionally, CAPP holds events for legislators in their legislative district and CAPP members are invited to attend free of cost.

Please take a moment to complete and return the [CAPP Coalition Sign-Up Form](#). Thank you for endorsing this important organization and its goal to preserve MICRA.

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100 Million Healthier Lives

The 100 Million Healthier Lives (100 MHL), created by the Institute for Healthcare Improvement (IHI), is an unprecedented collaboration of change agents who are fundamentally transforming the way we think and act to improve health, wellbeing and equity. ACHD would like to provide you with information should your Healthcare District wish to join the 100 MHL Movement.



Why 100 Million Healthier Lives?

The time is right for a major leap forward in the creation of health, wellbeing, and equity. The rising tide of chronic disease, an aging population, structural inequity in health outcomes (despite advances in health care), and technology demand a fundamentally different approach, one which brings us together across sectors to address the physical, social and behavioral contributors to health together. By choosing an audacious goal -- 100 million people living healthier lives by 2020 -- that no one group can achieve alone, we are committing to unprecedented collaboration, a humble spirit of learning, innovation and improvement, and systemic change to create an equitable health and wellbeing system.



Why Healthcare Districts?

Healthcare Districts are in a perfect position to impact the health of the people they serve. They are a trusted organization in the community and have the infrastructure to reach their members. They have a great potential to change lives in the community, especially among the most vulnerable populations such as children, seniors, and socioeconomically disadvantaged. Healthcare Districts also have an obligation to give back through improving the health of their community members.

View the 100 Million Healthier Lives Movement [informational booklet here](#).

Contact [Sheila Johnston](#) with any questions or concerns.

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Resources

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[Certified Healthcare District](#)

[Board Self-Assessment Tool](#)

[CEO Evaluation](#)

[Partnership with Capella University](#)

Connect with ACHD on social media



ACHD, 1215 K Street, Suite 2005, Sacramento, CA, 95814 · www.achd.org

RANDALL SMART, MD, FACP

June 5, 2017

Ms. Lin Reed
President
Mark Twain Health Care District
San Andreas, CA

Dear Lin,

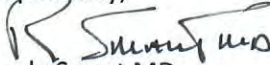
During the last 5 years I have immensely enjoyed our work together on the Mark Twain Health Care District Board (MTHCD). We have accomplished so much, including internal reorganization, community out-reach, expansion of healthcare services in Calaveras County and lease negotiations. For me, working under your leadership has been a real pleasure and a rewarding experience. One of the important things we have done during internal reorganization is to hire our own Executive Director (ED), replacing the combined Hospital/MTHCD CEO position that served the board for years. As I've watched that position develop and the enormous potential it offers our board, I've realized that the ED is a crucial administrative arm of our organization that keeps our internal wheels turning, is our frontline representative in the community, and serves each individual MTHCD board member. I see so many opportunities for us and the community by an ED who is locally engaged, regionally networked, mission focused, and available daily.

It is because of these observations that I am compelled to re-examine my position with the board and consider how I can provide the most value to the county. I believe I can serve our constituents and partners better as MTHCD Board Executive Director rather than as an elected board member. When I analyze the merits of changing my relationship with the board I find the decision very hard, as so many voters put their trust in me in 2016. Yet, I know I can serve those voters better as their Executive Director.

Unfortunately, California law prohibits me from serving as an elected official and being hired as a paid employee or independent contractor of the MTHCD. Since my intention is to apply for the ED position, the only way I can do that is resign from my current elected seat. Effective immediately (June 5, 2017), I am resigning from the Mark Twain Health Care District Board. I have several responsibilities on the board and I will ensure that all issues I am involved with will have smooth and thorough hand-offs. Of course I will continue to honor any NDA's and MTHCD business secrets with which I have been involved.

Thank you so much for all the support, trust and leadership you have shared with me.

Respectfully,


Randy Smart MD
Secretary, MTHCD

MARK TWAIN HEALTHCARE DISTRICT
POSITION DESCRIPTION

DRAFT

- Position : Executive Director
- Reports to: President, Board of Directors
- Qualifications: Bachelors Degree or higher, in a related field, with not less than 3 years of Executive Director or related experience in healthcare.
- Compensation: Commensurate with experience and market practices.
- Responsibilities: Responsible for the day-to-day operations of the District in accordance with its established Mission, Vision and Values statements. Operates in accordance with Healthcare District Law, the Ralph M. Brown Act and the established Policies and Procedures of the District. The Executive Director is a member of the governing board and is subject to the District's conflict of interest and fiduciary requirements.
- Duties: The Executive Director is responsible for all assets and matters pertaining to the operation of the Healthcare District, including but not limited to the management of:
- Fiscal Operations - Creates, monitors and manages annual and project-specific budgets, including timely reporting thereof; banking, investments; insurance; audits; and assists the Ad-hoc Grants Committee in administering the District's Golden Health Community Grants and Sponsorship Programs.
 - Board Matters - Prepares agendas; reviews preparation of minutes; organizes and runs regular and special meetings, planning and study sessions; maintains records; assures compliance with Brown Act, California Public Records Act, Political Reform Act, Governance and applicable Transparency laws; manages all insurance matters; monitors and advises of potential conflicts of interest.
 - Human Resources - Responsible for hiring, training, supervising, and evaluating the Board's Administrative Assistant; monitors and works closely with contracted service providers hired by the Board.
 - Regulatory Matters - Complies with, advises the Board of, and responds to Legislative and Regulatory matters, including municipalities, county, LAFCO, Grand Jury and others as needed.

**MARK TWAIN HEALTHCARE DISTRICT
POSITION DESCRIPTION**

Legal Matters - Manages and reviews policies, contracts, lawsuits, referendums and affiliation agreements as appropriate; coordinates Healthcare District elections in accordance with legal requirements.

Property Management - Negotiates, manages and advises the Board regarding leases, maintenance and construction projects.

Program Development - Works closely with Board ad-hoc committees regarding Community Grants and Sponsorship of Community Programs; collaborates with health care institutions, social service agencies, schools and other organizations to improve community health; coordinates the delivery of educational services and information to target populations through classroom presentations, District workshops and community health fairs.

Community Relations - Monitors and manages media coverage of District activities; maintains and updates the District website in a timely manner; responds to public inquiries as received and provides all legally required public notices.

Other Duties As Assigned - Performs other duties on behalf of the District as directed by the Board President.

POLICY NO. 4 OFFICERS OF THE DISTRICT

4.1 OFFICERS. The officers of the Board of Directors shall be a President, Secretary, and a Treasurer. All officers who shall be chosen from among and shall hold office at the pleasure of the Board of Directors. The Board of Directors may create such other offices as the business of the District may require, and the holder of each such office shall hold office for such period, have such authority, and perform such duties as are provided by the Local Health Care District Law, these Policies, or as the Board of Directors may, from time to time, determine. Such additional offices may include, General Counsel and an Executive Director and shall be filled either by members or non-members of the Board of Directors.

4.2 ELECTION OF OFFICERS. The officers of the Board of Directors shall be elected every two (2) years in January, and each officer shall hold office for two (2) years, or until his or her successor shall be elected and qualified, or until he or she is otherwise disqualified. In the event all officers are disqualified or removed from office, the District Board shall elect the Executive Director as President *pro tempore* who shall conduct the first Board of Directors meeting until new officers are elected.

4.3 PRESIDENT. If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of the President. If the Secretary shall also be unable to act, the Treasurer shall take his or her place and perform the duties of the President. If the Treasurer shall also be unable to act, the District Board may appoint some other member of the Board of Directors to do so, and such person shall be vested temporarily with all the functions and duties of the office of President.

The President:

A. Shall preside over all meetings of the Board of Directors.

B. Shall sign, as President, and with the attestation of the Secretary shall execute in the name of the District, all contracts and conveyances, and all other instruments in writing which have been authorized by the Board of Directors, except as otherwise determined by the Board of Directors.

4.4 SECRETARY. The Secretary shall keep, or cause to be kept, accurate and complete minutes of all meetings of the Board of Directors, to be kept at the principal office of the District, showing the time and place, whether regular or special, call meetings on order of the President or any three (3) Directors, attend to all correspondence of the Board, attest the signature of the President on contracts and conveyances and all other instruments as outlined in Policy No. 11, and to perform such other duties as ordinarily pertain to the office.

If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of such office.

4.5 TREASURER. The Treasurer shall be responsible for ascertaining that all receipts are deposited and disbursements made in accordance with these Policies, the directions of the

District Board, and good business practice. If, at any time, both the President and Secretary shall be unable to act, the Treasurer shall take the place of the President and perform the duties of such office.

The District Board may appoint an Assistant Treasurer, who may or may not be a member of the Board of Directors, to maintain the financial records of the District, and render a report to the Board of Directors on the financial affairs of the District at least quarterly.

4.6. CORPORATE BOARD REPRESENTATION

A. Appointments to the Mark Twain Medical Center Board of Trustees.

1. The provisions of this section shall be applicable for so long as the bylaws of the Mark Twain Medical Center permit the appointment of two (2) Mark Twain Medical Center Board Trustees by the District Board, and the appointment of a third Mark Twain Medical Center Board Trustee by the two (2) persons appointed by the District Board to the Mark Twain Medical Center Board of Trustees.

2. Subject to the provisions of subsection 3, relating to consecutive terms in office, the President of the District Board shall be elected to the Mark Twain Medical Center Board of Trustees by the District Board. A second appointee, chosen from among the members of the District Board, shall be elected by the District Board. If the President chooses not to serve as a Trustee, or has served three (3) consecutive terms as a Trustee, then both of the appointees shall be chosen from among the members of the District Board and shall be elected by the District Board. If a person ceases to be President of the District Board, but remains on the District Board, during a term as a member of the Mark Twain Medical Center Board of Trustees, that person shall continue to serve the remainder of his or her term as a Mark Twain Medical Center Trustee, unless removed by the District Board. Should either of the two (2) District Board appointees to the Mark Twain Medical Center Board of Trustees cease to be a member of the District Board, that person shall continue to serve the remainder of his or her term as a Mark Twain Medical Center Trustee, unless removed by the District Board.

3. The term of the appointment to the Mark Twain Medical Center Board shall be three (3) years, or whatever other term of office for a Mark Twain Medical Center Trustee may then be provided by the Mark Twain Medical Center's bylaws. No person, whether or not then serving as President of the District Board, shall be appointed for more than three (3) consecutive terms on the Mark Twain Medical Center Board. Provided, however, that persons who have served for three (3) consecutive terms on the Mark Twain Medical Center Board may be reappointed for three (3) further consecutive terms following a break in service as a Mark Twain Medical Center Trustee for not less than three (3) years.

4. The two (2) District Board members elected to the Mark Twain Medical Center Board as provided above shall appoint a third member of the Mark Twain Medical Center Board of Trustees meeting the criteria for such appointments as may be set forth in the Mark Twain Medical Center bylaws. Such appointment is subject to the advice and consent of the District Board, and shall not take effect unless the appointment is confirmed by the District

Board. Persons appointed in this manner to the Mark Twain Medical Center Board of Trustees shall have the term of office and be subject to the term limits provided in subsection 3. The person appointed in this manner shall not be a member of the District Board.

B. Duties of the Appointees to the Mark Twain Medical Center Board of Trustees.

The two (2) persons appointed by the District Board to the Mark Twain Medical Center Board of Trustees shall serve as an official avenue of communication between the District Board and the Mark Twain Medical Center Board of Trustees. Such duty of communication shall not be delegated and is not optional. The appointees shall communicate to the Mark Twain Medical Center Board of Trustees and facilitate the District's business interests, commitment to public health and public policy as such are adopted by the District Board, and will advocate the District Board's opinion and decisions. The appointees shall relay the District Board's questions and comments to the Mark Twain Medical Center Board, as well as the responses or comments of the Mark Twain Medical Center Board to the District Board. The appointees shall provide regular written and verbal reports to the District Board with respect to the activity of the Mark Twain Medical Center Board of Trustees to the extent lawful to do so.

C. Removal of District Appointees.

1. Persons appointed to the Mark Twain Medical Center Board of Trustees by the District Board serve at the pleasure of the District Board, and may be removed at any time with or without cause by vote of the District Board.

2. Persons appointed to the Mark Twain Medical Center Board of Trustees by the District Board who cease to be members of the District Board shall continue to serve as Mark Twain Medical Center Trustees for the remainder of their term as trustees, unless and until removed by the District Board.



DATE: June 7, 2017

TO: Lin Reed, Mark Twain Health Care District

FROM: Mike Roth, Paschal | Roth Public Affairs, Inc.

RE: Mark Twain Health Care District Community Education Awareness Campaign

We appreciate the opportunity to outline a set of communications strategies to support the Mark Twain Health Care District's education and public awareness efforts as the District Board and community make important decisions about the future of Mark Twain Medical Center. We are confident our expertise will help the District engage the community in understanding the various options to consider and how to take action in the coming months and year, while also continuing to promote the District's mission to serve as the stewards of a local community health system that ensures residents have the dignity of access to compassionate care. We look forward to discussing our proposal with you.

The members of this boutique-but-full-service team include experts in message development, media relations, public campaigns and public policy who craft powerful, relevant messages and ensure these messages are heard and seen by the right people. We pride ourselves on dedication to clients and issues that improve equality, health, education and quality of life for all Californians.

We are well-positioned to manage and deliver a targeted, strategic, and cost-effective communications program that maximizes earned (free) media outreach with targeted mailers and a digital presence for the District.

Building a Communications Program for Mark Twain Health Care District

We recommend the following steps to build the foundation of an effective education and community awareness campaign. **We will work collaboratively and provide consultation and management services to the District's team regarding:**



- 1) **Polling:** Polling will identify key messages and issues for an education campaign. In addition, it will highlight the most effective ways to express important information to the public on the issues facing the District. Our team has partnered with research firms on numerous campaigns, and can work with the District to develop a cost-effective approach.
- 2) **Message and material development:** Upon completion of the polling, our firm will work with the District's team to prepare materials for effective outreach including talking points, fact sheets, letter templates, fliers, etc. to share with the community. These key messages will be the foundation for any earned media as well as paid education efforts, including mail and digital communications.
- 3) **Town halls:** Working with your team, we team will provide strategic consultation for two to three community town halls. This will include awareness about the events, messaging for presentations and education of public and media on next steps following town halls.
- 4) **Coalition development:** We will partner with key organizations/individuals who can be most effective in sharing information in the community. Our firm can outline a strategy to utilize coalition partners to inform residents, healthcare providers, community leaders and local businesses about how potential changes in healthcare delivery will affect them and how to become engaged in making decisions.
- 5) **Traditional/earned media & media relationships:** Through a targeted media campaign, we will create an editorial calendar to determine key timing for pitching stories, writing op-eds and letters to the editor with local and regional media outlets. We will connect with local and regional reporters who we have existing relationships with and/or develop close relationships with reporters who write on health care issues and public policy across the state on behalf of the District. We will develop press releases and media alerts to inform the reporters about key dates and events to help the District inform the community.



- 6) **Training:** Our team works extensively with community members to develop and amplify their voices. We've trained, coached and pitched spokespersons to shape narratives around health issues, and worked one-on-one with community members to develop their personal stories for resonance with the media.
- 7) **Mailers:** A robust direct mail campaign will allow the district to effectively engage with constituents in the Mark Twain Health Care District. Over the course of this project, we estimate three distinct mailers to educate local residents on the issues facing the healthcare district based on the messages and research from our polling.

Estimated Budget

- Project management: For the management of a three-month education campaign: **\$15,000** (Billed at \$5,000 a month; excludes travel and expenses associated with events, which would be billed at cost.)
- Polling: **estimated cost \$15,000**
- Education mail program for ballot initiative: **estimate per piece \$9,000** (three pieces x 23,000 voters in 15,000 households – voters who voted in the 2016 Presidential Election, inc. design, printing and postage). **Total estimated mail budget: \$27,000**
- Town hall marketing materials (postcard invites, handouts, etc): **estimated cost \$5,000**

Total Budget = \$62,000

Our Team

Our team includes experts in message development, media relations, public campaigns and public policy.



Mike Roth, Partner, Paschal Roth Public Affairs

Mike Roth is a veteran media expert who has provided strategic counsel and media relations management to candidates, ballot initiatives, non-profit and government agencies for more than 15 years. Roth has earned a reputation among California's advocacy leaders for providing passionate and personal top-to-bottom, "in the trenches" service from earned media strategy and policy development to event execution.

As a partner in Paschal Roth, he most recently served as Communications Director for Prop. 56, the successful 2016 ballot measure that raised the tobacco tax by \$2 per pack. Mike co-managed media and coalition building efforts for the 2012 high-profile Proposition 30, Gov. Jerry Brown's initiative to boost school funding and prevent large college tuition hikes that won at the polls by a decisive 10-point margin. He also has managed a slew of campaigns including developing and executing earned media strategy for the Cambiando California independent expenditure campaign in support of Jerry Brown for Governor in 2010, the nation's largest-ever Latino-focused independent expenditure. He served as statewide communications campaign manager for Together for California's Future, a coalition of health and human services advocates and labor organizations for a fair budget. Mike also served as chief spokesperson for the union coalition that defeated Prop. 1A, in 2009.

Andrew Acosta, Founder, Acosta Consulting

Andrew Acosta has over 20 years of experience in issue advocacy, campaign management, and public relations.

Andrew has a strong understanding on how to combine research, coordinated outreach, and targeted messaging into a comprehensive campaign plan. He has organized local, legislative, congressional, and statewide political campaigns, local and state initiatives, and public affairs efforts. From recall campaigns and special elections to statewide referendums and numerous independent expenditure efforts, Andrew is adept at navigating California's ever-changing political landscape.

Draft

POLICY NO. 23

REQUESTS FOR PUBLIC FUNDS, COMMUNITY GRANTS AND SPONSORSHIPS

- A. Under the law, the District may provide assistance to health care programs, services and activities at any location within the District for the benefit of the District and the people served by the District and to non-profit provider groups and clinics functioning in Calaveras County in order to provide adequate health services to people in communities served by the District. (Calaveras Health and Safety Code Sections 32121(j) and 32126.5)
- B. The community's health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being. Areas of consideration may include, but are not limited to, Behavioral Health, Dental, Rehabilitation, Women's Issues, Children's needs, Student Scholarships in human health care related studies, Senior programs, Telehealth technology and Community Services.
- C. POLICY: The District shall have a Golden Health Community Grants and Sponsorship program, as finances allow, to address identified community health care needs as envisioned by the Mission Statement and the Strategic Plan. In conjunction with setting the District's annual budget each year, the District shall determine the amount to be budgeted to help fund these grant and sponsorship needs. It is the District's policy not to sponsor fundraising events. The District shall advertise a Call for Grant and Sponsorship Requests. Information regarding the availability of Community Grant funding and the application process will be posted on the District's website and publicized appropriately so that eligible applicants may make timely applications. The final decision regarding grant and sponsorship recipients shall be made by the District Board.
- D. GRANT and SPONSORSHIP REQUESTS:
1. Requirements:
 - a. All Grant and Sponsorship requests must be submitted in writing on the MTHCD Golden Health Community Grant and Sponsorship Form and must be filled out in accordance with instructions provided. Completed Golden Health Community Grant and Sponsorship Request Forms shall be returned to the District Grants Committee by mail or email within the specified time frame.
 - b. Requests for Grant and Sponsorship applications will go out in February. Grant and Sponsorship applications will be reviewed and recipients will be selected in March. All applicants will receive notification letters of grant awards or denials in April. Recipients will receive grant awards in April and press releases will follow.
 - c. When requesting Grant funding for health care related equipment, requestors should consider service contract pricing, warranty pricing, supplemental equipment pricing, training, and related expenses, etc. to arrive at the total estimated price. Copies of price quotes should be attached to the request form

- d. When requesting Sponsorship funding for health fairs, health education and training projects, etc. requestors should provide complete information about the event/project and how it relates directly to providing health-related services to people in this District.
- e. The District shall have the option to sponsor student scholarships in human health-related fields of higher learning, health education classes or other community services, at its own discretion, outside of the above sponsorship process, as deemed appropriate.

2. Processing Grant and Sponsorship Requests

- a. Once Grant requests are received, they will be reviewed by the District Grants Committee and recommendations will be made to the MTHCD Board for approval.
- b. The Grants Committee will assess the grant applicant's ability to effectively administer the project being funded.
- c. The Grants Committee may make pre-award site visits to assess the appropriateness of grant requests. Visits may be unannounced.
- d. Those items marked as urgent need will have priority consideration when reviewing grant opportunities.
- e. Requests for emergency or interim funding that fall outside the normal grants application cycle may be presented to the Board for Approval after review and recommendation by the Board President and Executive Director, or the Grants Committee.
- f. Completed grant requests shall be processed in accordance with the subsection below.
- g. Grant and Sponsorship notification letters for awards and denials shall be provided to all applicants. This information will be tracked and recorded in a database by the District Administrative Assistant or Executive Director.

3. Approved Grants and Sponsorship Requests

- a. The Grants Committee shall notify the applicant and the District Finance Committee of the grant or sponsorship award.
- b. Grants and Sponsorships shall be awarded for a period not to exceed one year.
- c. The Grant or Sponsorship recipient, Grants Committee and the District Executive Director will work together to develop and distribute a press release.

E. ACCOUNTABILITY:

- 1. The Grants Committee may make post-award site visits to assess the appropriate use of the grant award. Visits may be unannounced.
- 2. Grant recipients will be asked to make a brief 5-minute presentation to the Board, approximately 6 months after receiving the grant award, to account for the appropriate intended use of the grant.
- 3. Grant recipients shall provide the Board with a final accounting of grant awards at the end of each fiscal year.

4. Grant recipients who do not effectively administer their grant funding as intended, may be asked to return unused grant money and may become ineligible to apply for future grants for a period of up to 2 years.

Policy No. 23 Revised and Board Approved on: _____



Golden Health Community Grants and Sponsorship Application

Name of Group or Individual: _____

Address: _____

Provide your 501 (c) (3) Number: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Description of Project, Including Purpose, Date and Target Population:

Amount Requested: _____ Total Cost of Project: _____

Other Sources of Funding: _____

Please describe how this grant will impact the health of the community within the scope of the MTHCD health priorities. _____

Please send your completed application to: MTHCD Golden Health Community Grants, P O Box 95, San Andreas, CA 95249 or email to pstout@marktwainhealthcaredistrict.org

Below is for District Use:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____

Opinion of Probable Costs

Key Project Data Information	Total Project	Site	Building	Other Costs non-grant related	ACTUAL SPEND	OVER/(UNDER)
Square Footage Totals	19,800	147,222	19,800			
Direct Construction Cost per SQFT	248	3.74	220			
Total Construction Cost per SQFT	276	4.14	245			
Total Project Cost per SQFT (including Financing)	\$ 350	\$ 7.18	\$ 297			

Direct Construction Cost						
Direct Construction Cost	\$ 4,856,555	\$ 500,555	\$ 4,356,000			\$ (4,856,555)
Monument Signs	\$ 50,000	\$ 50,000	\$ -			\$ (50,000)
	\$ -	\$ -	\$ -			\$ -
Total Direct Construction Cost	\$ 4,906,555	\$ 550,555	\$ 4,356,000	\$ -	\$ -	\$ (4,906,555)

In-Direct Construction Cost						
Labor/Material & Performance Bonds (1.5%)	\$ 73,598	\$ 8,258	\$ 65,340			\$ (73,598)
	\$ -	\$ -	\$ -			\$ -
	\$ -	\$ -	\$ -			\$ -
Total In-Direct Construction Cost	\$ 73,598	\$ 8,258	\$ 65,340	\$ -	\$ -	\$ (73,598)

Construction Contingencies / Escalation						
				10%		
Building Contingency	\$ 485,655	\$ 50,055	\$ 435,600		\$ 104,820	\$ (380,835)
	\$ -	\$ -	\$ -			
Total Construction Contingencies / Escalation	\$ 485,655	\$ 50,055	\$ 435,600		\$ 104,820	\$ (380,835)
Total Construction Budget	\$ 5,465,809	\$ 608,869	\$ 4,856,940	\$ -	\$ 104,820	\$ (5,360,989)

Equipment Budget						
Group I - Fixed Medical Equipment	\$ -					
Group II - Major Movable Medical Equipment	\$ -					
Group III - Minor Movable Medical Equipment	\$ -					
Group IV- Instruments (relocation of med dispensers)	\$ -					
Food Service Equipment	\$ -					
Furniture Fixtures and Equipment Allowance	\$ -			\$ 700,000		\$ (700,000)
Graphic / Signage / Artwork / Plants	\$ -					
Nursecall & Code Blue Systems	\$ -					
Intercom/Public Address/Fixed AV	\$ -					
Radio Systems	\$ -					
Dictation Systems	\$ -					
Security/Video Surveillance/Access Control	\$ -					
Television	\$ -					
Structured Cabling / IT Allowance	\$ -			\$ 500,000		\$ (500,000)
PBX -Telecom (includes VM)	\$ -					
Desktop Devices (Desktops, Laptops, Handhelds & Printers)	\$ -					
Network Electronics	\$ -					
Software Applications (Installation, Licenses etc.)	\$ -					
Time & Attendance	\$ -					
IT Construction Project Mgmt	\$ -					
IT Construction 3rd Party Resources	\$ -					
Other Equipment Costs	\$ -					
Total Equipment Budget	\$ -	\$ -	\$ -	\$ 1,200,000	\$ -	\$ (1,200,000)

Opinion of Probable Costs

Key Project Data Information	Total Project	Site	Building	Other Costs non-grant related	ACTUAL SPEND	OVER/(UNDER)
Consultant Fees						
Architect/Engineer Fees	\$ 370,429	\$ 30,443	\$ 339,986		\$ 182,148	\$ (188,281)
Equipment Planner Fees	\$ -	\$ -				
Other Consultant Fees	\$ -	\$ -			\$ 4,175	\$ 4,175
Total Consultant Fees Budget	\$ 370,429	\$ 30,443	\$ 339,986	\$ -	\$ 186,323	\$ (184,106)
Administrative Costs						
Permit Fees & Hook ups	\$ 410,000	\$ 260,000	\$ 150,000		\$ 7,459	\$ (402,541)
IOR/Special Inspections	\$ -					
Site Survey, Testing, Boring & Reports	\$ 67,500	\$ 27,500	\$ 40,000		\$ 15,250	\$ (52,250)
Testing Services	\$ 40,000		\$ 40,000			
Legal Fees	\$ 30,000	\$ 10,000	\$ 20,000		\$ 21,584	\$ (8,416)
Move-in Start-up	\$ -			tbd		
Internal Project Management	\$ -					
3rd Party Project Management	\$ 45,000	\$ 5,000	\$ 40,000			\$ (45,000)
Other Administrative Costs (includes Commissioning, Auditing, EIR)	\$ -					
Total Administrative Cost	\$ 592,500	\$ 302,500	\$ 290,000	\$ -	\$ 44,293	\$ (508,207)
Land & Site Development						
Land Acquisition	\$ -	tbd		\$ 890,000	\$ 903,112	\$ 13,112
Off Site Development	\$ -					
Total Land & Site Development Budget	\$ -	\$ -		\$ 890,000	\$ 903,112	\$ 13,112
Total (Construction+ Equipment + A/E Fees+ Admin Costs)	\$ 6,428,738	\$ 941,812	\$ 5,486,926	\$ 2,090,000	\$ 1,238,548	\$ (7,240,190)
Owner Reserves						
Owner's Contingency	\$ 368,527	\$ 94,181	\$ 274,346			\$ (368,527)
Project Escalation - other than construction	\$ -	\$ -	\$ -			
Total Owner Reserves	\$ 368,527	\$ 94,181	\$ 274,346	\$ -	\$ -	\$ (368,527)
Total Project Capital Cost excluding Financing	\$ 6,797,265	\$ 1,035,993	\$ 5,761,272	\$ 2,090,000	\$ 1,238,548	\$ (7,608,717)
Financing Costs (Final)	135,945	20,720	115,225		\$ 16,029	(119,916)
Total Project Capital Cost including Financing	\$ 6,933,211	\$ 1,056,713	\$ 5,876,498	\$ 2,090,000	\$ 1,254,577	\$ (7,728,633)

Mark Twain Healthcare District
Valley Springs clinic project
Thru 06-14-17

Row Labels	Sum of Amount	OPC Category
Air Permitting Specialists	3,200	Site Survey, Testing, Boring & Reports
Aspen Street Architects	163,228	Architect/Engineer Fees
Calaveras County Planning Department	5,806	Permit Fees & Hook ups
Calaveras County Public Works	425	Permit Fees & Hook ups
California Certified Appraisers	500	Site Survey, Testing, Boring & Reports
Cardmember Service	299	Financing Cost
CCWD	1,003	Permit Fees & Hook ups
CSU Stanislaus	225	Permit Fees & Hook ups
First American Title Company	903,112	Land Acquisition
Hendrickson Consulting	15,730	Financing Cost
Kittelson & Associates	18,920	Architect/Engineer Fees
Kleinfelder	9,300	Site Survey, Testing, Boring & Reports
Meyers Nave	21,584	Legal Fees
Michael W. Skenfield	4,175	Other Consultant
Van Lieshout, Patrick	104,820	Building Contingency
Wiebe Land Surveying	2,250	Site Survey, Testing, Boring & Reports
Grand Total	1,254,577	

1934 North Hwy 26 Valley Springs CA. Rental Punch List

May 21, 2017

				Estimates	Estimates				Paid
Chipper / Shredder	Tree / Limb and Brush Removal			1,200.00	900.00				900.00
Dumpsters	Two at Twenty Yards Each				1,800.00				1,700.00
Replace Roof				14,770.00	14,600.00				
Replace Windows	House 7,193.00 7,911.50	Sliders 2,587.00 2,900.00	Patio 3,898.00 3,866.60	14,678.10	13,678.00				
Replace all Carpet					5,403.40				
Replace all Linoleum	Laminate				2,890.18				
Replace All Baseboard					430.00				
Paint Interior					900.00				
Paint Exterior					1,100.00				

Page Total					41,701.58				2,600.00
					Estimates				Paid
Garage	Replace Door				1,000.00				1,000.00
Entry	Clean Tile				150.00				
Dining Room	Ceiling Repair	Replace Pocket Door			300.00				
Bedroom #1	Window Sill Repair	Sheet rock Repair on Front Wall			450.00				
	Light / Fan				120.00				
Bedroom #2	Window Sill Repair	Sheet Rock Repair on Front Wall			300.00				
	Light / Fan				120.00				
Bedroom #3 Master	Replace Shower Glass 500.00	Replace Toilet (?)			500.00				
	Light / Fan				120.00				
	Lights Two Each				240.00				
Bedroom #4	Light / Fan				120.00				

Page Total					3,420.00				1,000.00
					Estimates				Paid
Kitchen (White appliances)	Light / Fan Two Each				240.00				
	Double Ovens				2,000.00				
	Single Oven				980.00				
	Micro Wave				300.00				
	Cook Top				500.00				
	Dishwasher				320.00				
	Refrigerator				1,150.00				
	Hood Vent				60.00				
	Deliver and Install Appliances				650.00				
	Clogged Sink & garbage Disposal				125.00				125.00
Entire Home	Blinds	1 Inch Metal Mini Blinds	Vertical For Slider		1,300.00				

Page Total					7,625.00				125.00
					Estimates				Paid
Bath in Laundry	Replace Toilet (?)								
	Replace Vanity / sink				300.00				
	Replace Floor				350.00				
	Replace Light				120.00				
Laundry	Replace Faucet				200.00				
	Replace Exterior Door				300.00				
	Washer				460.00				
	Dryer				430.00				
Back Patio (Room)	Sheet Rock				1,500.00				
	Insulation				500.00				
	Electrical				400.00				
Mis. Repair Parts	Replaced Four Door Locks	Locks Traps miscellaneous Parts			200.00				177.00

Page Total					4,760.00				177.00
					Estimates				Paid to Date
Sub Totals					57,506.58				3,902.00
Labor to Remove trash and Secure Home	Weed eat Trim and Remove Hazardous Trees	Removed soiled/stained Carpet/Pad Unsafe Kitchen Appliances. Plus 6 other miscellaneous appliances	Removed Trampoline 2 Pools Wooden Play Set						2,280.00
			Services & Materials Paid to Date		-3,902.00				
Totals					53,604.58			Paid	6,182.00
									Last Updated May 21, 2017