

**Carson City  
Agenda Report**

**Date Submitted:** November 24, 2014

**Agenda Date Requested:** December 4, 2014

**Time Requested:** 10 minutes

**To:** Mayor and Board of Supervisors

**From:** Community Development – Planning Division

**Subject Title:** For Possible Action: To reallocate a portion of the 2014 Community Services Support Grant (CSSG) funding awarded to FISH for malpractice insurance and allocate it to be used for services in their family dining room. (Janice Keillor)

**Summary:** FISH was awarded \$12,200 in CSSG funds in FY2014 for the Ross Clinic Malpractice Insurance and Emergency Dental Assistance Program. A total of \$7200 was budgeted for the malpractice insurance portion of the program. The physician assigned to the program unexpectedly left Nevada and therefore FISH will no longer need the funding to pay for the malpractice insurance. FISH would like to reallocate those funds to pay for a portion of the costs to run the FISH Family Dining Room.

**Type of Action Requested:**

Resolution

Formal Action/Motion

Ordinance

Other (Specify)

**Does This Action Require A Business Impact Statement:**  Yes  No

**Recommended Board Action:** I move to reallocate a portion of the 2014 Community Services Support Grant (CSSG) funding awarded to FISH for malpractice insurance and allocate it to be used for services in their family dining room.

**Explanation for Recommended Board Action:** Carson City provides a Community Support Services Grant for non-profit organizations every year to meet a variety of community goals. The funding is recommended by a committee and approved by the Board of Supervisors. Any changes to the use of those funds is also approved by the Board of Supervisors.

**Applicable Statue, Code, Policy, Rule or Regulation:** N/A

**Fiscal Impact:** N/A

**Explanation of Impact:** N/A

**Funding Source:** General Fund

**Alternatives:** Provide other direction.

**Supporting Material:** 1) 2014 FISH CSSG application  
2) Resolution 2014-R-21

**Prepared By:** Janice Keillor, Grants Program Coordinator

**Reviewed By:** *Susan Pansky for Lee Pamel* Date: 11.24.14  
(Community Development Director)  
*Randy Allen* Date: 11/24/14  
(District Attorney's Office)  
*Shelby Smith* Date: 11/24/14  
(Finance Director)  
*Nicholas Hyman* Date: 11/24/14  
(City Manager)

**Board Action Taken:**

		Aye/Nay
Motion: _____	1) _____	_____
	2) _____	_____
		_____
		_____
		_____

\_\_\_\_\_  
(Vote Recorded By)



Carson City  
Community Support Services Grant (CSSG)  
Program Application  
Fiscal Year 2014–2015

*An electronic version of this document is available at [carson.org/cssg](http://carson.org/cssg)*

APPLICATIONS ARE DUE\*: JANUARY 17, 2014, 4:00 P.M.  
PLEASE SUBMIT 9 COPIES TO: CARSON CITY PLANNING DIVISION  
108 E. PROCTOR ST.  
CARSON CITY, NV 89701

**\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. PLEASE READ ATTACHED INSTRUCTIONS ON PAGE 15 FOR MORE INFORMATION.**

1. Agency Name: *Friends In Service Helping-Emergency Referral Service (AKA FISH)*
2. Agency Mailing Address: *138 E. Long St., Carson City, NV 89706*
3. Project Name: *Ross Clinic Malpractice Insurance / Emergency Dental Assistance*
4. Project Address/location: *138 E. Long St., Carson City, NV 89706*
5. Agency Director: *James Peckham, Executive Director*
6. Board Chairperson: *Lorraine H. Bagwell*
7. Contact person: *James Peckham, Executive Director*  
Phone number: *775-450-9180* E-Mail: *jim@nvfish.com*  
Fax: *884-3080* Website (if applicable) *www.nvfish.com*
8. How long has your organization been in existence? *35 yrs* In Carson City? *35 yrs*
9. What is the overall mission of your organization?  
*Our mission is to provide food, clothing and shelter to the homeless and hungry within our community, with the objective to provide programs and referrals for families and individuals so they may become self-sufficient. FISH serves low-income (150% or less of poverty level) and no-income residents of Carson City, Douglas, Lyon and Storey counties.*
10. TOTAL FUNDING REQUESTED: **\$12,200**

**BRIEF PROJECT DESCRIPTION:**

Please provide a short description of your project (not your organization).

*The purpose of this request is to secure funding for the Ross Clinic. The Ross Clinic provides free medical care to FISH clients who are uninsured and have chronic medical conditions. (FISH clients are low-income (150% or less of poverty level) and no-income residents of Carson City, Douglas, Lyon and Storey counties.)*

Item 1: *The Ross Clinic is staffed with volunteer doctors, nurse practitioners, and nurses. Dr. Bagget has been the only resident doctor since 1999. His medical malpractice insurance is paid through the University of Nevada Medical School. Recently Dr. Wang has joined the staff and we paid \$7,200 for her medical malpractice insurance. This is a recurring annual expense for which we are requesting CSSG funds.*

Item 2: *In 2012, CSSG funds helped us establish the Emergency Dental Program, which is administered by the Ross Clinic. This program provides emergency dental programs of abscessed teeth for people who do not have the resources or insurance to take care of their infected teeth. This program has been very successful since 2012, with 66 extracted in 2012, 27 extracted in 2013, and 2 extracted to date in 2014.*

*We are requesting \$5,000 to continue provision of dental program services to the poor in our community. The consensus among Carson City Health and Human Services, Carson Tahoe Hospital, Sierra Medical Clinic, and our own Ross Medical Clinic is that emergency dental care is a significant unmet need for adults in our community who earn under 150% of the poverty level and are uninsured. We have contracted with several dentists in the area to provide emergency tooth program on patients referred from our Ross Clinic, and we provide these dentists with a stipend to help offset costs.*

**I. PROJECT ELIGIBILITY**

**A. Check all statements that describe HOW this project meets one of Carson City’s goals:**

- A Safe and Secure Community
- A Healthy Community
- An Active and Engaged Community
- A Clean and Healthy Environment
- A Vibrant, Diverse and Sustainable Economy
- A Community Rich in History, Culture and the Arts
- A Community Dedicated to Excellence in Education
- A Physically and Socially Connected Community
- A Community Where Information is Available to All

## II. PROJECT DESCRIPTION

The Five-year Consolidated Plan identifies priority community development needs for Carson City (see Appendix II). The need for your proposed project will be determined by identifying how the project impacts upon the adopted Consolidated Plan Priority Needs. Greater consideration will be given to projects that provide a clear description of the project with supporting data and methodology of how the project will meet these needs.

1. Describe the proposed project and whether the project is new, ongoing, or expanded from previous years.

*The Ross Clinic is an ongoing free medical clinic which provides medical services to FISH Clients who are uninsured and have chronic medical conditions. Medical services are provided through the services of volunteers. Volunteer doctors are required to carry medical malpractice insurance, which can be cost prohibitive for the doctor. FISH is providing malpractice insurance for an additional doctor who started as a volunteer on staff in the summer of 2013.*

*The dental program program is an ongoing medical service which began in 2012 with funds received from the CSSG Grant. All CSSG Grant funds have been expended, and we are currently paying dentist stipends from funds received from United Way. The purpose of this application is to secure funding for dental program stipends in 2014-2015.*

2. If the proposed project already exists, please describe your success rates in meeting Carson City's goals:

*Ross Clinic services are listed under Community Development Objective: Public Services: Health Services. The City's goal was to provide health services to 500 persons. FISH has been successful in helping to meet this goal through the provision of medical services to 975 patients in the last 12 months, and 95 emergency programs of abscessed teeth since the program started July 1, 2012.*

3. Describe who will benefit from the proposed project.

*The primary beneficiaries are FISH clients who are uninsured and have chronic medical conditions, and those who have no dental insurance and have abscessed teeth. The majority of our clients have experienced recent hardships such as loss of employment, divorce, or other catastrophe, and do not have the resources to help themselves overcome their temporary hardship. Also, many of the Ross Clinic patients are elderly or disabled.*

*Carson Tahoe Hospital benefits because the dental programs reduce the need for these patients to access the emergency room services (ER only provides pain killers and antibiotics, the infected tooth is never removed)*

4. How will the funds be used on this project?

*Funding will provide medical malpractice insurance and dental program stipends for the 2014-2015 fiscal year.*

5. Describe how your organization plans to reduce the need for grant funding in the future: ***FISH continually solicits new sources of grant funding. The Ross Clinic is not self-funding because its fundamental premise is to provide services to people who cannot afford to access conventional medical services.***
  
6. Could your organization use less than the amount of funds requested for the proposed project? Please explain.  
***We do need the entire \$7,200 for medical malpractice insurance. The premium may change in July, but we would expect an increase rather than a decrease in premium.***  
  
***Dental programs have leveled off and were less in 2013 than in 2012. So we have asked for less money than previously granted; however, we have experienced an increase in overall service level, so this may indicate the need for more dental programs in 2014.***
  
7. Are there other agencies or organizations that provide the same service as your organization? If so, how do you coordinate your services with that organization?  
***There are no known agencies that provide free medical services or dental programs in the Carson City area.***

### III. PROJECT MEASUREMENT

Carson City has implemented a Performance and Outcome Measurement System into the application and grant/project administration process. When completing this section, keep in mind that ***outputs*** are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and ***outcomes*** are the benefits or changes that result from the program (such as how well the service met the client needs).

1. What are the projected **outputs**, or total number of people served, from this project?  
***We expect to provide medical services to 900 patients, and estimate that dental programs will be needed for 50 people.***
  
2. Of the total number of people in Question 1, how many of these are low-to-moderate income (LMI)? How many are Carson City residents?  
***100% of the people receiving medical care or dental programs are low-to-moderate income. Approximately 80% of these are Carson City residents.***
  
3. What is the projected **outcome** of this /project? (How will the outputs benefit the total number of people in Question 1?)  
***The expected outcome is that the Ross Clinic will continue to reduce the use of emergency medical services not only by our regular patients, but also through the dental program. Use of hospital emergency medical services is costly for both patient and the hospital, which absorbs the cost of indigent patients, even though they are not able to extract teeth.***
  
4. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this project?  
***FISH has just finished a state of the art database that provides unduplicated data client data is maintained and tracked in the FACS (FISH Applications for Client Services) web-based client services program (see attached data).***

## IV. PROJECT BUDGET

Complete the Budget Summary chart (modify categories as necessary). More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support. Leveraged funds are not required but are encouraged.

Project Title:	Funds Requested	Leveraged Funds	Total Funds
<b>Project Expenses FY 2014-15</b>			
Salaries and Benefits			
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)		\$30,000	\$30,000
Dental Programs	\$5,000	0	\$5,000
Medical Malpractice Insurance	\$7,200	0	\$7,200
<b>TOTALS</b>	\$12,200	\$30,000*	\$42,200
*FISH has already covered the other operating costs of the Ross Clinic			

## 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:

***Shannon Oien, Director of Development***  
***shannon@nvfish.com***  
***775-882-3474 x 106***  
***775-230-9600***

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

***Jim Peckham, Executive Director***  
***jim@nvfish.com***  
***775-882-3474 x 101***  
***775-450-9180***

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

***Jim Peckham, Executive Director***  
***jim@nvfish.com***  
***775-882-3474 x 101***  
***775-450-9180***

4. Please list the name, address, phone number, and e-mail of the person responsible for tracking the performance on this project.

***Jim Peckham, Executive Director***  
***jim@nvfish.com***  
***775-882-3474 x 101***  
***775-450-9180***



## VI. AGENCY INFORMATION

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

Date of incorporation	<i>May 1, 1979</i>
Date of IRS certification	<i>May, 1979</i>
Tax exempt number	<i>94-2590904</i>

2. DUNS Number: *167266626*

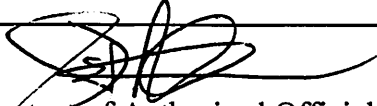
For information on DUNS, go to: <http://www.dnb.com/get-a-duns-number.html>


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

- a. IRS Tax Exempt "501(c)(3)" letter.
- b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY). Go to <https://www.nvsilverflume.gov/certificate> You will need to register in order to get the certificate. Cost is \$50.
- 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). **PLEASE SUBMIT THE FIRST PAGE ONLY.** Governmental bodies and schools are exempt from this requirement.

4. 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.

	<i>1/16/14</i>
Signature of Authorized Official	Date
Jim Peckham, Exec Dir	
Typed Name and Title of Authorized Official	Phone Number

	<i>1/16/14</i>
Signature of President of Board of Directors	Date
Lorraine H. Bagwell	
Typed Name of President of Board of Directors	Phone Number

## 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 7	X
2	Proof of incorporation from Secretary of State (Certificate Only)	Page 7	X
3	Current Organization Chart with names of staff members	Page 7	X
4	Current Board of Directors and terms of office	Page 7	X
5	<i>501(c)(3) non-profits:</i> Copy of the most recent Federal Tax Return (Form 990 or 990EX) FIRST PAGE	Page 7	X
6	2012-2013 Dental Extractions	P. 4 Reference	X
7			
8			
9			
10			
11			
12			
13			
14			
15			

## APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete 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
- Section I: Project Eligibility
- Section II: Project Description
- Section III: Project Measurement
- Section IV: CSSG Project Budget
- Section V: Project Administration
- Section VI: Agency Information
- Appendix I: Index of Attachments

Internal Revenue Service

Department of the Treasury

District  
Director

300 N. Los Angeles Street, MS 7043  
Los Angeles, CA 90012

FRIENDS IN SERVICE HELPING-EMERGENCY  
REFERRAL SERVICE  
138 E. LONG STREET  
CARSON CITY, NV 89706-2504

Person to Contact:  
L BARRAGAN  
Telephone Number:  
(213) 894-2336  
Refer Reply to:  
EO(0306)98  
Date:  
MARCH 10, 1998  
EIN: 94-2590904

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization..

Our records indicate this organization was recognized to be exempt from Federal Income Tax in MAY 1979 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in MAY 1979 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,



Disclosure Assistant

## FISH EMERGENCY REFERRAL SERVICES PROGRAM

Business Entity Information			
Status:	Active	File Date:	5/1/1979
Type:	Domestic Non-Profit Corporation	Entity Number:	C2361-1979
Qualifying State:	NV	List of Officers Due:	5/31/2014
Managed By:		Expiration Date:	
NV Business ID:	NV19791004224	Business License Exp:	

Additional Information	
Central Index Key:	

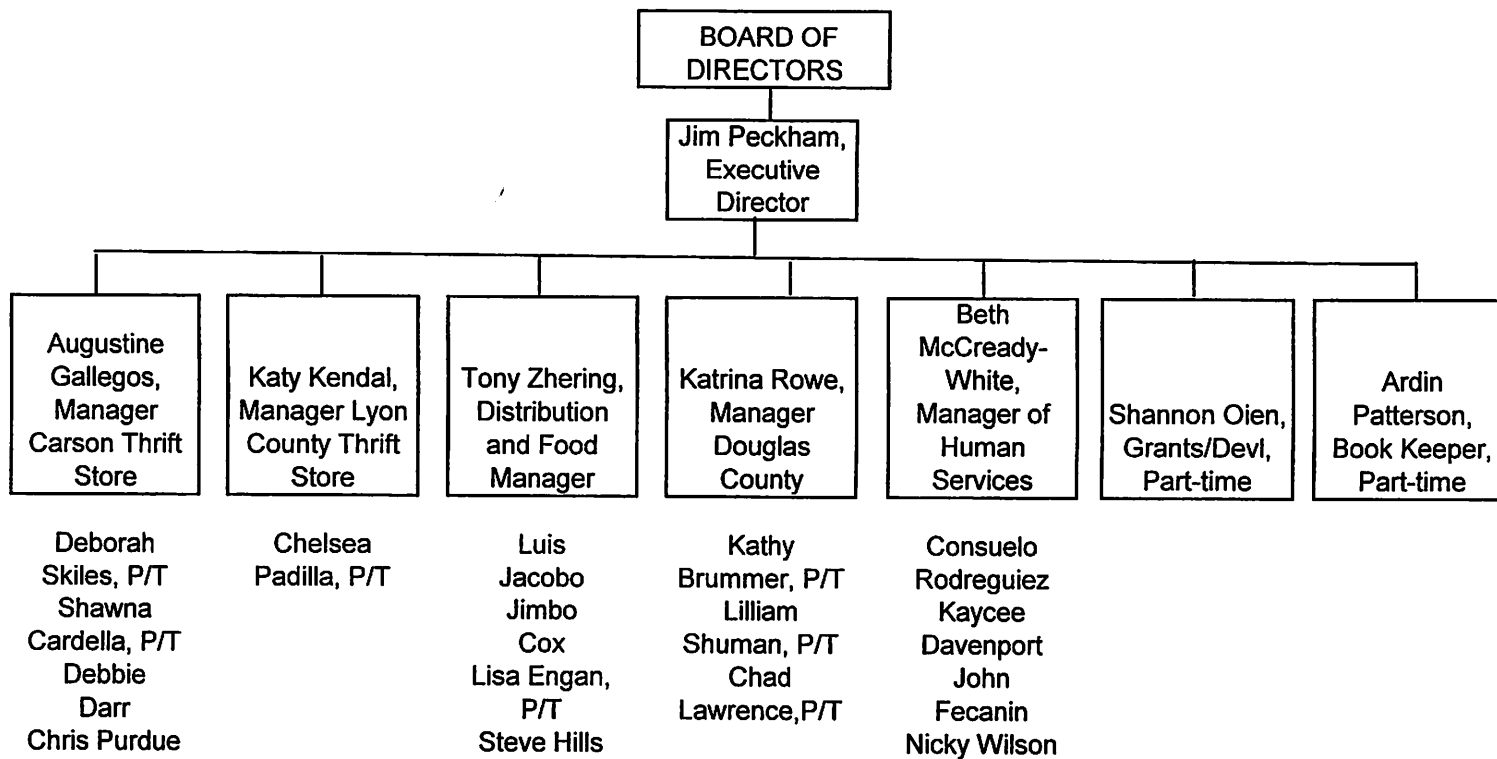
Registered Agent Information			
Name:	JIM PECKHAM	Address 1:	138 E. LONG ST
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89706
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 0
<b>No stock records found for this company</b>			

Officers				<input type="checkbox"/> Include Inactive Officers
<b>President - LORI BAGWELL</b>				
Address 1:	3662 JARRARD CT.	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89701	Country:	USA	
Status:	Active	Email:		
<b>Treasurer - JENNIFER HERALD</b>				
Address 1:	975 PARKVIEW DR	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89705	Country:	USA	
Status:	Active	Email:		
<b>Director - JIM PECKHAM</b>				
Address 1:	2479 ROXBURY WAY	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89706	Country:	USA	
Status:	Active	Email:		
<b>Secretary - RENEE PLAIN</b>				
Address 1:	1641 SONOMA ST	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89701	Country:	USA	

# FISH Organization Chart

Jan, 2014



**The FISH Emergency Referral Services Program, Inc.**  
**a.k.a. Friends In Service Helping (FISH)**  
**Board of Directors Roster / December, 2013**

Lori Bagwell 3662 Jarrard Ct. Carson City, NV 89701	Co-owner Charley's Grilled Subs	Class of 2014 Chair Personnel, Ways & Means	Res 883-9323 Cell 220-3646 <a href="mailto:loribagwell@charter.net">loribagwell@charter.net</a>
Scott Scherer 4356 Kings Canyon Rd Carson City, NV 89703	Partner, Holland & Hart LLP	Class of 2015 Chair-elect	Bus 684-6011 Cell: 560-5327 <a href="mailto:SScherer@hollandhart.com">SScherer@hollandhart.com</a>
Jennifer Herald 975 Parkview Dr Carson City, NV 89705	VP & Branch Mgr, Bank of the West	Class of 2015 Treasurer  <a href="mailto:jen_herald@charter">jen_herald@charter</a>	Bus 687-2550 Cell: 790-6870 <a href="mailto:jen_herald@charter.net">jen_herald@charter.net</a> <a href="mailto:Jennifer.herald@bankofthewest.com">Jennifer.herald@bankofthewest.com</a>
Renee Plain 1641 Sonoma St Carson City, NV 89701	President, In Plain Sight Marketing	Class of 2015 Secretary Marketing Committee	Bus 443-6660 <a href="mailto:renee@inplainsightllc.com">renee@inplainsightllc.com</a>
Fr. Jeff Paul 305 N. Minnesota St Carson City, NV 80703	Rector, Peter's Episcopal Church	Class of 2014	Bus 882-1534 Cell 671-4309 <a href="mailto:godguy@stpeterscarsoncity.org">godguy@stpeterscarsoncity.org</a>
Lynn Hunter 2644 Sweet Clover Ct. Minden, NV 89423	Nurse Retired	Class of 2015 Human Services	Res 267-3646 Cell 315-6735 <a href="mailto:cazadordl@charter.net">cazadordl@charter.net</a>
Mark Marsella 1268 Horseshoe Circle Minden, NV 89423	Connections Pastor LifePoint Church	Class of 2014 Marketing Committee	Bus 267-0151 Cell 720-7375 <a href="mailto:mark@lifepointnv.com">mark@lifepointnv.com</a>
Sister Marie McGloin 3000 N. Lompa Lane Carson City, NV 89706	Pastoral Associate St. Teresa of Avila	Class of 2014	Bus 882-1968 Cell 721-7599 <a href="mailto:sr.marie@saintteresaof-avila.org">sr.marie@saintteresaof-avila.org</a>
Kelly Fluitt 163 Lotus Circle Carson City, NV 89703	Nurse Practitioner Carson Medical Group	Class of 2016	Cell 775-297-5917  <a href="mailto:kellyfl@sbcglobal.net">kellyfl@sbcglobal.net</a>
Barbara D'Anneo 1721 Andorra Dr. Carson City, NV 89703	Healthcare Development Retired	Class of 2016	Cell 721-9525 Home 884-9728 <a href="mailto:BDanneo@aol.com">BDanneo@aol.com</a>

**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)

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning** Jul 1 , 2011, **and ending** Jun 30 , 2012

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FISH - Emergency Referral Service Program</b>		<b>D</b> Employer Identification Number 94-2590904
	Doing Business As		<b>E</b> Telephone number (775) 882-8446
	Number and street (or P.O. box if mail is not delivered to street addr)	Room/suite	
	138 E. Long Street		
	City, town or country	State	ZIP code + 4
	Carson City	NV	89706
	<b>F</b> Name and address of principal officer: Jim Peckham 138 E. Long Street Carson City NV 89706		<b>G</b> Gross receipts \$ 2,236,809.
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>J</b> Website: ▶	www.nvfish.com		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation: 1979	<b>M</b> State of legal domicile: NV

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>PROVIDE FOOD, CLOTHING AND SHELTER FOR THE NEEDY OF THE CARSON CITY NEVADA AREA.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	10
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	43
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	6	33
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7 a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7 b		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	1,109,137.	1,404,739.
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	599,553.	786,533.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	354.	476.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	5,580.	24,021.
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,714,624.	2,215,769.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	432,445.	483,417.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	11,192.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	1,276,769.	1,385,247.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	1,709,214.	1,868,664.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	5,410.	347,105.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	2,353,531.	2,689,259.
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	1,799,030.	1,788,867.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	554,501.	900,392.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	01/03/13
	<b>Jim Peckham</b> Type or print name and title.	Executive Director

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	John Reed	John Reed	01/03/13		P00388442
	Firm's name ▶	Bertrand & Associates, LLC		Firm's EIN ▶	27-1119568
	Firm's address ▶	777 E. William St Suite 206 Carson City NV 89701		Phone no.	(775) 882-8892

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  **Yes**  **No**



# FISH 2012-2013 DENTAL EXTRACTIONS

<u>MONTH</u>	<u>GENDER</u>	<u>RACE</u>	<u>AGE</u>	<u>EXTRACTIONS</u>	<u>DENTIST</u>
					<u>STIPEND</u>
Jul-12	MALE	BLACK	21	1	\$100.00
	MALE	OTHER	35	3	\$100.00
	FEMALE	WHITE	53	1	\$100.00
	FEMALE	WHITE	23	1	\$100.00
	MALE	WHITE	54	1	\$100.00
Aug-12	FEMALE	WHITE	22	2	\$100.00
	FEMALE	HISPANIC	43	0	\$100.00
	FEMALE	OTHER	57	1	\$100.00
	MALE	HISPANIC	42	2	\$200.00
	FEMALE	WHITE	22	2	\$100.00
Sep-12	MALE	WHITE	52	1	\$100.00
	MALE	WHITE	55	2	\$200.00
	FEMALE	WHITE	46	1	\$100.00
	MALE	WHITE	57	1	\$100.00
Oct-12	MALE	OTHER	37	1	\$100.00
	FEMALE	WHITE	46	2	\$200.00
	MALE	HISPANIC	52	1	\$100.00
	MALE	HISPANIC	57	1	\$100.00
Nov-12	FEMALE	WHITE	49	2	\$200.00
	MALE	WHITE	47	2	\$200.00
	MALE	WHITE	48	1	\$100.00
	MALE	WHITE	25	1	\$100.00
	MALE	WHITE	45	1	\$100.00
Dec-12	MALE	WHITE	38	1	\$100.00
	MALE	BLACK	24	2	\$200.00
	FEMALE	WHITE	50	1	\$100.00
Jan-13	MALE	WHITE	53	1	\$100.00
	MALE	WHITE	31	1	\$100.00
	MALE	HISPANIC	52	1	\$100.00
	FEMALE	WHITE	48	1	\$100.00
Feb-13	FEMALE	WHITE	49	1	\$100.00
	MALE	WHITE	43	1	\$100.00
Mar-13	FEMALE	WHITE	64	1	\$100.00
	MALE	WHITE	42	1	\$100.00
	FEMALE	HISPANIC	49	1	\$100.00
	FEMALE	WHITE	55	1	\$100.00
	MALE	HISPANIC	45		\$100.00
	MALE	WHITE	20	1	\$100.00
Apr-13	MALE	WHITE	23	1	\$100.00
	FEMALE	HISPANIC	37	1	\$100.00
	MALE	WHITE	21	1	\$100.00
	MALE	WHITE	50	2	\$200.00

	MALE	WHITE	36	1	\$100.00
	MALE	WHITE	52	1	\$100.00
	FEMALE	WHITE	65	1	\$100.00
	FEMALE	HISPANIC	44	1	\$100.00
May-13	FEMALE	WHITE	48	1	\$100.00
	MALE	WHITE	61	1	\$100.00
	MALE	WHITE	55	1	\$100.00
	FEMALE	WHITE	72	1	\$100.00
	FEMALE	WHITE	42	1	\$100.00
	MALE	HISPANIC	48	1	\$100.00
Jun-13	MALE	WHITE	53	1	\$100.00
	MALE	WHITE	31	1	\$100.00
	MALE	WHITE	26	1	\$100.00
	MALE	HISPANIC	48	1	\$100.00
	MALE	WHITE	26	1	\$100.00
Jul-13	MALE	WHITE	39	1	\$100.00
	MALE	WHITE	34	2	\$200.00
	MALE	WHITE	59	1	\$100.00
	MALE	WHITE	47	1	\$100.00
Aug-13	MALE	WHITE	51	2	\$200.00
	MALE	BLACK	54	10	\$300.00
	MALE	WHITE	58	1	\$100.00
	FEMALE	WHITE	26	1	\$100.00
	FEMALE	HISPANIC	22	1	\$100.00
	FEMALE	WHITE	19	1	\$100.00
Sep-13	MALE	HISPANIC	47	1	\$100.00
Oct-13	MALE	WHITE	60	2	\$200.00
	MALE	WHITE	28	1	\$100.00

<b><u>TOTAL:</u></b>		<b><u># OF TEETH</u></b>	91	\$8,200.00
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**Carson City  
Agenda Report**

23(A)

**Date Submitted:** June 24, 2014

**Agenda Date Requested:** July 3, 2014

**Time Requested:** 10 minutes

**To:** Mayor and Supervisors

**From:** Nick Marano, City Manager

2014.R.21

**Subject Title:** For Possible Action: To adopt a resolution authorizing expenditures of funds to non-profit organizations for FY 2014-15.

**Staff Summary:** NRS 244.1505 requires any grants the board of county commissioners make to private, non-profit organizations must be done so by resolution.

**Type of Action Requested:** (check one)

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

**Does this action require a Business Impact Statement:** ( ) Yes (X) No

**Recommended Board Action:** I move to adopt Resolution No. \_\_\_\_\_, a resolution authorizing expenditures of funds to non-profit organizations for FY 2014-15.

**Explanation for Recommended Board Action:** NRS 244.1505 requires any grants the board of county commissioners make to private, non-profit organizations must be done so by resolution. Attached is a resolution to meet the requirements of NRS 244.1505.

**Applicable Statute, Code, Policy Rule or Regulation:** NRS 244.1505

**Fiscal Impact:** Total of \$390,403 – \$125,000 from the Q18/Quality of Life Fund, \$3,000 from the RTC Fund, and \$262,403 from the General Fund.

**Explanation of Impact:** Per Board of Supervisors actions during FY 2014-15 budget process.

**Funding Source:** Q18/Quality of Life Fund - \$125,000; RTC Fund - \$3,000; General Fund - \$262,403.

**Supporting Materials:** Resolution and 2014 Final Recommendations list.

**Alternatives:** To adopt or amend resolution.

**Prepared By:** Janet Busse, Office Supervisor

Reviewed By: Nicholas Myrland Date: 6/24/14  
(City Manager)

[Signature] Date: 6/24/14  
(District Attorney)

[Signature] Date: 6/24/14  
(Finance Director)

**Board Action Taken:**

Motion: 2014-R-21

- 1) KA
- 2) BB

<sup>5</sup> <sup>0</sup>  
Aye/Nay  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
(Vote Recorded By)

**RESOLUTION NO. 2014-R-21**

**A RESOLUTION AUTHORIZING EXPENDITURES OF FUNDS  
TO NON-PROFIT ORGANIZATIONS FOR FY 2014-15**

WHEREAS, NRS 244.1505(1) provides that the Board of Supervisors may grant money to private organizations, not for profit; and

WHEREAS, NRS 244.1505(2) provides that such grants must be made by a resolution which specifies the purpose of the grant, the maximum amount to be expended from the grant and any other conditions upon the expenditure; and

WHEREAS, the Board of Supervisors has conducted public hearings, taken testimony and received evidence of the substantial benefit to the inhabitants of Carson City of the expenditure of money for grants to the private organizations, not for profit, which are listed below.

NOW, THEREFORE THE BOARD OF SUPERVISORS RESOLVES THAT:

1. For FY 2014-15, the following groups are granted the following amounts for the following purposes:

<u>General Fund</u>			
<u>Organization</u>		<u>Purpose</u>	<u>Amount</u>
Advocates to End Domestic Violence		Operations	10,000
Capital City Circles Initiative		Operations	7,500
Carson City Senior Citizens Center		Operations	13,000
CASA of Carson City		Operations	25,000
ESL In Home Program of Northern Nevada		Operations	14,103
Food For Thought		Operations	8,000
FISH		Operations	12,200
Ormsby Association of Carson City (formerly OARC)		Operations	9,279
Partnership CC - Youth Services		Operations	72,200
Ron Wood Family Resource Center - Reach Up		Operations	30,100
Ron Wood Family Resource Center - Food Bank		Operations	10,000
RSVP - Coordinator		Operations	13,417
RSVP - Program		Operations	22,604
United Latino Services		Operations	<u>15,000</u>
		General Fund Total	262,403
 <u>Regional Transportation Commission Fund</u>			
Rural Center for Independent Living		Bus Passes	3,000

Q18/Quality of Life Fund

Boys & Girls Club	Operations	125,000
	Grand Total	<u>390,403</u>

2. The amounts listed above in paragraph one (1) are the maximum amounts from the grant to be expended by the private organizations.

3. The grant money may only be spent for the purposes listed in the resolution which is the purpose given to the Board of Supervisors by the requesting private organizations in its written and oral presentation to the Board of Supervisors.

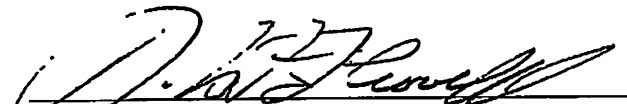
Upon motion by Supervisor Karen Abowd, seconded by Supervisor Brad Bonkowski, the foregoing Resolution was passed and adopted this 3<sup>rd</sup> day of July, 2014, by the following vote:

AYES: Supervisor Karen Abowd  
Supervisor Brad Bonkowski  
Supervisor John McKenna  
Supervisor Jim Shirk  
Mayor Robert Crowell

NAYS: None

ABSENT: None

ABSTAIN: None.

  
ROBERT L. CROWELL, Mayor

ATTEST:

  
Kathleen King, Chf. Dep. Clk  
Fr. ALAN GLOVER, Clerk - Recorder

## 2014 FINAL RECOMMENDATIONS

Public Service Project	Requested from CSSG	Requested from CDBG	FINAL CSSG	FINAL CDBG
Ron Wood Family Resource Center-Reach Up	\$35,000		\$30,100	
Ron Wood Family Resource Center-Food Bank	\$12,500		\$10,000	
Food For Thought	\$10,000		\$8,000	
FISH	\$12,200		\$12,200	
Community Counseling Center	\$77,989	\$77,989	\$0	\$54,444
CASA of Carson City	\$25,000		\$25,000	
Capital City Circles Initiative	\$10,000		\$7,500	
Advocates to End Domestic Violence	\$10,000		\$10,000	
Nevada Rural Counties-RSVP-Coordinator		\$13,417	\$13,417	
Nevada Rural Counties-RSVP-Program	\$35,000		\$22,604	
Carson City Senior Citizens Center	\$13,000	\$13,000	\$13,000	
United Latino Community	\$31,400		\$15,000	
Rural Center for Independent Living-Do Drop In*	\$6,000		\$3000 in bus passes	
Ormsby Association of Carson City	\$13,500		\$9,279	
ESL In Home Program of Northern Nevada	\$20,000		\$14,103	
Nevada Health Centers, Inc.	\$21,287		\$0	
Volunteer Attorneys for Rural Nevadans	\$40,000		\$0	
<b>Total requested</b>	<b>\$372,876</b>	<b>\$104,406</b>	<b>\$190,203</b>	<b>\$54,444</b>
<b>Total available:</b>	<b>\$185,000</b>	<b>\$54,444</b>	<b>\$185,000</b>	<b>\$54,444</b>
<b>Difference</b>	<b>-\$187,876</b>	<b>-\$49,962</b>	<b>-\$5,203</b>	<b>\$0</b>

\* Recommended funding for bus passes

Public Improvement Project	Requested from CSSG	Requested from CDBG	Recommended from CSSG	Recommended from CDBG
Carson City Public Works		\$245,000		\$190,183
FISH		\$100,000		\$20,743
Ventana Sierra		\$50,000		\$25,000
<b>Total requested:</b>	<b>\$0</b>	<b>\$395,000</b>		<b>\$235,926</b>
<b>Total available:</b>	<b>\$0</b>	<b>\$245,744</b>		<b>\$235,926</b>
<b>Difference</b>	<b>\$0</b>	<b>-\$149,256</b>		<b>\$0</b>