LINDSAY LOCAL HOSPITAL DISTRICT
BOARD OF DIRECTORS
AGENDA

Regular Meeting;
May 15, 2018
5:30PM

Hospital District Boardroom
831B N. Sequoia Ave.
Lindsay, CA 93247

1. OPEN SESSION
   a. Call to Order
   b. Flag Salute

2. ROLL CALL
   (Recognition of Quorum)

3. APPROVAL OF AGENDA

4. PUBLIC COMMENT
   Pursuant to Cal.Gov.Code §54954.3, members of the public will be afforded an opportunity to address the Board on any matter within the jurisdiction of the District at the beginning of the session or before the Board's consideration of an agenda item regarding that item. Comments are limited to 3 minutes per person, unless otherwise indicated by the Board Chairperson, with a maximum of 30 minutes for public comments.

5. CONSENT CALENDAR
   Unless a Director requests separate consideration of an item in the Consent Calendar, the following items are to be approved and/or accepted by vote on one motion. The specific items are included in the board packet available to the public at the meeting or as may be requested by any member of the public prior to the meeting
   a. Minutes of past board meetings:
      2/20/18
   b. Financial Report
   c. Warrants/Payables

6. REPORT(S) & INFORMATION
   a. Correspondence (Board Secretary)
   b. Rental Report (President/Rental Manager)
   c. Diabetes Project update
   d. Wellness Center update

NOTES:

1. If documents are distributed to board members concerning an agenda item within 72 hours of a regular board meeting, said documents will be made available for public inspection at the same time at the District Office located at 831 B N Sequoia Avenue within regular work hours.
2. If a disability-related modification or accommodation is requested, please contact the District Assistant at 559-333-4456
3. Agenda posted for public information on 3/16/2018 at City Hall bulletin board (251 E. Honolulu St., Lindsay, CA 93247) Lindsay Wellness Center (860 N. Sequoia Ave., Lindsay, CA 93247) and District Office (831 B N Sequoia, Lindsay, CA 93247)

7. ACTION ITEMS
   a. Consideration/Approval of 2017-18 Engagement Letter from Dennis Hylton
   b. Consideration/Approval of Elections Resolution
   c. Consideration/Approval of Diabetes Project Two Year Proposal

8. LEGAL COUNSEL REPORT

9. ADJOURN

LINDSAY LOCAL HOSPITAL DISTRICT
BOARD OF DIRECTORS
MINUTES

Regular Meeting:
April 17, 2018
5:30PM

Hospital District Boardroom
831B N. Sequoia Ave.
Lindsay, CA 93247

1. OPEN SESSION
   a. The meeting was called to order by President McQueen at 5:33 PM
   b. Flag Salute was led by Director Loftin

2. ROLL CALL
   Directors Present: Baker, McQueen, Loftin, Soria, Hurtado
   Directors Absent: None
   A quorum is recognized
   Others Present: Attorney Starr Warson and Administrative Assistant Dennis Medders

3. APPROVAL OF AGENDA
   Motion to approve agenda:
   Motion: Director Hurtado
   Second: Director Soria
   Vote: Unanimous (motion approved)

4. PUBLIC COMMENT
   There was no public comment.

5. CONSENT CALENDAR
   No discussion from the Board.
   Motion to approve consent calendar

   Motion: Director Hurtado
   Second: Director Loftin
   Vote: Unanimous (motion approved)

6. REPORT(S) & INFORMATION
   a. Correspondence – Communication was received from Tulare County Registrar of Voters the notice of general election for November. A Resolution from the Board regarding the election is due by July 1, 2018. Starr will prepare the Resolution for the next Board Meeting.
   b. Rental Report – President McQueen reported monthly rental income of $9,656.41 and there were no issues last month.
   c. Diabetes Project Update – Linda Ledesma presented the quarterly Lindsay Diabetes Integrated Project update. A total of 252 families have been indirectly touched by the program. Mr. Jaime Medina from Kaweah Delta Hospital District gave presented the diabetes Quantitative Report. A representative from Healthy Kids-Healthy Lindsay presented the Executive Summary Report regarding Type 2 Diabetes in the City of Lindsay.
   d. Wellness Center Update – Wellness Center Supervisor Lisa Davis reported to the Board that they are continuing the cleanup of the center. They signed up 30 new members during the month of March. Started the process cleaning up the computer system to find out exactly how many actual members there are.

e. Scholarship Discussion – Attorney Warson informed the Board that the proposal to provide a scholarship to a Lindsay High School student is not within the scope of the Hospital District.

7. ACTION ITEMS

a. Consideration/Approval of Scholarship.

No Action Taken.

8. LEGAL COUNSEL REPORT – The matter of Exeter Ambulance and the use of the ambulance purchased by the Hospital District was discussed. Attorney Warson will contact Exeter Ambulance District and request their logs to determine if the ambulance is being used per our agreement.

9. ADJOURN – The meeting was adjourned at 6:10 pm by the following vote:

Motion: Director Soria
Second: Director Hurtado
Vote: Unanimous (motion approved)

Submitted,

Theresa Hurtado
Secretary

LINDSAY LOCAL HOSPITAL DISTRICT
Board Information
5/9/2018

CHECKING BALANCE- April 12, 2018		$ 248,086.11
DEPOSITS		
HENKEN REALTY	9,656.41	
TULARE COUNTY-PROPERTY TAX	168,405.89	
INTEREST INCOME	11.00	178,073.30
CHECKS WRITTEN AFTER BOARD MEETING		
BARTLETS POOL SERVICE	120.00	
CINDY BAKER	400.00	
CLINES DRYWALL	7,482.00	
DENNIS MEDDERS	250.00	
GREG MCQUEEN	500.00	
IVET SORIA	100.00	
LANE ENGINEERS INC	9,184.00	
M GREEN & COMPANY	690.00	
QBI	3,965.00	
QUAD KNOPF	5,944.36	
RICHARD SCOTT LOFTIN	100.00	
STARR WARSON	862.50	
THERESA HURTADO	100.00	
TOTAL CHECKS WRITTEN		29,897.86
CHECKING BALANCE- APRIL 30, 2018		$ 396,261.55
DEPOSITS SINCE MONTH END	0.00	0.00
CHECKS WRITTEN SINCE MONTH END		0.00
CHECKING BALANCE AT MAY 9, 2018		$ 396,261.55
MONEY MARKET BALANCE-APRIL 30, 2018		$ 93,810.10
ACTIVITY SINCE MONTH END		0.00
MONEY MARKET BALANCE MAY 9, 2018		$ 93,810.10

Cash in Bank as of April 30, 2018	
Cash in Checking-Bank of the Sierra	$ 396,261.55
Cash in Money Market-Bank of the Sierra	93,810.10
Cash in County of Tulare	2,000,000.00
State of California-LAIF	29,664.56
Total Cash Available	$2,519,736.21

PROJECTED REVENUES	
May 2018 (Property Taxes)	$ 40,000.00
June 2018 (Property Taxes)	20,000.00
June 2018 (Property Taxes)	0.00
MOB Billings Per Month	9,000.00
	69,000.00
TOTAL PROJECTED REVENUES	
OTHER EXPENSES	0.00
TOTAL OTHER EXPENSES	
PROJECTED NET REVENUES	$ 69,000.00

1:22 PM

05/08/18

Cash Basis

Lindsay Local Hospital District

Transactions by Account

As of April 30, 2018

Type	Date	Num	Name	Memo	Debit	Credit	Balance
1000 · Cash in Bank Checking							
Deposit	04/17/2018			Deposit	2,158.47		
Check	04/18/2018			Monthly Service Fee		125.00	
Check	04/18/2018					400.00	
Check	04/18/2018					7,452.00	
Check	04/18/2018					21.00	
Check	04/18/2018					500.00	
Check	04/18/2018					500.00	
Check	04/18/2018					1,000.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		2,457.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		1,344.00	
Check	04/18/2018			Deposit		1,344.00	
Deposit	04/19/2018			Deposit	153,673.64		
Deposit	04/30/2018			Interest	1.22		
Total 1000 · Cash in Bank Checking					158,833.33	29,857.00	
1001 · Cash in Bank Money Market							
Deposit	04/30/2018			Interest	3.13		
Total 1001 · Cash in Bank Money Market					3.13	0.00	
1002 · Cash in County of Tulare							
Check	04/27/2018	21452	Tulare County Treasurer	Withdrawal Fee		150,405.64	
Deposit	04/30/2018			Deposit	153,995.55		
Total 1002 · Cash in County of Tulare					153,995.55	150,405.64	
STATE OF CALIFAF							
Deposit	04/30/2018			Interest	1.24		
Total STATE OF CALIFAF					1.24	0.00	
TOTAL					332,153.54	180,303.75	

Lindsay Local Hospital District
Transactions by Account
As of May 9, 2018

Type	Date	Num	Name	Memo	Debit	Credit	Balance
Cash in Bank Checking							
Total Cash in Bank Checking							
Cash in Bank Money Market							
Total Cash in Bank Money Market							
Cash in County of Tulare							
Total Cash in County of Tulare							
STATE OF CALIF							
Total STATE OF CALIF							
TOTAL							2,519,734.21

LINDSAY LOCAL HOSPITAL DISTRICT
(a California Special District)

Statement of Net Position as
Of April 30, 2018

Statement of Revenues and
Expenses and Schedule of
Revenues and Expenses-
Budget to Actual
For the One Month
And Ten Months
Ended April 30, 2018

LINDSAY LOCAL HOSPITAL DISTRICT

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Lindsay Local Hospital District
Statement of Net Position
As of April 30, 2018

ASSETS			
Current Assets			
Checking/Savings			
Cash In Bank-Checking	$ 396,261.55		
Cash In Bank-Money Market	93,810.10		
Cash in County of Tulare	2,000,000.00		
State Of Ca-LAIF	29,664.56		
Total Checking/Savings		$ 2,519,736.21	
Other Current Assets			
Prepaid Expenses	5,122.47		
Total Other Current Assets		5,122.47	
Total Current Assets		2,524,858.68	
Noncurrent Assets			
Capital Assets			
Buildings	183,066.04		
Improvements	237,168.78		
Land	17,073.68		
Office Equipment	16,741.59		
Less Accumulated Depreciation	(208,298.09)		
Total Capital Assets		245,752.00	
TOTAL ASSETS			$ 2,770,610.68
LIABILITIES			
Current Liabilities			
Other Current Liabilities			
Monthly Accounts Payable	269,138.54		
Unearned Rent	4,445.00		
Total Other Current Liabilities		273,583.54	
Total Current Liabilities		273,583.54	
Total Liabilities			273,583.54
NET POSITION			
Net Position			
Net Investment in Capital Assets	245,752.00		
Unrestricted	2,310,525.17		
Net Income	(59,250.03)		
TOTAL NET POSTION			$ 2,497,027.14

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

Lindsay Local Hospital District
Statement of Revenues & Expenses
for the One Month and Ten Months ended April 30, 2018

	Apr 18	Jul '17 - Apr 18
Ordinary Income/Expense		
Income		
County - Other Income	0.00	15,668.73
Physician Office Lease	12,900.00	126,210.00
Property Taxes	160,754.05	485,469.76
Total Income	173,654.05	627,348.49
Expense		
Accounting	690.00	13,610.76
Advertising	0.00	541.88
Bank Service Charges	0.00	35.00
Depreciation Expense	2,127.99	21,279.90
Directors' Fees	500.00	6,000.00
Dues and Subscriptions	0.00	920.00
Insurance		
D & O Insurance	352.06	3,520.60
Liability	327.58	3,275.80
Total Insurance	679.64	6,796.40
Legal	1,302.50	12,802.50
Legal Notices	0.00	339.00
Licenses and Permits	0.00	1,010.67
Maintenance	820.00	8,896.80
Management Fee	1,250.00	12,301.00
Miscellaneous	0.00	-0.01
Office Supplies	0.00	1,983.30
Postage and Delivery	0.00	62.00
Program Support	10,151.41	20,680.33
Property Tax Admin Fees	6,787.50	13,575.00
Repairs		
831 Sequoia Maintenance	0.00	9,659.68
835 Sequoia Maintenance	0.00	210.00
839 Sequoia Maintenance	0.00	70.00
845 Sequoia Maintenance	0.00	1,795.00
Building Repairs		
Supplies	0.00	763.78
Building Repairs - Other	16,666.00	263,513.55
Total Building Repairs	16,666.00	264,277.33
Total Repairs	16,666.00	276,012.01
Secretary Fee	0.00	100.00
Stipend pay	1,150.00	12,400.00
Utilities		
Gas and Electric	99.93	1,057.78
Utilities-City of Linday	543.66	5,202.33
Utilities - Other	0.00	97.92
Total Utilities	643.59	6,358.03
Wellness Center		
Advertising	270.62	270.62

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Lindsay Local Hospital District
Statement of Revenues & Expenses
for the One Month and Ten Months ended April 30, 2018

	Apr 18	Jul '17 - Apr 18
Debt Service Grant	233,721.00	233,721.00
Equipment	0.00	22,000.00
Equipment Repair	18,246.75	18,246.75
Maintenance-Buildings	469.50	4,340.00
Maintenance-Lawns	650.00	7,830.00
Maintenance-Pool	4,166.76	5,966.76
Total Wellness Center	257,524.63	292,375.13
Total Expense	300,293.26	708,079.70
Net Ordinary Income	-126,639.21	-80,731.21
Other Income/Expense		
Other Income		
Interest Income		
Interest Income-Bank	14.73	119.70
Interest Income-County	0.00	21,015.01
Interest Income-State	109.96	346.47
Total Interest Income	124.69	21,481.18
Total Other Income	124.69	21,481.18
Net Other Income	124.69	21,481.18
Net Income	**-126,514.52**	**-59,250.03**

Those financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

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Lindsay Local Hospital District
Schedule of Revenues and Expenses - Budget vs. Actual
April 2018

	Apr 18	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
County - Other Income	0.00	0.00	0.00	0.0%
Physician Office Lease	12,900.00	10,000.00	2,900.00	129.0%
Property Taxes	160,754.05	140,000.00	20,754.05	114.8%
Total Income	173,654.05	150,000.00	23,654.05	115.8%
Expense				
Accounting	690.00	1,250.00	-560.00	55.2%
Advertising	0.00	16.67	-16.67	0.0%
Depreciation Expense	2,127.99	1,166.67	961.32	182.4%
Directors' Fees	500.00	1,000.00	-500.00	50.0%
Dues and Subscriptions	0.00	50.00	-50.00	0.0%
Election Expense	0.00	0.00	0.00	0.0%
Insurance				
D & O Insurance	352.06	375.00	-22.94	93.9%
Liability	327.58	333.33	-5.75	98.3%
Total Insurance	679.64	708.33	-28.69	95.9%
Legal	1,302.50	1,083.33	219.17	120.2%
Legal Notices	0.00	83.33	-83.33	0.0%
Licenses and Permits	0.00	83.33	-83.33	0.0%
Maintenance	820.00	1,250.00	-430.00	65.6%
Management Fee	1,250.00	1,000.00	250.00	125.0%
Miscellaneous	0.00	41.66	-41.66	0.0%
Office Supplies	0.00	100.00	-100.00	0.0%
Postage and Delivery	0.00	16.67	-16.67	0.0%
Program Support	10,151.41	23,291.67	-13,140.26	43.6%
Property Tax Admin Fees	6,787.50	6,400.00	387.50	106.1%
Repairs				
845 Sequoia Mainten...	0.00	10,000.00	-10,000.00	0.0%
855 Sequoia Mainten...	0.00	2,000.00	-2,000.00	0.0%
Building Repairs	16,666.00	29,666.67	-13,000.67	56.2%
Equipment Repairs	0.00	166.67	-166.67	0.0%
Total Repairs	16,666.00	41,833.34	-25,167.34	39.8%
Security System Service	0.00	62.50	-62.50	0.0%
Stipend pay	1,150.00	1,633.33	-483.33	70.4%
Telephone				
Internet	0.00	0.00	0.00	0.0%
Total Telephone	0.00	0.00	0.00	0.0%
Travel & Ent				
Travel	0.00	0.00	0.00	0.0%
Total Travel & Ent	0.00	0.00	0.00	0.0%
Utilities				
Gas and Electric	99.93	166.67	-66.74	60.0%
Late pymt chg	0.00	0.00	0.00	0.0%
Utilities-City of Linday	543.66	458.33	85.33	118.6%
Total Utilities	643.59	625.00	18.59	103.0%
Wellness Center				
Advertising	270.62	125.00	145.62	216.5%
Class supplies	0.00	166.66	-166.66	0.0%

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

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Lindsay Local Hospital District
Schedule of Revenues and Expenses - Budget vs. Actual
April 2018

	Apr 18	Budget	$ Over Budget	% of Budget
Debt Service Grant	233,721.00	0.00	233,721.00	100.0%
Equipment	0.00	4,166.67	-4,166.67	0.0%
Equipment Repair	18,246.75	1,250.00	16,996.75	1,459.7%
Maintenance-Buildings	469.50	2,916.66	-2,447.16	16.1%
Maintenance-Lawns	650.00	750.00	-100.00	86.7%
Maintenance-Pool	4,166.76			
Office supplies	0.00	0.00	0.00	0.0%
Total Wellness Center	257,524.63	9,374.99	248,149.64	2,746.9%
Total Expense	300,293.26	91,070.82	209,222.44	329.7%
Net Ordinary Income	-126,639.21	58,929.18	-185,568.39	-214.9%
Other Income/Expense				
Other Income				
Interest Income				
Interest Income-Bank	14.73	0.00	14.73	100.0%
Interest Income-County	0.00	0.00	0.00	0.0%
Interest Income-State	109.96	0.00	109.96	100.0%
Interest Income - Other	0.00	1,250.00	-1,250.00	0.0%
Total Interest Income	124.69	1,250.00	-1,125.31	10.0%
Total Other Income	124.69	1,250.00	-1,125.31	10.0%
Other Expense				
Capital Expenditures	0.00	625.00	-625.00	0.0%
Total Other Expense	0.00	625.00	-625.00	0.0%
Net Other Income	124.69	625.00	-500.31	20.0%
Net Income	**-126,514.52**	**59,554.18**	**-186,068.70**	**-212.4%**

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through April 2018

	Jul '17 - Apr 18	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
County - Other Income	15,646.23	0.00	15,646.23	100.0%
Physician Office Lease	429,270.00	390,000.00	39,270.00	110.1%
Property Taxes	455,463.76	440,000.00	15,463.76	103.5%
	621,348.43	550,000.00	71,348.43	113.1%
Total Income				
Expense				
Accounting	13,615.76	12,500.00	1,115.76	108.9%
Advertising	541.88	166.67	375.21	325.1%
Bank Service Charges	35.00			
Depreciation Expense	21,276.90	11,666.67	9,610.23	182.4%
Directors' Fees	8,000.00	10,000.00	-4,000.00	60.0%
Dues and Subscriptions	900.00	400.00	420.00	184.0%
Election Expense	0.00	0.00	0.00	0.0%
Insurance				
D & O Insurance	3,520.60	3,750.00	-229.40	93.9%
Liability	3,275.80	3,332.33	-57.53	98.3%
Total Insurance	6,796.40	7,082.33	-285.93	96.0%
Legal	12,892.50	10,833.33	1,992.17	118.2%
Legal Notices	339.00	833.33	-494.33	40.7%
Licenses and Permits	1,010.67	833.33	177.34	121.3%
Maintenance	8,896.80	12,500.00	-3,603.20	71.2%
Management Fee	12,301.00	10,000.00	2,301.00	123.0%
Miscellaneous	0.01	416.66	-416.67	0.0%
Office Supplies	1,983.30	1,000.00	983.30	198.3%
Postage and Delivery	62.00	166.67	-104.67	37.2%
Program Support	20,690.33	212,916.67	-212,226.34	9.7%
Property Tax Admin Fees	13,575.00	12,800.00	775.00	106.1%
Repairs				
831 Sequoia Maintenance	4,659.69			
835 Sequoia Maintenance	210.00			
839 Sequoia Maintenance	0.00	100,000.00	-28,226.00	1.8%
845 Sequoia Maintenance	1,774.00	20,000.00	-20,000.00	0.0%
855 Sequoia Maintenance	0.00			
Building Repairs				
Supplies	765.78	294,666.67	-61,153.12	20.8%
Building Repairs - Other	253,553.55			
Total Building Repairs	254,319.33	294,666.67	-32,347.34	86.1%
Equipment Repairs	0.00	1,666.67	-1,666.67	0.0%
Total Repairs	276,012.02	418,333.34	-142,321.33	66.0%
Secretary Fee	100.00	425.00	-425.00	0.0%
Security System Service	0.00	15,333.33	-15,333.33	0.0%
Shipping/Delivery	2,400.00		2,400.00	100.0%
Telephone	0.00	0.00	0.00	0.0%
Internet				
Total Telephone	0.00	0.00	0.00	0.0%
Travel & Ent	0.00	0.00	0.00	0.0%
Travel				
Total Travel & Ent	0.00	0.00	0.00	0.0%
Utilities	1,062.78	1,666.67	-608.89	63.8%
Gas and Electric	0.00	0.00	0.00	0.0%
Late pymt chg	0.00	4,583.33	-515.00	113.5%
Utilities City of Lindsay	5,202.33			
Utilities - Other	97.90		109.03	181.7%
Total Utilities	6,363.01	6,250.00		
Wellness Center	270.40	1,250.00	-979.60	21.6%
Advertising	0.00	1,666.66	-1,666.66	0.0%
Class Supplies	253,721.00	253,721.00	0.00	100.0%
Debt Service Grant	42,000.00	41,666.66	333.34	100.8%
Equipment	12,500.00	12,500.00	1,366.75	109.9%
Equipment Repair	18,296.75	17,500.00	796.75	104.6%
Maintenance Buildings	4,340.00	19,404.66	-15,064.66	22.4%
Maintenance Lawns	1,830.00	1,500.00	330.00	122.0%
Maintenance Pool	5,866.75			
Office supplies	0.00	0.00	0.00	0.0%
Total Wellness Center	290,375.53	327,470.98	-36,095.45	88.7%
Total Expense	726,074.70	1,043,204.31	-317,129.61	69.6%
Net Ordinary Income	-104,726.27	-493,204.31	388,478.04	21.2%
Other Income/Expense				
Other Income				
Interest Income				
Interest Income Bank	112.10	0.00	112.10	100.0%
Interest Income County	21,015.01	0.00	21,015.01	100.0%
Interest Income State	366.47	0.00	366.47	100.0%

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through April 2018

	Jul '17 - Apr 18	Budget	$ Over Budget	% of Budget
Interest Income - Other	0.00	12,500.00	-12,500.00	0.0%
Total Interest Income	21,481.18	12,500.00	8,981.18	171.8%
Total Other Income	21,481.18	12,500.00	8,981.18	171.8%
Other Expense				
Capital Expenditures	0.00	6,250.00	-6,250.00	0.0%
Total Other Expense	0.00	6,250.00	-6,250.00	0.0%
Net Other Income	21,481.18	6,250.00	15,231.18	343.7%
Net Income	**-59,250.03**	**-536,979.31**	**477,729.28**	**11.0%**

These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through June 2018

	Jul '17 - APR 18	Annual Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
County - Other Income	15,868.73	0.00	15,868.73	100.0%
Physician Office Lease	129,215.00	120,000.00	9,215.00	107.7%
Property Taxes	485,404.76	500,000.00	-14,595.24	97.1%
Total Income	630,488.49	620,000.00	10,488.49	101.7%
Expense				
Accounting	13,610.76	15,000.00	-1,389.24	90.7%
Advertising	541.68	200.00	341.68	270.8%
Bank Service Charges	35.00			
Depreciation Expense	21,279.96	14,000.00	7,279.96	152.0%
Directors Fees	6,000.00	12,000.00	-6,000.00	50.0%
Dues and Subscriptions	920.00	600.00	320.00	153.3%
Election Expense	0.00	0.00	0.00	0.0%
Insurance				
D & O Insurance	3,520.60	4,500.00	-979.40	78.2%
Liability	3,275.80	4,000.00	-724.20	81.9%
Total Insurance	6,796.40	8,500.00	-1,703.60	80.0%
Legal	12,892.50	13,000.00	-107.50	99.2%
Legal Notices	339.00	1,000.00	-661.00	33.9%
Licenses and Permits	1,010.67	1,900.00	-889.33	53.2%
Maintenance	8,606.90	15,000.00	-6,393.10	57.4%
Management Fee	12,001.00	12,000.00	1.00	100.0%
Miscellaneous	-0.01	500.00	-500.01	-0.0%
Office Supplies	1,980.30	1,200.00	780.30	165.0%
Postage and Delivery	62.00	200.00	-138.00	31.0%
Program Support	20,680.33	279,500.00	-258,819.67	7.4%
Property Tax Admin Fees	13,575.00	12,800.00	775.00	106.1%
Repairs				
531 Sequoia Maintenance	9,650.66			
535 Sequoia Maintenance	210.00			
539 Sequoia Maintenance	0.00			
545 Sequoia Maintenance	1,196.00	120,000.00	-118,804.00	1.0%
555 Sequoia Maintenance	0.00	24,000.00	-24,000.00	0.0%
Building Repairs				
Supplies	763.78			
Building Repairs - Other	253,513.54	306,000.00	-52,486.46	74.0%
Total Building Repairs	254,277.32	306,000.00	-51,722.68	74.2%
Equipment Repairs	0.00	2,000.00	-2,000.00	0.0%
Total Repairs	276,012.97	502,000.00	-225,987.03	55.0%
Secretary Fee	100.00			
Security System Service	0.00	750.00	-750.00	0.0%
Stipend pay	1,400.00	12,600.00	-11,200.00	11.1%
Telephone				
Internet	0.00	0.00	0.00	0.0%
Total Telephone	0.00	0.00	0.00	0.0%
Travel & Ent				
Travel	0.00	0.00	0.00	0.0%
Total Travel & Ent	0.00	0.00	0.00	0.0%
Utilities				
Gas and Electric	1,257.78	2,000.00	-742.22	62.9%
Late pymt chg	0.00	0.00	0.00	0.0%
Utilities City of Lindsay	5,282.83	5,500.00	-217.17	96.1%
Utilities - Other	97.92			
Total Utilities	6,638.53	7,500.00	-1,141.47	84.8%
Wellness Center				
Advertising	270.32	1,500.00	-1,229.68	18.0%
Bank Service Charges	0.00	2,000.00	-2,000.00	0.0%
Class supplies	0.00	2,000.00	-2,000.00	0.0%
Debt Service Grant	230,121.00	230,121.00	0.00	100.0%
Equipment	22,000.00	50,000.00	-28,000.00	44.0%
Equipment Repair	18,246.75	15,000.00	3,246.75	121.6%
Maintenance Buildings	4,340.00	35,000.00	-30,660.00	12.4%
Maintenance Lawns	7,850.00	9,000.00	-1,150.00	87.2%
Maintenance Pools	1,996.26			
Office supplies	0.00	0.00	0.00	0.0%
Total Wellness Center	290,375.33	346,221.00	-55,845.67	83.9%
Total Expense	708,079.20	1,250,771.00	-554,491.80	56.7%
Net Ordinary Income	-77,590.71	-642,771.00	565,180.29	12.1%
Other Income/Expense				
Other Income				
Interest Income				
Interest Income Bank	119.70	0.00	119.70	100.0%
Interest Income County	21,014.01	0.00	21,014.01	100.0%
Interest Income State	366.47	0.00	366.47	100.0%

Those financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

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Lindsay Local Hospital District

Schedule of Revenues and Expenses - Budget vs. Actual

July 2017 through June 2018

	Nov 2018 Jul '17 - [redacted]	Annual Budget	$ Over Budget	% of Budget
Interest Income - Other	0.00	15,000.00	-15,000.00	0.0%
Total Interest Income	21,481.19	15,000.00	6,481.19	143.2%
Total Other Income	21,481.19	15,000.00	6,481.19	143.2%
Other Expense				
Capital Expenditures	0.00	7,500.00	-7,500.00	0.0%
Total Other Expense	0.00	7,500.00	-7,500.00	0.0%
Net Other Income	21,481.19	7,500.00	13,981.19	286.4%
Net Income	**-59,250.03**	**-635,071.00**	**575,820.97**	**9.3%**

Those financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them.

All Disclosures required by accounting principles generally accepted in the United States of America are not included.

INVOICE #: WC 20180330 01

INVOICE DATE: 3/30/2018

DUE DATE:

8

251 E. HONOLULU
P.O. BOX 369
LINDSAY, CA 93247

FOR:

Annual allocation from the Hospital District to City of Lindsay in accordance with MOU

BILL TO: Lindsay Local Hospital District

ADDRESS: 831 N. Sequoia Avenue
Lindsay, CA 93247

EMAIL: baker@lindsayhospitaldistrict.org & dmeddles@lindsayhospitaldistrict.org

PHONE:

QUANTITY	DESCRIPTION	RATE		AMOUNT
			$	-
1	Annual Wellness Center Allocation	$ 233,721.00	$	233,721.00

SUBTOTAL	$	233,721.00
	$	-
OTHER	$	-
TOTAL	**$**	**233,721.00**

Please make checks payable to The City of Lindsay

You may contact the City's Finance Department at finance@lindsay.ca.us or (559)562-7102

Thank you for your prompt payment

INVOICE # WC-2018-04-06-002 **INVOICE DATE:** 4/6/2018

DUE DATE:

CITY OF LINDSAY
251 E. HONOLULU
P.O. BOX 369
LINDSAY, CA 93247

FOR:

Reimbursement for Genesis Pool Invoices: Therapy Pool Pump and Maintenance

BILL TO: Lindsay Local Hospital District

ADDRESS:

EMAIL:

PHONE:

QUANTITY	DESCRIPTION	RATE	AMOUNT
			$ -
1	Therapy Pool and Big Pool Covers Replacement	$ 14,673.88	$ 14,673.88
1	Two Full Print Advertising Banners	$ 270.62	$ 270.62
1	Daily Pool Maintenance and Pool Motor Repair	$ 2,900.00	$ 2,900.00
1	Leslie's Pool Supplies Required Signage, Life Rope, Life Rings and Pool Dumbells	$ 1,266.76	$ 1,266.76
1	Medallion Supply Wellness Center Parking Lot Lights	$ 2,639.88	$ 2,639.88
1	Lloyd Anderson Electric Wellness Center parking Lot Lights	$ 132.99	$ 132.99
1	Home Depot - Maintenance tools and supplies needed for WC operations	$ 469.50	$ 469.50
1	Monthly Maintenance for Gym equipment and Batteries reolacement	$ 800.00	$ 800.00
		SUBTOTAL	$ 23,153.63
			$ -
		OTHER	$ -
		TOTAL	**$ 23,153.63**

Please make checks payable to The City of Lindsay

You may contact the City's Finance Department at finance@lindsay.ca.us or (559)562-7102

Thank you for your prompt payment.

T-STAR ENTERPRISES
966 - 77th Avenue, Oakland, CA 94621
Tel: 510-635-2736 Fax: 510-635-2738
Website: www.thermalpoolcover.com

Invoice

Date	Invoice #
3/23/2018	18-0323270

Bill To	Ship To
City of Lindsay 860 N. Sequoia Avenue Lindsay, CA 93247 Attn: Accounts Payable	City of Lindsay 860 N. Sequoia Avenue Lindsay, CA 93247 Attn: Lisa Davis

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
20051	Net 30		3/23/2018		Oakland CA	Pool Covers (PO # 200...

Quantity	Item Code	Description	Price Each	Amount
1	Freight	Via Old Dominion to CA 93247.	240.00	240.00
1	Safety/Warning	Safety/Warning information sheet - Please READ CAREFULLY!	0.00	0.00

Date 3/30/18
Received by Lisa Davis 064000
GL# 400 4400
Dept. Wellness
Approved by

THANK YOU FOR YOUR BUSINESS

Subtotal	$13,560.00
Sales Tax (8.75%)	$1,113.88
Total	$14,673.88
Payments/Credits	$0.00
Balance Due	$14,673.88

Please send your payment to:

T-Star Enterprises, Inc.
578 Daffodil Drive
Benicia, CA 94510

L.Leon

INVOICE

[redacted]
INVOICE #100
DATE: FEBRUARY 22, 2018

2 22 15
Lisa Davis
400 3400 [redacted] = 06907
Wellness
MKO

TO:
[redacted]

COMMENTS OR SPECIAL INSTRUCTIONS: CHEMICAL BALANCE CONSULTING

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Due on receipt

DATES	DESCRIPTION	UNIT PRICE	TOTAL
Feb 15-28, 2018	Chemical balance consulting		900.00
		SUBTOTAL	900.00
		SALES TAX	0
		SHIPPING & HANDLING	0
		TOTAL DUE	900.00

Make all checks payable to LLeon

If you have any questions concerning this invoice, contact 559-731-6935.

THANK YOU FOR YOUR BUSINESS!

ING
UPPLIES

ART, INC

150-1162

INVOICE

Invoice Date	03/13/2018
Invoice Number	3024-002-1047
Due Date	04/12/2018

LESLIE'S

FRESNO, CA CSC #3024
4022 N ASHCROFT AVE
FRESNO, CA 93722-3973
559-276-2144

Store: 3024 Register: 2
Date: 3/13/18 Time: 1:26 PM
Ticket: 1047
Salesperson:40045 (David Murphy)
Customer ID: S00999000032068

Item	Qty	Price	Amount
SIGN HAZMAT STKR			
24729	2	39.99	79.98
14x10 Acid Stkr			
950000659	1	21.99	21.99
14x10 Liquid Chlorine Stkr			
950000660	1	21.99	21.99
		Subtotal	123.96
		Tax 7.975%	9.88
		Total$	133.84
Commercial Account			133.84
Change			0.00

LESLIE'S REWARDS

Earn 1 point for every $1 spent
Free to Join. Easy to Earn.

Ask an associate to join today
or view your account at
WWW.LESLIESREWARDS.COM

Thank you for shopping at Leslie's!
Visit us at WWW.LESLIESPOOL.COM

YOUR OPINION COUNTS!
You could win a
$500 Leslie's Shopping Spree!
Complete our brief survey at
WWW.LESLIESPOOL.COM/OPINION

View our return policy at
WWW.LESLIESPOOL.COM/OURRETURNPOLICY.HTM

Sold Item Count = 4

SHIP TO:

Customer Number S00999000032068
CITY OF LINDSAY

PO BOX 369
LINDSAY,CA 93247-0369
ATTENTION:ACCOUNTS PAYABLE

SALESPERSON	STORE#
David Murphy	3024 FRESNO, CA CSC

	QTY	Price	Sales Tax	Ext.Amt
STKR	2	$39.99	$6.38	$86.36
CHLORIC ACID	1	$21.99	$1.75	$23.74
I HYPROCHLORITE	1	$21.99	$1.75	$23.74

SUB TOTAL:	$123.96
SALES TAX:	$9.88
TOTAL:	$133.84
REGISTER PAID AMOUNT:	$0.00
A/R CHARGE AMOUNT:	$133.84
AMOUNT DUE:	$133.84

THIS INVOICE*****

SIGNATURE:

nditions:1 1/2% per month on all overdue invoices will be charged.

3.22.18
Lisa Davis
400 4400 069 0760
Wellness Center

icy at http://www.lesliespool.com/ourreturnpolicy.htm

LESLIE'S

AMERICAN EXPRESS, PLEASE CALL (602) 366-3789

TO PAY BY CHECK PLEASE SEND TO THE ADDRESS BELOW

FORWARDING SERVICE REQUESTED

03/01/18	608.82	32068

PAGE: 1

CITY OF LINDSAY 1457
VENDOR # _____
CHECK # _____
CHECK DATE # _____
BATCH # _____

CITY OF LINDSAY
PO BOX 369
LINDSAY, CA 93247-0369

LESLIE'S POOL SUPPLIES, INC.
P.O. BOX 501162
ST. LOUIS, MO 63150-1162

Please indicate any address change below.

3241*S5612M4FN000456

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
DO NOT INCLUDE CORRESPONDENCE

Status	Date	Invoice #	PO#/Other Info	Picked Up By	Store	Store Tel #	Amount
	02/02/18	03024-02-000696			FRESNO, CA CSC #30	(559) 276-2144	608.82

Dt: 3/22/18
Received by: Lisa Davis
G/L: 400 4400 069 076
Dept: Wellness
Approved by: [signature]

Total 00000000060882

On Account Balance .00

Account Information	
Credit Limit	Available Credit
3,000	2,391.18

Amount Due **608.82**

Account Aging				
Current	31 - 60	61 - 90	91 - 120	Over 120
608.82	.00	.00	.00	.00

Last Payment
Check/CC# 90842
Received 10/16/17

For questions related to an invoice, customer order, or service order please contact the store directly.
For questions related to your account balance please contact your account representative Julia Roman at (602)366-3789 or ARCustomerService@lesl.com. Please note your customer number on all correspondence.

Items on Order:

Customer Order Number: [illegible]

Customer Order Remaining Balance Due: $0.00 $0.00

SUB TOTAL:	$[illegible]
SALES TAX:	$44.05
TOTAL:	$508.82
REGISTER PAID AMOUNT:	$0.00
A/R CHARGE AMOUNT:	$0.00
AMOUNT DUE:	$0.00

PICKED UP BY: Delivery

SIGNATURE:

MEDALLION SUPPLY
737 N. Burse Street
Visalia, CA 93292

Invoice No.	Invoice Date
9130-410461	02/15/18

** CERTIFIED **
** ORIGINAL INVOICE COPY **

** UNPAID **

Please show Invoice No. and Remit to:
P.O. Box 396835
San Francisco, CA 94139-6835

SOLD TO: CITY OF GOVERMENT ACCOUNTS
CITY OF LINDSAY
P.O. BOX 369
LINDSAY, CA 93247-0000

CITY OF LINDSAY
VENDOR # 509
CHECK #
CHECK DATE #
BATCH #

SHIP TO: CITY OF GOVERMENT ACCOUNTS
365 N SWEETBREYER
LINDSAY, CA 93247-0000

Account No: KW17617
Salesperson: DANNY MORAN
Job Name:

Customer Order No: PHOTOCELLS #2
Shipping Information: PREPAID
Ship Via:
Ship Date: 02/14/18

ORDER QTY	PRODUCT CODE	DESCRIPTION	CODE	SHIP QTY	PRICE PER	DISC	EXTENSION	O/D	TAX	
[illegible] NT	LC4506LAC	120-277 PHOTOCELL		15	13.54 E	N	[illegible]		Y	

4/2/18
Received by: Lisa Davis
GL: 400 4400 023000
Job: Wellness
Approved by:

TITLE TO MERCHANDISE PASSES AT POINT OF SHIPMENT. CLAIMS FOR SHORT OR DAMAGED MERCHANDISE SHOULD BE MADE TO CARRIER.

MERCHANDISE RETURNED WITHOUT OUR CONSENT WILL NOT BE ACCEPTED. A 15% STOCKING CHARGE WILL BE MADE ON RETURNED GOODS UNLESS INCORRECT OR THROUGH ERROR ON OUR PART.

A SERVICE CHARGE OF 1.5% PER MONTH, BUT NOT TO EXCEED THE HIGHEST AMOUNT LAWFULLY ALLOWED BY CONTRACT IN THIS STATE, WILL BE MADE ON ALL PAST DUE ACCOUNTS.

OUR STANDARD TERMS AND CONDITIONS APPLY TO THIS SALE.

CODE: TO ADVISE YOU PROPERLY CONCERNING YOUR ORDER. THIS CODE IS USED ON OUR INVOICES.

B - BACK ORDERED. WILL SHIP AS SOON AS RECEIVED UNLESS INSTRUCTED TO CANCEL.

C - CANCELLED. NOT IN STOCK. UNABLE TO PURCHASE LOCALLY.

Net payment is Due by the 15th of the month following purchase

MERCHANDISE:	243.12
TAX: 7.75 %	18.84
SHIPPING CHARGE	0.65
TOTAL DUE	$ 262.61

Atkinson Electrical, Inc.
966 W. Palm
Lindsay, CA 93247
Contractors License # 677853
(559)562-4211

DATE	INVOICE #
12/1/2017	95489

BILL TO

City of Lindsay
P.O. Box 369
Lindsay, CA 93247

W.O. NO.	P.O. NO.	TERMS
LAE 3104		Net 30

QTY	ITEM	DESCRIPTION	RATE	AMOUNT
		(PARTS DELIVERED 11.30.2017 WELLNESS CENTER. PARTS FOR CLINT FOR PARKING LOT LIGHTS.		
6	LPS-014	LC4536LAC 120-277 PHOTOCELL (M1217)	19.85	119.10
1	LPS-008	SHORTING CAP SC10 ALR (M1212)	4.32	4.32
		Sales Tax	7.75%	9.57

2 1 18
Lisa Davis
400 4400 023 000
wellness

Total	$132.99

A LANDOWNER'S NOTICE OF LIEN RIGHTS IS PROVIDED BY STATE LAW. COMPLETION ACCOUNTS WHICH ARE NOT PAID WITHIN 30 DAYS OF DATE OF STATEMENT.

Chris allard
2820 mt diablo st
Concord ca 94518

209-417-0970

INVOICE

Date 4/6/18
Received by Lisa Davis
GL# 400 4400 033 000
Dept. wellness
Approved by

Lindsay wellness center
860 n sequoia ave
Lindsay CA 93247

Invoice #	Lw32
Invoice Date	04/03/2018
Due Date	04/15/2018

Item	Description	Unit Price	Quantity	Amount
Service	Pm visit	200.00	1.00	200.00
Product	Batteries for precor efx	100.00	2.00	200.00

NOTES: Pm visit.. opened units cleared debris and de greased inner and outer frames. Tensioned belts and lubed guide rods. 2 precor elliptical shave low batteries causing ramp to not function or move very slow. Needs replacement

Subtotal	400.00
Total	400.00
Amount Paid	0.00
Balance Due	$400.00

Chris allard
2820 mt diablo st
Concord ca 94518

209-417-0970

INVOICE

3 2 18
4 KSu Davis
400 4400 0 3000
Wellness
AL

Lindsay wellness center
660 n sequoia ave
Lindsay CA 93247

Invoice #	2031
Invoice Date	03/02/2018
Due Date	03/15/2018

Item	Description	Unit Price	Quantity	Amount
Service	Pm visit	200.00	1.00	200.00

NOTES: Opened units and cleared debris, de greased inner and outer frames and tensioned belts. Lubed guide rods and inspected all units for proper use.

Subtotal	200.00
Total	200.00
Amount Paid	0.00
Balance Due	$200.00

Lane Engineers, Inc.
P.O. Box 1059
Tulare, CA 93275-1059
Phone: (559) 688-5263
Fax: (559) 688-8893

May 01, 2018
Project No: 17092
Invoice No: 42279

LINDSAY LOCAL HOSPITAL DISTRICT
P.O. BOX 234
LINDSAY, CA 93247

Project 17092 LOT LINE MERGER
Professional Services from April 01, 2018 to April 28, 2018

Billing Group 3.0 AMENDMENT NO. 1 - ADDITIONAL SERVICES

Phase SP SITE PLAN DEVELOPMENT

Project Fee

Phase	Fee	% Complete	Fee Earned	Previous Billing	Current Billing
SITE PLAN DEVELOPMENT	5,700.00	20.00	1,140.00	684.00	456.00
TOPOGRAPHIC SURVEY	8,500.00	100.00	8,500.00	8,500.00	0.00
Total Fee	14,200.00		9,640.00	9,184.00	456.00
		Total Fee			**456.00**
				Phase Total	**$456.00**
				Billing Group Total	**$456.00**
				Invoice Total	**$456.00**

STARR WARSON
ATTORNEY AT LAW

MAILING ADDRESS
Post Office Box 638
Lindsay, Calif. 93247
warsonlaw@verizon.net (eMail)

OFFICE ADDRESS
23100 Avenue 208
Lindsay, Calif. 93247
559 562 0775 (voice/facsimile)

ACCOUNT STATEMENT

Lindsay Hospital District
Board of Directors
P. O. Box 234
Lindsay, CA 93247

April 30, 2018

	DESCRIPTION OF SERVICES	❖	TIME Hourly	PAYMENTS Credits	CHARGES Debits
04/01/2018	Beginning Balance				$862.50
04/06/2018	Draft & send sustainability documents to State Controller Office, Re: Special district status	1	2.0		$360.00
04/11/2018	Meet & review work in progress for parking lot improvements.	1	1.5		$270.00
	Draft Form 700's for directors	2	1.0		no charge
04/16/2018	Discussion with board President, Re: Ambulance issues.	1	0.5		no charge
	Review signed agreement with Exeter Ambulance, furnish for board review.	2	1.5		$142.50
04/17/2018	Monthly Director's meeting	1	fee		$350.00
04/20/2018	Payment Received - *Thank You* -			$862.50	
04/28/2018	Draft & send inquiry to Exeter Ambulance for use records for ambulance	1	1.0		$180.00
	Total Charges & Credits:			$862.50	$2,165.00
	Interest & Other Charges:				$0.00
	BALANCE DUE:				$1,302.50

1 All Account balances are due and payable on the date billed. If a balance is carried forward to the next statement period, an 18% charge (APR prorated monthly) will be added to the unpaid portion.
2. If a check is returned unpaid for any reason, a $30 handling fee will be assessed, plus any costs incurred to be added to the account in addition to any late fees charged.

❖ Legend
1 Attorney
2 Paralegal
3 Secretarial

BARTLETT'S POOL SERVICE, INC.
P.O. BOX 8622
PORTERVILLE, CA 93258
559-781-3252

STATEMENT

04/30/18

ACCT: 24790000

LINDSAY LOCAL HOSPITAL DIST
PO BOX 234
LINDSAY CA 93247

Total Due $ **120.00**

Amount Paid: $

RE 860 N SEQUIA

	PREVIOUS BALANCE	120.00		120.00
04/23/18	CK3111		-120.00	-120.00
	April Service Charges	120.00		120.00

"WE ARE GOING GREEN" PLEASE HELP US REDUCE OUR CARBON FOOTPRINT BY SIGNING UP TO RECIEVE E-STATEMENTS. LET US KNOW BY EMAILING US AT ACCOUNTS@BARTLETTSPOOL.COM

**ANY AMOUNT NOT PAID WITHIN 30 DAYS WILL BE ASSESED A LATE CHARGE OF 1.5% **

120.00

Cindy Baker

From: davila@mcdermontfieldhouse.com
Sent: Tuesday, April 24, 2018 3:02 PM
To: Cindy Baker
Subject: Invoice 2739 from McDermont Venture, Inc.
Attachments: Inv_2739_from_McDermont_Venture_Inc_8764.pdf

McDermont Venture, Inc

Invoice

Amount Due $10,151.41

Dear Cindy,

The 2nd G.U.M Visit invoice # 2739 is attached.

Thank you so Much

* please make checks payable to

McDermont
365 N Sweet Brier Ave
Lindsay, CA 93247

Sincerely,

Deici Avila
McDermont
559-562-3326
Fax # 559-562-1399

[redacted]

McDermont Venture, Inc
McDERMONT 365 Sweet Brier Ave.
Lindsay, CA 93247
(559) 562-3326
Fax (559) 562-1399

Invoice

Date	Invoice #
4/23/2018	2559

Bill To
Lindsay Local Hospital District P.O. Box 234 Lindsay, CA 93247

Ship To
2nd G.U.M Session 2018

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt	CA	4/23/2018			

Quantity	Item Code	Description	Price Each	Amount
62	G.U.M.	G.U.M. Program- Kennedy, 7th Grade 1-22-2018	24.00	1,488.00
62	G.U.M.	G.U.M. Program- Lincoln, 7th Grade 1-26-2018	24.00	1,488.00
63	G.U.M.	G.U.M. Program- Roosevelt, 6th Grade 2-16-2018	24.00	1,512.00
38	G.U.M.	G.U.M. Program-Roosevelt, 7th Grade 3-2-2018	24.00	912.00
66	G.U.M.	G.U.M. Program- Roosevelt, 8th Grade 3-5-2018	24.00	1,584.00
51	G.U.M.	G.U.M. Program- Lincoln, 7th Grade 3-16-2018	24.00	1,224.00
56	G.U.M.	G.U.M. Program- Kennedy, 7th Grade 4-20-2018	24.00	1,344.00
16	G.U.M.	G.U.M. Program- Reagan, 8th Grade 4-20-2018	24.00	384.00
848	Donation	Pepsi Cold Company- Water Bottle Donation for G.U.M.	0.029	24.59

Thank You

Total $13,151.11

M. Green and Company LLP

CERTIFIED PUBLIC ACCOUNTANTS

135 N. URUAPAN DR., STE A
DINUBA, CA 93618-2123
(559) 591-4545

POST OFFICE BOX 210
HANFORD, CA 93232-0210
(559) 584-2751

POST OFFICE BOX 118
TULARE, CA 93275-0118
(559) 688-7401

POST OFFICE BOX 3330
VISALIA, CA 93278-3330
(559) 627-3900

Visit us at www.mgreencpas.com

LINDSAY LOCAL HOSPITAL DISTRICT
PO BOX 234
LINDSAY, CA 93247

Invoice No. *123080*
Date *03/31/2018*

Client No. *90445*

DETACH AND RETURN TOP PORTION

Accounting services for March 2018 $465.00
Meeting with finance committee 225.00

Current Amount Due	$	690.00
Prior Balance		690.00
Total Amount Due	$	1,380.00

Your payment in the amount
of $_____
was received on
_____
Your new Total Amount Due
is $_____

0 - 30	31 - 60	61 - 90	91 - 120	Over 120	Balance
690.00	690.00	0.00	0.00	0.00	1,380.00

OPTION TO PAY BY CREDIT CARD: **Please return a complete copy of this invoice with your credit card payment.**

M. GREEN & COMPANY LLP, Client # ~90445 LINDSAY LOCAL HOSPITAL DISTRICT
*Name on Credit Card*_____ $_____

Charge my credit card for this payment only # _____
*CVV#*_____ *EXP Date* ___/___ *MC*____ *VISA*____ *AMEX*____ *DISCOVER*____

Financing charges will be added at the periodic rate of a 1.50%. This is an annual percentage rate of 18.0% Minimum charge is 50 cents. Financing charges will be added to all unpaid balances after 60 days

Property Sequoia Professional Building
Owner LHD
P.O.BOX 234 Lindsay, CA 93247

April,2018

Tenants

		Amount	Balance
SFMC 4/3	Rent	2200.00	2200.00
825 N Sequoia	Tienken Realty	220.00	
Crestview Lab 4/9	Rent	930.00	930.00
831-A N Sequoia	Tienken Realty	93.00	
Dr. Hwang 3/30	Rent	1150.00	1150.00
835 N Sequoia	Tienken Realty	115.00	
Kaweah Delta 3/30	Rent + Utilities	8620.00	8620.00
839 N Sequoia	Tienken Realty	822.00	12900.00
2-Apr	SCE Ck# 14205	37.00	12863.00
6-Apr	SoCalGas Ck# 14223	62.93	12800.07
9-Apr	City of Lindsay Ck# 14236	543.66	12256.41
9-Apr	Medina's Garden Ck# 14238	1350.00	10906.41
9-Apr	Tienken Realty Ck# 14247	1250.00	9656.41
9-Apr	LHD Ck# 14248	9656.41	0.00

Bank of the Sierra
Lindsay

Drawer: 003 Trans #: 13
4/12/18 11:16 AM
Account: ******8470
Business Deposit 9656.41

Thank you for banking with Bank of the Sierra
Keep Limping

TIENKEN R
TRUST ACC
101 E HERM
LINDSAY, C/
(559) 562-

14248
90-3702/1211

PAY
TO THE
ORDER OF _____ DOLLARS

ENTERED 4/11/18

BANK OF THE SIERRA
142 SOUTH MIRAGE AVE
LINDSAY, CA 93247
(559) 562-6311

⑈014248⑈ ⑆121137027⑆ 0301899770 ⑈

SOUTHERN CALIFORNIA EDISON
An EDISON INTERNATIONAL Company

Go paperless at **www.sce.com/ebilling**. It's fast, easy and secure.

Your electricity bill

Customer account
2-38-209-9067

Rotating outage
Group A041

Amount due $37.00
Due by 04/10/18

Service account
3-044-7075-87
831 SEQUOIA AVE B
LINDSAY, CA 93247

Date bill prepared
03/22/18

Your account summary

Previous Balance	$38.38
Payment Received 03/05/18	-$38.38
Balance forward	$0.00
Your new charges	$37.00
Total amount you owe by 04/10/18	**$37.00**

Your past and current electricity usage

For meter 322010-467977 from 02/20/18 to 03/21/18
Total electricity you used this month in kWh 82

Your next billing cycle will end on or about 04/20/18

	Electricity (kWh)	Demand (kW)	
Winter Season			
Mid peak	28	1	(03/02/18 15:45 to 16:00)
Off peak	54	1	(03/03/18 12:30 to 12:45)
Total	**82**		

Maximum demand is 1 kW

(14-5/4) Tear here

Please return the payment stub below with your payment and make your check payable to Southern California Edison.
If you want to pay in person, call 1-800-747-8908 for locations, or you can pay online at www.sce.com.

Tear here

SoCalGas
A Sempra Energy utility

ACCOUNT NUMBER 077 681 8839 0
SERVICE FOR
TIENKEN REALTY
831 SEQUOIA AVE
UNIT B
LINDSAY CA 93247-1424

PL-4-6-18
CK.14223

DATE MAILED Mar 30, 2018
24 Hour Service
1-800-427-2000 English
1-800-427-6029 Español

socalgas.com

Account Summary

Amount of Last Bill			$65.06
Payment Received	03/20/18	THANK YOU	-65.06
Current Charges			+ 62.93
Total Amount Due			**$62.93**

7% Late Payment Charge Due If Paid After APR 23, 2018

DATE DUE	Apr 19, 2018
AMOUNT DUE	$62.93

Current Charges

Rate: GN-10 - Non-Residential Heat

Meter Number: 12398467 *(Next scheduled read date Apr 26 2018)* Cycle: 20

Billing Period	Days	Current Reading	Previous Reading	Difference	x Billing Factor	= Total Therms
02/27/18 - 03/28/18	29	0130	0112	18	1.026	18

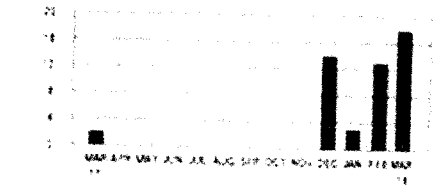
GAS CHARGES

		Amount($)
Customer Charge	29 Days x $1.48760	43.14
Gas Transportation *(Details below)*	18 Therms	
Tier 1		
Therms used: 18		
Rate/Therm: $.5397*		
Charge: $9.71		9.71
Gas Commodity	18 Therms x $.29666	5.34
	Total Gas Charges	**$58.19**

TAXES & FEES ON GAS CHARGES

		Amount($)
State Regulatory Fee	18 Therms x $.00166	.03
Public Purpose Surcharge	18 Therms x $.06416	1.15
Lindsay City Users Tax	$59.37 x 6.00%	3.56
	Total Taxes and Fees on Gas Charges	**$4.74**
	Total Current Charges	**$62.93**

Gas Usage History *(Total Therms used)*



	Mar 17	Feb 18	Mar 18
Total Therms used	2	13	18
Daily average Therms	1	4	6
Days in billing cycle	29	33	29

CARE to save? Income-qualified customers may receive a 20% discount through the CARE program. Visit socalgas.com/care for details.

¿Quiere ahorrar? El programa CARE ofrece un 20% de descuento en la factura mesual a clientes elegibles. Visite socalgas.com/careparam para más información.

SoCalGas' gas commodity cost per therm for your billing period

Mar $.29462 Feb $.34615

BILLING DATE 04/01/18

SERVICE	CURRENT READING	DATE READ	PREVIOUS READING	USAGE	NET AMOUNT DUE
SEWER RESIDENTIAL	6715		6620	9500	36 88
LOCK FEE					15 00
3 YD BIN 1X WK					127 90
1 1/2" WATER METER					127 51
					00
UTILITY USERS					17 53

PREV BALANCE DUE	00
LATE CHARGE	00
DELINQUENT DUE DATE 04/25/18	324 82
TOTAL DUE	324 82

001441-01 LINDSAY DISTRICT HOSPITAL
825 N SEQUOIA

BILLING DATE 04/01/18

SERVICE	CURRENT READING	DATE READ	PREVIOUS READING	USAGE	NET AMOUNT DUE
SEWER RESIDENTIAL	3865		3860	500	36 88
LOCK FEE					15 00
3 YD BIN 1X WK					127 90
1" WATER METER					27 53
					00
UTILITY USERS					11 53

PREV BALANCE DUE	00
LATE CHARGE	00
DELINQUENT DUE DATE 04/25/18	218 84
TOTAL DUE	218 84

001513-01 LINDSAY DISTRICT HOSPITAL
855 SEQUOIA

Medina's Garden Service
797 Lafayette Ave.
Lindsay, CA 93247

12-4-18
CK 14236

Invoice

Date	Invoice #
3/31/2018	3485

Bill To

Henken Realty
Att: Raul Jara
101 E. Hermosa St.
Lindsay, CA 93247

Description	Amount
Garden Service	700.00

Total $700.00

Valentin Medina
(559) 562-8134

Medina's Garden Service
797 Lafayette Ave.
Lindsay, CA 93247

Invoice

Date	Invoice #
3/31/2018	3456

Bill To

Henken Realty
Att: Raul Jara-Lindsay Wellness Center
101 E. Hermosa St.
Lindsay, CA 93247

Description	Amount
Garden Service	650.00

Total $650.00

Valentin Medina
(559) 562-8134

Lindsay Integrated Diabetes Project Grant Proposal

Grantee Name: Healthy Kids-Healthy Lindsay	Amount Requested: $284,627 for 2019-2021
Contact/Title: Linda Ledesma, Executive Director	
Grant Purpose: To provide ongoing Diabetic education, awareness, and to improve outcomes for diabetic patients in Lindsay.	
Grant Objectives: 1. Recruit and retain Lindsay patients who have been identified to have Type 2 Diabetes. 2. Patients will be provided with 7 weeks of interactive diabetic education. Topics include: Getting to know Diabetes, Nutrition, Coping with Stress, Physical Activity, Medication Management, and Staying Healthy with Diabetes. 3. Support groups and exercise classes will be provided to participants and all Lindsay residents. 4. Consultation with a certified diabetic educator Pharmacist. 5. Ongoing Marketing and community awareness campaign about Diabetes.	
Grant Period: July 1, 2018-June 30, 2020	

Grant Narrative and Background:

Lindsay, California is a small, rural city in the heart of California's San Joaquin Valley. Many of the 11,000 residents are low income. 91% of the residents are Latino, most of whom are seasonal agricultural farm workers. Many come from a region of Mexico, called Michoacan, where diabetes is represented disproportionately. The epidemic of diabetes in Lindsay is well established. Contributing factors include genetic loading, diet, lifestyle habits and choices, inaccessibility to medical homes and specialized care, inadequate awareness, education and patient follow-up. Lindsay is in Tulare County, where one third of the visits to the Emergency Departments of the two major hospitals is for symptoms related to unmanaged, or poorly managed diabetes. Lindsay residents are served at local rural health clinics and are predominantly Medi-cal.

As a result, a pilot project began in collaboration between Kaweah Delta Health Care District and Healthy Kids Healthy Lindsay in 2015. The plan was to provide culturally competent diabetes education utilizing community health workers (promotores) with consultation by pharmacists who are certified diabetes educators. It included an exercise program held at the Lindsay Healthy Start Family Resource Center, Lindsay Wellness Center, and McDermott Fieldhouse. The program was offered to all Lindsay residents. Emergency Room data contributed to the initial identified participants, and has expanded to include clinic referrals and recruitment via community outreach.

The program received its initial funding from the Lindsay Hospital District. As with any new project, the first year was spent pulling together the framework, establishing protocols and structures, working through contracts, and extracting data. A core team, including experts in the field like William Polonsky, PhD, and local providers, were organized to develop program policy, procedures, and build out pharmacist protocols. The Scripps Institute trained the staff

on Project Dulce curriculum, an evidence based program. Screenings were implemented to simultaneously screen for underlying mental illness as we recognize it may interfere in patients' overall health care. Support groups were created to keep participants engaged and as a way to track their progress and lifestyle change. During the third year Pharmacist protocols were created.

The project, now in year three, built traction and preliminary data is already showing favorable improvements in participant's health indicators, including A1C's. There is intentional data mining and research to support program effectiveness. Exercise classes are offered three times a week for participants and local gym memberships are awarded to those who show consistency in the program. Stakeholders continue to meet and evaluate the progress of the project, and adjustments are made to ensure fidelity to the program model and continuous improvement. Pharmacy integration began at both Kaweah Delta and at Healthy Start with Dr. Stearns.

Proposal:
We propose to carry out building the program numbers to reach additional residents with Type 2 Diabetes. We initially targeted 100 individuals and 200 of their family members for total of 300 lives touched. Our new goal is increase it to 200 individuals with direct intervention and impact 400 family members indirectly in the next two years. To accomplish the goals the plan would be to increase the promotoras to a 2.0 FTE and to add a part time Project Coordinator at .235 FTE (approximately 8 hours a week). The Project Coordinator would be tasked with building rapport with local physicians, clinics, and Sierra View Hospital to increase referrals to the program, along with active marketing, outreach, and the coordination of an awareness health fair. The intervention model would remain the same with diabetic education, exercise classes or referral to gyms, monthly support groups, pharmacist consult and ongoing patient follow up. Data on patient participation will continue to help make adjustments to refine and improve the overall program. Quarterly stakeholder meetings will be held for program updates, education, and feedback.

Expected Outcomes:

- Improvement in patients A1C's and body mass index.
- Decrease in Lindsay residents who utilize the emergency room for Diabetes Related Complications
- Overall improvement in patient's adherence in managing their diabetes and taking their medications appropriately
- Improvement in patient's well-being and mental health

Measure of Success:

- Total patient completions of program
- Total number of patients with a reduced A1C and Body Mass Index

- Total number of patients with improved mental health scores
- Total number of program participants that continue to attend ongoing support groups
- Total number of patients who continue to attend exercise class or memberships at the local gym

Reporting:
Quarterly reports will be provided to the Lindsay Hospital Board, Healthy Kids-Healthy Lindsay Board, and the Diabetes Project Stakeholder Meeting. Report will be provided to LUSD school board twice a year. Annually, Data from research and evaluation will be provided to all groups.

Data:
Year three also led to robust data evaluation. It allowed us to examine what is working and areas for improvement. After program participation the data demonstrated a reduction in A1C's 6 and 12 months post intervention. In review of the reports provided by the focus group we learned that patients did better when they had ongoing follow up with the promotoras. As cited in the report, "This indicates that participants are highly affected by the motivation and support provided by the program." As a result of this we felt that increasing the second part time promotora to full time would help ensure patient retention and adherence. All patients who participated in focus group felt that the program did effectively help them manage their diabetes. They all felt meeting with the pharmacist was crucial. One participant shared, "for me, the use of insulin was the same as death and now I have lost the fright by talking to the pharmacist. When I was first given insulin, I cried for a week and as I continued seeing the pharmacist I felt more safe and comfortable by knowing how it helps me." The exercise classes have not only helped patients with losing weight and being more active but it helped their mental state of being. One patient shared, "Before coming to bailoterapia, I had headaches and anxiety, and now after the class I get home and have energy." Patients are feeling empowered, one patient reported changing doctors because he felt the doctor wasn't asking questions about his diabetes or checking his feet. Patients reported inviting their family and friends to join them in the program. At the end of the third quarter in year 3, 63 Type 2 diabetics completed the program and were served directly. 252 family members were served indirectly, with 25 actively involved in the education and support of their loved ones. Although the project is geared towards the Type 2 patients, 4 patients with Type 1 and 9 with pre-diabetes also attended all classes and actively participate in the program. 15 patients consented to Pharmacy consultations.

Program Success:
In 2015, in review of emergency room data, we pulled 39 participants to start with. Total sum of charges was $1.3 million. After insurance adjustments total payment of direct cost was $236,560. Indirect costs totaled $114,688. Total payment received was $317, 710 which left taxpayers picking up $ 33,537. Of all the patients that have participated in the various cohorts, only 1 returned to the emergency room for complications related to diabetes. Total charge was $99,335 with direct cost totaling $22,274 after insurance. In comparison to the numbers when the program began, program participants are less likely to return to the emergency room leading to a significant decrease in cost to taxpayers.

Seeking ongoing support:
We are seeking ongoing support from the Lindsay Hospital Board for a total of $284,275. Healthy Kids-Healthy Lindsay recently applied for a grant with Sunlife Financial for a total of $50,000 and will be submitting a $25,000 grant with Anthem Blue Cross in May 2018. If funded these grants would only expand and enhance the Lindsay Diabetes Project.

Total patients to be served 200 + 400 family members =600 lives impacted. Cost per patient and their family is $474.

Budget Narrative

Healthy Kids-Healthy Lindsay
Lindsay Integrated Diabetes Project
2019-2021

I. Personnel:

1. Director: Provides oversight, coordination, and co-facilitator of planning and implementation.

Year 1: $115,634 x .10 FTE = $ 11,563
Year 2: $119,103 x .10 FTE = $ 11,910

3. Project Coordinator: Provides support for marketing, building ongoing rapport with local physicians and clinics, and outreach. Provides the planning for local health awareness initiatives such as the annual Diabetes Health Fair and 3K Walk. Participates in overall data collection and support for the Promotoras. Contract, part-time position of 8 hours per week. FTE.23 at $20/hour.

Year 1: $41,600 x .235 FTE =$ 9,776
Year 2. $41,600 x .235 FTE =$ 9,776

2. Promotoras/Community Health Workers: Promotora II, 2.0 FTE, Patient Advocate/Community Health Worker providing case management, coordination of care, bridging patients between community members and health care services at hourly rate of $19/hour. (260 contract days) = $39,520 x 2 =$ 79,040. Year two hourly wage increases to $19.57.

Year 1: $39,520 x 2.0 FTE = $79,040
Year 2: $40,705 x 2.0 FTE = $81,410

Total Salaries and Wages = $ 203,475

Benefits Include: Project Director's PERS,fica, medi, health, state unemployment insurance, workers compensation, OPEBU,OPBN, and PERS Recap. Benefits are set by current state rates. Benefits are $5,945. Promotora's benefits include fica, medi, state unemployment insurance. Benefits are $10,275 per year, per promotora.

Year 1: $2,972.5 + $20,550= $23,523

Year 2: $3,062 + $21,167= $24,229
Total: $47,752

TOTAL PERSONNEL: $203,123 + $47,751= $251,227

II. **Administrative Expense**: Give a brief explanation of each item and how you arrived at the cost/allocation.

Printing/Copying – Includes cost of flyers, brochures, letters associated with marketing and recruitment efforts.

Year 1: $300
Year 2: $300
Total: $600

Others (CPA/Accounting Cost)- Costs associated with accounting, reconciliation of the books and tax filings.
Year 1: $900
Year 2: $900
Total $1,800

Legal Counsel: Cost for legal fees, contracting, MOU's and business agreements.
Year 1: $2,500
Year 2: $2,500
Total: $ 5,000

TOTAL ADMINISTRATIVE EXPENSE = $7,400

III. **Program Expense**: Give a brief explanation of each item and how you arrived at the cost/allocation.

Travel: Mileage for Promotoras and Project staff for patient home visits, clinic appointments, and recruitment, stakeholder and county coalitions meetings related to Diabetes management.
Year 1: $1,500
Year 2: $1,500
Total: $3,000

Research and Evaluation: Implements and develops measurement of patient outcomes by either Kaweah Delta Health care District and/or LUSD.

Year 1: $15,000
Year 2: $15,000
Total: $30,000

Pharmacist/CDE: Patient support in medication management, medical consult and patient education in medication adherence. Split between Kaweah Delta Health Care District and Dr. Stearns, Certified Diabetic Educator.
Year 1:$15,000
Year 2:$15,000
Total: $30,000

Program Materials and Supplies: Supplies include office materials such as paper, pens, sticky notes, etc. Items that support the classes, small program incentives and snacks classes and support groups. Testing supplies for the A1C machine, and any other program items.
Year 1:$4,000
Year 2:$4,000
Total: $8,000

Conference/Training fund: Ongoing professional development of staff in diabetes education, nutrition, training, and exercise therapy. Includes cost of hotel, travel and meals.
Year 1:$2,000
Year 2:$2,000
Total: $4,000

Quarterly Meetings: Stakeholders meetings for program oversight, updates and feedback. Items include supplies and food for luncheons.
Year 1: $500
Year 2: $500
Total $ 1,000

TOTAL PROGRAM EXPENSE = **$76,000**

IV. **Capital Expenditures**: Not applicable

TOTAL PROJECT EXPENSE for 2 years = **$334,627**

Project Carryover **-$50,000**
Total Amount requested: **$284,627**

Total patients to be served 200+400 family members = 600 lives impacted.
Cost per patient and their family is $474

Total in-kind support through LUSD is $42,306 and Kaweah Delta District Hospital is $ 55,470.

Additional grants are being sought out to support this program. Sunlife and Anthem Blue Cross grants were submitted.

Budget--Year One

Provider Name: Healthy Kids- Healthy Lindsay	Program Name: Lindsay Integrated Diabetes Project

Budget Categories/Lines	Local Hospital District Funding	Matching Funds	Total Project Funding (Columns 2+3)
1	2	3	4
Personnel (list each position)			
Director. 10			
Program Coordinators .23 FTE	11,563	11,563	23,126
Promotoras 2.0 FTE	9,776		9,776
Kaweah Delta Project Coordinator .25 FTE	79,040		79,040
		27,325	27,325
			0
			0
			0
			0
Benefits			0
Sub-Total Personnel and Benefits	23,523		23,523
Administrative Expense	$123,902	$38,888	$162,790
Rent and Utilities			
Office Supplies and Materials	0	500	0
Telephone and Communication	0	300	500
Postage and Mailing	0		300
Printing/Copying	300	200	0
Travel	0		500
Others (list all)			0
CPA	900		0
Legal Expenses	2,500		900
			2,500
Sub-Total Administrative Expense	$3,700	$1,000	0
Program Expense			$4,700
Travel	1,500		1,500
Consultants: Data Scientist	15,000		15,000
Subcontractors; Pharmacist	15,000		15,000
Program Materials and Supplies	4,000		4,000
Others (list all)			0
Conference/Travel	2,000		2,000
Copier Lease		800	800
Quarterly stakeholder meetings	500	200	700
Technology Fee 1%			0
			0
Sub-Total Program Expense	$38,000	$1,000	$39,000
Capital Expense (list all)			
			0
			0
			0
Sub-Total Capital Expense	$0	$0	$0
Indirect Expense 4.53%		7,169	7,169
Total:	$165,602	$48,057	$213,659

Budget--Year Two

Healthy Kids- Healthy Lindsay	Lindsay Integrated Diabetes Project

Budget Categories/Lines	Local Hospital District Fudning	Matching Funds	Total Project Funding (Columns 2+3)
1	2	3	4
Personnel (list each position)			
Director .20 FTE	11,910	11,910	23,820
Program Coordinators .23 FTE	9,776		9,776
Promotoras 2.0 FTE	81,410		81,410
Kaweah Delta Project Coordinator .25 FTE		28,145	28,145
			0
			0
			0
			0
Benefits	24,229		24,229
Sub-Total Personnel and Benefits	$127,325	$40,055	$167,380
Administrative Expense			
Rent and Utilities			0
Office Supplies and Materials		500	500
Telephone and Communication		300	300
Postage and Mailing			0
Printing/Copying	300	200	500
Travel			0
Others (list all)			0
CPA	900		900
Legal Expenses	2,500		2,500
			0
Sub-Total Administrative Expense	$3,700	$1,000	$4,700
Program Expense			
Travel	1,500		1,500
Consultants: Data Scientist	15,000		15,000
Subcontractors: Pharmacist	15,000		15,000
Program Materials and Supplies	4,000		4,000
Others (list all)			0
Conference/Travel	2,000		2,000
Copier Lease		800	800
Quarterly Stakeholder Meetings	500	200	700
Technology Fee			0
			0
Sub-Total Program Expense	$38,000	$1,000	$39,000
Capital Expense (list all)			
			0
			0
			0
Sub-Total Capital Expense	$0	$0	$0
Indirect Expense: 4.53%		7,317	7,317

Total:	$169,025	$49,372	$218,397

Budget

Provider Name: Lindsay Unified School District	Program Name: Lindsay Healthy Start Family Resource Center

Budget Categories/Lines	Year 1	Year 2	Year 3	Total Project Funding (Columns 2+3+4)
1	2	3	4	5
Personnel (list each position)				
Director.10 FTE	11,563	11,910		23,473
Program Coordinator .23 FTE	9,776	9,776		19,552
Promotoras 2.0 FTE	79,040	81,410		160,450
Kaweah Delta Project Coordinator .25 FTE	0	0	0	0
				0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Benefits	23,523	24,229		47,752
Sub-Total Personnel and Benefits	$123,902	$127,325	$0	$251,227
Administrative Expense				
Rent and Utilities	0	0	0	0
Office Supplies and Materials				0
Telephone and Communication	0	0	0	0
Postage and Mailing	0	0	0	0
Printing/Copying	300	300	0	600
Travel				0
Others (list all)	0	0	0	0
CPA	900	900	0	1,800
Legal	2,500	2,500	0	5,000
0	0	0	0	0
Sub-Total Administrative Expense	$3,700	$3,700	$0	$7,400
Program Expense				
Travel	1,500	1,500		3,000
Consultants: Data Scientist	15,000	15,000	0	30,000
Subcontractors: Pharmacist	15,000	15,000	0	30,000
Program Materials and Supplies	4,000	4,000		8,000
Others (list all)	0	0	0	0
Conference/Travel	2,000	2,000		4,000
Copier Lease				0
Quarterly Stakeholder meetings	500	500		1,000
Technology Fee 1%				0
0	0	0	0	0
Sub-Total Program Expense	$38,000	$38,000	$0	$76,000
Capital Expense (list all)				
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Sub-Total Capital Expense	$0	$0	$0	$0
Indirect Expense				

Total:	$165,602	$169,025	$0	$334,627

TULARE COUNTY
REGISTRAR OF VOTERS

5951 South Mooney Blvd. – Visalia, CA 93277
TEL: (559) 624-7300 FAX: (559) 737-4498
www.tularecoelections.org

MICHELLE BALDWIN
Registrar of Voters

Office Hours:
Monday through Thursday 7:30 AM to 5:30 PM
Friday 8:00 AM to Noon

March 20, 2018

Dear District Secretary:

The General Election for the **Lindsay Local Hospital District** will be held on November 6, 2018. We need this information returned to us no later than *July 1, 2018*. Even if your district has historically had its board members appointed by the Board of Supervisors, Elections Code section 10509 requires you provide the paperwork requested. Please complete and return items 1 and 2 below.

There are several items enclosed in this mailing:

1. **Notice to County Registrar of Voters Form, List of Incumbents, Appointed Board Member/Director Information Sheet and District Map.** Please complete the Notice to County Registrar of Voters Form. Item 1 on the Notice to County Registrar of Voters Form refers to the attached List of Incumbents. Please review the List of Incumbents for accuracy and make any corrections. In the event that there were any appointments made, complete the enclosed Appointed Board Member/Director Information Sheet (make as many copies as needed). Please check the correct box on the Notice to County if the map enclosed is correct and return. If not, please enclose a current map. Return all completed forms with your Resolution before *July 1, 2018*.

2. **Resolution requesting and consenting to consolidation of election and setting forth the specifications of the election order.** Adopt this Resolution and file it with the County Registrar of Voters no later than *July 1, 2018*.

3. **Election Timetable.** For your reference.

4. **Candidate Filing Notice.** This is an informational notice you can use to distribute to your board members or the public as a reminder of the filing period and how to get to the Elections Office to file nomination paperwork. Attached to the Candidate Filing Notice is a copy of the **Candidate Information Sheet** which can be completed by the candidate if he/she chooses to schedule an appointment so we can have his/her paperwork ready to pick up when he/she arrives. See our web page for more information. Just a reminder that all Candidates need to bring in a Form 700.

We request that you deliver items 1 and 2 above **as soon as possible**, but no later than *July 1, 2018*, to allow sufficient time for the Registrar of Voters/Elections Office to prepare and publish the Notice of Election by the first day of the nomination period (July 16, 2018). Please be aware that although our office will arrange for the publication, the newspaper will be sending your district the bill directly for this legally required publication. You will also be charged from the

Tulare County Elections Department for services rendered for the preparation of the election whether your office goes to ballot or not as stated in the "Resolution Requesting and Consenting to Consolidation of Elections" (EC 10002).

In the event that the candidate is unable to file personally, the District Secretary may do so on his/her behalf. Please contact the Registrar of Voters Office for further instructions.

If you have any questions or would like the enclosed forms e-mailed to you, please feel free to call the Elections Office at (559) 624-7300.

Sincerely,

Nancy Hernandez
Deputy Election Clerk

Incumbent List by District
District Range: SPHD1 to SPHD1

Incumbent		Regular & Alt Phone Numbers		Term of Office	Begin & End Term Dates
SPHD1	***Lindsay Local Hospital District***				
6291	**Lindsay Hospital Dist Director**				
6291 - 3	**Cynthia Baker**				
Res Addr: 767 N Bellah Ave Lindsay, CA 93247	*Mail Addr:*		Incumbent - Elect..... No Residence County..... No Appointed/Elected..... Elected Party..... Incumbent Vacated..... No	4	12/05/2014 - 12/07/2018
6291 - 5	**Richard Scott Loftin**				
Res Addr: 239 Mathew Ct Lindsay, CA 93247	*Mail Addr:* 239 Mathew Ct Lindsay, CA 93247	(559)560-6213 (559)560-6213	Incumbent - Elect..... No Residence County..... No Appointed/Elected..... Elected Party..... Incumbent Vacated..... No loftinrick@gmail.com	4	12/05/2014 - 12/07/2018
6295	**Lindsay Hospital Dist Director**				
6295 - 3	**Greg Mark Mc Queen**				
Res Addr: 1123 Hillcrest Dr Lindsay, CA 93247	*Mail Addr:* 1123 Hillcrest Dr Lindsay, CA 93247	(559)361-5860 (559)562-1132	Incumbent - Elect..... No Residence County..... Yes Appointed/Elected..... Elected Party..... Incumbent Vacated..... No	4	12/02/2016 - 12/04/2020
6295 - 5	**Theresa Diane Hurtado**				
Res Addr: 875 Homassel Ave Lindsay, CA 93247	*Mail Addr:* 875 Homassel Ave Lindsay, CA 93247	(559)321-5808 (559)321-5808	Incumbent - Elect..... No Residence County..... No Appointed/Elected..... Elected Party..... Incumbent Vacated..... No poog61@gmail.com	4	12/02/2016 - 12/04/2020
6295 - 6	**Ivet Soria**				
Res Addr: 1011 Princeton Ave Lindsay, CA 93247	*Mail Addr:* 21936 Road 232 Lindsay, CA 93247		Incumbent - Elect..... No Residence County..... No Appointed/Elected..... Elected Party..... Incumbent Vacated..... No ivet.soria@gmail.com	4	12/02/2016 - 12/04/2020

Total Incumbents: 5

(Adopt and file with the County Registrar of Voters
NO LATER THAN JULY 1, 2018)

BEFORE THE BOARD OF DIRECTORS OF THE

Lindsay Local Hospital District

Resolution Ordering Even-Year Board of Directors	)	
Election; Consolidation of Elections; and	)	RESOLUTION
Specifications of the Election Order	)	NO._____

WHEREAS, California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire on the first Friday in December following the election to be held on the first Tuesday after the first Monday in November in each even-numbered year; and

WHEREAS, other elections may be held in whole or in part of the territory of the district, and it is to the advantage of the district to consolidate pursuant to Elections Code Section 10400; and

WHEREAS, Elections Code Section 10520 requires each district involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

WHEREAS, Elections Code Section 13307(3c) requires that before the nominating period opens, the governing body must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters; and

WHEREAS, Elections Code Section 12112 requires the elections official of the principal county to publish a notice of the election once in a newspaper of general circulation in the district;

NOW, THEREFORE, IT IS ORDERED that an election be held within the territory included in this district on the 6th day of November, 2018, for the purpose of electing members to the board of directors of said district in accordance with the following specifications:

SPECIFICATIONS OF THE ELECTION ORDER

1. The Election shall be held on Tuesday, the 6th day of November, 2018. The purpose of the election is to choose members of the board of directors for the **following seats** (list offices and terms):

_____ _____

_____ _____

2. This governing board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, as provided in Elections Code 10400.

3. The district will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.

4. The district has determined that the _____ will pay for the Candidate's Statement. The
(District or Candidate)
Candidate's Statement will be limited to 200 words.

5. The district directs that the County Registrar of Voters of the principal county publish the notice of election in the **following newspaper**, which is a newspaper of general circulation that is regularly circulated in the territory:_____.

THE FOREGOING RESOLUTION WAS ADOPTED upon motion of Director _____, seconded by Director _____, at a regular meeting on this _____ day of _____, 2018, by the following vote:

AYES :_____

NAYS :_____

ABSENT:_____

_____
(Secretary of said District)

INSTRUCTIONS TO DISTRICT SECRETARY:
Complete this form, the incumbent list,
and resolution and then return it to the
Tulare County Registrar of Voters
NO LATER THAN July 1, 2018.

NOTICE TO COUNTY REGISTRAR OF VOTERS

GENERAL ELECTION - NOVEMBER 6, 2018

Lindsay Local Hospital District

(Name of District)

1. I have checked the attached LIST OF INCUMBENTS FOR DISTRICT IN ELECTION information for the elective officers of this district against my records:

   (Check One)

   ☐ Information given is correct.

   ☐ Information is incorrect. **I have enclosed a completed "Appointed Board Member/Director Information Sheet"** for each director appointed since the 2016 election.

2. Enclosed is the resolution adopted by the Board of Directors ordering the election, requesting and consenting to consolidation, and setting forth the specifications of the election order.

3. Elections Code 10522 **requires** the secretary of the district to deliver to the county elections official **a map** showing the boundaries of the district and the boundaries of the divisions, if any. For your convenience we have enclosed the map we currently have on file.

   ☐ The district boundaries have changed since the 2016 election and new map is enclosed.

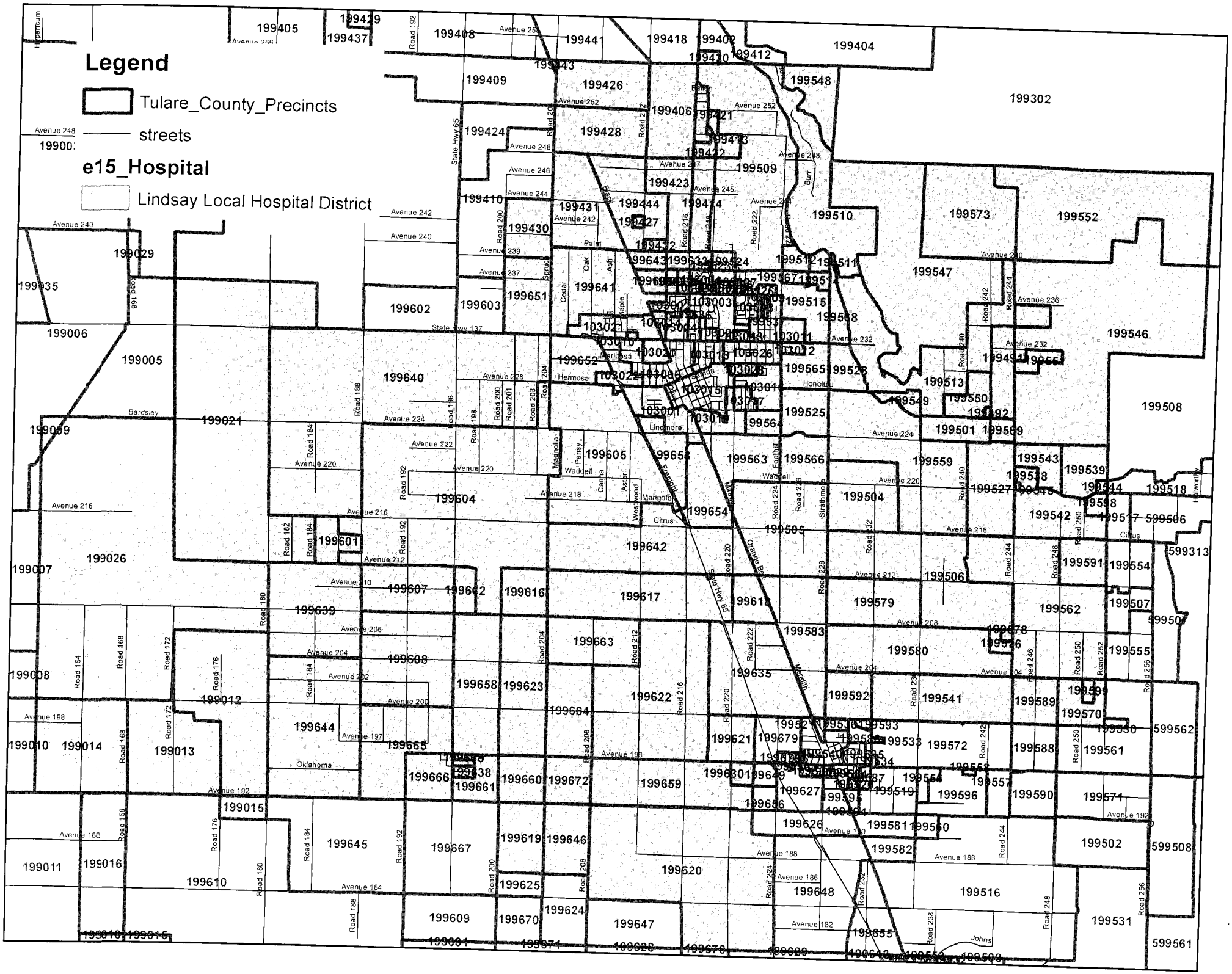
   ☐ There have been no changes to the boundaries since the 2016 election and the enclosed map is correct.

Signed _____, District Secretary Date:_____
Printed _____
Phone: _____
Fax Number: _____
E-Mail Address to reach District Secretary: _____
District Web site Address (if any): _____

☐ Correction to District Mailing Address

_____

_____


Legend
Tulare_County_Precincts
streets
e15_Hospital
Lindsay Local Hospital District

Appointed Board Member/Director Information Sheet

For each board member appointed since the last election, send this completed form and a copy of the Certificate of Appointment/Oath of Office form to:

Tulare County Registrar of Voters
5951 S. Mooney Blvd
Visalia, CA 93277

Please provide the information below for the seat that has been filled by appointment:

Name of District: _____

Division, Area, Zone, or Seat # of Seat filled by this appointment (if any):_____

Who does this board member replace? _____
(write the name of the board member that vacated the seat)

How was board member appointed? (circle)

Appointed In Lieu of Election by Board of Supervisors

Appointed Mid-Term by Board of Supervisors

Appointed Mid-Term by District

When does the appointed board member's term end? _____

For Memorial District Board Members only…

…is the new board member a veteran? (circle one) **YES** or **NO**

Provide the personal information below of the board member appointed:

Name: _____

Home Address: _____

_____

Mailing Address: (if different) _____

_____

Phone: (_____)_____

Date Appointed: _____

Date of Birth: _____

Provide information of the person completing this form (in case of questions):

Name: _____

Title: _____ Phone: _____

CANDIDATE INFO/MEDIA SHEET

ALL PAPERS FILED FOR CANDIDACY ARE A MATTER OF PUBLIC RECORD

Highlighted areas are required for candidates. Customers, including, but not limited to, vendors and media obtain lists of candidates. Please print clearly.

APPOINTMENT REQUEST: DATE_____ **TIME** _____

1. _____
   Candidate's Name (Print your NAME as you want it to appear on the ballot.)

2. _____ FULL TERM ☐ SHORT TERM ☐
   Office Sought (including District, Ward, Division or Trustee Area Number, if applicable)

3. _____
   Residence Address Street City or Town Zip

4. _____
   Mailing Address Street City or Town Zip

5. (___) _____ (___) _____
   Day Telephone Number Evening Telephone Number

   (___) _____ (___) _____
   Fax Number Campaign/Other Telephone Number

6. _____ ☐
   E-mail Address **Check box to be included on email list**

   www._____
   Website

By my signature below, I give Tulare County Elections permission to post this information to their website.

_____ _____
Signature *Date*

TULARE COUNTY
REGISTRAR OF VOTERS

5951 South Mooney Blvd. – Visalia, CA 93277
TEL: (559) 624-7300 FAX: (559) 737-4498
www.tularecoelections.org

MICHELLE BALDWIN
Registrar of Voters

Office Hours:
Monday - Thursday 7:30 AM to 5:30 PM and Friday 8:00 AM to Noon

CANDIDATE FILING NOTICE

Nomination Period for the November 6, 2018, General Election will be from

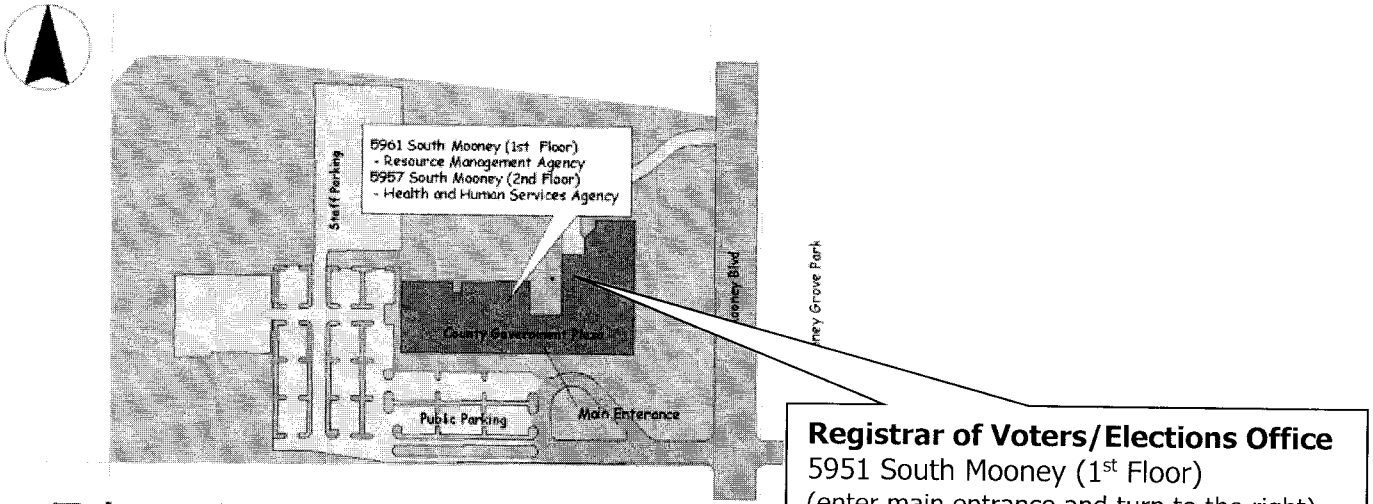
July 16, 2018 – August 10, 2018

Office Hours: Monday through Thursday 7:30 AM to 5:30 PM and Friday 8:00 AM to Noon
(We are open during lunch.)
Phone: (559) 624-7300

Due to the volume of candidates filing for offices in the November 8, 2016 election, we are offering you the chance to make an appointment. Making an appointment will allow us to prepare your paperwork in advance so it will be ready when you arrive. We hope this will make the process faster for you. To make an appointment, simply complete the Candidate Information Sheet found attached or on our web site www.tularecoelections.org and fax to (559) 737-4498.

Our office is located in the Government Plaza Building at 5951 S. Mooney Blvd. (across from Mooney Grove Park).

If you would like to make an appointment, please call our office at (559) 624-7300.



Tulare County Government Plaza
(Wausau)

SPECIAL DISTRICTS
ELECTION TIMETABLE
November 6, 2018

DUE Date	Days to Election	Action	Election Codes
3-Jul-2018	125	**NO LATER THAN THIS DATE,** the District must deliver to the County Elections Official the following documents: 1) Notice to the Registrar of Voters with Incumbent Data, including any map of the district. 2) Resolution Ordering Election and Specifications of Election Order	10509 and 10522 1303, 1304, 4108, 10400, 10509, 12112 and others
		District must complete any exterior boundary changes or divisional reapportionments by this date. Maps reflecting any changes must be delivered to the Elections Office by this date.	EC 12262
9-Jul-2018	120	Requested **LAST** day for district to deliver finalized copy for all special measures, if any, to the Elections Office. This date will allow for publication of notice of election and date fixed for submitting arguments; receiving of arguments and rebuttal arguments; required public examination period; translations and set up for printer. [NOTE: By law the district has until the 88th day before the election to consolidate a measure, however, this leaves insufficient time for adequate notice, argument filing period and public examination period before ballot layouts must be delivered to the printer].	EC 10401, EC 10402 and EC 10403
11-Jul-2018	118	The Elections Office will prepare a notice of election (and notice of date fixed to submit arguments, if applicable) and submit it to the appropriate newspaper for publication once between July 9th and July 13th. **Publication costs will be billed by the newspapers directly to the District.**	EC 12112
		When the district receives the copy of published notice, the secretary must post it in the district office.	EC 12113
		A general news release will also be sent by the Elections Office to all newspapers setting forth the district offices to be filled.	EC 12112(b)
16-Jul-2018	113	**FIRST** day for candidates to pick up and **file a** Declaration of Candidacy and other nomination papers in the County Elections Office.	EC 10510
10-Aug-2018	88	**LAST** day for candidates **to file** a Declaration of Candidacy. **LAST day to withdraw** a Declaration of Candidacy.	EC 10510
		LAST day to file primary arguments for or against a measure if the district placed a measure on the ballot & notified the elections office by July 9th (120 days before the election).	EC 9163

SPECIAL DISTRICTS
ELECTION TIMETABLE
November 6, 2018

DUE Date	Days to Election	Action	Election Codes
15-Aug-2018	83	**LAST** day of extended nomination period. **NOTE:** If any incumbent officer who is up for election does not file by **5:00 p.m., August 10th**, then any person (other than the incumbent) has until 5:00 p.m. on this date to file a Declaration of Candidacy. If this provision is in effect then candidates also have until 5:00 p.m. today to withdraw.	EC 10516
20-Aug-2018	78	**LAST** day for rebuttal arguments, if BOTH an "Argument in Favor" and an "Argument Against" the measure were received if the district placed a	EC 9167
22-Aug-2018	76	If the district secretary has submitted a request in writing for copies of the Declaration of Candidacy, they will be mailed by this date.	10510 (c)
31-Aug-2018	67	If by 5:00 p.m. on August 15th (83 days) there was: 1) Only one nominee 2) No Nominee, or 3) An insufficient number of nominees for the offices to be filled and a petition requesting that an election be held has not been presented, then the County Elections Official will submit these facts to the Board of Supervisors and request they appoint the persons, if any, who have filed a Declaration of Candidacy. Appointments must be made **before** December 7, 2018 (prior to the Monday before the first Friday in December).	EC 10515
		If no person filed a Declaration of Candidacy for any office, the Board of Supervisors shall appoint any person who is qualified on election day. If the district has suggestions for possible appointment, submit these in writing to the Board of Supervisors, 2800 S. Burrel Ave., Visalia, CA 93291.	10515(b)
8-Oct-2018	29	**FIRST day for Vote By Mail Ballots...** 1) A registered voter may apply for a Vote By Mail (VBM) Ballot as follows: • By mail or fax • By telephone (new as of 1/1/2014) Vote by Mail requests must include residence address, mailing address, if any, and each voter's signature. An application will be included on the back of each Sample Ballot booklet. 2) Groups or candidates distributing Vote By Mail applications must use a state mandated form. The form and instructions can be obtained from the Elections Office located at 5951 S. Mooney Blvd., Visalia, CA	
22-Oct-2018	15	**Last day** for **voters to register** to vote in the election. (If a voter's registration is received after October 22nd they will receive a polling place notice but no sample ballot booklet.)	EC 2102
30-Oct-2018	7	**LAST** day for Elections Division **to receive Vote by Mail ballot applications through the mail.** **(**Application must be received; **postmark is not sufficient).**	EC 3001

SPECIAL DISTRICTS
ELECTION TIMETABLE
November 6, 2018

DUE Date	Days to Election	Action	Election Codes
31-Oct-2018	6	Late condition Vote by Mail Ballots are available until Election Day in the Elections Office. For further information, call (559) 624-7300.	
6-Nov-2018		***** ELECTION DAY *****	
8-Nov-2018	+2	County will commence a manual recount of 1% of the precincts. By this date, the County will also commence the canvass of the returns.	EC 15360; EC 10547 & EC 15301
6-Dec-2018	+30	By this date, the Elections Office will prepare and deliver a certified statement of results of the election to the governing board.	EC 10550; EC 10551; EC 15372
		The Elections Division will also prepare a Certificate of Election for each candidate.	EC 10553 and EC 15401
		The Elections Office will notify the district if a tie makes it impossible to determine the winner.	EC 10551(b)
7-Dec-2018	+31	Elective officers, elected or appointed in lieu of election take office at noon today. Prior to taking office, each officer shall take the official oath and execute such bond as may be required by the principal act.	EC 10554
14-Jan-2019	+69	The Elections Office will bill the district for its share of the election costs.	EC 10002 and EC 10520

APPLICATION FORM
BOARD MEMBER OF SPECIAL DISTRICT

List the Special District you are interested in serving on:

_____

Name: _____

Address: _____

_____

Telephone Number(s): Home: _____ Mobile: _____

Business: _____

I meet the statutory requirements to be a board member of the above special district because (complete attached qualifications section as required for particular office):

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 20__ at _____,

California.

_____ _____

Print Name Signature

Return to: Clerk of the Board of Supervisors
County of Tulare
2800 W. Burrel Ave.
Visalia, CA 93291
Ph: (559) 636-5000
Fax: (559) 733-6898

TYPE OF DISTRICT	QUALIFICATIONS
California Water District (Wat. Code, § 34000 et seq.) Tulare is principal county for: Atwell Island Water District Lewis Creek Water District St. Johns Water District Tea Pot Dome Water District Vandalia Water District	☐ I am a landowner in the District, or ☐ I am the legal representative of a landowner in the District, or ☐ I am a representative designated by a landowner in the District and written evidence of this designation has been filed with the District. (Wat. Code, § 34707.)
Cemetery District (Health & Saf. Code, § 9000 et seq.) Tulare is principal county for: Alta Cemetery District Eshom Valley Cemetery District Exeter Public Cemetery District Lindsay Strathmore Public Cemetery District Porterville Public Cemetery District Three Rivers Public Cemetery District Tipton-Pixley Public Cemetery District Tulare Public Cemetery District Visalia Public Cemetery District Woodlake Cemetery District Woodville Cemetery District	☐ I am a registered voter in the District. (Health & Saf. Code, § 9022, subd. (a).)
Citrus Pest Control District (Food & Ag. Code, § 8401 et seq.) Districts in Tulare Co.: Southern Tulare County Citrus Pest Control District Tulare County Citrus Pest Control District	☐ I am a citizen of the United States and of California, and am an owner of lands within the District which are devoted, in whole or in part, to the growing of the product for which the District is established. (Food & Ag. Code, § 8502.) Note: "citizen of California" means a U.S. citizen who is a resident of California. (Gov. Code, § 241.)

TYPE OF DISTRICT	QUALIFICATIONS
Community Services District (Gov. Code § 61000 et seq.) Districts in Tulare Co.: Allensworth Community Services District Alpaugh Community Services District Alpine Village-Sequoia Crest Community Services District Ducor Community Services District East Orosi Community Services District Goshen Community Services District London Community Services District Patterson Tract Community Services District Ponderosa Community Services District Poplar Community Services District Richgrove Community Services District Sultana Community Services District Teviston Community Services District Three Rivers Community Services District Tipton Community Services District Tract 92 Community Services District	☐ The District elects at large. I am a registered voter in the District. or ☐ The District elects either by divisions or from divisions. I am a registered voter in the following division of the District: Division No. _____. (Gov. Code, § 61040, subd. (b).)
Fire Protection District (Health & Saf. Code, § 13800 et seq.) Tulare is principal county for: Strathmore Fire Protection District Woodlake Fire Protection District	☐ The District elects at large. I am a registered voter in the District. or ☐ The District elects by divisions. I am a registered voter in the following division of the District: Division No. _____. (Health & Saf. Code, §§ 13841, 13846.)
Health Care District (Health & Saf. Code, § 32000 et seq.) Tulare is principal county for: Alta Health Care District Exeter District Ambulance Kaweah Delta Health Care District Lindsay Local District Hospital North Kern-South Tulare Hospital Sierra View Health Care District Tulare Local Health Care District	☐ The District elects at large. I am a registered voter in the District. or ☐ The District elects by zones. I am a registered voter in the following zone of the District: Zone No. _____. (Health & Saf. Code, §§ 32100, 32100.1.)

TYPE OF DISTRICT	QUALIFICATIONS
Irrigation District (Wat. Code, § 20500 et seq.) Tulare is principal county for: Alpaugh Irrigation District Alta Irrigation District Delano-Earlimart Irrigation District Ducor Irrigation District Exeter Irrigation District Ivanhoe Irrigation District Lindmore Irrigation District Lindsay-Strathmore Irrigation District Lower Tule River Irrigation District Porterville Irrigation District Saucelito Irrigation District Stone Corral Irrigation District Terra Bella Irrigation District Tulare Irrigation District	General rule (see below for special rule for Pixley) ☐ The District elects at large. I am a landowner and a registered voter in the District. or ☐ The District elects by divisions. I am a landowner and a registered voter in the following division of the District: Division No. _____. or ☐ The District has no more than 15 landowners who are voters in the District. I am a landowner in the District, but need not be a registered voter in the District. or ☐ The District is required to submit an urban water management plan under subd. (d) of the statute. (Consult County Counsel for qualifications.) (Wat. Code, § 21100.)
Special rule for: Pixley Irrigation District	Special rule for Pixley Irrigation Dist.: ☐ The District elects at large. I am a landowner in the District. or ☐ The District elects by divisions. I am a landowner in the following division of the District: Division No. _____. or ☐ The District follows the general rule in Water Code section 21100. See above. (Wat. Code, § 21100.2.)

TYPE OF DISTRICT	QUALIFICATIONS
Memorial District (Mil. & Vet. Code, § 1170 et seq.) Districts in Tulare County: Dinuba Memorial District Exeter Memorial District Ivanhoe Memorial District Lindsay-Strathmore Memorial District Orosi Memorial District Porterville Memorial District Sequoia Memorial District South Tulare County Memorial District Springville Memorial District Terra Bella Memorial District Three Rivers Memorial District Tulare Memorial District Visalia Memorial District Woodlake Memorial District	☐ I am a registered voter in the District but am not a veteran. or ☐ I am a registered voter in the District and a veteran. (Mil. & Vet. Code, § 1197.) Note: "Veteran" means "a person honorably discharged from the armed forces of the United States." (Mil. & Vet. Code, § 940.)
Mosquito Abatement and Vector Control District (Health & Saf. Code, § 2000 et seq.) Tulare BOS appoints as follows: Delano Mosquito Abatement District – 1 position Delta Vector Control District – 2 positions Kings Mosquito Abatement District – 1 position Tulare Mosquito Abatement District – 4 positions	For positions appointed by Tulare BOS: ☐ I am a registered voter in the portion of the District that is in the unincorporated area of Tulare County. (Health & Saf. Code, § 2022, subd. (a).)
Public Utility District (Pub. Util. Code, § 15501 et seq.) Districts in Tulare Co.: Cutler Public Utility District Earlimart Public Utility District Ivanhoe Public Utility District Orosi Public Utility District Pixley Public Utility District Porter Vista Public Utility District Springville Public Utility District Strathmore Public Utility District Woodville Public Utility District	☐ The District has some (or all) seats elected at large. I am a registered voter in the District. or ☐ The District has some seats elected at large which are designated by number. I am a registered voter in the District and am applying for the following director at large position: Director at Large No. ___. or ☐ The District has some seats elected by territorial unit. I am a registered voter in the following territorial unit of the District: _____ Unit.

TYPE OF DISTRICT	QUALIFICATIONS
	(Pub. Util. Code, §§ 15956, 15957.)
Resource Conservation District (Pub. Resources Code, § 9151 et seq.) Tulare is principal county for: Tulare County Resource Conservation District	If the District elects at large: ☐ I am a registered voter in the District and either own real property in the district or have served, pursuant to the District's rules, for two years or more as an associate director providing advisory or other assistance to the board of directors. or ☐ I am a registered voter in California and a designated agent of a resident landowner within the district. If the District elects by division: ☐ I am a registered voter in the following division of the District and either own real property in the division or have served, pursuant to the District's rules, for two years or more as an associate director providing advisory or other assistance to the board of directors: Division No. _____. or ☐ I am a registered voter in California and a designated agent of a resident landowner within the following division of the District: Division No. _____. (Pub. Resources Code, §§ 9352, 9356.)
Sanitary District (Health & Saf. Code, § 6400 et seq.) District in Tulare Co.: Lemon Cove Sanitary District	☐ I am a registered voter in the District. (Health & Saf. Code, § 6464.)

TYPE OF DISTRICT	QUALIFICATIONS
Storm Water District (Wat. Code App., § 13-1 et seq.) Tulare is principal county for: Deer Creek Storm Water District	☐ I am a freeholder of the District, and I have resided in the District at least one year, or will have so resided by the date of appointment. If I have been a resident less than one year on the date of my application, my first date of residency was: _____ Date (Wat. Code App., § 13-5.) Note: "Freeholder" is generally synonymous with "landowner." (100 Ops.Cal.Atty.Gen. ___ (2017) [slip opn. at p. 4, 2017 WL 6940459].)
Water Conservation District (Wat. Code App., § 34-1 et seq.) Tulare is principal county for: Kaweah Delta Water Conservation District	☐ The District elects at large. I am a registered voter in the District. or ☐ The District elects by divisions. I am a registered voter in the following division of the District: Division No. _____. (Wat. Code App., § 34-5.)

DENNIS L. HYLTON
CERTIFIED PUBLIC ACCOUNTANT
202 SOUTH MIRAGE
LINDSAY, CALIFORNIA 93247
TELEPHONE (559) 562-4938
FACSIMILE (559) 562-6268

April 12, 2018

Board of Directors
Lindsay Local Hospital District
Lindsay, California

Dear Board Members:

I am pleased to confirm my understanding of the service I am to provide Lindsay Local Hospital District for year ended June 30, 2018. I will audit the financial statements of the governmental activities and major fund, including the related notes to the financial statements, which collectively comprise the basic financial statements of Lindsay Local Hospital District as of and for the year ended June 30, 2018. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Lindsay Local Hospital District's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financing reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of my engagement, I will apply certain limited procedures to Lindsay Local Hospital District's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's response to my inquiries, the basic financial statements, and other knowledge I obtain during my audit of the basic financial statements. I will not express an opinion or provide any assurance on the information because the limited procedures do not provide me with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

1. Management's Discussion and Analysis (management elects not to provide)
2. General Fund – Budgetary Comparison Schedule

Audit Objective

The objective of my audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles. My audit will be conducted in accordance with auditing standards generally accepted in the United States of America and the State Controller's *Minimum Audit Requirements for California Special Districts*, and will include tests of the accounting records and other procedures I consider necessary to enable me to express such opinions. I will issue a written report upon completion of my audit of Lindsay Local Hospital District's financial statements. My report will be addressed to management and the board of directors of Lindsay Local Hospital District. I cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for me to modify my opinions or add emphasis-of-matter or other-matter paragraphs. If my opinions are other than unmodified, I will discuss the reasons with you in advance. If, for any reason, I am unable to complete the audit or am unable to form or have not formed opinions, I may decline to express opinions or may withdraw from this engagement.

Management Responsibilities

Management is responsible for designing, implementing and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

Management is also responsible for making all financial records and related information available to me and for the accuracy and completeness of that information. You are also responsible for providing me with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that I may request for the purpose of the audit, and (3) unrestricted access to persons within the government from whom I determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to me in the management representation letter that the effects of any uncorrected misstatements aggregated by me during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing me about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing me of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws and regulations.

You agree to assume all management responsibilities for financial statement preparation services and any other nonattest services I provide; oversee the services by designating an individual, preferable from senior management with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Other Services

I will also prepare the financial statements of Lindsay Local Hospital District in conformity with U.S. generally accepted accounting principles based on information provided by you. I will perform the services in accordance with applicable professional standards. I, in my sole professional judgement, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Engagement Administration and Fees

I expect to begin my audit in July 2018 and issue my report no later than October 12, 2018. My fee for these services will be $5,000. I will also prepare the Annual Financial Transactions report and related compensation report for submission to the State Controller. My fee for these reports will be $450. This fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, I will discuss it with you and arrive at a new fee estimate before I incur the additional costs. My invoice for this fee will be rendered at the completion of my work and is payable on presentation.

Audit Procedures – General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, my audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. I will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because I will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by me, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, I will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to my attention. I will also inform the appropriate level of management of any violations of laws or governmental regulations that come to my attention, unless clearly inconsequential. My responsibility as auditor is limited to the period covered by my audit and does not extend to any later periods for which I am not engaged as auditor.

My procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, creditors, and financial institutions. At the conclusion of my audit, I will also require certain written representations from you about the financial statements and related matters.

Audit Procedures – Internal Control

My audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, I will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures - Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, I will perform tests of Lindsay Local Hospital District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of my audit will not be to provide an opinion on overall compliance and I will not express such an opinion.

I appreciate the opportunity to be of service to the Lindsay Local Hospital District and believe this letter accurately summarizes the significant terms of my engagement. If you have any questions, please let me know. If you agree with the terms of my engagement as described in this letter, please sign the enclosed copy and return it to me.

Sincerely,

Dennis L. Hylton, CPA

RESPONSE:

This letter correctly sets forth the understanding of Lindsay Local Hospital District.

By:_____

Title:_____

Date:_____