



GARY POLLOCK, Mayor  
JONATHAN GOOLSBY, Vice-Mayor  
LAURA MOORE DELRIO, Councilwoman  
CHRIS MICHELI, Councilman  
CR "BETH" SAVEDRA, Councilwoman

JASON PENGELLY, City Manager  
SAMANTHA NANCE, City Clerk  
PATTI ZANDER, Deputy Clerk

**PUBLIC MEETING NOTICE**  
**Of the**  
**CITY OF WELLS BOARD OF COUNCILMEN**

The Board of Council of the City of Wells, County of Elko, State of Nevada, will meet in regular session on Tuesday, July 25, 2023, in the Council Chambers of Wells City Hall, 525 Sixth Street, Wells, Nevada  
Beginning at 7:00 P.M.

Attached with this Notice is the agenda for said meeting of the Board.

This Notice and Agenda is posted pursuant to N.R.S. 241.020 as amended by the 2013 Legislature. This Notice and Agenda has been posted on or before 9:00 A.M. on the third working day before the meeting at the following locations:

WELLS CITY HALL, 525 Sixth Street, Wells, Nevada  
WELLS FIRE STATION, 516 Seventh Street, Wells, Nevada  
WELLS POST OFFICE, 201 Castle Street, Wells, Nevada  
WELLS RURAL ELECTRIC COMPANY, 1451 Humboldt Avenue, Wells, Nevada  
SILVER SAGE SENIOR CITIZEN CENTER, 213 First Street, Wells, Nevada  
ROY'S MARKET, 647 Humboldt Avenue, Wells, Nevada

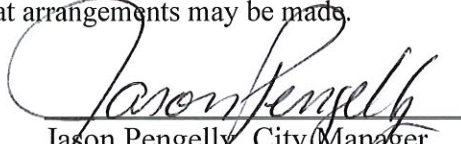
Supporting materials for this meeting may be reviewed at the office of the City Clerk, Wells City Hall, 525 Sixth Street, Wells, Nevada.

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, and 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

**NOTICE TO PERSONS WITH DISABILITIES**

Reasonable efforts will be made to assist and accommodate physically handicapped persons desiring to attend the meeting. Members of the public who are disabled and require special accommodations or assistance at the meeting are requested to notify the City Manager, City of Wells, in writing at P.O. Box 366, 525 Sixth Street, Wells, Nevada 89835-0366, or by calling 775-752-3355 at least two (2) days in advance so that arrangements may be made.

  
Jason Pengelly, City Manager

TEL 775.752.3355

FAX 775.752.3419

[finance@cityofwellsnv.com](mailto:finance@cityofwellsnv.com)

MAILING P.O. BOX 366 • WELLS, NEVADA 89835 PHYSICAL 525 6TH STREET • WELLS, NEVADA 89835

The City of Wells is an equal opportunity employer

**AGENDA  
REGULAR MEETING  
CITY OF WELLS BOARD OF COUNCIL  
TUESDAY, JULY 25, 2023 7:00 P.M.  
COUNCIL CHAMBERS, WELLS CITY HALL  
525 SIXTH STREET WELLS, NEVADA**

*Breaks and Recess Actions shall be called for at the pleasure of the Board  
rather than by agenda schedule.*

Pursuant to N.R.S. 241.020, 6, notice is hereby given that items on the agenda may be taken out of order, that the Board may combine two or more agenda items for consideration, and that the Board may remove an item from the agenda or delay discussion relating to an item on the agenda any time and if the agenda is not completed, to recess the meeting and continue on another specified date and time.

Pursuant to N.R.S. 241.020, 7, any restriction on comments by the general public must be reasonable and may be restricted to the time, place and manner of the comments, but may not restrict comments based on viewpoint.  
Citizens will be allowed to make public comment during each agenda item as well as at the formal Citizens to Address the Board of Councilmen agenda item at the beginning of the meeting.

1. Call to Order
2. Roll Call
3. Pledge of Allegiance
4. Approval of minutes of previous meeting(s) **FOR POSSIBLE ACTION**

**DELEGATION:**

5. Citizens to address the Council

Pursuant to N.R.S. 241.020,2 (c) (3), this time is devoted to comments by the general public, if any, and discussion of those comments. No action may be taken upon a matter raised under this item on the agenda until the matter itself has been specifically included on a successive agenda and identified to be an action item.

**NEW BUSINESS:**

6. Discussion and possible action to approve final contract with Intermountain Health for healthcare services for the City of Wells. **FOR POSSIBLE ACTION**
7. Discussion and possible action to approve Resolution 23-15, **RESOLUTION FINDING IT IN THE BEST INTEREST OF THE PUBLIC TO LEASE CITY OWNED REAL PROPERTY WITHOUT OFFERING THE PROPERTY FOR SALE TO THE PUBLIC AND FOR LESS THAN FAIR MARKET VALUE. FOR POSSIBLE ACTION**
8. Discussion and possible action to approve Debt Management Indebtedness Report and Five Year Capital Improvement Plan. **FOR POSSIBLE ACTION**
9. Discussion and possible action to approve Resolution 23-14, **RESOLUTION REQUESTING THE TRANSFER OF CERTAIN LANDS IN THE CITY BY ACT OF CONGRESS. FOR POSSIBLE ACTION**

10. Discussion and possible action to approve or deny Special Liquor License for Wells Volunteer Fire Department for Wells Fun Run July 28<sup>th</sup> – 30<sup>th</sup>. **FOR POSSIBLE ACTION**
11. Discussion and possible action to approve or deny Special Liquor License for Wells Jr. Rodeo for August 5<sup>th</sup> – 6<sup>th</sup>. **FOR POSSIBLE ACTION**
12. Discussion and possible action to authorize City Manager, Jason Pengelly, to sign Nevada Aging and Disability Services Division Congregate and Home Delivered Grant Applications. **FOR POSSIBLE ACTION**
13. Discussion and possible action to approve or deny proposed boundary line adjustment submitted by High Desert Engineering for Clay and Lori Fitch APN #002-740-013. **FOR POSSIBLE ACTION**
14. Claims Committee Report and possible action to approve financial statement. **FOR POSSIBLE ACTION**
15. Councilmen's Report

This time is devoted to comments by Board members for general information or update Purposes and may include reports of involvement in liaison actives/meetings with matter raised under this item of the agenda until the matter itself has been specifically included on a successive agenda and identified to be an action item.

16. Staff reports

This time is devoted to comments by city Staff for general information or updates purpose. No action maybe taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a successive agenda and identified to be action item

17. Citizens to address the Council

Pursuant to N.R.S. 241.020,2 (c) (3), this time is devoted to comments by the general public, if any, and discussion of those comments. No action may be taken upon a matter raised under this item on the agenda until the matter itself has been specifically included on a successive agenda and identified to be an action item.

18. Adjournment



**MINUTES OF WELLS CITY COUNCIL  
MEETING OF JULY 11, 2023**

**CALL TO ORDER**

Date: Tuesday, July 11, 2023  
Time: 7:00 P.M.  
Place: Council Chambers, Wells City Hall  
525 Sixth Street Wells, Nevada  
Type of Meeting: Regular Meeting of City of Wells Board of Councilmen  
Presiding Officer: Gary Pollock, Mayor

**ROLL CALL**

Present: Gary Pollock, Mayor  
Jonathan Goolsby, Vice Mayor  
Laura Moore-DelRio, Councilwoman  
CR Beth Savedra, Councilwoman

Absent: Chris Micheli, Councilman

Quorum: Yes

Staff Present: Samantha Nance, City Clerk  
Jason Pengelly, City Manager  
Tony Prado, Public Works  
Glen Shamblin, Public Works Supervisor  
Patti Zander, Deputy Clerk

**PLEDGE OF ALLEGIANCE**

Mayor Pollock led everyone in the Pledge of Allegiance.

**APPROVAL OF MINUTES OF PREVIOUS MEETINGS**

Savedra made a motion to approve meeting minutes dated June 27, 2023. Goolsby provided the second and motion passed unanimously.

**CITIZENS TO ADDRESS THE COUNCIL**

There were none.

**CONTINUED DISCUSSION AND POSSIBLE ACTION TO APPROVE OR DENY  
VARIANCE APPLICATION TO ALLOW NON-CONFORMING 1995  
MANUFACTURED HOME AT TOBAR STREET, PACIFIC ADDITION NO. 2,**

Minutes of Wells City Council  
Meeting of July 11, 2023



## **LOT 1, BLOCK C, APN #002-743-001, APPLICANT LAYLA MURPHY**

Murphy was not at the meeting but it was noted that Candy Welsh had been in the office stating they were going in a different direction. Goolsby made a motion to deny the variance application to allow non-conforming 1995 manufactured home at Tobar Street, Pacific Addition No. 2, lot 1, Block C, APN #002-743-001, applicant Layla Murphy. Savedra provided the second and motion passed unanimously.

## **PRESENTATION AND UPDATE FROM MED X GROUND EMS**

Jake Dahlstrom, EMS Director for Med X Air One, Paul Ward, Executive Director for Med X Air One and Nancy Abrams EMS Manager for Med X Air one were at the meeting to give an update. Med X started providing service in Wells on May 2, 2019. In that time, there have been 2,000 calls. The goal of Med X is to provide safe, efficient, reliable quality aviation service and critical care transport. Ownership has changed over the years. Med X is now an Intermountain Company and a dba of Classic Air Medical.

Nancy Abrams stated that currently there is one station in Wells, two in Elko, one in Ely, and one in Spring Creek that also backs up Wells. Med X has participated in several events in the Wells community as well as covering sporting events.

Dahlstrom stated that a new ambulance is based in Wells that has a lot of life saving equipment. It has a backup camera, infrared decontamination light, and a power load to help lift larger patients. Dahlstrom added that not only does Med X have ground service but has air service as well. Med X also has a good working relationship with REACH.

Abrams stated that some of the benefits are that the ambulance is staffed 24/7, 365 days a year with four backup ambulances available in the area. In December of 2022, there was an accident south of town with sixteen patients. Med X was able to have five of their ambulances respond and able to help all the patients. The leadership through Med X is all local to the area. Services are provided at no cost to the City of Wells.

Cindy Moschetti wanted to compliment Med X as five of those calls were for her family members. All calls were handled very professionally. Nance agreed with Moschetti. Pollock added he has heard the same from members of the community and thanked Med X for everything they have done and looks forward to maintaining a good relationship.

Dahlstrom stated that initially a five-year contract was signed that will expire next May. Med X will come before the council to work on a new contract and would like to start that process the first part of the year. Goolsby also wanted to thank Med X for everything they have done for the community. Goolsby has asked Med X on several occasions to help with football and wrestling. There was a wrestler who blew his ACL and because of the quick care, it prevented further injury. He was back in nine months instead of eighteen months due to the quick care received on the scene. Med X also helped locate a lost hiker south of Wells as well as a victim ejected in an accident in the

snow. The helicopter found the patient from the air and was able to direct emergency personnel to his location.

Paul Ward stated that now that Med X is with Intermountain Health, Med X is not for profit by legal definition being owned by Intermountain. Ward stated in the beginning, medical coverage was sporadic. Ward thinks Med X has done a good job making sure Wells always had coverage. Ward added that Med X loses \$25,000 a month operating the ambulance in Wells. It is not a revenue generator but what it does allow Med X to do is utilize their aircraft, so the economics make sense for them. Part of being a sustainable operation is the support from the City of Wells in giving Med X the use of the fire station. Without the fire station, Med X would not be able to operate in Wells. The city committing to allow Med X to be in the fire station at no cost makes it viable and they appreciate that support and will need that in the future to continue operations. Med X is also very excited to be part of the clinic when it opens back up.

#### **DISCUSSION TO RECEIVE CDBG GRANT APPLICATION IDEAS FOR THE UPCOMING GRANT CYCLE TO BE SUBMITTED TO CDBG FOR ELIGIBILITY APPROVAL**

Pollock began that finishing the Senior Center is on his list. Pengelly agreed. DelRio asked if the list of different grants that had previously been completed was still accessible. Pengelly is not sure but does know there is a capital improvement list which Pengelly will get out. DelRio has heard a lot of comments from people who are excited to see the senior center open and what an asset it is for the community. Pollock stated it will be nice to get it finished and move on to the next project. Pollock stated it is nice with the new senior center being next to the senior housing and everything being in one location. Pengelly added that once the senior center is done, the city can move on to a couple of smaller projects next year or another large project. Pollock visited with Pengelly about the CDBG grant for Shoshone for the curb, gutter and sidewalk project. If funding can be received for that street, hopefully in the future, more funding can be received to do the same on the other avenues. Pollock is fine if nothing else is applied for other than the senior center because it needs to be completed.

#### **BELLA CUMMINS TO ADDRESS COUNCIL TO IMPLORE OFFICIALLY CHANGING THE WORK CARD DESIGNATION TO COURTESAN, A TERM WITHOUT THE NEGATIVE CONNOTATIONS ASSOCIATED WITH THE CURRENT CLASSIFICATION**

Bella Cummins began with why now and why the term courtesan. The legislation that approved counties or incorporated cities to choose whether they wanted legal houses or brothels within their district was in 1971. Fifty-two years ago, the term was prostitute and prostitution. Nye County has changed prostitute to courtesan and Lyon County changed it to entertainer. Cummins stated for over a decade, the ladies that receive a work card in Wells are required to get a Nevada State business license. These woman are independent businesswomen, sole proprietors, entrepreneurs. Today, labels that designate something that is demeaning should not exist. When Cummins first began this



business back in the eighties, Cummins would have labeled them prostitutes. The girls came from a different walk of life and many times would seem as though their upbringing was not the most desirable. Things have changed in the last thirty-seven years. These women are educated and some are women that have other professions. Cummins would like to discuss this so as not to stay in the 20<sup>th</sup> century. For three years, Cummins has written courtesan on the applications that are filled out. When the card comes back, it says prostitute. Cummins is asking whatever term is used, give a fitting designation and credit for being the businesswomen they are.

Savedra believes in calling it what it is and doesn't think the term prostitute designates something horrible. Savedra doesn't see what the problem is and why the council should have to change the city code to change one word. Nye County said that prostitute is interchangeable with courtesan. Savedra continued that not everybody sees the work cards. Cummins asked Savedra how she wanted to designate between women that have no credentials, no medical testing with those who are licensed with medical testing. They can't all be the same. Savedra stated this is the oldest profession in the world and there is nothing wrong with it. Savedra thinks this is a waste of time for the council when there are so many other things on the table. Citizen William Cooper asked if Bella's had a licensed masseuse. Bella replied yes there was a licensed massage therapist. Cooper did not think it was one business because he saw the sign for a massage. Pollock did not think a licensed massage therapist had to go through the same things that a working girl has to go through. Cummins stated it makes no difference whether they are a licensed masseuse or not, they will get prostitute on their card.

Pollock doesn't think this is a matter of morality. It is a legal entity and legal in our town. As a member of the business community, deserves every bit the same amount of respect. To change the terminology in the city code requires a lot of time and effort from our legal team which costs the city a lot of money. That is where Pollock has a problem. Pollock is not opposed to changing the terminology if not for the money that would be spent for Legal Counsel to change one word. Pollock cannot justify that cost for a simple change of one word. Cummins asked if it was possible to do an addendum or an amendment, something that states the cards will read courtesan. Pollock added there has been discussion with Legal Counsel who does not believe that can be done without rewriting the code. Cummins said in today's world, typically if it is on a computer, the word prostitute comes out and the new word goes in. Pollock added that legal counsel has said this will be a costly endeavor and requires more than taking a word out. In the future, if the code is being amended for some other reason, the name change can be done then but Pollock cannot advocate the spending of money to grant this request. This is a small community with a small budget and to spend thousands of dollars to change one word that has been in place for quite some time, which may be outdated, cannot be justified.

Goolsby asked if changing the terminology would need to go through the county. Fingerprints and the background check are done at the sheriff's department and the card is issued in the City of Wells office. Goolsby stated that even if it is changed at our level, it may not change. The code for the city is based off NRS and NAC (Nevada



Administrative Codes). Even if Wells changes the name, the code may have to go through the county first. Legal Counsel would have to be contacted to see if Wells can change it or it has to go through the county. Goolsby stated it is not a no, it needs to be looked in to. Cummins asked if the city is willing to look into it. Legal Counsel will have to be consulted.

Pengelly added that he contacted Legal Counsel who has always wanted to update the brothel code and make it stricter. It will cost a lot of money to do this that will include resolutions and postings in the paper. If the council chooses to move forward in changing this name, it will be more than just changing the name and will update the brothel code. Legal has been wanting to do this for some time and haven't had the chance. Cummins wanted to know why it needed to be made stricter. Pengelly stated the code is out of date and needs to be updated. Savedra stated until money is available to update the code, should leave it as it is. DelRio agrees with Pollock that she has no problem changing the code but cannot justify spending the money to change one word with the streets in the condition they are in. DelRio feels when the brothel code is updated, the change in wording can be addressed at that time. Denny Stanhope stated as a citizen and taxpayer, requests the city not spend any money to change a single word on a card when there are so many other priorities that need the money.

**DISCUSSION AND POSSIBLE ACTION TO APPROVE RESOLUTION 23-13, RESOLUTION FINDING THAT IT IS IN THE BEST INTEREST OF THE CITY TO DISPOSE OF CERTAIN REAL PROPERTY WITHOUT OFFERING THE PROPERTY TO THE PUBLIC AND FOR THE AGREED UPON SALE PRICE FOR THE PURPOSE OF ECONOMIC DEVELOPMENT**

A map was shown to the public so they could see what property was being discussed. Ron Moschetti wants to purchase a lot for his son and eventually put a house there. If this is approved, the property will be appraised and will be sold for the appraised value. Yvonne Stuart questioned the way it was phrased was not very clear. Stuart wanted to know if the piece of property was going to be purchased and developed to put a business on or was it for someone who wants to put a house on it. Stuart questioned whether it should be offered to everybody before someone specific is decided on. Stuart thought this was setting a precedence for anyone who is interested in a piece of property that is public. Nance stated by doing this resolution, it allows us to proceed with selling it to someone who is interested in the property without posting it to the public. This was done with the Cruz family two years ago in the same area, same resolution, same process. This is the process that has always been followed if someone comes to us and expresses interest in purchasing a certain lot. The city is not allowed to sell it for less than market value. It has to be sold for the appraised value which is why the resolution gets approved then the appraisal, then the sale agreement for the appraised value. Pollock stated this would not be setting a precedence as the precedence has already been established.

Savedra thinks it is a good idea because it is one less piece of property the city must worry about cleaning up. Pengelly added the intent is to purchase it and put a house on it, not a business because it is zoned residential. Goolsby stated that anyone can purchase

this property, it is open to the public because it has always been available. Stuart asked once it is sold, will the zoning be changed from public to R1. It was stated it is already R1 or R2. Nance stated she thought what Stuart was referring to was the land use code. Savedra made a motion to approve Resolution 23-13 finding that it is in the best interest of the city to dispose of certain real property without offering the property to the public and for the agreed upon sale price for the purpose of economic development. DelRio provided the second and motion passed unanimously.

### **CLAIMS COMMITTEE REPORT: ACTION TO APPROVE FINANCIAL STATEMENTS**

DelRio made a motion to approve the Warrant Register dated June 28, 2023 through July 11, 2023 in the amount of \$335,002.35. Savedra provided the second and motion passed unanimously. DelRio made a motion to approve check register dated June 1, 2023 through June 30, 2023 in the amount of \$27,425.54. Savedra provided the second and motion passed unanimously.

### **COUNCILMEN'S REPORTS**

Savedra stated she had two meetings since the last council meeting and tried to zoom them but had technical difficulties. NNRDA was cancelled for this month. There will be an Elko County School District capital improvement meeting on the 20<sup>th</sup> Savedra will attend in person. Savedra was out walking and walked by the park and saw where the city was installing the fountain for Bumble. The plaque that is with the fountain just says it was donated by Home Credit Union and says nothing about Eclipse Kennels or Bumble. Pollock has talked with Donna Beadle, owner of Eclipse Kennels and she thought it was going to be a nicer plaque. Pollock will contact Beadle to let her know what the plaque says and will let her know the fountain has been uncrated and work is progressing on installation. Pollock has requested the fountain, if possible, be installed in time for the car show. Savedra also stated the parade and fireworks were great.

DelRio added that we haven't had fireworks like what was presented in a very long time and it was very good.

Goolsby doesn't know how the greens are being kept so green with all of the heat but they are doing a great job.

Pollock wanted to thank Jason and staff for trying to get the fountain installed for the car show.

### **STAFF REPORTS**

Pengelly and Nance put in an application for the Next Dollar Foundation for \$4,000 for new tables and chairs for the new senior center and it was approved.



The review process by NDOT for the Woodhills drainage ditch has been going on for six to eight weeks. Hopefully it will be completed soon so it can go out to bid and start on the concrete ditch this year. If not, it will be next year and there will be a time crunch as the money needs to be spent in the next year.

The EPA grant for curb and gutter for Shoshone Avenue project is still in review. If the city gets the EPA grant, it should cover all the curb and gutter along Shoshone and the \$454,000 from CDBG would cover the sidewalks.

Pengelly would like to take Thursday and next week off. There is a meeting in Wendover next Thursday as well as an airport meeting on Friday.

Nance stated she looked up the parcel that Moschetti wants to purchase and it is zoned R1 and the use is 120 which is vacant single family residential.

Tony Prado stated something different was tried at the softball tournament this year and it went later than usual. Prado inquired if there had been any complaints about how late it went but no one has heard of any.

#### **CITIZENS TO ADDRESS THE COUNCIL**

Stanhope thanked staff for all the patching of the streets. Stanhope also inquired what the status was of the code enforcement officer. Pengelly stated as of yesterday, Legal Counsel is working on the citations. Pengelly is doing code enforcement currently and has sent out a lot of letters, emails, phone calls and text messages. Pengelly is getting more accomplished by reaching out by phone. One letter was sent out to a property owner that doesn't live in the city and lives in California. There is an abandoned motor home on the property with people going in and out of the motor home all hours. It is on private property so it can't be towed. Stanhope asked if Pengelly has driven by 3<sup>rd</sup> and Wells and seen the boats and RVs on the street. The value of the property is not good with everything that is being parked on the streets and is an eyesore. Pengelly will check it out.

#### **ADJOURNMENT**

The meeting adjourned at 8:20 p.m.

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**GARY POLLOCK, Mayor**

ATTEST:

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**SAMANTHA NANCE, City Clerk**

Minutes of Wells City Council  
Meeting of July 11, 2023



**CITY OF WELLS  
RESOLUTION NO. 2023-15**

**RESOLUTION FINDING IT IN THE BEST INTEREST OF THE PUBLIC TO  
LEASE CITY OWNED REAL PROPERTY WITHOUT OFFERING THE  
PROPERTY FOR SALE TO THE PUBLIC  
AND FOR LESS THAN FAIR MARKET VALUE.**

**WHEREAS**, the Board of Councilmembers of the City of Wells intend to comply with NRS Chapter 268 relating to the sale of the City owned real property; and

**WHEREAS**, NRS 268.064 provides that the Board of Councilmembers of the City of Wells may under certain circumstances lease City owned real property without first offering the real property to the public and for less than fair market value; and

**WHEREAS**, the area building space and real property are less than 25,000 square feet; and

**WHEREAS** after a public hearing the City may adopt a resolution finding that it is in the best interest of the City to lease the property without 1) Offering the property to the public; and 2) for less than fair market value; and

**WHEREAS**, notice of a public hearing has been given as required by the Nevada open meeting law; and

**WHEREAS**, at the time and place set for the public hearing, at 7:00 o'clock p.m., July 25, 2023, a hearing before the Board of Councilmembers was held.

**NOW, THEREFORE**, the City of Wells Board of Councilmembers finds, concludes, resolves and orders as follows;

**FINDINGS:**

1. The real property the City has considered leasing property formerly operated as a clinic in the City for operation as a Clinic.
2. It is in the City's best interest to lease the property without first offering to the public and for less than fair market value, \$1.00, because the City requires a medical care facility.

**CONCLUSION:**

1. The lease with Intermountain Health is approved.
2. It is in the best interest of the public to lease the property upon the terms of the attached contract without offering the property to the public and for less than fair market value.

**RESOLUTION AND ORDER:**

**NOW, THEREFORE**, upon motion duly made by Councilmember \_\_\_\_\_ and second by Councilmember \_\_\_\_\_, It Is Hereby Resolved and Ordered:

- 1) The property described above be leased in accordance with the terms and conditions of the contract draft attached hereto as Exhibit "A."
- 2) The Mayor is authorized to all documents necessary to effectuate the lease.
- 3) IT IS FURTHER RESOLVED THAT upon adoption of this Resolution by the Board of Councilmembers, it shall be signed by the Mayor and attested by the City Clerk and shall be in full force and effect after its adoption.

**PASSED AND ADOPTED THIS** \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**CITY OF WELLS**

**ATTEST:**

By: \_\_\_\_\_  
Gary Pollock, Mayor

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Samantha Nance, Clerk

AYES:

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NAYES:

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ABSENT:

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ABSTAIN:

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## INDEBTEDNESS REPORT

As of June 30, 2023  
Postmark Deadline 8/01/2023Entity: City of WellsDate: 7/12/2023DEBT MANAGEMENT COMMISSION ACT (NRS 350.013)

1. Has your local government issued any new General Obligation Bond issues since July 1, 2022? Yes ☐ No ☒

If so, amount: \_\_\_\_\_ Date: \_\_\_\_\_

2. Has your local government approved any new Medium-Term Obligation issues since July 1, 2022? Yes ☐ No ☒

If so, amount: \_\_\_\_\_ Date: \_\_\_\_\_

3. Has your local government updated its debt management policy? (Per NRS 350.013) **If Yes, submit updated policy with Indebtedness Report or prepare a statement discussing the following areas:** Yes ☐ No ☒

- A. Discuss the ability of your entity to afford existing and future general obligation debt.
- B. Discuss your entity's capacity to incur future general obligation debt without exceeding the applicable debt limit.
- C. Discuss the general obligation debt per capita of your entity as compared with the average for such debt of local governments in Nevada.
- D. Discuss general obligation debt of your entity as a percentage of **assessed valuation** of all taxable property within the boundaries of your entity. (REDBOOK FY 2022-2023)
- E. Present a policy statement regarding the manner in which your entity expects to sell its debt.
- F. Discuss the sources of money projected to be available to pay existing and future general obligation debt.
- G. Discuss the operating costs and revenue sources with each project.

**If No**, please provide a brief explanation.

4. Has your local government updated its five-year capital improvement plan? Yes ☒ No ☐  
**(Required pursuant to NRS 350.013, 354.5945 & 354.5947)**

Submitted By: \_\_\_\_\_  
(Signature)

775-752-3355  
(Phone number)

**INDEBTEDNESS REPORT**  
As of June 30, 2023  
Postmark Deadline 8/01/2023



Entity: **City of Wells**

CHECK HERE IF YOUR ENTITY HAS NO OUTSTANDING DEBT

☐

**GENERAL OBLIGATION BONDS**

1. General obligation	<u>409,052</u>
2. General obligation/revenue	<u>                    </u>
3. General obligation special assessment	<u>                    </u>
Total general obligation bonded debt	<u><b>409,052</b></u>

**MEDIUM-TERM OBLIGATIONS**

1. General Obligation bonds	<u>145,165</u>
2. Negotiable notes or bonds	<u>                    </u>
3. Capital lease purchases	<u>                    </u>
Total medium-term obligation debt	<u><b>145,165</b></u>

**REVENUE BONDS**

**OTHER DEBT**

1. Capital lease purchases-MTO not required or prior to law change	<u>                    </u>
2. Mortgages	<u>                    </u>
3. Warrants	<u>                    </u>
4. Special Assessments	<u>                    </u>
5. Other (specify) _____	<u>                    </u>
6. Other (specify) _____	<u>                    </u>

Total other debt

**TOTAL INDEBTEDNESS**

**554,217**

Authorized but unissued general obligation bonds

Note: Please explain and provide documentation for any differences between the amounts reported on this **schedule** and those reported on **Schedule C-1** of your **Final Fiscal Year 2023-2024 budget**.

**INDEBTEDNESS REPORT**  
As of June 30, 2023  
Postmark Deadline 8/01/2023



Entity: City of Wells

For the next five years, list the total dollar requirement for principal and interest broken down for each type of indebtedness the entity currently has outstanding.

	<u>2023-2024</u>	<u>2024-2025</u>	<u>2025-2026</u>	<u>2026-2027</u>	<u>2027-2028</u>
<b><u>General Obligation Bonds</u></b>					
G/O Bonds	\$ 77,580	\$ 75,780	\$ 73,980	\$ 72,180	\$ 11,280
G/O Revenue					
G/O Special Assessment					
<b><u>Medium-Term Obligation</u></b>					
G/O Bonds	\$ 41,774	\$ 41,474	\$ 36,111	\$ 35,486	\$ 35,486
Notes/Bonds					
Leases/ Purchases					
<b><u>Revenue Bonds</u></b>					
<b><u>Other Debt</u></b>					
Other Lease Purchases					
Mortgages					
Warrants					
Special Assessments					
Other Debt					
<b>TOTAL</b>	<b>\$ 119,354</b>	<b>\$ 117,254</b>	<b>\$ 110,091</b>	<b>\$ 107,666</b>	<b>\$ 46,766</b>



2008 usda water

2008 USDA Water Bond (40 Years.)

City of Wells					
	Beginning Balance	Interest	Principal	Total Payment	Endg Bal
As of July 1, 2023					169,052.41
7/1/2024	169,052.41	6,948.80	4,332.80	11,280.00	164,719.61
7/1/2025	164,719.61	6,749.36	4,532.24	11,280.00	160,187.37
7/1/2026	160,187.37	6,560.48	4,721.12	11,280.00	155,466.25
7/1/2027	155,466.25	6,363.73	4,917.87	11,280.00	150,548.38
7/1/2028	150,548.38	6,175.50	5,106.10	11,280.00	145,442.28
7/1/2029	145,442.28	5,945.97	5,335.63	11,280.00	140,106.65
7/1/2030	140,106.65	5,723.61	5,557.99	11,280.00	134,548.66
7/1/2031	134,548.66	5,491.98	5,789.62	11,280.00	128,759.04
7/1/2032	128,759.04	5,264.91	6,016.69	11,280.00	122,742.35
7/1/2033	122,742.35	4,999.95	6,281.65	11,280.00	116,460.70
7/1/2034	116,460.70	4,738.16	6,543.44	11,280.00	109,917.26
7/1/2035	109,917.26	4,465.46	6,816.14	11,280.00	103,101.12
7/1/2036	103,101.12	4,192.65	7,088.95	11,280.00	96,012.17
7/1/2037	96,012.17	3,885.96	7,395.64	11,280.00	88,616.53
7/1/2038	88,616.53	3,577.74	7,703.84	11,280.00	80,912.69
7/1/2039	80,912.69	3,256.68	8,024.92	11,280.00	72,887.77
7/1/2040	72,887.77	2,930.01	8,351.59	11,280.00	64,536.18
7/1/2041	64,536.18	2,574.18	8,708.42	11,280.00	55,827.76
7/1/2042	55,827.76	2,211.30	9,070.30	11,280.00	46,757.46
7/1/2043	46,757.46	1,833.29	9,448.31	11,280.00	37,309.15
7/1/2044	37,309.15	1,443.19	9,838.41	11,280.00	27,470.74
7/1/2045	27,470.74	1,029.51	10,252.09	11,280.00	17,218.65
7/1/2046	17,218.65	1,443.19	9,838.41	11,280.00	7,380.24
7/1/2047	7,380.24	157.18	7,380.24	11,280.00	0.00

2013 water bond

2013 Water Refinance Bond

	City of Wells				
	Beginning Balance	Interest	Principal	Total Payment	End Balance
As of July 1, 2023					240,000.00
7/1/2023	240,000.00	6,300.00	60,000.00	66,300.00	180,000.00
7/1/2024	180,000.00	4,500.00	60,000.00	64,500.00	120,000.00
7/1/2025	120,000.00	2,700.00	60,000.00	62,700.00	60,000.00
7/1/2026	60,000.00	900.00	60,000.00	60,900.00	-
				-	-
				-	-
				-	-
				-	-
				-	-
				-	-
		14,400.00	240,000.00	254,400.00	-

# ExcavatorTrailer

	Excavator/Trailer City of Wells				
	Beginning Balance	Interest	Principal	Total Payment	Ending Balance
					132,809.06
7/1/2023	132,809.06	7,510.53	27,975.95	35,486.48	104,833.11
7/1/2024	104,833.11	4,182.84	31,303.64	35,486.48	73,529.47
7/1/2025	73,529.47	2,933.83	32,552.65	35,486.48	40,976.82
7/1/2026	40,976.82	1,634.97	33,851.51	35,486.48	7,125.31
7/1/2027	7,125.31	284.30	7,125.31	7,409.61	0.00



USDA X-Ray Machine  
City of Wells

	Beginning Balance	Interest	Principal	Total Payment	Ending Balance
					12,355.82
7/1/2023	12,355.82	381.00	5,907.00	6,288.00	6,448.82
7/1/2024	6,448.82	158.90	5,829.10	5,988.00	619.72
7/1/2025	619.72	4.32	619.72	624.04	(0.00)
					-

**INDEBTEDNESS REPORT**  
As of June 30, 2023  
Postmark Deadline 8/01/2023



Entity: City of Wells

**CONTEMPLATED GENERAL OBLIGATION DEBT**

(1) PURPOSE	(2) TYPE	(3) AMOUNT	(4) TERM	(5) FINAL PAYMENT DATE	(6) INTEREST RATE

**SPECIAL ELECTIVE TAX**

PURPOSE	TYPE	RATE	ELECTION DATE	EXPIRATION DATE	IMPLEMENTATION DATE

July 2023

**DEBT MANAGEMENT POLICY  
CITY OF WELLS, NEVADA  
Jason Pengelly, City Manager  
P.O. Box 366  
Phone--775-752-3355  
FAX-775-752-3419  
Email [citymanager@cityofwellsnv.com](mailto:citymanager@cityofwellsnv.com)**

Recently enacted legislation requires local governments to prepare a debt management policy prior to incurring general obligation debt. This document is not intended to review the City's total financial position. It is meant to satisfy the requirements of the policy described in NRS 350.0035.

Listed below are excerpts from Nevada Revised Statutes, which requires local governments to submit a debit management policy:

*NRS 350.0013 is hereby amended to read as follows:*

*350.0013 1. Each governing body of a political subdivision and each board of trustees of a general improvement district shall submit to the department of taxation, the county clerk and the commission (at least 30 days prior to its annual meeting in July,*

*b. A written statement of the debt management policy of the political subdivision or general improvement district before it incurs any debt and shall submit revisions of the policy as necessary to ensure the accuracy of the information contained therein. The debt management policy must include, with limitations, a discussion of its:*



Ability to afford existing and future general obligation debt (NRS 350.0013). And the sources of money projected to be available to pay existing and future general obligation debt (NRS 350.0013).

The lawful city government general obligation debt limit is established under the City of Wells Charter not to exceed forty percent of the total last assessed valuation of the taxable property of the City.

**Outstanding General Obligation Indebtedness Supported by the General Fund**

At June 30, 2022 the City of Wells has no outstanding general obligation debt supported by property tax.

**Proposed General Obligation Indebtedness Supported by the General Fund**

The City of Wells has no other general obligation debt proposed at this date.

*Capacity to incur future obligation debt without exceeding the applicable debt limit (NRS 350.0013).*

**City of Wells  
COMPUTATION OF AVAILABLE BORROWING CAPACITY  
June 30, 2023**

**Assessed Valuation**

Assessed value - FY 2021-2022	<u>\$34,065,102</u>
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**Legal Debt Margin**

Debt Limitation-40% of total

assessed value (1)	<u>\$13,626,040</u>
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Total General Obligation Debt	<u>\$554,217.00</u>
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Legal Debt Margin	<u>\$ 13,071,823</u>
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(1) Limitation established by City of Wells Charter.

General obligation debt per capita as compared with the average for such debt of local governments in this state (NRS 350.0013), and General Obligation debt as a percentage of assess valuation of all taxable property within the boundaries of the political subdivision, compare favorably with that of the City of Wells. As of June 30, 2022 the City of Wells has no general obligation debt.

*A policy statement regarding the manner in which the local government expects to sell its debt (NRS 350.0013)*

The City of Wells could sell bonds in a competitive or negotiated sale depending upon market conditions or other factors; therefore, the City would decide on an issue by issue basis the method of sale. The competitive method is favored whenever feasible. The timing of competitive and negotiated sales is generally related to the requirements of the Nevada open meeting law.

The City of Wells uses lease purchase and installment purchase, according to NRS350, as an additional finance source.

FIVE YEAR CAPITAL IMPROVEMENT PLAN  
(Per NRS 354.5945)



Minimum level of expenditure for items classified as capital assets  
Minimum level of expenditure for items classified as capital projects

693,000  
883,500

ENTITY: City of Wells  
DATE: 7/17/2023

		FY 2023-2024	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028
Fund:	Sewer Fund					
Capital Improvement:	Sewer Headworks Auger	300000	300000	300000	300000	300000
Funding Source:	Grants					
Completion Date:	Unknown					
Fund Total		100000	100000	50000	50000	50000
Fund:	Water Fund					
Capital Improvement:	Booster Pump Station	100000	100000	100000	100000	100000
Funding Source:	Grants					
Completion Date:	Unknown					
Fund Total		100000	100000	100000	100000	100000
Fund:	Recreation Fund					
Capital Improvement:	Soccer Field Bathroom, Splash Pad, Batting Cage	100000	100000	50000	50000	50000
Funding Source:	Revenues from Services, Grants					
Completion Date:	Unknown					
Fund Total		100000	100000	50000	50000	50000
Fund:	Capital Improvement					
Capital Improvement:	New Senior Center, airport hanger construction	320000	320000	320000	320000	320000
Funding Source:	Revenues					



FIVE YEAR CAPITAL IMPROVEMENT PLAN  
(Per NRS 354.5945)



Completion Date:	Unknown						
Fund Total		320000	320000	320000	320000	320000	320000
Fund:	Redevelopment Agency						
Capital Improvement:	EDA Match for drainage project						
Funding Source:	Revenues	85000	85000	85000	85000	85000	85000
Completion Date:	Unknown						
Fund Total		85000	85000	85000	85000	85000	85000
Fund:	Administrative Assessment						
Capital Improvement:	Administrative Assessment Building Improvements	9000	9000	9000	9000	9000	9000
Funding Source:	Fund Budget						
Completion Date:	Unknown						
Fund Total		9000	9000	9000	9000	9000	9000

Fund:	Court Facility Fund	FY 2023-2024	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028	
Capital Improvement:	Building Improvements	25,000	25,000	25,000	25,000	25,000	25,000
Funding Source:	Fund Budget						
Completion Date:	Unknown						
Fund Total		25,000	25,000	25,000	25,000	25,000	25,000
Fund:	Senior Center Fund						
Capital Improvement:	New Building Costs	9000	11000	11000	11000	11000	11000
Funding Source:	Program Revenue/Grants						

FIVE YEAR CAPITAL IMPROVEMENT PLAN  
(Per NRS 354.5945)



Completion Date:	Unknown						
Fund Total		9000	11000	11000	11000	11000	

Fund:	Fire Department Fund	FY 2023-2024	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028	
Capital Improvement:	SCBA's, Turnouts, Building Repairs	60,000	60,000	40,000	40,000	40,000	
Funding Source:	Revenues/Grants						
Completion Date:	Unknown						
Fund Total		60,000	60,000	40,000	40,000	40,000	

Fund:	General Fund-Administrative	0	0	0	0	0	
Capital Improvement:	Computers, printers	5,000	5,000	5,000	5,000	5,000	
Funding Source:	General Fund Budget						
Completion Date:	Unknown						
Fund Total		5,000	5,000	5,000	5,000	5,000	

Fund:	General Fund-Police Department	0	0	0	0	0	
Capital Improvement:	Vehicle Purchase	30,000	30,000	30,000	30,000	30,000	
Funding Source:	General Fund Budget						
Completion Date:	Annually						
Fund Total		30,000	30,000	30,000	30,000	30,000	

		0	0	0	0	0	NVTC-LGF-11
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FIVE YEAR CAPITAL IMPROVEMENT PLAN  
(Per NRS 354.5945)

Fund:	General Fund-Cemetery						
Capital Improvement:	Sprinkler System	10,000	0	0	0	0	0
Funding Source:	General Fund Budget						
Completion Date:	Unknown						
Fund Total		10,000	0	0	0	0	0
Fund:	General Fund-Streets	0	0	0	0	0	0
Capital Improvement:	Street Signs, Paving Projects, Equipment	373,500	373,500	350,000	350,000	350,000	350,000
Funding Source:	General Fund Budget						
Completion Date:	Unknown						
Fund Total		373,500	373,500	350,000	350,000	350,000	350,000
Fund:	General Fund-Community Support	0	0	0	0	0	0
Capital Improvement:	Community Support Projects	100,000	100,000	100,000	100,000	100,000	100,000
Funding Source:	General Fund Budget						
Completion Date:	Unknown						
Fund Total		100,000	100,000	100,000	100,000	100,000	100,000
Fund:	General Fund-Airport	0	0	0	0	0	0
Capital Improvement:	Airport Improvements	50,000	50,000	50,000	50,000	50,000	50,000
Funding Source:	General Fund Budget/Grants						
Completion Date:	Unknown						
Fund Total		50,000	50,000	50,000	50,000	50,000	50,000



FIVE YEAR CAPITAL IMPROVEMENT PLAN  
(Per NRS 354.5945)



Fund Total			50,000	50,000	50,000	50,000	50,000
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List of Funding Sources:

- Property Tax - Gen. Revenues
- Charges for Services
- Debt
- Grants
- Other ( Please Describe)

**CITY OF WELLS RESOLUTION NO. 23-14**

**A RESOLUTION REQUESTING THE TRANSFER OF CERTAIN LANDS IN THE  
CITY BY ACT OF CONGRESS**

**WHEREAS**, 73% of Elko County is administered by federal agencies;

**WHEREAS**, economic development in the City of Wells, whether for extractive industries, housing, infrastructure, or recreational purposes, depends on access to land currently administered by federal agencies;

**WHEREAS**, having control of certain lands designated on the attached map would allow the City of Wells to develop its outlying communities, create recreational opportunities, and diversify its economy;

**NOW, THEREFORE, BE IT RESOLVED as follows:**

That the City of Wells requests that its Congressional delegation introduce legislation directing the transfer of the lands described on the attached map to the City of Wells.

Upon introduction by Councilperson \_\_\_\_\_, and seconded by Councilperson \_\_\_\_\_, the above described Resolution was duly considered, **PASSED and ADOPTED** by the City Council of the City of Wells on \_\_\_\_\_, 2023 and signed this \_\_\_\_ day of \_\_\_\_\_, 2023.

**CITY OF WELLS**

By: \_\_\_\_\_  
**GARY POLLOCK, Mayor**

**ATTEST:**

\_\_\_\_\_  
**SAMANTHA NANCE, City Clerk**

AYES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAYES: \_\_\_\_\_

ABSENT: \_\_\_\_\_

ABSTAIN: \_\_\_\_\_

APPLICATION FOR LIQUOR LICENSE

July 5<sup>th</sup>, 2023

TO THE HONORABLE BOARD OF COUNCILMEN OF THE CITY OF WELLS, COUNTY OF ELKO, STATE OF NEVADA

STATE OF Nevada)  
COUNTY OF Elko)

Pursuant to Title 3, Chapter 3 of Wells City Code, the undersigned, being first duly sworn, deposes and says:

That I do hereby apply for a

☐ Retail (Bar) ☐ Packaged (For consumption off-premise, i.e. Grocery Store) ☐ Wholesale ☒ Special Events  
(Check type of license)

Liquor License at City Park # 6<sup>th</sup> + Clover in the City of Wells,  
(Street Address)

such business to begin on the 28-31 day of July, 2023, that I, hereby state that no business has been carried on at said place by the undersigned without having first obtained a license do to so, and that I hereby promise that if said license be granted, I shall and will comply with all the ordinances of the said City of Wells now in effect, or which may be hereafter enacted for the control and regulation of such business, and this promise and covenant shall be deemed once of the considerations passing to the City of Wells for the granting of such license.

Dick Peltier  
Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
City Clerk or Notary Public

Approved and granted by the  
Board of Councilmen this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
City Clerk



# **APPLICATION FOR LIQUOR LICENSE UNDER TITLE 3, CHAPTER 3 OF WELLS CITY CODE**

Said license is to be issued in the name of

Wells Fire Department  
(Name of Business)

Applicant is a(n)

☐ Individual ☐ Partnership ☒ Association/Organization ☐ Corporation ☐ Fraternal, Social or Civic Club

The following are the names, titles and information of the persons owning said business (individual, officers, directors, stockholders or agents):

Name	Title	Address	DOB	SSN#
Dick Peltier	Captain		6/25/85	
Don Hall	Captain			
Melissa Hall				

The following is a listing of business or occupations during the past five years:

Name	Business/Occupations

I hereby make application to the City of Wells Board of Councilmen for a \_\_\_\_\_ Liquor License.  
I have read the ordinances of City of Wells, Nevada, which regulate the conduct of such license.

Dick Peltier  
Applicant

7/5/23  
Date

Received \$ \_\_\_\_\_,  
license fee for Fiscal Year 20\_\_ - 20\_\_.

\_\_\_\_\_  
City Clerk

City Clerk

# APPLICATION FOR LIQUOR LICENSE UNDER TITLE 3, CHAPTER 3 OF WELLS CITY CODE

Said license is to be issued in the name of

Wells Tr. Rodeo

(Name of Business)

Applicant is a(n)

☐ Individual ☐ Partnership ☒ Association/Organization ☐ Corporation ☐ Fraternal, Social or Civic Club

The following are the names, titles and information of the persons owning said business (individual, officers, directors, stockholders or agents):

Name	Title	Address	DOB	SSN#
------	-------	---------	-----	------

Antonia Villalobos	V. Pres.	P.O. Box 814	9/14/1952	

The following is a listing of business or occupations during the past five years:

Name	Business/Occupations
------	----------------------

I hereby make application to the City of Wells Board of Councilmen for a Special x 2 day event Liquor License.  
I have read the ordinances of City of Wells, Nevada, which regulate the conduct of such license.

Antonia M. Villalobos

Applicant

June 29 2023

Date

Received \$ \_\_\_\_\_,  
license fee for Fiscal Year 20\_\_\_\_ - 20\_\_\_\_.

\_\_\_\_\_  
City Clerk



Nevada Aging and Disability Services Division

# SUBAWARD APPLICATION - COMPETITIVE

A separate application is needed for each service proposed by the applicant. A complete application consists of three files: ADSD Subaward Application – Competitive(Word), ADSD Subaward Budget Template (Excel), and ADSD Work Plan Template (Word).

## A. Applicant Organization Information

<b>Funding Opportunity Number:</b> ADSD-Nutrition2024-C		<b>New Applicant:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Organization Name:</b> City of Wells			
<b>Mailing Address</b>			
<b>Street Address:</b> PO Box 366			
<b>City:</b> Wells		<b>State:</b> NV	<b>Zip Code:</b> 89835
<b>Physical Address (if different than mailing address)</b>			
<b>Street Address:</b> 525 6 <sup>th</sup> Street			
<b>City:</b> Wells		<b>State:</b> NV	<b>Zip Code:</b> 89835
<b>Employer Identification Number:</b> 88-6000204		<b>Unique Entity ID (UEI) Number:</b> J89EYVJKEHR3	
<b>Registered with NV Controller:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>State Vendor Number:</b> T40267100	
<b>Organization Type:</b> <input checked="" type="checkbox"/> Public Agency <input type="checkbox"/> 501 (C) 3 Non-Profit <input type="checkbox"/> For-Profit			
<b>Authorized Organizational Representative</b>			
<b>Name:</b> Jason Pengelly		<b>Title:</b> City Manager	
<b>Email Address:</b> citymanager@cityofwellsnv.com		<b>Phone Number:</b> 775-752-3355	
<b>Additional Authorized Signer(s):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list below)			
<b>Name/Title/Email Address:</b> Samantha Nance, City Clerk		finance@cityofwellsnv.com	
<b>Name/Title/Email Address:</b>			
<b>Fiscal Officer</b>			
<b>Name:</b> Samantha Nance			
<b>Title:</b> City Clerk			
<b>Email Address:</b> finance@cityofwellsnv.com			

## B. Project Information

<b>Project Title:</b> Silver Sage Senior Center - Home-Delivered Meals		
<b>Service Category:</b> Home-Delivered Meals	<b>Proposed Service:</b> Home-Delivered Meals	
<b>Same Physical Address as section A?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, use address below		
<b>Street Address:</b> 213 1 <sup>st</sup> Street		
<b>City:</b> Wells	<b>State:</b> NV	<b>Zip Code:</b> 89835
<b>Project Director</b>		
<b>Name:</b> Gaila Montoya		<b>Title:</b> Director
<b>Email Address:</b> seniorcenter@cityofwellsnv.com		<b>Phone Number:</b> 775-752-3280
<b>Area(s) to be Served by Project:</b> Wells, NV Elko county		

## C. Applicant Certifications

- ☒ ADSD General Service Specifications provide program standards for all funded programs, our organization has read and agrees to comply with these standards.
- ☒ Our organization has read and agrees to the Service-Specific Specifications of the proposed service (if applicable).
- ☒ The Grant Instructions and Requirements are statements of DHHS policy that ensure fiscal compliance with statutes, regulations, and/or rules. Our organization has read and agrees to comply with these standards.
- ☒ Funding will be dispersed on a Reimbursement basis. Requests for Reimbursement will be submitted in accordance with the ADSD Reporting Schedule.
- ☒ Our organization will submit Requests for Reimbursement on a(n) **cash** basis. This method cannot be changed in the middle of the budget period.
- ☒ Our organizational information in Section A matches the information on file with the State of Nevada Controllers Office. *Note: if you have not registered with the Controller's office or need to verify your registration visit: <https://controller.nv.gov>.*
- ☒ All subrecipients must notify their assigned Program Coordinator(s) of any significant changes within the organization and/or program. This includes but is not limited to: Organizational/Project address, changes in the Authorized Organizational Representative or authorized signers, changes in key personnel, and/or any budget modifications.
- ☒ If funded, applicants agree to submit any requested application revisions by the deadline given by ADSD in the Award Notification email. Failure to submit requested application revisions by the deadline may delay the project period and/or void the funding approval.

### Certification by Authorized Official

To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant and the agency will comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the assurances.

<b>Name (printed):</b> Jason Pengelly	<b>Title:</b> City Manager
<b>Email:</b> citymanager@cityofwellsnv.com	<b>Phone:</b> 775-752-3355
<b>Signature:</b>	<b>Date:</b>



# General Provisions and Assurances

This section is applicable to all subrecipients who receive funding from the ASD under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. Subrecipients will adhere to all applicable federal and state laws/regulations as noted on the final Notice of Subaward.
2. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
3. GSA - General Services Administration for guidelines for travel
4. NV DHHS Grant Instructions and Requirements (GIRS)
5. State Licensure and Certification. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
6. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
7. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the subrecipient, its officers, employees, and agents.
8. The subrecipient shall provide proof of workers' compensation insurance, upon request, as required by Chapters 616A through 616D inclusive Nevada Revised Statutes.
9. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed; The subrecipient will report within 24 hours the occurrence of an incident, following DHHS/ASD policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
10. Per NRS 179A.325, background checks are required for individuals who serve children, older adults, and people with disabilities.
11. Application to Nevada 211. The applicant is required to submit proof of registration with the Nevada 211 service. If applicant is applying for a new service, applicant will be required to submit an application for the new service if funded.
12. The subrecipient agrees to fully cooperate with all DHHS/ASD sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
13. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
14. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS/ASD may reallocate funds to other programs to ensure that gaps in service are addressed.
15. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical



assistance will be provided by ADSD staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, ADSD will provide a written notice identifying the reduction of funds and the necessary steps.

16. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

#### **Compliance with Notice of Funding Opportunity**

Applicant agrees to the following requirements of compliance with submission of an application.

- A. If the applicant has not met performance measures of previous DHHS/ADSD subgrants, ADSD reserves the right to not make additional awards.
- B. Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
- C. ADSD reserves the right to make funding recommendations and subgrant awards in a manner that ensures geographic coverage for services throughout Nevada.
- D. ADSD will not evaluate proposals that do not meet technical requirements of the NOFO.

#### **Applicant Acknowledgment and Agreement:**

<b>Name (printed):</b> Jason Pengelly	<b>Title:</b> City Manager
<b>Email:</b> citymanager@cityofwellsnv.com	<b>Phone:</b> 775-752-3355
<b>Signature:</b>	<b>Date:</b>

#### **Spell Check**

Double click above to spell check this document after completion (macro).

# Project Narrative

## Challenges and Need

While the Silver Sage Senior Center is a long standing, reputable center there are still a couple challenges that we face daily. As with most of the country, the continued rise in costs including facility fees, food costs, and health benefits is challenging to the center as we are a small organization with a limited budget. Prior to 2020, fundraising events offset those occasional rise in costs enough that the center was rarely affected. Unfortunately, hosting fundraising events have become more difficult with each passing year due to limited participation since COVID as well as increased costs associated with hosting fundraisers. In addition to the rise in costs and less fundraising opportunities the center also became ineligible for a quarterly contribution from Nevada Gold's Legacy fund as the center operates under the City of Wells and does not hold its own non-profit status. Due to the reasons above, the Senior Center relies even more heavily on these grant opportunities to continue operations in the City of Wells.

Another challenge the Center was recently faced with is the loss of their long time Cook. As hiring is a challenging task nation wide we promoted our assistant cook and have since been able to replace the assistant position. The team at the Center is working diligently cross training and learning together in efforts to continue to provide the best service possible to the elderly community of Wells and the surrounding rural areas.

Lastly, a continued challenge the Center experiences in our rural community is the ability to provide opportunities for older adults to remain productive with few resources available. Our top priority is exploring interests and needs of existing clients as well as those not participating in order to increase our clientele and assist more seniors in our small community.

## Proposed Intervention

The primary goal of the program remains the same, to ensure that nutritionally complete meals are delivered to homebound clients daily. In addition to a meal being delivered, the visit allows our driver to see the conditions of the client as well as the home to know if any additional assistance may be necessary.

The Center's mission is to provide necessary services to all senior citizens in the area. In doing so, the Center delivers homebound meals daily, with extra meals being delivered on Friday for the entire weekend to seniors that are unable to leave their homes. The goals of the program remains the same, to provide affordable, nutritionally balanced meals on a daily basis even if those individuals are unable to come to the Center for the meal. As mentioned earlier, along with a meal, the Center's Driver keeps an eye on the living and health conditions of the individual they are delivering to report back to the Director. Also, while the Driver is delivering meals he/she always socializes with the Seniors as some of them do not get many visitors throughout the week. The Senior Center also works with an advocate for senior populations at risk. With increased inflation throughout the nation, Seniors are be at a much



higher risk as the cost of living in general has increased. Therefore, the Senior Center's importance has grown immensely.

### Organizational Capacity & Partnerships

The Silver Sage Senior Center has been responsibly managed for nearly 50 years, ensuring safe, affordable nutrition that assists elderly clients in maintaining their independence and increasing their socialization, therefore reducing institutional admissions and elderly illnesses.

The current Director has been with the Center for a few years now and has continued to gain knowledge and experience with each passing day. The Director has relationships with organizations throughout Wells and the surrounding areas in efforts to stay up to date on senior activities, fundraising opportunities, and outreach opportunities. The Director handles the day to day operations of meeting and greeting seniors, planning monthly menus, tracking meals served, signing up new seniors, and updating senior information as needed. The Director also assists in preparing meals, cleaning up after meals, delivering meals, and transporting seniors as needed. In addition, the Director handles fundraising efforts and closely watches her budget throughout the year to stay in compliance with the City of Wells.

The Center has a new Cook and while he is new to the position he has worked at the Center for several years so he is familiar with the daily operations and we believe that will help him succeed in the position. He manages the kitchen side of the Center, preparing meals, ordering food and supplies, and keeping inventory. In addition, a new Assistant Cook was recently hired that steps in as needed to assist in cooking, cleaning, and counting inventory. The Assistant Cook is also the Head Driver. Her duties include delivering homebound meals daily as well and transporting seniors to various locations around the community as well as a trip out of town to either Twin Falls, Idaho or Elko, Nevada once a month.

The Center's key partnership is with the City of Wells as the City handles their day to day finances and budgeting. The Center has a number of other key community partners including the Humminbolt Quilt Guild, High Desert Cruisers, Starr Valley 4-H, Knights of Columbus, as well as numerous Church organizations in town. All of these organizations assist in both fundraising and outreach.

### Cost-Effectiveness & Sustainability

As the community is small and rural, the Center relies heavily on grants from both ADSD and Elko County. In addition, the Director hosts as many fundraising opportunities as available throughout the year including the the Wells Fun Run Pancake Breakfast and the Annual Tree Festival Lunch. Fundraising each year raises approximately \$1000 for the Homebound Program. In addition to fundraising, the Center typically earns nearly \$5000 in program income annually. These funds combined with the grants received has continued to support the program in purchasing food and supplies, as well as covering the facility costs of the building. In addition, these funds cover the payroll and benefits of the employees at the Center. Unfortunately, costs of each of these are increasing with the passing years and therefore this year's request is more than it has been in the past. With continued



grant funding, steady program income, and fundraising efforts the Center will continue being able to service the small, rural community of Wells.

### Outcomes and Evaluation

The Director is continually working on growing the Homebound Program through outreach as mentioned earlier as well as word of mouth. SAMS is used daily to log meals and client information. The Director then uses this information to keep track of growth in the program. The type of meal that is served plays a big role in the number of Seniors that request breakfast and lunch deliveries. Over the past year the Director has kept track of which meals bring in the most seniors and has tried to implement those meals more often in efforts to increase numbers at the Center. She will continue to do this annually. Socialization and communications with seniors that do not make it in to the Center for meals will continue so that the Director is able to notify the correct parties if there is an issue.

Applicant Name: City of Wells	Type of Service: Home-Delivered Meals
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**ADSD Subaward Application  
PROPOSED BUDGET NARRATIVE**

Personnel Costs						Fringe Only: \$6,751.99	Total: \$23,082.90
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.							
A.	Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested	
B.	Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc. -AND- Describe position duties as they relate to the funding and program objectives. Expand rows as needed.						
A.	Gaila Montoya, Program Director, PCN 1340	\$46,217.60	50.00%	12.00%	12.00	\$8,319.17	
B.	Benefits include: FICA, medicare, industrial insurance, health benefits and retirement. Duties include: handling day to day operations of signing seniors up for programs and updating information as needed, assists in cooking, cleaning, and delivering meals as needed. Salary is \$22.22 per hour, 40 hours a week with 10 hours a week associated with home delivered meals.						
A.	Jose Salazar, Head Cook, PCN 1880	\$36,649.60	39.00%	25.00%	12.00	\$12,735.74	
B.	Benefits include: FICA, medicare, industrial insurance, health benefits and retirement. Duties include: Preparing meals to be delivered, cleanliness of kitchen, ordering and preparing menus. Salary is \$17.62 per hour, 40 hours a week with 20 hours a week associated with home delivered meals.						
A.	Bonita Loehr, Assistant Cook, PCN 1215	\$20,280.00	25.00%	8.00%	12.00	\$2,028.00	
B.	Benefits include: FICA, medicare, industrial insurance, health benefits and retirement. Duties include: Assists in preparing meals and delivering the meals to the homebound clients and assists in ordering as needed. Salary \$13.00 per hour 30 hours a week with approximately 5 hrs associated with the program.						
A.						\$0.00	
B.							
A.						\$0.00	
B.							
A.						\$0.00	
B.							
A.						\$0.00	
B.							
A.						\$0.00	
B.							
A.						\$0.00	
B.							

Applicant Name:		City of Wells	Type of Service:		Home-Delivered Meals	
A.						\$0.00
B.						
A.						\$0.00
B.						



Applicant Name: City of Wells	Type of Service: Home-Delivered Meals
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<b>Travel/Training</b>					<b>Total:</b>	<b>\$0.00</b>
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to <a href="http://www.gsa.gov">www.gsa.gov</a> ) and State rates for mileage (58 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.						
<b>Out-of-State Travel</b>						
<i>Enter Title of Trip &amp; Destination here, such as "CDC Conference: San Diego, CA"</i>						
Airfare: cost per trip (origin & designation) x # of trips x # of staff			Cost	# of Trips	# of days	# of Staff
Baggage fee: \$ amount per person x # of trips x # of staff						
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						
Ground Transportation: \$ per r/trip x # of trips x # of staff						
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff						
Parking: \$ per day x # of trips x # of days x # of staff						
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						

<b>*If traveling to more than 1 out-of-state destination, copy section above and insert here.</b>						
<b>In-State Travel</b>						
<i>Enter Origin &amp; Destination Here*</i>						
Airfare: cost per trip (origin & designation) x # of trips x # of staff			Cost	# of Trips	# of days	Trip total: # of Staff
Baggage fee: \$ amount per person x # of trips x # of staff						
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff						
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff						
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days						
Mileage (see below for general mileage): (rate per mile x # of miles per r/trip) x # of trips x # of staff						
Parking: \$ per day x # of trips x # of days x # of staff						
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						

<b>*If traveling to more than 1 in-state destination, copy section above and insert here.</b>						
If requesting general mileage for operational purposes and not specific trips, complete the following section with the total general mileage expense in the cost column. If more than one staff is traveling, provide a calculation of each staff member's mileage and the reason for general travel.						
General Mileage: (rate per mile x # of miles)			Cost		General Mileage Total:	
Calculation(s) and Reason(s):					\$0.00	



Applicant Name: City of Wells	Type of Service: Home-Delivered Meals
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<b>Operating</b>		<b>Total: \$13,080.00</b>
Include specific facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.		
Enter Description(s) Below:	Amount:	
Facilities Fees Including utilities: Phone, Internet, Water, Propane, Electricity \$280 per month x 12 months = \$3360 annually	\$1,680.00	
Homebound Supplies including office supplies, printer ink, paper, pens, kitchen supplies (disposable containers, etc.) \$400 per month x 12 = \$4800	\$2,400.00	
Homebound Raw Food/Milk \$1500 per month x 12 = \$19,000	\$9,000.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
	\$0.00	
Justification: (Enter below, expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.		

<b>Equipment</b>	<b>Total: \$0.00</b>
List equipment to purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment costing less than \$5,000 should be listed under Operating. Justify these items.	
Enter Description(s) Below:	Amount:
	\$0.00
	\$0.00

<b>Contractual</b>	<b>Total: \$0.00</b>
Explain the need and/or purpose for the contractual or consultant service. Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Only include costs for which there is a <u>written agreement or contract</u> . Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. Expand rows as needed.	
Enter Name of Contractor. Subrecipient here:	\$0.00
Method of Selection: (explain here, i.e. sole source or competitive bid)	
Period of Performance:	
Scope of Work: (Define scope of work. What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).)	
Sole Source Justification: (Define if sole source method, not needed for competitive bid.)	
Method of Accountability: (Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.)	
Other Justification: (Other information that will help justify the use of this contractor.)	
Cost Calculation: (Explain costs included in this contractor request.)	
<b>*if more than one Contractor/Consultant, copy section above and insert here.</b>	



Applicant Name: City of Wells	Type of Service: Home-Delivered Meals
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Other	Total: \$0.00
Identify and justify other direct expenditures that cannot be identified within another category, such as dues, other insurance, printing and promotional costs, etc. Requested funding must be for this specific proposed program. If cost allocating an expense across multiple programs and sources, provide an explanation and calculation for the portion included here.	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
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	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
Justification: (Enter below, expand row as needed) Provide narrative to justify these expenditures and how each budget item supports the project.	

TOTAL DIRECT PROJECT COSTS	\$36,162.90
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Administrative Expenses or Federal Indirect Cost Rate (FICR)	Total:
Administrative expenses and FICR are to be used to help cover expenses that are not easily assignable to a specific program or unit within an organization. These costs are associated with depreciation and use allowances, facility operation and maintenance, general administrative expenses such as accounting, payroll, legal and data processing, and any personnel not providing direct services to the project. If requested, the expenses are limited to the maximum rate listed below, depending on the funding source and existence of an FICR percentage of the direct project costs requested from ADSD. Once a funding source is assigned to an approved subaward, the allowable rate will apply, and a budget revision may be required if excess expenses are included. Indirect/administrative expenses do not apply to fixed-fee subawards or portions of subawards. Indirect expenses must be applied using the agency's Federal Indirect Cost Rate (FICR) or Modified Total Direct Costs (MTDC) which excludes capital expenditures and items such as pass-through funds, major subcontract(s) etc. over the first \$25,000 in that category, as applicable. Reference the Grant Instructions and Requirements GIR-20-12.	
Choose ONE type of rate according to funding source and provide calculation or explanations:	
1. State Funding (LG Only): 8%	
2. Federal/Other State Funding: 10% de minimus	
3. Federal Indirect Cost Rate (FICR): Identify approved FICR & attach letter to application. In cell below, describe how the total indirect amount was calculated based on letter guidance and exceptions. Expand row as needed.	
FICR Calculation:	
Other Explanations:	
RATE:	
Calculated Rate (do not change formula): 0.00%	

TOTAL BUDGET REQUEST	\$36,162.90
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Applicant Name:	City of Wells	Type of Service:	Home-Delivered Meals
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ADSD Subaward Application

PROPOSED BUDGET SUMMARY

PATTERN BOXES ARE FORMULA DRIVEN; Enter info in orange cells.

A. FUNDING SOURCES	ADSD Funds	MATCH *	Elko County Grant	Program Income	Fundraising	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	TOTAL
PENDING OR SECURED	Pending	Secured	Secured	N/A	N/A			
ENTER TOTAL FUNDING	\$36,162.90	\$5,424.00	\$13,000.00	\$5,000.00	\$1,000.00	\$0.00	\$0.00	\$60,586.90

EXPENSE CATEGORY								
Personnel	\$23,082.90	\$5,424.00	\$13,000.00					\$41,506.90
Travel/Training	\$0.00							\$0.00
Operating	\$13,080.00			\$5,000.00	\$1,000.00			\$19,080.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00

TOTAL EXPENSE	\$36,162.90	\$5,424.00	\$13,000.00	\$5,000.00	\$1,000.00	\$0.00	\$0.00	\$60,586.90
These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Indirect Cost	\$0.00	Total Program Budget							\$60,586.90
Indirect % of Budget	0.00%	ADSD Percent of Program Budget							60%

B. Comments regarding budget summary, if applicable.

Currently ADSD grant funding accounts for approximately 60% of the total expenses for the Homebound Program.

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.

Elko County Funding of approximately \$18,500 annually for this program is used as match funds and is secured.

D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.

Program income of \$5000 is anticipated in the upcoming year. The Center operates on voluntary contributions from clients 60 years and older. In addition to program income the Center hopes to raise \$1000 in fundraising money during the upcoming year.

## Work Plan

**Goal 1 (Outreach):** Director to reach out to current clients and public to grow program.

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 Monthly Newsletters	Create monthly newsletters to with program info, activities, and menus.	1 <sup>st</sup> week of the month.	Copy of newsletter
1.2 Cold Calls	Make cold calls to potential new members about activities and services provided. Make calls to other organizations in town that can assist in spreading the word on programs offered.	Monthly	Notes on calls made, documented in calendar.
1.3			
<b>Projected Output</b>	<b>Expected Outcomes</b>		
Number of Events: 50	Increase homebound clientele if others in the community are unaware of the program.		
Number of People Reached: 30	Increase contributions to the Center from other organizations.		

**Goal 2 (Service Delivery):** Serve target population daily meals following ADSD approved menus.

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 Menu preparation and approval	Create menu according to ADSD guidelines and submit for approval.	By the 15 <sup>th</sup> of the prior month.	Copy of approved menu.
1.2 Train new Head Cook	Make sure new Cook is getting the training and assistance he needs to be successful and check in with him on any issues.	Weekly as needed.	Annual Evaluations by Director.
1.3			
<b>Projected Output</b>	<b>Expected Outcomes</b>		
Number of Unduplicated Clients: 99	Unduplicated clients is expected to remain stable.		
Number of Units: 7842	As the clientele is expected to remain stable we believe units served will as well.		
% Underserved Populations: 100%	Living in a small, rural community all our clients are considered underserved.		

**Goal 3 (Other):**

**Commented [CP1]:** @Krist Martin and @Ladonne Knighten If we do not restrict formatting on this form, then we do not have to worry about the spell check macro. Any preference? Since we are asking applicants to submit as a Word document, I was thinking maybe we would not need to restrict the formatting.

**Commented [KM2R1]:** It would probably be easier to fill out if it wasn't protected. The form fields might be confusing to them, though.

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1			
1.2			
1.3			
<b>Projected Output</b>		<b>Expected Outcomes</b>	
Number of Events:			
Number of People Reached:			



## Silver Sage Senior Center

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Page 1

Alternate name: Silver Sage Senior Center  
A program of: Silver Sage Senior Center

### Description

Offers transportation around town, weekly trip to Elko, and monthly trip to Twin Falls, ID. Serves lunch daily and breakfast on Friday. Homebound meals can be delivered daily upon request.

### Phone Numbers

**Business** 775-752-3280

**Website** [www.cityofwellsnv.com/](http://www.cityofwellsnv.com/)

### Site Information

**Hours** Mon: 8:00am - 3:00pm; Tue: 8:00am - 3:00pm; Wed: 8:00am - 3:00pm; Thu: 8:00am - 3:00pm; Fri: 7:00am - 2:00pm;

Lunch: Monday-Thursday 12:00pm  
Breakfast: Friday 7:00am-10:00am

Offered at the following Site(s), listed after this Program. Note that Program details may differ from Site to Site:  
Silver Sage Senior Center

### Program Information

**Eligibility** Meals will have a fee for those under 60.

**Languages Offered** English

**Payment Options**

**Fees**

**Application Process** Walk-in

**Documents Required**

### Coverage Areas

NV - Elko County - Wells

### Custom Fields

**Offered at Site: Silver Sage Senior Center**

A site of: Silver Sage Senior Center

# Policy: Collection of Client Contributions

## **Congregate Clients:**

Congregate clients are provided the opportunity to make voluntary contributions toward the cost of the service in accordance with the Aging & Disability Services Division Service specifications 3.1.a – d., including:

Clients are given the opportunity to make confidential voluntary, non-coercive contributions.

Means testing and denial of service based on non-contribution is prohibited.

A donation box is placed away from the sign-in sheet to provide privacy for each congregate client.

The suggested donation is \$3.00 for client's age 60 or older and the fee for persons under age 60 is \$6.00.

Two volunteers from the congregate program count the donations, place the money in an envelope and write the total amount collected on the envelope and sign-in sheet and initial the sign-in sheet. The envelope is given to the Senior Center Director to lock up. Two staff members total all income at the end of the week and then give the money to the City of Wells to be deposited in the Silver Sage Senior Citizens Center account.

## **Home Delivered Meal Clients:**

Home Delivered Meal clients are provided the opportunity to make voluntary contributions toward the cost of the service in accordance with the Aging & Disability Services Division Service specifications 3.1.a – d.1, including:

Clients are given the opportunity to make confidential, voluntary, non-coercive contributions.

Means testing and denial of service based on non-contribution is prohibited.

Homebound clients are provided envelopes to enclose the donation should they want to contribute. Clients can give their donation to the meal delivery person who deposits it in the locked box on the bus. The donations are counted by two staff members or volunteers, and then locked in drawer in the director's office. Clients can have someone hand deliver or mail their donation directly to the senior center, where the director will lock it up, then deposit on a weekly basis. Two staff members total all income at the end of the week to give to the City of Wells to be deposited in the Silver Sage Senior Citizens Center account.

The established suggested donation is \$3.00 for client's age 60 or older and the fee for persons under age 60 is \$6.00.

Cost sharing will not be allowed for individuals with incomes at or below 185% of the current Federal Poverty Guidelines (Appendix 3 of pins)

## **Transportation Clients:**

Transportation clients are provided the opportunity to make voluntary contributions toward the cost of the service in accordance with the Aging & Disability Services Division Service specifications 3.1.a – d., including:

Clients are given the opportunity to make confidential voluntary, non-coercive contributions.

Means testing and denial of service based on non-contribution is prohibited.

A donation box is secured on the vehicle in a place easily accessible to all clients. Envelopes are provided so clients can confidentially make a donation or leave envelope empty.

The suggested donation is 50 cents for each one-way local ride or \$2.00 per week for local rides. A \$5.00 donation is suggested for out of town trips.

The driver collects the money at the end of the day, counts it, seals it in an envelope, and then locks it in drawer in the director's office. Two staff members total all income at the end of the week to give to the City of Wells to be deposited in the Silver Sage Senior Citizens Center account.





**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)**

**Environmental Health Section - Short Form Inspection Report**

Entity Information		Inspection Detail	
Credential #	EL-012-04595	Inspection Number	57034
Name	SILVER SAGE SENIOR CENTER CATERING	Inspection Form	Food Inspection Form Version - 4
Credential Type	FOOD ESTABLISHMENT (CATERING) (CATEGORY 4 – VERY HIGH RISK)	Inspection Reason	Regular
Entity Name	SILVER SAGE SENIOR CITIZENS CENTER	Inspection Start Time	06/26/2023 12:45 AM
Entity Address	213 FIRST STREET, WELLS, NEVADA ,89835	Inspection End Time	06/26/2023 1:15 AM
Primary Contact Name	CITY OF WELLS	POC Due Date	
Primary Contact Phone	775-752-3355	Inspection Team	HULME DANIEL
Primary Contact Email	ap@cityofwellsnv.com	Inspection Status	Completed
		Grade	NA
		Total Score	100

Comments

**LEGAL NOTIFICATION**

Tag	Question	Answer	Remarks	Severity	Scope	Max Score	Score	%age
	Based on an inspection this day, the items marked on this report identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for correction of violations.	Legal Notification						
PREV	I verify that I have reviewed the last inspection report.	Report reviewed						
Category Total						0	0	0.00





**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)**

**Environmental Health Section - Short Form Inspection Report**

Entity Information		Inspection Detail						
Credential #	EL-002-01985	Inspection Number	57033					
Name	SILVER SAGE SENIOR CITIZENS CENTER	Inspection Form	Food Inspection Form Version - 4					
Credential Type	FOOD ESTABLISHMENT (RESTAURANT) (CATEGORY 4 – VERY HIGH RISK)	Inspection Reason	Regular					
Entity Name	SILVER SAGE SENIOR CITIZENS CENTER	Inspection Start Time	06/26/2023 12:00 PM					
Entity Address	213 FIRST STREET, WELLS, NEVADA ,89835	Inspection End Time	06/26/2023 11:45 PM					
Primary Contact Name	CITY OF WELLS, CITY OF WELLS	POC Due Date	07/27/2023					
Primary Contact Phone	775-752-3355	Inspection Team	HULME DANIEL					
Primary Contact Email	ap@cityofwellsnv.com	Inspection Status	Completed					
		Grade	NA					
		Total Score	90					
Comments								
LEGAL NOTIFICATION								
Tag	Question	Answer	Remarks	Severity	Scope	Max Score	Score	%age
	Based on an inspection this day, the items marked on this report identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for correction of violations.	Legal Notification						
PREV	I verify that I have reviewed the last inspection report.	Report reviewed						
Category Total						0	0	0.00

**CRITICAL VIOLATIONS: FOODBORNE ILLNESS RISK FACTORS & PUBLIC HEALTH INTERVENTIONS**

Tag	Question	Answer	Remarks	Severity	Scope	Max Score	Score	%age
Quest-11	Sanitization: Sanitization rinse in use; Utensils are clean; Hot water temperature sanitization matches or exceeds machine specifications; Sanitizer concentration matches manufacturer's instructions for compounding of sanitizing solution; Equipment and utensils are being sanitized; Test kit or test strips are readily available and properly used	Out (Corrected on Site)	Dishwashing machine not reaching adequate sanitizing temperature. (NAC 446.314), Inspector Comments: Dishwashing machine was found to not reach 165 degrees F during final rinse cycle. Establishment must use three compartment sink to sanitize all dishes until dishwasher is repaired.	NA	NA	5		
QUEST-2	Employee Health: Management, food employees and conditional employees have knowledge; Aware of responsibilities and mandatory reporting of diseases associated with foodborne illness as required; Personnel with infectious disease that is transmissible through food and/or personnel with infected cuts or burns properly restricted or excluded	Out of compliance	PIC is instructed to enroll in and successfully complete an ANSI accredited course to become a Certified Food Protection Manager within 30 days. (NAC 446.052), Inspector Comments: PIC's food protection manager certification was found to have expired. PIC must obtain valid food protection manager certification by 7/27/2023 and email a copy to dhulme@health.nv.gov.	NA	NA	5		
Category Total						10	0	0.00

# Agency Summary Report

Service Period: From 7/1/2022 to 6/23/2023

6/23/2023

## - City of Wells Nutrition 07.01.22-06.30-23

\* Consumers/  
Consumer Groups

Units

Cost

Agency: **Aging Services**

Site: (Unknown)

Service: **NAPIS - Congregate Meals**

Subservice: (No Subservice)

Subtotal for July 2022:	37 / 0	200.00	\$0.00
Subtotal for August 2022:	23 / 0	193.00	\$0.00
Subtotal for September 2022:	24 / 0	222.00	\$0.00
Subtotal for October 2022:	29 / 0	233.00	\$0.00
Subtotal for November 2022:	28 / 0	216.00	\$0.00
Subtotal for December 2022:	27 / 0	224.00	\$0.00
Subtotal for January 2023:	28 / 0	224.00	\$0.00
Subtotal for February 2023:	31 / 0	230.00	\$0.00
Subtotal for March 2023:	33 / 0	293.00	\$0.00
Subtotal for April 2023:	29 / 0	227.00	\$0.00
Subtotal for May 2023:	34 / 0	246.00	\$0.00
Subtotal for Subservice:	65 / 0	2,508.00	\$0.00
Subtotal for Service:	65 / 0	2,508.00	\$0.00

Service: **NAPIS - Home Delivered Meals**

Subservice: (No Subservice)

Subtotal for July 2022:	34 / 0	522.00	\$0.00
Subtotal for August 2022:	33 / 0	579.00	\$0.00
Subtotal for September 2022:	33 / 0	542.00	\$0.00
Subtotal for October 2022:	36 / 0	498.00	\$0.00
Subtotal for November 2022:	32 / 0	475.00	\$0.00
Subtotal for December 2022:	26 / 0	457.00	\$0.00
Subtotal for January 2023:	26 / 0	458.00	\$0.00
Subtotal for February 2023:	24 / 0	392.00	\$0.00
Subtotal for March 2023:	26 / 0	484.00	\$0.00
Subtotal for April 2023:	25 / 0	433.00	\$0.00
Subtotal for May 2023:	26 / 0	494.00	\$0.00
Subtotal for Subservice:	47 / 0	5,334.00	\$0.00
Subtotal for Service:	47 / 0	5,334.00	\$0.00
Subtotal for Site:	99 / 0	7,842.00	\$0.00
Total For Agency:	99 / 0	7,842.00	\$0.00

Grand Total: 99 / 0 7,842.00 \$0.00

\* Consumer counts are distinct over group totals. Grand Total represents the distinct count of consumers served.



Nevada Aging and Disability Services Division

# SUBAWARD APPLICATION - COMPETITIVE

A separate application is needed for each service proposed by the applicant. A complete application consists of three files: ADSD Subaward Application – Competitive(Word), ADSD Subaward Budget Template (Excel), and ADSD Work Plan Template (Word).

## A. Applicant Organization Information

<b>Funding Opportunity Number:</b> ADSD-Nutrition2024-C		<b>New Applicant:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Organization Name:</b> City of Wells			
<b>Mailing Address</b>			
<b>Street Address:</b> PO Box 366			
<b>City:</b> Wells		<b>State:</b> NV	<b>Zip Code:</b> 89835
<b>Physical Address (if different than mailing address)</b>			
<b>Street Address:</b> 525 6 <sup>th</sup> Street			
<b>City:</b> Wells		<b>State:</b> NV	<b>Zip Code:</b> 89835
<b>Employer Identification Number:</b> 88-6000204		<b>Unique Entity ID (UEI) Number:</b> J89EYVJKEHR3	
<b>Registered with NV Controller:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>State Vendor Number:</b> T40267100	
<b>Organization Type:</b> <input checked="" type="checkbox"/> Public Agency <input type="checkbox"/> 501 (C) 3 Non-Profit <input type="checkbox"/> For-Profit			
<b>Authorized Organizational Representative</b>			
<b>Name:</b> Jason Pengelly		<b>Title:</b> City Manager	
<b>Email Address:</b> citymanager@cityofwellsnv.com		<b>Phone Number:</b> 775-752-3355	
<b>Additional Authorized Signer(s):</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list below)			
<b>Name/Title/Email Address:</b> Samantha Nance, City Clerk		finance@cityofwellsnv.com	
<b>Name/Title/Email Address:</b>			
<b>Fiscal Officer</b>			
<b>Name:</b> Samantha Nance			
<b>Title:</b> City Clerk			
<b>Email Address:</b> finance@cityofwellsnv.com			

## B. Project Information

<b>Project Title:</b> Silver Sage Senior Center - Congregate		
<b>Service Category:</b> Congregate		<b>Proposed Service:</b> Congregate
<b>Same Physical Address as section A?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, use address below		
<b>Street Address:</b> 213 1 <sup>st</sup> Street		
<b>City:</b> Wells		<b>Zip Code:</b> 89835
<b>State:</b> NV		
<b>Project Director</b>		
<b>Name:</b> Gaila Montoya		<b>Title:</b> Director
<b>Email Address:</b> seniorcenter@cityofwellsnv.com		<b>Phone Number:</b> 775-752-3280
<b>Area(s) to be Served by Project:</b> Wells, NV Elko County		

## C. Applicant Certifications

- ☒ ADSD General Service Specifications provide program standards for all funded programs, our organization has read and agrees to comply with these standards.
- ☒ Our organization has read and agrees to the Service-Specific Specifications of the proposed service (if applicable).
- ☒ The Grant Instructions and Requirements are statements of DHHS policy that ensure fiscal compliance with statutes, regulations, and/or rules. Our organization has read and agrees to comply with these standards.
- ☒ Funding will be dispersed on a Reimbursement basis. Requests for Reimbursement will be submitted in accordance with the ADSD Reporting Schedule.
- ☒ Our organization will submit Requests for Reimbursement on a(n) **cash** basis. This method cannot be changed in the middle of the budget period.
- ☒ Our organizational information in Section A matches the information on file with the State of Nevada Controllers Office. *Note: if you have not registered with the Controller's office or need to verify your registration visit: <https://controller.nv.gov>.*
- ☒ All subrecipients must notify their assigned Program Coordinator(s) of any significant changes within the organization and/or program. This includes but is not limited to: Organizational/Project address, changes in the Authorized Organizational Representative or authorized signers, changes in key personnel, and/or any budget modifications.
- ☒ If funded, applicants agree to submit any requested application revisions by the deadline given by ADSD in the Award Notification email. Failure to submit requested application revisions by the deadline may delay the project period and/or void the funding approval.

### Certification by Authorized Official

To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant and the agency will comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the assurances.

<b>Name (printed):</b> Jason Pengelly	<b>Title:</b> City Manager
<b>Email:</b> citymananger@cityofwellsnv.com	<b>Phone:</b> 775-752-3355
<b>Signature:</b>	<b>Date:</b>



## General Provisions and Assurances

This section is applicable to all subrecipients who receive funding from the ADSD under this NOFO solicitation. The subrecipient agrees to abide by and remain in compliance with the following:

1. Subrecipients will adhere to all applicable federal and state laws/regulations as noted on the final Notice of Subaward.
2. GAAP - Generally Accepted Accounting Principles and/or GAGAS - Generally Accepted Government Auditing Standards
3. GSA - General Services Administration for guidelines for travel
4. NV DHHS Grant Instructions and Requirements (GIRS)
5. State Licensure and Certification. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
6. The subrecipient's commercial, general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent subgrantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
7. To the fullest extent permitted by law, subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the subrecipient, its officers, employees, and agents.
8. The subrecipient shall provide proof of workers' compensation insurance, upon request, as required by Chapters 616A through 616D inclusive Nevada Revised Statutes.
9. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed; The subrecipient will report within 24 hours the occurrence of an incident, following DHHS/ADSD policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
10. Per NRS 179A.325, background checks are required for individuals who serve children, older adults, and people with disabilities.
11. Application to Nevada 211. The applicant is required to submit proof of registration with the Nevada 211 service. If applicant is applying for a new service, applicant will be required to submit an application for the new service if funded.
12. The subrecipient agrees to fully cooperate with all DHHS/ADSD sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
13. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
14. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The DHHS/ADSD may reallocate funds to other programs to ensure that gaps in service are addressed.
15. The subrecipient acknowledges that if the scope of work is not being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical



assistance will be provided by ADSD staff or specified sub-contractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, ADSD will provide a written notice identifying the reduction of funds and the necessary steps.

16. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

#### **Compliance with Notice of Funding Opportunity**

Applicant agrees to the following requirements of compliance with submission of an application.

- A. If the applicant has not met performance measures of previous DHHS/ADSD subgrants, ADSD reserves the right to not make additional awards.
- B. Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purposes.
- C. ADSD reserves the right to make funding recommendations and subgrant awards in a manner that ensures geographic coverage for services throughout Nevada.
- D. ADSD will not evaluate proposals that do not meet technical requirements of the NOFO.

#### **Applicant Acknowledgment and Agreement:**

<b>Name (printed):</b> Jason Pengelly	<b>Title:</b> City Manager
<b>Email:</b> citymanager@cityofwellsnv.com	<b>Phone:</b> 775-752-3355
<b>Signature:</b>	<b>Date:</b>

#### **Spell Check**

Double click above to spell check this document after completion (macro).

# Project Narrative

## Challenges and Need

While the Silver Sage Senior Center is a long standing, reputable center there are still a couple challenges that we face daily. As with most of the country, the continued rise in costs including facility fees, food costs, and health benefits is challenging to the center as we are a small organization with a limited budget. Prior to 2020, fundraising events offset those occasional rise in costs enough that the center was rarely affected. Unfortunately, hosting fundraising events has become more difficult with each passing year due to limited participation since COVID as well as increased costs associated with hosting fundraisers. In addition to the rise in costs and less fundraising opportunities the center also became ineligible for a quarterly contribution from Nevada Gold's Legacy fund as the center operates under the City of Wells and does not hold its own non-profit status. Due to these reasons above, the Senior Center relies even more heavily on these grant opportunities to continue operations in the City of Wells.

Another challenge the Center was recently faced with is the loss of their long time Cook. As hiring is a challenging task nation wide we promoted our assistant cook and have since been able to replace the assistant position. The team at the Center is working diligently cross training and learning together in efforts to continue to provide the best service possible to the elderly community of Wells and the surrounding rural areas.

Lastly, a continued challenge the Center experiences in our rural community is the ability to provide opportunities for older adults to remain productive with few resources available. Our top priority is exploring interests and needs of existing clients as well as those not participating in order to increase our clientele and assist more seniors in our small community.

## Proposed Intervention

The primary goal of the program remains the same, to ensure that nutritionally complete meals are available to seniors through a congregate meal setting. The Senior Center will expand in promoting health and activities, interaction within the local aging community in providing nutrition education, nutrition risk screening, and nutrition counseling. This will also provide information, assistance, educational outreach, etc.

Lunch will continue being served at 12pm Monday through Thursday and breakfast at 7am on Fridays. Along with socialization and meals, the Director keeps the Seniors up to date on special events in and near the community including, medicare classes, free legal assistance, tax assistance, etc. Nutrition packets are also provided to each Senior on an annual basis as well as when they first sign up. The Director goes over these packets with each of the Seniors to clarify any questions they may have. In addition, throughout the year ADSD provides informational pamphlets, including nutrition, that are set out for Seniors to read. The Director also hosts game days, such as bingo, throughout the month for the Seniors to attend after lunch. As with all the programs the Director is continually trying to grow the Congregate Program by attracting new Seniors.



## Organizational Capacity & Partnerships

The Silver Sage Senior Center has been responsibly managed for nearly 50 years, ensuring safe, affordable nutrition that assists elderly clients in maintaining their independence and increasing their socialization, therefore reducing institutional admissions and elderly illnesses. The current Director has been with the Center since 2020. Her skills and knowledge continue to improve with each passing year and we believe she is key to our program.

The Director has relationships with organizations throughout Wells and the surrounding areas in efforts to stay up to date on senior activities, fundraising opportunities, and outreach opportunities. The Director handles the day to day operations of meeting and greeting seniors, planning monthly menus, tracking meals served, signing up new seniors, and updating senior information as needed. The Director also assists in preparing meals, cleaning up after meals, delivering meals, and transporting seniors as needed. In addition, the Director handles fundraising efforts and closely watches her budget throughout the year to stay in compliance with the City of Wells.

As mentioned earlier, the Cook is new to the position but has worked as the Assistant Cook for several years and therefore not new to the operations of the Center. He manages the kitchen side of the Center, preparing meals, ordering food and supplies, and keeping inventory. In addition, the Center just hired a new Assistant Cook/Driver that steps in as needed to assist in cooking, cleaning, and counting inventory.

The Center's key partnership is with the City of Wells as the City handles their day to day finances and budgeting. The Center has a number of other key community partners including the Humminbolt Quilt Guild, High Desert Cruisers, Wells High School Leadership, Starr Valley 4-H, Knights of Columbus, as well as numerous Church organizations in town. All of these organizations assist in both fundraising and outreach.

## Cost-Effectiveness & Sustainability

As the community is small and rural, the Center relies heavily on grants from both ADSD and Elko County. In addition, the Director hosts as many fundraising opportunities as available throughout the year including the Wells Fun Run Pancake Breakfast and the Annual Tree Festival Lunch. Fundraising has continued to become more challenging since 2020. Fundraising each year raises approximately \$3000 for the Congregate Program. In addition to fundraising, the Center typically earns nearly \$5000 in program income annually. These funds combined with the grants received has continued to support the program in purchasing food and supplies, as well as covering the facility costs of the building. In addition, these funds cover the payroll and benefits of the employees at the Center. As seen in the Budget Detail, funds being requested has increased over the previous grant year as all costs associated with operating the senior center have continued to increase. With continued grant funding, steady program income, and fundraising efforts the Center will continue being able to service the small, rural community of Wells.



## Outcomes and Evaluation

The Director is continually working on growing the Congregate Program through outreach as mentioned above as well as word of mouth. SAMS is used daily to log meals and client information. The Director then uses this information to keep track of growth in the program. The type of meal that is served plays a big role in the number of Seniors that attend lunch and breakfast. Over the past year the Director has kept track of which meals bring in the most seniors and has tried to implement those meals more often in efforts to increase numbers at the Center. She will continue to do this annually.

The Silver Sage Senior Center is a vital part of our community. The Senior Center continues to maintain and enhance the congregate meal service program that meets the nutritional requirements to eligible participants in a group setting. The Senior center serves one meal per day, five days a week, and provides extra meals on holidays, and weekends for participants in need. In addition to serving healthy meals, the program presents opportunities for participants to interact, socialize and participate in other activities that are provided in a social environment. The program also offers supportive services, such as transportation, shopping assistance, information on healthy aging, volunteer roles, outreach, and referrals services to connect seniors with resources in the community. We offer transportation for eligible seniors that are interested in congregate meals, but do not have the ability to drive themselves.

Our congregate meal program ensures that seniors are getting the meals they need. Meals are provided at no cost, however a \$3.00 per meal donation is appreciated to support the program. No eligible person is denied a meal because of failure or inability to contribute. Monthly menus are posted on the senior bulletin board and passed out to clients to be taken home. Menus are also posted on the community board, City of Wells website and Facebook.

The Senior Center has been and will continue to be a valuable community asset providing important benefits to older adults and their families. We will continue to build and improve our programs each day to offer the best services possible to such a vulnerable population.

Applicant Name: City of Wells	Type of Service: C1 - Congregate Meals
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**ADSD Subaward Application  
PROPOSED BUDGET NARRATIVE**

Personnel Costs						Fringe Only: \$7,886.03	Total: \$26,081.87
List staff, positions, salaries/rate of pay, fringe rate, percent of direct-service time to be spent on the project and the number of months to calculate the amount requested.							
A. Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)		Annual Salary	Fringe Rate	% of Time	Months	Amount Requested	
B. Provide a breakdown of the type of fringe benefits provided, such as health insurance, Medicare, FICA, worker's compensation, retirement, etc. -AND- Describe position duties as they relate to the funding and program objectives. Expand rows as needed.							
A. Gaila Montoya, Program Director, PCN 1340		\$46,217.60	50.00%	20.00%	12.00	\$13,865.28	
B. Benefits Include: FICA, Medicare, Industrial Insurance, health benefits and retirement. Duties includes: handling the day to day operations of meeting and greeting seniors, planning monthly menus, tracking meals served, signing up new seniors, and updating senior information as needed. Also assists in preparing meals, cleaning up after meals, delivering meals, and transporting seniors as needed. Salary \$22.22 per hour, 40 hours a week with approximately 20 hours a week associated with the Congregate Program. Approximately 50% of this time is funded by ADSD.							
A. Jose Salazar, Head Cook, PCN 1880		\$36,649.60	39.00%	20.00%	12.00	\$10,188.59	
B. Benefits Include: FICA, Medicare, Industrial Insurance, health benefits and retirement. Duties includes: Planning menus with Director and ensuring quality of meals. Preparing and serving meals daily. Ordering food supplies and maintaining an effective clean kitchen. Salary is \$17.62 per hour, 40 hours a week with approximately 20 hours a week associated with the Congregate Program. Approximately 50% of this time is funded by ADSD.							
A. Bonita Loehr, Assistant Cook, PCN 1215		\$20,280.00	25.00%	8.00%	12.00	\$2,028.00	
B. Benefits Include: FICA, Medicare, Industrial Insurance, health benefits and retirement. Duties include assisting in the preparation of daily meals, cleanliness of the kitchen and dining area. Salary is \$13.00 per hour, 30 hours a week with approximately 10 hrs a week associated with the Congregate Program. Approximately 50% of this time is funded by ADSD.							
A.						\$0.00	
B.							
A.						\$0.00	
B.							
A.						\$0.00	
B.							
A.						\$0.00	
B.							
A.						\$0.00	

Applicant Name: City of Wells		Type of Service: C1 - Congregate Meals			
B.					
A.					\$0.00
B.					
A.					\$0.00
B.					
A.					\$0.00
B.					



Applicant Name: City of Wells	Type of Service: C1 - Congregate Meals
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<b>Travel/Training</b>					<b>Total:</b>	<b>\$0.00</b>
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to <a href="http://www.gsa.gov">www.gsa.gov</a> ) and State rates for mileage (58 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.						
<b>Out-of-State Travel</b>						
Enter Title of Trip & Destination here, such as "CDC Conference: San Diego, CA"	Cost	# of Trips	# of days	# of Staff	Trip total:	
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$0.00	
Baggage fee: \$ amount per person x # of trips x # of staff					\$0.00	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$0.00	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$0.00	
Ground Transportation: \$ per r/rip x # of trips x # of staff					\$0.00	
Mileage: (rate per mile x # of miles per r/rip) x # of trips x # of staff					\$0.00	
Parking: \$ per day x # of trips x # of days x # of staff					\$0.00	
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
<b>*If traveling to more than 1 out-of-state destination, copy section above and insert here.</b>						
<b>In-State Travel</b>						
Enter Origin & Destination Here*	Cost	# of Trips	# of days	# of Staff	Trip total:	
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$0.00	
Baggage fee: \$ amount per person x # of trips x # of staff					\$0.00	
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$0.00	
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$0.00	
Motor Pool: (\$ car/day + # miles/day x \$ rate per mile) x # trips x # days					\$0.00	
Mileage (see below for general mileage): (rate per mile x # of miles per r/rip) x # of trips x # of staff					\$0.00	
Parking: \$ per day x # of trips x # of days x # of staff					\$0.00	
Justification: (Enter below, expand row as needed) Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.						
<b>*If traveling to more than 1 in-state destination, copy section above and insert here.</b>						
If requesting general mileage for operational purposes and not specific trips, complete the following section with the total general mileage expense in the cost column. If more than one staff is traveling, provide a calculation of each staff member's mileage and the reason for general travel.						
General Mileage: (rate per mile x # of miles)		Cost		General Mileage Total:		\$0.00
Calculation(s) and Reason(s):						



Applicant Name: City of Wells	Type of Service: C1 - Congregate Meals
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<b>Operating</b>		<b>Total: \$7,680.00</b>
Include specific facility and vehicle costs associated with the proposed program (not the agency as a whole), such as rent, maintenance expenses, insurance, fuel, as well as utilities such as power, water and communications (phone/internet). Also list tangible and expendable personal property such as office supplies, program supplies, necessary software, postage, etc. Provide a calculation for each line.		
Enter Description(s) Below:		Amount:
Facility Fees including utilities: Phone, Internet, water, Propane, electricity \$280 per month x 12 months = \$3360 annually		\$1,680.00
Congregate Supplies including office supplies, printer ink, paper, pens, kitchen supplies (disposable containers, etc.) \$500 per month x 12 months = \$6000		\$3,000.00
Congregate Food including raw food and milk \$500 per month x 12 months = \$6000 annually		\$3,000.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
Justification: (Enter below, expand row as needed) Provide narrative to justify purchase of meals, snacks, large expense or unusual budget items. Include details how budget item supports deliverables of the project.		

<b>Equipment</b>		<b>Total: \$0.00</b>
List equipment to purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. Equipment costing less than \$5,000 should be listed under Operating. Justify these items.		
Enter Description(s) Below:		Amount:
		\$0.00
		\$0.00

<b>Contractual</b>		<b>Total: \$0.00</b>
Explain the need and/or purpose for the contractual or consultant service. Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Only include costs for which there is a <u>written agreement or contract</u> . Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. Expand rows as needed.		
Enter Name of Contractor. Subrecipient here:		\$0.00
Method of Selection: (explain here, i.e. sole source or competitive bid)		
Period of Performance:		
Scope of Work: (Define scope of work. What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).)		
Sole Source Justification: (Define if sole source method, not needed for competitive bid.)		
Method of Accountability: (Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.)		
Other Justification: (Other information that will help justify the use of this contractor.)		
Cost Calculation: (Explain costs included in this contractor request.)		
<b>*If more than one Contractor/Consultant, copy section above and insert here.</b>		







Applicant Name:	City of Wells	Type of Service:	C1 - Congregate Meals
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ADSD Subaward Application  
PROPOSED BUDGET SUMMARY

PATTERN BOXES ARE FORMULA DRIVEN; Enter info in orange cells.

A. FUNDING SOURCES	ADSD Funds	MATCH *	Elko County Grant	Program Income	Fundraising	[Enter name of Other Funding, if applicable]	[Enter name of Other Funding, if applicable]	TOTAL
PENDING OR SECURED	Pending	Secured	Secured	N/A	N/A			
ENTER TOTAL FUNDING	\$33,761.87	\$5,064.00	\$13,500.00	\$5,000.00	\$3,000.00	\$0.00	\$0.00	\$60,325.87

EXPENSE CATEGORY

Personnel	\$26,081.87	\$5,064.00	\$13,500.00					\$44,645.87
Travel/Training	\$0.00							\$0.00
Operating	\$7,680.00			\$5,000.00	\$3,000.00			\$15,680.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00

TOTAL EXPENSE	\$33,761.87	\$5,064.00	\$13,500.00	\$5,000.00	\$3,000.00	\$0.00	\$0.00	\$60,325.87
These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Indirect Cost	\$0.00	Total Program Budget						\$60,325.87
Indirect % of Budget	0.00%	ADSD Percent of Program Budget						56%

B. Comments regarding budget summary, if applicable.

Currently ADSD grant funding accounts for approximately 50% of the total expenses for the Congregate Program.

C. Identify specific source(s) of Match, as applicable, and indicate whether each source of match is Secured or Pending.

Elko County Funding of approximately \$18,500 annually for this program is used as match funds and is secured.

D. List potential amounts and sources of program income (required); and describe if the project plans to have a sliding fee scale or voluntary contributions.

Program income of \$5000 is anticipated in the upcoming year. The Center operates on voluntary contributions from clients 60 years and older. In addition to program income the Center hopes to raise \$3000 in fundraising money during the upcoming year.

## Work Plan

**Goal 1 (Outreach):** Director to reach out to current clients and public to grow program.

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 Monthly Newsletters	Create monthly newsletters to with program info, activities, and menus.	1 <sup>st</sup> week of the month.	Copy of newsletter
1.2 Cold Calls	Make cold calls to potential new members about activities and services provided. Make calls to other organizations in town that can assist in spreading the word on programs offered.	Monthly	Notes on calls made, documented in calendar.
1.3			
<b>Projected Output</b>		<b>Expected Outcomes</b>	
Number of Events: 50		Increase number of congregant clients.	
Number of People Reached: 30		Increase contributions to the Center from other organizations.	

**Goal 2 (Service Delivery):** Serve target population daily meals following ADSD approved menus.

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool
1.1 Menu preparation and approval	Create menu according to ADSD guidelines and submit for approval.	By the 15 <sup>th</sup> of the prior month.	Copy of approved menu.
1.2 Train new Head Cook	Make sure new Cook is getting the training and assistance he needs to be successful and check in with him on any issues.	Weekly as needed.	Annual Evaluations by Director.
1.3			
<b>Projected Output</b>		<b>Expected Outcomes</b>	
Number of Unduplicated Clients: 65		We expect clientele to remain stable going into the new fiscal year.	
Number of Units: 2508		We expect our number of units to also remain stable.	
% Underserved Populations: 100%		As we are living in a rural community our clients are all underserved.	
As we live in a rural area all of our clients are considered underserved.			

**Goal 3 (Other):**

Objective(s)	Activities/Strategies	Timeline	Evaluation Tool

**Commented [CP1]:** @Kristi Martin and @Ladonne Knighuen If we do not restrict formatting on this form, then we do not have to worry about the spell check macro. Any preference? Since we are asking applicants to submit as a Word document, I was thinking maybe we would not need to restrict the formatting.

**Commented [KM2R1]:** It would probably be easier to fill out if it wasn't protected. The form fields might be confusing to them, though.

1.1				
1.2				
1.3				
<b>Projected Output</b>		<b>Expected Outcomes</b>		
Number of Events:				
Number of People Reached:				



## Silver Sage Senior Center

Printed 6/21/2023 at 8:50 AM by Money Management International. <http://www.nevada211.org/>  
Page 1

Alternate name: Silver Sage Senior Center

A program of: Silver Sage Senior Center

### Description

Offers transportation around town, weekly trip to Elko, and monthly trip to Twin Falls, ID. Serves lunch daily and breakfast on Friday. Homebound meals can be delivered daily upon request.

### Phone Numbers

**Business** 775-752-3280

**Website** [www.cityofwellsnv.com/](http://www.cityofwellsnv.com/)

### Site Information

**Hours** Mon: 8:00am - 3:00pm; Tue: 8:00am - 3:00pm; Wed: 8:00am - 3:00pm; Thu: 8:00am - 3:00pm; Fri: 7:00am - 2:00pm;

Lunch: Monday-Thursday 12:00pm

Breakfast: Friday 7:00am-10:00am

Offered at the following Site(s), listed after this Program. Note that Program details may differ from Site to Site:

Silver Sage Senior Center

### Program Information

**Eligibility** Meals will have a fee for those under 60.

**Languages Offered** English

**Payment Options**

**Fees**

**Application Process** Walk-in

**Documents Required**

### Coverage Areas

NV - Elko County - Wells

### Custom Fields

**Offered at Site: Silver Sage Senior Center**

A site of: Silver Sage Senior Center

# Policy: Collection of Client Contributions

## **Congregate Clients:**

Congregate clients are provided the opportunity to make voluntary contributions toward the cost of the service in accordance with the Aging & Disability Services Division Service specifications 3.1.a – d., including:

Clients are given the opportunity to make confidential voluntary, non-coercive contributions.

Means testing and denial of service based on non-contribution is prohibited.

A donation box is placed away from the sign-in sheet to provide privacy for each congregate client.

The suggested donation is \$3.00 for client's age 60 or older and the fee for persons under age 60 is \$6.00.

Two volunteers from the congregate program count the donations, place the money in an envelope and write the total amount collected on the envelope and sign-in sheet and initial the sign-in sheet. The envelope is given to the Senior Center Director to lock up. Two staff members total all income at the end of the week and then give the money to the City of Wells to be deposited in the Silver Sage Senior Citizens Center account.

## **Home Delivered Meal Clients:**

Home Delivered Meal clients are provided the opportunity to make voluntary contributions toward the cost of the service in accordance with the Aging & Disability Services Division Service specifications 3.1.a – d.1, including:

Clients are given the opportunity to make confidential, voluntary, non-coercive contributions.

Means testing and denial of service based on non-contribution is prohibited.

Homebound clients are provided envelopes to enclose the donation should they want to contribute. Clients can give their donation to the meal delivery person who deposits it in the locked box on the bus. The donations are counted by two staff members or volunteers, and then locked in drawer in the director's office. Clients can have someone hand deliver or mail their donation directly to the senior center, where the director will lock it up, then deposit on a weekly basis. Two staff members total all income at the end of the week to give to the City of Wells to be deposited in the Silver Sage Senior Citizens Center account.

The established suggested donation is \$3.00 for client's age 60 or older and the fee for persons under age 60 is \$6.00.

Cost sharing will not be allowed for individuals with incomes at or below 185% of the current Federal Poverty Guidelines (Appendix 3 of pins)

## **Transportation Clients:**

Transportation clients are provided the opportunity to make voluntary contributions toward the cost of the service in accordance with the Aging & Disability Services Division Service specifications 3.1.a – d., including:

Clients are given the opportunity to make confidential voluntary, non-coercive contributions.

Means testing and denial of service based on non-contribution is prohibited.

A donation box is secured on the vehicle in a place easily accessible to all clients. Envelopes are provided so clients can confidentially make a donation or leave envelope empty.

The suggested donation is 50 cents for each one-way local ride or \$2.00 per week for local rides. A \$5.00 donation is suggested for out of town trips.

The driver collects the money at the end of the day, counts it, seals it in an envelope, and then locks it in drawer in the director's office. Two staff members total all income at the end of the week to give to the City of Wells to be deposited in the Silver Sage Senior Citizens Center account.





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)

Environmental Health Section - Short Form Inspection Report

Entity Information		Inspection Detail	
Credential #	EL-012-04595	Inspection Number	57034
Name	SILVER SAGE SENIOR CENTER CATERING	Inspection Form	Food Inspection Form Version - 4
Credential Type	FOOD ESTABLISHMENT (CATERING) (CATEGORY 4 – VERY HIGH RISK)	Inspection Reason	Regular
Entity Name	SILVER SAGE SENIOR CITIZENS CENTER	Inspection Start Time	06/26/2023 12:45 AM
Entity Address	213 FIRST STREET, WELLS, NEVADA ,89835	Inspection End Time	06/26/2023 1:15 AM
Primary Contact Name	CITY OF WELLS	POC Due Date	
Primary Contact Phone	775-752-3355	Inspection Team	HULME DANIEL
Primary Contact Email	ap@cityofwellsnv.com	Inspection Status	Completed
		Grade	NA
		Total Score	100

Comments

LEGAL NOTIFICATION

Tag	Question	Answer	Remarks	Severity	Scope	Max Score	Score	%age
	Based on an inspection this day, the items marked on this report identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for correction of violations.	Legal Notification						
PREV	I verify that I have reviewed the last inspection report.	Report reviewed						
Category Total						0	0	0.00





**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)**

**Environmental Health Section - Short Form Inspection Report**

<b>Entity Information</b>		<b>Inspection Detail</b>						
Credential #	EL-002-01985	Inspection Number	57033					
Name	SILVER SAGE SENIOR CITIZENS CENTER	Inspection Form	Food Inspection Form Version - 4					
Credential Type	FOOD ESTABLISHMENT (RESTAURANT) (CATEGORY 4 – VERY HIGH RISK)	Inspection Reason	Regular					
Entity Name	SILVER SAGE SENIOR CITIZENS CENTER	Inspection Start Time	06/26/2023 12:00 PM					
Entity Address	213 FIRST STREET, WELLS, NEVADA ,89835	Inspection End Time	06/26/2023 11:45 PM					
Primary Contact Name	CITY OF WELLS, CITY OF WELLS	POC Due Date	07/27/2023					
Primary Contact Phone	775-752-3355	Inspection Team	HULME DANIEL					
Primary Contact Email	ap@cityofwellsnv.com	Inspection Status	Completed					
		Grade	NA					
		Total Score	90					
<b>Comments</b>								
<b>LEGAL NOTIFICATION</b>								
Tag	Question	Answer	Remarks	Severity	Scope	Max Score	Score	%age
	Based on an inspection this day, the items marked on this report identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for correction of violations.	Legal Notification						
PREV	I verify that I have reviewed the last inspection report.	Report reviewed						
<b>Category Total</b>						<b>0</b>	<b>0</b>	<b>0.00</b>

CRITICAL VIOLATIONS: FOODBORNE ILLNESS RISK FACTORS & PUBLIC HEALTH INTERVENTIONS								
Tag	Question	Answer	Remarks	Severity	Scope	Max Score	Score	%age
Quest-11	Sanitization: Sanitization rinse in use; Utensils are clean; Hot water temperature sanitization matches or exceeds machine specifications; Sanitizer concentration matches manufacturer's instructions for compounding of sanitizing solution; Equipment and utensils are being sanitized; Test kit or test strips are readily available and properly used	Out (Corrected on Site)	Dishwashing machine not reaching adequate sanitizing temperature. (NAC 446.314), Inspector Comments: Dishwashing machine was found to not reach 165 degrees F during final rinse cycle. Establishment must use three compartment sink to sanitize all dishes until dishwasher is repaired.	NA	NA	5		
QUEST-2	Employee Health: Management, food employees and conditional employees have knowledge; Aware of responsibilities and mandatory reporting of diseases associated with foodborne illness as required; Personnel with infectious disease that is transmissible through food and/or personnel with infected cuts or burns properly restricted or excluded	Out of compliance	PIC is instructed to enroll in and successfully complete an ANSI accredited course to become a Certified Food Protection Manager within 30 days. (NAC 446.052), Inspector Comments: PIC's food protection manager certification was found to have expired. PIC must obtain valid food protection manager certification by 7/27/2023 and email a copy to dhulme@health.nv.gov.	NA	NA	5		
Category Total						10	0	0.00

# Agency Summary Report

Service Period: From 7/1/2022 to 6/23/2023

6/23/2023

## - City of Wells Nutrition 07.01.22-06.30-23

\* Consumers/  
Consumer Groups

Units

Cost

Agency: **Aging Services**

Site: (Unknown)

Service: **NAPIS - Congregate Meals**

Subservice: (No Subservice)

Subtotal for July 2022:	37 / 0	200.00	\$0.00
Subtotal for August 2022:	23 / 0	193.00	\$0.00
Subtotal for September 2022:	24 / 0	222.00	\$0.00
Subtotal for October 2022:	29 / 0	233.00	\$0.00
Subtotal for November 2022:	28 / 0	216.00	\$0.00
Subtotal for December 2022:	27 / 0	224.00	\$0.00
Subtotal for January 2023:	28 / 0	224.00	\$0.00
Subtotal for February 2023:	31 / 0	230.00	\$0.00
Subtotal for March 2023:	33 / 0	293.00	\$0.00
Subtotal for April 2023:	29 / 0	227.00	\$0.00
Subtotal for May 2023:	34 / 0	246.00	\$0.00
Subtotal for Subservice:	65 / 0	2,508.00	\$0.00
Subtotal for Service:	65 / 0	2,508.00	\$0.00

Service: **NAPIS - Home Delivered Meals**

Subservice: (No Subservice)

Subtotal for July 2022:	34 / 0	522.00	\$0.00
Subtotal for August 2022:	33 / 0	579.00	\$0.00
Subtotal for September 2022:	33 / 0	542.00	\$0.00
Subtotal for October 2022:	36 / 0	498.00	\$0.00
Subtotal for November 2022:	32 / 0	475.00	\$0.00
Subtotal for December 2022:	26 / 0	457.00	\$0.00
Subtotal for January 2023:	26 / 0	458.00	\$0.00
Subtotal for February 2023:	24 / 0	392.00	\$0.00
Subtotal for March 2023:	26 / 0	484.00	\$0.00
Subtotal for April 2023:	25 / 0	433.00	\$0.00
Subtotal for May 2023:	26 / 0	494.00	\$0.00
Subtotal for Subservice:	47 / 0	5,334.00	\$0.00
Subtotal for Service:	47 / 0	5,334.00	\$0.00
Subtotal for Site:	99 / 0	7,842.00	\$0.00
Total For Agency:	99 / 0	7,842.00	\$0.00

Grand Total: 99 / 0 7,842.00 \$0.00

\* Consumer counts are distinct over group totals. Grand Total represents the distinct count of consumers served.