



LAYLA M. WALZ, Mayor  
ROBERT WOOLSEY, Vice-Mayor  
LAURA MOORE DELRIO, Councilwoman  
JONATHAN GOOLSBY, Councilman  
CHRIS MICHELI, Councilman

JORDAN TILLEY, 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, June 14, 2022, 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

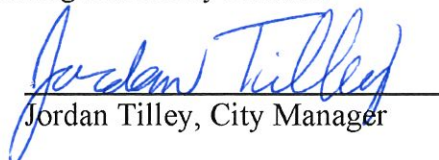
Supporting materials for this meeting may be reviewed at the office of the City Clerk, Wells City Hall, 525 Sixth Street, Wells, Nevada.

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.

  
Jordan Tilley, City Manager

TEL 775.752.3355 FAX 775.752.3419 [wellschityhall@frontier.com](mailto:wellschityhall@frontier.com)

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

**AGENDA  
REGULAR MEETING  
CITY OF WELLS BOARD OF COUNCIL  
TUESDAY, JUNE 14, 2022 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 authorize City Manager Jordan Tilley to sign Nevada Aging and Disability Service Division Nutrition Grant applications for home-delivered meals and congregate meals. **FOR POSSIBLE ACTION**
7. Discussion on potential Medical Center options. **FOR DISCUSSION ONLY**
8. Discussion and possible action to approve Resolution No. 22-05: A Resolution of the City Council of the City of Wells, Nevada providing for the transfer of the City's 2022 Private Activity Bond Volume Cap to the Nevada Rural Housing Authority; and other matters related thereto. **FOR POSSIBLE ACTION**
9. Discussion on code enforcement. **FOR DISCUSSION ONLY**
10. Discussion on potential city ordinance allowing residents to have chickens with an approved permit. **FOR DISCUSSION ONLY**
11. Discussion on swimming pool fee schedule. **FOR DISCUSSION ONLY**

12. Discussion and possible action to approve additional funding for Airport Apron project. **FOR POSSIBLE ACTION**
13. Discussion and possible action to approve additional funding for Woodhill's Drainage Project. **FOR POSSIBLE ACTION**
14. Discussion and possible action to approve additional funding for the new Wells Senior Center. **FOR POSSIBLE ACTION**
15. Claims Committee Report and possible action to approve financial statement. **FOR POSSIBLE ACTION**

16. 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.

17. 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

18. 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 mat 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.

19. Adjournment



**MINUTES OF WELLS CITY COUNCIL  
MEETING OF MAY 24, 2022**

**CALL TO ORDER**

Date: Tuesday, May 24, 2022  
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: Layla M. Walz, Mayor

**ROLL CALL**

Present: Layla M. Walz, Mayor  
Robert Woolsey, Vice-Mayor  
Chris Micheli, Councilman

Absent: Laura Moore-DelRio, Councilwoman  
Jonathan Goolsby, Councilman

Quorum: Yes

Staff Present: Samantha Nance, City Clerk  
Jason Pengelly, Public Works Director  
Jordan Tilley, City Manager  
Patti Zander, Deputy Clerk

**PLEDGE OF ALLEGIANCE**

Mayor Walz led everyone in the Pledge of Allegiance.

**APPROVAL OF MINUTES OF PREVIOUS MEETINGS**

Woolsey made a motion to approve meeting minutes dated May 10, 2022. Micheli provided the second and motion passed unanimously.

**CITIZENS TO ADDRESS THE COUNCIL**

Mike Spier wanted to encourage the council to hire help for Cameron at the golf course.

**PUBLIC HEARING FOR FISCAL YEAR 2022-2023 FINAL BUDGET. PUBLIC COMMENT WILL BE TAKEN FOR THE FINAL BUDGET. ACTION TO APPROVE FINAL BUDGET FOR FISCAL YEAR 2022-2023**



Nance began that not many changes have been made since the tentative budget was approved. All funds are in the positive. Keven Hall will need more equipment for the new fire truck and has asked for additional funds. Nance has increased the fire department from \$70,000 to \$100,000 to make sure there was enough to cover what is needed. There is usually \$70,000 budgeted annually for the fire department. The last page of the budget shows all the transfers out of the general fund into the different funds. Nance left the \$155,000 transfer to the REC fund from the general fund and increased the capital outlay to \$100,000 in the parks department to cover any big park improvements that may come up. There has been discussion about more bathrooms at the park and a splash pad. Walz added lighting at the soccer field had previously been discussed and wondered where that project stood. Nance thought there had been discussion about using ARPA funds for the lighting but it didn't qualify.

The senior center budget has been augmented the last two years due to the increase in prices of food and gas. The grants cannot be increased because the only way to increase the grants is to get more people to sign up. Money will be available for the senior center augmentation if needed.

Walz asked if there were any projects or equipment that were going to be needed in the next fiscal year that were included in the budget. Pengelly stated his two big projects were the sewer headworks which will be covered by a CDBG grant and well #7 will need a booster bypass and is hoping to be able to use ARPA funds for that. Nance added that \$380,000 was budgeted for paving, curb and gutter. Woolsey added that after hosting divisionals for softball and the car show, sani-huts need to be brought in because the bathrooms at the park are not equipped for the volume. Walz feels the soccer field has a lot of use and lights are really needed. Nance thought maybe the additional bathrooms and lights at the soccer field could be funded in the next couple of years. Woolsey made a motion to approve the final budget for fiscal year 2022-2023. Micheli provided the second and motion passed unanimously.

#### **DISCUSSION AND POSSIBLE ACTION TO REVIEW NUMBERS FROM SUMMER HELP AT THE GOLF COURSE AND DISCUSSION OF FEASIBILITY TO HIRE SUMMER HELP FOR THE GOLF COURSE FOR THIS SEASON.**

Nance began that numbers for the last four years were provided due to COVID for the last two years with 2018 and 2019 being normal years. This is just café income and does not include anything from the bar. Woolsey thinks food sales at the golf course will continue to grow as more people learn about the availability. Woolsey also feels that hiring summer help at the golf course is creating jobs and providing a service. Walz added that the golf course is better off financially than it has been in a long time. Woolsey stated having help at the golf course allows Huff to focus more on the golf aspect and the bar and not having to worry about the restaurant. Nance added that if this is something that the city will do annually, the job should be posted in April every year so Huff will have help when the golf season starts. Woolsey suggested it be put on the agenda earlier in the year. This job will not include any benefits and will be nineteen

hours a week. Woolsey added that there are three high school students that are interested in the job. Woolsey made a motion to hire summer help at the golf course for this season. Micheli provided the second and motion passed unanimously.

### **DISCUSSION AND POSSIBLE ACTION TO APPROVE GRANT APPLICATION TO DISPOSE OF CONTAMINATED DIRT UNDER THE FORMER STINKER GAS STATION**

Woolsey began that the only thing this will cost the city is labor from public works. Pengelly added that to get rid of the contaminated dirt will be \$16,000 in-kind labor and will get this property ready for a future business. Micheli made a motion to approve the grant application to dispose of contaminated dirt under the former Stinker Station gas station. Woolsey provided the second and motion passed unanimously.

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

Micheli made a motion to approve the Warrant Register dated May 12, 2022 through May 24, 2022 in the amount of \$94,192.26. Woolsey provided the second and motion passed unanimously.

### **COUNCILMEN'S REPORTS**

Woolsey announced the girls' softball team are state champions and divisional champions. The track team is divisional champions and state runner-up. It was a very good spring for athletics at the school and all are being celebrated at the school board meeting in Elko tonight. There was also an art student that was picked to represent Mark Amodei's district from Nevada at the nationals.

Micheli mentioned that the last time Wells won for softball was in 2004 and most of the girls that were on the softball team were born in 2004.

Mike Spier mentioned that the FBLA group and FFA also did very well. Woolsey added that the school has had a strong FFA program for many years but FBLA had died out. The new teacher, Mrs. Runnion, has revived the FBLA program and is doing very good things. It is nice to see the program active again.

Walz will have a Recreation Board meeting on Thursday at 10 a.m. Walz will not be attending the next meeting. Walz will be in Washington, D.C. June 13<sup>th</sup> – 20<sup>th</sup> with a group of kids representing WREC's service territory with one from Wells and one from West Wendover.

### **STAFF REPORTS**

Tilley reported he just returned from the Main Street Conference and learned a lot that was more than just about Main Street. Tilley contacted the welding teacher at the high



school to see if the class would be interested in doing a project involving Christmas decorations. Tilley has another idea for the art teacher and getting people involved so they have more pride in the community. These are just some of the ideas from the conference.

Tilley met this morning with the county manager, sheriff and a deputy about getting started on renewing the interlocal agreement. The city legal counsel will also be included in this.

In early June, Tilley will find out about the CCCHP grant that was applied for the El Rancho.

Nance announced that the remote read process was completed for this next billing cycle. It took thirty minutes to get the reads uploaded and downloaded. This was for about half of the residential accounts.

Pengelly added that just under half of the meters have been changed to the remote reads. More radios are needed but we can't get a delivery date. Pengelly added the rest of the meters were read in 2 ½ days.

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

There were none.

#### **ADJOURNMENT**

The meeting adjourned at 7:30 p.m.

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**LAYLA M. WALZ, Mayor**

ATTEST:

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**SAMANTHA NANCE, City Clerk**



TO BE COMPLETED BY ADSD ONLY

Application Number:  Date & Time Received:   By Mail  In-Person  Email Received By:  Revision #:

**Nevada Aging and Disability Services Division (ADSD)**  
**Non-Competitive Subaward Application - Continuation**  
**Fiscal Year 2023**  
 Reporting/Budget Period: October 1, 2022 - September 30, 2023

**APPLICANT INFORMATION**

<b>1. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> Currently Funded ADSD Subaward FY22 Subaward #: <input type="text" value="05-002-07-1X-22"/>	<b>2. AMOUNT REQUESTED:</b> <input type="text" value="\$21,642.04"/>	<b>3. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Governmental
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**4. APPLICANT INFORMATION**

SUBRECIPIENT	PROGRAM
<b>Name:</b> <input type="text" value="City of Wells"/> <b>Address:</b> <input type="text" value="PO Box 366"/> <b>City, State:</b> <input type="text" value="Wells, NV"/> <b>ZIP Code:</b> <input type="text" value="89835"/> <b>County:</b> <input type="text" value="Elko"/>	<b>Name:</b> <input type="text" value="Silver Sage Senior Center"/> <b>Address:</b> <input type="text" value="PO Box 136"/> <b>City, State:</b> <input type="text" value="Wells, NV"/> <b>ZIP Code:</b> <input type="text" value="89835"/> <b>County:</b> <input type="text" value="Elko"/>
<b>Subrecipient Contact Information</b> <b>First &amp; Last Name:</b> <input type="text" value="Jordan Tilley"/> <b>Title:</b> <input type="text" value="City Manager"/> <b>E-Mail:</b> <input type="text" value="citymanager@cityofwellsnv.com"/> <b>Phone Number:</b> <input type="text" value="775-752-3355"/> <b>Fax Number:</b> <input type="text" value="775-752-3419"/>	<b>Program Director Contact Information</b> <b>First &amp; Last Name:</b> <input type="text" value="Gaila Montoya"/> <b>Title:</b> <input type="text" value="Program Director"/> <b>E-Mail:</b> <input type="text" value="seniorcenter@cityofwellsnv.com"/> <b>Phone Number:</b> <input type="text" value="775-752-3280"/> <b>Fax Number:</b> <input type="text" value="775-752-2856"/>

**PAYMENT ADDRESS (specific to program & the vendor #:)**  
 State Vendor #:   
 Check box and skip if same as Subrecipient Address  
**Address:**   
**City, State:**   
**ZIP Code:**

**EMPLOYER IDENTIFICATION NUMBER (EIN):**

**DATA UNIVERSAL NUMBERING SYSTEM (DUNS)**

<b>5. SOURCE FOR FUNDING:</b> <input type="text" value="To Be Determined by ADSD:"/>	<b>6. TYPE OF SERVICE:</b> Choose one service from this drop down menu: <input type="text" value="C1 - Congregate Meals"/>
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**7. SUMMARY/ABSTRACT:**

This funding provides a service to Wells, NV and surrounding areas. The Congregate program prepares and serves meals daily at the Center for the target population in our community. This program offers an affordable, nutritious meal to many that would not have access otherwise. It also provides a social event or activity for the seniors on a daily basis which is huge for their health. In addition, this service gives the client access to wheelchairs, walkers, medicaid

**8. CERTIFICATIONS: (only check if True)**

A. The FY2022 Organizational Standards and Applicant Questionnaire is still true and accurate.  
 B. The approved Goals and Objectives for FY2022 is not expected to change in FY2023.  
 C. All reporting requirements have been met at the time of this application submission. (RFRs, SAMS, Other)  
 D. This program or service has a documented waitlist. How many people are on the waitlist?

9. 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 APPLICANT WILL COMPLY WITH REGULATIONS IF THE ASSISTANCE IS AWARDED.

**Authorized Representative (Print or Type)**

**First Name:**  **Last Name:**   
**Title:**

\_\_\_\_\_  
 Signature of Authorized Representative \_\_\_\_\_  
 Date



Applicant Name: City of Wells	Type of Service: C1 - Congregate Meals
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**PROPOSED BUDGET NARRATIVE - FY2023**  
Continuation Application

Personnel Costs		Fringe Only: \$4,128.51	Total: \$15,499.04
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
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.			Months
A. Gaila Montoya, Program Director-PCN#1340	\$39,852.80	45.00%	12.00
B. Benefits include: FICA, Medicare, Industrial insurance, health insurance, and retirement. Duties include: Assisting kitchen staff in maintaining knowledge of all recipes so that the Head Cook position can be filled effectively in case of any absences as the staff is very small. The Director will assist in preparing and serving meals as well as purchasing food, preparing menus and cleaning daily. She also maintains ServSafe Certification and Training. Salary is \$19.16 per hour, 40 hours a week with approximately 20 hours a week associated with the Congregate Program. Approximately 25% of this time is funded by ADSD.			\$6,934.39
A. Suzanne Taylor, Head Cook-PCN#2010	\$29,993.60	30.00%	12.00
B. Benefits include: FICA, Medicare, Industrial insurance, and retirement. Duties include: Planning menus with the Director and ensuring quality of meals. Preparing and serving congregate meals daily. Ordering food supplies and other necessary items to maintain an effective kitchen and keeping an inventory of all of these supplies. Head cook also maintains certification through ServSafe. Salary is \$14.42 per hour, 40 hours a week with approximately 20 associated with the Homebound Program. Approximately 25% of this time is funded by aging.			\$4,679.00
A. Jose Salazar, Assistant Cook/Driver-PCN#1880	\$29,889.60	30.00%	12.00
B. Benefits include: FICA, Medicare, Industrial insurance, and retirement. Duties include: Assits in preparing and serving meals daily and keeping a clean kitchen and dining area. Salary is \$14.37 per hour, 40 hours a week with approximately 10 hours a week associated with the Program. Approximately 25% of this time is funded by aging.			\$3,885.65
A.			\$0.00
B.			\$0.00
A.			\$0.00
B.			\$0.00
A.			\$0.00
B.			\$0.00
A.			\$0.00
B.			\$0.00
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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**Travel/Training** **Total: \$143.00**

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) 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.

Out-of-State Travel	Cost	# of Trips	# of days	# of Staff	Trip total:
<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					\$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	\$11.00	3	1	1	\$33.00
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$0.00
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$0.00
Mileage: (rate per mile x # of miles per r/trip) 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.

**\*If traveling to more than 1 out-of-state destination, copy section above and insert here.**

In-State Travel	Cost	# of Trips	# of days	# of Staff	Trip total:
<i>Enter Origin &amp; Destination Here*</i>					
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	\$11.00	10	1	1	\$110.00
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/trip) 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.

**\*If traveling to more than 1 in-state destination, copy section above and insert here.**

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: C1 - Congregate Meals
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<b>Operating</b>		<b>Total: \$6,000.00</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 Fee including utilities - phone/internet, electricity, water, propane, etc. \$300 per month x 12 months 50% funded by ADSD	\$2,000.00	
Raw Food \$500 per month x 12 months 50% funded by ADSD	\$3,000.00	
Supplies including office supplies, printer ink, paper, etc. \$150 per month x 12 months 50% funded by ADSD	\$1,000.00	
	\$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 written agreement or contract. 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:		
Method of Selection: (explain here, i.e. sole source or competitive bid)		\$0.00
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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<b>Other</b>	<b>Total:</b>	<b>\$0.00</b>
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
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		\$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** **\$21,642.04**

<b>Administrative Expenses or Federal Indirect Cost Rate (FICR)</b>	<b>Total:</b>	
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 <u>maximum</u> 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. Administrative expenses do not apply to equipment or fixed-fee subawards or portions of subawards. Reference the Requirements and Procedures for Grant Programs (RPGPs) GR - 20*.		
Choose ONE type of rate according to funding source and provide calculation or explanations:		
1. State Funding (ILG Only): 8%		
2. Federal/Other State Funding: 10% of Modified Direct Costs (maximum allowable rate)		
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:		RATE:
Other Explanations:		

**TOTAL BUDGET REQUEST** **\$21,642.04**



Applicant Name: City of Wells	Type of Service: C1 - Congregate Meals
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**PROPOSED BUDGET SUMMARY - FY2023**  
Continuation Application

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

A. FUNDING SOURCES	ADSD Funds	MATCH * Not Required for NATC application	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	\$21,642.04	\$3,246.00	\$24,000.00	\$5,000.00	\$2,000.00	\$0.00	\$0.00	\$55,888.04

**EXPENSE CATEGORY**

Personnel	\$15,499.04	\$3,246.00	\$20,000.00					\$38,745.04
Travel/Training	\$143.00							\$143.00
Operating	\$6,000.00		\$4,000.00	\$5,000.00	\$2,000.00			\$17,000.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00

<b>TOTAL EXPENSE</b>	<b>\$21,642.04</b>	<b>\$3,246.00</b>	<b>\$24,000.00</b>	<b>\$5,000.00</b>	<b>\$2,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$55,888.04</b>
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 \$55,888.04
Indirect % of Budget	0.00%							ADSD Percent of Program Budget 39%

**B. Comments regarding budget summary, if applicable.**

Currently ADSD grant funding accounts for approximately 40% 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 \$30,000 annually for this program is used as match funds as well as additional funding as seen above.

**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 approximately \$5000 is anticipated in the upcoming year. The Center operates on voluntary contributions from clients 60 and older. In addition to the program income the center hopes to raise \$2000 in fundraising.

Applicant Name: City of Wells	Type of Service: C1 - Congregate Meals
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**Explanations - FY2023**  
Continuation Application

*Instructions: Provide explanations for the boxes not checked on the Applicant Information tab (1st tab #8).*

A. The FY2022 Organizational Standards and Applicant Questionnaire is still true and accurate.

B. The approved Goals and Objectives for FY2022 is not expected to change in FY2023.

C. All reporting requirements have been met at the time of this application submission. (RFRs, SAMS data, Quarterly Reports, other)

D. This program or service has a documented waitlist.  
There is not a waitlist for this program.

E. Provide justification for funding level requested (if not flat funding).  
Funding has slightly increased due to cost increased in supplies overall. This is offset by a slight decrease in salaries making the grant flat funded this year.

If you will be requesting Advance funding, provide justification for request and the number of months needed for advance.

**SITE INFORMATION**

City of Wells

Agency/Organization Name:  
Type of Service:

Site Name/Location:	Site #1	Site #2 <i>(if applicable)</i>	Site #3 <i>(if applicable)</i>	Site #4 <i>(if applicable)</i>	Site #5 <i>(if applicable)</i>	Site #6 <i>(if applicable)</i>	Site #7 <i>(if applicable)</i>	Site #8 <i>(if applicable)</i>
	Silver Sage Senior Center 213 1st Street Wells, NV							
<b>Congregate Meals</b>								
1. Days of Service <i>(Specify the days of the week.)</i>	Monday - Friday 12pm-1pm (Mon.-Thurs.) 7am-10am (Friday)							
2. Time Frame Meal is Served								
3. Number of Congregate Meals to be Served this Fiscal Year (per site)	2,600							
<b>Home-Delivered Meals</b>								
1. Days of Service <i>(Specify the day(s) of the week meal is delivered.)</i>								
2. Number of Routes								
3. Geographic Service Area <i>(miles, radius, etc.)</i>								
4. # Meals per Client each Week								
5. # Hot Meals to be Delivered this Fiscal Year (FY)								
6. # Cold Meals in FY								
7. # Frozen Meals in FY								
8. # Shelf Stable Meals in FY								
9. Month(s) Shelf Stable Meals will be Delivered								



**Nevada Aging and Disability Services Division (ADSD)  
Non-Competitive Subaward Application**

**Continuation, Fiscal Year 2023**

**Agency/Organization Name:** Silver Sage Senior Center

**Type of Service:** Congregate

**Subaward Number:** 05-005-07-1X-22

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**EXECUTIVE SUMMARY**

***Instructions:** ADSD would like an understanding of your program for Fiscal Year 2022. Please provide a description of your program successes, changes, and challenges faced in the current budget period. Identify and explain your priorities for the new fiscal year. If you currently have a waitlist or anticipate having a waitlist, please tell us how many people are projected to be on the waitlist. Also describe your methodology for prioritizing individuals to receive the service. Page Limit: 3 pages*

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 nutrition program consists of both Congregate and Home-Delivered Services. 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.

One of the biggest challenges 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. As mentioned earlier, our rural community has limited resources available so this task can be very challenging.

The Senior Center has been and will continue to be a valuable community assets 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..

# Nevada Aging and Disability Services Division (ADSD) Non-Competitive Subaward Application

## Continuation, Fiscal Year 2023

### GOALS AND OBJECTIVES

*Instructions: Describe in detail the top 2 goals and related major objectives, activities, staff, due dates, and documentation for this project. Information from this section may be directly added to the NOSA Scope of Work at ADSD's discretion. Page Limit: 3 pages*

Goal 1: Serve target population daily meals following ADSD approved menus.				
<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Menu preparation and approval	-Create menu and submit to ADSD for approval. -Post menu for target population's viewing.	By the 15 <sup>th</sup> of the prior month.	Gaila Montoya, Program Director Suzanne Taylor, Cook	Copy of approved menu.
2.				
3.				
Goal 2: Serve meals on time daily, clean up meals, track units of service.				
<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Daily meal preparation	-Prepare meals following all health and ADSD guidelines. -Clean up after meals following all necessary guidelines.	Daily Monday-Thursday at 12pm and Friday at 8am	Suzanne Taylor, Cook	Copy of Menu
2. Track units of service	USE SAMS to record individual meals eaten daily.	Daily following meals.	Gaila Montoya, Director	SAMS Reports
3.				
Goal 3: Quality Improvement and Effectiveness				



**Nevada Aging and Disability Services Division (ADSD)  
Non-Competitive Subaward Application**

**Continuation, Fiscal Year 2023**

<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Meet or exceed Projected Output Measures as submitted in the approved subaward application	Complete data entry and/or submit other required reporting. Conduct outreach to reach target populations. Develop partnerships.	Daily and by the end of the grant period.	Gaila Montoya, Director	SAMS records, client registrations, client surveys
2. Quality Improvement	Administer and Analyze Surveys, Implement Improvements a. Satisfaction, client feedback b. Performance Indicators c.	Daily	Gaila Montoya, Director	Cleint surveys, SAMS records, menus
3.				

TO BE COMPLETED BY ADSD ONLY

Application Number:  Date & Time Received:   By Mail  In-Person  Email Received By:  Revision #:

**Nevada Aging and Disability Services Division (ADSD)**  
**Non-Competitive Subaward Application - Continuation**  
**Fiscal Year 2023**  
 Reporting/Budget Period: October 1, 2022 - September 30, 2023

**APPLICANT INFORMATION**

<b>1. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> Currently Funded ADSD Subaward FY22 Subaward #: <input type="text" value="05-002-04-24-22"/>	<b>2. AMOUNT REQUESTED:</b> <input type="text" value="\$33,828.30"/>	<b>3. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> For-Profit <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Governmental
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**4. APPLICANT INFORMATION**

SUBRECIPIENT	PROGRAM
<b>Name:</b> <input type="text" value="City of Wells"/> <b>Address:</b> <input type="text" value="PO Box 366"/> <b>City, State:</b> <input type="text" value="Wells, NV"/> <b>ZIP Code:</b> <input type="text" value="89835"/> <b>County:</b> <input type="text" value="Elko"/>	<b>Name:</b> <input type="text" value="Silver Sage Senior Center"/> <b>Address:</b> <input type="text" value="PO Box 136"/> <b>City, State:</b> <input type="text" value="Wells, NV"/> <b>ZIP Code:</b> <input type="text" value="89835"/> <b>County:</b> <input type="text" value="Elko"/>
<b>Subrecipient Contact Information</b> <b>First &amp; Last Name:</b> <input type="text" value="Jordan Tilley"/> <b>Title:</b> <input type="text" value="City Manager"/> <b>E-Mail:</b> <input type="text" value="citymanager@cityofwellsnv.com"/> <b>Phone Number:</b> <input type="text" value="775-752-3355"/> <b>Fax Number:</b> <input type="text" value="775-752-3419"/>	<b>Program Director Contact Information</b> <b>First &amp; Last Name:</b> <input type="text" value="Gaila Montoya"/> <b>Title:</b> <input type="text" value="Program Director"/> <b>E-Mail:</b> <input type="text" value="seniorcenter@cityofwellsnv.com"/> <b>Phone Number:</b> <input type="text" value="775-752-3280"/> <b>Fax Number:</b> <input type="text" value="775-752-2856"/>

**PAYMENT ADDRESS (specific to program & the vendor #:)**  
 State Vendor #:   
 Check box and skip if same as Subrecipient Address  
 Address:   
 City, State:   
 ZIP Code:

**EMPLOYER IDENTIFICATION NUMBER (EIN):**

**DATA UNIVERSAL NUMBERING SYSTEM (DUNS)**

<b>5. SOURCE FOR FUNDING:</b> <input type="text" value="To Be Determined by ADSD:"/>	<b>6. TYPE OF SERVICE:</b> Choose one service from this drop down menu: <input type="text" value="C2 - Home Delivered Meals"/>
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**7. SUMMARY/ABSTRACT:**

This funding provides service to Wells, NV and surrounding outlying areas. The Homebound program prepares, packages, and delivers meals to all homebound clients on a daily basis. This program offers not only an affordable, healthy meal to those unable to leave their homes but it also provides nutrition education, information for additional services, social visits etc. In addition, this service gives the client access to wheelchairs, walkers, medicaid assistance,

**8. CERTIFICATIONS: (only check if True)**

- A. The FY2022 Organizational Standards and Applicant Questionnaire is still true and accurate.
- B. The approved Goals and Objectives for FY2022 is not expected to change in FY2023.
- C. All reporting requirements have been met at the time of this application submission. (RFRs, SAMS, Other)
- D. This program or service has a documented waitlist. How many people are on the waitlist?

9. 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 APPLICANT WILL COMPLY WITH REGULATIONS IF THE ASSISTANCE IS AWARDED.

**Authorized Representative (Print or Type)**

**First Name:**  **Last Name:**   
**Title:**

\_\_\_\_\_  
 Signature of Authorized Representative \_\_\_\_\_  
 Date



Applicant Name: City of Wells	Type of Service: C2 - Home Delivered Meals
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**PROPOSED BUDGET NARRATIVE - FY2023**  
Continuation Application

Personnel Costs		Fringe Only: \$5,612.10	Total: \$21,828.30		
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.					
Position: Staff Name (if known, otherwise state new position), Title, Position Control Number (PCN)	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
A. 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 Benefits include: FICA, Medicare, Industrial insurance, health insurance, and retirement. Duties include: Assisting kitchen staff in maintaining knowledge of all recipes and home delivery routes so that the Head Cook and Driver positions can be filled effectively in case of any absences as the staff is very small. The Director will assist in preparing, packaging, and delivering meals as well as purchasing food, preparing menus and cleaning daily. She also maintains ServSafe Certification and Training. Salary is \$19.16 per hour, 40 hours a week with approximately 10 hours a week associated with the Homebound Program. Approximately 50% of this time is funded by ADSD.	\$39,852.80	45.00%	12.50%	12.00	\$7,223.32
A. Suzanne Taylor, Head Cook-PCN#2010 Benefits include: FICA, Medicare, Industrial insurance, and retirement. Duties include: Planning menus with the Director and ensuring quality of meals. Preparing and packaging homebound meals daily. Ordering food supplies and other necessary items to maintain an effective kitchen and keeping an inventory of all of these supplies. Head cook also maintains certification through ServSafe. Salary is \$14.42 per hour, 40 hours a week with approximately 20 associated with the Homebound Program. Approximately 50% of this time is funded by aging.	\$29,993.60	30.00%	25.00%	12.00	\$9,747.92
A. Jose Salazar, Assistant Cook/Driver-PCN#1880 Benefits include: FICA, Medicare, Industrial insurance, and retirement. Duties include: Assists in preparing and packaging homebound meals daily and delivering on a daily basis. Salary is \$14.37 per hour, 40 hours a week with approximately 10 hours a week associated with the Program. Approximately 50% of this time is funded by aging.	\$29,889.60	30.00%	12.50%	12.00	\$4,857.06
A.					\$0.00
B.					\$0.00
A.					\$0.00
B.					\$0.00
A.					\$0.00
B.					\$0.00
A.					\$0.00
B.					\$0.00
A.					\$0.00

Applicant Name: City of Wells	Type of Service: C2 - Home Delivered Meals		
B.			
A.			\$0.00
B.			
A.			\$0.00
B.			
A.			\$0.00
B.			



Applicant Name: City of Wells	Type of Service: C2 - Home Delivered Meals
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<b>Travel/Training</b>				
Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) 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.				
Out-of-State Travel	Cost	# of Trips	# of days	Trip total: # of Staff
<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				\$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/trip x # of trips x # of staff				\$0.00
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff				\$0.00
Parking: \$ per day 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.				

**\*If traveling to more than 1 out-of-state destination, copy section above and insert here.**

In-State Travel	Cost	# of Trips	# of days	Trip total: # of Staff
<i>Enter Origin &amp; Destination Here*</i>				
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/trip) x # of trips x # of staff				\$0.00
Parking: \$ per day 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.				

**\*If traveling to more than 1 in-state destination, copy section above and insert here.**

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



Applicant Name: City of Wells	Type of Service: C2 - Home Delivered Meals
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<b>Operating</b>		<b>Total: \$12,000.00</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 Fee including utilities - phone/internet, electricity, water, propane, etc. \$330 per month x 12 months 50% funded by ADSD	\$2,000.00	
Raw Food \$11350 per month x 12 months 50% funded by ADSD	\$8,000.00	
Supplies including office supplies, printer ink, paper, etc. \$300 per month x 12 months 50% funded by ADSD	\$2,000.00	
	\$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 written agreement or contract. 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 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: C2 - Home Delivered Meals
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**PROPOSED BUDGET SUMMARY - FY2023**  
*Continuation Application*

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	\$33,828.30	\$5,074.00	\$24,000.00	\$5,000.00	\$2,000.00	\$0.00	\$0.00	\$69,902.30

**EXPENSE CATEGORY**

Personnel	\$21,828.30	\$5,074.00	\$20,000.00					\$46,902.30
Travel/Training	\$0.00							\$0.00
Operating	\$12,000.00		\$4,000.00	\$5,000.00	\$2,000.00			\$23,000.00
Equipment	\$0.00							\$0.00
Contractual/Consultant	\$0.00							\$0.00
Other Expenses	\$0.00							\$0.00
Indirect	\$0.00							\$0.00
<b>TOTAL EXPENSE</b>	<b>\$33,828.30</b>	<b>\$5,074.00</b>	<b>\$24,000.00</b>	<b>\$5,000.00</b>	<b>\$2,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$69,902.30</b>

These boxes should equal zero	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$0.00
Indirect % of Budget	0.00%

Total Program Budget	\$69,902.30
ADSD Percent of Program Budget	48%

**B. Comments regarding budget summary, if applicable.**

ADSD Grant Funds account for approximately 50% of the total expenses of the Homebound Program. In addition to this grant, the Center also receives income from Elko County which is used above as match funds as well as program income and fundraising funds.

**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 \$30,000 annually for this program is used as match funds as well as additional funding as seen above.

**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 approximately \$5000 is anticipated in the upcoming year. The Center operates on voluntary contributions from clients 60 and older. In addition to the program income the center hopes to raise \$2000 in fundraising.



Applicant Name: City of Wells	Type of Service: C2 - Home Delivered Meals
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**Explanations - FY2023**  
Continuation Application

**Instructions:** Provide explanations for the boxes not checked on the Applicant Information tab (1st tab #8).

<p>A. The FY2022 Organizational Standards and Applicant Questionnaire is still true and accurate.</p>
<p>B. The approved Goals and Objectives for FY2022 is not expected to change in FY2023.</p>
<p>C. All reporting requirements have been met at the time of this application submission. (RFRs, SAMS data, Quarterly Reports, other)</p>
<p>D. This program or service has a documented waitlist. This program does not have a waitlist.</p>
<p>E. Provide justification for funding level requested (if not flat funding). Funding increased slightly due to food cost increases which is mostly offset by a decrease in salaries leaving the funding fairly flat.</p>
<p>If you will be requesting Advance funding, provide justification for request and the number of months needed for advance.</p>

**SITE INFORMATION**

City of Wells

Agency/Organization Name:

Type of Service:

	Site #1	Site #2 <i>(if applicable)</i>	Site #3 <i>(if applicable)</i>	Site #4 <i>(if applicable)</i>	Site #5 <i>(if applicable)</i>	Site #6 <i>(if applicable)</i>	Site #7 <i>(if applicable)</i>	Site #8 <i>(if applicable)</i>
<b>Site Name/Location:</b>	Silver Sage Senior Center 213 1st Street Wells, NV							
<b>Congregate Meals</b>								
1. Days of Service <i>(Specify the days of the week.)</i>								
2. Time Frame Meal is Served								
3. Number of Congregate Meals to be Served this Fiscal Year (per site)								
<b>Home-Delivered Meals</b>								
1. Days of Service <i>(Specify the day(s) of the week meal is delivered.)</i>	Monday-Friday							
2. Number of Routes	1							
3. Geographic Service Area <i>(miles, radius, etc.)</i>	City of Wells approximately 3 mile radius							
4. # Meals per Client each Week	7							
5. # Hot Meals to be Delivered this Fiscal Year (FY)	7,500							
6. # Cold Meals in FY	0							
7. # Frozen Meals in FY	150							
8. # Shelf Stable Meals in FY	0							
9. Month(s) Shelf Stable Meals will be Delivered	NA							



**Nevada Aging and Disability Services Division (ADSD)  
Non-Competitive Subaward Application**

**Continuation, Fiscal Year 2023**

**Agency/Organization Name:** Silver Sage Senior Center  
**Type of Service:** Home Delivered Meals  
**Subaward Number:** 05-002-04-24-22

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**EXECUTIVE SUMMARY**

***Instructions:** ADSD would like an understanding of your program for Fiscal Year 2022. Please provide a description of your program successes, changes, and challenges faced in the current budget period. Identify and explain your priorities for the new fiscal year. If you currently have a waitlist or anticipate having a waitlist, please tell us how many people are projected to be on the waitlist. Also describe your methodology for prioritizing individuals to receive the service. Page Limit: 3 pages*

The Silver Sage Senior center is a vital part of our community. The Senior Center continues to maintain and enhance the Home Delivered Meals program that meets the nutritional requirements to eligible participants.

Eligible homebound participants include those with mobility challenges, health issues, ongoing medical conditions, limited resources, etc. Home delivered meals are delivered directly to the homes of clients each day 5 days a week with 2 frozen meals included on Friday for the weekend. Meals are delivered at no cost, however a \$3.00 per meal donation is appreciated to support the program, but no eligible person is denied a meal because of failure or inability to contribute. The Senior nutrition program consists of both congregate and home-delivered services. Periodically program participants are re-certified, as required by the funding agency.

Home delivered meals are more than just a meal, the program provides a friendly, familiar face at the door of homebound participants everyday. This daily interaction is the most significant aspect of this service. Our Transportation Driver is the "eye-and-ear" to identify any potential situations that may need attention in health, safety, or social issues that clients may be experiencing. In this type of situation the Driver works closely with the Program Director to ensure appropriate assistance is provided. In addition to serving meals, the program provides supportive services, such as transportation, shopping assistance, dissemination of information on nutrition/healthy aging, and referral services to connect seniors with resources in the community. Monthly menus are distributed in person, posted on our community bulletin board, City of Wells website, and Facebook.

The biggest challenge with homebound clients is their independence. This can lead to safety and nutritional concerns. The program's main priority is to continue supporting seniors that may be transitioning to homebound after being independent for so long. We assist them in planning and modifying how the center can continue to meet their needs in a new capacity than they have been used to.

The Senior Center will continue to be a valuable community asset in providing benefits to older adults and their families. We will continue to build the center's capacity in improving,

**Nevada Aging and Disability Services Division (ADSD)  
Non-Competitive Subaward Application  
Continuation, Fiscal Year 2023**

enhancing, and expanding in providing opportunities for health and wellness for one of our most vulnerable populations.



**Nevada Aging and Disability Services Division (ADSD)  
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Continuation, Fiscal Year 2023**

**GOALS AND OBJECTIVES**

*Instructions: Describe in detail the top 2 goals and related major objectives, activities, staff, due dates, and documentation for this project. Information from this section may be directly added to the NOSA Scope of Work at ADSD's discretion. Page Limit: 3 pages*

<b>Goal 1: Serve target population with meals daily following approved menus.</b>				
<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Menu preparation & ADSD approval of menus	Create menu and submit to ADSD for approval. Post menus for the target population's viewing	By the 15 <sup>th</sup> of the prior month.	Gaila Montoya, Director	Copy of menu with ADSD's approval
2.				
3.				
<b>Goal 2: Serve meals on time daily, clean up meals, track units of service.</b>				
<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>
1. Daily meal preparation	Prepare meals following health guidelines. Clean up after meals following both health and ADSD guidelines	Daily Monday-Thursday 12PM and Friday 7AM	Suzanne Taylor, Cook Jose Salazar, Assistant Cook	Copy of Menus
2. Enter units of service into SAMS	Following the daily meals enter the units into the SAMS program to keep up to date records	Daily following meals	Gaila Montoya, Director	SAMS Reports
3.				
<b>Goal 3: Quality Improvement and Effectiveness</b>				
<u>Objective(s)</u>	<u>Activities</u>	<u>Due Date(s)</u>	<u>Staff Responsible (Name and Title)</u>	<u>Documentation to be Retained for ADSD Verification</u>

**Nevada Aging and Disability Services Division (ADSD)  
Non-Competitive Subaward Application**

**Continuation, Fiscal Year 2023**

<p><b>1.</b> Meet or exceed Projected Output Measures as submitted in the approved subaward application</p>	<p>Complete data entry and/or submit other required reporting. Conduct outreach to reach target populations. Develop partnerships.</p>	<p>Daily and by the end of the Grant Period</p>	<p>Gaila Montoya, Director</p>	<p>SAMS records, client registrations, client surveys</p>
<p><b>2.</b> Quality Improvement</p>	<p>Administer and Analyze Surveys, Implement Improvements a. Satisfaction, client feedback b. Performance Indicators c.</p>	<p>Daily</p>	<p>Gaila Montoya, Director</p>	<p>Client Surveys, SAMS records, menus</p>
<p><b>3.</b></p>				





### What is Private Activity Bond Cap (“Volume Cap”)?

A 2018 report by the Congressional Research Service does a great job summarizing the source, purpose, use and limitations of Private Activity Bonds. The full report can be viewed at <https://fas.org/sgp/crs/misc/RL31457.pdf>. In short, state and local governments can use private activity bonds to issue debt for qualified purposes that are given the same tax-exempt privilege as debt issued for government-owned and -operated projects. Congress limits the type and use of private activity bonds to avoid overuse of the tax-exempt benefits (Hughes, 2018).

To provide a general overview of Private Activity Bond Volume Cap (“Volume Cap”), when the federal government issues the annual Volume Cap distribution to the State of Nevada, according to state law, 50% of the distribution is retained by the Nevada Department of Business & Industry and the remaining 50% is distributed to local cities and counties based on population.

The Volume Cap distributed to cities and counties each year must be designated for a “qualified purpose” by September 1<sup>st</sup>, otherwise the unused Volume Cap reverts back to the Nevada Department of Business & Industry. The Director determines where the unused Volume Cap will be allocated – typically distribution of Volume Cap results in Clark and Washoe County receiving the majority of the Volume Cap.

A “qualified purpose” includes projects like manufacturing plants, single-family home mortgages and multi-family housing, and other purposes the government considers “a public good”. The purpose of providing the Private Activity Bonds is to provide investors or borrowers with the benefit of tax-exempt financing. In the case of single-family home mortgages, the bond financing subsidizes the mortgage by providing the homeowner with a dollar-for-dollar tax credit equal to a percentage of the mortgage interest paid on the loan – every year for the life of the loan.

Often, the Volume Cap distributed to rural cities and counties is too little to be used solely for the benefit of financing a “qualified purpose”. Since 2006, the Nevada Rural Housing Authority has pooled the local transfers of unused Volume Cap from cities and counties to create one substantial single-family homeownership program to benefit all of rural Nevada.

The transfer of unused Volume Cap to the Nevada Rural Housing Authority does not create any obligation or debt for the cities or counties because Volume Cap is not money or a line item on a budget.

By transferring unused Volume Cap to the Nevada Rural Housing Authority, the sole beneficiary will be rural Nevada – because Nevada Rural Housing Authority’s mission is to promote, provide, and finance affordable housing opportunities for all rural Nevadans.

#### Reference

Maguire, S., & Hughes, J. S. (2018, July 13). *Private Activity Bonds: An Introduction*. Congressional Research Service. <https://fas.org/sgp/crs/misc/RL31457.pdf>.



**RESOLUTION NO. 22-05**

RESOLUTION OF THE CITY COUNCIL OF THE CITY OF WELLS, NEVADA PROVIDING FOR THE TRANSFER OF THE CITY'S 2022 PRIVATE ACTIVITY BOND VOLUME CAP TO THE NEVADA RURAL HOUSING AUTHORITY; AND OTHER MATTERS RELATED THERETO

WHEREAS, pursuant to the provisions of Chapter 348A of the Nevada Revised Statutes (“NRS”) and Chapter 348A of the Nevada Administrative Code (“NAC”), there has been allocated to the City of Wells, Elko, Nevada (the “City,” “County” and “State,” respectively), the amount of \$69,637.77 in tax-exempt private activity bond volume cap for year 2022 (the “2022 Bond Cap”); and

WHEREAS, the Nevada Rural Housing Authority (the “NRHA”), has requested that the City transfer its 2022 Bond Cap to the NRHA for the purpose of providing a means of financing the costs of single family residential housing that will provide decent, safe and sanitary dwellings at affordable prices for persons of low and moderate income (“Single Family Programs”); and

WHEREAS, the City is a local government as defined by NAC 348A.070; and

WHEREAS, Section 348A.180 of the NAC provides a procedure whereby the City may, by resolution, transfer to any other local government located within the same county, all or any portion of its 2022 Bond Cap; and

WHEREAS, pursuant to NRS 315.983(1)(a), the NRHA is an instrumentality, local government and political subdivision of the State; and

WHEREAS, the NRHA is located within the County, pursuant to NRS 315.963, which defines the NRHA’s area of operation as “any area of the State which is not included within the corporate limits of a city or town having a population of 150,000 or more.”

NOW, THEREFORE, the City Council of the City does hereby find, resolve, determine and order as follows:

*Section 1. Recitals.* The recitals set forth herein above are true and correct in all respects.

*Section 2. Transfer of Private Activity Bond Volume Cap.* Pursuant to NAC 348A.180, the City hereby transfers its 2022 Bond Cap in the amount of \$69,637.77 to the NRHA for its Single Family Programs.

*Section 3. Use of 2022 Bond Cap.* The NRHA will use the 2022 Bond Cap for single family purposes in calendar year 2022 or carry forward any remaining amount according to the Internal Revenue Code of 1986, as amended, for such purposes.



*Section 4. Representative of City.* Pursuant to NAC 348A.180(1), the Director of the State of Nevada Department of Business and Industry (the “Director”) may contact Jolene M. Supp, City Manager/City Clerk, City of Wells, regarding this Resolution at (775) 752-3355 or by email at WellsCityManager@Frontier.Com or in writing at P.O. Box 366, Wells, Nevada 89835.

*Section 5. Additional Action.* The Mayor and Clerk of the City are hereby authorized and directed to take all actions as necessary to effectuate the transfer of the 2022 Bond Cap, and carry out the duties of the City hereunder, including the execution of all certificates pertaining to the transfer as required by NAC Ch. 348A.

*Section 6. Direction to the NRHA.* The NRHA shall notify the Director in writing as soon as practicable of the occurrence or nonoccurrence of any term or condition that would affect the disposition of the 2022 Bond Cap.

*Section 7. Representative of the NRHA.* Pursuant to NAC 348A.180(3), the Director may contact Diane Arvizo, Director of Homeownership Programs of the NRHA regarding this Resolution at (775) 886-7900 or by email at Diane@NVRural.Org or in writing at Nevada Rural Housing Authority, 3695 Desatoya Drive, Carson City, Nevada 89701.

*Section 8. Obligation of the City.* This Resolution is not to be construed as a pledge of the faith and credit of or by the City, or of any agency, instrumentality, or subdivision of the City. Nothing in this Resolution obligates or authorizes the City to issue bonds for any project or to grant approvals for a project or constitutes a representation that such bonds will be issued.

*Section 9. Enforceability.* If any section, paragraph, clause or provision of this Resolution shall for any reason be held to be invalid or unenforceable, the invalidity or unenforceability of such section, paragraph, clause or provision shall not affect any of the remaining provisions of this Resolution. This Resolution shall go into effect immediately upon its passage.

ADOPTED, SIGNED AND APPROVED this \_\_\_\_ day of \_\_\_\_\_, 2022.

CITY OF WELLS, NEVADA

By \_\_\_\_\_  
Layla M. Walz, Mayor

ATTEST:

By \_\_\_\_\_  
Jordan Tilley, City Manager



**CERTIFICATE OF TRANSFER OF VOLUME CAP**

I, Jordan Tilley, am the duly chosen and qualified City Manager of the City of Wells, Nevada (the "City") and in the performance of my duties as City Manager do hereby certify to the Office of Business Finance and Planning in accordance with Section 348A.260 of the Nevada Administrative Code ("NAC"), that the private activity bond volume cap allocated to the City in the amount of \$69,637.77 has been transferred as follows:

\$69,637.77 has been transferred pursuant to NAC 348A.180 from the City, a local government, located in Elko County to the Nevada Rural Housing Authority, a local government, located within Elko County for the purpose of providing a means of financing the costs of single-family residential housing that will provide decent, safe and sanitary dwellings at affordable prices for persons of low and moderate income.

This certificate is being filed within five (5) days of the transfer being made in accordance with NAC 348.260.

CITY OF WELLS, NEVADA

By \_\_\_\_\_  
Samantha Nance, City Clerk

cc: Diane Arvizo, Nevada Rural Housing Authority