



# WASHOE COUNTY

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CM/ACM	<u>        </u>
Finance	<u>        </u>
DA	<u>        </u>
Risk Mgt	<u>        </u>
HR	<u>        </u>
Other	<u>        </u>

## STAFF REPORT BOARD MEETING DATE: *September 27, 2016*

**DATE:** Wednesday, September 21, 2016  
**TO:** Board of County Commissioners  
**FROM:** Gabrielle Enfield, County Grants Administrator  
[genfield@washoecounty.us](mailto:genfield@washoecounty.us), 775-328-2009  
**THROUGH:** Al Rogers, Management Services Director  
**SUBJECT:** Recommendation to approve the submission of a grant for the Non-emergency Medical Transportation in Unincorporated Washoe County from Access to Health Care Network, in the amount of \$74,607 to the State of Nevada Community Development Block Grant (CDBG) program for funding consideration in Round 2 of the FY17 funding cycle; and if approved, authorize the Chair to execute the documents concerning same. (All Commission District)

### SUMMARY

The State of Nevada Community Development Block Grant (CDBG) program is accepting projects for funding consideration in a second round for fiscal year 2017 funding. The Non-emergency Medical Transportation in Unincorporated Washoe County is an eligible grant proposals seeking CDBG funding to provide a benefit to the residents of Washoe County. A summary of the grant project is provided below. Prior to submission to the State the Washoe County Commission must approve submission of the Washoe County proposal.

### Washoe County Strategic Objective supported by this item:

- Safe, secure and healthy communities

### PREVIOUS ACTION

On December 5, 2015 the Board of County Commissioners approved the submission of a grant for the Non-emergency Medical Transportation in Unincorporated Washoe County from Access to Health Care Network to the State of Nevada Community Development Block Grant (CDBG) program for funding consideration in the amount of \$267,298.

## **BACKGROUND**

Washoe County is eligible to receive CDBG funds through the State of Nevada. The goal of the CDBG Program is to develop viable communities by providing decent housing, a suitable living environment and expanding economic opportunities for persons of low to moderate income. The State of Nevada utilizes an annual competitive process for the allocation of limited CDBG funds.

For the fiscal year 2017 grant funding cycle conducted a CDBG Citizen Participation process during the fall of 2015. The selection process to determine the county's applications included CDBG Citizen Participation meetings, and technical assistance to all interested parties, provided by the county's CDBG representative. The senior transportation grant was one of two grant applications received and submitted to the State CDBG program for funding consideration during the first round of CDB G funding for fiscal year 2017.

The state CDBG Program conducted their review and allocation recommendations in March of 2016. Neither of the grants submitted through Washoe County were recommended for funding. The State CDBG Program has opened a second round of funding for fiscal year 2017 due to recaptured funds. If approved by the Board of County Commissioners the Non-emergency Medical Transportation in Unincorporated Washoe County from Access to Health Care Network is being resubmitted for this 2<sup>nd</sup> round of funding.

The proposed project will support purchase of an additional vehicle for the centralized, regional dispatch service for non-profit transportation services, and non-emergency transportation to seniors 62 years of age and over and persons with disabilities who reside in unincorporated Washoe County, within 48 miles of Reno/Sparks city limits.

## **FISCAL IMPACT**

No fiscal impact

## **RECOMMENDATION**

Recommendation to approve the submission of a grant for the Non-emergency Medical Transportation in Unincorporated Washoe County from Access to Health Care Network, in the amount of \$74,607 to the State of Nevada Community Development Block Grant (CDBG) program for funding consideration in Round 2 of the FY17 funding cycle; and if approved, authorize the Chair to execute the documents concerning same.

## **POSSIBLE MOTION**

Should the Board accept staff's recommendation a possible motion would be: "move to approve the submission of a grant for the Non-emergency Medical Transportation in Unincorporated Washoe County from Access to Health Care Network, in the amount of \$74,607 to the State of Nevada Community Development Block Grant (CDBG) program for funding consideration in Round 2 of the FY17 funding cycle; and if approved, authorize the Chair to execute the documents concerning same."

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**2016 APPLICATION**

<p>A. Name of City/County w/address:  <b>Washoe County, Office of the County Manager</b>  <b>1001 E. 9th Street, #A202, Reno, NV 89502</b>                  DUNS #: <b>073786998</b>                  CAGE #: <b>3M5B3</b></p> <p>B. Name, Title &amp; Phone No. of CDBG Contact Person:  <b>Gabrielle Enfield, MPA, GPC</b>  <b>775.328.2009</b>  <b>GEnfield@washoecounty.us</b></p> <p>C. Name and Phone No. of Grant Author:  <b>Travis Rice, MSW BS AS</b>  <b>Access to Healthcare Network, Grant</b>  <b>Writer/Database Director</b>  <b>775-410-1350 travis@accesstohealthcare.org</b></p>	<p>H. Ranking of this Application: Rank <b>1</b> of <b>2</b></p> <p>I. Total Project Cost: <b>\$897,951</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">FUNDING SOURCES</th> <th style="text-align: right;">AMOUNT</th> <th style="text-align: center;">STATUS OF COMMITMENT</th> </tr> </thead> <tbody> <tr> <td>CDBG Request</td> <td style="text-align: right;">\$74,607</td> <td style="text-align: center;">Requested</td> </tr> <tr> <td>Local Cash</td> <td style="text-align: right;">\$150,000</td> <td style="text-align: center;">Approved</td> </tr> <tr> <td>Local In-Kind</td> <td></td> <td></td> </tr> <tr> <td>State</td> <td></td> <td></td> </tr> <tr> <td>Other Federal</td> <td style="text-align: right;">\$83,779</td> <td style="text-align: center;">To be approved</td> </tr> <tr> <td>Other - AHN</td> <td style="text-align: right;">\$589,565</td> <td style="text-align: center;">Approved</td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL ESTIMATED COST</b></td> <td style="text-align: right;"><b>\$897,951</b></td> <td></td> </tr> </tbody> </table> <p>J. % CDBG: <b>8%</b></p>	FUNDING SOURCES	AMOUNT	STATUS OF COMMITMENT	CDBG Request	\$74,607	Requested	Local Cash	\$150,000	Approved	Local In-Kind			State			Other Federal	\$83,779	To be approved	Other - AHN	\$589,565	Approved	Other			<b>TOTAL ESTIMATED COST</b>	<b>\$897,951</b>	
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<p>D. Project Title: <b>Non-emergency Medical Transportation in Unincorporated Washoe County</b></p> <p>E. Address of Project Location:  <b>Centralized dispatch and base of vehicle fleet is AHN main office: 4001 S. Virginia St., Suite F, Reno, NV 89502</b>  <b>Proposal service area is: Unincorporated areas of Washoe County, maximum of 48 miles from Reno or Sparks city boundaries.</b></p> <p>F. Type of Project: (Check One)                  ___ Planning      ___ Community Facilities  <b>X</b> Community Service      ___ Economic Development                  ___ Housing Rehab.      ___ Other</p> <p>G. Brief Description of Proposed Project (max. 5 lines)  <i>Provide centralized dispatch for Washoe County non-profit transportation services, and direct non-emergency medical transportation to seniors 62 years of age and over and/or persons with severe disabilities who reside in unincorporated Washoe County, within 48 miles of Reno/Sparks city limits.</i></p>	<p>K. Eligible Activity? <b>YES</b> / NO      L. HCDA Citation: <b>105(A)(8)</b></p> <p>M. National Objective (Check One):  <input checked="" type="checkbox"/> Benefit to Low and Moderate Income Persons  <input type="checkbox"/> Elimination or Prevention of Slum and Blight  <input type="checkbox"/> Urgent Need</p> <p>N. Is the project a State Priority:  <input checked="" type="checkbox"/> Public Health and Safety  <input checked="" type="checkbox"/> Included in an earlier planning process</p> <p><b>Addresses State of Nevada CDBG Consolidated Plan Items:</b>  <i>9. Improve the access that special needs populations have to needed services;</i>  <i>11. Enhance access to quality facilities to serve the population throughout rural Nevada.</i></p> <p>O. Project Start Date: <b>11/1/2016</b>                  Project Completion Date: <b>1/30/2017</b></p> <p><b>NOTE:</b> Planning grants run 7/1/2016 thru 6/30/2017; Construction grants run 7/1/2016 thru 12/31/2017. Extensions are granted at the discretion of the CDBG office.</p>																											

**NOTE:** If the City or County is applying for CDBG funds on behalf of a non-profit organization, list the name, address, phone

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number and contact person for the non-profit organization on the following page.

**CERTIFICATION of Mayor or Chair:** I hereby certify that, to the best of my knowledge and belief, the information in this application is true and correct, and that this application has been duly authorized by the governing body of the applicant.

Kitty Jung, Chair

Typed Name and Title

Signature

Date

**If City/County is sponsoring an Applicant, please provide the following details:**

Development/Non-Profit Agency (Non-Profit, Housing Authority, etcetera):

Organization:	<b>Access to Healthcare Network</b>
Street/PO Box:	<b>4001 S. Virginia Street – Suite F</b>
Town/City/Zip Code:	<b>Reno. NV 89502</b>
Chief Executive Officer:	<b>Sherri Rice</b>
Phone Number:	<b>775.284.8989 ext. 220</b>
Grant Contact Person:	<b>Sherri Rice</b>
Phone Number:	<b>775.284.8989 ext. 220</b>
e-mail address:	<b><u>sherri@accesstohealthcare.org</u></b>
<b>DUNS #</b>	<b>0035178880000</b>
<b>CAGE #</b>	<b>53G37</b>

<b>AUDIT INFORMATION &amp; CDBG FUNDING HISTORY</b>	<b>Grantee</b>	<b>Sub-Recipient</b>
Does the City/County/Sub-Recipient expect to receive \$750,000 or more in direct and indirect (i.e. through State agencies) in federal financial assistance during any fiscal year of the project period? If so, the CDBG office requires a copy of the single audit for the year(s) of the project, if funded.	<b>YES</b>	<b>YES</b>
Has the City/County/Sub-Recipient received federal assistance from CDBG before?	<b>YES</b>	<b>YES</b>
If YES, list the dates of the most recent project(s) <b>August 12, 2014 Access to Healthcare Network - Washoe County sponsor</b> <b>July 2015 Senior Ambassador Project – Washoe County</b>		
If NO, has the City/County/Sub-Recipient received federal financial assistance from any source – directly or indirectly – in the current or most recent fiscal year?	<b>YES/NO</b>	<b>YES/NO</b>
If YES, list dates and sources below.		

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**FUNDING AGENCY**

**DATE**

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**FEDERAL REQUIREMENTS ON PROJECT ELIGIBILITY:**

For details regarding CDBG **Eligible Activities**, refer to the following link for the HUD Guide to National Objectives and Eligible Activities for State CDBG Programs.

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide)

**National Objective:** All projects must meet a National Objective. Check only one of the following three the choices:

<p>1. <input checked="" type="checkbox"/> <b>BENEFIT TO LOW AND MODERATE INCOME (LMI) PERSONS</b></p> <p>If selecting this National Objective, choose one of the following and provide the necessary supporting information:</p> <p>(a) <input type="checkbox"/> City/County-wide LMI-A                      (b) <input checked="" type="checkbox"/> Limited Clientele LMI-C</p> <p>(c) <input type="checkbox"/> Site Specific LMI-S                                      (d) <input type="checkbox"/> Economic Development LMI-J (Income Survey required)</p> <p>(e) <input type="checkbox"/> LMI Housing LMI-H</p> <p><b>NOTE:</b> An Income Survey must be submitted and approved by CDBG prior to submitting the grant application.</p>
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If LMI-C, indicate which "presumed LMI" category will be served by the project:

- Children who are abused: Extremely low income
- Spouses who are battered: Low income
- Adults who are severely disabled: Low income
- Persons who are homeless: Extremely low income
- Persons who are illiterate: Low income
- Persons with AIDS: Low income
- Persons who are migrant farm workers: Low income
- Persons who are elderly: Senior center – Mod income; not center-based – Low Income

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**Note:** For Limited Clientele, Economic Development, and Low/Mod Housing projects, demographics, ethnicity information and income verification are required for all beneficiaries. Please provide an explanation how the beneficiaries will be counted.

**Explanation of how beneficiaries will be counted**

*Project Beneficiaries will be counted and tracked using a modified Salesforce client management system and specialized coding tools, as well as a Salesforce integrated Transportation software from ThingTech (<http://www.thingtech.com/industries/service-delivery/>) to manage all trips, fleet vehicle, mileage of trips, types of service(s) trips were for, geographic area(s) of trip, real time awareness of where the vehicle is located and its trips completion status, all geocoding of geographic area using census tracts and ADA service routes (to identify unincorporated Washoe County residents, City of Reno/Sparks residents, specific neighborhoods, etc.), centralized dispatch services, reporting, demographics (including age), as well as route optimization (efficiency).*

*For initial entry into this program/project, beneficiaries will be asked to provide their physical and mailing address, relevant demographics (including age and geographic location) aligning with the US Census Tracts and demographics, as well as household gross monthly income and household information to determine eligibility for this project; gross household income and household will be self-reported by the beneficiary. Access to Healthcare Network (AHN) utilizes a custom Salesforce formula to automatically calculate Federal Poverty Level % (FPL) based upon the most recent Federal published guidelines; upon receipt of this award, AHN will build a similar coding tool to calculate Low to Moderate Family Income percentages based upon most recent published figures from HUD. Additionally, the AHN Salesforce system will track how many unduplicated participants utilized this project, duplicated number of trips, service(s) taken to using the AIRS Taxonomy of services, MFI/FPL %, specific geographic areas of both participants' home residence and their trips, as well as other services at AHN beneficiaries accessed. Additionally, the AHN Salesforce system connects all participants to their respective Census Tracts, this allows data to be presented using GIS tools. Participants of this project will periodically be given a client satisfaction survey to rate their experience of the transportation service and to identify areas of improvement.*

*Low income seniors and/or persons with a severe disability will be tracked based upon their age and/or disability status and type, and the project service area (unincorporated Washoe County, maximum of 48 miles from Reno/Sparks city limits). The system will identify unincorporated Washoe County block groups and use the participant's home address to automatically identifying eligible beneficiaries.*

*In general, AHN has the data collection and reporting capacity to provide Washoe County and/or CDBG with a wealth of information, including census tract and demographics data for GIS mapping integration or project performance, client satisfaction surveys, and AIRS Taxonomy values (211) of services transported for including organization/business names and locations.*

For economic development projects, where assistance is being provided to for-profit business(es), include commitment letters from the employer(s) explaining how they will comply with the 51% job creation requirement. If letters are not available (e.g. in the case of industrial park development), explain how the site will be marketed and jobs created and counted.

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**2.  ELIMINATION OR PREVENTION OF SLUM AND BLIGHT**

If selecting this National Objective, all of the following must be included with this application:

- (a) Slum/Blight Criteria selected
- (b) Additional Documentation (Photos, Letters from Officials, etcetera)
- (c) Slum/Blight Declaration/Resolution

**NOTE:** Include a copy of the declaration of Slum and Blight or the Redevelopment Area authorization passed by the City Council/County Commission as an attachment.

**3.  URGENT NEED**

If selecting this National Objective, all of the following criteria must be met:

- (a) Determination of immediate threat – when and by whom; include documentation
- (b) Applicant's inability to finance
- (c) Confirmation that no other financial sources are available
- (d) Confirmation that threat did **not** exist for more than 18 months prior to application

**NOTE:** This grant funding provides for an interim solution to a problem of urgent nature until funding for a permanent solution can be secured.

**Project Beneficiaries:** Number of Beneficiaries and Data Sources

	Persons	Households or Jobs	Businesses
1. Total number of individuals/jobs/businesses	<b>195</b>		
2. Total number of low/moderate income beneficiaries	<b>172</b>		
3. Percentage of LMI beneficiaries (Divide line 2 by 1) %	<b>88%</b>		

This project is a limited clientele project so all seniors and/or those with severe disabilities served are considered eligible beneficiaries, and 88% are presumed LMI. Due to the target audiences, and the outreach for this project it is expected that more than 88% will be LMI. *\*Projections of the number of unduplicated persons served by this proposed project, annually.*

The beneficiary figures were calculated or obtained:

*AHN's projected number of unduplicated participants served annually is based on an estimated 1,792 trips (drop-off/pick-up) per vehicle per year and that every 9 trips AHN will serve a new, unduplicated participant. The detailed assumptions used as the basis for the projected number of unduplicated participants served and overall number of trips capacity is outlined in the Appendix item "#11: Vehicle Cost Assumptions and Assumptions Used as Basis for Participant Projections." In general, AHN projects*

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that vehicle can complete approximately 8 trips/day (this includes pick-up and drop-off), or 4 round-trips per vehicle/day. AHN has not been able to identify publicly available data that estimate the number of unduplicated persons served by a transportation service with similar service area size, target population, and vehicle type and numbers. Therefore, projecting the number of unduplicated persons served annually becomes difficult for a number of reasons:

1. Will individual participants utilize transportation services consistently or sporadically (more people who ride less, or few people who ride often)?
2. Will trip requests (to/from) be located relatively, in the same geographic area (affecting how many participants can be in a vehicle at the same time efficiency)?
3. What will be the levels of "one on one specialized attention" needed by participants (affecting the amount of time needed to take a participant door to door)?

But, AHN believes that it is feasible to expect that it will serve a new, unduplicated person every 9 trips; 1,792 trips per vehicle per year divided by 195 unduplicated participants= 9 (every 2 trips (pick-up/drop-off) a new, unduplicated rider will be served). AHN is comfortable with the unduplicated number of participants projected and its ability to meet this target. AHN will conduct targeted outreach to seniors who reside in unincorporated Washoe County, and to organizations that serve seniors who reside in unincorporated Washoe County including targeted outreach to existing AHN participants who meet service criteria; and extensive targeted outreach with AHN's existing 2000+ providers and 200+ collaborative organizations. AHN has a proven history of successfully implementing projects similar in scope and size and with similar population service criteria.

As the project is implemented using AHN's Salesforce client management system, AHN will collect hard data used to project and monitor the number of unduplicated participants utilizing dispatch and transportation services.

a. From the US Census or HUD LMISD, cite Web link, Census Tract(s) and Block Group(s)

- i. Web link: <http://quickfacts.census.gov/qfd/states/32/32031.html>  
or HUD LMISD
- ii. Census Tract(s): **26.04, 26.03, 26.07, 26.05, 35.04, 27.01, 35.05, 35.04, 35.03, 35.02, 35.01, 35.06., 21.03, 22.02, 10.06, 10.07, 32.02, 32.01, 33.04, 33.02**
- iii. Block Group(s):

**Additionally,**

- a. **1. AHN uses/will use a Washoe County Planning Department document that shows the most recent Median Family Income for Washoe County by Census Tract(s) and City of Reno and Sparks boundaries, where Census Tracts are "shaded" by color for an average Household Income range for that Census Tract. In essence, it visually shows the Census Tracts in unincorporated Washoe County that have the lowest household income, and thus the greatest need. This is located at: <ftp://wcftp.washoecounty.us/outtoworld/census/medhouseincome2.pdf>**
- b. AHN uses/will use a Washoe County Planning Department document that shows the population density of seniors 60+ by census tract in Washoe County; this shows the



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areas (census tracts) with the highest density of seniors for targeted outreach.  
[ftp://wcftp.washoecounty.us/outtoworld/census/maps2010/Density\\_Senior.pdf](ftp://wcftp.washoecounty.us/outtoworld/census/maps2010/Density_Senior.pdf)

b. From an **Income Survey**: attach survey methodology, details, and answer the following:

- i. Who conducted the survey and when? N/A
- ii. Has the Survey been verified by CDBG staff? If so, when? (dd/mm/yy) N/A

c. Explain how the plan will benefit LMI persons.

*This project will benefit Low-to-Moderate Income seniors 62 years of age and over and/or persons with a severe disability living in unincorporated areas of Washoe County by:*

*Providing access to no cost non-emergency medical transportation services to facilitate picking up prescriptions/medications, durable medical supplies, visiting senior centers; accessing meals, utility/rent assistance, Medicare assistance, economic supports, grocery shopping, transporting to/from appointments for public benefits, and any other activity that is recommended by a Primary Care Professional (PCP), Case Manager, and/or Care Coordinator. Additionally:*

- 1. Having a centralized, Washoe Metro area dispatch for non-profit transportation services will increase overall capacity while realizing efficiencies of scale, both benefiting LMI persons in the short and long-term;*
- 2. Improve and/or maintain the quality of life and independent living of seniors and/or persons with severe disabilities and their families; and ultimately*
- 3. Realizing resource efficiencies both for participants and their families as well for the Regional healthcare, social service, and housing systems by keeping participants in the lowest level of residential living possible (non-institutional settings).*

**I. SCOPE OF WORK (SoW)**

Provide a clear, concise description of the proposed project including any milestones, reports, and deliverables (task and an end product) expected to be provided. Fully describe all activities for all parts of the proposed project; a description of the immediate and adjacent geographical areas; any and all effects the project will have on the geographical areas; any and all contemplated actions. Maps and photographs may be an attachment to the application, if applicable.

**PROJECT IMPLEMENTATION SCHEDULE:** Provide the timeline that indicates activities and estimated dates to complete the project in the HUD recommended 12 or 18 month time frame.

TASK	MONTH
<b>PROJECT START UP: (AHN assumes receipt of funds on/around November 1, 2016; if receipt of funds is later than timeline will shift accordingly)</b>	
AHN will purchase project vehicle within 30 days upon receipt of project funds.	November-December 2016
AHN will hire and train project staff within 30 days of receipt of project funds	November-December

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TASK	MONTH
<b>PROJECT START UP:</b> <i>(AHN assumes receipt of funds on/around November 1, 2016; if receipt of funds is later than timeline will shift accordingly)</i>	
or by December 15, 2016, whichever comes first.	2016
AHN will procure and configure tablet devices for project vehicles to facilitate GPS real time tracking of vehicle location, status of scheduled trips and their result, as well as remote data entry and information and referral.	November-December 2016
<b>PROCUREMENT OF PROFESSIONAL ASSISTANCE</b> (including professional engineers, architects, community development consultants, etc.)	
AHN, utilizing 3 <sup>rd</sup> party transportation software vendor Thingtech, will install GPS hardware in project vehicle within 60 days of receipt of project funds or by January 1, 2016, whichever comes first.	November-December 2016
AHN, utilizing 3 <sup>rd</sup> party transportation software vendor Thingtech, will configure transportation software to account for and track project participants, eligibility and demographic tracking requirements, billing requirements, and geocoding/geolocations (unincorporated Washoe County service area of project service area.	November-December 2016
<b>PROJECT IMPLEMENTATION:</b>	
AHN will begin project services within 60 days of receipt of funds or by January 1, 2017, whichever comes first. This includes centralized dispatch services as well as direct transportation services.	November –December 2016
AHN will begin design methodology and begin administering client satisfaction surveys within 90 days of formal project implementation.	November 2016- January 2017
Within 120 days of formal project implementation, AHN will design methodology and implement quarterly performance management of project using data from AHN Salesforce client management system and client satisfaction surveys. This will continue on a quarterly basis throughout project period.	November 2016- February 2017 then FY quarterly throughout project
<b>PROJECT CLOSEOUT:</b>	
Upon project period completion, AHN will conduct a thorough S.W.O.T. analysis of project utilizing Salesforce client management data, client satisfaction surveys, and interviews with transportation staff, cross-departmental AHN staff, and key community partners. Results will be utilized to modify overall transportation services and utilization as well as driving direction of mid and long-term project sustainability.	November 2017- January 2018

Please see additional detail on the scope of the proposed project is provided in Section II Project Need Analysis, under item 3. What is the proposed response to address the need?

**II. PROJECT NEEDS ANALYSIS:**

1. What is the need of the community and how was it determined?

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*The need for a centralized, regional dispatch center for non-profit transportation services, and non-emergency medical transportation services for seniors and/or persons with a severe disability living in unincorporated Washoe County was determined from a number of sources:*

- A. *AHN Non-Emergency Medical Transportation Wait List: Currently, the Wait List for the AHN Non-Emergency Medical transportation is 6-8 weeks; AHN believes the addition of the proposed CDBG purchased vehicle will decrease this wait list to 2-3 weeks.*
- B. *Conversations with key staff at Washoe County Department of Social Services, Washoe County Manager's Office, Regional Transportation Commission, State of Nevada Aging and Disability Services, Elko, Reno and Carson Aging & Disability Resource Centers, St. Mary's and Renown Medical Centers, Community Health Alliance, and AHN care coordination and care management staff.*
- C. *State of Nevada 2015-2019 Consolidated Plan, Housing and Community Development Program ([http://www.diversifynevada.com/documents/2015-2019\\_ConPlan\\_Final.pdf](http://www.diversifynevada.com/documents/2015-2019_ConPlan_Final.pdf)).*
- D. *Washoe County FY 16-18 Strategic Plan (<https://www.washoecounty.us/bcc/files/2016-18-strategic-plan-full.pdf>).*
- E. *Washoe County Senior Services Master Plan, page 8 goal 12, "Expand public and private transportation options that allow seniors to live independently."  
<https://www.washoecounty.us/seniorsrv/files/MastPlanGoalsObjectives.pdf>*
- F. *Additionally, once proposal is implemented, project will be able to report on need using program data.*

2. How is it being addressed presently?

- **Washoe County Regional Transportation Commission (RTC):** Presently, the RTC facilitates both fixed-route public transportation and also ADA Transportation to some unincorporated areas of Washoe County; fixed routes do not extend "far enough" into unincorporated Washoe County and instead focus on the urban Reno/Sparks metro area, and ADA Transportation services will only pickup in unincorporated Washoe County if there are service and fund availability, which sporadically happens because of overall area transportation capacity (RTC averages 35 denials per month in unincorporated Washoe County transportation requests). As a result of this dynamic the AHN Non-Emergency Medical Transportation program was established in Fall 2015.
- **AHN Non-Emergency Medical Transportation program:** Currently AHN operates 4 vehicles that serve low income seniors and/or persons with disabilities both within the ADA Paratransit Loop (within the Reno/Sparks City limits) as well as outside the ADA Paratransit Loop (outside Reno/Sparks city limits, unincorporated Washoe County). This new service has been so successful that there is currently a wait list of 6-8 weeks to reserve a trip(s).
- **Additionally, there are a number of volunteer-based transportation services** that are available to seniors in unincorporated Washoe County, though because these services are volunteer-based access is sporadic and quality varies.
- **AHN and Sierra Nevada Regional Transportation Coalition (SNTC) Centrally Coordinated, Regional Dispatch Center:** As a result of the efforts of AHN and the SNTC (RTC, Washoe County Social Services, Saint Mary's Regional Medical Center), AHN now operates Washoe County's only non-profit focused centrally coordinated regional dispatch center. This centralized, diversely funded regional dispatch center is already realizing significant efficiencies of scale for both participants and for transportation related resources in the Reno/Sparks Metro area. This proposal builds on that capacity.

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3. What is the proposed response to address the need?

***Background of CDBG proposed project and how it relates to overall Washoe County collaborative non-emergency transportation project.***

*This proposed project is an expansion of a larger overall Washoe County project undertaken by a collaborative that includes Access to Healthcare Network (AHN), the Regional Transportation Commission (RTC), Washoe County Social Services (WCSS), Saint Mary's Regional Medical Center, MTM Inc. (transportation vendor for State of Nevada Medicaid), and the Pennington Foundation of northern Nevada. The goals of this collaborative are two-fold:*

- 1. To utilize the newly created centralized regional dispatch, /call center to coordinate all non-emergency non-profit transportation services in the Reno/Sparks Metro area to increase overall transportation resource efficiency and utilization; and*
- 2. To expand the capacity of non-emergency transportation services for low to moderate income residents of Washoe County), to facilitate utilization of needed medical, social, economic support and benefits services, especially for seniors and those with severe disabilities.*

*In the beginning of 2015 the RTC approached AHN about becoming the sub-recipient of a Federal Grant for \$311,759 that would facilitate non-emergency transportation services for seniors 60 years of age and over and/or persons with a disability that live outside the Americans with Disabilities Act (ADA) Reno/Sparks Metro service area. The ADA service area is defined as anywhere that is more than ¼ mile from a regular, fixed route RTC bus service; this, overwhelmingly, aligns with unincorporated Washoe County.*

*WCSS joined this collaborative providing \$214,409 to supplement the original RTC/AHN sub-recipient grant award of \$311,759. The WCSS funds were approved by the Washoe County Commissioners on October 27, 2015. AHN and representatives at the Washoe County Managers Office worked together to develop a proposal for an expansion of the non-emergency transportation project support the significant need in the unincorporated areas of Washoe County, specifically for seniors.*

*Below are the specific participants' eligibility criteria and geographic service areas for each of the confirmed funding streams for this project as well as for the FY 16/17 CDBG proposed project:*

- *Regional Transportation Commission
  - *Geographic service area: Outside of the Reno/Sparks Metro ADA Service Area (3/4 mile from nearest regularly scheduled fixed bus route...basically, unincorporated Washoe County).*
  - *Demographic eligibility criteria: 1. Senior 60 years of age and older OR disability.**
- *Washoe County Social Services
  - *Geographic service area: Must reside in Washoe County, not necessarily in unincorporated Washoe County.*
  - *Demographic eligibility criteria: Must be at or below 250% of the Federal Poverty Level (FPL).**
- *Proposed FY 16/17 Washoe County CDBG project*

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- *Geographic service area: Unincorporated Washoe County, but no more than 48 miles from the Reno/Sparks city boundaries.*
- *Demographic eligibility criteria: Seniors 62 years of age and over.*

***FY 16/17 CDBG Proposed Response Project: Senior and/or Severe Disabilities Non-Emergency Medical Transportation Expansion Project***

*The FY 16/17 CDBG proposed project response is:*

1. *Using CDBG funds, purchase 1 vehicle and its associated annual operational costs (fuel, maintenance, licenses, insurance) to increase current transportation capacity for seniors 62 years of age and over and/or persons with a severe disability (focused on LMI) residing in unincorporated Washoe County to facilitate utilization of senior specific, social, medical (non-emergency), and economic and benefits support services. Examples of these services transporting to include: rent and utility assistance, going to medical appointments, picking up prescriptions, attending senior centers, Medicare assistance, grocery shopping, clothes shopping, and any medical service identified by a senior's Primary Care Professional.*
  - *2016 Ford Transit (large vehicle, wheelchair lift equipped):*
    - i. *Purchase of vehicle: \$54,738*
    - ii. *Fuel (1 year): \$5,824*
    - iii. *Repairs/maintenance (1 year): \$1,489*
    - iv. *Insurance (1 year): \$11,856*
    - v. *Licenses (1 year): \$700*
      - ***Total: \$74,607***

*CDBG purchase vehicle will leverage other Project resources for its operations:*

- A. *Use of a dedicated 1-800 phone number to be routed to the AHN Dispatch/Call Center to increase accessibility and efficiency of transportation services for seniors residing in unincorporated Washoe County, ideally low to moderate income, while minimizing costs.*
- B. *Centralized Dispatch software system for the Reno/Sparks Metro area: Using the AHN Salesforce client management system and the integrated transportation logistics and scheduling software from ThingTech, create a scalable, centralized dispatch service for the Reno/Sparks Metro area. This allows for:*
  - a. *Real-time visibility of vehicles in the field, trip status, data entry;*
  - b. *Coordinated care team visibility and integration;*
  - c. *In the field information and referral.*
  - d. *Robust reporting capabilities for individual funders, target populations, geographic locations, and by type of service transported for using the AIRS Taxonomy (211); and,*
  - e. *Efficiencies of scale for both participants and for transportation related resources in the Reno/Sparks Metro area.*
- C. *Leveraging vehicles from a range of funding sources to provide shared community responsibility and efficient resource utilization while providing scalability over the long-term. This could include: RTC vehicles, Washoe County vehicles, private volunteer driver vehicles, etc.*

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- D. Data reporting on types of services transported for: Using the integrated AIRS Taxonomy of services (211), AHN Transportation can provide reporting on the types of services participants were transported for as well as specific organizations transported to.*
- E. Geolocation reporting on a range of data points, including: resident/pick-up locations and drop-off locations/organizations of participants by census tract, zip code, neighborhood, and also by specific demographics.*

2. Why is the proposed project required?

*The current transportation capacity for seniors and/or persons with severe disabilities living in unincorporated Washoe County is severely deficient as evidenced by its identification in the:*

- State of Nevada 2015-2019 Consolidated Plan;*
- Housing and Community Development Program;*
- Washoe County FY 16-18 Strategic Plan;*
- Washoe County Senior Services Master Plan; and*
- AHN interviews with key staff at RTC, Washoe County Social Services, Washoe County Managers Office, State of Nevada Aging and Disability Services, and the Elko/Reno/Carson City Aging & Disability Resource Centers.*

*Increased transportation services for seniors and/or persons with severe disabilities in unincorporated areas of Washoe County would result in:*

- Increased utilization of senior services to reduce institutional placement (includes senior centers, meals, Medicare assistance, utility and rent assistance, in-home caregiver assistance, picking up prescriptions, and medical services);*
- Increased quality of life of seniors (no institutional placement); and,*
- More efficient use of scarce non-profit transportation resources in the Reno/Sparks Metro area, especially in unincorporated Washoe County.*

3. How does the proposed project activity meet the need or solve the problem?

*The proposed project directly and immediately increases the non-emergency medical transportation service capacity for seniors and/or those with severe disability in unincorporated Washoe County, facilitating utilization of specific services medical and non-medical services while increasing system efficiencies and quality of life of the senior. Examples of specific services that would be transported to include: rent and utility assistance, going to medical appointments, picking up prescriptions, attending senior centers, Medicare assistance, grocery shopping, clothes shopping, and any medical service identified by a senior's Primary Care Professional.*

*It also expands the infrastructure for centralized dispatch services in the Reno/Sparks Metro Area, allowing for scalability and the adding of human and vehicles resources in the future by other funding entities. This provides significant opportunities for efficiencies of scale for both participants and transportation resources in the Reno/Sparks Metro area through community-wide collaboration, while improving overall non-profit transportation system capacity.*

4. How will the potential grantee know if the need has been met or the problem resolved?

*Grantee will know if the need has been met or the problem resolved in a number of ways:*

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- *Anecdotal evidence and conversations with key staff at area social service providers, AHN, area ADRC's, and RTC;*
- *From participation in/or research of future State of Nevada Consolidated Plan, Washoe County Strategic Plan, and Washoe County Senior Services Master Plan documents, as well as other needs assessment and/or strategic planning processes that look at transportation and senior service needs;*
- *As evidenced by decreased waiting lists for volunteer-based transportation services, and for RTC a decrease in transportation request denials in unincorporated Washoe County; and.*
- *As evidenced by data illustrating utilization of this proposed project from project's Salesforce database.*

**III. PLANNING AND PROJECT CONTEXT**

1. How does this project contribute to the goals, objectives, and activities identified in the State of Nevada's 2015-2019 Consolidated Plan? Access the Plan using the following link:  
<http://www.diversifynevada.com/programs-resources/rural-community-development/division-documents>

*The proposed project addresses and/or facilitates the following goals of the State of Nevada 2015-2019 Consolidated Plan:*

- A. *Special Needs Priorities*
    - a. *Priority 9: Improve the access that special needs populations have to needed services.*
  - B. *Community Development Priorities*
    - a. *Priority 11: Enhance access to quality facilities to serve the population throughout rural Nevada.*
2. Is the project specifically identified in a city/county/regional/state Plan or does the project contribute to a general priority in a plan or plans? (E.g. Consolidated Plan, Annual Action Plan, part of a Master Plan, Regional Plan, Economic Development Plan, Housing and Community Development Needs Assessment)? Provide, in an attachment, the title of the plan(s) and include a copy of the relevant pages that relate to the proposed project.

*Yes, there are three plans where the proposed project would contribute to general priorities/goals. As stated earlier, these plans are the:*

- *State of Nevada FY 2015-2019 Consolidated Plan;*
  - *Washoe County FY 16-18 Strategic Plan;*
  - *2015/16 Washoe County Senior Services Master Plan.*
    - *Please see Attachment items #3, #4, #5, #6, and #10.*
3. How does the proposed project meet the objectives of the plan(s) and promote long-term, proactive planning?

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*For all plans and goals, activities, or needs that are cited as being contributed by this proposal, the proposal either directly addresses the goal/activity/need or, more often, acts as a strategy or tool to facilitate that goal/activity/need. For example, a centralized, regional dispatch center for non-profit related transportation services in the Truckee Meadows and increased transportation services for seniors in unincorporated Washoe County would directly address the Washoe County "Goal #2: Keep Senior Services on Pace With Rising Senior Population".*

*This proposal, specifically the centralized dispatch service, provides significant opportunities for efficiencies of scale for both participants and transportation resources in the Washoe County through community-wide collaboration, while improving overall non-profit transportation system capacity. Additionally the vehicles purchased with this project will provide for increased transportation services for years to come.*

*In general, a community that supports its seniors is attractive to business and economic development.*

#### **IV. ECONOMIC DEVELOPMENT IMPACT**

A focus of GOED is to more closely align CDBG projects with regional plans for Economic Development. Please respond to the following questions regarding the proposed project:

1. Describe how the proposed project contributes to the Regional Development Authority plan for the area. Explain how it furthers the goals/indicators of the regional plan.
  - A. *In addition to the State of Nevada FY 15-19 Consolidated Plan, this proposal also contributes to the Western Nevada Development District Comprehensive Economic Development Strategy 2014, specifically:*
    - *Goal: Increase improvements and investments in infrastructure, transportation, water, waste water systems and broadband to make the region more business ready and to attract, retain, and expand business.*
      - *Strategies that are contributed to:*
        - *Increase access to public transit to create more community (hubs, walkable, bike able areas to increase interaction).*
        - *Create common infrastructure funding application to ease access to best cost funding packages for infrastructure.*
  - B. *This proposal addresses the State of Nevada CDBG's focus on increasing economic activity in Nevada, specifically in rural Nevada. Research has shown that spending on public transportation correlates with increased economic activity:*
    - *Capital investment in public transportation (including purchases of vehicles and equipment, and the development of infrastructure and supporting facilities) is a significant source of jobs in the United States. The analysis indicates that nearly 24,000 jobs are supported for a year, per billion dollars of spending on public transportation capital.*
    - *Public transportation operations (i.e., management, operations and maintenance of vehicles and facilities) is also a significant source of jobs. The analysis indicates that over 41,000 jobs are supported for a year, for each billion dollars of annual spending on public transportation operations.*



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- *Combining investment in public transportation capital and operations within the US, the analysis indicates that an average of 36,000 jobs are supported for one year, per billion dollars of annual spending on public transportation, given the existing mix of operations (71 percent) and capital (29 percent) expenditures.*
  - *Other economic impacts are associated with the job impacts. Corresponding to the 36,000 jobs is approximately \$3.6 billion of added business output (sales volume), which provides \$1.8 billion of GDP (gross domestic product, or "value added") -- including \$1.6 billion of worker income and \$0.2 billion of corporate income. This additional economic activity generates nearly \$500 million in federal, state and local tax revenues.<sup>1</sup>*
- C. *Additionally, and more specifically focused on medical transportation services and its associated economic activities:*
- *It has been estimated that 3.6 million Americans do not obtain medical care in a given year because of lack of transportation, and that may be a conservative estimate (Wallace et al. 2005, 2006). Hughes-Cromwick et al. (2005) showed that transportation-disadvantaged individuals who miss health care trips are relatively low income, disproportionately female, more likely to be a minority, less likely to have a four-year college degree, older, and distributed across urban and rural areas. Those who lack access to transportation, especially older adults, are often the ones with the greatest need for health care services. As Hughes-Cromwick et al. (2005) commented, an inordinately high disease prevalence exists among those with transportation difficulties. If providing transportation to health services for those who lack it increases the utilization of these services, there could be cost benefits in terms of reduced need for emergency care and preventable hospitalizations. Missing a trip for routine care or preventive services can often result in a medical trip that is more costly than the trip that was missed. While providing non-emergency medical transportation (NEMT) for those who lack it may be expensive, it has the potential to provide cost savings. Access to NEMT can reduce emergency room and hospital expenditures.<sup>2</sup>*
  - *A Transit Cooperative Research Program (TCRP) report published by Hughes-Cromwick et al. (2005) found the provision of NEMT to those who lack access to transportation to have net societal benefits. This research was also published by Wallace et al. (2006). For the seven chronic conditions and five preventive conditions analyzed in their study, they found that the net health care benefits of increased access to NEMT for those transportation-disadvantaged individuals who lack it exceeded the additional costs of transportation for all of these conditions. For some of the conditions they found a net cost savings, and for the others, the improvements in quality of life or life expectancy were found to be sufficient to justify the added expense.*
  - *In general, providing non-emergency medical transportation services to low income populations, including seniors and those with a disability, provides cost savings to a*

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<sup>1</sup> Economic Impact of Public Transportation Investment Transit Cooperative Research Program (TCRP) Project J-11, Task 7; by Economic Development Research Group and Cambridge Systematics October 2009.

<sup>2</sup> Cost-Benefit Analysis of Rural and Small Urban Transit. North Dakota State University, Upper Great Plains Transportation Institute, Small Urban and Rural Transit Center, Fargo, ND. <http://www.nctr.usf.edu/wp-content/uploads/2014/07/77060-NCTR-NDSU03.pdf>

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*region's health and social service system by facilitating necessary medical services, and stimulates economic activity through direct job creation as well as increases in individuals' employment and spending through increases in health outcomes and overall quality of life.<sup>3</sup>*

2. Describe the local government and community efforts made to fund this project from internal sources including, but not limited to, new taxing or bonding proposals, net proceeds of mines, and creation of special assessment districts, budget override votes, rate increases or other funding mechanisms and sources.

*Since the overall project has been implemented there has been financial support from the Regional Transportation Commission in the amount of \$84,076 (federal pass through dollars), from Washoe County Social Services for \$150,000, and from AHN for \$589,268 (in-kind of salary for drivers, Transportation Manager and Lead Dispatch, dispatch software, administrative staff).*

*Now that the project is fully underway, the community is beginning to recognize the value of the service, with the pace of fundraising from private and public organizations gaining momentum. In the future, collaborating entities will also approach Tesla about donating additional vehicles.*

3. If not included in the PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE section, provide a detailed budget of private funding leveraged as a result of the proposed CDBG funding.

N/A

4. Identify and explain post-grant employment impacts that will occur in the community as a result of the project.

*The answer to this question is two-fold based upon the nature of this proposal.*

- *There will be direct hiring of a driver as a result of this proposal. Additionally, because the project is a multi-entity collaborative with varied funding sources leveraged for the benefit of the overall project, there will be direct increases in employment as a result of this proposal through hiring of additional dispatch center, drivers, and administrative staff.*
- *Per research listed above on the economic activities created through non-emergency medical transportation services, AHN expects that some participants will see increases in their employment through increased health outcomes and quality of life thus increasing their opportunities for consistent employment.<sup>4</sup>*

5. Identify and explain post-grant tax increment increases that will occur in the community (sales, property, etc.) as a result of the project.

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<sup>3</sup> Non-Emergency Medical Transportation: A Vital Lifeline for a Healthy Community. National Conference of State Legislatures. <http://www.ncsl.org/research/transportation/non-emergency-medical-transportation-a-vital-lifeline-for-a-healthy-community.aspx>

<sup>4</sup> Non-Emergency Medical Transportation: A Vital Lifeline for a Healthy Community. National Conference of State Legislatures. <http://www.ncsl.org/research/transportation/non-emergency-medical-transportation-a-vital-lifeline-for-a-healthy-community.aspx>

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N/A

6. Identify and explain post-grant impacts to the community as it pertains to per capita income and number of businesses impacted that will occur as a result of the project.

N/A

**V. PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE**

***This CDBG proposal requests the purchase of one vehicle that is wheelchair equipped as well as 1 year of related operating costs (fuel, maintenance, insurance, licenses). Specifically:***

1. 2016 Ford Transit (large vehicle, wheelchair lift equipped):
  - a. Purchase of vehicle: \$54,738
  - b. Fuel (1 year): \$5,824
  - c. Repairs/maintenance (1 year): \$1,489
  - d. Insurance (1 year): \$11,856
  - e. Licenses (1 year): \$700
  - i. **Total: \$74,607**

*The staffing of this vehicle, as well as other costs associated with the operation of this vehicle (including dispatch center, occupancy, payroll staffing and benefits, IT and database resources) will be leveraged from other funding sources and/or provided by AHN as in-kind.*

**Please complete the following tables that summarize budget categories and funding sources for the proposed project.**

**Project Title: UNINCORPORATED WASHOE COUNTY SENIOR AND/OR THOSE WITH A DISABILITY NON-EMERGENCY MEDICAL TRANSPORTATION PROJECT (OVERALL)**

Cost Category	CDBG	Local		State	Other Federal	Other	Totals
		Cash (WCSS)	In Kind				
					RTC	AHN	
Personnel		150,000			65,775	326,067	541,842
Equipment	54,738						54,738
Other	19,869				14,801	260,498	295,168
Travel							
Administrative Costs					3,203	3,000	6,203
<b>Total Costs</b>	<b>74,607</b>	<b>150,000</b>			<b>83,779</b>	<b>589,565</b>	<b>897,951</b>

**Additional Funding Details:**

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Type of Funding	Amount (\$)	Sources of Funding	Secured? YES/NO	If not, when? (dd/mm/yy)
Local Cash	\$150,000	Washoe County Social Services	Yes	
Local In Kind				
State				
Other Federal	\$84,076	Federal pass through dollars via RTC	Yes	
Other	589,268	Access to Healthcare Network and contracts with transportation providers	Yes	

**NOTE:** Please see Attachment for Letters of Commitment (LOC) for sources of "Other Federal" (RTC Federal Pass thru dollars), "Local Cash" (Washoe County Social Services LOC), and "Other" (AHN LOC for remainder of required match). These are item #'s 7 & 8, 9, and 17 respectively.

For Attachment items #7 and #8 titled "RTC Committed "Other Federal" Dollars to Project: Transportation," "RTC Committed "Other Federal" Dollars to Project: Dispatch/Call," these agreements, together, account for the \$84,076 in "Other Federal" dollars RTC has committed for this project. In general, these documents break-out, in detail, dollars by: 1. Whether monies are designated for Transportation specific or Dispatch/Call Center costs; 2. Whether these dollars are for Operating or Capital costs.

At a high level, below are the specific breakdowns of dollar amounts RTC has committed by costs category:

1. Direct Transportation specific:
  - Operating Project Costs: \$84,076

Total: \$84,076 in committed "Other Federal" dollars committed to this project.

**Budget Narrative:** The narrative needs to provide detail of how all sources of funding were determined and how all funds in the total budget (and in particular CDBG funds) will be spent. The narrative should provide details of each line item in the budget.

1. For each CDBG Cost Category item shown in the budget explain:
  - a. how the cost was determined;
  - b. the source of the cost estimate, and
  - c. any additional information necessary to explain the cost and necessity of the item.
  - d. how any ongoing costs related to implementation of the project will be funded.

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PERSONNEL

N/A. There are no personnel costs associated with this proposal.

OTHER

- 2016 Ford Transit (large vehicle, wheelchair lift equipped) annual operational costs (fuel, maintenance, licenses, insurance):
  - Fuel (1 year): \$5,824
  - Repairs/maintenance (1 year): \$1,489
  - Insurance (1 year): \$11,856
  - Licenses (1 year): \$700
    - **Total: \$19,869**

**"Other" Budget Assumptions**

- Vehicle Operation Costs – For detail on expenses see Attachment page 12, item "#11: Vehicle Cost Assumptions and Assumptions Used as Basis for Participant Projections."
- Insurance: Estimated costs for general liability and professional liability insurance coverage.
- Licenses: estimated costs of all annual software licensing transportation licensing costs for 1 vehicle.

**TOTAL OTHER = \$19,869**

*In the future AHN and the collaborative will seek additional funding for staff and vehicles on a service and/or population specific basis. Examples include: US Department of Agriculture for transportation services focused on food security and food nutrition; US Health and Human Concerns for transportation services focused on non-emergency medical transportation services; State of Nevada Department of Aging and Disability Services for transportation services specific to seniors. AHN and collaborative partners have the relevant experience and/or performed the necessary due diligence before committing to this overall project to know that there are a range of funding opportunities at the Federal, State, and County levels to keep it sustainable in the short and long-terms; the proposed FY 16/17 CDBG project is an example of this. Community shared-responsibility. In the future, collaborating entities will approach Tesla about donating additional vehicles.*

EQUIPMENT

*These costs are based on vehicle price quotes as of August 2016, 2015 for one Ford Transit extra-length passenger van. See Attachment items "#12: Van Price Quote" on page 46 for documentation of vehicle equipment costs. Vehicles purchased and modifications made will meet all applicable Federal guidelines and criteria.*

- Ford Transit Extra-length Passenger Van: \$54,738

**TOTAL EQUIPMENT = \$54,738**

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ADMINISTRATIVE COSTS

N/A. There are no administrative costs associated with this proposal.

**TOTAL CDBG PROPOSED BUDGET = \$74,607**

**VI. MATURITY & PROJECT READINESS:**

Provide details regarding the project applicant's readiness to implement the proposed project:

1. Status of prior work/preliminary planning.

*The AHN Non-Emergency Medical Transportation program ended its planning phase at the end of 2015 and began providing direct transportation and centralized dispatch services in January 2016. It is currently operating with three direct transport vehicles, a central dispatch center, three drivers, Transportation Manager and Lead Dispatch have been hired; ThingTech Transportation Logistics software has been purchased and configured, installed and tested; a dedicated 1-800 number has been purchased and configured; and operational processes have been designed and implemented. Additionally, AHN has signed a contract with MTM Inc., transportation vendor for the State of Nevada Medicaid, to be reimbursed for transportation services provided to Nevada Medicaid participants; this will be leveraged to pay for a driver for CDBG purchased vehicle. See the MTM Inc. reimburse rates below:*

<b>Curb to Curb Loaded Business Hour Rates Per One-Way Trip</b>				
<b>Mileage Band</b>	<b>Ambulatory</b>	<b>Wheelchair</b>	<b>Stretcher</b>	<b>Specialized</b>
<b>&gt; 0.00 – 5.00 miles (Base Rate)</b>	<b>\$18.00</b>	<b>\$38.00</b>	<b>N/A</b>	<b>N/A</b>
<b>&gt; 5.01 -- Endless Miles (Per Mile)</b>	<b>\$1.30</b>	<b>\$2.10</b>	<b>N/A</b>	<b>N/A</b>

**AHN Transportation Service Outputs January-June 2016**

- Over 10,000 (outreach/marketing) rack cards distributed throughout Washoe County on the AHN Non-Emergency Medical Transportation program.
- Over 5,000 phone calls answered by the Transportation Hotline.
- Over 2,000 trips provided (4,480 trips projected annually).
- Reasons for Trips:
  - Medication: 4%
  - Nutrition: 13%
  - Physician prescribed activity: 6%
  - Medical appointments: 75%
- Types of Passengers:
  - Disabled: 77%
  - Seniors: 67%
  - All passengers have been at or below 50% of MFI for Washoe County and are considered LMI.

2. Capacity within the jurisdiction/implementing agency to implement the project.

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*AHN has a long history of implementing projects of similar scope, with similar cross-entity collaboration, with multiple funding streams, within the same geographic areas and target populations. As stated above, AHN has already successfully implemented the Non-Emergency Medical Transportation program, at this time our focus is on expanding capacity because of overwhelming demand in the community.*

3. Is the proposed project part of a larger project? If so, please ensure this has been addressed in the Scope of Work.
  - a. Can this project be done in different phases? *NO*
  - b. If yes, please list the phases and provide a brief summary of each. Indicate if the City/County is planning to submit an application on any future phases.
  - c. If the project is a multi-phase project, have CDBG funds been used in an earlier phase? Please explain. *NO*
  - d. What sources of funding will be sought for future phases?

*As stated earlier the proposed FY 16/17 CDBG project is an expansion of a larger, overall Washoe County project that is currently being undertaken by a collaborative that includes Access to Healthcare Network (AHN), the Regional Transportation Commission (RTC), and Washoe County Social Services (WCSS). The goals of this collaborative are two-fold:*

- *Create a centralized, regional dispatch/call center to coordinate all non-emergency non-profit transportation services in the Reno/Sparks Metro area to increase overall transportation resource efficiency and utilization; and*
- *To expand the capacity of non-emergency transportation services for low to moderate income residents of Washoe County, to facilitate utilization of needed medical, social, economic support and benefits services, especially for seniors and those with disabilities.*

*The proposed project cannot be done in phases. Though, because this project is in part about creating infrastructure for future increasing in capacity (centralized, regional dispatch service) vehicle and staff can be added to the on-going program at a later date.*

*Though AHN does not consider this FY 16/17 CDBG project proposal a phase, in the future AHN and the collaborative will seek additional funding for staff and vehicles on a service and/or population specific basis. Examples include: US Department of Agriculture for transportation services focused on food security and food nutrition; US Health and Human Concerns for transportation services focused on non-emergency medical transportation services; State of Nevada Department of Aging and Disability Services for transportation services specific to seniors. AHN and collaborative partners have the relevant experience and/or performed the necessary due diligence before committing to this overall project to know that there are a range of funding opportunities at the Federal, State, and County levels to keep it sustainable in the short and long-terms; the proposed FY 16/17 CDBG project is an example of this. Community shared-responsibility. In the future, collaborating entities will approach Tesla about donating additional vehicles.*

4. Ownership information, if applicable: (i.e. construction, acquisition)
  - a. Who currently holds title to the property involved? *N/A*

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- b. In whom will the title be vested upon completion of the project? *Access to Healthcare Network (AHN) will hold title to vehicles and any equipment purchased at completion of this award contract.*
- c. Do any rights-of-way, easements, or other access rights need to be acquired? *N/A*
- d. If "YES", when will the rights be acquired? *N/A*
- e. If the project requires water rights or well permits, have they been acquired? *N/A*
- f. If "NO", when will the rights/permits be acquired? *N/A*

**VII. ENVIRONMENTAL REVIEW**

- 1. What level of environmental review is required for the proposed project?
  - a. Environmental Impact Statement (EIS)
  - b. Environmental Assessment (EA)
  - c. Categorically Excluded/ Does not convert to Exempt
  - d. Categorically Excluded/Converts to Exempt
  - e. **Exempt**

- 2. At what stage in the environmental review process is the project at this time?

*Washoe County will submit required environmental review documents prior to March 1<sup>st</sup>, 2016.*

- 3. If other state or federal agencies are involved in this project and require an environmental review, provide the name and address of the agency and the name and phone number of the contact person at that agency. *N/A*
- 4. What are the anticipated short-term and/or temporary environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures. *N/A*
- 5. What are the anticipated long-term and/or permanent environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures. *N/A*
- 6. Indicate whether the proposed project involves any of the following: *N/A*
  - a. Historic structure (designated or 50+ years old)
  - b. Historic or prehistoric site
  - c. Historic District
- 7. Will this project require or result in the involuntary displacement of any person? YES **NO**
- 8. Describe impacts, other than environmental, both positive and negative, which are expected as a result of this project. Quantify as much as possible. If necessary, include an attachment to the application.

**Planning Grants Only:                      NA**

- 1. Has a plan or study previously been conducted for the same or a similar project? YES / NO
- 2. If "YES", respond to the following questions:
  - a. When and by whom was the previous plan or study conducted?
  - b. What were the conclusions and recommendations?



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- c. If any of the recommendations were implemented, describe the results. If no action was taken, explain why not.
- 3. Will the plan contain a section detailing how to address the conclusions and implement recommendations resulting from the plan or study?  
YES / NO
- 4. If YES, explain when the recommendations will be implemented. If no action is recommended, explain why not.
- 5. This proposed project is a plan or study for:
  - i. Long-term planning \_\_\_\_\_
  - ii. Short-term planning \_\_\_\_\_
  - iii. Project design \_\_\_\_\_
- 6. Who will be responsible for the implementation of the project?
- 7. How and when will implementation of the project occur?

**Water System/Sewer System Projects Only: NA**

- 1. If this request is for a water or sewer project, please complete the following Utility Cost Table and following questions:

	WATER SYSTEM	SEWER SYSTEM	TOTAL COSTS
Number of customers			
Average monthly residential usage			
Current rates			
Charge to connect to system			
Average monthly cost for residential customers			
Date of last rate change			
Amount of last rate change			

- 2. Solid waste projects:
  - a. Current rates:
  - b. Date of last rate change:
  - c. Amount of last rate change:
- 3. If a fee will be charged for the services provided (other than water, sewer or solid waste disposal) in connection with the project, describe the fee structure in detail. Example: Ambulance fees).
- 4. Describe the efforts local government and the community has made to fund this project.
  - a. From internal sources including, but not limited to, new taxing or bonding proposals, net proceeds of mines, creation of special assessment districts, budget override votes, rate increases.
  - b. From alternative or external funding sources including, but not limited to, state sewer construction loan funds, state water project grant or loan funds, USDA-RD programs, EDA, etcetera. Attach documentation showing both the successful and unsuccessful attempts.

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**ASSESSMENT/MINUTES/ATTACHMENTS**

In order for the application to be accepted for review, include one (1) copy of the City/County Housing & Community Needs Assessment and one (1) copy of the minutes from the three (3) public participation meetings. **No applications will be considered for funding without these inclusions.**

**(REQUIRED)** (1) City/County Housing & Community Needs Assessment

**(REQUIRED)** (2) Meeting Minutes from three (3) Public Participation Meetings

Date of 1<sup>st</sup> Notice 8-8-15                      Date of Meeting #1 8-28-15

Date of 2<sup>nd</sup> Notice 9-29-15                      Date of Meeting #2 10-14-15

Date of 3<sup>rd</sup> Notice 11-23-15                      Date of Meeting #3 12-8-15

Minutes for the 12-8-15 meeting are expected on or about 1-26-16. Minutes will be submitted to CDBG upon availability.

Label all attachments and list them in the Attachment Index, ensuring all references are correct. Do not include attachments unless they are needed to understand the project.

**ATTACHMENT INDEX:**

Item	Page	Description
<b>Number</b>	<b>Number</b>	<b>Description</b>
1	26	<i>Washoe County Planning Department 2010 Population Density of Senior 60+ in Washoe County by Census Tract(s) with City of Reno/Sparks Boundaries</i>
2	27	<i>Washoe County Planning Department 2010 Median Family Income in Washoe County by Census Tract(s) with City of Reno/Sparks Boundaries</i>
3	28-29	<i>Existing plans that proposed project contributes to: FY 16-18 Washoe County Strategic Plan, specific Goal and Activities project contributes to</i>
4	30	<i>Existing plans that proposed project contributes to: State of Nevada FY 15-19 Consolidated Plan: Goals project contributes to</i>
5	31	<i>Existing plans that proposed project contributes to: State of Nevada FY 15-19 Consolidated Plan: Community Development Needs Assessments that proposed project contributes to</i>
6	32	<i>Existing plans that proposed project contributes to: State of Nevada FY 15-19 Consolidated Plan: Nevada Aging and Disability Services Division (ADSD) State Plan that proposed project contributes to</i>
7	33-36	<i>RTC Committed "Other Federal" Dollars to Project: Transportation</i>
8	37-40	<i>RTC Committed "Other Federal" Dollars to Project: Dispatch/Call Center</i>
9	41	<i>Washoe County Social Services Letter of Commitment</i>
10	42	<i>Washoe County Senior Services Master Plan</i>
11	43	<i>Vehicle Cost Assumptions and Assumptions Used as Basis for Participant Projections</i>
12	44	<i>Van Price Quote</i>
13	45	<i>Proposed CDBG Vehicle Purchase and 1-year Operational Expenses Budget</i>
14	45-47	<i>Overall AHN Non-Emergency Medical Transportation Budget as of 8/2016</i>
15	48	<i>Access to Healthcare Network Letter of Commitment for "Other" Match Funds</i>

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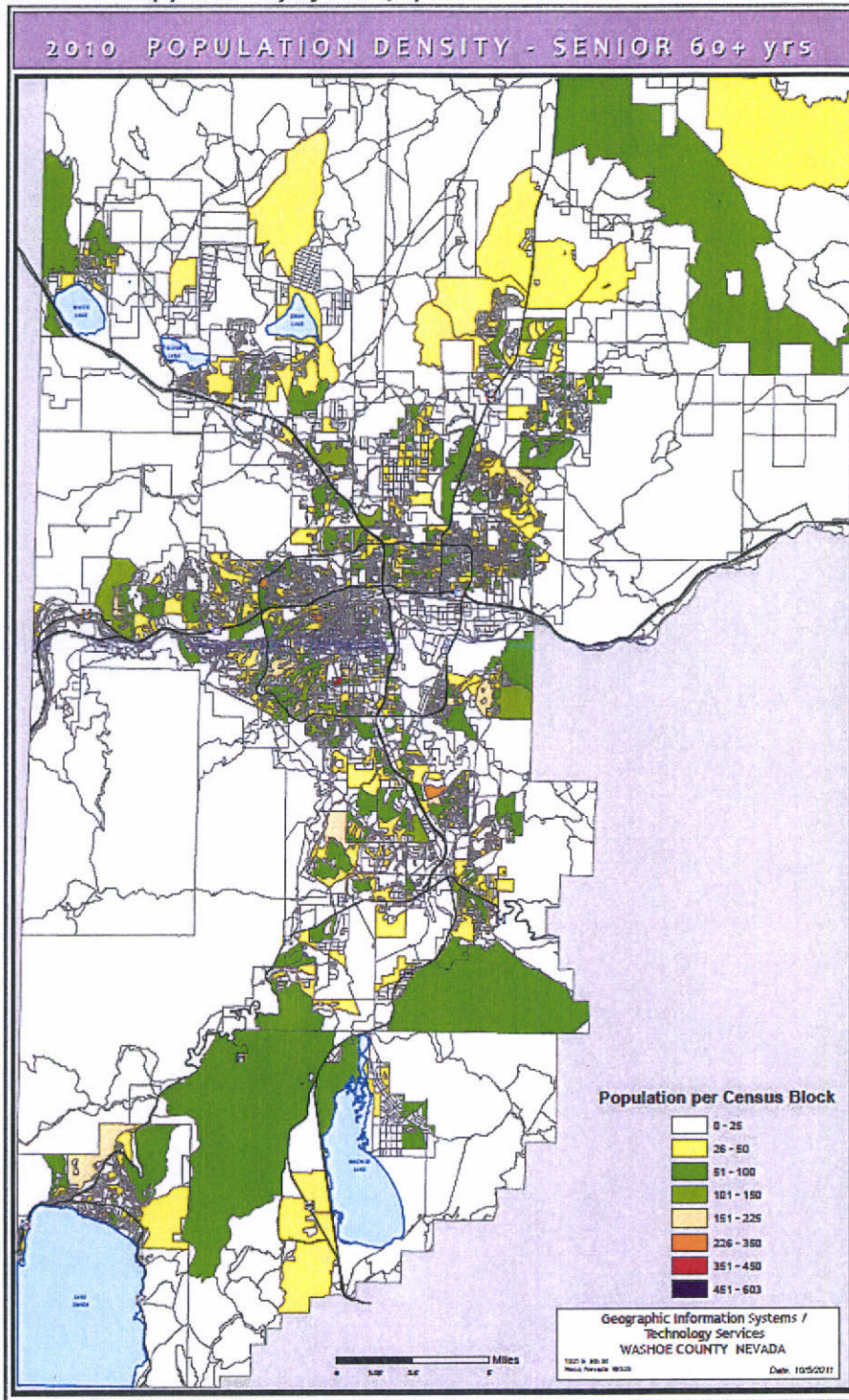
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<b>Item</b>	<b>Page</b>	
<b>Number</b>	<b>Number</b>	<b>Description</b>
<b>A</b>		Washoe Housing & Community Needs Assessment – Washoe County Master Plan
<b>B</b>		Minutes from the public participation meetings.

GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

ATTACHMENTS

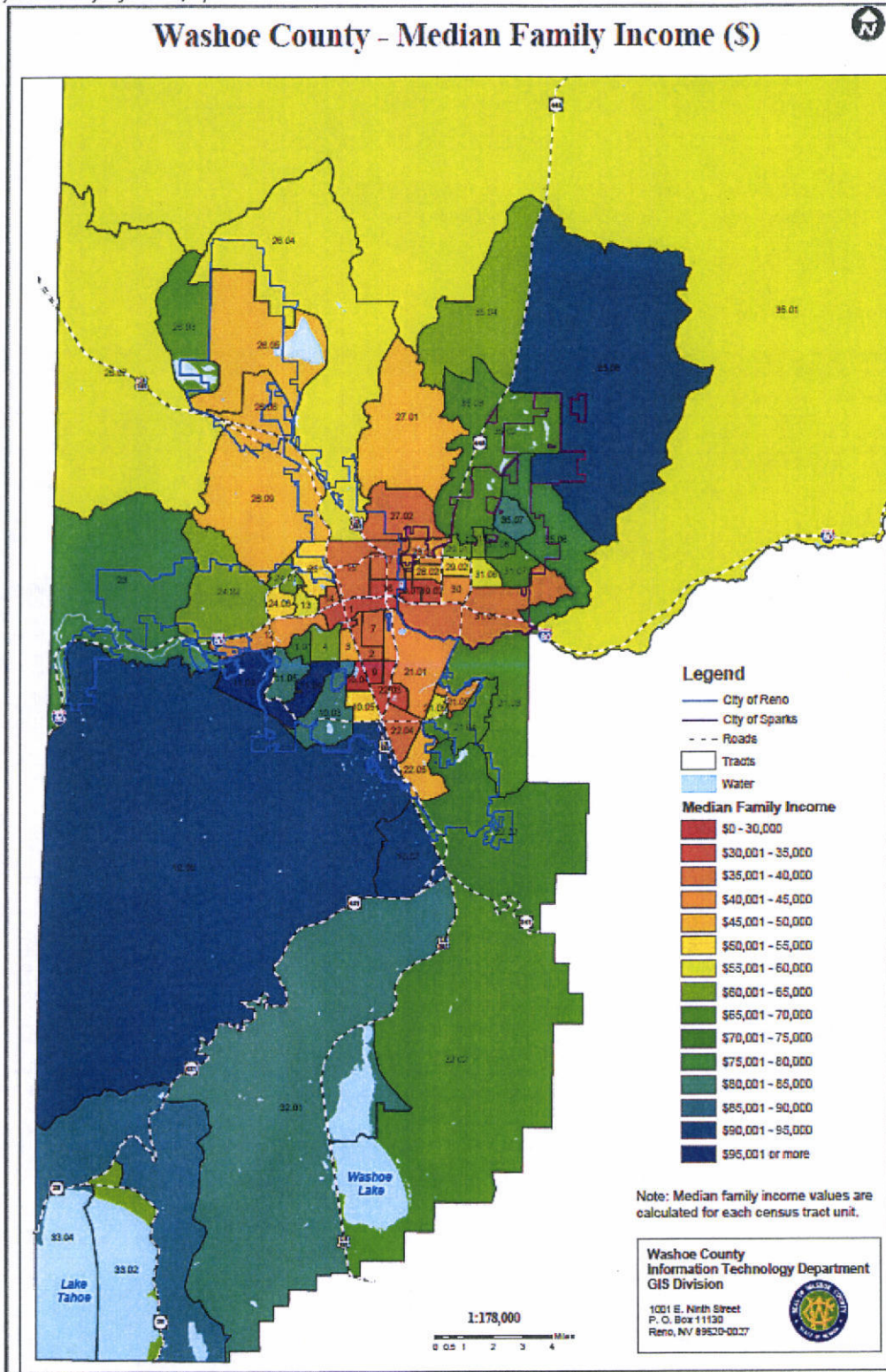
#1: Washoe County Planning Department 2010 Population Density of Senior 60+ in Washoe County by Census Tract(s) with City of Reno/Sparks Boundaries





**GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT  
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#2 Washoe County Planning Department 2010 Median Family Income in Washoe County by Census Tract(s) with City of Reno/Sparks Boundaries



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#3 Existing plans that proposed project contributes to.

FY 16-18 Washoe County Strategic Plan, specific Goal and Activities project contributes to



# WASHOE COUNTY



**GOAL #2: KEEP SENIOR SERVICES ON PACE WITH RISING SENIOR POPULATION.**

*Supporting Strategic Objective – Safe, Secure & Healthy Communities*

*Goal Champions: Commissioner Herman and Kevin Schiller*

*Success Measures: How will we know we are making progress?*

Success Measure	FY15 Baseline	FY16 Target	Data Source
Number of senior related outreach efforts	434	482	SharePoint
Meal Gap (meals needed vs. meals served)	114,000	81,000	SAMS Database
Number of 8-week computer training classes conducted for seniors	0	3	Library Report

*Critical Actions- Who must do what by when?*

FY16	Leader	Target Date
<b>Cross-Functional Initiatives</b>		
Establish a Senior Outreach Team (cross-departmental team). ←	K. Retterath, S. Marston	Sept. 2015
Implement a Senior Volunteer Ambassador Outreach Project in unincorporated Washoe County to identify and serve homebound and socially isolated seniors leveraging resources across the Department of Human Services. ←	G. Enfield, L. Williams	Dec. 2015
Complete integration of Social Services and Senior Services to the Human Services Agency.	K. Schiller	June 2016
Establish a research center to coordinate the collection of data and metrics related to seniors including a feasibility study for a senior satisfaction survey.	G. Enfield	June 2016
Open up access to information for seniors through coordinated technology. ←	K. Retterath	June 2016
Re-establish Multi-Disciplinary Team for Vulnerable Adults to identify gaps in service (Elder abuse and training grant)	T. Rianda	June 2016
Engage with Senior Services and goal team in identification of priorities, goals, and improvement initiatives for the Community Health Improvement Plan (CHIP).	S. Dinga	June 2016
Evaluate and develop a strategy to increase low and very low income housing units for seniors.	S. Marston, G. Enfield, S. Dinga	June 2016
<b>Department-Specific Initiatives</b>		
Streamline response and case resolution by better technologies including rapid radiography by installing a digital system.	Medical Examiner	July 2015
Upgrade data systems to include VertiQ system scene entry of cases to enable web-based case entry.	Medical Examiner	July 2015
Add an IH employee to enhance staffing to provide scene response and bereavement services.	Medical Examiner	August 2015
Expand public hours at the Senior Center Library.	Library	September 2015
Hire one additional Office Support Specialist to allow us to keep pace with anticipated eventual increase in caseload and increased complexity of cases.	Public Administrator	October 2015
Collaborate with Senior Services staff to begin providing library services as part of a grant-funded meal delivery program. ←	Library	December 2015
Upgrade the Avatar application for Adult Social Services and Senior Services.	Technology Services	December 2015

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# WASHOE COUNTY



FY16	Leader	Target Date
Partner with Senior Services to provide 2 free vaccination and microchip clinics for seniors. ←	Animal Services	December 2015
Expand "Come in from the Cold" night by exploring new locations and transportation partnerships. ←	CSD	June 2016
Develop a Community Health Improvement Plan to respond to findings of the 2015-2018 Community Health Needs Assessment.	Health District	June 2016
Provide influenza and pneumonia vaccinations for senior citizens that are not eligible for Medicare. ←	Health District	June 2016
Increase Nutritional Programming by 15 percent.	Social Services	June 2016
Expand Respite programming for vulnerable adults through collaboration with community providers. ←	Social Services	June 2016
Implement a centralized case management system for vulnerable adults and seniors	Social Services	June 2016
Leverage federal funding (Medicaid Match) to expand local financial resources to serve growing senior population.	Senior Services	June 2016
Expand Daybreak Adult Day Health to an average of 33 clients per day. ←	Senior Services	June 2016
Use non-profit and private sector agencies to expand direct services to seniors; expand partnerships with non-profits to increase financial support of select senior service programs through local fund-raising. ←	Senior Services	June 2016
Open four new congregate meal sites and senior centers through December 2016, for a total of 13 locations. Increase the number of congregate meals and "Meals on Wheels" served to 360,000.	Senior Services	June 2016
Expand home and community-based services to support the independence of community-living (non-institutionalized) seniors. ←	Senior Services	June 2016
Increase seniors, their families and caregivers awareness of community living options through the expansion of Information and Referral and Options Counseling Services at all Senior Services locations.	Senior Services	June 2016
Monitor "shared costs" items to ensure the highest level of compliance and maximize program benefits to the citizens.	Comptroller	June 2016
Reduce the mental health inmate population in the jail by 5%.	Sheriff	June 2016
Increase and enhance the Crossroads Program and Vulnerable Persons Unit in coordination with Social Services.	Sheriff	June 2016
Secure assets of incapacitated vulnerable persons through guardianship of estate - Complete Inventory and Record of Value court reports to meet statutory requirement for all court-appointed guardianships.	Public Guardian	June 2016

GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**#4 Existing Plans that proposed project contributes to  
State of Nevada FY 15-19 Consolidated Plan: Goals project contributes to**

**VII. Strategic Plan**

**HOMELESS PRIORITIES:**

**Priority 4:** Continue support of existing sub-recipients operating emergency shelters and transitional housing for the homeless, including motel vouchers in communities lacking adequate shelter.

**Priority 5:** Create additional transitional and permanent supportive housing, including the rapid re-housing program.

**Priority 6:** Provide financial support to assist those at imminent risk of homelessness

**Priority 7:** Support effective data collection and entry activities for the homeless services provided when servicing client populations

**SPECIAL NEEDS PRIORITIES:**

**Priority 8:** Increase and preserve the supply of affordable housing available to the elderly and disabled

→ **Priority 9:** Improve the access that special needs populations have to needed services

**COMMUNITY DEVELOPMENT PRIORITIES:**

**Priority 10:** Improve infrastructure by assisting with sidewalk/path, street, water and wastewater system upgrade and development projects.

→ **Priority 11:** Enhance access to quality facilities to serve the population throughout rural Nevada.

**Priority 12:** Provide infrastructure and other planning support for units of local government.

**ECONOMIC DEVELOPMENT PRIORITIES:**

**Priority 13:** Retain and expand existing businesses.

**Priority 14:** Support recruitment and attraction of new businesses to Nevada

**Priority 15:** Provide employment opportunities for low- and moderate-income people

Each of the priorities identified above, as well as the objectives consistent with each strategy are discussed in greater detail below. Performance measurement criteria are presented at the end of each priority narrative.



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COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

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**#5 Existing Plans that proposed project contributes to  
State of Nevada FY 15-19 Consolidated Plan: Community Development Needs Assessments  
that proposed project contributes to**

**I. Executive Summary**

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currently provided. The Housing and Community Development Needs Survey indicated the highest need for veterans, the frail elderly and persons with developmental disabilities.

**COMMUNITY DEVELOPMENT NEEDS ASSESSMENT**

The 2014 Housing and Community Development Survey provided data on perceived community development needs. Respondents indicated that funding should be primarily devoted to human services and housing, followed by economic development and water systems. Attraction of new businesses, retention of existing businesses, expansion of existing businesses and provisions of job training were all top priorities in terms of economic development. Street and road improvements, sidewalk improvements, and water system capacity improvements were high priorities for infrastructure development. Respondents noted a high need for youth centers, healthcare and childcare facilities, and the need for transportation services, healthcare services, and senior services.

**C. PRIORITIES FOR THE NEVADA CONSOLIDATED PLAN**

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The following list presents the overriding priorities of the Nevada Five-Year Consolidated Plan for Housing and Community Development, including selected performance criteria associated with each strategy and goal. Furthermore, there may be a need to direct such housing resources by use of project selection criteria, which may be updated annually, based upon year-to-year need and local circumstances.

The priorities the state will pursue over the next five years are as follows:

**HOUSING PRIORITIES:**

**Priority 1:** Increase the availability of rental housing for low - income households

**Priority 2:** Increase, preserve and improve the long-term life of existing affordable rental and owner-occupied housing stock, as well as improving housing accessibility and safety

**Priority 3:** Expand homeownership opportunities for low-income homebuyers

**HOMELESS PRIORITIES:**

**Priority 4:** Continue support of existing sub-recipients operating emergency shelters and transitional housing for the homeless, including motel vouchers in communities lacking adequate shelter.

**Priority 5:** Create additional transitional and permanent supportive housing, including the rapid re-housing program.

**Priority 6:** Provide financial support to assist those at imminent risk of homelessness

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COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

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**#6 Existing Plans that proposed project contributes to  
State of Nevada FY 15-19 Consolidated Plan: Nevada Aging and Disability Services Division  
(ADSD) State Plan that proposed project contributes to**

**V. Housing and Homeless Needs Assessment**

---

Aging (AoA) and related state agencies to specifically address the many needs of the elderly U.S. population. Despite limited resources and funding, the mission of the Older Americans Act is broad: "to help older people maintain maximum independence in their homes and communities and to promote a continuum of care for the vulnerable elderly."<sup>33</sup> The AoA encompasses a variety of services aimed at the elderly population, such as supportive services, nutrition services, family caregiver support, and disease prevention and health promotion.

In Nevada, support for the elderly population is provided by the Aging and Disability Services Division, within the State's Department of Health and Human Services. This Division administers a wide variety of senior based services with the mission to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent meaningful and dignified lives.<sup>34</sup> Some of the programs for seniors include advocacy, resource centers, health services, and caregiver resources.

The Nevada Aging and Disability Services Division (ADSD) State Plan was designed to provide a blueprint for services over the four year period from October 2012 through September 2016.<sup>35</sup> The following goals are outlined in the plan:

- Goal 1: Older Nevadans have a seamless and comprehensive support services delivery system to improve their independence and dignity.
- Goal 2: Older Nevadans, persons with disabilities, their families and caregivers have access to a statewide network of single point of entry sites that provide a comprehensive array of information, referral, intake assessment and eligibility determination services.
- Goal 3: Older Nevadans and their families have greater flexibility and more choices regarding their long term care options.
- Goal 4: Older Nevadans are active and healthy with the support of evidenced-based health promotion and disease and disability prevention programs.
- Goal 5: Older Nevadans have an efficient system that promotes and protects their safety and rights.

**Services and Housing Needed**

The State's Commission on Aging released a report in June 2014 on the Community Needs and Priorities for Older Nevadans. The report utilized a stakeholder survey and found that home care ranked as a priority across all respondents.<sup>36</sup> Case management was a priority among staff and service providers, and transportation was the number one priority for senior center participants.

<sup>33</sup> [http://www.nhpf.org/library/the-basics/Basics\\_OlderAmericansAct\\_02-23-12.pdf](http://www.nhpf.org/library/the-basics/Basics_OlderAmericansAct_02-23-12.pdf)

<sup>34</sup> [http://adsd.nv.gov/About/Mission\\_Statements/](http://adsd.nv.gov/About/Mission_Statements/)

<sup>35</sup> <http://adsd.nv.gov/About/Reports/StatePlan/>

<sup>36</sup> <http://adsd.nv.gov/uploads/1/1/2/1/12112112/adsdnvgov/content/Boards/COA/SubNRS439/COA-NRS439FinalReport.pdf>

GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT  
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**#7: RTC "Other Federal" Dollars to Project: Transportation**

**Note: The project was approved at the August 19, 2016 Commissioners meeting. Attached is the agenda item and approved and the AHN only funded budget :**



**REGIONAL TRANSPORTATION COMMISSION**

*Metropolitan Planning • Public Transportation & Operations • Engineering & Construction*  
Metropolitan Planning Organization of Washoe County, Nevada

August 19, 2016

AGENDA ITEM 4.14

**TO:** Regional Transportation Commission

**FROM:** Jennifer Meyers  
Contracts Administrator

  
Lee G. Gibson, AICP  
Executive Director

**SUBJECT:** Section 5310 Contract Awards to Access to Healthcare Network, CitiCare and Seniors in Service (Senior Companion Program), and United Cerebral Palsy of Nevada

**RECOMMENDATION**

Approve Section 5310 grant agreements with: 1) Access to Healthcare Network in an amount not to exceed \$167,557; 2) CitiCare in an amount not to exceed \$373,862; 3) Seniors in Service (Senior Companion Program) in an amount not to exceed \$52,360; and 4) United Cerebral Palsy of Nevada in an amount not to exceed \$105,750. Authorize the Executive Director to execute the final agreements once the FTA grant number has been assigned.

**SUMMARY**

The Coordinated Human Services Public Transit Plan (CTP) is a federally required document which guides the use of Federal Transit Administration (FTA) Section 5310 funds. At the June 17, 2016, meeting of the Regional Transportation Commission, the Board approved five projects for Section 5310 funding as part of the CTP. Of these, four awards were over \$50,000 and are required by RTC Management Policy P-13 (Purchasing) to be approved by the Board prior to execution by the executive director. These four projects are:

**1. Access to Healthcare Network (AHN)**

**Non-Emergency Medical Related Transportation** – This project will provide non-emergency medical transportation for low income seniors and individuals with disabilities, as well as other low income underserved populations through the operation of one fully accessible van, previously funded through the 5310 Program. The service will be operated by Access to Health Network (AHN) and includes project administration costs to support a Dispatcher position to continue the Sierra Nevada Transportation Help Line operated by AHN, the number one priority identified by CTP stakeholders. The SNT Help Line will provide screening and referral for non-transportation social and human services in the Reno/Sparks Metro Area. Transportation will be available from the hospital to home, for post-discharge outpatient hospital services, doctor's appointments, pharmacies, and other ancillary services.

RTC Board: Neema Jardon (Chair) • Ron Smith (Vice Chair) • Bob Lukey • Paul McKenzie • Marsha Berkbigler  
PO Box 30002, Reno, NV 89520 • 1105 Terminal Way, Reno, NV 89502 • 775-348-0400 • rtcwashoe.com

**GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT  
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Section 5310 Contract Awards  
RTC Staff Report August 19, 2016  
Page 2

The total operating project cost of this Agreement is One Hundred Fifty Three Thousand Five Hundred Four and No/100 Dollars (\$153,504.00). The maximum reimbursement in FTA funds for the period of October 1, 2016 through September 30, 2018 for operating costs shall not exceed the sum of Seventy Six Thousand Seven Hundred Fifty Two and No/100 Dollars (\$76,752.00) from Federal Grant No. NV2016-XXX-XX. The RTC will not make any payments for reimbursement unless FTA Section 5310 or other eligible federal funds are appropriated to the RTC for the project. The remaining fifty percent (50%) or Seventy Six Thousand Seven Hundred Fifty Two and No/100 Dollars (\$76,752.00) required operating match will be provided by Access to Healthcare Network. The administrative amount shall not exceed Six Thousand Four Hundred Six and No/100 Dollars (\$6,406.00) [no match is required].

This project qualifies for capital funding to continue the Sierra Nevada Transportation Help Line. The total capital project cost of this capital portion is One Hundred Five Thousand Four Hundred Ninety Nine and No/100 Dollars (\$105,499.00). The maximum reimbursement in FTA funds for the period of October 1, 2016 through September 30, 2018 for capital costs shall not exceed the sum of Eighty Four Thousand Three Hundred Ninety Nine and No/100 Dollars (\$84,399.00) from Federal Grant No. NV2016-XXX-XX. The RTC will not make any payments for reimbursement unless FTA Section 5310 or other eligible federal funds are appropriated to the RTC for the project. The remaining twenty percent (20%) or Twenty One Thousand One Hundred and No/100 Dollars (\$21,100.00) required capital match will be provided by Access to Healthcare Network.

**2. CitiCare**

**Continuation of the transportation coalition and the purchase of non-ADA Paratransit rides-** CitiCare is an independent, nonprofit organization formed in 2000 in response to the growing need to provide transportation for people with disabilities, many of which are frail seniors, in the Reno/Sparks area. The Sierra Nevada Transportation Coalition (SNTC) is a project of CitiCare, which is an independent, nonprofit organization in Reno, Nevada. This project funds several activities including:

- o The mobility management facilitation and continuation of the transportation coalition.
- o Funding for approximately 4,480 non-ADA area medical trips in a purchased transportation arrangement with Access to Healthcare Network. This will increase the capacity for RTC ACCESS to provide additional non-ADA trips.
- o Funding for approximately 2,500 trips on RTC ACCESS that are outside the ADA service area.

Funding for this project provides rides that are critical for people with disabilities to maintain their independence.

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COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**Project Budget ~ AHN TRANSPORTATION & TELEPHONE HELPLINE**

Capital Equipment (Rolling Stock, Non-Rolling Stock, Mobility Management)				Total Capital Cost		
<b>Rolling Stock</b>						
<b>Non-Rolling Stock</b>						
<b>Mobility Management</b>				Year 1	Year 2	
Project Administration - Dispatcher (Total 2 Years = \$105,499)						
Total Capital Cost				(1)	52,749.50	52,749.50
Federal Share Capital Cost (80%)				(2)	42,199.50	42,199.50
Local Share Capital Cost (20%)				(3)	10,550	10,550
Operating	Year 1	Year 2	Year 3	Total Operating Cost		
Labor ~ Driver's salary	41,000	41,000		82,000		
Fringe Benefits -- Driver benefits	6,150	6,150		12,300		
Office Supplies	2,000	2,000		4,000		
Fuel and Oil*	10,016	10,016		20,032		
Maintenance*	1,086	1,086		2,172		
Vehicle Insurance*	10,000	10,000		20,000		
Purchased Transportation Licenses*	700	700		1,400		
Other Expenses*	5,800	5,800		11,600		
Total Operating Expenses (A)	(5)	79,955	79,955	159,910		
Total Operating Revenue (B)	(6) ADMIN	-3,203 (1)	-3,203	-6,406 (Admin)		
Net Operating Project Cost (A-B)	(7)	76,752	76,752	153,504		
Note: The amount of eligible Operating expense does not include revenues.						
Federal Share Operating (50%)	(8)	38,376 (1)	38,376	76,752		
Local Share Operating (50%)	(9)	38,376	38,376	76,752		
<b>PROJECT COST SUMMARY</b>						
**Enter sum of all sub-totals for entire project (capital and operating) in the boxes below:						
Total Project Cost				(1+7)	265,409	
Capital = \$84,399	Operating = \$76,752	Admin = \$6,406	Total Federal Share	(2+8)	167,557	
Total Local Share				(3+9)	97,852	
Total Revenue				(6)		
* Please Indicate Other Expenses Here:						
Training = \$400 + Sales Force Software = \$4,000 + Phone/Internet = \$1,400 = \$5,800						

TOTAL FEDERAL \$83,779

GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

#9: Washoe County Social Services Letter of Commitment (LOC) for "Local Cash" Match Funds



**WASHOE COUNTY**

*"Dedicated to Excellence in Public Service"*

DEPARTMENT OF SOCIAL SERVICES

350 SOUTH CENTER STREET, 3<sup>rd</sup> FLOOR  
POST OFFICE BOX 11130  
RENO, NEVADA 89520-0027  
PHONE: (775) 785-8800

FY 15/16 CDBG Selection Committee  
C/O Gabrielle Enfield  
Washoe County Managers Office  
1001 E. 9<sup>th</sup> St.  
Reno, NV 89502

11/4/2015

Dear CDBG Selection Committee,

Washoe County Department of Social Services (WCDSS) is in support of Access to Healthcare Network's (AHN) Community Development Block Grant application to expand their Non-Emergency Transportation (NET) programs. WCDSS recently supported this effort by committing \$214,409 as match to a Regional Transportation Commission grant to (AHN). This funding was for the development of the NET and was approved by the Board of County Commissioners at their meeting on October 10, 2015 and is allocated for FY 15/16, with future years' funding dependent upon resource availability at the Federal, State County and local levels.

WCSS believes this project addresses a great unmet need in the Reno/Sparks Metro area, especially for unincorporated areas of Washoe County and is in support of expanding these services. Additionally, WCDSS believes AHN is uniquely positioned to successfully implement this project as well as in managing its growth and sustainability in the future.

If you have any questions please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Amber Howell".

Amber Howell  
Director, Washoe County Social Services  
775-337-4488  
ahowell@washoecounty.us

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#10: Washoe County Senior Services Master Plan

**Goal 12: Transportation**

*Expand public and private transportation options that allow seniors to live independently.*

**VISION:** Washoe County seniors will have access to transportation for essential services, such as shopping, medical appointments, and socialization.

**OBJECTIVE:** Ensure the availability of adequate Americans with Disability Act (ADA)<sup>xiii</sup> and non-ADA transportation services throughout all of Washoe County. Provide subsidies for those who are low income and most vulnerable seniors (frail, socially isolated or age 80+).

**STRATEGIES:**

- Engage the community and WCSS's partners in exploring strategies to expand transportation services.
- Subsidize reduced cost or free transportation services to seniors who are frail, socially isolated or age 80+.
- Engage volunteers in the expansion of transportation services.

**ACTION PLANS:**

- Conduct a literature review and identify best practices.
- Support a broad-based steering committee to plan for expanded services.
- Convene non-profit organizations to discuss possible pilot project.
- Design and evaluate an Escorted Transportation Pilot Project<sup>xiv</sup>.
- Define eligibility for low income and vulnerable (frail, socially isolated and age 80+).
- Increase funding for Taxi bucks<sup>xv</sup>, ACCESS<sup>xvi</sup> coupons, and monthly bus passes.
- Analyze volunteer roles to support transportation projects.
- Investigate the feasibility of providing volunteer transportation through non-profit groups.
- Evaluate the capacity of homeowners' associations to offer transportation for seniors in their developments.

<sup>i</sup> The Master Plan complete report and background information is available to the public on the Washoe County Senior Services website: [www.washoecounty.net/seniorservice/MasterPlan.htm](http://www.washoecounty.net/seniorservice/MasterPlan.htm)

<sup>ii</sup> Meals on Wheels are programs that deliver meals to individuals at home who are unable to prepare their own meals. Because they are homebound, many of the recipients are the elderly or people with disabilities. Meals are prepared to USDA standards and meet 1/3 of the recommended daily allowances for seniors, and often are delivered by volunteers.

<sup>iii</sup> Congregate Nutrition Services, established in Washoe County in 1972 and Home-Delivered Nutrition Services, established in 1978, provide meals and related nutrition services to older individuals in a variety of settings including congregate facilities such as senior centers; or by home-delivery to older individuals who are homebound due to illness, disability, or geographic isolation.

<sup>iv</sup> A continuum of care is a service that helps providers identify ways of coordinating and linking resources to avoid duplication and facilitate seamless movement among care settings.

<sup>v</sup> Aging in place is defined as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

<sup>vi</sup> ADL or Activities of Daily Living includes eating, bathing, dressing, toileting, mobility and transferring (from a bed to a wheelchair), which are the essential activities that sustain life and health. Those who have ADL limitations can be totally or partially dependent on others because of one or more chronic conditions (e.g., diabetes, heart disease or dementia). This care is provided in the home, group homes, assisted living facilities or nursing homes.

<sup>vii</sup> IADL or Instrumental Activities of Daily Living include cooking, shopping, housework, money management (paying bills) and other essential activities that are necessary for someone to live independently. This assistance is provided in people who live in their own home or apartment.

<sup>viii</sup> Institutionalization refers to moving in to a nursing home or other restrictive environment.

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**#11: Vehicle Cost Assumptions and Assumptions Used as Basis for Participant Projections**

Assumptions	Van
<b>Trips per day per manager/driver</b>	8.00
<b>Days of Operation per driver</b>	
<b>Weeks per year</b>	52.00
<b>Days of operation per week</b>	5.00
<b>Potential Days of operation per week</b>	260.00
<b>Less Driver vacation days</b>	(14.00)
<b>Less holidays</b>	(10.00)
<b>Less Days not operable</b>	(12.00)
<b>Total operation days per year</b>	224.00
<b>Total operation days per month</b>	18.67
<b>Trips per year</b>	1,792
<b>Trips per month</b>	149.33
<b>Average miles per trip (incl dead miles)</b>	15.00
<b>Miles per vehicle per year</b>	26,880
<b>Miles per vehicle per month</b>	2,240
<b>Cost per trip</b>	<b>One Vehicle</b>
<b>Average cost per gallon</b>	\$ 3.25
<b>Average miles per gallon</b>	15.00
<b>Average fuel cost per mile</b>	\$ 0.2167
<b>Fuel per year</b>	\$ 5,824
<b>Repair Costs per year per vehicle</b>	
<b>No. Oil Changes (every 3,000 miles)</b>	8.96
<b>Cost per oil change</b>	\$ 45.00
<b>Total</b>	\$ 403.20
<b>Tires</b>	\$ 600.00
<b>Annual Repairs</b>	\$ 485.50
	\$ 1,488.70
<b>Licensing</b>	700.00
<b>Insurance annually</b>	\$ 11,856.00



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Assumptions	Van
Total annual vehicle cost	19,868.70
Vehicle Purchase	
Total cost per mile	\$ 0.7392

**#12: Van Price Quote**

		<b>R O Bus Sales</b> <b>2701 Westwood Drive</b> <b>Las Vegas, NV 89109</b> <b>Phone/Fax:</b> <p style="text-align: right;"><b>702-798-0029</b> <b>702-798-0559</b></p>			
<b>Retail Buyer's Order &amp; Invoice</b>		Sold to:	ACCESS TO HEALTH		
Date:	7/21/2016	Address:	4001 S VIRGINIA # F		
Sales Mgr.		City/ST/Zip:	RENO NV 89502		
Sales Person:	<u>JOE MACHIN</u>	Phone:	775-284-1891		
Stock #:	16031058	Delivered to:	MIKE OCARROLL		
Vin No.	1FTYE2CM3GKA50002	Address:	SAME		
		City/ST/Zip:			
		Phone:			
<b>Vehicle Specifications and Major Components Sold:</b>					
Type	Year	Manufacturer	Model	Description	Amount
VAN	2016	FORD	TRANSIT	7PASS/W LIFT	54,634.00
					-
					-
					-

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**#13: Proposed CDBG Vehicle Purchase and 1-year Operational Expenses Budget**

<b>CDBG OPERATING BUDGET--VEHICLES and Specific Operational Costs (Fuel, Maintenance/Repairs, Insurance, Licenses)</b>					
				<b>Unit Amount</b>	<b>Totals</b>
<b>Vehicle Purchase Costs (2016 Ford Transit 7 passenger van)</b>					<b>54,738</b>
<b>Vehicle Operating Costs</b>					
	Fuel Van			\$ 0.2167	<b>5,824</b>
	Repairs			\$ 1,489	<b>1,489</b>
	Insurance			\$ 11,856	<b>11,856</b>
	Licenses			\$ 700	<b>700</b>
		<b>Total Vehicle Operating Costs</b>			<b>19,869</b>
		<b>Total Budget</b>			<b>74,607</b>

**#14 Overall AHN Non-Emergency Medical Transportation Budget as of 8/2016**

<b>Overall AHN Non-Emergency Medical Transportation Budget as of 8/2016</b>		<b>Annual</b>	<b>Unit Amount</b>	<b>Totals</b>
<b>ASSUMPTIONS</b>				
<b>FTE'S:</b>				
<b>PERSONNEL</b>				
	Program Manager			<b>1.00</b>
	Lead Driver			<b>1.00</b>
	Drivers			<b>6.00</b>
	Dispatch Lead Operator			<b>1.00</b>
	Dispatch operator			<b>2.00</b>
	<b>TOTAL FTE'S</b>			<b>11.00</b>
	<b>NEW HIRES</b>			<b>2.00</b>
	<b>Large Vehicles</b>			<b>5.00</b>
	<b>Small Vehicles</b>			<b>2.00</b>
	<b>Total Vehicles</b>			<b>6.00</b>

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<b>Overall AHN Non-Emergency Medical Transportation Budget as of 8/2016</b>		<b>Annual</b>	<b>Unit Amount</b>	<b>Totals</b>
<b>Trips Per Driver</b>				<b>1,792</b>
<b>Cost Per Mile Van</b>				
<b>Cost Per Mile Mini Van</b>				
	<b>Total Trips Van</b>			<b>7,168</b>
	<b>Total Trips Mini Van</b>			<b>3,584</b>
	<b>Total Trips</b>			<b>10,752</b>
	<b>Total Miles Van</b>			<b>107,520</b>
	<b>Total Miles Mini Van</b>			<b>53,760</b>
	<b>Total Miles</b>			<b>161,280</b>
<b>Square feet needed</b>			<b>125</b>	<b>1,375</b>
<b>PERSONNEL</b>				
	Program Manager	\$ 51,000	\$ 4,250	<b>51,000</b>
	Lead Driver	\$ 41,000	\$ 3,417	<b>41,000</b>
	Drivers	\$ 37,000	\$ 3,083	<b>222,000</b>
	Dispatch Lead Operator	\$ 40,000	\$ 3,333	<b>40,000</b>
	Dispatch operator	\$ 37,000	\$ 3,083	<b>74,000</b>
	<b>Total Salaries</b>			<b>428,000</b>
<b>Payroll Taxes and Benefits</b>				
	FICA and Medicare		7.65%	<b>32,742</b>
	Unemployment		3.00%	<b>12,840</b>
	Workmen's Comp Insurance		5.00%	<b>21,400</b>
	Medical Insurance		\$ 355	<b>46,860</b>
	<b>Total Payroll Taxes and Benefits</b>			<b>113,842</b>
	<b>Total Personnel Costs</b>			<b>541,842</b>
<b>Vehicle Costs</b>				
	Fuel Vans		\$ 0.2167	<b>29,120</b>

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<b>Overall AHN Non-Emergency Medical Transportation Budget as of 8/2016</b>		<b>Annual</b>	<b>Unit Amount</b>	<b>Totals</b>
	Fuel Mini Vans		\$ 0.2167	<b>11,648</b>
	Repairs		\$ 8,932	<b>10,421</b>
	Insurance		\$ 65,736	<b>77,592</b>
	Licenses		\$ 4,200	<b>4,900</b>
		<b>Total Vehicle Costs</b>		<b>133,681</b>
<b>Operating Expenses</b>				
	Training		\$ 100	<b>1,200</b>
	Insurance		\$ 150	<b>1,800</b>
	Postage and Shipping		\$ 50	<b>600</b>
	Rent and Occupancy		\$ 2.50	<b>41,250</b>
	Office Supplies		\$ 150	<b>19,800</b>
	Telephone and Internet		\$ 100	<b>13,200</b>
	Dues and Licenses		\$ 300	<b>3,600</b>
	ThingTech Solutions software		\$ 990	<b>11,390</b>
	Management Fee/Training		10%	<b>74,849</b>
		<b>Total Other Operating Expenses</b>		<b>167,689</b>
<b>TOTAL OPERATIONS EXPENSES</b>				<b>897,951</b>

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#15: Access to Healthcare Network Letter of Commitment for "Other" Match Funds



August 23, 2016

Gabrielle Enfield, MPA, GPC  
Washoe County

RE: Letter of Commitment to Washoe County CDBG transportation grant application

Dear Ms. Enfield:

Access to Healthcare Network (AHN) is committed to \$589,565 of in-kind match for the AHN transportation program as a whole, of which the Unincorporated Washoe County Senior Transportation Project CBG grant would be a vital part of. The in-kind will in the form of personnel costs for drivers and dispatch, vehicle operating costs and program operating costs. AHN will be contracting with various transportation providers to provide the financial support for AHN's commitment. Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "M. J. O'Carroll".

Michael J. O'Carroll  
CFO  
p. 775-284-1891  
f. 775-284-8991  
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