

**NOTICE AND AGENDA OF REGULAR MEETING  
OF THE BOARD OF DIRECTORS  
MENDOCINO COAST HEALTH CARE DISTRICT**

**Thursday, March 25, 2021**

**6:00 P.M. Open Session  
5:00 P.M. Closed Session**

**Meeting via Zoom Conference**

Topic: Mendocino Coast Health Care District Board of Directors Meeting

Date/Time: March 25, 2021 06:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/3453214116>

Meeting ID: 345 321 4116

One tap mobile

+16699009128,,3453214116# US (San Jose)

+12532158782,,3453214116# US (Tacoma)

Dial by your location

+1 669 900 9128 US (San Jose)

Meeting ID: 345 321 4116

Find your local number: <https://zoom.us/u/aiOlPgPEP>

**PLEASE TAKE NOTICE** a Regular Board of Directors meeting has been called for Thursday, March 25, 2021 at 6:00 pm. **This meeting will be held via Zoom Conference only in order to reduce the risk of spreading coronavirus (COVID-19) and pursuant to the Governor's Executive Orders N-25-20 and N-29-20.**

No physical location from which members of the public may observe the meeting and offer public comment will be provided.

**CONDUCT OF BUSINESS:**

1. **5:00 P.M. CALL TO ORDER:** Ms. Jessica Grinberg, Chair

2. **ROLL CALL**

3. **PUBLIC COMMENTS**

This portion of the meeting is reserved for persons desiring to address the Board of Directors on any matter which the District has jurisdiction. You may state your name and address for the record. Time is limited to 3 minutes per speaker. The Board of Directors can take no action on your presentation, but can seek clarification to points made in your presentation or comments.

**BROWN ACT REQUIREMENTS:** Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.

4. **CLOSED SESSION**

- a) **Information/Action:** Discussion regarding Public Employment: MCHCD employee .  
Government Code §54954.5 & 54957

5. **6:00 P.M. OPEN SESSION CALL TO ORDER-** Ms. Jessica Grinberg, Chair

6. **ROLL CALL**

7. **REPORT ON CLOSED SESSION MATTERS**

- a) **Information/Action:** Discussion regarding Public Employment: MCHCD employee .  
Government Code §54954.5 & 54957

8. **PUBLIC COMMENTS**

This portion of the meeting is reserved for persons desiring to address the Board of Directors on any matter which the District has jurisdiction. You may state your name and address for the record. Time is limited to 3 minutes per speaker. The Board of Directors can take no action on your presentation but can seek clarification to points made in your presentation or comments.

**BROWN ACT REQUIREMENTS:** Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.

9.. **APPROVAL OF THE AGENDA:** Ms. Jessica Grinberg, Chair

**NEW BUSINESS:**

- 10.**ACTION:** Approval of February 25, 2021 Minutes: Ms. Jessica Grinberg, Chair **TAB 1**
- 11.**INFORMATION:** Update from Adventist Health Mendocino Coast (AHMC): Ms. Judy Leach, VP
- 12.**INFORMATION/ACTION:** Resignation of Treasurer title for Ms. Sara Spring: Ms. Jessica Grinberg, Chair
- 13.**INFORMATION/ACTION:** Election of Board Treasurer: Ms. Jessica Grinberg, Chair
- 14.**INFORMATION/ACTION:** Election of Board Secretary: Ms. Jessica Grinberg, Chair
- 15.**INFORMATION/ACTION:** Resolution 2021-05 Bank of America: Board Treasurer **TAB 2**
- 16.**INFORMATION/ACTION:** Resolution 2021-06 Savings Bank of Mendocino County: Board Treasurer **TAB 3**
- 17.**INFORMATION/ACTION:** Resolution 2021-07 Tri-Counties Bank: Board Treasurer **TAB 4**
- 18.**INFORMATION/ACTION:** Resolution 2021-08 Local Agency Investment Fund (LAIF): Board Treasurer **TAB 5**
- 19.**INFORMATION:** Discussion regarding Restricted Capital Fund: Board Treasurer **TAB 6**
- 20.**INFORMATION/ACTION:** Mendocino Coast Clinics Funding Request for COVID-19: Ms. Jessica Grinberg, Chair **TAB 7**
- 21.**INFORMATION/ACTION:** Mendocino-Lake Community College District Funding Request for Nursing Faculty Stipends: Ms. Jessica Grinberg, Chair **TAB 8**
- 22.**INFORMATION:** Update regarding Garden Project: Ms. Jessica Grinberg, Chair

**REPORTS:**

- 23.**INFORMATION:** Update on Consultant strategic planning process: Ms. Amy McColley, Vice Chair
- 24.**INFORMATION/ACTION:** Report regarding organization of District office (space, staffing and budget): Board Treasurer **TAB 9**
- 25.**INFORMATION:** Update on Website project: Mr. John Redding & Mr. Norman de Vall
- 26.**INFORMATION/ACTION:** Update on Hubs & Routes Project: Ms. Amy McColley, Vice Chair and Ms. Sara Spring
- 27.**INFORMATION/ACTION:** Finance Report (includes Bank Balances/LAIF Transfers; Liabilities Report and Insurance Claim): Board Treasurer **TAB 10**

28. **FUTURE AGENDA ITEMS:** Ms. Jessica Grinberg, Chair

29. **PUBLIC COMMENTS**

This portion of the meeting is reserved for persons desiring to address the Board of Directors on any matter which the District has jurisdiction. You may state your name and address for the record. Time is limited to 3 minutes per speaker. The Board of Directors can take no action on your presentation but can seek clarification to points made in your presentation or comments.

**BROWN ACT REQUIREMENTS:** Pursuant to the Brown Act, the Board of Directors cannot discuss issues or take action on requests during this comment period.

30. **COMMENTS FROM BOARD OF DIRECTORS**

31. **ADJOURNMENT:** Ms. Jessica Grinberg, Chair

Dated: March 22, 2021

STATE OF CALIFORNIA)  
COUNTY OF MENDOCINO

I declare under penalty of perjury that I am employed by the Mendocino Coast Health Care District Board of Directors; and that I posted this notice at the North and Patient Services Building Lobby entrances to the Adventist Health Mendocino Coast Hospital on March 22, 2021

  
Jessica Grinberg  
Chair & Secretary of the Board of Directors

Date 3/22/2021

All disabled persons requesting disability related modifications or accommodations, including auxiliary aids or service may make such request in order to participate in a public meeting to Karen Arnold, Secretary of the Board of Directors, 700 River Drive, Fort Bragg, CA 95437 no later than 1 working day prior to the meeting that such matter be included on that month's agenda.

\*Per District Resolution, each member of the public who wishes to speak shall be limited to three minutes each per agenda item. Please identify yourself prior to speaking. Thank you.

**T**

**A**

**B**

**1**

MINUTES OF REGULAR MEETING OF THE BOARD OF DIRECTORS MENDOCINO  
COAST HEALTH CARE DISTRICT

Thursday, February 25, 2021 6:00 P.M.

ROLL CALL: All present

APPROVAL OF THE AGENDA:

Moved to approve: Norman de Vall                      Second: Sara Spring

McColley: Y Redding: Y Spring: Y Grinberg: Y de Vall: Y

ADVENTIST HEALTH MENDOCINO COAST UPDATE:

Motion to fund of a COVID coordinator for AHMC, up to \$55,000:

Moved by: McColley                      Second: de Vall

McColley: Y Redding: Y Spring: Y Grinberg: Y de Vall: Y

Note: Sara Spring left meeting due to illness

APPROVAL OF JANUARY 28, 2021 MINUTES:

Moved to approve: McColley                      Second: de Vall

McColley: Y Redding: Y Grinberg: Y de Vall: Y

ACCEPTANCE OF RESIGNATION:

Motion to approve the resignation of Kitty Bruning from Oversight Committee:

Moved to approve: McColley                      Second: de Vall

McColley:Y Redding:Y Grinberg:Y de Vall:Y

**ACCEPTANCE OF CAPITAL EXPENDITURE RECOMMENDATIONS FROM THE 2018 MEASURE C TAXPAYER OVERSIGHT COMMITTEE:**

**Motion to approve the recommendations:**

**Moved to approve: McColley    Second: de Vall**

**McColley:Y    Redding:Y    Grinberg:Y    de Vall:Y**

**ASSISTING IN COMMUNICATING THE EXISTANCE OF A DEPRESSION HOT LINE:**

**Motion to approve assisting: Redding            Second: McColley**

**McColley: Y    Redding: Y    Grinberg: Y    de Vall: Y**

**ADDITION OF PHONE CONTACT TO MCHCD WEBSITE:**

**Motion to add phone contact: McColley            Second: de Vall**

**McColley: Y    Redding: Y    Grinberg: Y    de Vall: Y**

**APPROVAL OF FINANCE REPORT:**

**Motion to approve the Finance Report and to hire a financial consultant and a bookkeeper: McColley            Second: Redding**

**McColley: Y    Redding: Y    Grinberg: Y    de Vall: Y**

**Respectfully submitted by:**

**Jessica Grinberg, Secretary**

**T  
A  
B  
  
2**



**MENDOCINO COAST HEALTH CARE DISTRICT  
RESOLUTION NO. 2021-05**

WHEREAS, the Mendocino Coast Health Care District (hereinafter "District") maintains various bank accounts with the Bank of America; and

WHEREAS, due to the District having new Board of Director Officers and no Chief Executive Officer, it is necessary to notify Bank of America of the needed changes of signatory authority; and

WHEREAS, all persons who act as authorized signatories for the District are required to be covered under the BETA Directors & Officers Healthcare Insurance Program for government entities for the benefit of Mendocino Coast Health Care District;

A complete list of the District's accounts (last three numbers) at Bank of America is attached to this Resolution as EXHIBIT A and incorporated by reference herein as though set forth in full.

NOW, THEREFORE, IT IS ORDERED AND RESOLVED that the following District Officers and/or Directors of the District have authority to disburse or withdraw funds from the District's bank accounts with Bank of America: Jessica Grinberg, Chair of the Board of Directors or Amy McColley, Vice Chair of the Board of Directors or xxxxxxxxxxxx, Treasurer of the Board Directors. Disbursement or withdrawals of District funds in excess of \$10,000.00 require the authorization of at least two (2) of the Officers/ Directors identified in this Resolution.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on March 25, 2021 by the following vote.

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

NOES: \_\_\_\_\_

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

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

\_\_\_\_\_  
JESSICA GRINBERG, Chair of the Board of Directors

ATTEST:

\_\_\_\_\_  
AMY McCOLLEY, Vice Chair of the Board of Directors

MENDOCINO COAST HEALTH CARE DISTRICT  
BANK ACCOUNTS

ACCOUNT	ACCT#
<hr/>	
BANK OF AMERICA	
MASTER	263
ACCTS PAYABLE	268
PAYROLL	282
CORE	155
HOME HEALTH ACCTS PAYABLE	743
HOME HEALTH PAYROLL	680

EXHIBIT A

**T**

**A**

**B**

**3**

**MENDOCINO COAST HEALTH CARE DISTRICT  
RESOLUTION NO. 2021-06**

WHEREAS, the Mendocino Coast Health Care District (hereinafter "District") maintains various bank accounts with the Savings Bank of Mendocino County; and

WHEREAS, due to the District having new Board of Director Officers and no Chief Executive Officer, it is necessary to notify the Savings Bank of Mendocino County of the needed changes of signatory authority and

WHEREAS, all persons who act as authorized signatories for the District are required to be covered under BETA Directors & Officers Healthcare Insurance Program for government entities for the benefit of Mendocino Coast Health Care District

A complete list of the District's accounts (last three numbers) at the Savings Bank of Mendocino County is attached to this Resolution as EXHIBIT A and incorporated by reference herein as though set forth in full.

NOW, THEREFORE, IT IS ORDERED AND RESOLVED that the following District Officers and/or Directors of the District have authority to disburse or withdraw funds from the District's bank accounts with Savings Bank of Mendocino County: Jessica Grinberg, Chair of the Board of Directors or Amy McColley, Vice Chair of the Board of Directors or xxxxxxxxxxxx, Treasurer of the Board Directors. Disbursement or withdrawals of District funds in excess of \$10,000.00 require the authorization of at least two (2) of the Officers/ Directors identified in this Resolution.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on March 25, 2021 by the following vote.

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

NOES: \_\_\_\_\_

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

ABSTAIN \_\_\_\_\_ 1 \_\_\_\_\_

\_\_\_\_\_  
JESSICA GRINBERG, Chair of the Board of Directors

ATTEST:

\_\_\_\_\_  
AMY McCOLLEY, Vice Chair of the Board of Directors

MENDOCINO COAST HEALTH CARE DISTRICT  
BANK ACCOUNTS

ACCOUNT

ACCT#

---

SAVINGS BANK OF MENDOCINO

GIFT & MEMORIAL	686
PLAN FUND	748
CORPORATE ACCOUNT	660
HOME HEALTH & HOSPICE	678

EXHIBIT A

**T  
A  
B  
4**

**MENDOCINO COAST HEALTH CARE DISTRICT  
RESOLUTION NO. 2021-07**

WHEREAS, the Mendocino Coast Health Care District (hereinafter "District") maintains various bank accounts with Tri-Counties Bank; and

WHEREAS, the District's accounts (last three numbers) at Tri-Counties Bank are:

MASTER	207
DEPOSIT ACCOUNT	219
ACCTS PAYABLE	244
PAYROLL	232
MCHCD CERTIFICATE OF DEPOSIT	039
HOME HEALTH ACCTS PAYABLE	888
HOME HEALTH PAYROLL	256
HELP II	827
PARCEL TAX	861

WHEREAS, due to the District having new Board of Director Officers and no Chief Executive Officer, it is necessary to notify Tri-Counties Bank of the needed changes of signatory authority.

WHEREAS, all persons who act as authorized signatories for the District are required to be covered under BETA Directors & Officers Healthcare Insurance Program for government entities for the benefit of Mendocino Coast Health Care District

NOW, THEREFORE, IT IS ORDERED AND RESOLVED that the following District Officers and/or Directors of the District have authority to disburse or withdraw funds from the District's bank accounts with Tri-Counties Bank: Jessica Grinberg, Chair of the Board of Directors or Amy McColley, Vice Chair of the Board of Directors or xxxxxxxxx, Treasurer of the Board Directors. Disbursement or withdrawals of District funds in excess of \$10,000.00 require the authorization of at least two (2) of the Officers/ Directors identified in this Resolution.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on March 25, 2021 by the following vote.

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

NOES: \_\_\_\_\_

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

ABSTAIN: \_\_\_\_\_ 1 \_\_\_\_\_

\_\_\_\_\_  
JESSICA GRINBERG, Chair of the Board of Directors

ATTEST:

\_\_\_\_\_  
AMY MCCOLLEY, Vice Chair of the Board of Directors

**T**

**A**

**B**

**5**



MENDOCINO COAST HEALTH CARE DISTRICT  
RESOLUTION NO. 2021-08

---

AUTHORIZING INVESTMENT OF MONIES  
IN THE LOCAL AGENCY INVESTMENT FUND; ACCOUNT NO 001

---

WHEREAS, the Local Agency Investment Fund is established in the State Treasury under Government Code Section 16429.1 et seq. for the deposit of money of a local agency for purposes of investment by the State Treasurer; and

WHEREAS, the Board of Directors hereby finds that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code Section 16429.1 et seq. for the purpose of investment as provided therein is in the best interests of the Mendocino Coast Health Care District;

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors hereby authorizes the deposit and withdrawal of Mendocino Coast Health Care District monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code Section 16429.1 et seq. for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following Mendocino Coast Health Care District officers holding the title(s) specified herein below or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Jessica Grinberg, Chair of the Board of Directors

Amy McColley, Vice Chair of the Board of Directors

xxxxxxxxxxxx, Treasurer of the Board of Directors

Section 2. This resolution shall remain in full force and effect until rescinded by the Board of Directors by resolution and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office. This resolution rescinds any previous resolution pertaining to the District's LAIF account.

The Board of Directors of the Mendocino Coast Health Care District at a regularly scheduled meeting of the Board passed this Resolution on March 25, 2021 by the following vote.

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

NOES: \_\_\_\_\_

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

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

\_\_\_\_\_  
JESSICA GRINBERG, Chair of the Board of Directors

ATTEST:

\_\_\_\_\_  
AMY McCOLLEY, Vice Chair of the Board of Directors

**T**

**A**

**B**

**6**

---

**LEASE**

*BETWEEN*

**MENDOCINO COAST HEALTH CARE DISTRICT,  
as Landlord**

*AND*

**ADVENTIST HEALTH MENDOCINO COAST,  
as Tenant**

---

FF&E includes an obligation to make all repairs, improvements and replacements that the Premises and the Existing FF&E may require by Law from time to time during the Term, whether foreseen or unforeseen, capital or operating. The parties acknowledge the Premises and the Existing FF&E will require significant and ongoing maintenance, repair, and improvements. The parties agree that Tenant, as the operator of the Premises, shall have the principal interest in determining the priority and schedule of Premises and Existing FF&E maintenance, repair, improvements and/or replacements, as applicable. Therefore, beginning on the Execution Date, Tenant shall develop a schedule of maintenance, alterations and construction for the Premises (the "Improvements Schedule"). Tenant will have sole discretion in determining and prioritizing projects on the Improvements Schedule except as may be required to comply with the provisions of the Measure C (2018). Prior to undertaking any project described in the Improvements Schedule, Tenant shall provide the Improvements Schedule to Landlord so that Landlord can determine whether the expenditures comply with Measure C. Beginning on the Commencement Date, Landlord shall make Two Million Dollars (\$2,000,000) ("Improvements Fund") annually available to fund (i) the Improvements Schedule projects and (ii) any repairs, improvements or replacements of Existing FF&E and/or procurement of new FF&E for Hospital operations as determined by Tenant in its sole discretion ("New FF&E"). Landlord shall make the Improvements Funds available each year of this Lease in two equal installments. The first installment will be made available to Tenant on the Commencement Date and each subsequent anniversary of the Commencement Date during the Term. The second installment will be made available to Tenant on the date that is six months after the Commencement Date and thereafter on the date that is six months after each Commencement Date anniversary during the Term. Tenant shall provide an accounting annually to Landlord of the use the Improvements Fund and for the purpose of retrospective review and validation on the use of Measure C funds. Notwithstanding anything herein to the contrary, any FF&E Tenant acquires or leases during the Term for Hospital operations using funds other than the Improvements Fund shall not be included in the definition of "New FF&E." Landlord shall deposit the Improvements Fund in an account. Tenant shall manage the Improvements Fund account and shall have authority to withdraw money for Improvements Schedule projects and FF&E related expenses as described herein. On each anniversary of the Commencement Date, the Improvements Fund shall be increased by an amount equal to the product of (a) the Improvements Fund for the immediately preceding year multiplied by (b) the CPI Adjustment Factor, provided that in no event will the Improvements Fund ever be an amount less than Two Million Dollars (\$2,000,000). Any surplus of the Improvements Fund from a given year will be carried forward and added to the following year's Improvements Fund.

**7.2 Restricted Capital Fund.** No later than the Commencement Date, Landlord shall open a non-transferable account with a bank or escrow company of its choosing and begin depositing monies according to the schedule set forth in Exhibit D. Landlord will retain sole ownership and control of this Restricted Capital Fund account ("Restricted Capital Fund"), subject to a springing control agreement in favor of Tenant in the event of the occurrence of a Landlord Default under Section 19.2.2.1. Landlord shall provide Tenant with an accounting of the Restricted Capital Fund upon Tenant's request, subject to Section 15.5.7 of this Lease. Landlord may only use the Restricted Capital Fund (1) to achieve seismic compliance of the Improvements as mandated by state and federal Laws ("Seismic Compliance"), or (2) upon mutual agreement with Tenant, for (i) the development or modernization of Hospital outpatient facilities or (ii) the development or modernization of inpatient facilities.

right or remedy upon a Default. Landlord's acceptance of full or partial Rent during continuance of any such Default, shall waive any such Default or such covenant, agreement, term, or condition. No covenant, agreement, term, or condition of this Lease to be performed or complied with, and no Default, shall be Modified except by a written instrument executed by the non-defaulting party. No waiver of any Default shall affect or alter this Lease. Each and every covenant, agreement, term and condition of this Lease shall continue in full force and effect with respect to any other then existing or subsequent Default of such covenant, agreement, term or condition of this Lease.

**19.2.2. Tenant Specific Remedies.** Tenant will have the following specific remedies for Landlord Defaults in addition to all other remedies available to Tenant as set forth in this Lease:

**19.2.2.1. Restricted Capital Fund.** In the event Landlord fails to fund the Restricted Capital Fund in the amounts required and at the times set forth in **Exhibit D**, upon delivery by Tenant of Notice to Landlord regarding such failure, Landlord shall have one (1) year from the delivery of such Notice to cure Landlord's failure to fund the Restricted Capital Fund while continuing to remain current on any and all subsequent fundings of the Restricted Capital Fund required pursuant to **Exhibit D**. If Landlord fails to so cure its failure to fund within such one (1) year period while otherwise remaining current on its Restricted Capital Fund obligations, Tenant may exercise either of the following remedies under this Section **Error! Reference source not found.**: (a) Tenant may elect to take control of the Restricted Capital Fund, without any change or modification in Landlord's obligation to make the subsequent deposits to the Restricted Capital Fund required pursuant to **Exhibit D** (and any subsequent Landlord failure to fund the Restricted Capital Fund in the amounts required and at the times set forth in **Exhibit D** shall give rise to Tenant again having the right to elect remedies pursuant to this Section **Error! Reference source not found.**); or (b) Tenant shall have the right to terminate this Lease upon two hundred seventy (270) days' Notice to Landlord and Landlord shall pay Ten Million Dollars (\$10,000,000) to Tenant in liquidated damages within three (3) months of receipt of such Notice from Tenant. The parties agree that Landlord's failure to fulfill its Restricted Capital Fund obligations deprives Tenant of a material term of this Lease. The Restricted Capital Fund provides for the future development of the Premises and as a result of Landlord's breach, Tenant is deprived of the economic opportunities that flow from that development. The parties further agree that these liquidated damages are not intended as a penalty, but as a reasonable estimate of damages to Tenant resulting from Landlord's default related to the Restricted Capital Fund, which damages are difficult for the parties to determine as of the Execution Date. In the event of the termination of this Lease pursuant to clause (b) of this Section **Error! Reference source not found.**, Landlord's payment of the liquidated damages shall be Landlord's sole liability with respect to Landlord's breach of its Restricted Capital Fund obligations set forth in Section 7.2, and if Tenant shall have previously taken control of the Restricted Capital Fund pursuant to clause (a) of this Section **Error! Reference source not found.**, Tenant shall return control of the Restricted Capital Fund to Landlord. Nothing in this Section 19.2.2.1 shall be deemed to limit Tenant's remedies at law or equity that may be pursued or availed of by Tenant for any other breach by Landlord of this Lease.

**19.2.2.2. Tenant's Termination Right.** Tenant shall have the right, at Tenant's sole election, to terminate this Lease upon two hundred seventy (270) days'

**EXHIBIT D**  
**RESTRICTED CAPITAL FUND FUNDING SCHEDULE**

Mendocino Coast District Hospital  
Statement of Annual Projected Cash Flow  
Exhibit D- Restricted Capital Fund Funding Schedule  
Prepared: June 25, 2020

	FYE 06-30-21	FYE 06-30-22	FYE 06-30-23	FYE 06-30-24	FYE 06-30-25
<b>Sources of Cash:</b>					
Measure C- expires June 30, 2030 (1)	\$1,550,000	\$1,550,000	\$1,550,000	\$1,550,000	\$1,550,000
District Tax Receipts	\$825,000	\$825,000	\$825,000	\$825,000	\$825,000
AH Lease Payment	\$1,750,000	\$1,750,000	\$1,750,000	\$1,750,000	\$1,750,000
LAIF Transfer				\$1,200,000	\$1,200,000
<b>Total Sources</b>	<b>\$4,125,000</b>	<b>\$4,125,000</b>	<b>\$4,125,000</b>	<b>\$5,325,000</b>	<b>\$5,325,000</b>
<b>Uses of Cash:</b>					
CapEx/Deferred Maintenance Expenditures (+2% annual CPI)	\$2,000,000	\$2,040,000	\$2,080,800	\$2,122,416	\$2,164,864
Revenue Bonds- Refinanced 2016 (2)	\$567,500	\$565,500	\$563,200	\$565,600	\$562,550
Cal Mortgage Line of Credit (3)	\$214,653	\$157,570	\$0	\$0	\$0
HELP II Loan (4)	\$165,624	\$165,624	\$165,624	\$165,624	\$165,624
UHC of California (5)	\$237,300	\$230,475	\$223,650	\$216,825	\$0
<b>Total Uses</b>	<b>\$3,185,077</b>	<b>\$3,159,169</b>	<b>\$3,033,274</b>	<b>\$3,070,465</b>	<b>\$2,893,038</b>
<b>Cash Available for Distribution</b>	<b>\$939,923</b>	<b>\$965,831</b>	<b>\$1,091,726</b>	<b>\$2,254,535</b>	<b>\$2,431,962</b>
<b>Less Distributions:</b>					
Restricted Capital Fund	\$689,923	\$715,831	\$841,726	\$2,004,535	\$2,181,962
District Operating Cash	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
<b>Total Distributions</b>	<b>\$939,923</b>	<b>\$965,831</b>	<b>\$1,091,726</b>	<b>\$2,254,535</b>	<b>\$2,431,962</b>
<b>Restricted Capital Fund- Cumulative Cash</b>	<b>\$689,923</b>	<b>\$1,405,754</b>	<b>\$2,247,480</b>	<b>\$4,252,015</b>	<b>\$6,433,977</b>

(1) Sunset provision of 12 years and must be used for voter mandated purposes. Expires year ending June 30, 2030.

(2) Pay Off - June 2029

(3) Pay Off - March 2022

(4) Pay Off - August 2028

(5) Pay Off - April 2024



Mendocino Coast District Hospital  
Statement of Annual Projected Cash Flow  
Exhibit D- Restricted Capital Fund Funding Schedule  
Prepared: June 25, 2020

	FYE 06-30-26	FYE 06-30-27	FYE 06-30-28	FYE 06-30-29	FYE 06-30-30
<b>Sources of Cash:</b>					
Measure C- expires June 30, 2030 (1)	\$1,550,000	\$1,550,000	\$1,550,000	\$1,550,000	\$1,550,000
District Tax Receipts	\$825,000	\$825,000	\$825,000	\$825,000	\$825,000
AH Lease Payment	\$2,950,000	\$3,009,000	\$3,069,180	\$3,130,564	\$3,193,175
LAIF Transfer					
<b>Total Sources</b>	<b>\$5,325,000</b>	<b>\$5,384,000</b>	<b>\$5,444,180</b>	<b>\$5,505,564</b>	<b>\$5,568,175</b>
<b>Uses of Cash:</b>					
CapEx/Deferred Maintenance Expenditures (+2% annual CPI)	\$2,208,162	\$2,252,325	\$2,297,371	\$2,343,319	\$2,390,185
Revenue Bonds- Refinanced 2016 (2)	\$564,750	\$561,500	\$562,250	\$561,750	\$0
Cal Mortgage Line of Credit (3)	\$0	\$0	\$0	\$0	\$0
HELP II Loan (4)	\$165,624	\$165,624	\$165,624	\$12,250	\$0
UHC of California (5)	\$0	\$0	\$0	\$0	\$0
<b>Total Uses</b>	<b>\$2,938,536</b>	<b>\$2,979,449</b>	<b>\$3,025,245</b>	<b>\$2,917,319</b>	<b>\$2,390,185</b>
<b>Cash Available for Distribution</b>	<b>\$2,386,464</b>	<b>\$2,404,551</b>	<b>\$2,418,935</b>	<b>\$2,588,245</b>	<b>\$3,177,990</b>
<b>Less Distributions:</b>					
Restricted Capital Fund	\$2,136,464	\$2,154,551	\$2,168,935	\$2,338,245	\$2,927,990
District Operating Cash	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
<b>Total Distributions</b>	<b>\$2,386,464</b>	<b>\$2,404,551</b>	<b>\$2,418,935</b>	<b>\$2,588,245</b>	<b>\$3,177,990</b>
<b>Restricted Capital Fund- Cumulative Cash</b>	<b>\$8,570,441</b>	<b>\$10,724,992</b>	<b>\$12,893,927</b>	<b>\$15,232,172</b>	<b>\$18,160,161</b>

(1) Sunset provision of 12 years and must be used for voter mandated purposes. Expires year ending June 30, 2030.

(2) Pay Off - June 2029

(3) Pay Off - March 2022

(4) Pay Off - August 2028

(5) Pay Off - April 2024

**T**

**A**

**B**

**7**



---

Mendocino Coast Clinics, Inc. • 205 South Street, Fort Bragg, CA 95437 • 707.964.1251 - [www.mccinc.org](http://www.mccinc.org)

March 15, 2020

On behalf of Mendocino Coast Clinics, I would like to request funding from the Mendocino Coast Healthcare District for funding to help offset the cost of our COVID-19 vaccine events. To date, we have administered over 4,000 vaccines to almost 3,000 coastal residents. The work related to providing this game changing service to our community is not only the “event” itself. There are hours of pre- and post-work that must be done. The scheduling of the clinics takes 3-4 staff members several days to complete, the data-entry post-event again, takes multiple people hours to complete. I have hired three additional Registered Nurses in order to be able to hold vaccine events off site and maintain staffing for the patient care in clinic. We have diverted some staff to work on this full time and hired a COVID Response Coordinator.

The funding we are seeking is limited to the salary expenses for vaccine events. Unlike with grant funding we received to increase our capacity to test for COVID-19, to date we have not received any grant or other funding to support any portion of the work around vaccination. Attached is a breakdown of an approximation of the salary costs we have incurred and will incur as we move forward. May is the target for finishing this round of vaccination. While it is likely we will need boosters into the future and there will be people who will consent to a vaccine in upcoming months, the herculean task of this first round is projected to be complete by the end of May.

Please contact me if you need more information.

Thank you,

Lucresha Renteria  
Executive Director  
Mendocino Coast Clinics

**Vaccine Event Associated Salary Expenses:**

**Covid Vaccine Coordinator:**

**Annual Salary: \$41,600**

**Paid Staffing for Each Event (not including volunteers)**

**3 Nurses - Vaccinating Stations**

**4 Nurses - Drawing the Vaccines/ Vaccinating**

**3 - Support Staff Recording on the Vaccine Forms & Completing Vaccine Cards**

**3 - Registration Staff**

**2 -Traffic Flow Monitors**

**Total Staffing Expense per Vaccine Event: \$3,000**

**Jan - March 12, 2021- 11 Mass Vaccination events X \$3,000 = \$33,000**

**Jan - March 12, 2021-Covid Vaccine Coordinator 12weeks X \$800= \$9,600**

**Salaries Paid as of 3/12/21 - \$42,600**

**March 13, 2021 - May 31, 2021- Anticipated Weekly Vaccine Events**

**11 Mass Vaccination Events X \$3,000 = \$33,000**

**11 weeks of Covid Vaccine Coordinator X \$800= \$8,800**

**Anticipated Future Costs- March 13, 2021 - May 31, 2021 = \$41,800**

**Total Requested: \$84,400**

**T**

**A**

**B**

**8**



March 21, 2021

**To:** Judson Howe, President Adventist Health  
Mendocino Coast Healthcare Foundation  
Mendocino Coast District Board of Directors

**From:** Mendocino College Registered Nursing Program; Peggy Goebel RNc, PhD, Director

### **Nursing Program Needs**

- 1-2 Full-time nursing faculty positions to decrease our student/faculty ratio in compliance with BRN regulations.
  - Cost: \$120K each
- To identify a Coast Hospital RN who can serve as an adjunct faculty for student rotations at the Coast
- Promote our nursing program on the Coast
- Using local residents with homes and families in the community, grow your own policy
- Incentivize employment perks and opportunities at the Coast similar to the approach used by Frank R. Howard Foundation.

### **Consequences from BRN if we do not meet non-compliance regulation to CCR Section 1424 d of BRN accreditation regulations on insufficient faculty for report due 3/31/21:**

- Put the program on warning status
- Close the program
- Require us to decrease number of students to follow appropriate faculty/student ratios
- Require us not to **admit fall class to follow appropriate faculty student ratios**

### **What we can provide**

- Fully funded adjunct faculty position for approved RN for Coast Hospital. Position needed to train RNS for both Fall and Spring semesters ongoing.
  - 2<sup>nd</sup> year students assigned in fall, 1<sup>st</sup> year students assigned in spring, Preceptorships also in spring.
- New offering of Anatomy and development of additional nursing program prerequisites including science courses to be added at the Coast center.
  - Students can begin in high school as early as 10<sup>th</sup> grade.
  - CTE Dean has secured funding for 100% of equipment costs related to additional course offerings.

- Major cost savings to AH for using Mendocino Graduates instead of travelers (new hire @\$45/hr, traveler \$180/hour, that's @4 new grads who will probably stay, versus 1 traveler who will leave)
- Major cost savings associated with orientation; hiring and training new nurses and costs related to high turnover from travelers. These costs can be further decreased for students who complete preceptorships at the Coast with plan to secure employment after graduation.
- Recruiting local residents with roots in the community. College promoting career opportunities and course offerings on the Coast through career fairs and other marketing endeavors.
- College CTE Dean has workforce funding designated toward job placement and wage gains in economically vulnerable areas. Funding can be used to promote job advancement and improved economic outcomes.
- Use of our up to date, state of the art Simulation lab for Coast and AH employees for training and in-service.
- Student participation in vaccine clinics.
- Explore possibility of LVN program at the Coast providing an additional pathway to bridge into our 3<sup>rd</sup> semester RN program.
- Ongoing partnership with College with great track record for community partnerships.

- ***Fast Facts!!***

Students have 100% pass rate for 5+ years with excellent clinical skills!

85% total employed locally or greater local area!

AH hired 16 out of 21 in last graduating class!

**T  
A  
B  
9**



# **DISTRICT OFFICE BUDGET**

Mendocino Coast Health Care District  
 Annual Projected Budgets for 10 Years  
 DRAFT- FOR DISCUSSION PURPOSES ONLY  
 FYE 06-30-2021 thru FYE 06-30-2030  
 Prepared: July 22, 2020

escalation 2.0%

FYE 06-30-21 FYE 06-30-22 FYE 06-30-23 FYE 06-30-24 FYE 06-30-25

**Sources of Cash:**

Distribution from Operations	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Restricted Fund					
<b>Total Sources</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>

**Uses of Cash:**

Purchased Services- Administrative	\$14,400	\$14,688	\$14,982	\$15,281	\$15,587
Purchased Services- Legal & Finance	\$42,000	\$42,000	\$42,000	\$42,000	\$48,000
Staff Personnel	\$50,000	\$51,000	\$52,020	\$53,060	\$54,122
Health Reimbursement Arrangement	\$36,000	\$36,000	\$36,000	\$36,000	\$36,000
Board insurance	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Office Expenses- Supplies & Equipment	\$10,000	\$5,000	\$5,000	\$5,000	\$6,000
Utilities	\$3,000	\$3,150	\$3,308	\$3,473	\$3,647
Office Improvements	\$10,000	\$5,000	\$5,100	\$5,202	\$5,306
Communication Expenses (phone/fax/internet/email)	\$10,000	\$7,500	\$7,500	\$7,500	\$8,500
<b>Total Uses without Contingency</b>	<b>\$200,400</b>	<b>\$189,338</b>	<b>\$190,909</b>	<b>\$192,517</b>	<b>\$202,161</b>
<b>Total Uses with Contingency</b>	<b>\$240,480</b>	<b>\$208,272</b>	<b>\$210,000</b>	<b>\$211,768</b>	<b>\$222,377</b>
<b>Discretionary Funds low end</b>	<b>\$9,520</b>	<b>\$41,728</b>	<b>\$40,000</b>	<b>\$38,232</b>	<b>\$27,623</b>
<b>Discretionary Funds high end</b>	<b>\$49,600</b>	<b>\$60,662</b>	<b>\$59,091</b>	<b>\$57,483</b>	<b>\$47,839</b>

Admin estimated hours per month, average	60	
Admin hourly rate	\$ 20.00	
Annual cost	\$ 14,400.00	
Contingency factor	20%	10% rest of years is 10%
Utilities -- electricity, heating, water \$ per month	\$ 250.00	

Mendocino Coast Health Care District  
 Annual Projected Budgets for 10 Years  
 DRAFT- FOR DISCUSSION PURPOSES ONLY  
 FYE 06-30-2021 thru FYE 06-30-2030  
 Prepared: July 22, 2020

FYE 06-30-26 FYE 06-30-27 FYE 06-30-28 FYE 06-30-29 FYE 06-30-30

**Sources of Cash:**

Distribution from Operations	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Restricted Fund					
<b>Total Sources</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>	<b>\$250,000</b>

**Uses of Cash:**

Purchased Services- Administrative	\$15,899	\$16,217	\$16,541	\$16,872	\$17,209
Purchased Services- Legal & Finance	\$48,000	\$48,000	\$48,000	\$54,000	\$54,000
Staff Personnel	\$55,204	\$56,308	\$57,434	\$58,583	\$59,755
Health Reimbursement Arrangement	\$36,000	\$36,000	\$36,000	\$36,000	\$36,000
Board insurance	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
Office Expenses- Supplies & Equipment	\$6,000	\$6,000	\$6,000	\$7,000	\$7,000
Utilities	\$3,829	\$4,020	\$4,221	\$4,432	\$4,654
Office Improvements	\$5,412	\$5,520	\$5,631	\$5,743	\$5,858
Communication Expenses (phone/fax/internet/email)	\$8,500	\$8,500	\$9,500	\$9,500	\$9,500
<b>Total Uses without Contingency</b>	<b>\$203,844</b>	<b>\$205,566</b>	<b>\$208,327</b>	<b>\$217,131</b>	<b>\$218,976</b>
<b>Total Uses with Contingency</b>	<b>\$224,228</b>	<b>\$226,122</b>	<b>\$229,160</b>	<b>\$238,844</b>	<b>\$240,874</b>
<b>Discretionary Funds low end</b>	<b>\$25,772</b>	<b>\$23,878</b>	<b>\$20,840</b>	<b>\$11,156</b>	<b>\$9,126</b>
<b>Discretionary Funds high end</b>	<b>\$46,156</b>	<b>\$44,434</b>	<b>\$41,673</b>	<b>\$32,869</b>	<b>\$31,024</b>

Admin estimated hours per month, average

Admin hourly rate

Annual cost

Contingency factor

Utilities – electricity, heating, water \$ per month

**T  
A  
B**

**10**

**CASH BALANCES**  
**AS OF**  
**FEBRUARY 28, 2021**

**MENDOCINO COAST HEALTH CARE DISTRICT  
BANK BALANCES**

		@02/28/21	
Bank	Acct # Ending	Amount	Description
Tri Counties Bank	#7219	21,695,293	Operations-Core
Tri Counties Bank	#7244	2,236,347	Operations-AP
Tri Counties Bank	#7232	113,122	Operations-PR
Tri Counties Bank	#7888	12,515	Operations-Home Health AP
Tri Counties Bank	#7256	6,274	Operations-Home Health PR
Bank of America	#1263	6,236,572	Operations
Bank of America	#0155	482,692	Operations
Bank of America	#1268	174,274	Operations-AP
Bank of America	#1282	6,238	Operations-PR
Bank of America	#3743	1,474,412	Operations-Home Health AP
Bank of America	#7680	21,663	Operations-Home Health PR
Savings Bank	#0660	230,852	Operations
Savings Bank	#0678	73,852	Operations-Home Health AP
Subtotal			32,764,106
Tri Counties Bank	#5861	2,303,934	Measure C Fund
Tri Counties Bank	#5861	2,000,000	Board Appropriations Fund
Subtotal			4,303,934
Tri Counties Bank	#7207	1,000,000	Restricted Capital Fund
LAIF Account	#001	3,469,775	Local Agency Investment Fund
Total			<u>\$ 41,537,814</u>



Service With Solutions™

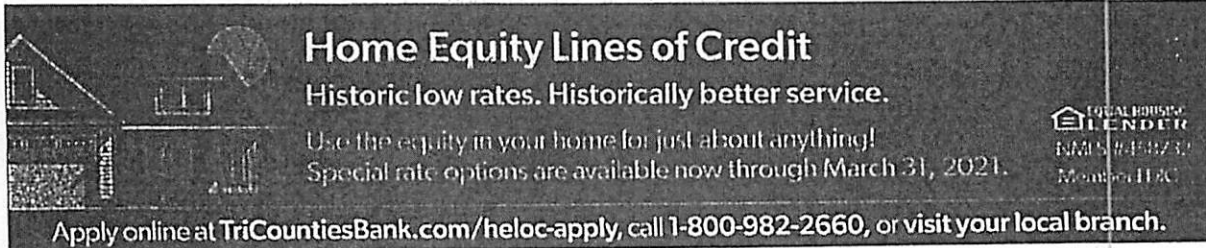
P.O. Box 909, Chico, CA 95927

**YOUR STATEMENT**

Customer Service: 1-800-922-8742  
TriCountiesBank.com

Page: 1 of 2  
Statement Date: 02-28-21  
Primary Account: XXXXXXXX7219

MENDOCINO COAST HEALTH CARE DISTRICT  
DEPOSIT ACCOUNT  
700 RIVER DR  
FORT BRAGG CA 95437



**Home Equity Lines of Credit**  
 Historic low rates. Historically better service.  
 Use the equity in your home for just about anything!  
 Special rate options are available now through March 31, 2021.

Apply online at [TriCountiesBank.com/heloc-apply](http://TriCountiesBank.com/heloc-apply), call 1-800-982-2660, or visit your local branch.

LOCAL HOUSING LENDER  
NMLS #440737  
Member FDIC

**Business Analysis Images** Account: XXXXXXXX7219

Account #	XXXXXXXX7219	Statement Dates	02-01-21 thru 02-28-21
Beginning Balance	20,326,179.97		
66 Deposits/Credits	3,376,168.64		
8 Checks/Debits	2,007,055.55		
Total Service Charges	0.00		
Interest and/or Reward Paid	0.00		
Ending Balance	21,695,293.06		



Service With Solutions™

P.O. Box 909, Chico, CA 95927

**YOUR STATEMENT**

Customer Service: 1-800-922-8742  
TriCountiesBank.com

Page: 1 of 5  
Statement Date: 02-28-21  
Primary Account: XXXXXXXXX7244

MENDOCINO COAST HEALTH CARE DISTRICT  
HOSPITAL ACCOUNTS PAYABLE  
700 RIVER DR  
FORT BRAGG CA 95437



**Home Equity Lines of Credit**  
**Historic low rates. Historically better service.**  
 Use the equity in your home for just about anything!  
 Special rate options are available now through March 31, 2021.

EQUAL HOUSING LENDER  
NMLS #458732  
Member FDIC

Apply online at [TriCountiesBank.com/heloc-apply](http://TriCountiesBank.com/heloc-apply), call 1-800-982-2660, or visit your local branch.

<b>Business Analysis Images</b>		<b>Account: XXXXXXXXX7244</b>	
Account #	XXXXXXXX7244	Statement Dates	02-01-21 thru 02-28-21
Beginning Balance	333,500.91		
1 Deposits/Credits	2,000,000.00		
28 Checks/Debits	97,153.55		
Total Service Charges	0.00		
Interest and/or Reward Paid	0.00		
Ending Balance	2,236,347.36		



MENDOCINO COAST HEALTH CARE ACCOUNT  
HOSPITAL PAYROLL ACCOUNT  
700 RIVER DR  
FORT BRAGG CA 95437



**Home Equity Lines of Credit**  
Historic low rates. Historically better service.  
Use the equity in your home for just about anything!  
Special rate options are available now through March 31, 2021.  
Apply online at [TriCountiesBank.com/heloc-apply](http://TriCountiesBank.com/heloc-apply), call 1-800-982-2660, or visit your local branch.

  
EQUAL HOUSING  
LENDER  
NMLS #458732  
Member FDIC

<b>Business Analysis Images</b>		<b>Account: XXXXXXXX7232</b>	
Account #	XXXXXXXX7232	Statement Dates	02-01-21 thru 02-28-21
Beginning Balance	113,121.73		
0 Deposits/Credits	0.00		
0 Checks/Debits	0.00		
Total Service Charges	0.00		
Interest and/or Reward Paid	0.00		
Ending Balance	113,121.73		

End of Statement



Service With Solutions™

P.O. Box 909, Chico, CA 95927

**YOUR STATEMENT**

Customer Service: 1-800-922-8742  
TriCountiesBank.com

Page: 1 of 2  
Statement Date: 02-28-21  
Primary Account: XXXXXXXXX7888

MENDOCINO COAST HEALTH CARE DISTRICT  
DBA MENDOCINO COAST HOME HEALTH  
HH ACCOUNTS PAYABLE ACCOUNT  
700 RIVER DR  
FORT BRAGG CA 95437

**Home Equity Lines of Credit**  
**Historic low rates. Historically better service.**  
 Use the equity in your home for just about anything!  
 Special rate options are available now through March 31, 2021.  
 Apply online at [TriCountiesBank.com/heloc-apply](http://TriCountiesBank.com/heloc-apply), call 1-800-982-2660, or visit your local branch.

EQUAL HOUSING LENDER  
 NMLS #458732  
 Member FDIC

<b>Business Analysis Images</b>		<b>Account: XXXXXXXXX7888</b>	
Account #	XXXXXXXX7888	Statement Dates	02-01-21 thru 02-28-21
Beginning Balance	12,791.08		
0 Deposits/Credits	0.00		
3 Checks/Debits	276.02		
Total Service Charges	0.00		
Interest and/or Reward Paid	0.00		
Ending Balance	12,515.06		



Service With Solutions™

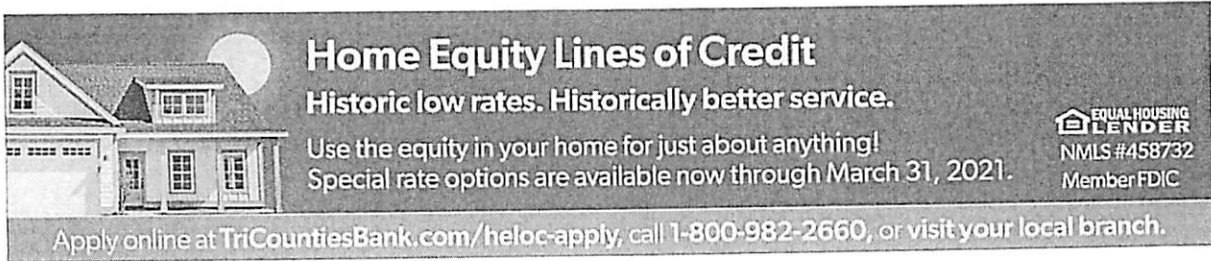
P.O. Box 909, Chico, CA 95927

**YOUR STATEMENT**

Customer Service: 1-800-922-8742  
TriCountiesBank.com

Page: 1 of 1  
Statement Date: 02-28-21  
Primary Account: XXXXXXXX7256

MENDOCINO COAST HEALTH CARE DISTRICT  
DBA MENDOCINO COAST HOME HEALTH  
HOME HEALTH PAYROLL ACCOUNT  
700 RIVER DR  
FORT BRAGG CA 95437



**Home Equity Lines of Credit**  
**Historic low rates. Historically better service.**  
 Use the equity in your home for just about anything!  
 Special rate options are available now through March 31, 2021.  
 EQUAL HOUSING LENDER  
 NMLS #458732  
 Member FDIC  
 Apply online at [TriCountiesBank.com/heloc-apply](http://TriCountiesBank.com/heloc-apply), call 1-800-982-2660, or visit your local branch.

<b>Business Analysis Images</b>			<b>Account: XXXXXXXX7256</b>	
Account #	XXXXXXXX7256	Statement Dates	02-01-21 thru 02-28-21	
Beginning Balance	6,274.26			
0 Deposits/Credits	0.00			
0 Checks/Debits	0.00			
Total Service Charges	0.00			
Interest and/or Reward Paid	0.00			
Ending Balance	6,274.26			

End of Statement



**BANK OF AMERICA** 

BANK OF AMERICA, N.A.  
PO BOX 15284  
WILMINGTON DE 19850

Account Number 1263  
01 01 149 01 M0000 E# 0  
Last Statement: 01/29/2021  
This Statement: 02/26/2021

|||||  
NK 063 663 02729 #002 AB 0.428

Customer Service  
1-888-400-9009

MENDOCINO COAST HEALTH CARE  
DISTRICT  
MENDOCINO COAST DISTRICT HOSPITAL  
MASTER ACCOUNT  
700 RIVER DR  
FORT BRAGG CA 95437-5403

Page 1 of 16

**PUBLIC FUNDS CHECKING**

**Account Summary Information**

Statement Period 01/30/2021 - 02/26/2021	Statement Beginning Balance	7,101,801.15
Number of Deposits/Credits 217	Amount of Deposits/Credits	1,135,170.46
Number of Checks 0	Amount of Checks	.00
Number of Other Debits 2	Amount of Other Debits	2,000,399.93
	Statement Ending Balance	6,236,571.68






# BANK OF AMERICA

P.O. Box 15284  
Wilmington, DE 19850

## Customer service information

AG 0 115 476 05299 #001 SP 0.510

MENDOCINO COAST HEALTH CARE DISTRICT  
DBA MENDOCINO COAST DISTRICT HOSPITAL  
700 RIVER DR  
FORT BRAGG, CA 95437-5403

-  Customer service: 1.888.400.9009
-  bankofamerica.com
-  Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your Full Analysis Business Checking

for February 1, 2021 to February 28, 2021

Account number: 0155

MENDOCINO COAST HEALTH CARE DISTRICT DBA MENDOCINO COAST DISTRICT HOSPITAL

### Account summary

Beginning balance on February 1, 2021	\$401,150.18	# of deposits/credits: 28
Deposits and other credits	2,129,003.64	# of withdrawals/debits: 8
Withdrawals and other debits	-2,047,386.50	# of days in cycle: 28
Checks	-0.00	Average ledger balance: \$487,177.75
Service fees	-75.78	
<b>Ending balance on February 28, 2021</b>	<b>\$482,691.54</b>	

**BANK OF AMERICA** 

BANK OF AMERICA, N.A.  
 PO BOX 15284  
 WILMINGTON DE 19850

Account Number 1268  
 01 01 140 01 M0000 E# 0  
 Last Statement: 01/29/2021  
 This Statement: 02/26/2021

IMG  
 Customer Service  
 1-888-400-9009

MENDOCINO COAST HEALTH CARE  
 DISTRICT  
 MENDOCINO COAST DISTRICT HOSPITAL  
 ACCOUNTS PAYABLE  
 700 RIVER DR  
 FORT BRAGG CA 95437-5403

**PUBLIC FUNDS CHECKING**

**Account Summary Information**

Statement Period 01/30/2021 - 02/26/2021	Statement Beginning Balance	174,273.90
Number of Deposits/Credits 0	Amount of Deposits/Credits	.00
Number of Checks 0	Amount of Checks	.00
Number of Other Debits 0	Amount of Other Debits	.00
	Statement Ending Balance	174,273.90
Number of Enclosures 0	Service Charge	.00

**Daily Balances**

<u>Date</u>	<u>Ledger Balance</u>	<u>Collected Balance</u>	<u>Date</u>	<u>Ledger Balance</u>	<u>Collected Balance</u>
01/29	174,273.90	174,273.90	02/26	174,273.90	174,273.90

**BANK OF AMERICA** 

BANK OF AMERICA, N.A.  
PO BOX 15284  
WILMINGTON DE 19850

Account Number 1282  
01 01 149 01 M0000 E# 0  
Last Statement: 01/29/2021  
This Statement: 02/26/2021

Customer Service  
1-888-400-9009

MENDOCINO COAST HEALTH CARE  
DISTRICT  
MENDOCINO COAST DISTRICT HOSPITAL  
PAYROLL  
700 RIVER DR  
FORT BRAGG CA 95437-5403

**PUBLIC FUNDS CHECKING**

**Account Summary Information**

Statement Period 01/30/2021 - 02/26/2021	Statement Beginning Balance	6,238.47
Number of Deposits/Credits 0	Amount of Deposits/Credits	.00
Number of Checks 0	Amount of Checks	.00
Number of Other Debits 0	Amount of Other Debits	.00
	Statement Ending Balance	6,238.47
Number of Enclosures 0	Service Charge	.00

**Daily Balances**

<u>Date</u>	<u>Ledger Balance</u>	<u>Collected Balance</u>	<u>Date</u>	<u>Ledger Balance</u>	<u>Collected Balance</u>
01/29	6,238.47	6,238.47	02/26	6,238.47	6,238.47

**BANK OF AMERICA** 

BANK OF AMERICA, N.A.  
PO BOX 15284  
WILMINGTON DE 19850

Account Number : 3743  
01 01 149 01 M0000 E# 0  
Last Statement: 01/29/2021  
This Statement: 02/26/2021

Customer Service  
1-888-400-9009

MENDOCINO COAST HEALTH CARE  
DISTRICT  
DBA MENDOCINO COAST HOME HEALTH  
700 RIVER DR  
FORT BRAGG CA 95437-5403

Page 1 of 3

**PUBLIC FUNDS CHECKING**

**Account Summary Information**

Statement Period 01/30/2021 - 02/26/2021	Statement Beginning Balance	1,350,449.75
Number of Deposits/Credits 16	Amount of Deposits/Credits	124,556.61
Number of Checks 0	Amount of Checks	.00
Number of Other Debits 2	Amount of Other Debits	594.78
	Statement Ending Balance	1,474,411.58





H

BANK OF AMERICA, N.A.  
PO BOX 15284  
WILMINGTON DE 19850

Account Number . . . 7680  
01 01 149 05 M0000 E# 0  
Last Statement: 01/29/2021  
This Statement: 02/26/2021

DNP

Customer Service  
1-888-400-9009

MENDOCINO COAST HEALTH CARE  
DISTRICT  
DBA MENDOCINO COAST HOME HEALTH  
MCHH - PAYROLL  
700 RIVER DR  
FORT BRAGG CA 95437-5403

Page 1 of 2

### PUBLIC FUNDS CHECKING

#### Account Summary Information

Statement Period 01/30/2021 - 02/26/2021	Statement Beginning Balance	21,663.14
Number of Deposits/Credits 0	Amount of Deposits/Credits	.00
Number of Checks 0	Amount of Checks	.00
Number of Other Debits 0	Amount of Other Debits	.00
	Statement Ending Balance	21,663.14



**Savings Bank**  
OF MENDOCINO COUNTY  
Member FDIC

Available for your mobile device: Apple® & Android® Apps

P.O. Box 3600 • Ukiah, CA 95482  
(707) 462-6613  
www.savingsbank.com

Return Service Requested

00002213-0005006-0001-0002-MIMR0006790226213743

MENDOCINO COAST HEALTH CARE DISTRICT  
CORPORATE ACCOUNT  
700 RIVER DR  
FORT BRAGG CA 95437-5403

CHECKING

Page Number: 1 of 2  
Account Number: .0660  
Date: 02/26/21

**NOW AVAILABLE!**  
**SATURDAY DRIVE-UP VIDEO TELLER HOURS**  
9:00am - 2:00pm  
Ukiah Main - South Ukiah - Redwood Valley  
Willits - Fort Bragg  
Hablamos Español

CHECKING

SUMMARY OF ACCOUNT

Acct 4230660

---

Beginning Balance	2/01/21	206,816.27	
Deposits / Misc Credits	7	24,217.43	
Withdrawals / Misc Debits	4	181.60	
** Ending Balance	2/28/21	230,852.10	**
Service Charge		.00	
Interest Paid Thru 2/28/21		8.56	
Interest Paid Year To Date		17.02	
Annual Percentage Yield Earned		.05%	
Number of Days for A.P.Y.E.		28	
Average Balance for A.P.Y.E.		223,082.24	



**Savings Bank**  
OF MENDOCINO COUNTY  
Member FDIC

P.O. Box 3600 · Ukiah, California 95482  
(707) 462-6613  
www.savingsbank.com

Available for your mobile device: Apple® & Android® Apps

MENDOCINO COAST HEALTH CARE DISTRICT  
HOME HEALTH AND HOSPICE  
700 RIVER DR  
FORT BRAGG CA 95437-5403

CHECKING

Page Number: 1 of 1  
Account Number: 678  
Date: 02/26/21

NOW AVAILABLE!  
SATURDAY DRIVE-UP VIDEO TELLER HOURS  
9:00am - 2:00pm  
Ukiah Main - South Ukiah - Redwood Valley  
Willits - Fort Bragg  
Hablamos Español

CHECKING

SUMMARY OF ACCOUNT

Acct 4230678

---

Beginning Balance	2/01/21	73,849.22	
Deposits / Misc Credits	1	2.83	
Withdrawals / Misc Debits	0	.00	
** Ending Balance	2/28/21	73,852.05	**
Service Charge		.00	
Interest Paid Thru 2/28/21		2.83	
Interest Paid Year To Date		5.97	
Annual Percentage Yield Earned		.05%	
Number of Days for A.P.Y.E.		28	
Average Balance for A.P.Y.E.		73,849.22	



Service With Solutions™

P.O. Box 909, Chico, CA 95927

**YOUR STATEMENT**

Customer Service: 1-800-922-8742  
TriCountiesBank.com

Page: 1 of 1  
Statement Date: 02-28-21  
Primary Account: XXXXXXXX5861

MENDOCINO COAST HEALTH CARE DISTRICT  
700 RIVER DR  
FORT BRAGG CA 95437



**Home Equity Lines of Credit**  
**Historic low rates. Historically better service.**  
 Use the equity in your home for just about anything!  
 Special rate options are available now through March 31, 2021.

**EQUAL HOUSING LENDER**  
 NMLS #458732  
 Member FDIC

Apply online at [TriCountiesBank.com/heloc-apply](http://TriCountiesBank.com/heloc-apply), call 1-800-982-2660, or visit your local branch.

<b>Business Analysis Images</b>		<b>Account: XXXXXXXX5861</b>	
Account #	XXXXXXXX5861	Statement Dates	02-01-21 thru 02-28-21
Beginning Balance	4,303,933.80		
0 Deposits/Credits	0.00		
0 Checks/Debits	0.00		
Total Service Charges	0.00		
Interest and/or Reward Paid	0.00		
Ending Balance	4,303,933.80		

End of Statement



Service With Solutions™

P.O. Box 909, Chico, CA 95927

**YOUR STATEMENT**

Customer Service: 1-800-922-8742  
TriCountiesBank.com

Page: 1 of 1  
Statement Date: 02-28-21  
Primary Account: XXXXXXXX7207

MENDOCINO COAST HEALTH CARE DISTRICT  
MASTER ACCOUNT  
700 RIVER DR  
FORT BRAGG CA 95437

**Home Equity Lines of Credit**  
 Historic low rates. Historically better service.  
 Use the equity in your home for just about anything!  
 Special rate options are available now through March 31, 2021.  
 Apply online at [TriCountiesBank.com/heloc-apply](http://TriCountiesBank.com/heloc-apply), call 1-800-982-2660, or visit your local branch.

EQUAL HOUSING LENDER  
NMLS #458732  
Member FDIC

**Business Analysis Images** Account: XXXXXXXX7207

Account #	XXXXXXXX7207	Statement Dates	02-01-21 thru 02-28-21
Beginning Balance	1,000,000.00		
0 Deposits/Credits	0.00		
0 Checks/Debits	0.00		
Total Service Charges	0.00		
Interest and/or Reward Paid	0.00		
Ending Balance	1,000,000.00		

End of Statement

California State Treasurer  
**Fiona Ma, CPA**



Local Agency Investment Fund  
P.O. Box 942809  
Sacramento, CA 94209-0001  
(916) 653-3001

March 14, 2021

[LAIF Home](#)  
[PMIA Average](#)  
[Monthly Yields](#)

MENDOCINO COAST HEALTH CARE DISTRICT

FINANCE DIRECTOR  
700 RIVER DRIVE  
FORT BRAGG, CA 95437

[Tran Type](#)  
[Definitions](#)

Account Number: -001

February 2021 Statement

**Account Summary**

Total Deposit:	0.00	Beginning Balance:	3,469,774.57
Total Withdrawal:	0.00	Ending Balance:	3,469,774.57

**LIABILITIES OWED  
BETWEEN  
MCHCD & AHMC**

Adventist Health Mendocino Coast (AHMC)  
Mendocino Coast Health Care District (MCHCD)  
Liability Listing as of 03-14-2021  
Transition Period of July 1, 2020 to February 28, 2021

<u>DESCRIPTION</u>	<u>TIME PERIOD</u>	<u>DOLLARS</u>	
<b><u>AHMC</u></b>			
Payment for HCL tail insurance	8 months/36 months	\$198,694	
Payment for D & O insurance	July 2020 thru Feb 2021	\$190,828	
Purchase of MCHCD AR	Balance at @12/31/20	\$150,000	
		<u>\$539,522</u>	
Total Due to MCHCD			
<b><u>MCHCD</u></b>			
Payment for Cash Reconciliation	Jul 2020 thru Dec 2020	\$15,177,065	
Payment for Cash Reconciliation	Jan 2021 thru Feb 2021	\$6,393,248	\$21,570,313
Payment for Transition Employees	QE 09/30/20	\$93,161	
AHMC-340B Revenue Cash Received	Jul 2020 thru Feb 2021	\$638,052	
Subtotal		<u>\$22,301,526</u>	
AHMC Priority Capital List	Jul 2020 thru Feb 2021	\$939,389	
		<u>\$23,240,915</u>	
Total Due to AHMC			



# **ALLIANT PROOF OF CLAIM LOSS**

**From:** Mark Sturgess <mark.sturgess@mclarens.com>  
**Sent:** Friday, March 19, 2021 5:40 PM  
**To:** Jessica Grinberg <jgrinberg@mcdh.org>; Wayne Allen <wallen@mcdh.org>  
**Cc:** Rfrey@alliant.com  
**Subject:** RE: HARPP: Mendocino Coast Health Care District Db: Mendocino Coast District Hospital  
CoVid-19 March 19, 2020 McLarens# 002.052024 Dec 7-25 Property Cover: Partial Master Proof of Loss  
for execution  
**Importance:** High

Dear Ms. Grinberg & Mr. Allen;

We previously notified you of underwriters' intent to issue partial payment at \$39,216.00 to qualified Named Insureds within Declaration 7 of the HARPP program.

In that regard, we now attach a partial Proof of Loss at \$39,216.00 plus a schedule of insurance to show the participation of individual underwriters in that payment.

Please have the Proof of Loss

executed by an authorized representative of your organization and returned here. No Notary is required at this time, and all we need is an electronic copy of the executed Proof.

In returning the Proof, please advise details for payment by mail. If you prefer a wire transfer, we will of course need your bank details.

Mark

**Mark Sturgess CPCU, RPA, AIC | McLarens**  
Assistant Vice President/ Executive General Adjuster  
[mark.sturgess@mclarens.com](mailto:mark.sturgess@mclarens.com)

180 Montgomery Street, Suite 2100  
San Francisco, CA 94104 USA  
+1 415.228.6410 | office  
[www.mclarens.com](http://www.mclarens.com)

# PARTIAL MASTER PROOF OF LOSS

TO THE VARIOUS COMPANIES UNDER THEIR RESPECTIVE POLICIES AS INDICATED IN THE ANNEXED SCHEDULE OF INSURANCE AND APPORTIONMENT OF CLAIM WHICH IS MADE A PART HEREOF

At time of loss, by the annexed indicated policies of insurance you insured Mendocino Coast Health Care District dba Mendocino Coast District Hospital

against loss by All Risk of physical loss or damage to the property described

under Schedule annexed according to the terms and conditions of the said policies and all forms, endorsements, transfer and assignments attached thereto.

1. **Time and Origin:** A COVID-19 Communicable Disease loss occurred about the hour of STATE KIND o'clock            M., on the 12<sup>th</sup> day of March 20 20. The cause and origin of the said loss were: Loss of revenue and extra expense following order of governmental agency.

2. **Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Healthcare operations

3. **Title and Interest:** At the time of the loss the interest of your insured in the property described therein was sole and unconditional ownership, and no other person or persons had any interest therein or encumbrance thereon, except: No exceptions

4. **Changes:** Since the said policies were issued there have been no assignments thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: No exceptions

5. **Total Insurance:** The total amount of insurance upon the property described by the involved policies was, at the time of the loss, \$                      as more particularly specified in the apportionment attached, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. **The Actual Cash Value** of said property at the time of loss was ..... \$ Not Determined

7. **The Whole Loss and Damage** was ..... \$ TO BE DETERMINED

8. **The Amount Claimed** under this Master Proof of Loss ..... \$ 39,216.00 (partial)  
(Amount Claimed is net applicable deductible.) SEE APPORTIONMENT ATTACHED.

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing as been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policies of insurance or render them void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of this Master Proof of Loss by a representative of the annexed mentioned insurance companies is not a waiver of any of their rights.

**FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:**

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

State of \_\_\_\_\_ (Insured Signature)

County of \_\_\_\_\_ Insured

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) by \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be

the person(s) who appear before me.

\_\_\_\_\_ (signature of Notary)

**SCHEDULE OF APPORTIONMENT**

**Policy Period: July 1, 2019/2020**

**HARPP / DECLARATION 7 MEMBERS**

**VARIOUS LOCATIONS**

**COVID-19 – MARCH 12, 2020**

<b><u>Insuror</u></b>	<b><u>Policy Number</u></b>	<b><u>Participation</u></b>	<b><u>Amount</u></b>
Lexington Insurance Company	38412453	35.00%	\$ 13,725.60
Lexington Insurance Company	38412468	10.00%	\$ 3,921.60
Aspen	PX006CP19	2.50%	\$ 980.40
Underwriters at Lloyd's	PJ1900131	4.00%	\$ 1,568.64
Homeland (One Beacon)	798000231	3.00%	\$ 1,176.48
Hallmark	73PRX19A1A5	7.50%	\$ 2,941.20
Underwriters at Lloyd's	PJ193647	38.00%	\$ 14,902.08
<b>TOTAL</b>		<b><u>100.00%</u></b>	<b><u>\$39,216.00</u></b>

180 Montgomery Street, Suite 2100  
San Francisco, CA 94104-4231 USA

www.mclarens.com  
san.francisco@mclarens.com



Tel: +1 415 392 6034  
Fax: +1 415 392 0213

License #2607078

Mark Sturgess  
Assistant Vice President  
Direct Dial +1 415 228 6410  
Email: mark.sturgess@mclarens.com

November 7, 2020

*Via Email: [Jgrinberg@mcdh.org](mailto:Jgrinberg@mcdh.org); [Wallen@MCDH.org](mailto:Wallen@MCDH.org)*

Mendocino Coast Health District Hospital  
700 River Drive  
Fort Bragg, CA 95437

Attention: Ms. Jessica Grinberg, Board President

<b>Named Insured:</b>	<b>Mendocino Coast Health Care District DbA: Mendocino Coast District Hospital</b>
<b>Policy Numbers:</b>	<b>Various, as listed</b>
<b>Policy Term:</b>	<b>July 1, 2019 to July 1, 2020</b>
<b>Nature of Claim:</b>	<b>COVID-19</b>
<b>Date of Loss:</b>	<b>March 19, 2020</b>
<b>McLarens File Number:</b>	<b>002.052024 DEC 7 - 25</b>

Dear: Ms. Grinberg;

This letter is in follow-up to previous discussions and correspondence regarding the handling of your claim under the Communicable Disease Coverage Endorsement (Endorsement #4). This letter is on behalf of all of the insurers (“Insurers”) of the primary and first excess layers of the HARPP declaration in which you enrolled (Declaration #7).<sup>1</sup>

Endorsement #4 states as follows:

**COMMUNICABLE DISEASE COVERAGE ENDORSEMENT  
(BROAD FORM)**

---

<sup>1</sup> Lexington Insurance Company (Policy Nos. 017471590/06, 38412453, 38412468); Certain Underwriters at Lloyd’s, London subscribing to Policy Nos. PJ193647 and PJ1900131; Endurance Worldwide Insurance Limited (t/as Sompo International) subscribing to Policy No. PJ1900129.

This endorsement modifies insurance provided by this Policy:

**NOTICE: THE SUBLIMITS OF INSURANCE PROVIDED HEREIN ARE  
SUBJECT TO AND INCLUDED WITHIN POLICY LIMIT OF LIABILITY.  
SCHEDULE**

**Communicable Disease: \$500,000 Per Occurrence, \$2,000,000  
Annual Aggregate per Hospital declaration (current Hospital  
declarations are 6, 7, 8, 9 and 10)**

The following Additional Coverage is added to Section III, B. Extension of Coverage, item  
4. **Contingent Time Element Coverage:**

**COMMUNICABLE DISEASE COVERAGE:**

Subject to the Annual Aggregate for Communicable Disease, we will pay actual **business income** loss sustained by you and **communicable disease extra expense** and **crisis response expenses** incurred by you, during the **period of indemnity** due to an **order of an authorized governmental agency** during the policy period that results in a partial or total suspension of your business operations at your **medical facility**.

The following additional definitions apply to this Additional Coverage and supersede any similar definitions of this Policy to the contrary:

**1. Crisis response expenses** means reasonable and necessary expenses incurred:

- a. For public relations to restore the reputation and stature of your **medical facility**,  
and
- b. To assist you to recover money from any governmental program or agency for **communicable disease extra expense** incurred by your **medical facility**.

**2. Communicable disease extra expense** means reasonable and necessary extra expenses to:

- a. Cleanup, remove and dispose of any property at your **medical facility** that is contaminated by the presence of a communicable disease, and
- b. Restore your **medical facility** to its original condition

Please recall that the endorsement schedules the following limits:

**Communicable Disease: \$500,000 Per Occurrence, \$2,000,000  
Annual Aggregate per Hospital declaration (current Hospital  
declarations are 6, 7, 8, 9, and 10)**

The \$500,000 per occurrence limit is per member, but it is constrained by the \$2 million annual aggregate for all members on a given declaration. Declaration #7 has fifty-one members. If each member were to make a claim under the endorsement, and if each member were to present verified losses in excess of \$500,000, then the aggregate of those claims would exceed the aggregate limit. If those circumstances emerge, the Insurers intend to pay each member an equal share of the aggregate limit (\$39,216).

At this time, twenty-nine members on Declaration #7 have made claims. We have verified that all nine members have sustained losses covered under the endorsement that exceed the \$500,000 per-member limit. If nothing changes, then each claimant will receive a one-twenty ninth share of the aggregate limit.

However, other members on Declaration #7 may yet submit claims. Accordingly, the Insurers intend to disburse at this time only the minimum share (\$39,216) to each current claimant and to any additional claimants who come forward with verified claims up to or exceeding the minimum share amount of \$39,216. Based on the number of claims ultimately filed, the Insurers will liquidate any balance of the aggregate limit, again in equal shares.

Please contact me as soon as possible if you have any questions or concerns about the Insurers' intended approach. Otherwise, the Insurers will proceed as outlined.

**The Insurers continue to reserve all rights and defenses under the policy and at law.**

Very truly yours,

**Mark A. Sturgess, CPCU, RPA, AIC  
Assistant Vice President / Executive General Adjuster**

**MAS**

**Cc:  
McLarens, Chris Stafford  
Broker: Alliant Rfrey@alliant.com**



**PROPERTY FIRST NOTICE OF LOSS FORM**

SEND TO: Alliant Insurance Services, Inc.  
BY MAIL: 100 Pine Street, 11<sup>th</sup> Floor, San Francisco, CA 94111  
BY FAX: (415) 403-1466  
BY EMAIL: [rfrey@alliant.com](mailto:rfrey@alliant.com) AND [dwalizada@alliant.com](mailto:dwalizada@alliant.com)  
Carbon Copy AIP Claims Administrator: [sandra.doig@mclarens.com](mailto:sandra.doig@mclarens.com) and your Alliant representative

Today's Date: August 24, 2020

Type of Claim: (check all that apply)

- Real Property                       Vehicles  
 Personal Property                   Other

**Insured's Name & Contact Information**

Insured's Name: Mendocino Coast District Hospital

Point of Contact: Jessica Grinberg  
Board President

Address: 700 River Drive Fort Bragg, CA. 95437

Phone #: 707-961-4621

Email Address: jgrinberg@mcdh.org

**Broker/Agent's Name & Contact Information**

Company Name: Alliant Insurance Services - Claims

Point of Contact: Robert A. Frey & Diana L. Walizada

Address: 100 Pine Street, 11<sup>th</sup> Floor, San Francisco, CA 94111

Phone #: 1-877-725-7695

Fax #: 415-403-1466

**Policy Information**

Reference Number: 017471589/06-07

Policy Period: Fiscal Year ended 06-30-2020

Limits of Liability: \$500,000 per/ \$2,000,000 aggregate

Self-Insured Retention/Deductible: \_\_\_\_\_

**Loss Information**

Date of Incident/Claim: March thru June 2020

Location: Fort Bragg, CA.

Description of Loss: Loss of Gross Patient Revenue due to COVID-19 Shelter-in-Place Mandate

Please list all attached or enclosed documentation:  (check if none provided) Excel attachment listing of the \$10,591,129 reduction in Gross Patient Revenue for the months of March thru June 2020 vs. months of March thru June 2019

Name of Person Completing This Form: Wayne C. Allen, Financial Adviser to the Board  
[wallen@mcdh.org](mailto:wallen@mcdh.org)

Signature: 

**Per the PEPiP USA Form Master Policy Wording, Section IV General Conditions;**

**J. NOTICE OF LOSS**

**In the event of loss or damage insured against under this Policy, the Insured shall give notice thereof to ALLIANT INSURANCE SERVICES, INC., 100 Pine Street, 11th Floor, San Francisco, CA 94111-1073. TEL NO. (877) 725-7695, FAX NO. (415) 403-1466 of such loss. Such notice is to be made as soon as practicable upon knowledge within the risk management or finance division of the Insured that a loss has occurred.**

**Mendocino Coast District Hospital**

**Documentation for Property First Notice of Loss Form**

**Cause: COVID-19**

**Effect: The Gross Patient Revenue plummeted \$10.6M in just four months**

**MCDH incurred a 25.5% drop in actual gross patient revenue year-over-year**

Month	Gross Patient Revenue		Revenue Reduction
	Year 2020	Year 2019	
March	\$8,576,378	\$10,613,506	(\$2,037,128)
April	\$6,221,097	\$10,222,275	(\$4,001,178)
May	\$7,038,219	\$10,028,446	(\$2,990,227)
June	\$9,106,350	\$10,668,946	(\$1,562,596)
<b>TOTAL</b>	<b>\$30,942,044</b>	<b>\$41,533,173</b>	<b>(\$10,591,129)</b>



# EVIDENCE OF PROPERTY INSURANCE

ISSUE DATE (MM/DD/YYYY)  
**07/02/2019**

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AFFECT, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>PRODUCER</b> <b>ALLIANT INSURANCE SERVICES, INC.</b> P.O. BOX 6450 NEWPORT BEACH, CA 92858-6450 PH (949) 788-0271 / FAX (949) 788-2713 LICENSE NO. 0C38881 <small>0000      000-0000</small>		<b>COMPANY</b> <b>VARIOUS PER ATTACHED SCHEDULE 07</b>	
<b>INSURED</b> <b>ALLIANT PROPERTY INSURANCE PROGRAM (APIP):</b> <b>HOSPITAL ALL RISK PROPERTY PROGRAM (HARPP) MEMBER</b> MENDOCINO COAST HEALTH CARE DISTRICT DBA: MENDOCINO COAST DISTRICT HOSPITAL 700 RIVER DRIVE FORT BRAGG, CA 93240		<b>LOAN NUMBER</b>	<b>PRIMARY LAYER POLICY NUMBER</b> <b>017471689/08-07</b>
		<b>EFFECTIVE DATE (MM/DD/YYYY)</b> <b>07/01/19</b>	<b>EXPIRATION DATE (MM/DD/YYYY)</b> <b>07/01/20</b>
		<b>CONT. UNTIL TERMINATED IF CHECKED</b> <input type="checkbox"/>	
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>			

**PROPERTY INFORMATION**

**LOCATION / DESCRIPTION**  
 REAL PROPERTY, PERSONAL PROPERTY AND BUSINESS INTERRUPTION COVERAGE AT 615 CYPRESS ST., FORT BRAGG, CA 93437 (LOCATION #4). THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF EVIDENCING COVERAGE.

COVERAGE / PERILS / EVENTS	AMOUNT OF INSURANCE	REFERENCE
ALL RISK OF DIRECT PHYSICAL LOSS OR DAMAGE INCLUDING PEPIP EARTHQUAKE AND FLOOD AND EXCESS STAND ALONE EARTHQUAKE AND FLOOD POLICIES PER SCHEDULE ON FILE WITH COMPANY. COVERAGE INCLUDES REAL AND PERSONAL PROPERTY, BUSINESS INTERRUPTION, EXTRA EXPENSE AND ALL EXTENSIONS AND SUBLIMITS OF COVERAGE AS SHOWN ON PEPIP/HARPP MANUSCRIPT POLICY FORM BOILER & MACHINERY REPAIR OR REPLACEMENT COST VALUATION FOR REAL OR PERSONAL PROPERTY ACTUAL LOSS SUSTAINED FOR BUSINESS INTERRUPTION SUBJECT TO POLICY TERMS, CONDITIONS AND EXCLUSIONS	\$1,000,000,000 LOSS LIMIT PER OCCURRENCE EARTHQUAKE \$62,500,209 EXCESS OF \$10,000,000 PRIMARY PER OCCURRENCE AND ANNUAL AGGREGATE FLOOD \$15,000,000 ALL FLOOD ZONES PER OCCURRENCE AND ANNUAL AGGREGATE BOILER & MACHINERY \$100,000,000 \$100,000,000 PER MEMBER OCCURRENCE / \$200,000,000 AGGREGATE PRIMARY TERRORISM LIMIT SHARED BY ALL MEMBERS IN DECS 1-14, 18-22, 28-30 AND 32-34 COMBINED	SEE BELOW

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

**REMARKS (Including Special Conditions)**

<b>DEDUCTIBLES:</b> ALL RISK: \$10,000 EARTHQUAKE: 5% TOTAL INSURED VALUE/\$50,000 MINIMUM PER OCCURRENCE FLOOD: \$250,000 PER OCCURRENCE FLOOD ZONES A&V \$100,000 ALL OTHER FLOOD ZONES	<b>OTHER:</b> \$10,000 PRIMARY TERRORISM BOILER & MACHINERY: \$10,000
---	--

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

**NAME AND ADDRESS**  
 EVIDENCE OF INSURANCE  
 C/O MENDOCINO COAST DISTRICT HOSPITAL  
 700 RIVER DRIVE  
 FORT BRAGG, CA 93240

<input type="checkbox"/> NATURE OF INTEREST MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
<input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> OTHER EVIDENCE ONLY

**SIGNATURE OF AUTHORIZED AGENT OF COMPANY**