

**BOARD POLICY MANUAL**

**TABLE OF CONTENTS**

**POLICIES #G - GENERAL**

<b>POLICY #</b>	<b>POLICY TITLE</b>	<b>PAGE</b>	<b>REVISION/ APPROVAL DATE</b>
PROC-01	Purpose of Board Policies & Adoption/Amendment of Policies	5	<b>REVISED 02-25-2025</b>

**POLICIES #BOD - BOARD OF DIRECTORS**

<b>POLICY #</b>	<b>POLICY TITLE</b>	<b>PAGE</b>	<b>REVISION/ APPROVAL DATE</b>
BOD-01	Swearing in of Board Members	7	<b>REVISED 11-28-2023</b>
BOD-02	Election & Appointment and Duties of Board Officers	10	<b>REVISED 02-27-2024</b>
BOD-03	Appointment & Duties for Committees	14	<b>REVISED 03-28-2023</b>
BOD-04	Attendance at Meetings	19	<b>REVIEWED 09-26-2023</b>
BOD-05	Basis of Authority	20	<b>REVIEWED 09-26-2023</b>
BOD-06	Filling a Vacancy on the Board	21	<b>REVIEWED 03-28-2023</b>
BOD-07	Board & Committee Meeting Agenda	25	<b>REVISED 09-26-2023</b>
BOD-08	Board Meetings	27	<b>REVISED 11-28-2023</b>
BOD-09	Rules of Order for Board and Committee Meetings	30	<b>REVISED 02-25-2025</b>

BOD-10	Board Meeting Conduct	31	<b>REVISED 02-25-2025</b>
BOD-11	Board Actions and Decisions	34	<b>REVISED 11-28-2023</b>
BOD-12	Minutes of Board and Committee Meetings	36	<b>REVISED 09-26-2023</b>
BOD-13	DHCD Memberships in Organizations, Training, Education, Conferences, and Reimbursement Procedure	38	<b>REVISED 11-28-2023</b>
BOD-14	Ethics Training and Education Training Relating to Workplace Harassment	41	<b>REVISED 09-26-2023</b>
BOD-15	Conflict-of-Interest Code	42	<b>REVISED 02-27-2024</b>
BOD-16	Propriety, Confidentiality and Personal Information	46	<b>REVISED 10-25-2022</b>
BOD-17	Compensation & Performance Evaluation of the Chief Executive Officer	52	<b>REVISED 02-22-2022</b>
BOD-18	Ticket Distribution Policy	74	<b>REVISED 02-25-2025</b>
BOD-21	Meeting & Insurance Compensation Policy	78	<b>REVISED 11-26-2024</b>

**POLICIES #OP - OPERATIONS**

<b>POLICY #</b>	<b>POLICY TITLE</b>	<b>PAGE</b>	<b>REVISION/ APPROVAL DATE</b>
OP-01	Access to Public Records	81	<b>REVISED 10-25-2022</b>
OP-03	Records Retention	85	<b>REVISED 10-25-2022</b>
OP-04	Electronic Communications Usage and Retention	90	<b>REVISED 10-25-2022</b>
OP-05	Grant & Mini Grant Policy (Including Flow Chart revised 02-27-2024)	101	<b>REVISED 11-28-2023</b>
OP-06	Delegating Minor Claims to the CEO	112	<b>REVIEWED 02-25-2025</b>
OP-07	Lease Compliance Policy	113	<b>REVISED 03-28-2023</b>
OP-08	Strategic Plan	116	<b>REVISED 03-28-2023</b>
OP-10	Policies and Procedures Including Bidding Regulations Governing Purchases of Supplies and Equipment, and Bidding for Public Works Contracts	117	<b>REVIEWED 03-28-2023</b>
OP-11	Procurement of Professional Contracts and Professional Services	135	<b>REVIEWED 09-26-2023</b>
OP-12	Compensation	139	<b>REVISED 09-26-2023</b>
OP-13	Sustainability Program	142	<b>REVISED 03-28-2023</b>
OP-14	Expense Authorization	146	<b>REVISED 06-25-2024</b>
OP-15	Engagement of the Community, Public, and Subject Matter Experts	148	<b>REVISED 10-25-2022</b>
OP-16	CEO Discretionary Fund	151	<b>REVISED 12-17-2024</b>

OP-17	Sponsorships	153	<b>APPROVED</b> <b>02-25-2025</b>
-------	--------------	-----	--------------------------------------

**POLICIES #LPMP - LAS PALMAS MEDICAL PLAZA PROPERTY**

<b>POLICY #</b>	<b>POLICY TITLE</b>	<b>PAGE</b>	<b>REVISION/ APPROVAL DATE</b>
LPMP-01	Las Palmas Medical Plaza Policy for Leasing	155	<b>REVIEWED</b> <b>06-25-2024</b>
LPMP-02	Las Palmas Medical Plaza Lease Execution Policy	157	<b>REVIEWED</b> <b>06-25-2024</b>

**POLICIES #FIN - FINANCIAL**

<b>POLICY #</b>	<b>POLICY TITLE</b>	<b>PAGE</b>	<b>REVISION/ APPROVAL DATE</b>
FIN-01	Financial Operations	158	<b>REVIEWED</b> <b>02-27-2024</b>
FIN-02	Authorized Check Signers, Number of Signers, Dollar Limit for Signers, Transfer of Funds	160	<b>REVISED</b> <b>02-25-2025</b>
FIN-03	Statement of Investment Policy	163	<b>REVISED</b> <b>06-25-2024</b>
FIN-04	Budget Preparation	165	<b>REVIEWED</b> <b>02-27-2024</b>
FIN-05	Credit Card Usage	167	<b>REVISED</b> <b>06-25-2024</b>
FIN-06	Financial Reserve	169	<b>REVISED</b> <b>02-25-2025</b>



**POLICY TITLE:** PURPOSE OF BOARD POLICIES & ADOPTION/AMENDMENT OF POLICIES

**POLICY NUMBER:** PROC-01

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL DATE:** 02-25-2025

---

**POLICY #PROC-01:** It is the intent of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain a Policy Manual.

**GUIDELINES:**

1. The manual will be a comprehensive listing of the Board's current policies, being the rules and regulations approved by the Board, reviewed every two years or as needed. The Board of Directors may update any policy at any time at their discretion. The Policy Manual will serve as a resource for the Board, staff and members of the public in determining the manner in which matters of District business are to be conducted.
2. Policies are clear, simple statements of how the District intends to conduct its services, actions or business. They provide a set of guiding principles to help with decision making.
3. If any policy or portion of a policy contained within the Policy Manual is in conflict with rules, regulations or legislation having authority over the District, those rules, regulations or legislation shall prevail. Where this occurs, the Board of Directors will clarify either the rules or policy to assure that they are compatible.
4. Consideration by the Board of Directors to adopt a new policy or to amend an existing policy may be initiated by the Board President, two Board Members or by Staff. The proposed adoption or amendment is initiated by requesting that the item be included for consideration on the agenda of the Board & Staff Communications and Policies Committee.
5. The Board & Staff Communications and Policies Committee shall review all policies and make recommendations for approval to the Board of Directors. If there



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

is no consensus at the Board & Staff Communications and Policies Committee, the policy may be referred for action to the full Board of Directors without a recommendation.

6. Policies will be reviewed by legal counsel as applicable.
7. Adoption of a new policy or revision of an existing policy shall be accomplished at a regular meeting of the Board of Directors and shall require a majority vote of all Board Members present.
8. Before considering adopting or revising any policy, Board Members and the public shall have the opportunity to review the proposed adoption or revision prior to the meeting at which consideration for adoption or revision is to be given. Copies of the proposed policy adoption or revision shall be included in the agenda information packet for any meeting of consideration. The agenda information packets with said copies shall be made available to each Board Member for review at least three (3) days prior to any meeting at which the policies are to be considered.
9. Policies which fall under the authority of the Finance & Administration Committee and Program Committee shall be reviewed by the respective committee in addition to review by the Board & Staff Communications and Policies Committee.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2(e)

**DOCUMENT HISTORY**

Revised	02-25-2025
Reviewed	09-26-2023
Revised	02-22-2022
Revised	06-23-2020
Approved	01-26-2016



**POLICY TITLE:** SWEARING IN OF BOARD MEMBERS

**POLICY NUMBER:** BOD-01

**COMMITTEE APPROVAL:** 11-13-2023

**BOARD APPROVAL:** 11-28-2023

---

**POLICY #BOD-01:** It is the policy of the Desert Healthcare District (“District”) to perform a swearing-in ceremony for newly elected or appointed Board of Directors (“Board”) members.

**GUIDELINES:**

1. Newly elected Board Members assume office at noon on the first Friday of December following the general election. They shall be sworn in by or at the first special or regular Board meeting following that date. Appointed Board members are sworn in by or at the first special or regular Board Meeting after the Board approves the appointment. Newly elected or appointed Board members must be sworn in prior to performing any official duties.
2. Newly sworn-in Board members will temporarily assume the committee assignments of their predecessor until such time that the President of the Board can make committee assignments.
3. Using the standard form (see attached), the Board President shall appoint the Clerk of the Board or Legal Counsel to have the newly elected Board Members repeat after them the words of the oath.
4. The Clerk of the Board or Legal Counsel will obtain required signatures.



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**  
STATE OF CALIFORNIA

City of \_\_\_\_\_ County of \_\_\_\_\_

**OATH OR AFFIRMATION OF ALLEGIANCE FOR PUBLIC OFFICERS AND  
EMPLOYEES**

The Execution of this Oath is Required by Article XX, Section 3, of the Constitution of the State of California.

I, \_\_\_\_\_, do

solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OFFICER ADMINISTERING OATH      TITLE

\_\_\_\_\_  
SIGNATURE OF PERSON TAKING OATH





**AUTHORITIES**

Desert Healthcare District Bylaws Article IV, section 4.3

**DOCUMENT HISTORY**

Revised	11-28-2023
Reviewed	02-22-2022
Revised	06-23-2020
Approved	01-26-2016



**POLICY TITLE:** ELECTION & APPOINTMENT AND DUTIES OF BOARD OFFICERS

**POLICY NUMBER:** BOD-02

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

---

**POLICY #BOD-02:** It is the policy of the Desert Healthcare District (“District”) to establish the rules for appointment of Board officers and sets forth the election process and the duties of the officers. Further, the roles and responsibilities of said officers are as described in this policy.

**GUIDELINES:**

1. Appointment and Term of Board Officers

There shall be four Board officers: President, Vice-President, Secretary, and Treasurer. It shall be the policy of the Board that there will be no mandatory rotation of officers; however, the Board shall customarily retain the President for two (2) consecutive one (1) year terms (if eligible). After the first term, the Board shall vote on the matter of whether the President shall serve a second term. The President shall be limited to two (2) consecutive terms. The Vice Presidency will provide an opportunity to train a Director to possibly ascend to the Presidency when that position becomes vacant. The Vice-President, Secretary, and Treasurer will be elected for one (1) year terms, and there shall be no term limits. The Board shall retain the authority to remove and replace any board officer at any time and for any reason with a majority vote.

Process for the Election of Board Officers

The officers of the Board shall be chosen by the Board as the first agenda item at the first regular board meeting in December. Legal Counsel will call for nominations for the position of Board President. No vote shall be taken until all nominations have been made. Once all nominations are made, nominations shall be closed and a vote shall be taken. The process will continue for the office of Vice-President, the office of Secretary, and the office of Treasurer.



## **2. Board President**

The Board shall elect one of its members as President in accordance with Section 1 above. The President shall serve as chairperson at all Board meetings and shall have the same rights as the other Board Members in voting; introducing motions, resolutions; and participating in discussions. The President assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties. In public meetings, the Board President adheres to and implements the rules of order as approved by the Board. The President behaves consistently with District policies and those legitimately imposed upon it from outside the organization. In the absence of the President, the Vice-President shall serve as chairperson. If both the President and Vice-President are absent, the Secretary shall act as chairperson.

In addition, the duties of the President include:

**2.1** The President shall execute Board documents on behalf of the Board unless such authority has been delegated to the Chief Executive Officer under specific circumstances.

**2.2** The President is empowered to chair Board meetings with all the commonly accepted authorities of that position (e.g., ruling, recognizing, keeping order, changing the order of announced agenda items).

**2.3** The President shall appoint Board committee members and committee's chair position.

**2.4** The President has no authority to supervise or direct the Chief Executive Officer. The President has no more authority than any other Board members.

**2.5** The President shall work with the Chief Executive Officer in monitoring and planning the agenda forecast.

**2.6** The President may represent the Board to outside parties in announcing and presenting of the Board after formal Board action has been taken.

**2.7** The President may determine, in concert with the Chief Executive Officer as necessary, whether to place on an agenda consideration of documents of support or recognition (e.g., resolutions, commendations, certificates of appreciation, etc.) for individuals, organizations or efforts in the community by evaluating whether the individual, organization or effort has a clear nexus to issues relevant to the District.

**2.8** The President may also sign such certificates established in 2.7 upon successful approval of the Board.

**2.9** The President may make and second motions and vote in the same manner as other Board members.

**2.10** Agenda items may be added by the President or at the request of two board



members.

**2.11** There is no veto power from the President.

**3. Board Vice-President**

The Board shall elect one of its members as Vice President in accordance with Section 1 above.

**3.1** In the absence of the President, the Vice-President shall perform the duties of the President.

**4. Board Secretary**

The Board shall elect a Secretary in accordance with Section 1 above.

**4.1** The Secretary shall be charged with the safekeeping of the minutes of all meetings of the Board and Committees in accordance with the adopted rules of the Board and shall sign the minutes in a ministerial capacity, following their approval of the Board.

**4.2** The Secretary shall give or cause to be given appropriate notices in accordance with the policies and bylaws or as required by law and shall act as custodian of District records and reports.

**4.3** The Secretary may delegate Board Secretary duties to a District Staff member and not a member of the Board of Directors.

**5. Board Treasurer**

The Board shall elect a Treasurer in accordance with Section 1 above.

**5.1** The Treasurer shall be charged with the safekeeping and disbursement of the funds in the treasury of the District.

**5.2** The Treasurer will serve as chair of the Finance, Legal, Administration, & Real Estate Committee.

**5.3** The Treasurer may delegate Board Treasurer duties to a District Staff member and not a member of the Board of Directors.



**AUTHORITIES**

Desert Healthcare District Bylaws Article VII

**DOCUMENT HISTORY**

Revised	02-27-2024
Revised	03-22-2022
Revised	06-23-2020
Approved	12-15-2015



**POLICY TITLE:** APPOINTMENT & DUTIES FOR COMMITTEES  
**POLICY NUMBER:** BOD-03  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

---

**POLICY #BOD-03:** It shall be the policy of the Desert Healthcare District (“District”) that the Board of Directors (“Board”) President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board. The District encourages community engagement to ensure the community’s voice is heard. For guidelines, reference Policy #OP-15 Engagement of the Community, Public, and Subject Matter Experts.

**1. DISTRICT BOARD COMMITTEES:**

**1.1. Ad-hoc Committees.** Special Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

**1.2. Standing Committees.** The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

**1.2.1. Finance, Legal, Administration, and Real Estate Committee (F&A).** This committee shall be responsible for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS).



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

**1.2.2. Strategic Planning Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in its strategic plan.

**1.2.3. Hospital Lease Oversight Committee.** This committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current Lease of Desert Regional Medical Center.

**1.2.4. Program Committee.** This committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs.

**1.2.5. Board and Staff Communications & Policies Committee.** This committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**2. F&A COMMITTEE.** In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation) real estate, and information systems (IS).

**2.1. Responsibilities.** The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding financial and administrative needs.
- To provide advice, counsel and feedback to the committee as requested during budget development.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**3. STRATEGIC PLANNING COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be responsible for monitoring the District's progress in achieving the expectations outlined in the District's strategic plan.

**3.1. Responsibilities.** The responsibilities of the Strategic Planning Committee include the following:

- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To provide vision and guidance on the development of the District's strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

**4. HOSPITAL LEASE OVERSIGHT COMMITTEE.** In accordance with the District Bylaws, this committee shall meet quarterly, or more often if needed, and shall be charged with oversight responsibilities to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

**4.1. Responsibilities.** The responsibilities of the Hospital Lease Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide updates to the Board of Directors.
- Provide an annual report reflective of lease requirements from lessee.

**5. PROGRAM COMMITTEE.** In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the





Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to achieve optimal health for all stages of life for all District residents.

**5.1 Responsibilities.** The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of grant making and program-related activities to ensure alignment with the District's Strategic Plan.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to the District's Board of Directors to approve as presented, approve with modification, request additional information, or decline.

**6. BOARD AND STAFF COMMUNICATIONS & POLICIES COMMITTEE.** In accordance with the District's bylaws, this committee shall meet quarterly or more often, if needed, and shall be responsible for monitoring and developing the District's Board and staff communications and relations. The committee is also responsible for developing and maintaining the District's policies and policies manual.

**6.1 Responsibilities.** The responsibilities of the Board and Staff Communications & Policies Committee include the following:

- To inquire, monitor and develop details for communication between the Board and Staff.
- To review and develop policies applicable to the District & Foundation.
- To review and revise, as needed, policies on a two (2) year rotation to ensure policies are up to date.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- Some policies may require review of the respective committee (i.e F&A Committee and Program Committee) prior to review by the Board and Staff Communications & Policies Committee.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI

**DOCUMENT HISTORY**

Revised	03-28-2023
Revised	11-24-2020
Revised	04-23-2019
Approved	03-22-2016



**POLICY TITLE:** ATTENDANCE AT MEETINGS  
**POLICY NUMBER:** BOD-04  
**COMMITTEE APPROVAL:** 09-07-2023  
**BOARD APPROVAL:** 09-26-2023

---

**POLICY #BOD-04:** It is the policy of the Desert Healthcare District (“District”) Board of Directors that members of the Board of Directors shall attend all regular and special meetings of the Board unless there is good cause for absence.

**GUIDELINES:**

1. For all absences, the Board member shall notify the Chief Executive Officer (CEO) prior to the Board or Board Committee meeting in which they will be absent with the reason for the absence. The CEO will subsequently notify the President and/or Committee Chair of the absence and the reason.
2. A vacancy shall occur if any member ceases to discharge the duty of their office for the period of three consecutive regular meetings of the Board, or from three of any five consecutive meetings of the Board, except as authorized by the Board of Directors (Ref. H&S Code Section 32100.2).

**AUTHORITIES**

Desert Healthcare District Bylaws Article IV, section 4.5

**DOCUMENT HISTORY**

Reviewed	09-26-2023
Revised	02-22-2022
Revised	06-23-2020
Approved	02-24-2016



<b>POLICY TITLE:</b>	<b>BASIS OF AUTHORITY</b>
<b>POLICY NUMBER:</b>	BOD-05
<b>COMMITTEE APPROVAL:</b>	09-07-2023
<b>BOARD APPROVAL:</b>	09-26-2023

---

**POLICY #BOD-05:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to serve as the unit of authority within the District.

**GUIDELINES:**

1. The Board of Directors is the unit of authority within the District. Apart from their normal function as a part of this unit, Directors have no individual authority. As individuals, Directors may not commit the District to any policy, act or expenditure.
2. While Directors are elected from a particular geographical area or Zone, they represent and act for the community as a whole.

**AUTHORITY**

Desert Healthcare District Bylaws Article IV, section 4.1

**DOCUMENT HISTORY**

Reviewed	09-26-2023
Reviewed	02-22-2022
Revised	06-23-2020
Approved	01-26-2016



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**POLICY TITLE:** FILLING A VACANCY ON THE BOARD  
**POLICY NUMBER:** BOD-06  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

---

**POLICY #BOD-06:** It is the policy of the Desert Healthcare District (“District”) to fill a vacancy on the Board of Directors per the Desert Healthcare District Bylaws, Article IV, section 4.4.

**GUIDELINES:**

**1. District Bylaws - Article IV, section 4.4 – VACANCIES**

“The remaining Board members may fill any vacancy on the Board by appointment in accordance with Government Code Section 1780, as amended, which set forth the procedure for filling a vacancy of an elective office on a governing board of a special district.”

Government Code Section 1780

1780. (a) Notwithstanding any other provision of law, a vacancy in any elective office on the governing board of a special district, other than those specified in Section 1781, shall be filled pursuant to this section.

(b) The district shall notify the county elections official of the vacancy no later than 15 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later.

(c) The remaining members of the district board may fill the vacancy either by appointment pursuant to subdivision (d) or by calling an election pursuant to subdivision (e).

(d) (1) The remaining members of the district board shall make the appointment pursuant to this subdivision within 60 days after either the date on which the district board is notified of the vacancy or the effective



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

date of the vacancy, whichever is later. The district shall post a notice of the vacancy in three or more conspicuous places in the district at least

15 days before the district board makes the appointment. The district shall notify the county elections official of the appointment no later than 15 days after the appointment.

(2) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(3) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(e) (1) In lieu of making an appointment the remaining members of the board may within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(f) (1) If the vacancy is not filled by the district board by appointment, or if the district board has not called for an election within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, then the city council of the city in which the district is wholly located, or if the district is not wholly located within a city, the board of supervisors of the county representing the larger portion of the district area in which the election to fill the vacancy will be



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

held, may appoint a person to fill the vacancy within 90 days of the date the district board is notified of the vacancy or the effective date of the

vacancy, whichever is later, or the city council or board of supervisors may order the district to call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the city council or board of supervisors calls the election.

(g) (1) If within 90 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, the remaining members of the district board or the appropriate board of supervisors or city council have not filled the vacancy and no election has been called for, then the district board shall call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(h) (1) Notwithstanding any other provision of this section, if the number of remaining members of the district board falls below a quorum, then at the request of the district secretary or a remaining member of the district board, the appropriate board of supervisors or the city council shall promptly appoint a person to fill the vacancy or may call an election to fill the vacancy.

(2) The board of supervisors or the city council shall only fill enough vacancies by appointment or by election to provide the district board with a quorum.

(3) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold the office until the next general district



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is

elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(4) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(5) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is held 130 or more days after the date the city council or board of supervisors calls the election.

**PUBLIC NOTICE**

Pursuant to Government Code Section 1780, notice is hereby given that effective (date) there exists a vacancy on the Board of Directors of the Desert Healthcare District, a local governmental entity. Pursuant to California law, the remaining District Board members may fill the vacancy by appointment or by holding a special election.

**AUTHORITIES**

Desert Healthcare District Bylaws Article IV, section 4.4  
California Government Code Section 1780

**DOCUMENT HISTORY**

Reviewed	03-28-2023
Revised	02-23-2021
Approved	01-26-2016





**POLICY TITLE:** BOARD & COMMITTEE MEETING AGENDA  
**POLICY NUMBER:** BOD-07  
**COMMITTEE APPROVAL:** 09-07-2023  
**BOARD APPROVAL:** 09-26-2023

---

**POLICY #BOD-07:** It is the policy of the Desert Healthcare District (“District”) to prepare an agenda for each regular and special meeting of the Board of Directors.

**GUIDELINES:**

1. The Chief Executive Officer or designee shall prepare an agenda for each regular and special meeting of the Board of Directors. For items to be placed on the agenda, the Board President, or any two Board Members may call the Board President and request the item(s) no later than 5:00 p.m. five (5) business days prior to a regular meeting date.
2. In accordance with Government Code Section 54956(a), the Board President, or a majority of the members of the Board (4) may call a special meeting by delivering written notice to each member of the Board. The Chief Executive Officer or designee shall then develop an agenda forecast with the Board President.
3. This policy does not prevent the Board from taking testimony at regular and special meetings of the Board on matters which are not on the agenda that a member of the public may wish to bring before the Board. However, the Board shall not discuss or take action on such matters at that meeting. The Board may ask clarifying questions of public testimony.
4. At least 72 hours prior to all regular meetings and 24 hours for all special meetings, an agenda which includes but is not limited to all matters on which there may be discussion and/or action by the Board, shall be posted conspicuously for public review within the District offices, in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926), and on the District’s website at [www.dhcd.org](http://www.dhcd.org).



5. On occasion, as needed, a closed session of the Board is required, properly announced and conducted for only those purposes allowed in the Ralph M. Brown Act (California Government Code §54950 through §54926) and are generally held (but not limited to) following the regular or special meeting agenda.
6. For Committee meetings, the Chief Executive Officer or designee shall prepare an agenda for each committee meeting. For items to be placed on the agenda, the Committee Chairperson may contact the Chief Executive Officer and request the item(s) no later than 5:00 p.m. five (5) business days prior to a committee meeting date.

#### **AUTHORITIES**

Desert Healthcare District Bylaws Article V

#### **DOCUMENT HISTORY**

Revised	09-26-2023
Revised	03-28-2023
Revised	10-25-2022
Revised	11-24-2020
Revised	07-23-2016
Approved	03-23-2016



**POLICY TITLE:** BOARD MEETINGS

**POLICY NUMBER:** BOD-08

**COMMITTEE APPROVAL:** 11-13-2023

**BOARD APPROVAL:** 11-28-2023

---

**POLICY #BOD-08:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to hold Regular meetings and Special meetings when necessary, of the Board of Directors. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 et seq.), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

**GUIDELINES:**

1. Regular meetings are held on the fourth Tuesday of each calendar month, except August, at 5:30 p.m. in the Regional Access Project (RAP) Foundation Building, 41550 Eclectic Street, Palm Desert, California, 92260, unless otherwise designated in the meeting Agenda. If that date falls upon a legal holiday, where a quorum of the Board of Directors is known to be unavailable for a regular meeting date, the meeting shall be held at the same time on the next business day as an adjourned meeting. In accordance with California Govt. code 54955 and the methods described therein, an adjourned regular meeting is a regular meeting for all purposes.

The location of a regular meeting may be changed at times, must be held within the District service boundaries, and properly noticed. It is the policy of the Board of Directors that if the regular meeting location is changed, a notification will be made on the District website.

2. Organizational Meeting. At the regular Board meeting in December, the Board shall organize by the election of one of its members as President, one as Vice-President, one as Secretary, and one as Treasurer.

3. Special meetings (non-emergency) of the Board of Directors may be called by the Board President, or by four (4) Board members by delivering written notice to each Board member and to each local newspaper of general circulation, radio or television



stations requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least twenty-four (24) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member who, at or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such waiver may be given by email. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

**3.1** All Directors, the Chief Executive Officer, and District Counsel shall be notified of the special Board meeting and the purpose or purposes for which it is called. Said notification shall be in writing, delivered to them at least twenty-four (24) hours prior to the meeting.

**3.2** Any organization or individual who have requested notice of special meetings in accordance with the Ralph M. Brown Act (California Government Code §54950 through §54926) shall be notified, including business to be transacted, will be given by email during business hours as soon after the meeting is scheduled as practicable.

**3.3** An agenda shall be prepared as specified for regular Board meetings in POLICY #BOD-07 and shall be delivered with the notice of the special meeting to those specified above.

**3.4** Only those items of business called for in the special meeting shall be considered by the Board at any special meeting.

**4.. Emergency Meetings.** In the event of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities, the Board of Directors may hold an emergency special meeting without complying with the 24-hour notice required in 3.1, above. An emergency situation means a crippling disaster that severely impairs public health, safety, or both, as determined by the Chief Executive Officer, Board President or Vice-President in the President's absence.

**4.1** Any organizations or individuals that have requested notice of special meetings in accordance with the Ralph M. Brown Act (California Government



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Code §54950 through §54926) shall be notified by telephone or email at least one hour prior to the emergency special meeting. In the event that telephone or email services are not functioning, the notice requirement of one hour is waived, but the Chief Executive Officer, or their designee, shall notify such organizations or individuals of the fact of the holding of the emergency special meeting, and of any action taken by the Board, as soon after the meeting as possible.

**4.2** No closed session may be held during an emergency special meeting, and all other rules governing special meetings shall be observed with the exception of the twenty-four (24) hour notice. The minutes of the emergency special meeting, a list of persons the Chief Executive Officer or designee notified or attempted to notify, a copy of the roll call vote(s), and any actions taken at such meeting shall be posted for a minimum of ten (10) days in the District office as soon after the meeting as possible.

**5. Quorum.** A majority of the members of the Board shall constitute a quorum for the transaction of business. The act of a majority of the Board members present at the meeting at which a quorum is present shall be the act of the Board.

**6. Adjournment.** The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the meeting was held within twenty-four (24) hours after the time of adjournment.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V

**DOCUMENT HISTORY**

Revised	11-28-2023
Revised	02-22-2022
Revised	03-24-2020
Revised	07-23-2019
Approved	03-23-2016



**POLICY TITLE:** RULES OF ORDER FOR BOARD AND COMMITTEE MEETINGS

**POLICY NUMBER:** BOD-09

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

---

**POLICY #BOD-09:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to conduct meetings in accordance with the following rules of order.

**GUIDELINES:**

1. Unless otherwise provided by law, bylaws, or Board rules, Board meeting procedures shall be in accordance with *Robert’s Rules of Order Newly Revised*. However, technical failure to follow *Robert’s Rules of Order* shall not invalidate any action.
2. The Board President may make and second motions and vote in the same manner as other Board members.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.7

**DOCUMENT HISTORY**

Revised	02-25-2025
Reviewed	03-28-2023
Reviewed	02-23-2021
Reviewed	07-23-2019
Approved	03-23-2016



**POLICY TITLE:** BOARD MEETING CONDUCT

**POLICY NUMBER:** BOD-10

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

---

**POLICY #BOD-10:** It is the policy of the Desert Healthcare District (“District”) to conduct meetings in a manner consistent with Policy numbers #BOD-08, “Board Meetings” and #BOD-09, “Rules of Order for Board and Committee Meetings”.

**GUIDELINES:**

1. All Board of Directors (“Board”) meetings shall commence at the time stated on the agenda and shall be guided by the agenda.
2. The conduct of meetings shall, to the fullest possible extent, enable Directors to:
  - 2.1 Consider problems to be solved, weigh evidence related thereto, and make wise decisions intended to solve the problems;
  - 2.2 Hear public testimony, and
  - 2.3 Receive, consider and take any action with respect to reports of accomplishment of District operations.
3. To ensure that all members of the General Public have the opportunity to participate in the meetings of the Board of Directors of the Desert Healthcare District, the Board has established the following provisions for permitting any individual or group to address the Board concerning any item on the agenda of a special meeting, or to address the Board at a regular meeting on any subject that lies within the jurisdiction of the Board:
  - 3.1 It is the policy of the Board to allow three (3) minutes (exclusive of translation services) for any item not on the agenda that a member of the



public identifies at the beginning of the meeting under the agenda item “Public Comments”.

**3.2** For agenda items, members of the public may speak for five (5) minutes (exclusive of translation services) any time prior to a vote.

**3.3** A maximum of fifteen (15) minutes (exclusive of translation services) total per meeting shall be allowed for each member of the public.

**3.4** No disruptive and/or boisterous conduct shall be permitted at any Board meeting. Persistence in boisterous conduct shall be grounds for summary termination by the Board President/Chair of that person’s privilege of address. If unacceptable conduct persists, the Board President/Chair may request removal of the person from the meeting and/or clear the room, allowing only accredited members of the press, for the duration of the meeting. Only matters appearing on the agenda may be considered. The Board President/Chair may allow for those members of the public not responsible for the disruptive conduct back in the room, if desired. This section is subject to the provisions of California Government code 54957.9.

**4.** A copy of this policy shall be made available to the public at each Board Meeting.

**5.** In order to adhere to this policy, the Board President/Chair of the Meeting shall follow the procedures as outlined below:

**5.1** During the “Public Comments” agenda item, the Board President/Chair shall advise any members of the public wishing to address the Board on items not on the agenda that they may do so at this time.

**5.2** Before each agenda item has been motioned and seconded (if applicable), members of the Board and public will be given an opportunity to speak.

**5.3** The Board President/Chair shall advise any member of the public wishing to address the Board that they will have a time limit for each item identified with a maximum time of fifteen (15) minutes for the entire meeting.





**5.4** As the member of the public addresses each previously identified agenda item, their remarks shall be timed to ensure that the policy is followed.

**EXCEPTIONS:**

**6.** The Board President/Chair, their designated alternate or the majority of the Board, are authorized to make exceptions to this policy during meetings. The Board as a whole may update this policy as it wishes.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V & VI

**DOCUMENT HISTORY**

Revised	02-25-2025
Reviewed	03-28-2023
Revised	02-23-2021
Revised	07-23-2019
Approved	03-23-2016



**POLICY TITLE:** BOARD ACTIONS AND DECISIONS

**POLICY NUMBER:** BOD-11

**COMMITTEE APPROVAL:** 11-13-2023

**BOARD APPROVAL:** 11-28-2023

---

**POLICY #BOD-11:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to conduct business in an orderly and comprehensive manner.

**GUIDELINES:**

1. Actions by the Board of Directors may include, but are not limited to, the following:
  - 1.1 Adoption or rejection of regulations or policies;
  - 1.2 Adoption or rejection of a resolution;
  - 1.3 Approval or rejection of any contract or expenditure;
  - 1.4 Approval or rejection of any proposal that commits District funds or facilities, and,
  - 1.5 Approval or disapproval of matters that require or may require the District or its employees, under the direction of the Chief Executive Officer (“CEO”), to take action and/or provide services.
2. In accordance with Health & Safety Code 32106, all sessions of the board of directors, whether regular or special, shall be open to the public, and a majority of the members of the board (four (4) Directors) shall constitute a quorum for the transaction of business. Actions taken at a meeting where a quorum of up to five (5) members are present, require three (3) votes to be effective (unless a 3/4 vote is required by policy or law). Actions taken where six (6) or seven (7) members are present require a vote of the majority of the members present to be effective (unless a 3/4 vote is required by policy or law).



**2.1** In accordance with California law, a member abstaining from a vote is considered as an affirmative vote for the action or a vote in favor of a majority of the quorum. When a Director is present at a meeting and desires to oppose an action, the Director must vote against the action and a refusal to vote is consent that the majority of the quorum may act for the body.

**2.1.1** Example. If four (4) of seven (7) Directors are present at a meeting, a quorum exists, and business can be conducted. If two (2) Directors vote “aye,” one (1) Director votes no, and one Director abstains on an action, in accordance with California law, the Director is regarded as having voted affirmatively for the proposition or to have voted with the majority of the quorum.

**2.1.2** Example. If an action requires a two-thirds vote of the “members” of the Board, and three (3) Directors abstain, the proposed action is not approved because at least five (5) of the seven (7) Directors would have to vote in favor of the action.

**2.1.3** Example. If a vacancy exists on the Board and a vote is taken to appoint an individual to fill the vacancy if three (3) Directors vote in favor of the appointment, two (2) against the appointment, and one (1) abstains, the appointment is approved.

## **AUTHORITY**

Desert Healthcare District Bylaws Articles IV & V

## **DOCUMENT HISTORY**

Revised	11-28-2023
Revised	02-22-2022
Revised	06-23-2020
Approved	03-23-2016



<b>POLICY TITLE:</b>	<b>MINUTES OF BOARD AND COMMITTEE MEETINGS</b>
<b>POLICY NUMBER</b>	BOD-12
<b>COMMITTEE APPROVAL:</b>	09-07-2023
<b>BOARD APPROVAL:</b>	09-26-2023

---

**POLICY #BOD-12** - It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to keep minutes of all regular, special, and committee meetings of the Board.

**GUIDELINES:**

1. The Secretary of the Board of Directors shall keep minutes of all regular and special meetings of the Board. The Secretary of the Board of Directors shall be appointed by the Board as described in POLICY #BOD-02.
  - 1.1 Copies of a meeting’s minutes shall be distributed to Directors as a part of the information packet for the next regular meeting of the Board, at which time the Board will consider approving the minutes as presented or with modifications. Once approved by the Board, the official minutes shall be kept and available for public review.
  - 1.2 Unless directed otherwise, an electronic recording of regular and special meetings of the Board of Directors will be made. In accordance with POLICY #OP-03, “Records Retention”. Members of the public may inspect recordings of Board meetings without charge on a playback machine that will be made available by the District or on the District website. Electronic versions of regular Board meetings shall be available online on the District’s website.
  - 1.3 Motions, resolutions or ordinances shall be recorded in the minutes as having passed or failed, and individual votes or abstentions will be recorded for all actions. All resolutions adopted by the Board shall be numbered consecutively. In addition to other information that the Board may deem to be of importance, the following information (if relevant) shall be included in each meeting’s minutes:



- Date, place and type of each meeting;
- Directors present and absent by name, with notation of late arrivals and early departures;
- District staff present by name;
- List of agenda items per POLICY #BOD-07;
- If applicable, a summary of discussion will be notated for each agenda item;
- Time the meeting was Called to Order;
- Approval of Agenda;
- Notation of public comments regarding matters not on the agenda, including names of commentators if provided;
- Approval of the minutes or modified minutes of preceding meetings;
- Approval of financial reports;
- Resolutions described as to their substantive content and sequential numbering;
- Record of all contracts and agreements, and their amendment, approved by the Board;
- Approval of the annual budget;
- Approval of all polices;
- Approval of all dispositions of District assets;
- Approval of all purchases of District; and,
- Time of meeting adjournment.

**1.4** The functions of Board Secretary may be delegated to a District Staff member and not a member of the Board of Directors in accordance with POLICY #BOD-02.

## **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

## **DOCUMENT HISTORY**

Revised	09-26-2023
Revised	09-28-2021
Approved	03-23-2016



**POLICY TITLE:** DHCD MEMBERSHIPS IN ORGANIZATIONS, TRAINING, EDUCATION, CONFERENCES, AND REIMBURSEMENT PROCEDURE

**POLICY NUMBER:** BOD-13

**COMMITTEE APPROVAL:** 11-13-2023

**BOARD APPROVAL:** 11-28-2023

---

**POLICY #BOD-13:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to encourage members of the Board and Staff to attend educational conferences, professional meetings, trainings, and community events when the purpose of such activities is to support and improve District operations. Directors shall be mindful that public funds are being spent and that only a reasonable and necessary level of expense is warranted.

Participation of its elected officials in community events will expand the District's visibility in the community and increase the access of District residents to their elected officials. In turn, this will lead to a broader understanding of the District's mission and to improve community ties.

**GUIDELINES:**

1. The Desert Healthcare District Board of Directors determined that it will serve the best interests of the District to maintain membership in affiliated national, state and local organizations. Further, expenses incurred in attending meetings and conferences of the following organizations and functions are hereby designated as reimbursable or acceptable to be paid by the District:
  - 1.1 Meetings of organizations in which the District is a member (e.g. Association of California Health Care Districts, California Special Districts Association).
  - 1.2 Meetings directly related to the conduct of District business. Included in this category are groundbreaking and special events sponsored by healthcare organizations, both governmental and non-profit, receiving financial support from the District.
  - 1.3 Meetings of non-political community groups that extend a specific invitation to attend and at which the Board member actively participates in the program.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

1.4 Attendance at educational conference workshops which include curricula concerning district hospitals, special districts, or board administration.

1.5 Attendance at other meetings which the Board specifically approves at a regular or special meeting of the Board, and which the Board determines is an occasion that is health care related and constitutes the performance of official duties and which all Directors are invited to attend.

1.6 Personally owned vehicles used in the conduct of District business must be insured for property and liability damage in an amount not less than the minimum limits required by the California Financial Responsibility Act.

1.7 Attendance and expense authorization shall be subject to the approval guidelines noted in Policy #OP-14.

2. Each Director shall be entitled to payment and/or reimbursement for all actual and necessary expenses incurred in the performance of official duties including expenses incurred relating to travel, meals, lodging, and other actual and necessary expenses incurred for attendance at meetings and conferences of organizations listed. Lodging expenses may not exceed the maximum group rate published by the conference or activity sponsor. Requests for reimbursement must be submitted on a District approved Expense Form and shall include itemized receipts documenting each expense. Director's expenses shall be reported at a minimum on a quarterly basis.

2.1 All receipts shall include the itemized detail of the expense (i.e. itemized restaurant slips shall accompany credit card receipts, itemized room service receipts should accompany any charges posted to a hotel receipt).

2.2 The purpose of the meeting and individuals entertained shall be included on the receipts.

2.3 The District does not reimburse for alcohol.

2.4 Mileage reimbursement with use of personal vehicle. Staff – the District office is considered the starting point for reimbursement. In some cases, the employee's home may be considered with approval. Directors – will typically use their District home or other reasonable starting point.

Example: Director resides in Indio but employed in Palm Desert. A meeting is in Palm Springs at the District office. The Director's office in Palm Desert would be the starting point for mileage.

2.5 Rideshare is an acceptable transportation expense.

2.6 POLICY #BOD-18 – Ticket Distribution Policy should be referred to for reimbursable events.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

3. Upon returning from seminars, workshops, conferences, etc., where expenses are reimbursed by the District, Directors and Staff will either prepare a written report for distribution to the Board or make a verbal report during the next regular meeting of the Board. Such report(s) shall be specified as an agenda item for that board meeting. The report shall detail what was learned at the session(s) that will be of benefit to the District. Materials from the session(s) may be delivered to the District office for the future use of other Directors and staff.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
Desert Healthcare District Resolution No. 11-01

**DOCUMENT HISTORY**

Revised	11-28-2023
Revised	09-28-2021
Approved	02-24-2016





**POLICY TITLE:** ETHICS TRAINING AND EDUCATION TRAINING RELATING TO WORKPLACE HARASSMENT

**POLICY NUMBER:** BOD-14

**COMMITTEE APPROVAL:** 09-07-2023

**BOARD APPROVAL:** 09-26-2023

---

**POLICY #BOD-14:** It is the policy of the Desert Healthcare District (“District”) to ensure that District Board of Directors’ (“Board”) members and District staff receive training in ethics pursuant to California Government Code sections 53234, *et seq.* (AB 1234) and training/education regarding sexual harassment in the workplace.

**GUIDELINES:**

1. Each District Board member and designated staff are required to complete a minimum of two hours ethics training sufficient to meet the legal requirements of AB1234. The training is encouraged annually but required every two years.
2. All District Board members and District staff are required to complete at least two hours of training and education relating to workplace harassment every two years.
3. This policy shall be incorporated into the District Employee Handbook and Board Policy Manual.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
Desert Healthcare District Resolution No. 11-02

**DOCUMENT HISTORY**

Revised	09-26-2023
Reviewed	09-28-2021
Approved	03-22-2016



<b>POLICY TITLE:</b>	<b>CONFLICT-OF-INTEREST CODE</b>
<b>POLICY NUMBER:</b>	BOD-15
<b>COMMITTEE APPROVAL:</b>	02-12-2024
<b>BOARD APPROVAL:</b>	02-27-2024

---

**POLICY #BOD-15:** It is the policy of the Desert Healthcare District (“District”) to ensure complete transparency and follow The Political Reform Act which requires all public agencies to adopt and maintain a conflict-of-interest code establishing the rules for disclosure of personal assets and the disqualification from making or participating in the making of any decisions that may affect any personal asset. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict-of-Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission (“FPPC”) after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories by the District shall constitute the adoption and promulgation of a conflict-of-interest code within the meaning of Government Code Section 87300 or the amendment of a conflict-of-interest code within the meaning of Government Code Section 87307. Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference, as augmented herein, as the Conflict-of-Interest Code of the District.

A public official at any level of state or local government has a prohibited conflict-of-interest and may not make, participate in making, or in any way use or attempt to use their official position to influence a governmental decision when they know or have reason to know they have a disqualifying financial interest. A financial interest can exist when the decision impacts the official’s personal financial interests or the financial interests of a source of income to the official. A financial interest can also exist when the decision impacts an asset or investment of the public official, or a business entity in which the public official is associated by ownership, officer status, or employment.

It is the responsibility of each Board member and officer of the District to identify any conflicts of interest, actual or potential, that they may have in a decision to be made or an

POLICY #BOD-15 Page 1 of 4



action to be taken by the District. If a Board member or officer becomes aware of an actual or potential conflict-of-interest, they shall promptly disclose the conflict or potential conflict to the Board President and/or the District Chief Executive Officer (“CEO”) and seek legal counsel’s advice if a perceived conflict may be present. The Board member shall not participate in the subject matter of the conflict, or shall have the matter assessed by legal counsel, or shall seek the advice of the FPPC.

**GUIDELINES:**

1. The Board of Directors are mandated to file the California Fair Political Practices Commission Form 700 disclosure statements (Form 700) under Government Code Section 87200 et seq. (Regulations 18730(b)(3).
2. The following designated staff positions and committee members are governed by the Conflict-of-Interest Code (Resolutions #20-04) and must file the Form 700 designated categories as listed for each position:

<u>Designated Positions</u>	<u>Disclosure Categories</u>
Chief Executive Officer	1, 2
Chief Administration Officer	1, 2
Chief Program Officer	1, 2
Senior Program Officer	4, 5
Senior Development Officer	4, 5
Chief of Community Engagement	4, 5
General Counsel	1, 2
Members of Board Committees & Consultants	
Program Committee & Finance Committee	5
Consultants and New Positions	See *

\*Individuals providing services as a Consultant defined in Regulation 18701 or in a new position created since this Code was last approved that makes or participates in making decisions shall disclose pursuant to the broadest disclosure category in this Code subject to the following limitation:

The Chief Executive Officer may determine that, due to the range of duties or contractual obligations, it is more appropriate to assign a limited disclosure requirement. A clear explanation of the duties and a statement of the extent of the



disclosure requirements must be in a written document. (Gov. Code Sec. 82019; FPPC Regulations 18219 and 18734.) The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict-of-Interest Code. (Gov. Code Sec. 81008.)

**2.1** The disclosure categories listed below identify the types of economic interests that the designated position must disclose for each disclosure category to which they are assigned. Such economic interests are reportable if they are either located in or doing business in the jurisdiction, are planning to do business in the jurisdiction, or have done business during the previous two (2) years in the jurisdiction of the District.

Category 1: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that are located in, that do business in or own real property within the jurisdiction of the District.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside, the jurisdiction of the District.

Category 3: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the District.

Category 4: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, that provide services, products, materials, machinery, vehicles, or equipment of a type purchased or leased by the designated position's department, unit or division.

Category 5: All investments and business positions in business entities, and sources of income, including gifts, loans and travel payments, or income from a nonprofit organization if the source is of the type to receive grants or other monies from or through the District.

**2.2** The Conflict-of-Interest Code does not require the reporting of gifts from outside the agency's jurisdiction if the source does not have some connection with or bearing upon the functions or duties of the position.

**3.** All officials and designated positions required to submit a statement of economic



interests shall file their statements with the Special Assistant to the CEO/Board Relations Officer as the District's Filing Officer. The Special Assistant to the CEO/Board Relations Officer shall make and retain a copy of all statements filed by members of the Board of Directors and the Chief Executive Officer and forward the originals of such statements to the Clerk of the Board of Supervisors of the County of Riverside. The Special Assistant to the CEO/Board Relations Officer shall retain the originals of the statements filed by all other officials and designated positions and make all statements available for public inspection and reproduction during regular business hours.

4. The Conflict-of-Interest Code will be amended when necessitated by changed circumstances which include the need to designate new positions or revise disclosure categories.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
Desert Healthcare District Resolution No. 20-04

**DOCUMENT HISTORY**

Revised	02-27-2024
Revised	03-22-2022
Revised	08-25-2020
Revised	01-23-2018
Approved	03-28-2017



**POLICY TITLE:** PROPRIETY, CONFIDENTIALITY AND PERSONAL INFORMATION

**POLICY NUMBER:** BOD-16

**COMMITTEE APPROVAL:** 10-18-2022

**BOARD APPROVAL:** 10-25-2022

---

**POLICY #BOD-16:** During the course of business, the Desert Healthcare District (“District”) may occasionally be provided with confidential medical information related to its employees, directors, or other affiliates (collectively referred to herein as “employees”). This policy is intended to be in compliance with all state and federal laws mandating confidentiality of medical information, including but not limited to the California Confidentiality of Medical Information Act (CMIA) and, to the extent applicable, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law shall supersede any provision of this policy that is in conflict.

**GUIDELINES:**

1. Employee medical information is considered confidential and shall be protected from unnecessary disclosure. When provision of medical records by a third-party provider is necessary or anticipated, an Authorization to Release Medical Information to Employer form (see attached) must be executed by the employee.

**1.1 Definitions.** “Medical information” means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, health insurance plan, pharmaceutical company, or contractor regarding an employee’s medical history, mental or physical condition, or treatment. Such information includes, but is not limited to, medical records, doctor reports, disability certifications, or any written or oral disclosure of health conditions, illnesses, diseases, or requests for accommodation on account of health condition. “Medical information” shall be further defined to include any individually identifiable medical information provided by the employee directly unless confidentiality has been waived by the employee. “Individually identifiable” means that the medical information includes or contains



any element of personal identifying information sufficient to allow identification of the individual such as the patient's name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

**1.2 Designation of a Privacy Officer.** The Privacy Officer of the District shall be the Chief Administration Officer ("CAO") as staff Human Resources ("HR") representative for the District. Should that position be unfilled, the Chief Executive Officer ("CEO") will serve in the Privacy Officer position. The Privacy Officer shall be responsible for the implementation of this policy; the receipt and maintenance of employee medical information; obtaining required authorizations when necessary; and for maintaining adequate protections to ensure the confidentiality and security of employee medical information.

**1.3 Prohibition Against Unauthorized Disclosure.** No employee who is through necessity or inadvertence provided another employee's confidential medical information may disclose or use such information without the express authorization from the Privacy Officer. Employees may not use or disclose employee medical information obtained at the District for any reason after the employment relationship with the District ends. Misuse or unauthorized disclosure of confidential medical information will result in discipline, up to and including termination of employment. Employees should relay or provide medical information, when necessary, only to the Privacy Officer. The Privacy Officer shall make every effort to maintain the confidentiality of any employee communication, oral or otherwise, containing an employee's confidential medical information.

**1.4 Medical Files.** All employee medical information documentation, whether obtained from any post-offer examination, workers' compensation examination, or directly from the employee, shall be maintained in separate, secure medical files. Employee medical files shall be treated as confidential. Employee medical files shall be kept in a locked location, accessible to only the Privacy Officer or their authorized designee. No employee may place any medical-related material into an employee's general personnel file.

**1.5 Mandate to Report Violations.** Any violation of this policy shall be reported to the Privacy Officer as soon as reasonably possible. Because report of violation



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

may necessarily disclose apparent confidential medical information, employees are prohibited from relaying or repeating the report or the conveyed medical information to any party other than the Privacy Officer or their authorized designee. This prohibition does not prevent employees from reminding others about the requirements of this policy.





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**Acknowledgement of Receipt/ Confidentiality of Medical Information Policy**

I acknowledge receipt of this policy by signing this form. I understand it is my duty to familiarize myself with this policy and to adhere to its terms. I have been advised of my right to seek clarification on any of the contents herein I do not understand.

This policy is subject to change. I understand I can obtain a copy of the revised policy by requesting one from the Chief Administration Officer/Privacy Officer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name in full

---

---

To be completed only if no signed acknowledgement of receipt is obtained. If it is not possible to obtain the individual's acknowledgement, indicate the reason why the acknowledgement was not obtained.

\_\_\_ Refused to sign

\_\_\_ Unable to sign

\_\_\_ Mailed to employee Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Administration Officer/Privacy Officer

\_\_\_\_\_  
Date



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**Authorization to Release Medical Information to Employer**

This authorization to release medical information is in compliance with the California Confidentiality of Medical Information Act of 1981 (Cal. Civil Code Section 56 *et seq.*) and is for the purpose of allowing the Desert Healthcare District (“District”) to coordinate personnel matters for employees.

I, \_\_\_\_\_ (print name of employee), hereby authorize the Custodian of Records of (Doctor and/or facility) \_\_\_\_\_ to furnish to the District medical records and information pertaining to my medical history, mental or physical condition, services rendered or treatment. Such information may be provided to the Privacy Officer for the District.

Duration: This authorization shall become effective immediately and shall remain in effect until (date) \_\_\_\_\_, 202\_\_. I understand that I may revoke this authorization at any time, even before the end of this duration, by submitting a written request for revocation to the District’s Privacy Officer.

Uses: The requestor may use the medical records and information hereby released for the coordination of personnel matters, including but not limited to leave requests or medical accommodation requests. I understand that disclosure could lead to re-disclosure that would not be protected under my right to medical confidentiality.

Restrictions: I understand that the District may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Additional Copy: I have been provided a copy of this authorization, and I further understand that I have a right to receive another copy upon request.

Signature:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.

\_\_\_\_\_  
Employee’s Signature  
(if employee is incompetent, signature of legal representative)



**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	10-25-2022
Revised	11-24-2020
Revised	03-23-2016
Approved	12-16-2014



**POLICY TITLE:** **COMPENSATION & PERFORMANCE  
EVALUATION OF THE CHIEF EXECUTIVE  
OFFICER**

**POLICY NUMBER:** BOD-17

**COMMITTEE APPROVAL:** 02-10-2022

**BOARD APPROVAL:** 02-22-2022

---

**POLICY #BOD-17:** It is the policy of the Desert Healthcare District (“District”) to establish the compensation, as well as the methodology and schedule for evaluating the job performance of the Chief Executive Officer (“CEO”).

1. The CEO of the District is retained and serves at the will of the District’s Board of Directors (“Board”). The CEO has general authority over administration, operations, and personnel matters of the District.
2. The Board has a responsibility to provide the CEO with frequent and constructive feedback. In addition to on-going monitoring, the Board will provide a specific opportunity for the CEO to present a written self-evaluation, and a response to the Board’s evaluation of their performance. Board members shall organize their evaluation of the CEO’s performance and have it presented in a face-to-face debriefing with the CEO.
3. The Board shall review the performance of the CEO after the initial six (6) months of active service following appointment to the position and annually thereafter. The annual executive evaluation process will begin on a date that will ensure that the evaluation process is completed annually, so it may be included in the budgeting process for the next fiscal year.
4. Performance will be gauged using a tool that allows Board members to provide a fair and comprehensive evaluation of the CEO. The performance measure tool will be designed to provide for discussion and inform feedback in the development of business goals, operational objectives, and requirements of the District’s Strategic Plan.



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

5. The Board retains the right to periodically evaluate the methodology used to evaluate the CEO's performance, and to prospectively establish a new methodology that reflects the business needs of the District and the Board.
6. The Board shall prepare input on the CEO Board Input and Evaluation Form (see Board President's Guide) prior to the Board of Directors' meeting. Regardless of the methodology used to measure performance, the Board retains the right to seek input on the CEO's performance from external and internal stakeholders. The Board President has lead responsibility for accomplishing the CEO's annual evaluation. In some cases, an organizational consultant or District Legal Counsel may be used to assist the Board and the CEO through the evaluation process.
7. The Board shall meet as a group in closed session with the CEO to verbally discuss performance outcomes for each of the components of the performance evaluation.
8. The District's Legal Counsel, or organizational consultant may attend the closed-session meeting to present the evaluation findings at the request of the Board and/or the CEO. At the conclusion of the formal evaluation meeting to evaluate the previous year's evaluation, the Board and CEO shall jointly develop mutually agreed upon written goals and objectives, and general performance goals in alignment with the District's Strategic Plan for the year ahead.
9. A copy of the formal assessment shall be provided to the CEO, and a copy shall be kept in the CEO's personnel file. The performance evaluation shall be kept confidential.
10. The CEO's compensation is negotiated between the CEO and the Board and is memorialized in the CEO's Employment Agreement. In addition to a salary, the CEO is entitled to all the benefits (insurance and retirement plans) offered to District Employees.
11. The CEO's compensation package will be reviewed following the performance evaluation process. The Board, or a committee of the Board, will review compensation using appropriate salary comparison data. Any decision on a change in compensation shall be made at a public meeting following the closed session evaluation meeting.



**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	02-22-2022
Revised	03-24-2020
Approved	02-24-2016

**CHIEF EXECUTIVE OFFICER**  
**ANNUAL PERFORMANCE EVALUATION PROCESS**

**BOARD PRESIDENT'S GUIDE**

## **Annual Performance Evaluation Process for the Chief Executive Officer of Desert Healthcare District**

### INTRODUCTION

The following seven-step process shall be used by the Board of Directors (Board) for the valuation of the performance of the Chief Executive Officer (CEO) of Desert Healthcare District. The Board President shall be responsible for initiating the process so it is completed annually, so it may be included in the budgeting process for the next fiscal year. At the discretion of the Board, the process will be facilitated by either a consultant, designated sub-committee, or the Board President. Every three years, however, the Board will engage a qualified consultant to facilitate the process with the addition of interviews with individual Board members and potentially other stakeholders such as employees or community leaders. The process allows for periodic feedback from individual Board members on CEO performance yet yields a collective performance evaluation from the full Board. The cycle for the evaluation method will follow the following schedule:

### STEP PROCESS

Step 1 (Week 1) – Request a year in review self-evaluation report from the CEO regarding performance. If requested by the Board, request input from third party groups such as employees and/or community stakeholders. Allow one-week turn around.

Step 2 (Week 2) - Circulate the CEO's self-evaluation input to the Board members and others along with the Appendix A, CEO Standard Evaluation form, requesting two-week response turn-around from Board members.

*Guidance: In a facilitated process step 2 may be replaced with interviews with each Board member by Consultant.*

Step 3 (Week 3) - Board President or Facilitator will gather all Board member inputs for collation into evaluation form (Appendix A) by filling in all sections of the forms from Board input. Board President must be able to take all inputs and meld them into one draft Board message to the CEO. A statement of overall performance should be provided. This entire step may be done by the President directly, a designated sub-committee, consultant, or District Counsel.

*Guidance: Scores (middle column) should be an averaged score of all those received. Since the standard form table on success factor allows for comments (right column) on individual attributes, these should be listed into the table in the designated space (see example table below).*

Step 4 (Week 4) – Board President or Facilitator will share draft evaluation with Board in closed session seeking comment. Refinement and/or endorsement of the completed draft collective evaluation.



Step 5 (Week 4) - Sub-committee/Board President share the evaluation with CEO about 4 to 7 days prior to the Board evaluation meeting.

*Guidance: This allows for the CEO to consider the evaluation and prepare responses (where needed) to the Board for the upcoming evaluation meeting. At least one week should be allowed for the CEO to consider any responses.*

Step 6 (Week 5-6) - Agendize closed session for CEO performance evaluation. Board conducts the session to formally deliver the evaluation and discuss the position or thoughts with the CEO, if any, regarding the collective evaluation. At times, this could take two meetings since changes to the evaluation could result from this meeting. Discussion of CEO contract or compensation adjustments should not be discussed at this meeting.

When reconvened to open session, the Board President will make public any actions from the closed session. A vote of the Board may be necessary.

Step 7 (Week 5-6) - Sign and file completed evaluation with confidential secretary or District Counsel.

**Appendix A****CEO Standard Evaluation Form****INSTRUCTIONS TO BOARD MEMBERS:**

The following form is used to evaluate the performance of the CEO for the Desert Healthcare District. Upon completion return the form to the designated process facilitator. Add comments that you would like to see shared with our CEO relative to each area evaluated and also in Part 4.0 Supplemental Input. These will be discussed with the entire Board for the collective evaluation. Note that room exists for you to provide comments on each attribute as well as for your goals and expectations for the upcoming year.

## DHCD Board Input Form (Annual)

The 20XX/XX DHCD CEO Performance Evaluation process has been upgraded this year to include a number of essential steps. Input for your evaluation will be provided to you from employees, stakeholders and the CEO as a self-evaluation and last's years CEO evaluation. These will be available to you as you complete your own individual evaluation form herein. The accompanying schedule outlines the general steps through which the process will move in order to support the evaluation completion. The process begins with the consultant gathering the input above. Next you will receive all of that information and your own blank form looking much like the one below.

With this form, you are assessing the following executive level traits. Additionally, you will be assessing last year's established Goals and Objectives:

- Leadership
- Strategic Development
- Financial Management
- Management Style
- Problem Solving
- Communications
- Community Relations
- Talent Management
- Board Relations
- Ethics

Please rate your agreement with the statements below using the following scale. Insert your rating in the corresponding yellow box:

- Level 5: Strongly agree—CEO always practices this.
- Level 4: Generally agree—CEO usually practices this.
- Level 3: Somewhat agree—CEO often practices this.
- Level 2: Mostly agree—CEO inconsistently practices this.
- Level 1: Disagree—CEO doesn't practice this.
- N/A: You have no means of evaluating this.

**SECTION 1 - SKILLS/KNOWLEDGE/ABILITIES AND PRACTICES**

**A. INTERNAL OPERATIONS**

1.1 Plans, organizes, manages, evaluates and regularly reports to key constituents on the critical activities impacting organizational operations.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.2 Ensures an effective system of internal controls that safeguard the physical, financial, and human resources of the organization, directing corrective actions as necessary.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.3 Identifies, develops, and recommends to the Board of Directors the required policies, procedures, and standards necessary to ensure smooth functioning of organizational operations.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.4 Develops policy statements for consideration and approval by the Board of Directors.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.5 Ensures compliance with regulatory agencies governing health care delivery.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.6 Regularly reports to the Board of Directors, compliance with required filings.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

**B. LEADERSHIP AND STRATEGIC DEVELOPMENT**

1.7 Creates a productive, open communication environment in which all affected parties are motivated to achieve, feel appreciated, and work to their highest levels of efficiency and productivity.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.8 Provides evident and effective leadership to employees to ensure they understand and are focused in their support of the organization’s mission and vision.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.9 Provides periodic strategic development reports to the Board of Directors.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.10 Regularly informs and advises the Board of Directors and employee on trends and other forces that affect the performance of the organization.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.11 Stays current with national and local issues affecting the organization.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.12 Provides leadership to promote the organization’s role as a vital community health improvement resource.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.13 Monitors key statistical indicators that measure organizational performance, taking timely action as appropriate.

Narrative input: <i>(please provide written input if needed)</i>	Rating

1.14 Analyzes and develops new business opportunities which promote organizational growth, profitability, and service to the community.

Narrative input: <i>(please provide written input if needed)</i>	Rating

C. FINANCIAL DEVELOPMENT

1.15 Utilizes financial and analytical skills to take effective action on long-range financial planning and short-term financial decision-making.

Narrative input: <i>(please provide written input if needed)</i>	Rating

1.16 Understands financial data and leads the analysis of that data to determine required strategic decisions.

Narrative input: <i>(please provide written input if needed)</i>	Rating

1.17 Establishes and monitors long-range facilities plans, and coordinates those plans with financial capabilities and strategic needs.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.18 Develops the annual budget with active participation of department managers, Board, and others as appropriate.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.19 Ensures that capital expenditure budgets are developed to reflect the program and service needs of the organization in meeting the health improvement needs of the community.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.20 Effectively negotiates contracts that are advantageous to the organization.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------



**D. COMMUNITY RELATIONS**

1.21 Works effectively with community leaders, and with other health providers in the region, to maintain awareness of and respond to unmet community needs.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.22 Encourages integration of the organization with the community.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.23 Perceived by community leaders as a resource.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

**E. BOARD RELATIONS**

1.24 Effectively communicates with Board through written and verbal notification and through formal meeting related communication methods.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.25 Regularly informs and advises the Board of Directors on health care trends and other factors impacting organizational performance.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

F. COMMUNICATIONS

1.26 Effective public speaker.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.27 Grasps important information in one-on-one and group communications, and interprets in a way which avoids or solves problems.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.28 Able to synthesize complex issues into easily understood messages.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.29 Maintains open lines of communication at all levels.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

G. PROBLEM SOLVING/CREATIVITY

1.30 Willing to assume risk and explore creative methods for addressing difficult challenges.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.31 Handles ambiguous situations well, always bringing focus to the organization’s pursuit of its mission and strategic objectives.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.32 Understands the need for balance between process, structure, and outcome.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

H. ETHICS

1.33 Demonstrates strong values of fairness, honesty, and compassion in dealing with constituencies.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.34 Demonstrates a high level of commitment to the mission and vision and to the community served by the organization.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

1.35 Effectively combines strong ethical judgment with technical and management skills.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

**SECTION 2 – CURRENT GOALS AND OBJECTIVES**

Using the rating guidance above, please rate the performance of the CEO on each of these:

- 2.1 Board policies and procedures manual has been completed—need dates for delivery of overall milestones, first set of drafts, target date for first draft of manual, and for final approval.

Narrative input: <i>(please provide written input if needed)</i>	Rating

- 2.2 An annual planning calendar has been completed which includes a clear process and timeline for developing a five-year strategic plan for the District and Foundation, the annual budget process, and other important processes and activities—need dates for milestones.

Narrative input: <i>(please provide written input if needed)</i>	Rating

- 2.3 Improved communications with the Board of Directors.

Narrative input: <i>(please provide written input if needed)</i>	Rating

- 2.4 Ad Hoc Committees for Mental Health, DRMC Facility Plans, Urgent Care, and CEO Evaluation have completed their work, drafted reports, and delivered recommendations to the Board.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

2.5 A Strategic Planning process has been completed that includes the publishing of a five-year strategic plan. This process should be inclusive and broad in its approach to include a strong inclusion of the Board, the public process, and more culminating in a clear strategy and accompanying implementation plan.

Narrative input: <i>(please provide written input if needed)</i>	Rating
--	--------

**SECTION 3 – GOALS AND OBJECTIVES**

Please list goals and objectives for the next appraisal year for your CEO. Be as specific as you need. These will be discussed by the full Board with those emerging from the meeting going forward for discussion with the CEO.

3.1
3.2
3.3
3.4
3.5
3.6
3.7
3.8
3.9
3.10

**SECTION 4 – SUPPLEMENTAL INPUT**

Use the following space to provide other input for the CEO such as things to work on, etc.



**APPENDIX A; PART 6.0: COMMENTS FROM CEO**

*(Guidance: This area is reserved for any comments that the CEO would like to make in the evaluation.)*



**POLICY TITLE:** TICKET DISTRIBUTION POLICY  
**POLICY NUMBER:** BOD-18  
**COMMITTEE APPROVAL:** 02-13-2025  
**BOARD APPROVAL:** 02-25-2025

---

**POLICY #BOD-18:** From time to time the Desert Healthcare District and Desert Healthcare Foundation (collectively referred to herein as "District") receives event tickets and/or passes from public and private entities and individuals or purchases event tickets and/or passes in connection with the District's operations and activities in furtherance of the District's public purposes. These tickets and/or passes purchased or received by the District are public resources of the District.

The District desires to use such tickets and/or passes to further governmental and public purposes of the District, such as the promotion of the District's activities and programs, and to avail the District and its officials, as defined in Government Code Section 82048 and Fair Political Practices Commission Regulation 18701 (Title 2, Division 6, California Code of Regulations referred to herein as "FPPC Regulation"), of the ability to distribute tickets and/or passes pursuant to FPPC Regulation 18944.1. The furtherance of the District's governmental and public purposes may require the distribution of said tickets and/or passes to "public officials," as that term is defined in Government Code Section 82048; and

FPPC Regulation 18944.1(e) requires that any distribution of said tickets and/or passes to, or at the behest of, an authorized District Official must be made pursuant to a duly adopted written policy, if such distribution is made under that regulation, and that the District must receive value equal to or greater than the value of the event ticket or pass it distributes to a District Official. As provided in FPPC Regulation 18944.1(c), such tickets and/or passes distributed in accordance with a duly adopted policy are not considered gifts to public officials. Accordingly, the Board of Directors of the Desert Healthcare District adopts the following Ticket Distribution policy:

Section 1: Definitions.



- a. "District Official" shall mean and refer to a District "public official" as that term is defined by Government Code Section 82048 and FPPC Regulation 18701 and shall include Board members, employees, and consultants required to file an annual Statement of Economic Interest Form 700.
- b. "Authorized District Official" shall mean a Board member or the Chief Executive Officer ("CEO") who shall be authorized to request the District's purchase of tickets or passes in accordance with Section 5 below.
- c. "Ticket" or "pass" as these terms are defined in FPPC Regulation 18944.1, as amended, and as of this date means admission to a facility, event, show, or performance for entertainment, amusement, recreation, or similar purpose.
- d. "Ticket Coordinator" shall mean the CEO or their designee who shall be responsible for distributing tickets in accordance with this policy and completing and posting the FPPC Form 802.

**Section 2: Purpose of the Policy.** The purpose of this Policy is to ensure that all tickets and passes the District receives from public and private entities and individuals, which are either complimentary or purchased by the District, are distributed in furtherance of a public purpose of the District and are not utilized for any election-related purposes.

**Section 3: Limitation.** This Policy shall only apply to the District's distribution of tickets and/or passes to, or those that are purchased at the behest of, an Authorized District Official.

**Section 4: Public Purposes for Ticket Distribution.** The following list is illustrative, rather than exhaustive, of the public purposes the District may accomplish by the distribution of tickets to, or at the behest of, a District Official:

- a. Representation of the District at events on federal, state, and regional levels.
- b. Representation and promotion of the Desert Healthcare District at District sponsored or supported community events and programs.
- c. Increasing public exposure to and awareness of District sponsorships, grants, initiatives, projects, and facilities related to promoting the mission and vision of the District.



- d. Promotion of District issues and representation at events sponsored by other governmental entities or government-related industry groups and non-profit organizations.
- e. Recognizing or rewarding meritorious service by any District Official or employee and recognizing contributions made by current and former District Officials.

**Section 5: Purchase of Tickets or Passes.** Authorized District Officials may request the Ticket Coordinator purchase up to two (2) tickets in accordance with the public purposes of this policy for use by the District Official, an immediate family member (spouse or dependent children), or one other person. \$24,000 per fiscal year beginning July 1, 2019 shall be budgeted for the purchase of tickets and the purchase of tickets for use by any individual Authorized District Official shall not exceed \$3,000 per fiscal year.

**Section 6: Transfer Prohibition.** The transfer by any District Official of any ticket distributed pursuant to this policy to any other person, except to other District Officials and staff members of the District, is prohibited. For tickets or passes that are unable to be used by the original recipient, the Ticket Coordinator shall have the discretion to redistribute to other District Officials or staff members.

**Section 7: Posting Form 802 on Website.** Within thirty (30) days of distributing a ticket or pass, the District shall post a completed FPPC Form 802 on the District's website.

**Section 8: Exemptions to Policy.** Tickets or passes that are not subject to this policy include the following:

- a. **Ceremonial Role or Function.** Tickets or passes provided to an Authorized District Official where the official will perform a ceremonial role or function on behalf of the District are not considered gifts to the Authorized District Official.
- b. **Reimbursement.** The Authorized District Official reimburses the District for the face value of the ticket or pass within thirty (30) days of receipt or acceptance of the ticket or pass, as defined in the Political Reform Act.
- c. **Income.** The Authorized District Official treats the ticket or pass as income consistent with federal and state income tax laws and reports distribution of the tickets or passes as income to the Authorized District Official on the FPPC Form 802. The official will also have to report it as a gift on their 700 Forms.



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

- d. Political and Non-Profit Fundraisers. Ticket(s) (up to two) to political and non-profit events that are provided directly to the public official by the political committee or 501(c)(3) organization and do not involve the District are not considered gifts (Regulation 18944.1).

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

Desert Healthcare District Resolution No. 19-05

**DOCUMENT HISTORY**

Revised	02-25-2025
Revised	06-28-2022
Approved	04-23-2019



**POLICY TITLE:** MEETING & INSURANCE COMPENSATION POLICY

**POLICY NUMBER:** BOD-21

**COMMITTEE APPROVAL:** 11-13-2024

**BOARD APPROVAL:** 11-26-2024

---

**POLICY #BOD-21:** Meeting & Insurance Compensation Guidelines for the Desert Healthcare District (“District”) Board of Directors (“Board”).

A) Board Members may receive a stipend for attendance at up to 6 meetings per month, provided the meetings have a healthcare nexus or are related to the District’s operations, mission, and vision, and include the following:

1. District Board and Board committee meetings, including agenda review meetings.
2. Meetings for which a District Board member serves on the Desert Regional Medical Center’s Board of Directors or its committees.
3. Attendance at ethics or other required training.
4. Conferences and seminars held by organizations in which the District is a member, and for which the conference/seminar has a clear health care related nexus. Board members shall receive one stipend per conference or seminar.
5. Community meetings and events within the District, when attendance is requested or approved by the Board, the Board President, or the Chief Executive Officer (“CEO”), for which the meeting/event has a clear health care nexus, including the following:
  - a) Board, policy committee, and formal business meetings of organizations in which the District is a member.
  - b) Meetings with other government agencies or officials in which the subject involves health care or District business (e.g., State and local legislative officials, County Health & Human Services).
  - c) Formal Meetings requested, necessitated, or approved by the CEO.

B) Non-compensable meetings shall include the following:



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

1. Informal meetings with other Board members or with District staff members, regardless of the topic(s) addressed.
2. Meetings of a political nature, whether partisan or non-partisan, regardless of the topic(s) addressed.
3. Meetings for which payment of a stipend or honorarium is provided by the host organization.
4. Meetings of other public bodies, unless invited as a participant by the host body or sent as a delegate by the District Board.
5. Meetings of organizations in which the member holds an individual membership or the primary purpose of which is to receive continuing professional educational credits.
6. Charity fundraising events.

Board members shall have an opportunity to report on meetings attended at the next regularly scheduled Board meeting following the meeting for which a stipend is received. Any questions regarding interpretations of these guidelines should be addressed to the District's General Counsel.

If more than one Board meeting is held in succession on the same calendar day, they collectively shall count as a single meeting for the payment of a stipend. Such classification applies only to regular, special, closed and executive sessions and shall not apply to successive Committee meetings in which a Director may be a member.

C) Board members shall receive compensation of insurance premiums up to \$16,250 per fiscal year (July 1 to June 30), which reflects the annual cost of District provided insurance for a Board member. Insurance premiums (coverage may be applied to the Board member, their spouse or registered domestic partner, and eligible dependent children) include medical, dental, and vision and include any combination of the following.

1. Board members may receive insurance coverage through the District. Board members shall be responsible for reimbursing the District for premiums exceeding \$16,250 per fiscal year.
2. Reimburse Medicare premiums.
3. Reimburse supplemental insurance premiums.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

4. Reimburse the portion of insurance premiums withheld from Board member's payroll.
  
5. Reimbursement does not apply to COBRA insurance premiums when Board member leaves office.

**AUTHORITIES**

Desert Healthcare District Bylaws Article IV, section 4.6  
Desert Healthcare District Resolution No. 19-08

**DOCUMENT HISTORY**

Revised	11-26-2024
Revised	06-25-2024
Revised	06-28-2022
Revised	02-23-2021
Revised	04-23-2019
Approved	07-24-2018

DRAFT





**POLICY TITLE:** ACCESS TO PUBLIC RECORDS

**POLICY NUMBER:** OP-01

**COMMITTEE APPROVAL:** 10-18-2022

**BOARD APPROVAL:** 10-25-2022

---

**POLICY #OP-01:** The California Legislature has declared that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. The California Public Records Act ("PRA"), Government Code Sections 6250 to 6270, requires the Desert Healthcare District ("DHCD") to make public records available for inspection by the public and to provide copies upon request. DHCD has established the following guidelines to ensure that all persons understand and are afforded the opportunity to use their right to access public records. A copy of these guidelines will be provided free of charge upon request.

**GUIDELINES:**

1. "Public records" include any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by DHCD regardless of physical form or characteristics. "Writing" means handwriting, typewriting, printing, photocopying, photographing, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds or symbols or any combination thereof, and any record thereby created, regardless of the manner in which the record has been stored.
  
2. Public records are open to inspection during DHCD office hours, generally 8:30 a.m. – 5:00 p.m. Monday through Friday, except for holidays. Advanced notice is not required to inspect public records; however, the inspection of records is subject to a rule of reason and must be consistent and available within the DHCD offices.

2.1 Records available for immediate inspection include the Statement of Economic Interest (FPPC Form 700) of designated DHCD employees and this Access to Public Records Guidelines.



**2.2** It is the policy of DHCD that records not exempt from disclosure by state law will be open for public inspection with the least possible delay. There is no charge to inspect records. In order to prevent records from being lost, damaged or destroyed during inspection, DHCD staff may determine the location of, and may monitor, the inspection.

**3.** While a written request is not required, DHCD prefers that all Public Records Requests be in writing so that DHCD can more accurately identify the records sought and process the request more efficiently. Requests may be made in person, by phone, by email or directed to DHCD's office at the following address:

Desert Healthcare District  
1140 North Indian Canyon Drive  
Palm Springs, CA 92262  
Phone: (760) 323-6113  
Fax: (760) 323-6509  
Email: [ahayles@dhcd.org](mailto:ahayles@dhcd.org)

Please include the following information in your request, so that we may respond to your request in a timely manner:

**3.1** A clear and specific description of the information you are requesting. If possible, identify dates, subjects, titles and authors of the records requested. If needed, DHCD staff may ask for additional information if the request is not specific enough to permit identification of the records sought.

**3.2** Contact information is recommended so DHCD can obtain clarifying information if needed and send you a response or copies of records.

**3.3** The District strives to fulfill requests as soon as possible but not beyond ten (10) days from the date the request is received, DHCD will determine whether the request, in whole or in part, seeks copies of disclosable public records in DHCD's possession and notify the requester of such determination. In unusual circumstances, the 10-day time limit may be extended up to an additional fourteen (14) days by written notice to the requester, setting forth the reason for the time extension. Unusual circumstances include:



**3.3.1** The need to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request;

**3.3.2** The need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records that are demanded in a single request;

**3.4** If DHCD determines it will comply with the request, the records will be made available as promptly as possible upon payment, if required, of any applicable copying fees.

**3.5** Upon request, DHCD will make an electronic public record available in any electronic format in which DHCD holds the information.

**3.6** The cost for all other copies is the direct cost of duplication, or a statutory fee if applicable.

**4.** In balancing the public's right to access public records with other rights and interests, including the individual right of privacy and the need for DHCD to be able to competently perform its duties, the Legislature has established certain categories of records that may be exempt from public disclosure under specified circumstances. These include but are not limited to, certain personnel records, investigative records, drafts, confidential legal advice, records prepared in connection with litigation, real estate appraisals and evaluations made relative to pending acquisition of property, trade secrets, communications with the Governor's Office and information that is confidential pursuant to other state or federal statutes.

**5.** Upon receipt of a Court Order or a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) should be forwarded to the Chief Executive Officer and the DHCD legal counsel. While a Subpoena Duces Tecum is issued by a court, it is not always an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal excuse. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and legal counsel shall determine the appropriate response.



**AUTHORITIES**

California Public Records Act Government Code Sections 6250 to 6270  
Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	10-25-2022
Revised	11-24-2020
Approved	02-24-2016



**POLICY TITLE:** RECORDS RETENTION  
**POLICY NUMBER:** OP-03  
**COMMITTEE APPROVAL:** 10-18-2022  
**BOARD APPROVAL:** 10-25-2022

---

**POLICY #OP-3:** It is the policy of the Desert Healthcare District’s Board of Directors to provide guidelines regarding the retention or disposal of Desert Healthcare District records; provide for the identification, maintenance, safeguarding and disposal of records in the normal course of business; ensure prompt and accurate retrieval of records; and ensure compliance with legal and regulatory requirements.

**GUIDELINES:**

1. The California Secretary of State has issued local government records management guidelines in accordance with Government Code Section 60200 et seq., which augments the authority of local governments and districts to establish records retention schedule. The Board of Directors of Desert Healthcare District (“District”) is authorized by the provisions of California Government Code sections 60200 et seq., to establish a records retention schedule applicable to District records. The records retention policy assists the District in documenting the records that (i) require office or temporary storage, (ii) have historic or research value, and (iii) should be destroyed because they no longer have any administrative, fiscal, or legal value.

**1.1 Authorization for Destruction of Records.** The record retention schedule, Exhibit “A”, is the approved schedule for the District which is in compliance with Government Code sections 60200 et seq. The schedule gives the time periods documents must remain open/active for the public, the time period documents will remain closed (saved but may be boxed or in storage) and the process for destroying documents.

**1.2 Destruction of Records after Scanning.** Any record not expressly required by law to be filed and preserved in original form may be destroyed at any time after it is electronically stored in conformance with the requirements of Government Code section 60203.



**DESERT HEALTHCARE**  
**DISTRICT & FOUNDATION**

**1.3 Destruction of Duplicates.** Pursuant to Government Code section 60200, any duplicate record, paper, or document which has the original or a permanent photographic copy stored in the files of the District, may be destroyed after confirmation that the original or permanent photographic copy remains on file in the District.

**1.4 Retention of Records Not Mentioned.** All records, papers, and documents not mentioned in this policy may be scanned as archival records or destroyed so long as such disposal is consistent with the recommendations of the Local Government Records Management Guidelines as set forth by the Secretary of State as the same may be amended from time to time.

**1.5 Retained Records.** Following Government Code section 60201, the District shall retain records that

- relate to formation, change of organization, or reorganization of the District;
- District ordinance unless it has been repealed or is invalid or unenforceable for a period of five (5) years;
- minutes of a meeting of the legislative body of the District;
- pending claims and litigation records for two (2) years after the disposition;
- records that are the subject of a pending Public Records Act request until the request is granted or two (2) years have passed since denial;
- records of construction projects prior to notice of completion and release of stop notices, if any;
- records related to non-discharged contracts or debts; records of title for District real property;
- unaccepted construction bids/proposals until two (2) years old;
- records that specify the amount of compensation paid to District employees, officers, or independent contractors until seven (7) years old;
- records for which the administrative, fiscal, or legal purpose has not yet been fulfilled.
- emails shall be retained for six (6) months.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**EXHIBIT "A"**

**Review Period**

<b>Record Series (Description)</b>	<b>Open/Active</b>	<b>Closed</b>	<b>Disposal</b>	<b>Notes</b>
Accident reports and logs	2 years	2 years	Shred	
Accounting files, miscellaneous	1 year	4 years	Shred	
Accounts payable (vendor files, invoices, employee travel and expense records)	1 year	4 years	Shred	
Accounts receivable	1 year	4 years	Shred	
Agendas, minutes and supporting materials for Board/Committee packet	1 year	Indefinite	Archive	
Agreements with agencies, firms, individuals	1 year	5 years	Shred	Depending on type of agreement, some will be indefinite
Appraisal Reports	1 year	5 years	Shred	Originals to be filed in project file
Audit Reports	10 years	10 years	Shred	
Bank statements (with cancelled checks)	1 year	4 years	Shred	
Board correspondence	1 year	4 years	Shred	Dispose after leaving the Board
Budgets, annual	1 year	Indefinite	Archive	
Cash receipt books with backup and deposit tickets	1 year	4 years	Shred	
Claim or litigation on behalf of DHCD	1 year	Indefinite	Archive	
Claim or litigation against DHCD		Indefinite	Archive	
Computer maintenance files	1 year	3 years	Toss	
Computer programs	1 year	6 years	Toss	



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Computer tape disks/backup	2 years	2 years	Toss	
Computer tracking records	1 year	3 years	Toss	
Conflict of Interest Statements	1 year	Indefinite	Archive	Include oath of office, economic statements, etc.
Correspondence, general	1 year	2 years	Toss	
Deeds	1 year	Indefinite	Archive	
Director's compensation and reimbursement	1 year	4 years	Shred	Dispose after Director leaves Board
Director's fees	1 year	6 years	Shred	Dispose after Director leaves Board
Disability Claims	1 year	Indefinite	Archive	
Easements	1 year	Indefinite	Archive	
Employee records	1 year	6 years	Shred	
Employee records terminated	1 year	6 years	Shred	
Employee time records (i.e. payroll files) including deduction authorizations and overtime	1 year	6 years	Shred	
Employee travel and expense records	1 year	6 years	Shred	
Equipment maintenance records and contracts	1 year	5 years	Toss	
Financial reports, miscellaneous	10 years	10 years	Shred	
Financial Statements, annual	1 year	Indefinite	Archive	
Historical files (history of the former DHD)	1 year	Indefinite	Archive	
Insurance certificates and policies	1 year	6 years	Shred	
Inventory Records	1 year	6 years	Toss	
Investment Portfolio	1 year	Indefinite	Archive	Permanent for research/historical value





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Investments (Certificates of Deposit)	1 year	6 years	Shred	
Lease Agreements	1 year	6 years	Shred	Permanent for research/historical value
Ledgers, General and Journal	1 year	Indefinite	Archive	
Legal opinions	1 year	Indefinite	Archive	
Policies and Procedures	1 year	Indefinite	Archive	
Resolutions	1 year	Indefinite	Archive	
Retirement plan agreements, amendments, and related documents	1 year	Indefinite	Archive	Permanent for historic value
Vehicle operation records	1 year	3 years	Toss	
Vendor files, misc. correspondence	1 year	1 year	Shred	Dispose when no longer relevant
Workers' compensation files	1 year	6 years	Shred	

**\*Schedule Instructions**

1. Records are Open/Active files for at least the period stated as a matter of general practice. After the Open/Active period has passed, to the extent possible, records will be identified to the applicable department for closure recommendation, via electronic records management systems.
2. Records placed in closed files will be retained for the scheduled period. Notice to the applicable department will be made prior to disposal.

**AUTHORITIES**

Desert Healthcare District Resolution #11-05

**DOCUMENT HISTORY**

Revised 10-25-2022  
 Revised 11-24-2020  
 Approved 05-24-2016



**POLICY TITLE:** **ELECTRONIC COMMUNICATIONS USAGE AND RETENTION**

**POLICY NUMBER:** OP-04

**COMMITTEE APPROVAL:** 10-18-2022

**BOARD APPROVAL:** 10-25-2022

---

**POLICY #OP-4:** It is the policy of the Desert Healthcare District (“District”) to provide guidelines for Electronic Communications usage and retention.

**GUIDELINES:**

1. The purpose of the Electronic Communications Usage and Retention Policy is to:

- Provide clear and concise direction regarding use of the District’s electronic communications systems, including electronic mail (e-mail), text messaging and voicemail.
- Minimize any disruptions to District services related to electronic communications.
- Enhance work productivity through the use of electronic communications.
- Comply with applicable State and Federal laws and District policies related to the use of e-mail and all other forms of electronic communication.

This policy applies to all employees, elected officials, appointed officials, consultants, volunteers or other non-employees who use electronic communications regarding District business. All such persons shall be referred to throughout this policy as “District personnel.”

**1.1 Definition of “Official District Record”.** Under this Policy, the definition of “Official District Record” follows the definitions provided in the California Public Records Act (Cal. Gov. Code § 6250 et seq.) for “public records” and “writing”:



“...any writing containing information relating to the conduct of the public’s business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics...”

“...‘Writing’ means handwriting, typewriting, printing, photostating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and any record thereby created, regardless of the manner in which the record has been stored.”

**1.2 District Email is an Official District Record.** E-mail and other forms of electronic communications, such as text messaging and voicemail, generate correspondence and other types of records that can be recognized as Official District Records and may be subject to disclosure under the Public Records Act. In addition, any Official District Records created through email and other forms of electronic communications must be protected and retained in accordance with records retention laws.

Messages transmitted using the District’s email system or using District-owned equipment, such as cell phones, smartphones, or pagers with capabilities for text messaging and voicemail, should be messages which involve District business activities and contain information essential to accomplishment of business-related tasks, or can otherwise be recognized as Official District Records. However, the incidental use of electronic communications (email, text, or voice) that may contain non-District related (personal) matters is permitted. This incidental use shall be limited and must not interfere with employee productivity or the provision of District services. Any incidental (personal) email, text or voice messages are NOT considered public records, but may still be discoverable in litigation. All electronic communications as described in this policy are the property of the District.

**1.3 Social Networking and Official District Records.** Communications regarding District business that are sent or received through any social networking site may also be subject to the Public Records Act and records retention laws. Until the District adopts and implements an official policy regarding social networking, all District personnel should be cautious in using social networking sites to communicate regarding District business. At a minimum, District personnel



should notify social media users that their communications regarding District business may be subject to disclosure. In addition, District personnel should caution all users that social media is not the official method of communicating with the District and should direct users to contact the District via telephone, in writing, or through the District's website.

**1.4 District Email System is Not For Storage.** The District reserves the right to retrieve and make proper and lawful use of any and all electronic communications transmitted through the District's email system and any District-owned equipment. Although the use of electronic communications is considered official District business, the District's communication systems, including email, text messaging and voicemail, are intended as a medium of communication only. Therefore, the email system and any District-owned equipment such as cell phones, smartphones and pagers should not be used for the electronic storage or maintenance of documentation, including, but not limited to, Official District Records. Regarding email, the system administrator performs regular electronic back-ups of the District's email system. However, the back-up is not a copy of all District email activity that occurred on the District email server during the back-up period.

#### **1.5 Guidelines for Proper Email Usage**

- District email access is controlled through individual accounts and passwords. It is the responsibility of District personnel to protect the confidentiality of his or her account and password information.
- District personnel are responsible for managing their mailboxes, including organizing and cleaning out any non-District related messages that do not constitute Official District Records. Email users are responsible for determining if emails contain substantive information regarding District business or may later be important or useful for carrying out District business, and thus could be considered as Official District Records.
- All District personnel must check and respond to their emails on a regular basis, preferably daily.
- District personnel are expected to remember that email sent from District email accounts is a representation of the District. All District personnel must use normal standards of professional and personal courtesy and conduct



when drafting email messages. Email messages should be drafted with the same care and in the same manner as any communication printed on District letterhead. Like any other District communication, email is a reflection of the District's business practices.

- All messages transmitted over the email system should be limited to those which involve District business activities or contain information essential to District personnel for the accomplishment of District-related tasks. Use of the District's email system for personal communication must be kept to a minimum. "Spam" email can be harmful to the District's computer system. Spam email is electronic junk mail, usually unsolicited commercial and non-commercial messages transmitted as a mass mailing to a number of recipients. If an email message does not pertain to District business, it should be deleted from your email account and not forwarded. Examples include jokes, thoughts for the day, "chain" type email messages, etc.
- Email messages should be easy to read and understand. Spelling and grammar should be correct. Avoid using abbreviations unless you are certain the recipient will understand the meaning.
- Messages should be sent to smaller rather than larger audiences where appropriate. Avoid "broadcasting" messages and large documents. Email should not be used for broadcast purposes unless the message is of interest to all District personnel.
- Avoid long email "chain" messages that include past emails attached to a current message. Deleting long strings of previous email exchanges from your reply messages will enhance readability and save disk space.
- Limit designating email as "high-priority" or "urgent" – use those designations only when necessary and appropriate.

#### **1.6 Prohibited Uses of the District's Electronic Communication Systems.**

Electronic communications shall not be used for any activity that is a violation of local, state, or federal law. Types of messages prohibited from being transmitted through the District's electronic communications systems include, but are not limited to, the following:

- Messages in support or opposition to campaigns for candidates for an elected office or a ballot measure.



- Messages of a religious nature or promoting or opposing religious beliefs.
- Messages containing language which is insulting, offensive, disrespectful, demeaning, or sexually suggestive.
- Messages containing harassment of any form, sexual or ethnic slurs, obscenities, or any representation of obscenities. For more information please refer to the District's policies regarding harassment and discrimination.
- Messages used to send or receive copyrighted material, proprietary financial information, or similar materials.
- Messages used for gambling or any activity that is a violation of local, state, or federal law.

**1.7 No Expectation of Privacy.** District personnel have no right or expectation of privacy or confidentiality in any message created, sent, received, deleted, or stored using the District email system or any District-owned communication devices. All messages and any attachments on the District's computer network or other District-owned system or device are the property of the Desert Healthcare District and may be accessed by authorized personnel. District electronic communications may be monitored as allowed by the Electronic Communications Privacy Act, the federal Stored Communications Act, and other any applicable federal or State laws. Most communications among District personnel are not confidential communications. However, certain communications such as law enforcement investigations, personnel records, or attorney-client communications may be confidential or contain confidential information. Questions about whether communications are confidential, and how they are to be preserved, should be discussed with the Chief Executive Officer.

- **No Snooping.**  
It is a violation of this District policy for any District personnel to use the District's electronic communications systems or equipment for purposes of satisfying idle curiosity about the affairs of others. Abuse of authority by



accessing another person's email, text or voice messages without their knowledge or consent is prohibited. District personnel found to have engaged in such "snooping" may be subject to disciplinary action consistent with District policies.

- **Access Must be Private**

Notwithstanding the District's right to have authorized personnel access email and other electronic messages, all electronic messages should be treated as confidential by other District personnel and accessed only by the intended recipient. District personnel are not authorized to retrieve, read or listen to any electronic messages that are not sent to them. Any exceptions must receive prior approval by the Chief Executive Officer or their designee.

- **Use Caution with Confidential Information.**

All District personnel must exercise a greater degree of caution in sending confidential information on the District's electronic communications systems than they take with other media because of the risk that such information may be copied and/or retransmitted. When in doubt, DO NOT USE EMAIL, TEXT MESSAGING OR VOICEMAIL as a means of communication. Furthermore, the use of passwords for security does not guarantee confidentiality.

- **Personal Email Accounts and Official District Records**

The use of personal email accounts to transmit messages regarding District business should be avoided by all District personnel. In the event that messages regarding District business are received by District personnel through their personal email accounts, District personnel are requested to forward copies of such emails to their District email addresses. Personal emails discussing District business might be considered Official District Records that are subject to the Public Records Act and records retention laws. District personnel are requested to use only their District email accounts for sending/receiving emails regarding District business.

**1.8 Record Retention and Disclosure.** Electronic communications are a business tool which shall be used in accordance with generally accepted business practices and all federal and State laws, including the California Public Records



Act, to provide an efficient and effective means of intra-agency and interagency communications. Under most circumstances, communications sent electronically are public records, subject to disclosure under the Public Records Act and subject to records retention laws applicable to special districts.

### **1.8.1 Electronic Messages as Official District Records**

The District's email, text messaging and voice mail systems are tools used for the temporary transport of communication, and as methods to send or receive correspondence. If an email message or text message, including any attachments, can be considered an Official District Record, as defined by this Policy ("*any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics*"), such messages must be preserved for the legally required time period in accordance with the District's Records Retention Policy.

### **1.8.2 Automatic Deletion of Email**

The District's email management system automatically deletes District emails, including any text messages that become emails, which are more than **one hundred eighty (180) days** old from all Outlook folders of each District email user. Email in "Deleted" and "Sent" folders will be automatically removed after **one hundred eighty (180) days**.

### **1.8.3 Managing Your District Email**

Individual District personnel are responsible for the management of their mailboxes and associated folders on a daily basis. To ensure maximum efficiency in the operation of the email system, District personnel are directed to delete email messages that are not Official District Records from their inboxes on a daily basis. Examples of such messages are personal emails, email advertisements/announcements, or newsletters received via email. If email messages that are not Official District Records are necessary for transitory work, preliminary drafts, preparation of work product or personal notes, District personnel are directed to either print the email and maintain the paper copy or create a PDF version of the email (print to PDF) and store the file in an electronic folder on the District's network drive.





Email messages (including any attachments) that are Official District Records shall be preserved by one of the following methods:

- Print the email and place the printed copy in the appropriate file.
- Email should not be stored on portable media (CDs, DVDs, thumb drives, etc.). Electronically move the email out of the District’s email system and store it on a network drive.

It is the responsibility of individual District personnel to determine if an email message is an Official District Record which must be retained in accordance with the District’s Record Retention Policy. They should always consider the content of an email message when determining if the email is an Official District Record. The Chief Executive Officer can assist in making such a determination. In addition, following is a general guideline for determining whether an email message is a public record under the California Public Records Act and records retention laws:

<i>MESSAGES THAT ARE GENERALLY CONSIDERED AS PUBLIC RECORDS</i>	<i>MESSAGES THAT ARE GENERALLY NOT CONSIDERED AS PUBLIC RECORDS</i>
<ul style="list-style-type: none"> <li>▪ Emails that are created or received in connection with District business;</li> <li>▪ Emails that document official decisions or commitments not otherwise documented in official District files; or</li> <li>▪ Emails that initiate, authorize or complete a transaction of the District’s business.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal messages.</li> <li>▪ SPAM emails, advertisements or other “junk” email.</li> <li>▪ Messages not related to official District business (e.g., gathering for birthday cake in the lunchroom).</li> <li>▪ Emails transmitting newsletters or general information from other public agencies or vendors.</li> </ul>

Examples of email messages that are generally considered as public records:



- Email requesting to add a consent calendar item to the District Board meeting agenda.
- Emails between District staff regarding the need for an email retention policy.
- Emails between District staff regarding approval of a contract.
- Email that refers to meeting a deadline (i.e., “In compliance with FPPC filing requirements, attached please find...”).
- Formal negotiations that exist only in email form.

**1.9 Email Attachments.** Attachments to email messages should be retained or disposed of according to the content of the attachment itself, not according to the email transmitting the attachment. Many email attachments are simply duplicates of existing documents, or are draft versions of documents that might not be retained by the District after the final version of the document is complete. If help is needed in determining whether an attachment to an email message must be retained, please contact the Chief Executive Officer or the Special Assistant to the CEO & Board Relations Officer.

**1.10. Preserving Electronic Messages – Public Records Act Requests, Subpoenas, Claims, and Potential Claims Against the District.** Periodically, the District receives requests for inspection or production of documents pursuant to the Public Records Act, as well as subpoenas or court orders for documents. In the event such a request or demand includes electronic messages, District personnel who have control over or access to any such messages, once they become aware of the request or demand, shall use their best efforts, by reasonable means available to temporarily preserve any such message until it is determined whether the message is subject to preservation, public inspection, or disclosure. District personnel must contact the Chief Executive Officer or Special Assistant to the CEO & Board Relations Officer regarding any such messages that are within their control.

**1.11 Violations.** Any person found to have violated this policy may have their access to District email, text messaging or other means of electronic communication on District equipment limited or revoked completely. District personnel who violate this policy may be subjected to formal disciplinary action up to and including termination from District employment.



ACKNOWLEDGEMENT OF RECEIPT OF ELECTRONIC COMMUNICATION USAGE AND RETENTION POLICY

This is to acknowledge that I have received a copy of the Desert Healthcare District “Electronic Communications Usage and Retention Policy.” I understand that it contains important information on the District’s policies with regard to the use of the District’s Electronic Communication Systems and my obligations and responsibilities as an employee/District Board member/contract employee.

I acknowledge that I have read, understand and promise to adhere to the District’s Electronic Communication Usage and Retention Policy. I understand that the provisions in the Policy govern my use of the District’s Electronic Communication Systems and that the District, in its sole and absolute discretion, may change, rescind, or add to this Policy from time to time, with or without prior notice to me.

---

Printed Name

---

Date

---

Signature



This document shall be signed and placed in the Human Resources files.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

Desert Healthcare District Resolution #11-05

**DOCUMENT HISTORY**

Revised 10-25-2022

Revised 11-24-2020

Approved 05-24-2016



**POLICY TITLE:** GRANT & MINI GRANT POLICY  
**POLICY NUMBER:** OP-05  
**COMMITTEE APPROVAL:** 11-13-2023  
**BOARD APPROVAL:** 11-28-2023

---

**POLICY #OP-05:** In accordance with Desert Healthcare District’s mission and strategic plan it is the policy of the Desert Healthcare District (“District” or “DHCD”) to establish guidelines for Grants & Mini Grants to provide health and wellness programs/projects for the benefit of the District residents and in alignment with the California Health and Safety Code requirements. Each fiscal year the Board of Directors will allocate a budget for both grants and mini grants awards.

The District Board may amend this policy as needed to be consistent with any state legislation regarding healthcare district grant programs.

**GUIDELINES:**

1. The District will administer the grant funds to assure transparent and responsible distribution of monies and to maximize the benefit to community members and fairness to grant recipients.
  - 1.a. All grants must align with the Desert Healthcare District & Foundation’s (“DHCD/F”) strategic plan. The strategic plan is available on our website, [www.dhcd.org](http://www.dhcd.org)
  - 1.b. The Board will adopt a grant budget allocation each fiscal year during the annual budget process covering the period of July 1-June 30.
  - 1.c. Grant recipients should not assume there exists an entitlement to continued funding nor that similar funding will be available in future



years. However, this does not preclude a grant recipient from submitting additional grant applications.

1.d. Grant recipients must accept and adhere to the District's standard grant/contract terms and conditions as a stipulation of any grant award. This includes timely submission of required reports to allow District to monitor the fiscal and programmatic requirements of the grant. A Grantee who is not in compliance as identified in the Grant Contract may become ineligible to apply for future grants for a period of up to two (2) years.

1.e. The District will place a priority on collaboration with community agencies applying for grants, to maximize use of funds and impact while avoiding the fostering of competing programs that may make each such competing programs to become less effective.

Applicants who choose not to collaborate must demonstrate a distinction between their proposed services and those that may already be in place.

1.1 Grant requestors utilizing a fiscal agent may be considered; the application shall include a copy of a resolution adopted by the fiscal agent organization's board of directors approving of the action to act as an agent on behalf of the requestor.

1.2 Per AB 2019 and revised California Health and Safety Code Section 32139(c)(5), individual meetings regarding grants between an applicant and a District Board member, officer, or staff outside of the established grant process is prohibited. Staff may provide technical assistance, upon request, from potential and current Grantees.

**2. Mini Grants** allow the Desert Healthcare District community to access support for small health initiatives that possibly do not have the capacity for a large program or



project. The mini grant application is processed by the administration of DHCD. Consideration is contingent upon the availability of funds, community health priorities, and the ability of the applicant to effectively administer the project programmatically and financially. The mini grant provides up to \$10,000 per one request in a fiscal year. The request must align with the DHCD strategic goals and objectives.

**3. Grant Application Process** – The grant application is available on the District’s website at [www.dhcd.org](http://www.dhcd.org). The online application details the information necessary to submit an application such as required documents, detail of strategic plan focus areas, and other information based on specific grant application needs. The visual representation of the process of a submitted application is noted in the attached application process flowchart.

a. **Program Committee**

The Program Committee shall be responsible for oversight and for making recommendations to the Board, where appropriate, on District matters related to grant-making and related programs.

b. **Eligibility/Criteria**

3.b.1 The District awards grants only to organizations exempt from federal taxation under Section 501(c) (3) of the Internal Revenue Code or equivalent exemption; such as a public/governmental agency, program or institution. Except for mini grant recipients, all organizations must have current audited financial statements.

3.b.2 Some small organizations (annual revenue of \$500,000 or less) may be financially unable to provide audited financial statements. Under certain circumstances defined by the ability of the organization and if the organization is able to provide a service to meet the mission of the District, the District may consider providing grant funds to



complete a financial audit. The District may also consider providing grant funds to develop capacity building.

3.b.3 Organizations must directly serve residents of the Desert Healthcare District. Agencies physically located outside District boundaries would be eligible for funds upon demonstration that the residents of the District will be proportionately served.

3.b.4 Grants are available to organizations whose activities improve residents' health within at least one priority area of the District's strategic plan. Through investment of its grant dollars, the District supports programs, organizations and community collaborations with potential for achieving measurable results to underserved individuals and communities. Through the use of a grant scoring structure, consideration is given to projects or organizations that:

- Have proven records of success and capacity
- Have potential to impact the greatest numbers of District residents in alignment with strategic goals
- Can demonstrate the greatest potential to positively change health-related behaviors
- Are based on research and/or best practices that demonstrate effectiveness
- Have data available to measure progress, outcomes and relevance
- Have strong fiscal and operational governance

#### **4. Funding Restrictions**

4.1 The District's grants will NOT support the following:

- Individuals
- Endowment campaigns





- Retirement of debt
- Annual campaigns, fundraising events, or expenses related to fundraising
- Programs that proselytize or promote any religion or sect, or deny services to potential beneficiaries based upon religious beliefs
- Expenses related to lobbying public officials
- Political campaigns or other partisan political activities
- Unfunded government mandates
- Replacement funds to allow funding to be shifted to other programs or budget areas
- Any organization who discriminates against others based on, including, but not limited to race, color, creed, gender, gender identity, sexual orientation or national origin.

## 5. Application Process

**Please refer to attached Application Process flowchart**

### 5.1 Grant Declination Appeals Process

Any applicant who wishes to appeal their grant declination must follow the guidelines below:

1. Submit in writing the request for appeal and the specific focus point/criteria the DHCD/F is being asked to consider.
2. The written request must be submitted to the Chief Program Officer within 30 calendar days of receipt of the declination notification.
3. The DHCD/F will review said request and will respond in writing within 60 calendar days of receipt of the grant declination appeal request (process for review and final determination).



## 6. No-Cost Grant Extension

6.1 Under a No-Cost Extension, grantees may extend a grant's project period one time for up to 12 months. A No-Cost Extension may be requested when the following conditions are met:

- 6.1.1 No term of award specifically prohibits the extension
- 6.1.2 Project's originally approved scope will not change
- 6.1.3 The end of the project/grant period is approaching
- 6.1.4 There is a programmatic need to continue
- 6.1.5 There are sufficient funds remaining to cover the extended effort

6.2 The Desert Healthcare District always retains the right to decline the request. Examples of reasons to decline might include:

- a. An extension may not be granted solely because there is money left over. Programmatic benefit must be justified.
- b. Deliverables as outlined in Exhibit B (Payment Schedule, Requirements & Deliverables) have been met.

6.3 Process:

Grantee must submit a written request to the DHCD/F at least 30 days before the end of the current project period. The request should be sent to the Grant Department and include the following information:

- 1. The amount of funds remaining, and an explanation for why they have not been spent
- 2. Rationale for continuing the project
- 3. An explanation of why the project has not been completed
- 4. Inclusion of a detailed work plan and how all unfinished activities will be completed by the proposed end date



## 7. External Grant Process

7.1 The External Grant Process Flow Chart was created in response to the many outside funding opportunities that the Desert Healthcare District and Foundation has pursued and received to further the goals of its Board-approved 2021- 2026 Strategic Plan.

Strategic Plan Goal 1 (Proactively increase the financial resources DHCD/F can apply to support community health needs.) with its six (6) strategies was developed to make up for the gap in money that was not received in property tax dollars when the District expanded its boundaries in 2018.

The External Grant Process Flow Chart and Narrative meets Strategy 1.3: Expand capabilities and activities for obtaining new grant funding AND Strategy 1.5: Identify opportunities and implement selected joint venture/partnerships with community organizations to jointly support funding of selected community health needs.

### 7.2 Process:

1. PROSPECTIVE RFP (or External Funding Opportunity) IDENTIFIED: California Consulting, District staff, and other organizations/partners (i.e. Regional Access Project Foundation) identifies a funding opportunity through avenues such as The Foundation Center; Grants.gov (federal grant opportunities) listings at ACHD (Association of CA Healthcare Districts) and CSDA (CA Special Districts); California State; Riverside County, and others. These funding opportunities could be through an RFP (Request for Proposals).
2. PROSPECTIVE RFP BROUGHT TO CEO: If there is an RFP that seems promising, the prospective RFP is brought to the District's CEO for review of all documentation.
3. STRATEGIC PLAN AND STAFF CAPACITY: Under the CEO's review, the CEO will then determine if there is an alignment with the District's Strategic Plan and relevant goals and strategies and discuss with lead staff (Chief Program Officer, Chief Administration Officer and Chief of Community Engagement) as to the capacity of staff and the organization to take on this project.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- If it is determined that there is no alignment to the strategic plan or staff does not have the capacity, the RFP (or funding opportunity) will not be pursued.
  - If it is determined that there is an alignment to the strategic plan and staff does have the capacity, then the RFP (or funding opportunity) will be pursued and goes to Step 4.
4. PURSUE: Having now made the determination to pursue the funding opportunity, staff will summarize the RFP for the Board of Directors and make recommendations.
  5. BOARD COMMUNICATION: The RFP submission timeline will depend on what appropriate committee and board the CEO would present the RFP. If the submission timeline is tight, the CEO may have to just present the RFP to the Board President in which the President /Board of Directors then gives permission to proceed.
  6. INTERNAL STAFF COMMUNICATION: If approved to proceed by the Board, the RFP will be discussed internally with staff. The CEO will identify a lead staff member and Program and Fiscal staff members are brought into the discussion to review and assist with the application and budget. Individual tasks are assigned and understood.
  7. SUBCONTRACTORS: At this point staff will determine if the utilization of subcontractors is allowed. If no subcontractors are allowed, proceed with the application submission (Step 8).  
If subcontractors are allowed, a Request for Qualifications (RFQ) will be released and the opportunity to collaborate will be posted on the District's website. The opportunity to collaborate will also be shared via Constant Contact, an email and digital marketing program used frequently by District staff). The Grants Team will review the RFQ submissions and approve the qualified subcontractor(s). Once subcontractor(s) are identified, staff will develop a collaborative scope of work (SOW) and budget.
  8. APPLICATION SUBMISSION: The application is submitted, and the Board is updated periodically of the status of the application. Once submitted, the application will either be declined\* and the District was not selected as an awardee or:
  9. NOTICE OF AWARD: The District was selected as an awardee by Notice of Award. The lead staff member will convene with the



program and fiscal staff on internal processes, tasks, and deadlines\*. The external contract is reviewed by District's Legal Counsel.

10. **INTERNAL PROCESSES:** If utilizing subcontractors, the organization will be required to submit a formal application in the District's grant management program, Foundant. The application will allow for the reporting of the RFP deliverables and budget management. The program and fiscal staff will review and assist the subcontractor/organization with alignment to internal processes (budgeting, Results Based Accountability (RBA) performance measures, reporting, deliverables, etc.)
11. **BOARD COMMUNICATION:** The board will be notified of the award and will be asked to provide contract approval. Staff will also provide the award requirements such as scope of work, budget, timelines, deliverables, etc.
12. **GRANT MANAGEMENT:** Program and fiscal staff will ensure consistent grant processing, reporting, tracking, and compliance. Program and fiscal staff will also be providing ongoing communication with the funding agent and any subcontractors.
13. **BOARD UPDATES:** Updates will be provided to the board of directors as needed.
14. **EXTERNAL GRANT ENDS;** Staff will share the results of the external grant impact and goals with the Board and community. The results will also be posted on social media and the District's website.

\*If District's application is declined, or if application is awarded but determined to not be feasible in consideration of resources available and/or provided, this information will be relayed to the Board via the CEO's monthly report.



**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6  
California Health and Safety Code section 32132

**DOCUMENT HISTORY**

Revised	11-28-2023
Revised	03-28-2023
Revised	12-20-2022
Revised	02-22-2022
Revised	02-23-2021
Revised	03-24-2020
Revised	05-28-2019
Revised	05-24-2016
Approved	02-20-2012

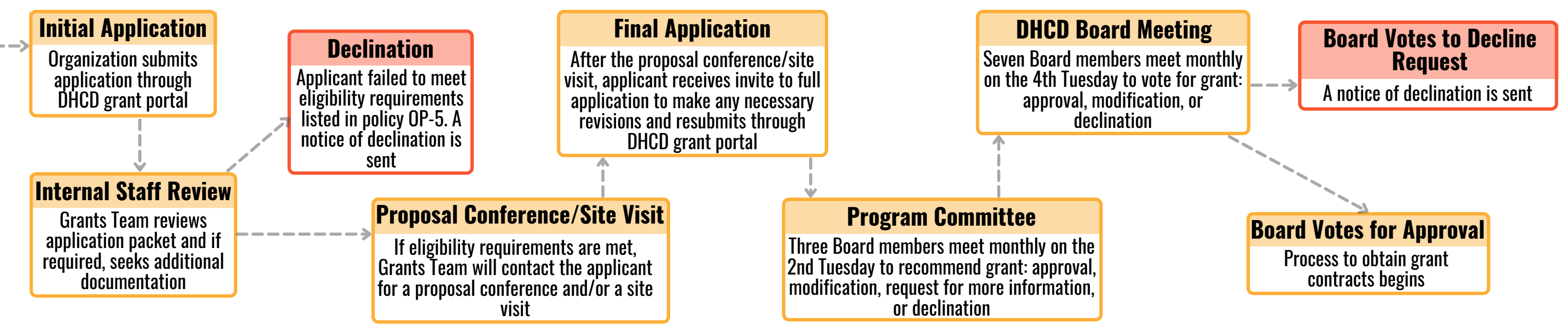
# 2021-26 Desert Healthcare District Strategic Plan Grantmaking Process - Full Grants (Application requests that exceed \$10,000)\*

**High Priority Strategic Plan Goals**

**Goal 2:** Proactively expand community access to primary and specialty care services

**Goal 3:** Proactively expand community access to behavioral/mental health services

**Goal 6:** Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area (only strategies 6.1 & 6.2)

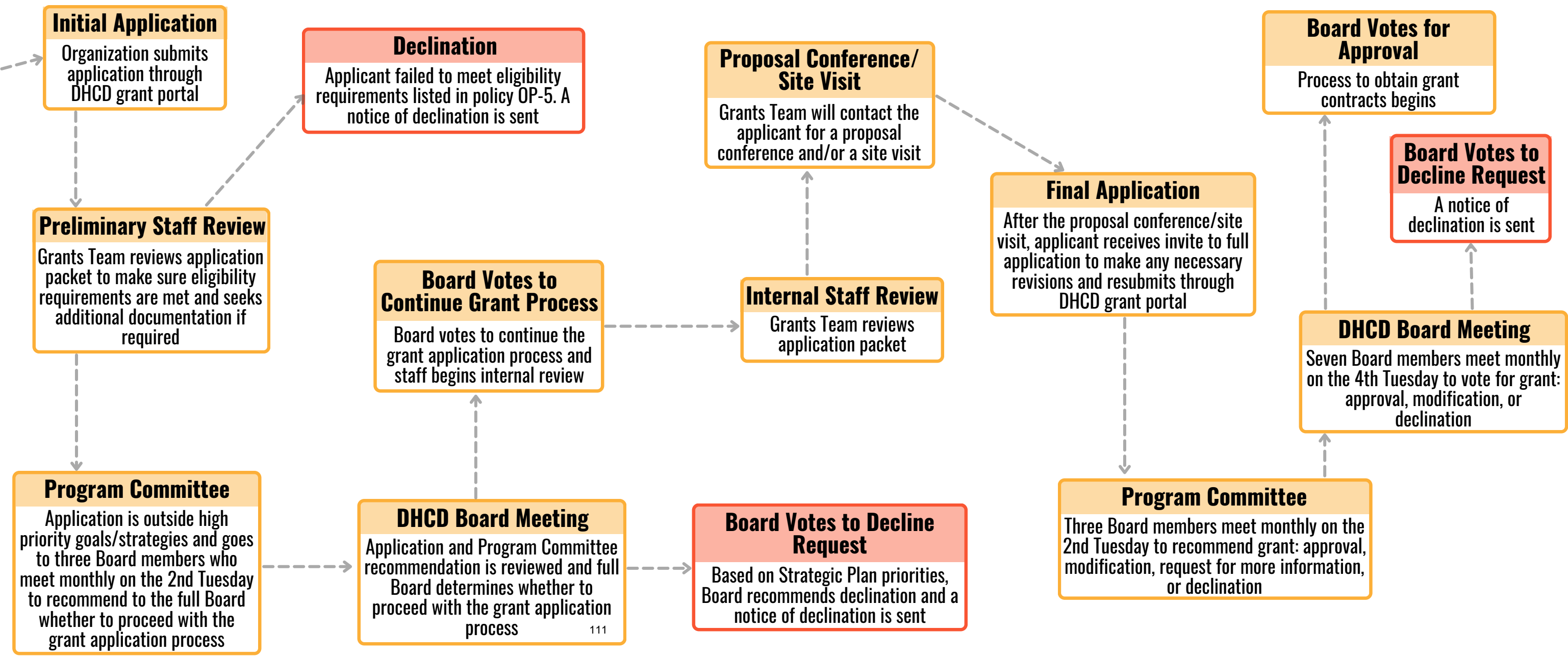


**Non-Priority Strategic Plan Goals**

**Goal 5:** Be responsive and supportive of selected community initiatives that enhance the economic stability of District's residents

**Goal 6:** Be responsive to and supportive of selected community initiatives that enhance the environment in the District's service area (strategy 6.3)

**Goal 7:** Be responsive and supportive of selected community initiatives that enhance the general health education of District's residents



\*Goal 1 and Goal 4 are operational, internal Strategic Plan Goals and do not follow the grantmaking process



**POLICY TITLE:** DELEGATING MINOR CLAIMS TO THE CEO  
**POLICY NUMBER:** OP-06  
**COMMITTEE APPROVAL:** 02-13-2025  
**BOARD APPROVAL:** 02-25-2025

---

**POLICY #OP-06:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to provide an efficient procedure for handling minor claims filed against the District per Government Code Section 935.4.

1. Minor claims are considered claims which do not exceed \$5,000.

2. The Board delegates authority to the Chief Executive Officer to take all administrative actions necessary to resolve minor claims against the District which do not exceed \$5,000.

**AUTHORITIES**

Desert Healthcare District Resolution #11-04

**DOCUMENT HISTORY**

Reviewed	02-25-2025
Reviewed	03-28-2023
Revised	11-24-2020
Approved	05-24-2016





**POLICY TITLE:** LEASE COMPLIANCE POLICY

**POLICY NUMBER:** OP-07

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

---

**POLICY #OP-07:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to define the process for addressing written complaints received regarding the Desert Regional Medical Center (“Medical Center”). During the course of business, District employees, its Chief Executive Officer (“CEO”), or Board may occasionally receive complaints regarding the Medical Center and its operations. When such complaints are received, the complaint shall be forwarded to the Chief Executive Officer and Compliance Officer of the Medical Center through the District CEO, with a request to address the complaint in writing and provide a copy of the response to the District Board. As the operation of the Medical Center is conducted by the Medical Center and not the District, no action shall be taken by the District to address received complaints beyond the process noted above unless required by law or by direction of legal counsel of either District or Medical Center.

Should the District receive complaints specific to the Lease between the District and leaseholder of the Medical Center, the District CEO will address the complaint in writing and provide any recommendations to the District Board.

**Hospital Lease Oversight Committee:**

The Hospital Lease Oversight Committee (“Committee”) shall conduct a quarterly walk-through inspection of portions of the Medical Center. The walk-through shall be coordinated with Hospital Management and the Committee may utilize the services of a consultant who has experience in hospital facilities. After each inspection, the Committee shall provide an inspection report (including notation of any deficiencies) to the District Board, and the Medical Center CEO and Local Governing Board.

1. The Hospital Lease Oversight Committee shall be a standing committee and hold regular meetings per the Brown Act and Bylaws of the District.



2. The Committee shall meet quarterly or more often if needed, to review the status of open issues, resolutions, and any new reporting items from the quarterly walk-throughs and other reporting.
3. The Management of the Medical Center shall be invited to attend Committee and District Board meetings and provide written reports on activities at the Hospital.
4. The Committee shall provide monthly updates to the Board.
5. During the fiscal year, the Committee shall review the following information provided by Management at the Medical Center:
  - A list of current Hospital licenses and their expiration dates.
  - A list of current accreditations and their expiration dates.
  - Copies of all insurance policies including property (including earthquake insurance), general liability, professional liability, and employer's compensation insurance.
  - Confirmation of the Hospital's participation in Medicare and Medi-Cal.
6. The Committee shall periodically provide updates to the full Board on Lease compliance.
7. On an annual basis, Management at the Medical Center shall be requested to provide a comprehensive report on the activities and operations at the Hospital. The report shall include and address the following:
  - Overall operations of the Hospital.
  - Maintenance budget and ongoing maintenance programs.
  - Charity care policy and estimated dollar amount provided for indigent care.
  - Substantiation of benefits of the Hospital to the Community.
  - Confirmation that Core Services are being maintained at the Hospital.
  - List and status of any Subleases and or Assignments.
  - List of donor identifications and documentation of efforts to support District and Foundation efforts to generate additional donor support.

**Resolution of Disputes:**

In the event of any dispute or disagreement over enforcement or interpretation of Lease compliance, and in accordance with Section 16.12 of the May 30, 1997, Lease, the following Dispute Resolution process shall apply:



- Meet and Confer: The District Board through the CEO shall provide written notice to Management at the Medical Center setting forth the nature of the dispute and the parties shall meet and confer in good faith to discuss the dispute within 30 days in an attempt to resolve the dispute.
- Arbitration: Any dispute which cannot be resolved by the meet and confer process may be submitted to binding arbitration. The Arbitration shall be conducted in Riverside County and a single disinterested third party shall be selected by mutual agreement or if the parties cannot agree on the selection of an arbitrator within 15 days, either party may elect to have the dispute arbitrated through JAMS/Endispute. The decision of the arbitrator shall be final and binding and as part of the award the arbitrator may award reasonable and necessary costs incurred by the prevailing party as determined by the arbitrator.
- Mediation: In lieu of Arbitration the parties may by mutual agreement of, have the dispute resolved through non-binding mediation.

## **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6; Article VI, section 6.2 (c)

## **DOCUMENT HISTORY**

Revised	03-28-2023
Revised	11-24-2020
Revised	02-28-2017
Approved	06-28-2016



**POLICY TITLE:** STRATEGIC PLAN  
**POLICY NUMBER:** OP-08  
**COMMITTEE APPROVAL:** 03-07-2023  
**BOARD APPROVAL:** 03-28-2023

---

**POLICY #OP-8:** The Desert Healthcare District’s mission is to achieve optimal health at all stages of life for all District residents. In the Desert Healthcare District Bylaws, Section 6.2 (b), the Board of Directors established a standing committee to monitor the District’s strategic plan, which is established to improve decision making, to enhance organizational responsiveness, to improve performance, and to strengthen the organization.

1. The Board of Directors will meet at least annually to assess, review, and update its strategic plan. This may take the form of a retreat, workshop, special meeting or part of a regularly scheduled meeting, as appropriate.

**AUTHORITIES**

Desert Healthcare District Bylaws Article VI, section 6.2 (b)

**DOCUMENT HISTORY**

Revised 03-28-2023  
Revised 11-24-2020  
Approved 05-24-2016



**POLICY TITLE:** POLICIES AND PROCEDURES INCLUDING BIDDING REGULATIONS GOVERNING PURCHASES OF SUPPLIES AND EQUIPMENT, AND BIDDING FOR PUBLIC WORKS CONTRACTS

**POLICY NUMBER:** OP-10

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

---

**POLICY #OP-10:** Government Code section 54202 requires the District to adopt policies and procedures, including bidding regulations, governing purchases of supplies and equipment by the District. In addition, with limited exceptions, Health & Safety Code section 32132 requires the District to competitively bid contracts involving expenditures of more than Twenty-Five Thousand Dollars (\$25,000) for materials and supplies to be furnished, sold, or leased to the District, as well as contracts involving expenditures of more than Twenty-Five Thousand Dollars (\$25,000) for work to be done.

**GUIDELINES:**

**TABLE OF CONTENTS**

	<b>Page</b>
I. <b>FORMAL COMPETITIVE BIDDING REQUIREMENTS</b> .....	- 4 -
<b>When Applicable:</b> When the District issues contracts <b>over \$25,000</b> for, 1) materials and supplies and, 2) work to be done (Public Works contracts are governed by Section II).	
<b>Contract Award:</b> Must be competitively bid and awarded to the Lowest Responsible Bidder.	
A. Contracts Requiring Formal Bids .....	- 4 -
B. Bid Procedures .....	- 4 -
1. Preparation of Bid Package .....	- 4 -
2. Notice Inviting Bids – Contents .....	- 5 -
POLICY #OP-10	Page - 1 - of 18



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- 3. Notice Inviting Bids - Distribution by Mail, Posting or Other Means. .... - 5 -
- 4. Notice Inviting Bids - Advertising/Publication. .... - 6 -
- 5. Bid Form. .... - 6 -
- 6. Presentation of Bids. .... - 6 -
- 7. Withdrawal of Bids. .... - 7 -
- C. Award of Contracts. .... - 7 -
  - 1. Opening of Bids..... - 7 -
  - 2. Responsible Bidder..... - 7 -
  - 3. Bid Challenges..... - 8 -
  - 4. Notice to Bidders Not Awarded the Contract; Return of Bid Security..... - 8 -
- D. Emergencies..... - 9 -
- E. Contracts Not Requiring Formal Bids Pursuant to Law..... - 9 -
- II. PROVISIONS APPLICABLE TO PUBLIC WORKS CONTRACTS ..... - 9 -**
  - A. Prequalification for Bids \$100,000 or Over. .... - 9 -
    - 1. Prequalification Requirements. .... - 9 -
    - 2. Notice and Protest Requirements. .... - 10 -
  - B. Qualification for Bids Under \$100,000. .... - 11 -
  - C. Bid Security..... - 12 -
    - 1. Cashier's or Certified Check in the required amount; or..... - 12 -
    - 2. Bidder's Bond executed by an admitted surety insurer and made payable to the District..... - 12 -

The bid security for all other unsuccessful bidders shall be returned to them within five (5) working days after the contract is awarded. .... - 12 -
  - D. License Requirement..... - 12 -
  - E. Insurance..... - 12 -
  - F. Contract Requirements..... - 14 -



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- 1. Performance Bond. .... - 14 -
- 2. Materials and Labor Payment Bond. .... - 15 -
- 3. Time for Completion/Liquidated Damages. .... - 15 -
- 4. Retentions; Substitution of Securities in Lieu of Retentions. .... - 16 -
- 5. Bonus for Early Completion. .... - 16 -
- 6. Listing and Substitution of Subcontractors. .... - 16 -
- 7. Contract Terms. .... - 16 -
- G. Changes in Plans and Specifications..... - 16 -
- III. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS ..... - 17 -**



## I. FORMAL COMPETITIVE BIDDING REQUIREMENTS

### A. Contracts Requiring Formal Bids.

Unless exempted by this Policy or applicable law, any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District shall be awarded by the District through the “formal” bidding procedures specified in this Section “I” (Formal Bidding Requirements) if they involve an expenditure of more than Twenty-Five Thousand Dollars (\$25,000). (H&S Code § 32132(a).) Such contracts involving an expenditure of Twenty-Five Thousand Dollars (\$25,000) or less may be made without soliciting or securing bids. As used herein, “work to be done” may include, among other things, general maintenance work or public works contracts.

### B. Bid Procedures.

#### 1. Preparation of Bid Package.

Before entering into any contract which requires formal bidding, the District shall prepare or cause to be prepared a bid package. Unless exempted by the Board of Directors (“Board”) or designee pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, the bid package shall include a notice inviting bids, instructions to bidders, bid form (which shall include a provision as to the method for determining the lowest bidder, whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), contractors qualification statement contract form, conditions of the contract, required bonds and other forms, drawings, and full, complete, and accurate plans and specifications, giving such directions as will enable any competent supplier or contractor to ascertain and carry out the contract requirements.

The Board or designee shall endeavor to include all required contract documents in the bid package. To the extent that the Board or their designee determines, pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, that any required contract document





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

cannot be incorporated into the bid package, its terms shall be negotiated with the lowest responsible bidder prior to the award of the contract.

To the extent possible, the plans and specifications shall also be reviewed and approved by the District's authorized representative prior to their insertion in the bid package.

2. Notice Inviting Bids – Contents

All bid packages shall include a notice inviting bids. The notice inviting bids shall include, among other things determined necessary for a particular contract by the Board or designee, information as to the type, quality and quantity of materials, supplies or work to be provided, the contract performance schedule, the project location, the basis for determining the lowest bidder (whether on: 1. Base bid alone; 2. Identified alternates; 3. Prioritized order of alternates within identified budget; or 4. Other “fair manner”), a contact person, and other bid requirements and information regarding how to obtain a bid package, the place where bids are to be received, and the time by which they are to be received. For contracts involving public works projects, the notice inviting bids shall also contain any other information required by state law or Section “II” (Provisions Applicable to Public Works Contracts) of this Policy.

3. Notice Inviting Bids - Distribution by Mail, Posting or Other Means.

Except in cases of emergency or where not practicable, all suppliers and contractors who have notified the District in writing that they desire to bid on contracts, and all suppliers and contractors which the District would like to bid on contracts, shall be furnished with the notice inviting bids by postal or electronic mail.

In addition to notifying all such persons by mail, the District shall post the notice inviting bids in one or more public places typically used by the District. It shall be posted in sufficient time in advance of the bid opening to allow bidders to bid, as determined by the Board or designee. The notice shall remain posted until an award has been



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

made. Notice may also be made by telephone, facsimile, telegram, personal contact, letter, or other informal means.

4. Notice Inviting Bids - Advertising/Publication.

Except in cases of emergency or where circumstances require that less notice be given, as determined by the Board pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, the notice inviting bids shall be published once a week for at least two (2) consecutive weeks, as follows:

- a. In a newspaper of general circulation published in Riverside County; or
- b. In trade journals or papers of general circulation as the Board, or designee, deems proper.

In the event that the Board determines, pursuant to Section “III” (Flexibility and Waiver of Policy Requirements) below, that circumstances require less than the prescribed notice period, they shall endeavor to provide notice by publication to the extent practicable under the circumstances.

For cost efficiency purposes, the published notice inviting bids need not be as detailed as that provided by other means, including by mail, posting or inclusion in the bid package, but should contain the legally and practically required essential contents of the notice, including but not limited to, where and how to obtain the complete bid package, Labor Code notice provisions, and bonding requirements.

5. Bid Form.

As part of the bid package, the District shall furnish to each bidder an appropriate bid form prepared by the District for the type of contract being let. Bids not presented on forms so furnished, or exact copies thereof, shall be rejected as non-responsive.

6. Presentation of Bids.



All bids shall be presented under sealed cover. Upon receipt, the bid shall be date and time stamped.

Any bids received after the due date and specified time shall be returned unopened. (Gov. Code § 53068.)

7. Withdrawal of Bids.

Bids may be withdrawn at any time prior to the time fixed in the public notice for the opening of bids only by written request made to the person or entity designated in charge of the bidding procedure. The withdrawal of a bid does not prejudice the right of the bidder to timely file a new bid. Except as authorized by law for public works contracts (Pub. Contract Code §5100 et seq.), no bidder may withdraw its bid after opening for the period of time indicated in the bid package, which period shall be at least forty-five (45) days.

C. Award of Contracts.

1. Opening of Bids.

On the day named in the public notice, the District shall publicly open the sealed bids. Award of the contract shall be to the lowest responsive and responsible bidder, if at all. All bidders shall have complied with the foregoing bid procedures, except as otherwise provided herein and except for any minor errors or irregularities which may be waived by the District. After a bid is opened it shall be deemed irrevocable for the period specified in the invitation to bid.

The Board of Directors is under no obligation to accept the lowest responsive and responsible bid received, since the District has absolute discretion in the acceptance of bids and reserves the right to reject all bids if it is desires. The Board of Directors also reserves the right to determine the conditions of responsibility including matters such as delivery date, product quality, and the service and reliability of the supplier.

2. Responsible Bidder.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

The District's determination of whether a bidder is responsible shall be based on an analysis of each bidder's ability to perform, financial statement (if required), experience, past record and any other factors it shall deem relevant. If the lowest bidder is to be rejected because of an adverse determination of the bidder's responsibility based on the District's staff review, the bidder shall be entitled to be informed of the adverse evidence and afforded an opportunity to rebut that evidence and to present evidence of responsibility. In such event, the District shall give the rejected bidder and the bidder to be awarded the contract at least five (5) working days' notice of a public board meeting at which the responsibility issue shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be conclusive.

3. Bid Challenges.

If any bidder wishes to challenge a potential bid award, they shall file a written objection within five (5) calendar days following bid opening. The written objection shall include specific reasons why the District should reject the bid questioned by the bidder. The District may, in its discretion, consider the protest during the public meeting at which the contract award is to be considered, or it may consider it at a prior meeting. The District shall give the challenging bidder and the bidder to be awarded the contract at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board within the time authorized for the award of the contract. The Board's decision shall be final.

4. Notice to Bidders Not Awarded the Contract; Return of Bid Security.



Whenever a contract is not to be awarded to a bidder, such bidder shall be notified by regular mail not more than five (5) working days after the award of the contract to another bidder. The bid security supplied by the bidder shall be returned with the notice.

D. Emergencies.

The District may, by majority vote of the Board of Directors, award any contract for work to be done or for materials and supplies to be furnished, sold, or leased to the District without soliciting or securing bids if it determines that an emergency exists as provided for in Health & Safety Code section 32136 as it may be amended from time to time.

E. Contracts Not Requiring Formal Bids Pursuant to Law.

Medical or Surgical Equipment or Supplies: Contracts for purchases of medical or surgical equipment or supplies may be made without soliciting or securing bids. (H&S Code § 32132(b).) As used herein, "medical or surgical equipment or supplies" shall be defined as provided in Health & Safety Code section 32132(d), as that section may be amended from time to time. Currently, Section 32132(d) defines these terms to include "only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital." (H&S Code § 32132(d).) If bids are solicited, the "formal" bidding procedures specified in this Section "I" (Formal Bidding Requirements), modified as the Board or designee shall determine to be in the District's best interest, shall be followed.

## II. PROVISIONS APPLICABLE TO PUBLIC WORKS CONTRACTS

The following provisions govern all contracts awarded by the District for public works:

A. Prequalification for Bids \$100,000 or Over.

1. Prequalification Requirements.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

The District shall, on contracts in which the estimated cost is equal to or exceeds One Hundred Thousand Dollars (\$100,000), require all prospective bidders to prequalify by completing an appropriate “Contractor's Qualification Statement” and submitting a listing of experience in performing the type of contract being let, a current Dunn & Bradstreet report, a summary of current trade agreements, and such other information as the District shall deem relevant.

The requirement of pre-qualification shall be indicated in the notice inviting bids. The second newspaper publication shall be published to allow potential bidders at least seven (7) days to submit pre-qualification requirements and the District at least five (5) days to review submitted pre-qualification packages prior to distribution of bid packages, which distribution shall be at least thirty (30) days prior to the time by which bids are to be received.

The Contractors Qualification Statement shall be verified under oath and submitted on or before the due date specified in the notice inviting bids. The documents submitted for pre-qualifications shall remain confidential and not open to public inspection. The decision as to prequalification shall be made by the Board, or designee. Pre-qualification procedures are intended to assist the District in determining “responsibility” of bidders but shall not be conclusive evidence thereof.

2. Notice and Protest Requirements.

The District shall notify each potential bidder in writing by regular mail within seventy-two (72) hours after the District's decision as to pre-qualification. A duplicate of all such notices shall be mailed to the Secretary of the Board of Directors of the District. Bid packages shall only be provided to pre-qualified contractors, except as set forth below.

Whenever a contractor is notified of the District's denial of pre-qualification to bid on a contract, the contractor may file a written protest to the disqualification within seventy-two (72) hours of its receipt of notice of disqualification. Receipt shall be deemed to be



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

two (2) days after mailing of the notice. The written objection shall include specific reasons why the District should not disqualify the bidder. The District may, in its discretion, consider the protest during a public meeting prior to the circulation of bid packages, or it may allow the protestor to submit a bid under protest.

If the District chooses to consider the protest prior to the circulation of bid packages, it shall give the challenging bidder at least five (5) working days' notice of the board meeting at which the challenge shall be considered by the Board. No other notice, other than that required for Agenda descriptions by the Ralph M. Brown Act, shall be required. The Board may, in its discretion, continue its consideration and determination of the issue to future meetings of the Board prior to circulation of bid packages. The Board's decision shall be final.

If the District allows the bidder to bid under protest the bid package will be provided only after the bidder has made payment therefore in an amount equal to the District's cost of printing and reproduction of the bid package.

If a written protest is not timely received from the bidder, the bidder waives any right to bid under protest.

**B. Qualification for Bids Under \$100,000.**

The District shall, on contracts in which the estimated cost is less than One Hundred Thousand Dollars (\$100,000), require all prospective bidders to complete an appropriate "Contractor's Qualification Statement," submit a list of the contractor's experience in performing the type of contract being let and such other information as the District shall deem relevant. The Statement shall be verified under oath and submitted prior to or with the contractor's bid, as determined by the Board or designee. The documents submitted for qualification shall remain confidential and not open to public inspection. These documents shall be considered by the District in making its award to the lowest responsible bidder but shall not be deemed conclusive evidence of responsibility.



C. Bid Security.

All bids shall be accompanied by bid security in an amount equal to at least ten percent (10%) of the total bid price. The security shall be in a form as follows:

1. Cashier's or Certified Check in the required amount; or
2. Bidder's Bond executed by an admitted surety insurer and made payable to the District.

Any bid not accompanied by one of the foregoing forms of bidder's security shall be rejected as non-responsive.

An "admitted surety insurer" means a corporate insurer or a reciprocal or interinsurance exchange to which the Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.)

The bid security for all other unsuccessful bidders shall be returned to them within five (5) working days after the contract is awarded.

D. License Requirement.

In every completed bid, and in all construction contracts and subcontracts, shall be included the license number of the contractor and all subcontractors working under them. No project may be awarded to a contractor which is not licensed pursuant to state law or which utilizes subcontractors not so licensed.

E. Insurance.

All contracts shall require insurance of the type, in amounts and with provisions approved by District Legal Counsel and management. All contractors awarded contracts shall furnish the District with original certificates of insurance and endorsements effecting coverage required by the contract. The certificates and endorsements for each insurance policy shall be signed by a person authorized by that insurer to bind coverage on its behalf and shall be on forms supplied or approved by the District. All





certificates and endorsements must be received and approved by the District before work commences, or sooner if indicated by the contract documents. The District shall reserve the right to require complete, certified copies of all required insurance policies, at any time.

At a minimum, all general liability and automobile insurance policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) the District, its directors, officers, employees and agents shall be covered as additional insureds with respect to the work or operations performed by or on behalf of the contractor, including materials, parts or equipment furnished in connection with such work; and (2) the insurance coverage shall be primary insurance as respects the District, its directors, officers, employees and agents, or if excess, shall stand in an unbroken chain of coverage excess of the contractor's scheduled underlying coverage. Any insurance or self-insurance maintained by the District, its directors, officers, employees and agents shall be excess of the contractor's insurance and shall not be called upon to contribute with it in any way.

At a minimum, all workers' compensation and employers' liability policies shall contain the following provision, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provision to the insurance policies: (1) the insurer shall agree to waive all rights of subrogation against the District, its directors, officers, employees and agents for losses paid under the terms of the insurance policy which arise from work performed by the contractor.

At a minimum, all policies shall contain the following provisions, or contractor shall provide endorsements on forms supplied or approved by the District to add the following provisions to the insurance policies: (1) coverage shall not be canceled except after thirty (30) days prior written notice by mail has been given to the District; and (2) any failure to comply with reporting or other provisions of the policies, including breaches of warranties, shall not affect coverage provided to the District, its directors, officials, officers, employees and agents. Insurance carriers shall be qualified to do business in California and maintain an agent for process



within the state. Such insurance carrier shall have not less than an “A” policyholder's rating and a financial rating of not less than “Class VII” according to the latest Best Key Rating Guide.

All insurance required by the contract shall contain standard separation of insureds provisions. In addition, such insurance shall not contain any special limitations on the scope of protection afforded to the District, its directors, officers, employees or agents.

All builders'/all-risk insurance policies shall provide that the District be named as loss payee. In addition, the insurer shall waive all rights of subrogation against the District. The making of progress payments to the contractor shall not be construed as creating and insurable interest by or for the District, or as relieving the contractor or its subcontractors of any responsibility for loss from any direct physical loss, damage or destruction covered by the builders'/all-risk policy occurring prior to final acceptance of the work by the District.

The District shall not be liable for loss or damage to any tools, machinery, equipment, materials or supplies of the contractor. The contractor shall supply to the District an endorsement waiving the insurance carrier's right of subrogation against the District for all policies insuring such tools, machinery, equipment, materials or supplies.

F. Contract Requirements.

1. Performance Bond.

A Performance Bond is an undertaking furnished by a contractor for the faithful performance of the contract by the contractor guaranteeing that performance of the contract will be accomplished according to its terms. Every public works contract or contract for a work of improvement over Twenty-Five Thousand (\$25,000) or contracts of one contractor with the District which aggregate Twenty-Five Thousand Dollars (\$25,000) or more, shall provide for the filing of a separate performance bond by the contractor executed by an Admitted Surety. An “admitted surety insurer” means a corporate insurer or a reciprocal or interinsurance exchange to which the



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

Insurance Commissioner of the State of California has issued a certificate of authority to transact surety insurance in this state. (Code of Civ. Proc. § 995.120.) Each Performance Bond shall be in a sum equal to One Hundred percent (100%) of the contract price or equal to the sum of the aggregate outstanding contracts. In any notice giving call for bids for any contract, the notice shall state that the Performance Bond is required. The Performance Bond shall not be used as a substitute for a determination of bidder responsibility. The District shall also require the Performance Bond to comply with any other legal requirements, as they may be amended from time to time.

2. Materials and Labor Payment Bond.

A Payment Bond means a bond which insures the payment in full of the claims of all persons supplying labor and/or materials to the project. (Civil Code § 3096.) In contrast to the Performance Bond, the Payment Bond guarantees payment of the obligation of all claimants who have furnished labor or materials to a work of improvement.

A Payment Bond executed by an Admitted Surety Insurer, as defined above, shall be required for all public works contracts or contracts for works of improvement in amounts and in a form required by Civil Code sections 3247 and 3248, as these sections may be amended from time to time. The bond must be in the form of a Payment Bond and not a deposit in lieu of bond. The District shall also require the Payment Bond to comply with any other legal requirements, as they may be amended from time to time.

3. Time for Completion/Liquidated Damages.

Every contract shall state the time when the whole or any specified portion of the work shall be completed. In the discretion of the Board of Directors, giving consideration to the size and nature of the project, the contract may provide that for each day completion is delayed beyond the specified time(s), the contractor shall forfeit and pay to the District a specified sum of money, to be deducted from any



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

payments due or to become due to the contractor. The provision for liquidated damages shall be in a form approved by District Legal Counsel. (Civil Code § 1671; Gov. Code § 53069.85.)

4. Retentions; Substitution of Securities in Lieu of Retentions.

Contract Retentions shall be withheld and released in compliance with Public Contract Code sections 7107 and 9203. In accordance with California Public Contract Code section 22300, a provision shall be included in every invitation for bid and in every contract to permit the substitution of security for any monies withheld to insure performance (Retentions).

5. Bonus for Early Completion.

Any contract may also provide for the payment of extra compensation to the contractor as a bonus for completion of the project prior to the specified contract time. If such bonus for early completion is to be awarded to the contractor, the bid specifications shall also state the availability of such bonus compensation and the requirements therefore. (Gov. Code § 53069.85.)

6. Listing and Substitution of Subcontractors.

Subcontractors shall be listed by the general contractor in its bid in accordance with, and shall not be substituted in violation of, the provisions of the Subletting and Subcontracting Fair Practices Act. (Pub. Contract Code § 4100 et seq.)

7. Contract Terms.

All contract terms, including, but not limited to, the contract form, general conditions and special conditions shall be approved by District Legal Counsel.

G. Changes in Plans and Specifications

Every contract shall provide that the District may make changes in the plans and specifications for the project after execution of the contract. Bid



procedures as set forth in this Policy need not be secured for change orders which do not materially change the scope of the project, as set forth in the original contract, if each individual's change order does not total more than five percent (5%) of the original contract. (H&S Code § 32132(c).)

However, if the original contract met all of the competitive bidding requirements set forth in this Policy, the contract may be terminated, amended or modified as provided in the original contract and according to the terms and provisions set forth in the original contract without regard to the five percent (5%) limitation set forth above. The compensation payable, if any, shall be determined as set forth in the original contract or applicable state law.

All changes or amendments to the original contract must be in writing and signed by both the contractor and a duly authorized representative of the District.

### **III. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS**

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board or designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with District Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and Administration Committee and Board of Directors for approval.



**AUTHORITIES**

California Gov. Code section 54202

California Health and Safety Code – HSC § 32132

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Reviewed 03-28-2023

Revised 11-24-2020

Revised 05-24-2016

Approved 12-18-2012



**POLICY TITLE:** **PROCUREMENT OF PURCHASE CONTRACTS AND PROFESSIONAL SERVICES**

**POLICY NUMBER:** OP-11

**COMMITTEE APPROVAL:** 09-07-2023

**BOARD APPROVAL:** 09-26-2023

---

**POLICY #OP-11:** Government Code section 4525 et seq. requires the Desert Healthcare District (“District”) to select firms to provide certain professional services on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required.

All purchase contracts, service agreements and extensions beyond the original agreement, above the Chief Executive Officer (“CEO”) authorized limit in section 3 below, shall require review by Legal Counsel and approval by the Board of Directors (“Board”) prior to beginning of work.

**GUIDELINES:**

**I. REQUIREMENTS FOR PROCURING PROFESSIONAL SERVICES**

Contracts for professional services (per Gov. Code § 4525 et seq. and Gov. Code § 53060 et seq.), as described in more detail below, shall be awarded by the Board or designee through the purchasing procedures specified herein:

1. Professional Services

Contracts for professional services, as defined in Government Code section 4525, which specifically includes, professional architectural, landscape architectural, engineering, environmental, land surveying, construction project management and any other services specified in Government Code section 4526, as it may be amended from time to time, shall be awarded by following the purchasing procedures specified in this Policy.

Additionally, other professional service contracts as set forth in Government Code



section 53060, limited to special services and advice in financial, economic, accounting, legal or administrative professional services may be procured through this Policy.

In no event shall a contract for professional services be awarded based solely upon the lowest cost to the District. The policy requires that contracts for professional services exceeding a certain dollar value and some offering certain services as described below be bid.

The procurement of professional services exceeding \$50,000.00 will be bid per the guidance below:

The specific services for Legal, Audit and Investment Advice will be reviewed and potentially bid on the following schedule regardless of proposed contract amount. Legal services, audit services, and investment services shall each be reviewed and potentially bid every five (5) years.

## 2. Bid Procedures – Professional Services Contracts of \$50,000.00 or more.

### A. Preparation of Request for Qualifications and Proposals (RFQ & RFP).

The key criteria for selecting a firm to provide professional services will be their ability to provide the needed services at the highest and best value to the District. Before entering into any contract with a value of Fifty Thousand Dollars (\$50,000.00) or more pursuant to this Policy, the Board or designee shall prepare or cause to be prepared a written request for qualifications and/or proposals (“RFQ/P”). Unless exempted by the Board or designee pursuant to Section “II” (Flexibility and Waiver of Policy Requirements) below, the RFQ/P shall include at least the following information: (1) the specific nature or scope of the services being sought; (2) the type and scope of project contemplated; (3) the estimated term of the contract; (4) the specific experience expected of the firm; (5) the time, date and place for submission of the RFQ/P; (6) a contact person who can answer questions of the firms; (7) a contract form; and (8) the evaluation criteria to be utilized in the selection of the firm.





The Board or designee shall endeavor to include all required information in the RFQ/P. To the extent that the Board of Directors or their designee determines, pursuant to Section "II" (Flexibility and Waiver of Policy Requirements) below, that any required information cannot be incorporated into the RFQ/P, its terms shall be negotiated with the successful consultant or supplier prior to the award of the contract.

B. Circulation of Request for Qualifications/Proposals.

The District shall attempt to obtain and consider completed RFQ/P's from at least three (3) qualified sources.

C. Procedures - Professional Services Contracts of less than \$50,000.00.

1. Request for Qualifications, Selection and Award

Before entering into any contract with a value of less than Fifty Thousand Dollars (\$50,000.00), the Board or designee shall transmit written or oral Request for Qualifications (RFQ) to qualified firms. The District shall attempt to transmit RFQ to at least three (3) qualified sources, and the District shall endeavor to obtain at least three (3) completed proposals. After the Board or designee has selected the most qualified consultant or supplier, the actual fee for service and other agreement terms will be negotiated. If an agreement cannot be reached, negotiations shall begin with the next most qualified consultant or supplier.

3. Professional Services – CEO Authorized Services up to \$25,000

Periodically, a service may be necessary to move forward with a task or project included in the Strategic Plan, Annual Budget, or normal course of business. The Board authorizes the Chief Executive Officer to execute a service agreement for such services up to a value of \$25,000. The Service Agreement shall be approved in consultation with Board President and District's Legal Counsel and presented to the Board as an informational item at the next Board of Director's meeting.

When the Board or designee awards any contract pursuant to this Policy, the



contract award shall be based on the proposal, which is in the best interests of the District. In addition, unless exempted pursuant to Government Code section 4529, contracts for professional architectural, landscape architectural, professional engineering, environmental, land surveying, construction project management and any other services specified in Government Code section 4526, as it may be amended from time to time, shall be awarded on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the services required. In no event shall a contract for such professional services be awarded on the basis of cost alone. (Gov.Code § 4525 et seq.).

## **II. FLEXIBILITY AND WAIVER OF POLICY REQUIREMENTS**

In recognition of the fact that the contracting and procurement needs of the District may from time to time render certain procedures or requirements herein impracticable, the Board or designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, upon making a written finding that such deviations are in the District's best interests in consultation with Board President and District's Legal Counsel as to legal issues involved. This written finding will be included with the Staff Report when item is presented to the Finance and Administration Committee and Board of Directors at the next regularly scheduled meeting.

### **AUTHORITIES**

California Gov. Code § 4525 et seq.

California Gov. Code § 53060 et seq.

Desert Healthcare District Bylaws Article V, section 5.6

### **DOCUMENT HISTORY**

Reviewed	09-26-2023
Revised	09-28-2021
Revised	11-24-2020
Approved	12-15-2015



**POLICY TITLE:** **COMPENSATION**

**POLICY NUMBER:** OP-12

**COMMITTEE APPROVAL:** 09-07-2023

**BOARD APPROVAL:** 09-26-2023

---

**POLICY #OP-12:** This policy shall apply to Desert Healthcare District (“District”) employees, excluding the Chief Executive Officer (“CEO”), and Foundation employees, if applicable.

**1. Compensation at Hiring of New Employees:**

All newly appointed employees shall be compensated at a rate within the salary range for the position/job title as periodically approved by the Board of Directors.

**2. Merit Advancement within Salary Range:**

A Performance Evaluation is required for an employee to receive a merit advancement.

2.1 The Chief Executive Officer or other responsible managing employee shall authorize a merit advancement within the salary range only after evaluating the employee's performance and determining that it is satisfactory. This determination shall be noted on a performance evaluation form to be placed in the employee's file, with a copy given to the employee. Performance evaluations are completed annually on October 31 with a merit increase effective date of November 1.

2.2 Period of Employment Required for Merit Advancement. Unless otherwise specified herein, each employee shall, in addition to receiving a satisfactory performance evaluation, complete the following required time of employment to be eligible to receive a merit increase:

2.2.1. New Employees. A person hired as a new employee shall have a merit advancement date as follows:



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- 2.2.1. a. Appointment date between November 1 and April 30 eligible for merit advancement October 31.
- 2.2.1. b. Appointment date between May 1 and October 31 eligible for merit advancement October 31 one year later.
- 2.2.2. Promotion or Demotion. An employee who is promoted or demoted shall have their next merit advancement date which shall follow the advancement dates outlined in 2.2.1.
- 2.2.3. Change-in-Range Allocation. If the salary range for an employee's position is changed, the employee's merit advancement date shall not change.
- 2.2.4. Position Reclassification. An employee whose position is reclassified to a new position shall have no change in merit advancement date.

**3. Pay Increase within Salary Range**

Pay increases outside of the annual merit increase and evaluation process are not common.

3.1 Pay increases for promotions would be authorized by the CEO and other managing employee within the salary range approved by the Board.

3.2 The introduction of any new positions will require approval by the Board of Directors.

3.3 Cost-of-Living Adjustments (COLA) to pay rates may be considered at the discretion of the Board per guidelines established in Policy#OP-12.1 – Cost-of-Living Adjustment (COLA).



**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	09-26-2023
Revised	09-28-2021
Approved	07-23-2019



**POLICY TITLE:** SUSTAINABILITY PROGRAM

**POLICY NUMBER:** OP-13

**COMMITTEE APPROVAL:** 03-07-2023

**BOARD APPROVAL:** 03-28-2023

---

**POLICY #OP-13:** The Desert Healthcare District (“District”) recognizes the importance of sustainability in developing and promoting healthy behaviors and healthy communities. The District is committed to being a leader in implementing sustainable measures in all facets of its operations and to model sustainable practices that promote, encourage and empower the community to take actions that will improve the environment, the economy, and the quality of life and health for future generations.

With this in mind, the District seeks to instill a culture of sustainability by investing in improvements to our residents’ health and environment and promoting sustainable healthy communities throughout the District. In addition to a commitment to expand and share its knowledge on general sustainability, the District intends to lead by example by utilizing available technology and supporting the infrastructure necessary for sustainable programs and practices. This includes building public spaces and buildings to high green standards, enhancing energy efficiency, and promoting the use of renewable resources and sustainable products.

For sustainable development, a structure is necessary in which environmental, economic and social factors are coordinated for a healthy community. The District needs to lead this coordination as well as advocate to the policy makers to remove environmental, cultural and institutional barriers to good health and ensure sustainable health care services for all residents. Long term action is the key to achieve sustainability with the overlapping issues in health and environment.

**GUIDELINES:**

The following guidelines shall be considered and when possible, included in District efforts. The examples provided are not intended to be a fully inclusive list, but to provide ideas on how the District, grantees and District residents can take action to support sustainability in their everyday lives for the benefit of the community as a whole.



**1) Improve air quality and reduce local emissions:**

- a) Encourage contractors, grantees, and the public to attend meetings via web conferencing
- b) Enhance technology used to accommodate web conferencing
- c) Enhance website utility to reduce trips, promote transparency and ease of access to information
- d) Support alternatives to gas powered engines used in vehicles, lawnmowers, and leaf blowers

**2) Reduce waste and amount of materials consumed:**

- a) Replace Styrofoam or single-use plastic products with reusable or compostable items such as corn based degradable products
- b) Utilize glassware or other compostable or reusable items for meetings
- c) Waste Separation - Hire a recycling company to pick up office recyclables
- d) Reduce paper used in board and committee packets – utilize web posting, conferencing, and digital distribution of packets to the extent feasible
- e) Utilize technology where possible to eliminate need for copying

**3) Reduce amount of potable water used:**

- a) Incorporate smart controllers
- b) Water efficient landscape
- c) Install low flow toilets
- d) Install automatic faucets
- e) Use filtered water instead of purchasing plastic water bottles

**4) Reduce trip miles:**

- a) Support efforts to promote ride sharing, public transportation, walking and biking to reduce trip miles
- b) Conduct virtual meetings when permissible

**5) Adopt sustainable business and purchasing practices and utilize local suppliers:**

- a) Adopt sustainable purchasing policies including cleaning and office supplies
- b) Promote the use of local vendors for products and services when feasible



**6) Increase energy efficiency and promote renewable resources:**

- a) Improve building and system energy efficiency
- b) Change lighting to utilize occupancy sensors
- c) Apply window tinting to reduce heat
- d) Install automatic/programmable thermostats

**7) Incorporate renewable energy in facility design and operations:**

- a) Integrate renewable, solar energy in new parking facility
- b) Work with DRMC (lessee) to identify opportunities to enhance the hospital campus by investing in sustainable infrastructure enhancements and/or programs that socially, physically and environmentally contribute to a healthy campus and community

**8) Embed sustainable principles and practices:**

- a) Incorporate sustainability best practices into the DHCD work culture
- b) Establish a District "Green Team" to identify sustainable practices and opportunities, vet proposals and monitor/report progress
- c) Seek employee suggestions and implement when feasible
- d) Develop an online "suggestion box" for feedback on policy/suggestions/implementation and additional ideas for improving operations
- e) Incorporate sustainability into recruitment, hiring, and performance evaluation processes
- f) Add sustainability expectations into recruitment efforts, job descriptions, and performance evaluations
- g) Inform, train, and educate board, staff, agencies, and public
- h) Incorporate ongoing sustainability education and training for employees and grant agencies

**9) Be an early adopter and become a model for sustainable programs and practices:**

- a) Update employees on a regular basis of new sustainable programs and office practices to improve energy use, reduce paper usage, and engage in recycling
- b) Enhance the website to highlight District sustainability practices, lifting the District up as an example for the rest of the Valley
- c) Participate in Mayor's Leadership Council and share policies, progress, data, and reports





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

**10) Incorporate sustainability principles and practices into grant making policies and procedures:**

- a) Add sustainable principles and practices into grant and agency expectations
- b) Share sustainability policies and programs with grant agencies and encourage their adoption
- c) Utilize web conferencing and paperless meetings where possible.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	03-28-2023
Revised	11-24-2020
Revised	05-24-2016
Approved	06-22-2010



**POLICY TITLE:** EXPENSE AUTHORIZATION  
**POLICY NUMBER:** OP-14  
**COMMITTEE APPROVAL:** 06-11-2024  
**BOARD APPROVAL:** 06-25-2024

---

**POLICY #OP-14:** Employees of the Desert Healthcare District (“District”) are entitled to reimbursement for actual and necessary expenses incurred in the performance of official business for the District and/or Desert Healthcare Foundation (“Foundation”), including expenses relating to driving on business (mileage), travel, meals, lodging and other actual and necessary expenses incurred on behalf of the District and/or Foundation. Mileage shall be reimbursed in accordance with IRS regulations and lodging expenses shall not exceed the maximum group rate published by the conference or activity sponsor of the governmental rate, if available.

- a) Requests for reimbursement for travel expenses or meals must be submitted to the Chief Executive Officer (“CEO”) or employee’s supervisor for approval on a District approved Expense Statement form. Receipts must be attached to the Expense Statement form. Receipts for meals must be itemized, including meals which are charged to lodging, and shall include the names of individuals entertained if the meal was for more than the employee or director seeking reimbursement. Meal expenses, inclusive of entree, drink, tax and tip, are limited to \$30.00 for breakfast, \$35.00 for lunch, and \$60.00 for dinner. Any meal expenses which exceed these limits will not be eligible for reimbursement. The limits also apply to meals charged to company credit cards with card holder reimbursing for amounts exceeding the limits. These limits may be increased for specific events with approval by the Board of Directors. The District does not reimburse for alcoholic beverages.
- b) Mileage must be submitted to the CEO or employee’s supervisor for approval on a District approved Mileage Reimbursement form. Mileage will be reimbursed at the currently approved Internal Revenue Service rates.
- c) All travel by District staff on official business outside of the County of Riverside shall require approval in advance from the CEO or employee’s supervisor. The District will arrange and pay direct for airfare, lodging and conferences where practical. CEO travel outside of the state shall require approval by the Board of



Directors.

- d) Rental of automobiles for District and/or Foundation business must be approved in advance by the CEO or employee's supervisor.
- e) Any expenses directly related to the Foundation must be listed on a separate form. The frequency of these expenses will likely be limited and project specific. Unless noted for a specific project, staff expenses will be applied to the District.

Attendees of events that are at the expense of the District may be required to provide brief reports on the events attended at the next regular meeting that the attendee is a member of or at the next Board of Directors meeting.

District & Foundation Credit Cards are used and/or authorized by the CEO, Chief Administration Officer ("CAO"), and Chief of Community Engagement ("CCE"). Credit card statements and reports are provided for review to the Finance & Administration Committee. All credit card receipts shall be itemized, include the purpose of the charge, and include details of any additional parties who may have been entertained. Receipts shall be provided in a timely manner and provided no later than the end of each month. Disallowed purchases and purchases which do not have an itemized receipt will require reimbursement to the District and/or Foundation.

Expense reimbursements and credit card charges must have a good faith basis and in conformance with the approved District and/or Foundation budget. Expenses and charges without such a basis shall subject the requestor to appropriate sanctions, up to and including termination of employment.

## **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

## **DOCUMENT HISTORY**

Revised	06-25-2024
Revised	11-28-2023
Revised	09-28-2021
Approved	03-24-2020



**POLICY TITLE:** **ENGAGEMENT OF THE COMMUNITY, PUBLIC, AND SUBJECT MATTER EXPERTS**

**POLICY NUMBER:** OP-15

**COMMITTEE APPROVAL:** 10-18-2022

**BOARD APPROVAL:** 10-25-2022

---

**POLICY #OP-15** - The Community Engagement policy outlines the importance of engaging with the community and the principles that define the Desert Healthcare District (“District”) and Desert Healthcare Foundation’s (“Foundation”) commitment and approach to interaction with the community, public and subject matter experts.

The Community Engagement policy is to ensure that key stakeholders across the Coachella Valley have a voice to influence the development of policies, initiatives, and strategies that will affect their lives and inform how District and/or Foundation services are planned implemented, and evaluated.

The District and Foundation are committed to engaging with stakeholders and communities and this policy provides the strategic direction to ensure quality interaction and consistent engagement across the spectrum of services our organization provides.

**1. SCOPE**

This policy applies to all District and/or Foundation employees, management, Board of Directors (“Board”) Members, contractors, consultants, interns, volunteers, residents, and service providers.

**2. DEFINITION**

Community engagement is defined as the range of opportunities for public involvement in decision-making, relationship-building, community input, and strengthening partnerships. Community engagement is achieved when the community is a part of – and *feels a part of* – a project, process, or relationship.

Community engagement deepens the innovative, silo-busting partnerships that are signatures of successful programs by connecting the concerns and needs of communities to the decision-making process that allocate funding – local and regional public investment dollars. Engagement brings meaning and relevance to the sustainability of



goals across a broad spectrum of players it encourages local innovations in sustainable development through creative problem-solving.

### **3. STANDARDS**

Community engagement encompasses a more comprehensive approach, creating practices and institutionalized mechanisms that share the power and decision-making control amongst marginalized communities, groups, subject matter experts, and all other stakeholders. When utilized to increase community empowerment and problem-solving, community engagement is guided by specific key principles.

### **4. KEY POLICY PRINCIPLES FOR ENGAGEMENT**

Following the District/Foundation's culture of commitment to the community, these key policy tenets reflect this and help the organization move to action effectively.

- Honor the wisdom, voice, and experience of residents and partners.
- Treat participants with integrity and respect.
- Be inclusive and provide a space for all participants to share their experiences and knowledge.
- Be transparent about motives and power dynamics.

### **5. MEETING ELEMENTS**

Engagement meetings will be designed to adhere to specific elements:

- Include all those that represent the community group(s) affected.
- Educate with District/Foundation information and/or information the organization has gathered and assure the District/Foundation is educated by those who attended who can share their lived experience.
- Listen to those with lived experience to ensure understanding of key subject information and areas where the District/Foundation can learn from.
- Assure the District/Foundation is seeking out and meeting with the experts in the field to learn from and understand what their needs are for continued and future success.
- Work in partnership and co-create a plan/ budget/ focused subject priority.
- Build-in evaluative measures to assure for as-needed course corrections.
- Report out to the Board and/or request approvals as necessary.
- The culture needs to be that the community feels heard, involved, and knows the District and Foundation will move into action.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- Utilize information gathered and leverage resources, both financially and with District and partner personnel.
- Provide meeting materials and/or verbally communicated information in the necessary languages to ensure communication is effective and inclusive to attendees.
- As a follow-up to said meetings, disperse the information with ample time via District/Foundation communication vehicles so the general public and others have an opportunity to contribute.
- Meetings within the District/Foundation service area will maintain a baseline structure with the understanding that what is done in one community may not work in others; each is unique with its circumstances and the District/Foundation will work to always honor the communities and members that live there.
- Schedule meetings to ensure maximum participation by modifying the time, date, and location to accommodate all participants.
- Provide language translation services, as needed.

**6. RESPONSIBILITY**

It is the responsibility of District/Foundation management to enforce all organizational policies and Board of Directors to oversee implementation.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	10-25-2022
Approved	03-24-2020



**POLICY TITLE:** CEO DISCRETIONARY FUND

**POLICY NUMBER:** OP-16

**COMMITTEE APPROVAL:** 12-11-2024

**BOARD APPROVAL:** 12-17-2024

---

**POLICY #OP-16:** Discretionary funds awarded to the Chief Executive Officer (“CEO”) are intended to supplement existing and available funds and can be used to fund any qualified non-salaried District expenditure, except as noted in #3 below. Such expenditures, while not integral to District grant-making activities, support the overall activities of the CEO and the Desert Healthcare District community at large.

Discretionary Funds operate under the following guidelines:

1. The CEO Discretionary Fund is structured as a restricted account in the fiscal year awarded. The fiscal year limit is established in the Board of Directors (“Board”) approved annual budget.
2. The CEO Discretionary Fund cannot operate with a deficit balance without Board approval.
3. Expenses greater than \$2,500.00 shall require notification to and approval by the Board President prior to incurring the expense.
4. Legitimate Business Purpose – The CEO must ensure expenses charged to Discretionary Fund are for legitimate business purposes as defined under IRS regulations and District policies. Examples of eligible expenditures are:
  1. Travel to meetings of professional associations or for research activities (subject to approval per Policy #OP-14)
  2. Temporary positions (consultants)
  3. Subscriptions to professional periodicals, memberships in professional organizations, reference books
  4. Sponsorship of events, conferences, and donations to local organizations
  5. Business-related meals and beverages, or hosted professional functions
5. Expenses Not Eligible – Personal expenses of any kind are not eligible for use of discretionary Fund. Examples of items not allowable include:
  1. Home office costs such as furniture and equipment, maintenance expenses, and supplies
  2. Political contributions under any circumstances
  3. Postage for personal correspondence



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

4. Office phone sets, or ordinary line charges
5. Memberships in social clubs or airline travel clubs
6. Donations to organizations currently supported by District/Foundation grants are capped at \$5,000

Monthly, the cumulative CEO Discretionary report shall be included in the financials presented to the Finance & Administration Committee. A detailed explanation of new charges shall also be presented by the CEO during the monthly CEO report.

**AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Revised	12-17-2024
Revised	02-27-2024
Revised	03-28-2023
Approved	02-22-2022





**POLICY TITLE:** **SPONSORSHIPS**

**POLICY NUMBER:** OP-17

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

---

**POLICY #OP-17:** It is the policy of the Desert Healthcare District (“District”) to define the circumstances surrounding the sponsorship of events and conferences. The support of local organizational events not only provides financial support to the community in line with the mission and vision of the District, but it also provides opportunities to share and promote the work of the District and increase visibility.

**GUIDELINES:**

1. The budgeted value for sponsorships shall be included with the annual budget submitted to the Board of Directors (“Board”) for approval per Policy #FIN-04.
2. The fiscal year budget for sponsorships cannot operate with a deficit balance without Board approval.
3. Sponsorship requests shall clearly state:
  - 3.1. The dollar amount being requested for the sponsorship
  - 3.2. The sponsorship levels available
  - 3.3. How the sponsorship of the event will provide benefit to the community (to demonstrate alignment with the mission and vision of the District) by either detailing how the sponsorship funding will be used or how it would provide general support for the organization’s purpose
  - 3.4. The budget for the event, including estimate of attendees
  - 3.5. The date and location of the event, along with applicable deadlines
  - 3.6. The pricing for additional tickets or passes to attend, should the desired sponsorship level not allow for attendance of all interested Board & Staff
4. Sponsorships
  - 4.1. Sponsorships up to \$5,000 shall be approved by the Chief Executive Officer



("CEO")

- 4.2. Sponsorships greater than \$5,000 shall be presented to the Board for approval
- 4.3. Should a sponsorship opportunity be presented where deadlines do not allow time to be added to the next Board agenda, approval may be requested from the Board President by the CEO, with item agendaized for the next scheduled Board of Directors' meeting
- 4.4. Sponsorships shall be limited to a maximum of \$25,000 per organization per fiscal year
- 4.5. Organizations may submit multiple sponsorship requests during the fiscal year, but the cumulative value of awarded sponsorships to a single organization may not exceed the maximum of \$25,000 per fiscal year
- 4.6. Related organizations shall be considered as a single organization for purposes of calculating sponsorship maximum values

## **AUTHORITIES**

Desert Healthcare District Bylaws Article V, Section 5.6

## **DOCUMENT HISTORY**

Approved                      02-25-2025



**POLICY TITLE:** LAS PALMAS MEDICAL PLAZA POLICY FOR LEASING

**POLICY NUMBER:** LPMP-01

**COMMITTEE APPROVAL:** 06-11-2024

**BOARD APPROVAL DATE:** 06-25-2024

---

**POLICY #LPMP-01:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to provide a leasing policy for the Las Palmas Medical Plaza.

1. When the Desert Healthcare District (District) receives notification of availability of a suite, the District will notify the Desert Regional Medical Center (DRMC) team of the vacancy, unless communications from DRMC have been made to the District within the prior three months that indicate they are not interested in additional suites or that any of their existing suites are available for reassignment to a prospective tenant.

a. Following the delivery of the notice of vacancy to DRMC, DRMC will be provided 15 days to notify the District in writing of DRMC’s desire to lease the vacant space.

b. In the event DRMC provides such notification, the District will enter into negotiations with DRMC regarding the terms of the lease of the vacant space.

c. If DRMC and the District are unable to agree upon the terms of a lease within 30 days following the District’s receipt of the notification of interest by DRMC, the District may, at its election, continue to negotiate the terms of a lease with DRMC and/or seek other replacement tenants for the vacant space.

d. If following the 15-day notice of vacancy period DRMC has not notified the District of DRMC’s desire to lease the vacant space, the District will actively seek replacement tenants, showing the suite to generate interest, and acquiring information to ensure the prospective tenants meet the leasing requirements.

2. Prospective tenants will be required to be a medical office or provide related services. Prospective tenants will provide a completed application and financial



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

statements for a background check. The District will seek Board approval to execute a lease with qualified tenants per POLICY #LPMP-02.

**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Reviewed	06-25-2024
Revised	03-22-2022
Revised	11-24-2020
Revised	05-24-2016
Approved	06-23-2015



**POLICY TITLE:** LAS PALMAS MEDICAL PLAZA LEASE EXECUTION POLICY

**POLICY NUMBER:** LPMP-02

**COMMITTEE APPROVAL:** 06-11-2024

**BOARD APPROVAL:** 06-25-2024

---

**POLICY #LPMP-02:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to provide a lease execution policy for the Las Palmas Medical Plaza.

1. The standard lease and lease terms, including lease and Common Area Maintenance (“CAM”) rates, are to be reviewed annually.
  - a. Adjustments, if any, are made to the standard lease.
2. When a lease agreement or lease extension is prepared with a prospective tenant, the lease agreement/extension is presented to the Finance & Administration Committee for approval.
3. The lease agreement/extension is then forwarded to the Board of Directors for approval under the Consent Agenda.
4. Once approved, the lease agreement/extension is signed by the tenant and executed by the District’s Chief Executive Officer.

**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6

**DOCUMENT HISTORY**

Reviewed	06-25-2024
Reviewed	03-22-2022
Revised	11-24-2020
Revised	05-24-2016
Approved	06-23-2015

POLICY #LPMP-02

Page 1 of 1



**POLICY TITLE:** FINANCIAL OPERATIONS

**POLICY NUMBER:** FIN-01

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

---

**POLICY #FIN-01:** It is the policy of the Desert Healthcare District (“District”) to comply fully with the financial statutes of the State of California as they relate to Healthcare Districts.

**GUIDELINES:**

1. The ultimate responsibility for the District’s financial position and direction rests with the Board of Directors of the Desert Healthcare District (“Board”). Issues such as strategic planning, investment guidelines, funding of projects, major purchases or expenditures and operating budget are to be authorized at the Board level.
2. The Board has established a Finance, Legal, Administration, & Real Estate Committee to provide advice and insight to the Board of Directors, Board Treasurer and District staff. The Treasurer chairs the Committee. The Committee is comprised of two (2) additional Board members.
3. The Chief Executive Officer is given the authority and responsibility for conducting the District’s business within the framework of the Board’s policies and governance. The Chief Executive Officer shall be held accountable to the Board for the financial performance of the District.



**AUTHORITY**

Desert Healthcare District Bylaws Article IV, section 4.1

**DOCUMENT HISTORY**

Reviewed	02-27-2024
Revised	03-22-2022
Revised	06-23-2020
Approved	06-28-2016



**POLICY TITLE:** **AUTHORIZED CHECK SIGNERS, NUMBER OF SIGNERS, DOLLAR LIMIT FOR SIGNERS, TRANSFER OF FUNDS**

**POLICY NUMBER:** FIN-02

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

---

**POLICY #FIN-02:** It is the policy of the Desert Healthcare District’s Board of Directors (“Board”) to prudently disburse funds of the Desert Healthcare District (“District”) in order to maintain Board-level oversight. It is intended that this policy covers all accounts and disbursement activities of the District and the Desert Healthcare Foundation (“Foundation”).

**GUIDELINES:**

1. Authorized signers on District and Foundation bank accounts are to be a minimum of four (4) Board Members (“Directors”), including the Chairperson of the Finance & Administration Committee, and the Chief Executive Officer (“CEO”).
2. Authorized signers on Foundation investment accounts shall include a minimum of two (2) Directors, including the Board Treasurer.
2. Checks under \$5,000.00 only require one signature. The CEO may be the one signer for any budgeted or Board approved item.
3. Checks \$5,000.00 and over require two signatures (the CEO and one Director or two Directors).
4. Checks payable to a check signer (or associated with the check signer) are to be signed by other authorized signers.
5. Automatic Clearing House (“ACH”) transfers shall be allowed in lieu of a check payment under the following circumstances:





**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- a) Health, dental, vision, and insurance premiums
  - b) Retirement account expenses
  - c) Utility payments such as electricity, water, internet, and phone services
  - d) Credit card payments
  - e) On an as needed basis to avoid additional expenses such as late fees, to receive a discount on services, or when required by contract terms.
- 6.** ACH payments must be submitted and approved by different parties. Staff authorized to submit an ACH payment shall be the Accounting Manager, Chief Administration Officer (“CAO”) or Chief Executive Officer. Approval of a submitted ACH transfer is authorized by the CAO or CEO. Once an ACH transfer has been submitted and approved, the payment packet shall be routed for the initials of an authorized signer and is subject to the same dollar limits for checks.
- 7.** The transfer of funds between internal operating accounts shall be authorized by the CAO to address business needs. Operating accounts are held for the District, Foundation, and Las Palmas Medical Plaza.
- 8.** The transfer of funds to or from the Foundation investment accounts requires the authorization of a Director and adherence to the approval process.
- a. Transfers shall be prepared by District staff and shall include the following information:
    - i. Source and destination account numbers (investment account to operating or operating to investment account only)
    - ii. Value of transfer
    - iii. Contact information of signing Director(s)
    - iv. Copy of recent bank statements for source and destination accounts for validation
    - v. Authorization by signature of at least one Director on file, after all other items have been provided for the Director’s review
  - b. Once written transfer authorization has been completed, the transfer request will be submitted to the respective investment account bank for completion, as well as a copy to each Director with a signature on file with investment bank.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- c. Validation may be requested by the financial institution via phone or email from one of the Directors on file to confirm the transfer details.

**AUTHORITY**

Desert Healthcare District Bylaws Article V, section 5.6 & Article VII

**DOCUMENT HISTORY**

Revised	02-25-2025
Reviewed	06-25-2024
Revised	06-28-2022
Revised	06-23-2020
Approved	03-22-2016



**POLICY TITLE:** STATEMENT OF INVESTMENT POLICY

**POLICY NUMBER:** FIN-03

**COMMITTEE APPROVAL:** 06-11-2024

**BOARD APPROVAL:** 06-25-2024  
Resolution 24-01

---

**POLICY #FIN-03:** It is the policy of the Desert Healthcare District (“District”) Board of Directors pursuant to Government Code Section 53646 to annually approve a Statement of Investment Policy.

1. District funds not required for immediate expenditures will be invested in compliance with the provisions of Government Code section 53600-53683.
  - 1.a Criteria for selecting investments and the absolute order of priority are safety, liquidity, and yield.
  - 1.b Investments will be made in a range of instruments and maturity dates to ensure diversification and liquidity of assets in an emergency or when a large cash outlay is necessary.
2. The instruments of investment to be used are Certificates of Deposit, Local Agency Investment Fund, Treasury Bills and Notes, U.S. Governmental Agency Obligations, Repurchase Agreements, and Savings Accounts.
  - 2.a. Deposits will be fully collateralized as required by Government Code Section 53652 or insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation, and the Contract for Deposit of Monies will indicate the type and amount of collateral.
  - 2.b. Investments in repurchased agreements or reverse purchase agreements shall not be made without the prior approval of the Board of Directors and shall be subjected to the provisions of Government Code Section 53601.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

- 2.c. All Certificates of Deposit shall mature no later than one (1) year from the date of investment and Governmental Instruments shall mature no later than five (5) years from the date of investment.
  
- 3. No investment shall be made pursuant to the provisions of Government Code Section 53601.1. in financial futures or financial option contracts without the prior approval of the Board of Directors. Only a Primary Government Securities Dealer shall be used for the purchase of Agency Obligations.
  - 3.a. No Investments shall be made in stocks or holdings of companies which manufacture or sell tobacco products and firearms, or securities of companies in the soft drink, restaurant, alcohol, or cannabis industries.
  - 3.b. A list of investments will be submitted to the Board of Directors on a quarterly basis indicating type, purchase and maturity dates, rate, amount, fund, and percentages.
  - 3.c. A committee of the Board of Directors shall meet no less than on a quarterly basis with staff and District consultants to review District investments, to appraise market conditions, and report to the Board of Directors.

**AUTHORITY**

State of California Government Code Section 53646  
Desert Healthcare District Resolution No. 24-01

**DOCUMENT HISTORY**

Revised	06-25-2024
Revised	06-28-2022
Revised	06-23-2020
Approved	06-28-2016



**POLICY TITLE:** BUDGET PREPARATION

**POLICY NUMBER:** FIN-04

**COMMITTEE APPROVAL:** 02-12-2024

**BOARD APPROVAL:** 02-27-2024

---

**POLICY# FIN-04:** It is the policy of the Desert Healthcare District (“District”) Board of Directors (“Board”) to maintain Board-level oversight of District expenditures through budgetary controls.

**GUIDELINES:**

1. An annual budget proposal shall be prepared with the process directed and coordinated by the Chief Administration Officer and the Chief Executive Officer. Monthly controls and financial reporting are to be put in place for each line-item budget.

2. Prior to review by the Board of Directors, the Board's Finance, Legal, Administration, and Real Estate Committee will review and discuss the annual budget proposal, in a meeting open to the public, subject to the Brown Act.

3. The proposed annual budget as recommended by the Finance, Legal, Administration, and Real Estate Committee shall be reviewed by the Board at one of its meetings during the last quarter of every year prior to the Fiscal year commencing July 1st, unless otherwise scheduled by the Board, also in a meeting open to the public, subject to the Brown Act.

4. The proposed annual budget, as amended by the Board during its review, shall be adopted by the Board during the last quarter of every year prior to the Fiscal year commencing July 1st, unless otherwise scheduled by the Board, in a meeting open to the public, subject to the Brown Act.



**AUTHORITY**

Desert Healthcare District Bylaws Article IV, section 4.1

**DOCUMENT HISTORY**

Reviewed	02-27-2024
Reviewed	03-22-2022
Revised	06-23-2020
Approved	06-28-2016



**POLICY TITLE:** CREDIT CARD USAGE

**POLICY NUMBER:** FIN-05

**COMMITTEE APPROVAL:** 06-11-2024

**BOARD APPROVAL:** 06-25-2024

---

**POLICY #FIN-05:** It is the policy of the Desert Healthcare District (“District”) Board of Directors to prescribe the internal controls for management of the District & Foundation credit card(s).

1. Scope. In general, it is the policy of the District to establish accounts with vendors for invoicing. Credit cards are to be used only for one-time purchases making account establishment impractical, or only for situations where payment by check is not possible (e.g., on-line trainings, etc.).
2. A District credit card will be issued to the Chief Executive Officer (CEO) and/or the Chief Administration Officer (CAO). A Foundation credit card will be issued to the CEO, CAO, and Chief of Community Engagement (CCE). The credit card will not be issued to or used by members of the Board of Directors.
  - 2.a All credit card bills will be paid in a timely manner to avoid late fees and finance charges, whenever possible.
  - 2.b All credit card expenses will be reasonable and necessary to the furtherance of District/Foundation business. No personal expenses will be charged on a District/Foundation credit card. If there is an overlap on a transaction between personal and District/Foundation business, the employee will pay for the transaction personally and then request reimbursement by the District/Foundation. In the event of a charge which includes both personal and District/Foundation business, reimbursement shall be made to the District/Foundation immediately.
  - 2.c All credit card transactions will have itemized third-party documents (receipts) attached and the District/Foundation purpose annotated by the cardholder.



**DESERT HEALTHCARE**  
DISTRICT & FOUNDATION

2.d The Chief Administration Officer will review and approve credit card transactions by all cardholders. The Chief Executive Officer will review and approve credit card transactions by the Chief Administration Officer. The credit card expenditure report with amounts and purpose will be reviewed by the Finance, Legal, Administration, and Real Estate Committee each month.

**AUTHORITY**

Desert Healthcare District Bylaw Article IV, section 4.1

**DOCUMENT HISTORY**

Revised	06-25-2024
Revised	06-28-2022
Revised	06-23-2020
Approved	06-28-2016





**POLICY TITLE:** FINANCIAL RESERVE

**POLICY NUMBER:** FIN-06

**COMMITTEE APPROVAL:** 02-13-2025

**BOARD APPROVAL:** 02-25-2025

---

**POLICY #FIN-06:** It is the policy of the Desert Healthcare District (“District”) to establish the process to utilize District reserve funding. Reserve funding shall refer to the investment accounts of the District, currently held separately from the operating bank accounts. The intent of reserve funding is to provide an unrestricted investment account where excess operating funds can be deposited and withdrawn as needed to support the operation of the District, and to support expenditures authorized by the Board of Directors (“Board”).

**GUIDELINES:**

The District receives an estimated \$10M annually from county property tax allocation. The operations of the District, including grant funding, are mostly funded by the annual tax allocation. The reserve fund is increased as tax payments are received or decreased as grant and operational costs are expended.

1. The use of District reserve funding shall be allowed in the following situations:
  - a. By a Board Director (“Director”) approved transfer to or from the District operating account to support the operation of the District
  - b. By formal action of the Board
2. Authorizations for the use of District reserve funding require adherence to the approval process.
  - a. Operating account transfers shall be prepared by District staff and shall include the following information:
    - i. Source and destination account numbers (reserve fund to operating or operating to reserve fund only)
    - ii. Value of transfer
    - iii. Contact information of signing Director(s)
    - iv. Copy of recent bank statements for source and destination accounts



for validation

- v. Authorization by signature of at least one Director on file, after all other items have been provided for the Director's review
  - b. Once written transfer authorization has been completed, the transfer will be entered into the banking system for approval. The CAO and CEO will have authority to submit and/or approve the transfers. Submission and approval will be separate actions and are unallowed to be completed by the same person.
  - c. If the Board authorizes a formal action utilizing reserve funds, the transfer of those funds shall adhere to the same process as an operating account transfer.
3. The balances of the reserve fund and operating accounts shall be included in the monthly financial statements on the balance sheet (Statement of Financial Position) report. Funds shall be transferred to and from the operating accounts from the reserve accounts as necessary for normal operation of the District.

## **AUTHORITIES**

Desert Healthcare District Bylaws Article V, section 5.6

## **DOCUMENT HISTORY**

Revised	02-25-2025
Revised	09-26-2023
Revised	10-26-2021
Approved	07-23-2019