



1016 Laurel Street
San Carlos, CA 94070-3919

A G E N D A

SEQUOIA HEALTHCARE DISTRICT REGULAR BOARD OF DIRECTORS MEETING

12:00 PM, Wednesday, August 5, 2026

San Mateo County Dental Society

939 Laurel Street, Suite #C, San Carlos, CA 94070

This meeting will be held in person at 939 Laurel Street with access available via Zoom teleconference. To join the meeting from your cellphone dial (669) 900-9128 and enter **meeting ID: 837 5452 9528** or join from a computer at: <https://us02web.zoom.us/j/83754529528>. Additional information regarding the meeting can be located at our website: www.seqhd.org

1. **Call To Order And Roll Call** 12:00-12:15
2. **Public Comment On Non-Agenda Items***
3. ***ACTION ITEM:***
Consent Calendar – President Martinez
 - a. Approve June 3, 2026 Regular Meeting Minutes
 - b. Approve June 10, 2026 Special Meeting Minutes
 - c. Accept May 2026 and June 2026 Financial Statements
4. **CEO/Staff Reports: Kurtzman, Mar, Garcia** 12:15-12:30
5. **New Business**
 - a. Review and discuss draft SHD Annual Report and website (Garcia) 12:30-12:45
 - b. Report on reimbursements to directors and employees in excess of \$100 (Mar) 12:45-12:50
 - c. ***ACTION ITEM:***
Consider Request for additional \$245,000 to fully replace roof at 1016 Laurel St. (Kurtzman) 12:50-1:00

- d. Report on Caring Community Grant Outcomes (Bratton) 1:00-1:15
- e. Consider Grant Request (for Approval in September 2026) 1:15-1:30

- (i) **Peninsula Volunteers** – grant request for up to \$125k to support transportation program (Michelle Woo)
- (ii) **Pride Center** – grant request for up to \$250k to support LGBTQ+ services (Francisco Sapp)
- (iii) **Vista Center for the Blind** –grant request for \$200K to support vision loss programs (Karae Lisle)

6. ACTION ITEM:

Adjourn To Closed Session For The Purpose Of: Government Code Sections 54957 and 54957.6 for the following purposes: PUBLIC EMPLOYEE PERFORMANCE EVALUATION (54957) Title: Chief Executive Officer of Sequoia Healthcare District. CONFERENCE WITH LABOR NEGOTIATOR (54957.6) Agency Designated Representative: Ivan Martinez, Board President & Rosanne Foust, Board Member And Outside Consultant Donna Vaillancourt Of RPMG. Unrepresented Employee: Chief Executive Officer, Sequoia Healthcare District.

7. ACTION ITEM:

Reconvene To Open Session: Announce Any Reportable Action Taken In Closed Session.

8. ACTION ITEM:

Adjourn: The Next Special Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 12:00pm, Wednesday, September 5, 2026, Pettinelli Financial Partners, 555 Veterans Blvd., Redwood City, CA

**Public comment will be taken for each agenda item prior to the board's consideration on that item.*

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 1016 Laurel Street, San Carlos, CA, during normal business hours. Please telephone 650-421-2155 ext 201 to arrange an appointment.

If you are an individual with a disability and need accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155 ext 201.

**MINUTES OF REGULAR MEETING
OF
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
June 3, 2026
San Mateo County Dental Society
939 Laurel Street, Suite C
San Carlos, CA 94070**

Directors Present

Director Fong
Director Foust
Director Lock
Director Martinez

Directors Excused

N/A

Also Present

Pamela Kurtzman, CEO
Mr. Hudak, Legal Counsel
Ms. Stamper, Recorder

1. Call to Order and Roll Call

President Martinez called the meeting to order at 12:00PM. Roll call attendance was taken. A quorum was present.

2. Public Comment/Non-Agenda Items

President Martinez asked for any public comment on non-agenda items. A public comment was read from Kate Heister regarding the termination of the staff member in charge of the School Health Initiative, with the speaker calling for investigation and stakeholder engagement before any restructuring. CEO Kurtzman introduced our new Board Clerk and Executive Assistant Frances Allen.

3. Consent Calendar

Motion: to approve the consent calendar

By: Director Foust

Seconded by: Director Lock

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

4. CEO/Staff Reports

- a. CEO Kurtzman reported the SHD Headquarters located at 1016 Laurel Street, San Carlos, will commence construction on August 8, 2026; anticipated completion date is November 20, 2026. SHD staff will be temporarily re-located to the offices of

Pettinelli Financial Partners at 555 Veterans Boulevard until the renovation is completed.

- b. CEO Kurtzman will host a series of roundtables on June 16 and 17, 2026 with our Community Partners to share strategic plan and hear their challenges with delivering services. A larger gathering of grantees will be hosted in September to bring partners together.
- c. CEO Kurtzman will host a Mayors breakfast scheduled for June 25, 2026 to share strategic plan and hear directly from them, about challenges their residents face.
- d. CEO Kurtzman will organize a study session on the Healthy Schools Initiative (HSI) for Board members to enable a better understanding of how the Initiative is funded and related metrics. Director Fong suggested that Jenny Bratton give a short report on the new Fluxx software for the Grants program at the same study session.
- e. Ms. Garcia, District Communications and Engagement, reported on three main communications interventions: (i) SHD's new website which includes ten new pages of content; (ii) SHD's Strategic Plan was disseminated via an email blast to all partners; (iii) development of a Communications Work Plan to include content creation, in-person events, organization of a Health Fair, and communicating with partners and the communities SHD serves.
- f. CFO Mar indicated the financial outlook of SHD has not significantly changed since his prior presentation to the Board in April 2026. He highlighted that tax revenue was received which resulted in an increase of over \$20 million for the current fiscal year. CFO Mar has requested IT to upgrade Board members' One Drive licenses to enable access to financial reports.

5.a. Appoint Director To Fill Vacant Board Of Directors Position (Board Policy 13)
(Resolution 2026-03)

The proposed appointment of Dr. Lance Downing to fill the vacant Board member position was discussed and approved. Mr. Hudak will make arrangements for the Board Chair to meet with Dr. Downing to allow Dr. Downing to take the oath of office. It is anticipated that Dr. Downing will participate in the August 2026 Board Meeting.

Motion: to approve Dr. Downing to the Board

By: Director Fong

Seconded by: Director Foust

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

5.b. Approve Resolution 2026-04 Calling for Board Election: Zones A, C, and E

There are three seats up for election in Zones A, C, and E. This Resolution would authorize the County to consolidate our election with the overall country election in November 2026 and commits the SHD to paying our fair share of those costs.

Motion: to approve the recruitment process for the three seats in Zones A, C, and E

By: Director Foust

Seconded by: Director Lock

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

5.c. Presentation On Pension Plan Actuarial Report

Mr. Cole Bixenman of RVK presented a performance report on the district pension plan and highlighted the portfolio return of 3.33% for the first four months of 2026. The funded status improved significantly from the upper 60th percentile in early 2024 to the current 87.5% thanks in part to positive April and May 2026 performance. The next performance report is scheduled for September 9, 2026. One Board Director suggested it would be useful to have a three-year lookback; RVK suggested a Board discussion with an actuarial specialist.

Motion: to approve the Actuarial Report

By: Director Foust

Seconded by: Director Lock

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

**5.d. Approve Resolution 2026-05 Certifying Signatories on two
Heritage Bank District bank accounts**

The Board discussed and confirmed the proposed resolution certifying the authorized individual signers on two Heritage Bank accounts (formerly Citizen Business Bank):

SHD Operating Account	Collaboration Account with Sequoia Hospital
Pamela Kurzman	Pamela Kurtzman
William Fong	Ivan Martinez
Ivan Martinez	Geoffrey Daneff, CFO of Dignity Health
Rosanne Foust	
Cama Garcia-Lock	

Motion: to approve the authorized individual signers on two Heritage Bank accounts

By: Director Foust

Seconded by: Director Lock

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

5.e. Consider Grant Request from Sonrisas for up to \$425,950 for FY2026-27 to support ongoing Clinic, School, and Senior Oral Health Programming

Ms. Tiffany Turner, CEO, Sonrisas Dental Health, made a presentation to the Board on the impact and reach of the Sonrisas clinical visits. Ms. Turner presented the three areas to be supported by the proposed funding : (i) clinic visits and community health worker services for existing patients until transition to Ravenswood Clinic by December 2026; (ii) school-based screenings and community health services for families; and (iii) community events, mobile clinics, and oral health presentations for seniors aged 65+.

Motion: to approve the grant proposal for up to \$425,950 for FY2026-27

By: Director Foust

Seconded by: Director Fong

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

6.a. Approve Proposed Changes to SEQHD Board Policy and Procedures Manual

CEO Kurtzman delineated each of the proposed amendments and the proposed new additions to the Policies and Procedures Manual for Sequoia Healthcare District, which include changes to the mission and vision statements, director roles, and meeting schedules. The Board:

- a. Agreed to change the estimated time commitment for Directors from 10-20 hours per month to 20-30 hours per month to reflect more realistic expectations.
- b. Clarified the distinction between regular meetings (held every other month on even-numbered months) and special meetings (optional additional meetings that can be scheduled as needed), with the understanding that while they currently meet monthly, the formal structure allows flexibility in scheduling.
- c. Requested that “ride-sharing services” should be added to Section 7.05A Business Travel Expenses under 3) Mileage/Ground Transportation of the **District’s Employee Handbook**.
- d. Additionally, it was clarified that the three Board Committees (Investments, Finance, and Grants) are not “standing” committee due to the requirement that

standing committees would have to comply with the Brown Act. Mr. Hudak indicated he would research the viability of standing committees and prepare a recommendation for the Board's consideration.

- e. Lastly, Board members requested to be alerted when mandatory training requirements are due.

Motion: to approve the proposed changes to the Board Policy and Procedures document

By: Director Foust

Seconded by: Director Lock

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain -

Absent -

Motion Passed: 4-0-0-0

6.b. Consider Adoption of New Internal Controls Policy

CFO Mar indicated that the Internal Controls Policy was presented to the Board at the May 2026 meeting. Since no comments were received from the Board since the April meeting, it is being presented for final Board approval.

Motion: to approve the new Internal Controls Policy

By: Director Foust

Seconded by: Director Lock

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

6.c. Consider Approval of School Health Budget for FY2026-27 for up to \$4,552,231 and Approval of Community Grants Recommendations for 2026-2027 for up to \$3,068,000

Jenny Bratton presented an overview of the School Health budget for FY26-27. The discussion clarified that the first proposed allocation (\$2.62 million) represents new one-year grants while the second allocation (\$3.48 million) is for continuing grants from the previous year. The proposed funding breakdown shows an approximately 30% allocation across the medical/clinical, behavioral health, health literacy, and active living priority areas, with 6% dedicated to food/nutrition priority area. The Grants Committee reviewed 71 applications (approximately 60 unique organizations) and selected 9 new grantees to present to the Board. The Board heard public comment from Kristen Sevilla from Belmont Redwood Shores School District. It was established that no Board members had a conflict of interest or needed to recuse themselves from consideration of the proposed grants. The Board requested a study session on the grants approval process, including methodology,

how committee members are selected, etc. Jenny Bratton also informed the Board that an education consultant has been retained to develop a formula to analyze publicly available data to ensure equity.

Motion: to approve the proposed school health budget for FY26-27 for up to \$4,552,231 and approval of community grants recommendation for FY26-27 for up to \$3.068 million

By: Director Foust

Seconded by: Director Lock

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

6.d. Consider Adoption of District Proposed Budget FY2026-27

CFO Mar indicated the budget was adjusted to account for the 1016 Laurel Street renovation budget and associated depreciation and other small items (approximately \$100K).

Motion: to adopt the District proposed budget for FY27

By: Director Foust

Seconded by: Director Fong

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

6.e. Consider Grant to Ravenswood Family Health Network for \$150,000 to help narrow reimbursement gap resulting from federal and state funding cuts to Med-Cal and approve amendment to lease agreement commencement date

CEO Kurtzman provided the background on this proposed Resolution and CFO Mar highlighted that the \$150K is really bridging a temporary funding gap. This is a proposal which will be reviewed annually.

Motion: to approve the proposed grant to Ravenswood Family Health Network for \$150,000 to help narrow reimbursement gap resulting from federal and state funding cuts

By: Director Lock

Seconded by: Director Fong

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --
Motion Passed: 4-0-0-0

DRAFT

**6.f. Consider Two Year Grant Request of \$450,000 (\$225K/yr) to
The San Mateo County Health Foundation to Reduce Hunger Among Hospital Patients**

Mr. Hudak clarified that Board Directors did not have any conflict of interest with this request. John Jurow, San Mateo County Health Foundation, provided a brief presentation on the important work of the San Mateo County Health Foundation to reduce hunger among hospital patients.

Motion: to approve a one-year grant of up to \$225,000 for FY27 to reduce hunger among hospital patients

By: Director Foust

Seconded by: Director Martinez

Vote: Ayes - Fong, Foust, Lock, Martinez

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

B R E A K

7. Adjourn to Closed Session for the Purposes of:

Government Code Sections 54957 and 54957.6 PUBLIC EMPLOYEE EVALUATION 54957(B)(1) PROCESS: Title: Chief Executive Officer of Sequoia Healthcare District. CONFERENCE WITH LABOR NEGOTIATOR (54957.6) Agency Designated Representative: Ivan Martinez, Board President & Rosanne Foust, Board Member Unrepresented Employee: Chief Executive Officer, Sequoia Healthcare District

Motion: To adjourn to closed session

By: Director Fong

Seconded by: Director Faust

Vote: Ayes - Lock, Martinez, Fong, Faust

Nos --

Abstain --

Absent --

Motion Passed: 4-0-0-0

8. Reconvene to Open Session:

There was no reportable action taken in closed session.

DRAFT

9. Adjourn

Motion: To adjourn the meeting at 3.45pm

By: Director Foust

Seconded by: Director Lock

All in favor

Motion Passed

The next meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 12.00pm, Wednesday, August 5, 2026, at the San Mateo County Dental Society, 939 Laurel Street, Suite C, San Carlos, CA.

Respectfully submitted,

Cama Lock, Secretary

**MINUTES OF SEQUOIA HEALTHCARE DISTRICT
BOD SPECIAL MEETING
12:00 PM, Wednesday, June 10, 2026
San Mateo County Dental Society
939 Laurel Street, Suite C
San Carlos, CA 94070**

Directors Present

Director Foust
Director Fong
Director Lock
Director Martinez

Directors Excused

N/A

Also Present

Pamela Kurtzman, CEO

1. Call to Order and Roll Call

President Martinez called the meeting to order at 12:00PM. Roll call attendance was taken. A quorum was present.

2. Public Comment/Non-Agenda Items

President Martinez asked if there was any public comment on non-agenda items. There was none.

3.a. Adjourn to Closed Session for Purposes of:

(a) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to Government Code Section 54956.9(d)(2) - One Matter.

4. Adjourn

Motion: To adjourn the meeting at 3:45PM.

By: Director Martinez

Seconded by: Director Lock

All in favor

Motion Passed

The next special meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 12:00 PM, Wednesday, August 5, 2026, San Mateo County Dental Society, 939 Laurel Street, Suite C, San Carlos, CA 94070.

Respectfully Submitted,

Cama Lock
Secretary

Sequoia Healthcare District
Balance Sheet - by Month
As of June 30, 2026

	Jun 30, 26
ASSETS	
Current Assets	
Checking/Savings	
10190.1 · Heritage Checking #6398 Total	
10190-1 · Heritage Checking #6398	482,428.93
10191-1 · Heritage Checking Sweep #6398	2,906,897.16
Total 10190.1 · Heritage Checking #6398 Total	3,389,326.09
10196.5 · Heritage COLLAB #6455 Total	
10195-5 · Heritage COLLAB Checking #6455	10,000.00
10196-5 · Heritage COLLAB Sweep #6455	949,905.01
Total 10196.5 · Heritage COLLAB #6455 Total	959,905.01
10201-1 · Schwab Cash	1,962,868.79
10300-1 · Schwab Acct #6621	12,376,808.14
10350-1 · Schwab Acct #2739	29,753,856.82
Total Checking/Savings	48,442,764.85
Other Current Assets	
10400-3 · Pension - Vanguard	53,862,739.99
10410-3 · Pension - PFG	2,525,331.14
10430-3 · Pension - Vanguard MMF	112,534.74
10440-3 · Pension -PCS	711,226.01
10500-4 · Pension Contribution Rcvble	19,918,979.00
10501-1 · Prepaid Expenses	163,806.43
10503-1 · Unused Grants Recoverable	3,840.75
10505-1 · Due from Other Governments	25,981.32
10550-1 · Interest Receivable	287,252.10
10551-1 · DH Settlement Receivable	6,285,423.34
10555-1 · DH Settlement - Interest Rec.	119,161.14
12010-1 · Lease 525 Veterans - ST	2,410.67
Total Other Current Assets	84,018,686.63
Total Current Assets	132,461,451.48
Fixed Assets	
12330-4 · 525 Leasehold Improvements GW	6,366,888.98
12320-4 · 1016 Leasehold Improvements GW	17,092.14
12100-4 · Land GW	1,766,109.00
12300-4 · 1016 Laurel Bldg GW	3,082,702.56
12310-4 · 525 Veterans Bldg GW	1,249,382.30
12360-4 · 1016 Laurel CIP - GW	148,891.01
12400-4 · Equipment GW	16,053.08
12420-4 · Right-of-Use Asset - GW	28,433.43
12500-4 · Accum Depr - GW	-1,544,523.70
12510-4 · Accum Amort -GW	-11,847.15
Total Fixed Assets	11,119,181.65
Other Assets	
13000-1 · Suspense	-0.06

Sequoia Healthcare District
Balance Sheet - by Month
As of June 30, 2026

	Jun 30, 26
19010-1 · Lease Rec 525 Veterans - LT	1,844,689.80
Total Other Assets	1,844,689.74
TOTAL ASSETS	145,425,322.87
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000-1 · Accounts Payable	360.94
Total Accounts Payable	360.94
Other Current Liabilities	
20205-5 · Collab Grant Obligations-Cust	460,000.00
20001-1 · Accrued Liabilities	124,754.75
20001-3 · Accrued Liabilities - Pension	38,413.58
20100-1 · Grants Payable	2,438,862.35
20101-1 · Deferred Tax Revenue	471,616.01
21000-1 · Accrued Payroll	31,505.03
22210-4 · Capital Lease - ST	7,148.70
23100-4 · Compensated Balances (PTO) - ST	39,241.24
Total Other Current Liabilities	3,611,541.66
Total Current Liabilities	3,611,902.60
Long Term Liabilities	
22000-4 · Pension Contribution Payable	18,926,201.00
23200-4 · Compensated Balances (PTO) - LT	74,530.56
25010-4 · Deferred inflows - pension	992,778.00
25020-1 · Unavailable Revenue	6,706,297.57
25030-4 · Unavailable Revenue Offset	-6,706,297.57
25040-1 · Deferred Inflows - 525 V Lease	1,615,139.98
25110-4 · Capital Lease - LT	9,986.70
25210-1 · Deposit Payable - Gen Fund	25,000.00
Total Long Term Liabilities	21,643,636.24
Total Liabilities	25,255,538.84
Equity	
31010-1 · Unspendable - General	136,282.06
31510-4 · Unspendable - GW	-136,282.06
32000-1 · Retained Earnings-General	56,602,983.22
32000-4 · Retained Earnings-GW	1,886,776.20
39003-4 · Invested in Captial Assets - GW	5,374,971.25
39004-3 · Fiduciary Fund Balance	52,247,556.00
Net Income	4,057,497.36
Total Equity	120,169,784.03
TOTAL LIABILITIES & EQUITY	145,425,322.87

Sequoia Healthcare District
Profit & Loss - by Month

July 2025 through June 2026

	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	TOTAL
Ordinary Income/Expense													
Income													
40400-1 · Tax Revenue	382,120.99	22,804.25	9,684.25	740,169.19	1,004,481.51	8,811,456.93	1,488,921.80	11,362.95	944,019.29	5,050,245.64	1,785,797.31	309,086.10	20,560,150.21
40500-1 · Gain/(Loss) on Investments	(132,563.85)	345,525.95	3,233.43	49,524.92	125,074.20	3,768.18	(10,494.60)	209,088.43	(346,877.78)	(7,035.83)	(74,068.07)	(83,889.02)	81,285.96
40530-3 · Gain/(Loss) on Investments -Pen	4,878.28	14,206.28	2,452,242.76	590,976.67	21,466.53	(371,157.61)	1,058,440.48	628,720.71	(2,524,410.81)	2,692,818.82	1,306,264.11	117,896.22	5,992,342.44
40600-1 · Int/Div Income	123,774.56	119,625.03	103,924.25	115,637.81	51,180.74	169,292.04	91,933.98	161,354.65	119,619.95	115,652.65	(246,680.06)	486,397.12	1,411,712.72
40600-3 · Int/Div Income - Pension	615.58	590.71	143,961.48	889.76	65,361.30	595,505.63	983.70	444.73	48,394.20	1,407.05	66,933.31	45,735.89	970,823.34
40600-5 · Interest Income - Custodial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,889.45	12,889.45
40610-1 · Interest - 525 Veterans Lease	0.00	0.00	35,983.10	12,154.65	12,235.68	12,317.25	12,399.36	12,398.69	12,398.02	12,397.34	12,396.65	9,782.77	144,463.51
40620-1 · DH Settlement Interest	0.00	0.00	0.00	0.00	89,124.79	17,023.02	17,023.02	17,023.02	17,023.02	17,023.02	17,023.02	17,023.02	208,285.93
40800-5 · Dignity Collab Revenue	0.00	0.00	0.00	0.00	510,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	510,000.00
40900-1 · Pension Income	0.00	0.00	0.00	0.00	3,600,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,600,000.00
41000-3 · Employer Trust Contributions	0.00	0.00	0.00	0.00	3,600,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,600,000.00
41110-1 · 525 Veterans Lease Revenue	0.00	0.00	21,107.72	7,035.91	7,035.91	7,035.91	7,035.91	7,035.91	7,035.91	7,035.91	7,035.91	3,721.33	81,116.33
Total Income	378,825.56	502,752.22	2,770,136.99	1,516,388.91	9,085,960.66	9,245,241.35	2,666,243.65	1,047,429.09	(1,722,798.20)	7,889,544.60	2,874,702.18	918,642.88	37,173,069.89
Gross Profit	378,825.56	502,752.22	2,770,136.99	1,516,388.91	9,085,960.66	9,245,241.35	2,666,243.65	1,047,429.09	(1,722,798.20)	7,889,544.60	2,874,702.18	918,642.88	37,173,069.89
Expense													
60100-1 · Admin. Expense													
60100.1 · Prof. Development	0.00	0.00	3,500.00	0.00	297.95	0.00	0.00	4,476.88	0.00	1,500.00	3,742.20	4,610.00	18,127.03
60100-1 · Admin. Expense - Other	2,902.80	3,111.06	3,642.99	5,682.10	2,475.59	1,654.53	1,574.36	3,850.29	4,319.94	1,543.91	2,119.51	13,313.87	46,190.95
Total 60100-1 · Admin. Expense	2,902.80	3,111.06	7,142.99	5,682.10	2,773.54	1,654.53	1,574.36	8,327.17	4,319.94	3,043.91	5,861.71	17,923.87	64,317.98
60101-1 · Administration Payroll	100,967.46	85,976.07	93,967.31	99,346.81	81,102.14	104,533.31	96,649.46	86,642.96	105,568.16	100,713.95	119,224.14	92,460.07	1,167,151.84
60109-3 · Pension Benefit Payments	768,976.25	574,961.04	803,263.79	572,489.58	573,728.96	570,657.30	567,289.81	611,145.53	562,883.32	604,031.31	664,251.91	567,947.68	7,467,626.48
60130-3 · Pension Admin Expenses	0.00	0.00	64,233.11	12,002.64	9,818.46	6,652.93	22,716.83	5,770.45	11,540.70	44,176.14	6,219.93	44,173.60	227,304.79
60199-4 · PTO Payroll Expense	(7,606.76)	(2,259.63)	(995.41)	8,110.11	6,302.93	2,683.93	9,548.54	8,864.83	9,765.41	9,765.41	(22,528.54)	5,836.87	19,383.06
60300-1 · Board Health Insurance	1,050.28	1,500.40	1,500.40	600.16	1,948.36	1,612.08	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	1,350.00	16,311.68
60310-1 · Employee Health Benefits	22,608.28	17,161.16	17,919.11	14,383.09	16,932.92	17,980.61	17,636.63	17,642.63	17,891.21	17,642.63	17,642.63	18,866.99	214,307.89
60350-1 · Employee Retirement Benefit	2,613.36	3,754.27	3,194.54	2,981.37	4,090.38	2,889.75	2,679.64	3,229.82	5,306.27	3,399.40	4,405.58	2,826.19	41,370.57
60400-1 · Investment Fees	0.00	0.00	14,292.31	17,110.74	0.00	0.00	47,536.91	0.00	0.00	33,168.39	17,404.21	55,000.00	184,512.56
60500-1 · Office Supplies/Equip Maint	1,207.28	831.85	2,254.81	973.06	87.48	820.66	704.48	736.58	252.14	1,235.98	531.14	600.38	10,235.84
69010-4 · Interest Expense - GW	0.00	0.00	234.42	74.38	72.48	70.59	68.68	66.77	64.85	62.93	(581.00)	59.06	193.16
60600-1 · Consulting Services	0.00	9,759.00	13,026.00	3,880.00	2,494.00	37,213.43	42,998.00	26,375.00	27,338.52	19,075.00	18,334.00	19,615.25	220,108.20
60610-1 · Accounting fees	0.00	812.50	3,282.50	0.00	250.00	22,900.00	0.00	1,700.00	0.00	0.00	0.00	0.00	28,945.00
60700-1 · Board Expense	0.00	537.67	565.63	2,502.34	984.16	456.95	0.00	2,431.44	805.87	2,316.34	640.26	779.97	12,020.63
60710-1 · Association/Membership Dues	878.67	878.67	1,978.67	10,878.67	3,618.45	3,378.67	3,378.67	3,832.67	3,378.67	3,378.67	4,228.67	3,378.67	43,187.82
60725-1 · Communications	919.28	482.70	21,984.40	22,202.30	0.00	2,825.59	0.00	1,523.77	3,975.24	4,520.40	12,632.55	227.63	71,293.86
60750-1 · Software-Hardware-IT	3,832.99	3,930.49	7,145.95	4,043.74	4,525.70	7,162.62	3,447.03	6,596.45	13,773.83	6,472.15	7,408.23	10,351.30	78,690.48
60775-1 · Pension Plan	0.00	0.00	0.00	0.00	3,600,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,600,000.00
60800-1 · Insurance	3,781.15	3,781.15	4,032.15	3,781.15	3,781.15	3,781.15	3,781.15	4,961.06	3,781.15	3,781.15	3,781.15	3,781.15	46,804.71
60806-1 · LAFCO fees	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	1,348.00	16,176.00
60810-1 · Legal Fees	2,250.00	2,500.00	1,224.74	3,060.00	2,475.00	2,835.00	4,500.00	6,390.00	6,500.00	3,135.00	5,175.00	13,237.50	53,282.24
60815-1 · Bank Fees	92.36	116.56	91.57	92.49	140.90	101.51	100.76	100.89	102.76	169.89	325.38	117.11	1,552.18
65100-1 · 1016 Laurel Occupancy Costs													
65101-1 · 1016 Laurel Maintenance	123.16	950.00	1,075.00	1,045.80	940.00	1,350.00	4,365.00	2,708.00	13,652.22	6,160.00	2,404.11	(2,610.31)	32,162.98
65102-1 · 1016 Laurel Utilities	4,824.38	2,515.36	899.23	2,424.23	1,947.76	3,303.57	3,415.79	3,403.80	3,819.10	801.96	1,347.76	1,289.58	29,992.52
65103-1 · 1016 Laurel Property Insurance	988.25	988.25	988.25	988.25	988.25	988.25	988.25	988.25	988.25	988.25	988.25	988.25	11,859.00
65100-1 · 1016 Laurel Occupancy Costs - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(90.59)	0.00	(90.59)
Total 65100-1 · 1016 Laurel Occupancy Costs	5,935.79	4,453.61	2,962.48	4,458.28	3,876.01	5,641.82	8,769.04	7,100.05	18,459.57	7,950.21	4,649.53	(332.48)	73,923.91
65450-1 · 525 Veterans Prop Ins -Gen Fund	454.79	454.79	454.79	454.79	454.79	454.79	454.79	454.79	454.79	454.79	454.79	454.79	5,457.48
65500-4 · Depreciation Expense - GW	19,624.52	19,624.52	(715.26)	12,844.59	12,844.59	12,844.59	12,844.59	12,844.59	12,844.59	12,844.59	64,105.13	41,582.46	234,133.50
65510-4 · Amoritization Expense - GW	0.00	0.00	1,777.00	592.36	592.36	592.36	592.36	592.36	592.36	592.36	592.36	592.36	7,108.24
65610-1 · Capital Outlay - General	0.00	0.00	539,300.84	0.00	611,791.29	11,852.50	1,243,801.61	14,630.00	947,456.36	1,848,701.72	9,932.83	270,856.43	5,498,323.58
65610-4 · Capital Outlay - GW Offset	0.00	0.00	(539,300.84)	0.00	(611,791.29)	(11,852.50)	(1,243,801.61)	(14,630.00)	(947,456.36)	(1,848,701.72)	(9,932.83)	(270,856.43)	(5,498,323.58)
70200-1 · Grant Admin Expenses	53.02	73.36	86.00	3,554.66	3,554.66	3,554.66	3,809.41	3,760.83	3,760.83	3,554.66	3,812.16	10,663.97	36,477.39
70300-1 · Other Grants	0.00	0.00	6,500.00	0.00	0.00	6,200.00	7,500.00	0.00	1,000.00	0.00	0.00	0.00	21,200.00
70310-5 · Collab grant - Custodial Fund	0.00	0.00	244,558.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	682,300.00	926,858.06
70350-1 · Samaritan House	0.00	0.00	0.00	0.00	459,060.75	0.00	0.00	459,060.75	0.00	459,060.75	0.00	459,060.75	1,836,243.00
70560-1 · Ravenswood Family Health Center	500,000.00	0.00	0.00	0.00	0.00	0.00	0.00	500,000.00	0.00	0.00	0.00	0.00	1,000,000.00
70565-1 · LifeMoves LVN (Maple S shelter)	0.00	0.00	39,453.13	13,151.04	13,151.04	13,151.04	0.00	0.00	0.00	0.00	0.00	0.00	78,906.25
70566-1 · Pen Volunteers LYFT program	0.00	4,738.49	4,325.29	19,299.93	4,146.55	3,806.78	4,062.96	0.00	5,797.97	3,313.07	3,027.71	20,965.69	73,484.44
70568-1 · Sonrisas	0.00	0.00	0.00	0.00	237,140.00	0.00	0.00	173,913.00	0.00	0.00	0.00	253,912.00	664,965.00
70594-1 · Future Impact Funds	980,800.00	0.00	0.00	137,500.00	0.00	24,500.00	23,000.00	967,500.00	513,500.00	29,200.00	463,899.39	0.00	3,139,899.39
70603-1 · Community Grants	2,928,500.00	22,500.00	0.00	0.00	0.00	0.00	0.00	2,686,500.00	252,500.00	2,546.21	(45,000.00)	589,659.78	6,437,205.99
70706-1 · Sequoia Safe (+HeartSafe)	4,420.28	4,300.00	5,200.00	4,300.00	4,300.00	4,300.00	4,300.00	4,300.00	4,475.00	4,475.00	4,300.00	4,300.00	52,795.28
70800-1 · School Health Expense	1,800.00	1,770.42	(1,872.37)	3,206.82	17.97	5,399.73	0.00	163,599.63	(157,424.71)	15,020.10	5,822.52	2,303.62	39,643.73
70802-1 · School Health Grants	136,420.00	138,750.00	103,263.00	225,620.75	0.00	224,192.77	472,119.59	336,363.28	498,581.13	902,254.38	342,953.25	1,521,975.75	4,902,493.90
Total Expense	5,483,829.80	905,774.79	1,467,666.47	1,207,057.29	5,055,613.73	1,096,197.15	1,364,506.94	6,115,073.88	1,926,207.94	2,330,052.77	1,716,271.79	4,447,319.98	33,115,572.53
Net Ordinary Income	(5,105,004.24)	(403,022.57)	1,302,470.52	309,331.62	4,030,346.93	8,149,044.20	1,301,736.71	(5,067,644.79)	(3,649,006.14)	5,559,491.83	1,158,430.39	(3,528,677.10)	4,057,497.36

Sequoia Healthcare District

CEO Report August 2026

Pamela Kurtzman

I. PROGRAMS AND OPERATIONS UPDATE

1016 Laurel St.

- District staff will temporarily relocate to the Pettinelli offices at 555 Veterans Blvd. beginning August 1 to accommodate construction at 1016 Laurel Street.
- Roof replacement has become a critical component of the construction schedule. A related proposal will be presented at the August 5 Board meeting.

II. PARTNER ORGANIZATION MAJOR GRANTS

1. Samaritan House

Growing demand for safety-net healthcare services is placing increasing pressure on Samaritan House Free Medical Clinic. In addition to funding needs, limited clinical space has become a significant constraint to expanding services. Samaritan House is exploring additional facilities, and the District is evaluating the potential acquisition of a building that could be leased below market rate to support long-term expansion of healthcare access.

2. Sonrisas Dental Health

Q4 FY26 (April 1-June 30, 2026) Performance Highlights

Core service volume	<i>Screenings and outreach</i>	Financial support context
Unique SHD residents served: 519	Children (0-18) share of patients: 38%	Cost of treatment: \$326,075
Total clinic visits: 777	Mobile dentistry for seniors: 2 mobile visit dates (Apr 10 and May 15 at Crane Place)	Reimbursements: \$153,920
Low income patients served: 430 patients with 624 visits (80% of all SHD resident visits)	Children screened in community settings: 326 (at multiple preschools/elementary sites in SHD area)	Uncompensated care: \$172,155
	Senior patient navigation/community programming: ongoing; no	Invoiced (Access to Care): \$57,693
		In-clinic patient navigation invoiced: \$4,118
		Mobile dental visits invoiced: \$1,700
		Total invoice for Q4: \$63,511

	quantitative counts provided for Q4	
<i>*Additional program note Notification letters mailed on June 29 to active patients residing within SHD boundaries about the new Redwood City dental clinic option (Ravenswood Family Dentistry).</i>		

3. Baby Bonus Program

The San Mateo County Baby Bonus Pilot Program, administered by First 5 San Mateo County, requested, and was granted, a no-cost extension through June 30, 2027. Because the extension has no financial impact on the District, I approved the request administratively, on behalf of the District Board.

The three-year research study is evaluating the impact of providing a \$300 monthly guaranteed income for 36 months, combined with coordinated care, on maternal and infant health outcomes compared with control groups receiving coordinated care only or neither intervention. The study is led by Stanford University in partnership with San Mateo County Health, the San Mateo County Human Services Agency, Health Plan of San Mateo, the Jackie Speier Foundation, and other community partners.

Program Update

- Enrollment began in late March 2025.
- Enrollment remains on track.
- 185+ families receive guaranteed income.
- 215+ families receive Community Health Worker support.
- Stanford has begun Year 1 evaluation.

The total program budget is \$9.44 million, of which Sequoia Healthcare District contributed \$243,000. The program originally projected serving approximately 400 families over three years and remains on track to meet that goal.

III. ACHD

- Participate in monthly CEO Roundtable Discussions- June 18, July 16
- ACHD Board member meeting July 24
- ACHD Education Committee- Next Annual Meeting will be held October 7-9 in Monterey. Mark your calendar! Registration is now open.

IV. STRATEGIC PLAN IMPLEMENTATION UPDATE-- At a glance

Strategic Priority	2026 Milestones Achieved through July 30	Status
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Advance Health Access	\$4M invested in safety-net programs; Dental Clinic advanced; healthcare funding monitoring established • Invested approximately \$4 million in urgent community health and safety-net stabilization initiatives, including Planned Parenthood Mar Monte, Second Harvest of Silicon Valley, Meals on Wheels, and other community partners • Advanced development of the Ravenswood Dental Clinic to expand affordable oral health services • Initiated monitoring of federal and state healthcare funding reductions and evaluated strategies to preserve access for uninsured and underinsured residents.	● On Track
Strengthen Data, metrics & Accountability	Fluxx implemented; developing new evaluation framework; performance metrics established • Staff implemented the Fluxx Grants Management System to improve grant administration, reporting, transparency, and performance measurement • Enhancement to grant evaluation processes underway to better measure community impact, return on investment, and strategic alignment • Implementing staff workplans and organizational performance metrics aligned with Strategic Plan goals. • Developing standardized outcome measures and reporting frameworks to strengthen Board oversight.	● On Track
Enhance Community Visibility & Engagement	5 CEO Roundtables; Mayor Leadership Breakfast; communications strategy underway • Partnered with communications consultant M. Bailey to implement a comprehensive community engagement strategy. • Conducted five CEO Roundtables with nonprofit and healthcare partners. • Hosted the District's inaugural Mayor Leadership Breakfast to strengthen regional collaboration. • Expanded stakeholder communications through CEO updates, LinkedIn engagement, and digital outreach. • Initiated planning for presentations to city councils and the San Mateo County Board of Supervisors.	● On Track
Invest Strategically and Responsibly	96% of revenues allocated/committed; strengthened financial controls • Allocated or committed approximately 96% of FY 2025-26 revenues toward Board-approved grants and strategic initiatives, with the remaining 4% reserved as Future Impact Funding (FIF).	● On Track

	• Strengthened financial oversight through the District's CFO and implementation of new internal control policies. • Monitoring fiscal implications of federal and state healthcare funding reductions • Prioritizing investments that preserve healthcare infrastructure while maintaining long-term fiscal sustainability.	
Promote Collaboration Among Board, Partners & Stakeholders	Regional partnerships expanded; healthcare convenings held • Convened healthcare providers, nonprofit organizations, and philanthropic partners including Sobrato and Stanford to coordinate healthcare access and safety-net sustainability efforts. • Participated in regional collaboratives addressing behavioral health, oral health, food insecurity, workforce shortages, and healthcare access. • Expanded CEO engagement through site visits, partner meetings, and strategic planning discussions.	● On Track
Modernize Organizational Structure & Capacity	Organizational restructure implemented; key leadership hires completed • Began implementation of the District's updated organizational structure to align staffing with Strategic Plan priorities. • Reorganized the Healthy Schools Initiative to improve efficiency, accountability, and long-term sustainability while reducing administrative costs. • Hired a new Executive Assistant/Board Clerk and Director of Operations & Administration. • Continued filling key positions, clarifying staff responsibilities, and strengthening internal coordination and operational processes.	● On Track

V. COMMUNITY ACTIVITIES AND EVENTS

Leadership

- ALF Monthly meeting June 12,
- Wilderness retreat July 10-16

Community Engagement

- CEO Roundtable Discussions (5) June 16 and 17
- THRED Talk June 18
- Hosted Breakfast with Mayors June 25
- El Concilio Woman of the Year Olga June 30
- Medi-Cal Updates & BenefitsCal Navigation Workshop July 24

Regional Collaboration

- City Together Exec Committee June 18, Leadership Committee May 21
- Co-Chair San Mateo County Safety Net Committee- Meetings June 24
- Oral Health Coalition quarterly meeting May 26

VI. FEDERAL MEDICAID (MEDI-CAL) FUNDING REDUCTIONS

Status Update - July 27, 2026

Local and Statewide Coverage Losses Becoming More Defined

Since this report was originally prepared, Congress has enacted significant federal Medicaid reductions and eligibility changes through H.R. 1 (the One Big Beautiful Bill Act). San Mateo County has begun implementation planning while simultaneously challenging portions of the new federal regulations through litigation. Although some implementation details continue to evolve, the overall direction and likely impacts on our region's Medi-Cal program have become substantially clearer. <https://oag.ca.gov/news/press-releases/attorney-general-bonta-sues-trump-administration-over-unlawful-implementation?utm>

Current state and county estimates continue to indicate that up to 3 million Californians could ultimately lose Medi-Cal coverage over the coming several years as federal eligibility changes take effect. San Mateo County continues to estimate that approximately 40,000 residents could lose Medi-Cal coverage by 2028, largely due to new work requirements, more frequent eligibility renewals, and increased administrative barriers. <https://sanmateocounty.legistar.com/LegislationDetail.aspx?FullText=1&GUID=2FF1B966-BDBE-4EB1-A52D-61ACBFC4313B&ID=7507332&utm>

Major Policy Changes

- Work requirements for many adults beginning in 2027
- Medi-Cal eligibility renewals every six months for many beneficiaries
- Reduced retroactive coverage
- Additional state eligibility changes affecting certain undocumented adults
- Ongoing federal implementation guidance from CMS

In addition, uncertainty surrounding continuation of enhanced Affordable Care Act premium subsidies could increase the number of uninsured and underinsured working residents who do not qualify for Medi-Cal but cannot afford commercial insurance.

Expected Local Impacts

Safety-net providers—including Samaritan House, Ravenswood Family Health Network, San Mateo Medical Center, and local hospitals—are expected to experience increasing financial and operational pressure as coverage declines and uncompensated care increases. Although implementation timelines continue to evolve, the overall direction is increasingly clear:

- Medi-Cal enrollment is expected to decline.

- Administrative barriers to maintaining coverage will increase.
- Uninsured and underinsured populations will grow.
- Demand for local safety-net services will rise.
- Financial pressure on healthcare providers will intensify.

Important uncertainties remain, including final federal implementation guidance, enrollment behavior among eligible populations, and the capacity of providers and the county to absorb increased demand.

WHY THIS MATTERS FOR SEQUOIA HEALTHCARE DISTRICT

Increasing Role as a Local Stabilizer

This changing environment reinforces the District's Strategic Plan priority of preserving access to medical, behavioral, and oral healthcare by strengthening existing safety-net services.

Future investments will likely emphasize:

- Maintaining clinic operations, workforce, and core service lines
- Preventing reductions or closures of essential services
- Supporting high-impact areas such as primary care, oral health, behavioral health, and preventive services
- Strengthening care navigation and access for vulnerable populations
- Assess the impact of potential ACA subsidy reductions on District residents and explore targeted, time-limited strategies to help preserve access.

Given finite local resources, continued emphasis will be placed on:

- Prioritizing emerging service gaps and high-risk populations
- Strengthening outcomes measurement and utilization tracking
- Aligning investments with measurable community impact
- Coordinating closely with County agencies, healthcare providers, health plans, and philanthropic partners

State Fiscal Risks Compound Federal Changes

- The State budget did not fully restore San Mateo County's VLF losses.
- County leaders continue pursuing legislative and long-term solutions.
- County agencies continue evaluating service reductions and operational adjustments while seeking alternative funding sources.

<https://sanmateocounty.legistar.com/ViewReport.ashx?GID=659&GUID=LATEST&ID=93207&M=R&N=TextL5&Title=Board+Memo&utm>

Corresponding reductions by local cities would further increase pressure on community-based organizations and healthcare providers. Together, these federal and state funding changes are expected to:

- Increase demand for safety-net services
- Reduce capacity among County and city-funded programs

- Increase financial instability for community providers
- Heighten the need for coordinated local investment strategies

SHD Response

Consistent with the District's Strategic Plan, SHD has already begun responding through targeted investments and collaborative planning, including:

- Increased investment in community health centers
- Expanded support for oral health access
- Continued investment in behavioral health services
- Increased food security funding
- CEO Roundtables to identify emerging community needs
- County and City Leadership discussions
- Ongoing monitoring of federal and state funding changes
- Evaluation of additional targeted stabilization investments to preserve access to care

While implementation details continue to evolve, the overall policy direction is now clear. Federal Medicaid reductions, combined with ongoing state fiscal pressures, are expected to increase demand for local safety-net services while reducing available public resources. Sequoia Healthcare District is well positioned to help preserve healthcare access through strategic, targeted investments that strengthen community providers, leverage partnerships, and protect critical healthcare infrastructure during this period of transition.

Finance Report August 5, 2026

Stuart Mar,
CFO

- ▶ FY '26 Actuals Summary
- ▶ FY '26 Budget vs. Actual
- ▶ FY '27 Budget Summary
- ▶ Auditor Communication
- ▶ Third Party Vendor email data breach
- ▶ Appendix
 - ▶ FY'26 Financial Reports (with and w/out Pension Effect)
 - ▶ Sources and Uses
 - ▶ Budget vs. Actuals
 - ▶ FY '27 Budget Reports (with and w/out Pension Effect)

Financial Activity Summary - FY '26

- ▶ Disbursed ~\$24.8M in Grants in FY'26, including \$5.8M in Ravenswood TI
- ▶ Received ~\$20.7M in Tax revenue in FY'26
- ▶ Operating Cash & Investments Balance: **\$48.4M** at 06/30/26 compared to \$52.6M at 06/30/25
- ▶ Outstanding FY '25-26 grants Obligation @ June 30, 2026 ~ \$4.2M including \$0.6M for Ravenswood TI
- ▶ FY'27 Grants approved \$17.5M, FY'27 Grant budget \$23.8M

FY '26 Budget Vs. Actual Narrative (without Pension Effect)

- ▶ Net Income (Loss) Better than Budget (\$1.2M)
- ▶ Revenue Better than Budget (\$1.4M)
 - ▶ Revenue - Primarily related to increase in tax revenue and Dignity Health collaboration contribution received in November 2025 offset by lower-than-expected investment returns
- ▶ Net Expenses Worse than Budget (\$0.2M)
 - ▶ Facilities increase (\$230k) -Primarily related to 1016 Laurel Building depreciation
 - ▶ Banking Fees increase (\$110k) - Reclassed bank fees from investment income budget
 - ▶ Professional Fees increase (\$92k) - Primarily related to Public Relation, Human Resource and Strategic Planning project resource additions in the fiscal year.
 - ▶ Grant decrease (\$193k) - Primarily related to unused granted funds offset by unbudgeted collaboration grants

FY '27 Budget Summary

- ▶ Grant expense budget \$23.8M, \$17.5M grants approved as of 6/30/26
- ▶ Tax revenue budget \$20.7M
- ▶ Capital expenditures budget \$890k
- ▶ Projected Net loss \$5.0M (without Pension)

Auditor Communication



550 Howe Avenue, Suite 210
Sacramento, California 95825
Telephone: (916) 564-8727
FAX: (916) 564-8728

To the Board of Directors
Sequoia Healthcare District
San Carlos, California

We are engaged to audit the financial statements of the governmental activities, each major fund and the aggregate remaining fund information of the Sequoia Healthcare District (the District) for the year ended June 30, 2026. Professional standards require that we provide you with the following information related to our audit. We would also appreciate the opportunity to meet with you to discuss this information further since a two-way dialogue can provide valuable information for the audit process.

Our Responsibility under U.S. Generally Accepted Auditing Standards and Government Auditing Standards

As stated in our engagement letter dated October 21, 2022, our responsibility, as described by professional standards, is to express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

As part of our audit, we will consider the system of internal control of the District. Such considerations are solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal control.

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will also perform tests of the District's compliance with certain provisions of laws, regulations, contracts, and grants. However, providing an opinion on compliance with those provisions is not an objective of our audit.

Generally accepted accounting principles provide for certain required supplementary information (RSI) to supplement the basic financial statements. Our responsibility with respect to management's discussion and analysis, Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual – General Fund, Schedule of Changes in the Net Pension Liability and Related Ratios, and Schedule of Contributions to the Pension Plan, which supplement the basic financial statements, is to apply certain limited procedures in accordance with generally accepted auditing standards. However, the RSI will not be audited and, because the limited procedures do not provide us with sufficient appropriate evidence to express an opinion or provide any assurance, we will not express an opinion or provide any assurance on the RSI.

Planned Scope, Timing of the Audit, Significant Risks, and Other

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit will include obtaining an understanding of the entity and its environment, including the system of internal control, sufficient to assess the risks of material misstatement of the financial statements and to

To the Board of Directors
Sequoia Healthcare District
Page 2

design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of the audit. However, some matters could be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

We have identified the following significant risk(s) of material misstatement as part of our auditing planning, which audit standards indicate should be considered as part of audit planning.

- Improper revenue recognition.
- Override of internal controls.
- Cutoff of expenditures/expenses.

We expect to begin our audit on approximately August 17, 2026, and issue our report in approximately October 1, 2026. Brian Nash is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

This information is intended solely for the use of the Board of Directors and management of the District and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Richardson & Company, LLP

June 26, 2026

Third Party Email Data Breach

- ▶ Email Data Breach
- ▶ Impact to SHD
- ▶ Remediation plans
- ▶ Communication to Vanguard

Appendix

FY '26 Finance Reports

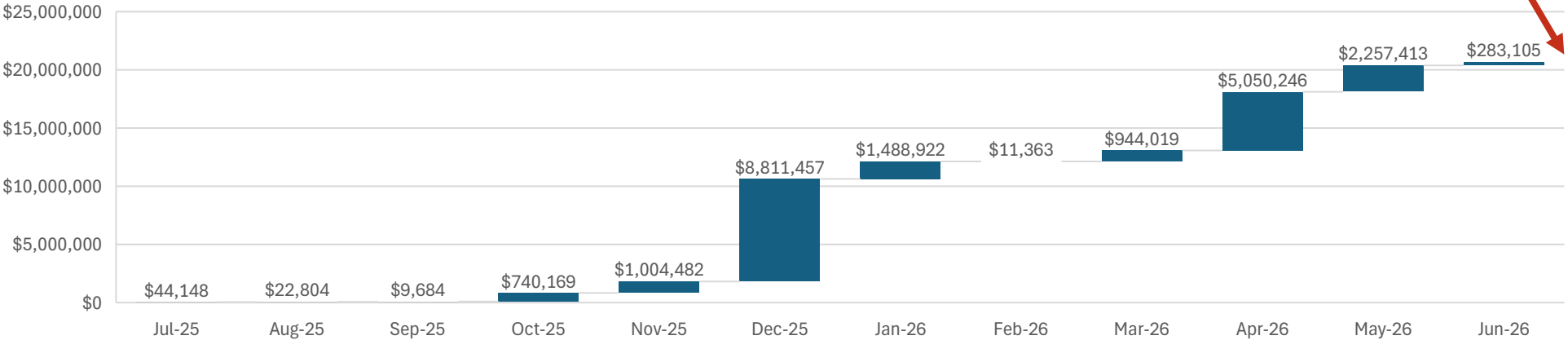
WITH Pension Effect

Sequoia Healthcare District													
Sources and Uses													
YTD Through June 30, 2026													
Unaudited for Management Discussion Purposes Only													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	YTD
Sources													
Rental Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000
Tax Revenue	44,148	22,804	9,684	740,169	1,004,482	8,811,457	1,488,922	11,363	944,019	5,050,246	2,257,413	283,105	20,667,812
Dignity Agreement Receipts	-	-	-	-	1,020,000	-	-	-	-	-	-	-	1,020,000
Unrealized Gain/(Loss)	(132,564)	345,526	3,233	49,525	125,074	3,768	(10,495)	209,088	(346,878)	(7,036)	(74,068)	(83,889)	81,286
Interest Income	100,340	118,103	114,652	75,225	82,601	186,228	52,471	131,586	108,957	126,762	94,837	212,034	1,403,797
Total Cash Sources (Less Pension)	11,925	486,433	127,569	864,920	2,232,157	9,001,453	1,530,898	352,038	706,098	5,169,972	2,278,183	461,250	23,222,896
Pension Income (loss)	105,888	1,218,177	1,275,893	591,866	3,686,828	224,348	1,059,424	629,165	(2,476,017)	2,694,226	1,373,197	163,632	10,546,628
Total Cash Sources	\$ 117,812	\$ 1,704,610	\$ 1,403,462	\$ 1,456,786	\$ 5,918,985	\$ 9,225,801	\$ 2,590,322	\$ 981,203	\$ (1,769,918)	\$ 7,864,198	\$ 3,651,380	\$ 624,882	\$ 33,769,524
Uses													
Payroll and Related	148,424	111,710	105,640	122,454	147,459	113,525	109,167	109,720	166,749	113,859	142,825	81,912	1,473,444
Administration	33,759	7,175	1,589	6,251	2,036	1,479	1,369	20,045	7,878	1,104	6,348	14,988	104,021
Board Expense	120	538	-	1,316	915	456	1,350	973	1,740	383	1,346	518	9,653
Investment/Bank Fees	53,691	117	92	17,203	101	102	47,638	134	103	33,299	17,506	202	170,186
Office Expenses	1,231	691	141	2,788	521	208	704	592	361	1,236	173	136	8,782
Professional Fees	9,260	36,693	14,733	3,510	27,003	49,214	20,185	48,678	45,124	16,710	23,509	27,122	321,738
Communications	919	483	21,737	21,719	-	2,826	-	1,524	3,975	6,231	12,766	142	72,321
Facilities	12,201	4,546	13,247	13,784	8,055	8,894	11,546	9,119	30,284	11,355	8,129	13,193	144,353
Insurance	62,690	-	251	485	243	-	243	1,428	497	249	-	49,029	115,364
Total Cash Operating Uses	322,295	161,951	157,428	189,510	186,332	176,703	192,202	192,214	256,710	184,425	212,850	187,243	2,419,862
Grant Expenses	5,426,855	526,324	1,993,081	339,636	700,365	259,139	506,683	5,324,028	1,114,117	1,370,377	770,740	696,447	19,027,791
Pension Expenses	799,560	574,961	803,264	601,603	583,547	577,310	590,007	616,916	574,424	674,207	670,472	573,708	7,639,979
Ravenswood Tenant Improvements	-	-	1,002,424	551,451	-	-	1,235,615	-	935,847	1,326,488	-	737,178	5,789,004
Capital Expenditures	22,720	9,534	35,820	14,986	11,853	8,187	14,630	11,609	-	-	9,933	25,330	164,601
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Uses	\$ 6,571,430	\$ 1,272,770	\$ 3,956,197	\$ 1,718,019	\$ 1,485,231	\$ 1,025,005	\$ 2,532,693	\$ 6,147,788	\$ 2,892,708	\$ 3,555,497	\$ 1,663,994	\$ 2,219,906	\$ 35,041,237
Net Cash (Used)/Received	\$ (6,453,618)	\$ 431,840	\$ (2,552,735)	\$ (261,233)	\$ 4,433,754	\$ 8,200,796	\$ 57,630	\$ (5,166,585)	\$ (4,662,626)	\$ 4,308,701	\$ 1,987,386	\$ (1,595,023)	\$ (1,271,713)
Operating Cash Balance													
Heritage Operating	\$ 304,759	\$ 631,218	\$ 712,679	\$ 1,214,461	\$ 1,942,742	\$ 10,311,411	\$ 5,393,863	\$ 1,377,821	\$ 1,005,007	\$ 3,209,559	\$ 4,476,467	\$ 3,389,326	
Heritage Collaboration with Dignity	\$ 883,116	\$ 884,619	\$ 663,565	\$ 788,340	\$ 1,175,335	\$ 1,176,387	\$ 1,177,390	\$ 1,178,298	\$ 1,179,303	\$ 1,180,277	\$ 1,181,283	\$ 959,905	
Wells Fargo	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Operating Cash	\$ 1,188,963	\$ 1,516,924	\$ 1,377,333	\$ 2,003,889	\$ 3,119,165	\$ 11,488,886	\$ 6,572,342	\$ 2,556,119	\$ 2,184,310	\$ 4,389,836	\$ 5,657,751	\$ 4,349,231	
Schwab Investments	\$ 45,672,219	\$ 45,132,882	\$ 42,247,109	\$ 41,369,056	\$ 41,584,254	\$ 41,768,291	\$ 46,273,048	\$ 45,110,436	\$ 43,870,059	\$ 43,953,216	\$ 43,969,962	\$ 44,093,534	
Total Cash and Investments	\$ 46,861,182	\$ 46,649,806	\$ 43,624,442	\$ 43,372,945	\$ 44,703,419	\$ 53,257,177	\$ 52,845,389	\$ 47,666,555	\$ 46,054,369	\$ 48,343,052	\$ 49,627,712	\$ 48,442,765	
						\$ (53,257,177)							
Pension Assets													
Vanguard	\$ 50,553,849	\$ 50,952,229	\$ 51,619,249	\$ 51,581,494	\$ 55,240,001	\$ 54,298,137	\$ 54,719,143	\$ 54,760,465	\$ 51,715,193	\$ 53,682,386	\$ 54,474,724	\$ 53,975,275	
Principal Custodial Solutions	\$ 639,097	\$ 869,727	\$ 667,169	\$ 695,188	\$ 121,959	\$ 702,431	\$ 750,842	\$ 704,696	\$ 691,813	\$ 732,625	\$ 638,808	\$ 711,226	
Principal Financial Group	\$ 2,418,565	\$ 2,432,771	\$ 2,440,937	\$ 2,440,937	\$ 2,458,939	\$ 2,467,370	\$ 2,467,370	\$ 2,484,443	\$ 2,492,158	\$ 2,504,171	\$ 2,508,375	\$ 2,525,331	
	\$ 53,611,511	\$ 54,254,727	\$ 54,727,355	\$ 54,717,619	\$ 57,820,899	\$ 57,467,937	\$ 57,937,355	\$ 57,949,604	\$ 54,899,163	\$ 56,919,182	\$ 57,621,907	\$ 57,211,832	

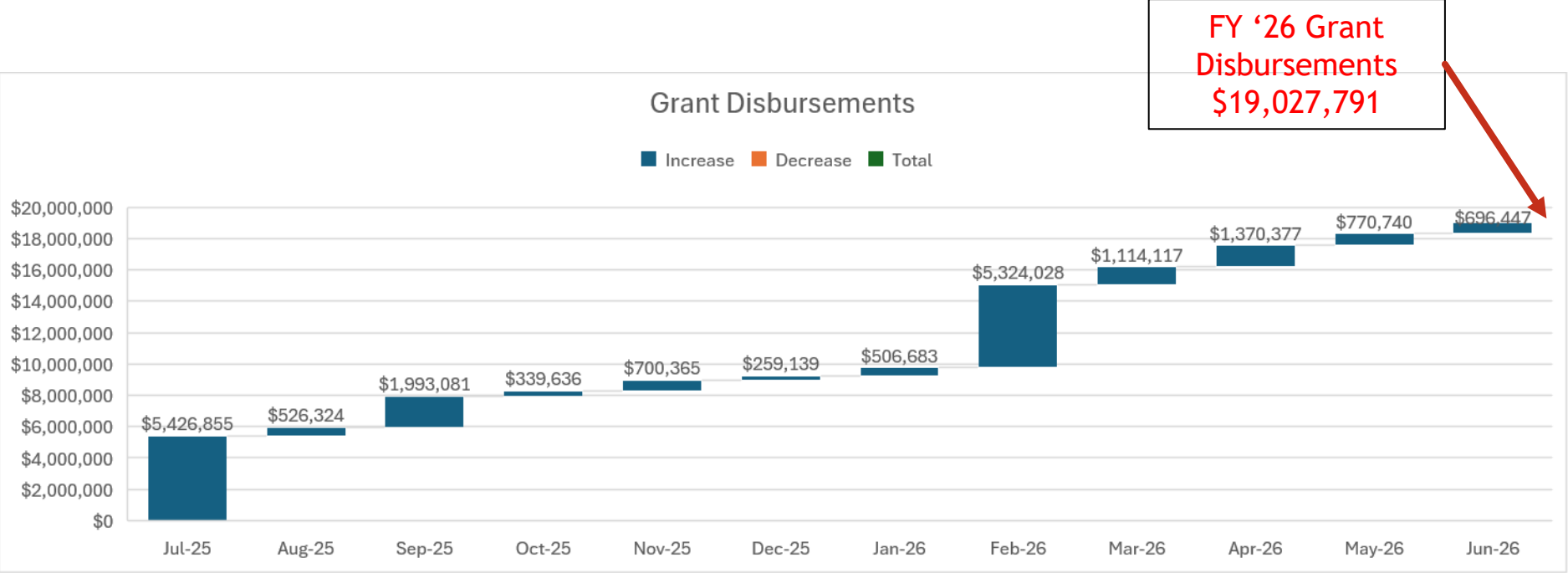
FY '26 Tax Revenue Receipts

Tax Revenue

■ Increase ■ Decrease ■ Total



FY '26 Grant Disbursements

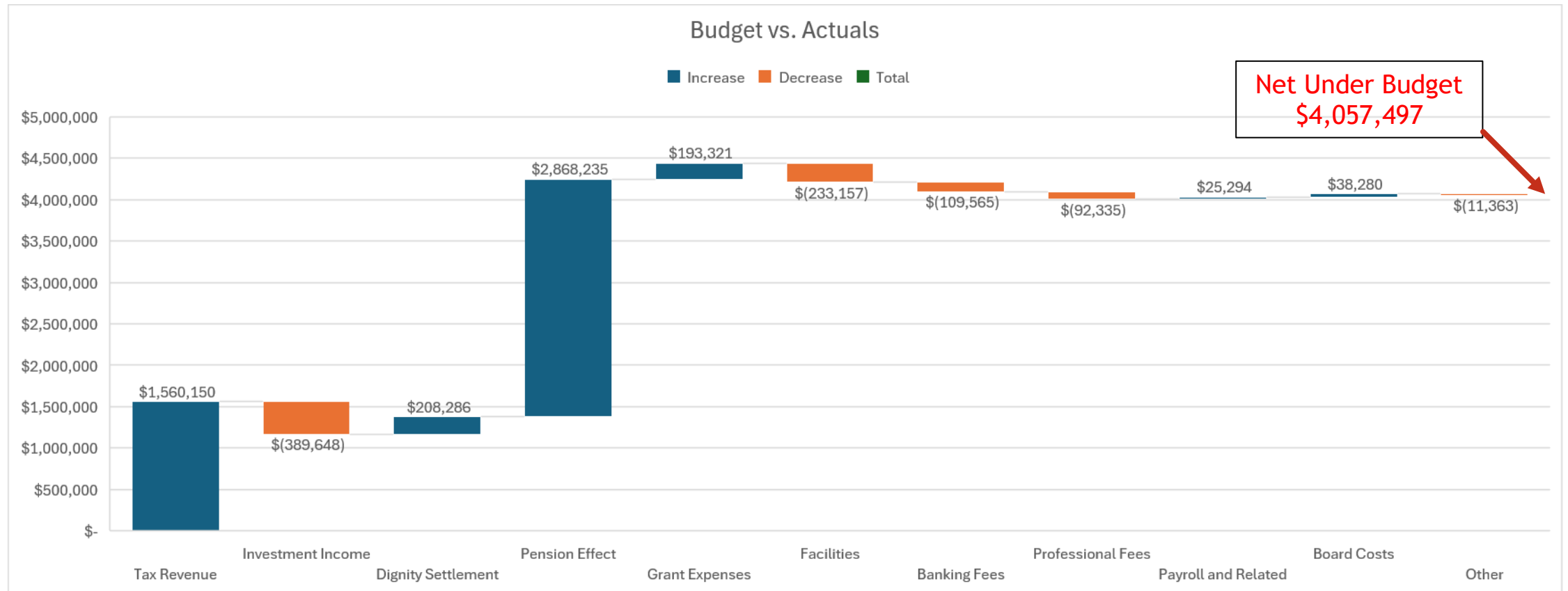


Sequoia Healthcare District
Profit & Loss Budget Vs. Actual
FYE June 30, 2026

Unaudited for Management Discussion Purposes Only

	Actuals													2026 Budget Variance	
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	2026 Actual	FY 2026	
														Approved Annual Budget	Budget Better/(Worse)
Income															
Rental Income	\$ -	\$ -	\$ 21,108	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 3,721	\$ 81,116	\$ 75,000	\$ 6,116
Tax Revenue	\$ 382,121	\$ 22,804	\$ 9,684	\$ 740,169	\$ 1,004,482	\$ 8,811,457	\$ 1,488,922	\$ 11,363	\$ 944,019	\$ 5,050,246	\$ 1,785,797	\$ 309,086	\$ 20,560,150	\$ 19,000,000	\$ 1,560,150
Investment Income	\$ (132,564)	\$ 345,526	\$ 3,233	\$ 49,525	\$ 125,074	\$ 3,768	\$ (10,495)	\$ 209,088	\$ (346,878)	\$ (7,036)	\$ (74,068)	\$ (83,889)	\$ 81,286	\$ 800,000	\$ (718,714)
Interest Income	\$ 123,775	\$ 119,625	\$ 139,907	\$ 127,792	\$ 63,416	\$ 181,609	\$ 104,333	\$ 173,753	\$ 132,018	\$ 128,050	\$ (234,283)	\$ 509,069	\$ 1,569,066	\$ 1,240,000	\$ 329,066
Dignity Agreement	\$ -	\$ -	\$ -	\$ -	\$ 599,125	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 718,286	\$ 510,000	\$ 208,286
Total Income (Less Pension)	\$ 373,332	\$ 487,955	\$ 173,933	\$ 924,522	\$ 1,799,133	\$ 9,020,893	\$ 1,606,819	\$ 418,264	\$ 753,218	\$ 5,195,319	\$ 1,501,505	\$ 755,011	\$ 23,009,904	\$ 21,625,000	\$ 1,384,904
Pension Income	\$ 5,494	\$ 14,797	\$ 2,596,204	\$ 591,866	\$ 3,686,828	\$ 224,348	\$ 1,059,424	\$ 629,165	\$ (2,476,017)	\$ 2,694,226	\$ 1,373,197	\$ 163,632	\$ 10,563,166	\$ -	\$ 10,563,166
Total Income	\$ 378,826	\$ 502,752	\$ 2,770,137	\$ 1,516,389	\$ 5,485,961	\$ 9,245,241	\$ 2,666,244	\$ 1,047,429	\$ (1,722,798)	\$ 7,889,545	\$ 2,874,702	\$ 918,643	\$ 33,573,070	\$ 21,625,000	\$ 11,948,070
Expenses															
Payroll and Related	\$ 118,582	\$ 104,632	\$ 114,086	\$ 124,821	\$ 108,428	\$ 129,700	\$ 126,514	\$ 116,380	\$ 130,426	\$ 131,521	\$ 118,744	\$ 119,990	\$ 1,443,825	\$ 1,469,120	\$ 25,294
Administration	\$ 5,129	\$ 5,338	\$ 10,470	\$ 17,909	\$ 7,740	\$ 6,381	\$ 6,301	\$ 13,508	\$ 9,047	\$ 7,771	\$ 11,438	\$ 22,651	\$ 123,682	\$ 114,730	\$ (8,952)
Board Related Costs	\$ 1,050	\$ 2,038	\$ 2,066	\$ 3,103	\$ 2,933	\$ 457	\$ 1,350	\$ 3,781	\$ 2,156	\$ 3,666	\$ 1,990	\$ 2,130	\$ 26,720	\$ 65,000	\$ 38,280
Investment/Banking Fees	\$ 92	\$ 117	\$ 14,384	\$ 17,203	\$ 141	\$ 102	\$ 47,638	\$ 101	\$ 103	\$ 33,338	\$ 17,730	\$ 55,117	\$ 186,065	\$ 76,500	\$ (109,565)
Office Expenses	\$ 1,207	\$ 832	\$ 2,255	\$ 973	\$ 87	\$ 821	\$ 704	\$ 737	\$ 252	\$ 1,236	\$ 531	\$ 600	\$ 10,236	\$ 10,000	\$ (236)
Professional Fees	\$ 2,250	\$ 13,072	\$ 17,533	\$ 6,940	\$ 5,219	\$ 62,948	\$ 47,498	\$ 34,465	\$ 33,839	\$ 22,210	\$ 23,509	\$ 32,853	\$ 302,335	\$ 210,000	\$ (92,335)
Communications	\$ 919	\$ 483	\$ 21,984	\$ 22,202	\$ -	\$ 2,826	\$ -	\$ 1,524	\$ 3,975	\$ 4,520	\$ 12,633	\$ 228	\$ 71,294	\$ 65,000	\$ (6,294)
Facilities	\$ 29,848	\$ 28,463	\$ 11,625	\$ 22,394	\$ 22,293	\$ 26,696	\$ 26,108	\$ 27,588	\$ 46,125	\$ 28,314	\$ 77,210	\$ 52,648	\$ 399,314	\$ 166,157	\$ (233,157)
Insurance	\$ 3,781	\$ 3,781	\$ 4,032	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 4,961	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 46,805	\$ 45,000	\$ (1,805)
Other Expenses	\$ -	\$ -	\$ 234	\$ 74	\$ 72	\$ 71	\$ 69	\$ 67	\$ 65	\$ 63	\$ (581)	\$ 59	\$ 193	\$ -	\$ (193)
Total Operating Expenses	\$ 162,860	\$ 158,755	\$ 198,669	\$ 219,401	\$ 150,695	\$ 233,782	\$ 259,963	\$ 203,112	\$ 229,769	\$ 236,421	\$ 266,985	\$ 290,057	\$ 2,610,469	\$ 2,221,507	\$ (388,962)
Pension Costs	\$ 768,976	\$ 574,961	\$ 867,497	\$ 584,492	\$ 583,547	\$ 577,310	\$ 590,007	\$ 616,916	\$ 574,424	\$ 674,207	\$ 670,472	\$ 612,121	\$ 7,694,931	\$ -	\$ (7,694,931)
Grant Expenses	\$ 4,551,993	\$ 172,059	\$ 401,500	\$ 403,165	\$ 721,371	\$ 285,105	\$ 514,537	\$ 5,295,046	\$ 1,122,015	\$ 1,419,424	\$ 778,815	\$ 3,545,142	\$ 19,210,172	\$ 19,403,493	\$ 193,321
Total Expenses	\$ 5,483,830	\$ 905,775	\$ 1,467,666	\$ 1,207,057	\$ 1,455,614	\$ 1,096,197	\$ 1,364,507	\$ 6,115,074	\$ 1,926,208	\$ 2,330,053	\$ 1,716,272	\$ 4,447,320	\$ 29,515,573	\$ 21,625,000	\$ (7,890,573)
Net Income (Loss)	\$ (5,105,004)	\$ (403,023)	\$ 1,302,471	\$ 309,332	\$ 4,030,347	\$ 8,149,044	\$ 1,301,737	\$ (5,067,645)	\$ (3,649,006)	\$ 5,559,492	\$ 1,158,430	\$ (3,528,677)	\$ 4,057,497	\$ -	\$ 4,057,497

FY '26 Budget vs. Actual (With Pension)



FY '26 Finance Reports

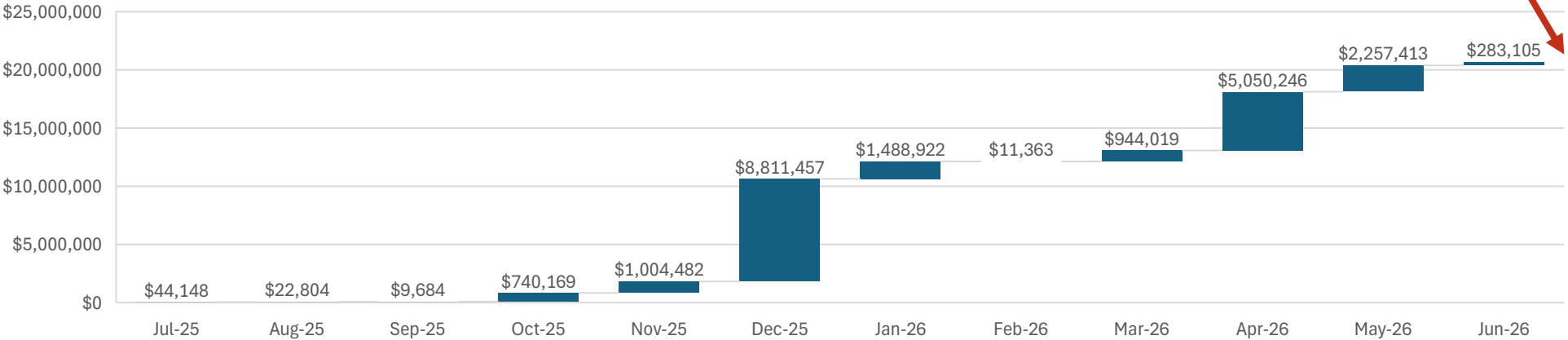
WITHOUT Pension Effect

Sequoia Healthcare District Sources and Uses (Without Pension) YTD Through June 30, 2026 Unaudited for Management Discussion Purposes Only													
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	YTD
Sources													
Rental Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000
Tax Revenue	44,148	22,804	9,684	740,169	1,004,482	8,811,457	1,488,922	11,363	944,019	5,050,246	2,257,413	283,105	20,667,812
Dignity Agreement Receipts	-	-	-	-	1,020,000	-	-	-	-	-	-	-	1,020,000
Unrealized Gain/(Loss)	(132,564)	345,526	3,233	49,525	125,074	3,768	(10,495)	209,088	(346,878)	(7,036)	(74,068)	(83,889)	81,286
Interest Income	100,340	118,103	114,652	75,225	82,601	186,228	52,471	131,586	108,957	126,762	94,837	212,034	1,403,797
													-
Total Cash Sources	\$ 11,925	\$ 486,433	\$ 127,569	\$ 864,920	\$ 2,232,157	\$ 9,001,453	\$ 1,530,898	\$ 352,038	\$ 706,098	\$ 5,169,972	\$ 2,278,183	\$ 461,250	\$ 23,222,896
Uses													
Payroll and Related	148,424	111,710	105,640	122,454	147,459	113,525	109,167	109,720	166,749	113,859	142,825	81,912	1,473,444
Administration	33,759	7,175	1,589	6,251	2,036	1,479	1,369	20,045	7,878	1,104	6,348	14,988	104,021
Board Expense	120	538	-	1,316	915	456	1,350	973	1,740	383	1,346	518	9,653
Investment/Bank Fees	53,691	117	92	17,203	101	102	47,638	134	103	33,299	17,506	202	170,186
Office Expenses	1,231	691	141	2,788	521	208	704	592	361	1,236	173	136	8,782
Professional Fees	9,260	36,693	14,733	3,510	27,003	49,214	20,185	48,678	45,124	16,710	23,509	27,122	321,738
Communications	919	483	21,737	21,719	-	2,826	-	1,524	3,975	6,231	12,766	142	72,321
Facilities	12,201	4,546	13,247	13,784	8,055	8,894	11,546	9,119	30,284	11,355	8,129	13,193	144,353
Insurance	62,690	-	251	485	243	-	243	1,428	497	249	249	49,029	115,364
Total Cash Operating Uses	322,295	161,951	157,428	189,510	186,332	176,703	192,202	192,214	256,710	184,425	212,850	187,243	2,419,862
													-
Grant Expenses	5,426,855	526,324	1,993,081	339,636	700,365	259,139	506,683	5,324,028	1,114,117	1,370,377	770,740	696,447	19,027,791
Ravenswood Tenant Improvements	-	-	1,002,424	551,451	-	-	1,235,615	-	935,847	1,326,488	-	737,178	5,789,004
Capital Expenditures	22,720	9,534	-	35,820	14,986	11,853	8,187	14,630	11,609	-	9,933	25,330	164,601
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
													\$ -
Total Cash Uses	\$ 5,771,870	\$ 697,809	\$ 3,152,933	\$ 1,116,416	\$ 901,683	\$ 447,694	\$ 1,942,686	\$ 5,530,872	\$ 2,318,284	\$ 2,881,289	\$ 993,523	\$ 1,646,198	\$ 27,401,258
Net Cash (Used)/Received	\$ (5,759,945)	\$ (211,376)	\$ (3,025,364)	\$ (251,497)	\$ 1,330,474	\$ 8,553,758	\$ (411,788)	\$ (5,178,834)	\$ (1,612,186)	\$ 2,288,683	\$ 1,284,660	\$ (1,184,948)	\$ (4,178,362)
Operating Cash Balance													
Heritage Operating	\$ 304,759	\$ 631,218	\$ 712,679	\$ 1,214,461	\$ 1,942,742	\$ 10,311,411	\$ 5,393,863	\$ 1,377,821	\$ 1,005,007	\$ 3,209,559	\$ 4,476,467	\$ 3,389,326	
Heritage Collaboration with Dignity	\$ 883,116	\$ 884,619	\$ 663,565	\$ 788,340	\$ 1,175,335	\$ 1,176,387	\$ 1,177,390	\$ 1,178,298	\$ 1,179,303	\$ 1,180,277	\$ 1,181,283	\$ 959,905	
Wells Fargo	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ 1,088	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Operating Cash	<u>\$ 1,188,963</u>	<u>\$ 1,516,924</u>	<u>\$ 1,377,333</u>	<u>\$ 2,003,889</u>	<u>\$ 3,119,165</u>	<u>\$ 11,488,886</u>	<u>\$ 6,572,342</u>	<u>\$ 2,556,119</u>	<u>\$ 2,184,310</u>	<u>\$ 4,389,836</u>	<u>\$ 5,657,751</u>	<u>\$ 4,349,231</u>	
Schwab Investments	<u>\$ 45,672,219</u>	<u>\$ 45,132,882</u>	<u>\$ 42,247,109</u>	<u>\$ 41,369,056</u>	<u>\$ 41,584,254</u>	<u>\$ 41,768,291</u>	<u>\$ 46,273,048</u>	<u>\$ 45,110,436</u>	<u>\$ 43,870,059</u>	<u>\$ 43,953,216</u>	<u>\$ 43,969,962</u>	<u>\$ 44,093,534</u>	
Total Cash and Investments	<u>\$ 46,861,182</u>	<u>\$ 46,649,806</u>	<u>\$ 43,624,442</u>	<u>\$ 43,372,945</u>	<u>\$ 44,703,419</u>	<u>\$ 53,257,177</u>	<u>\$ 52,845,389</u>	<u>\$ 47,666,555</u>	<u>\$ 46,054,369</u>	<u>\$ 48,343,052</u>	<u>\$ 49,627,712</u>	<u>\$ 48,442,765</u>	
Pension Assets													
Vanguard	\$ 50,553,849	\$ 50,952,229	\$ 51,619,249	\$ 51,581,494	\$ 55,240,001	\$ 54,298,137	\$ 54,719,143	\$ 54,760,465	\$ 51,715,193	\$ 53,682,386	\$ 54,474,724	\$ 53,975,275	
Principal Custodial Solutions	\$ 639,097	\$ 869,727	\$ 667,169	\$ 695,188	\$ 121,959	\$ 702,431	\$ 750,842	\$ 704,696	\$ 691,813	\$ 732,625	\$ 638,808	\$ 711,226	
Principal Financial Group	\$ 2,418,565	\$ 2,432,771	\$ 2,440,937	\$ 2,440,937	\$ 2,458,939	\$ 2,467,370	\$ 2,467,370	\$ 2,484,443	\$ 2,492,158	\$ 2,504,171	\$ 2,508,375	\$ 2,525,331	
	<u>\$ 53,611,511</u>	<u>\$ 54,254,727</u>	<u>\$ 54,727,355</u>	<u>\$ 54,717,619</u>	<u>\$ 57,820,899</u>	<u>\$ 57,467,937</u>	<u>\$ 57,937,355</u>	<u>\$ 57,949,604</u>	<u>\$ 54,899,163</u>	<u>\$ 56,919,182</u>	<u>\$ 57,621,907</u>	<u>\$ 57,211,832</u>	

FY '26 Tax Revenue Receipts

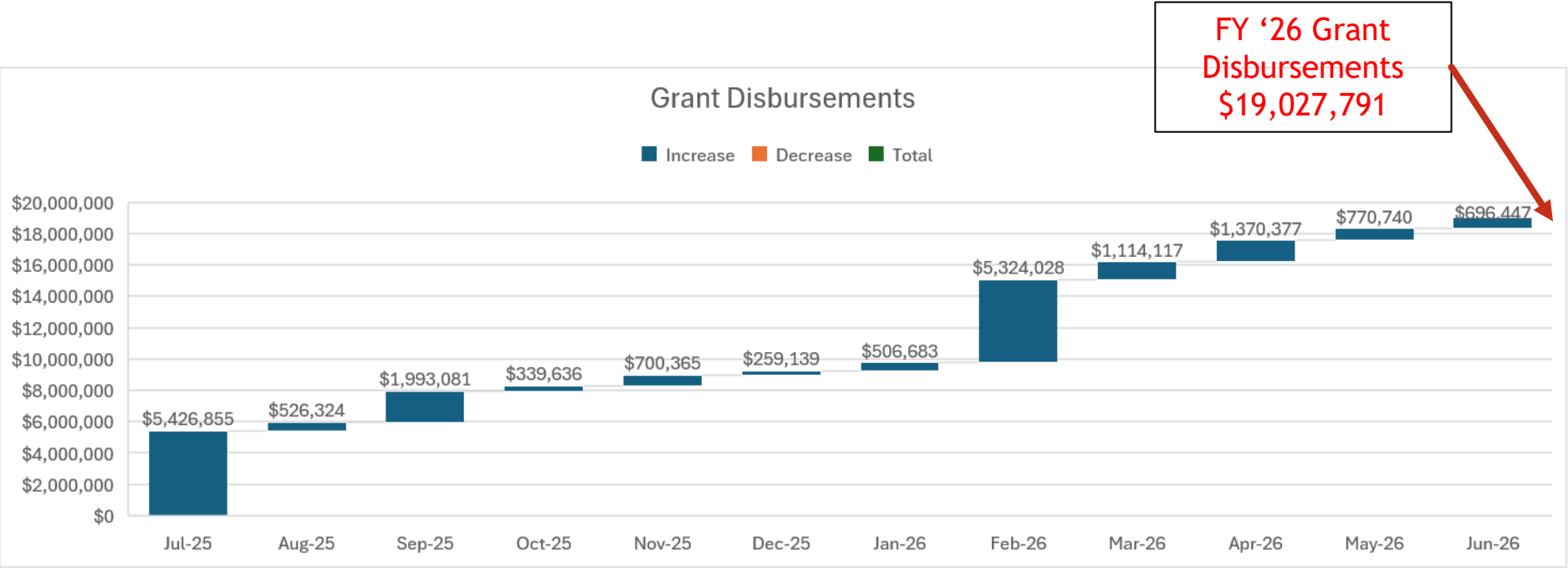
Tax Revenue

■ Increase ■ Decrease ■ Total



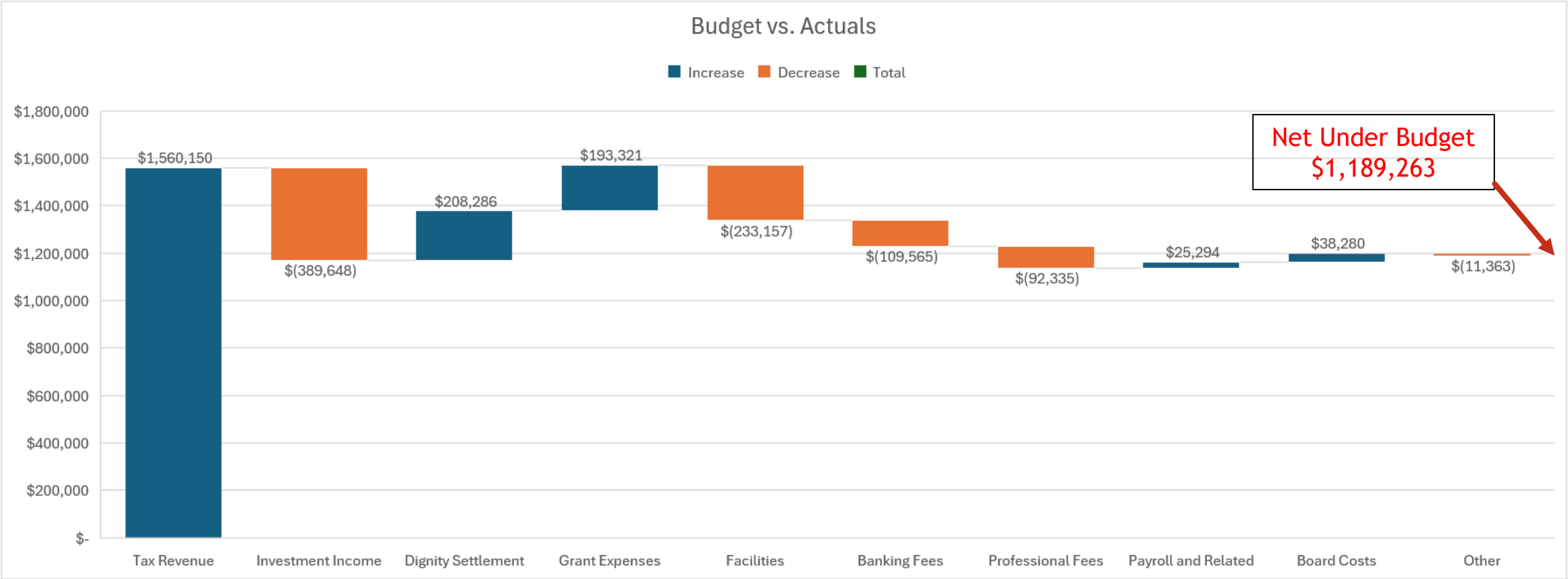
**FY '26 Tax
Revenue Receipts
\$20,667,812**

FY '26 Grant Disbursements



Sequoia Healthcare District																	
Profit & Loss Budget Vs. Actual (Without Pension)																	
FYE June 30, 2026																	
Unaudited for Management Discussion Purposes Only																	
	Actuals														2026 Budget Variance		
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	2026 Actual	FY 2026			
														Approved Annual Budget	Budget Better/(Worse)		
Income																	
Rental Income	\$ -	\$ -	\$ 21,108	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 7,036	\$ 3,721	\$ 81,116	\$ 75,000	\$ 6,116		
Tax Revenue	\$ 382,121	\$ 22,804	\$ 9,684	\$ 740,169	\$ 1,004,482	\$ 8,811,457	\$ 1,488,922	\$ 11,363	\$ 944,019	\$ 5,050,246	\$ 1,785,797	\$ 309,086	\$ 20,560,150	\$ 19,000,000	\$ 1,560,150		
Investment Income	\$ (132,564)	\$ 345,526	\$ 3,233	\$ 49,525	\$ 125,074	\$ 3,768	\$ (10,495)	\$ 209,088	\$ (346,878)	\$ (7,036)	\$ (74,068)	\$ (83,889)	\$ 81,286	\$ 800,000	\$ (718,714)		
Interest Income	\$ 123,775	\$ 119,625	\$ 139,907	\$ 127,792	\$ 63,416	\$ 181,609	\$ 104,333	\$ 173,753	\$ 132,018	\$ 128,050	\$ (234,283)	\$ 509,069	\$ 1,569,066	\$ 1,240,000	\$ 329,066		
Dignity Agreement	\$ -	\$ -	\$ -	\$ -	\$ 599,125	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 17,023	\$ 718,286	\$ 510,000	\$ 208,286		
Total Income	\$ 373,332	\$ 487,955	\$ 173,933	\$ 924,522	\$ 1,799,133	\$ 9,020,893	\$ 1,606,819	\$ 418,264	\$ 753,218	\$ 5,195,319	\$ 1,501,505	\$ 755,011	\$ 23,009,904	\$ 21,625,000	\$ 1,384,904		
Expenses																	
Payroll and Related	\$ 118,582	\$ 104,632	\$ 114,086	\$ 124,821	\$ 108,428	\$ 129,700	\$ 126,514	\$ 116,380	\$ 130,426	\$ 131,521	\$ 118,744	\$ 119,990	\$ 1,443,825	\$ 1,469,120	\$ 25,294		
Administration	\$ 5,129	\$ 5,338	\$ 10,470	\$ 17,909	\$ 7,740	\$ 6,381	\$ 6,301	\$ 13,508	\$ 9,047	\$ 7,771	\$ 11,438	\$ 22,651	\$ 123,682	\$ 114,730	\$ (8,952)		
Board Related Costs	\$ 1,050	\$ 2,038	\$ 2,066	\$ 3,103	\$ 2,933	\$ 457	\$ 1,350	\$ 3,781	\$ 2,156	\$ 3,666	\$ 1,990	\$ 2,130	\$ 26,720	\$ 65,000	\$ 38,280		
Investment/Banking Fees	\$ 92	\$ 117	\$ 14,384	\$ 17,203	\$ 141	\$ 102	\$ 47,638	\$ 101	\$ 103	\$ 33,338	\$ 17,730	\$ 55,117	\$ 186,065	\$ 76,500	\$ (109,565)		
Office Expenses	\$ 1,207	\$ 832	\$ 2,255	\$ 973	\$ 87	\$ 821	\$ 704	\$ 737	\$ 252	\$ 1,236	\$ 531	\$ 600	\$ 10,236	\$ 10,000	\$ (236)		
Professional Fees	\$ 2,250	\$ 13,072	\$ 17,533	\$ 6,940	\$ 5,219	\$ 62,948	\$ 47,498	\$ 34,465	\$ 33,839	\$ 22,210	\$ 23,509	\$ 32,853	\$ 302,335	\$ 210,000	\$ (92,335)		
Communications	\$ 919	\$ 483	\$ 21,984	\$ 22,202	\$ -	\$ 2,826	\$ -	\$ 1,524	\$ 3,975	\$ 4,520	\$ 12,633	\$ 228	\$ 71,294	\$ 65,000	\$ (6,294)		
Facilities	\$ 29,848	\$ 28,463	\$ 11,625	\$ 22,394	\$ 22,293	\$ 26,696	\$ 26,108	\$ 27,588	\$ 46,125	\$ 28,314	\$ 77,210	\$ 52,648	\$ 399,314	\$ 166,157	\$ (233,157)		
Insurance	\$ 3,781	\$ 3,781	\$ 4,032	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 4,961	\$ 3,781	\$ 3,781	\$ 3,781	\$ 3,781	\$ 46,805	\$ 45,000	\$ (1,805)		
Other Expenses	\$ -	\$ -	\$ 234	\$ 74	\$ 72	\$ 71	\$ 69	\$ 67	\$ 65	\$ 63	\$ (581)	\$ 59	\$ 193	\$ -	\$ (193)		
Total Operating Expenses	\$ 162,860	\$ 158,755	\$ 198,669	\$ 219,401	\$ 150,695	\$ 233,782	\$ 259,963	\$ 203,112	\$ 229,769	\$ 236,421	\$ 266,985	\$ 290,057	\$ 2,610,469	\$ 2,221,507	\$ (388,962)		
Grant Expenses	\$ 4,551,993	\$ 172,059	\$ 401,500	\$ 403,165	\$ 721,371	\$ 285,105	\$ 514,537	\$ 5,295,046	\$ 1,122,015	\$ 1,419,424	\$ 778,815	\$ 3,545,142	\$ 19,210,172	\$ 19,403,493	\$ 193,321		
Total Expenses	\$ 4,714,854	\$ 330,814	\$ 600,170	\$ 622,565	\$ 872,066	\$ 518,887	\$ 774,500	\$ 5,498,158	\$ 1,351,784	\$ 1,655,845	\$ 1,045,800	\$ 3,835,199	\$ 21,820,641	\$ 21,625,000	\$ (195,641)		
Net Income (Loss)	\$ (4,341,522)	\$ 157,141	\$ (426,237)	\$ 301,957	\$ 927,067	\$ 8,502,006	\$ 832,319	\$ (5,079,894)	\$ (598,566)	\$ 3,539,473	\$ 455,705	\$ (3,080,188)	\$ 1,189,263	\$ -	\$ 1,189,263		

FY '26 Budget vs. Actual (Without Pension)



FY '27 Budget

Sequoia Healthcare District					
Profit & Loss Budget vs/ Prior Year Unaudited Actuals (With Pension)					
FYE June 30, 2027					
Unaudited for Management Discussion Purposes Only					
	2026 Actual (Unaudited)	2027 Budget	2026 to 2027 Change Better / (Worse)	Notes	
Income					
Rental Income	\$ 81,116	\$ 84,432	\$ 3,316		
Tax Revenue	\$ 20,560,150	\$ 20,706,131	\$ 145,981	Est based upon 3.83% historical rate of increase	
Gain(Loss) on Investments	\$ 81,286	\$ 640,000	\$ 558,714	Est 2.81% historical annual Return	
Int/Div Income	\$ 1,569,066	\$ 628,800	\$ (940,266)	Est 2.81% historical annual Return	
Dignity Agreement	\$ 718,286	\$ 714,000	\$ (4,286)		
Total Income (Less Pension)	\$ 23,009,904	\$ 22,773,363	\$ (236,541)		
Pension Contribution	\$ 3,600,000	\$ 2,573,948	\$ (1,026,052)	Lower actuary contribution rate	
Pension Income	\$ 6,963,166	\$ 3,277,500	\$ (3,685,666)	Estimated lower investment returns	
Total Income	\$ 33,573,070	\$ 28,624,811	\$ (4,948,259)		
Expenses					
Payroll and Related	\$ 1,442,213	\$ 1,910,842	\$ (468,628)	Increased HC and COLA	
Administration	\$ 123,682	\$ 200,400	\$ (76,718)	Increased community engagement/involvement	
Board Related Costs	\$ 28,332	\$ 66,310	\$ (37,978)	Increased primarily due to meeting stipend	
Investment/Banking Fees	\$ 186,065	\$ 221,500	\$ (35,435)	Increased fees as a result of increased avg balances YOY	
Office Expenses	\$ 10,236	\$ 12,000	\$ (1,764)		
Professional Fees	\$ 302,335	\$ 244,645	\$ 57,690	Decreased by strategic plan consultants in prior year	
Communications	\$ 71,294	\$ 243,200	\$ (171,906)	Increased for higher communication activity and resource	
Facilities	\$ 399,314	\$ 725,380	\$ (326,066)	Increase primarily due to 525/1016 TI depreciation	
Insurance	\$ 46,805	\$ 51,000	\$ (4,195)		
Election Costs	\$ -	\$ 260,000	\$ (260,000)	Election costs in current year (Election every 2 years)	
Other Expenses	\$ 193	\$ 840	\$ (647)		
Total Operating Expenses	\$ 2,610,469	\$ 3,936,117	\$ (1,325,648)		
Pension Expenses	\$ 227,305	\$ 210,000	\$ 17,305	Estimated pension admin expense	
Pension Benefit Payments	\$ 7,467,626	\$ 7,200,000	\$ 267,626	Estimated pension beneficiary payments	
Grant Expenses	\$ 19,210,172	\$ 23,837,246	\$ (4,627,074)	Increased with \$5M investment from reserves	
Total Expenses	\$ 29,515,573	\$ 35,183,363	\$ (5,667,790)		
Net Income (Loss)	\$ 4,057,497	\$ (6,558,552)	\$ (10,616,049)		
Capital Expenditures	\$ 5,475,319	\$ 890,000	\$ 4,585,319	Decrease in TI expenditures	

Sequoia Healthcare District
Profit & Loss Budget vs. Prior Year Unaudited Actuals (Without Pension)
FYE June 30, 2027

Unaudited for Management Discussion Purposes Only

	2026 Actual (Unaudited)	2027 Budget	2026 to 2027 Change Better / (Worse)	Notes
Income				
Rental Income	\$ 81,116	\$ 84,432	\$ 3,316	
Tax Revenue	\$ 20,560,150	\$ 20,706,131	\$ 145,981	Est based upon 3.83% historical rate of increase
Gain(Loss) on Investments	\$ 81,286	\$ 640,000	\$ 558,714	Est 2.81% historical annual Return
Int/Div Income	\$ 1,569,066	\$ 628,800	\$ (940,266)	Est 2.81% historical annual Return
Dignity Agreement	\$ 718,286	\$ 714,000	\$ (4,286)	
Total Income	\$ 23,009,904	\$ 22,773,363	\$ (236,541)	
Expenses				
Payroll and Related	\$ 1,442,213	\$ 1,910,842	\$ (468,628)	Increased HC and COLA
Administration	\$ 123,682	\$ 200,400	\$ (76,718)	Increased community engagement/involvement
Board Related Costs	\$ 28,332	\$ 66,310	\$ (37,978)	Increased primarily due to meeting stipend
Investment/Banking Fees	\$ 186,065	\$ 221,500	\$ (35,435)	Increased fees as a result of increased avg balances YOY
Office Expenses	\$ 10,236	\$ 12,000	\$ (1,764)	
Professional Fees	\$ 302,335	\$ 244,645	\$ 57,690	Decreased by strategic plan consultants in prior year
Communications	\$ 71,294	\$ 243,200	\$ (171,906)	Increased for higher communication activity and resource
Facilities	\$ 399,314	\$ 725,380	\$ (326,066)	Increase primarily due to 525/1016 TI depreciation
Insurance	\$ 46,805	\$ 51,000	\$ (4,195)	
Election Costs	\$ -	\$ 260,000	\$ (260,000)	Election costs in current year (Election every 2 years)
Other Expenses	\$ 193	\$ 840	\$ (647)	
Total Operating Expenses	\$ 2,610,469	\$ 3,936,117	\$ (1,325,648)	
			\$ -	
Grant Expenses	\$ 19,210,172	\$ 23,837,246	\$ (4,627,074)	Increased with \$5M investment from reserves
Total Expenses	\$ 21,820,641	\$ 27,773,363	\$ (5,952,722)	
Net Income (Loss)	\$ 1,189,263	\$ (5,000,000)	\$ (6,189,262)	
Capital Expenditures	\$ 5,475,319	\$ 890,000	\$ 4,585,319	Decrease in TI expenditures

Draft Profit & Loss Budget Details (with Pension)				
FYE June 30, 2027				
Unaudited for Management Discussion Purposes Only				
		Summary Account Classification		Draft FY 2027 Budget
	Income			
	40400-1 · Tax Revenue	Tax Revenue		\$ 20,706,131
	40500-1 · Gain/(Loss) on Investments	Gain/(Loss) on Investments		\$ 640,000
	40600-1 · Int/Div Income	Int/Div Income		\$ 480,000
	40600-3 · Int/Div Income - Pension	Pension Income		\$ 548,000
	40530-3 · Gain/(Loss) on Investments - Pen	Pension Income		\$ 2,729,500
	40800-5 · Dignity Collab Revenue	Dignity Agreement		\$ 510,000
	40610-1 · Interest - 525 Veterans Lease	Int/Div Income		\$ 148,800
	41110-1 · 525 Veterans Lease Revenue	Rental Income		\$ 84,432
	40620-1 · DH Settlement Interest	Dignity Agreement		\$ 204,000
	41000-3 · Employer Trust Contributions	Pension Contribution		\$ 2,573,948
	Total Income			28,624,811
	Expense			
	60100-1 · Prof. Development	Administration		\$ 62,500
	60100-1 · Admin. Expense - Other	Administration		\$ 73,000
	60101-1 · Administration Payroll	Payroll and Related		\$ 1,468,677
	60109-3 · Pension Benefit Payments	Pension Benefit Payments		\$ 7,200,000
	60130-3 · Pension Admin Expenses	Pension Expenses		\$ 210,000
	60199-4 · PTO Payroll Expense	Payroll and Related		\$ 86,227
	60300-1 · Board Health Insurance	Board Related Costs		\$ 17,010
	60310-1 · Employee Health Benefits	Payroll and Related		\$ 301,967
	60350-1 · Employee Retirement Benefit	Payroll and Related		\$ 53,971
	60400-1 · Investment Fees	Investment/Banking Fees		\$ 220,000
	60500-1 · Office Supplies/Equip Maint	Office Expenses		\$ 12,000
	60600-1 · Consulting Services	Professional Fees		\$ 131,200
	60610-1 · Accounting fees	Professional Fees		\$ 33,445
	60700-1 · Board Expense	Board Related Costs		\$ 49,300
	60710-1 · Association/Membership Dues	Administration		\$ 44,800
	60715-1 Conference/Seminars	Administration		\$ 2,600
	60725-1 · Communications	Communications		\$ 243,200
	60750-1 · Software-Hardware-IT	Facilities		\$ 114,593
	60800-1 · Insurance	Insurance		\$ 51,000
	60805-1 · Election Fees	Election Costs		\$ 260,000
	60806-1 · LAFCO fees	Administration		\$ 17,500
	60810-1 · Legal Fees	Professional Fees		\$ 80,000
	60815-1 · Bank Fees	Investment/Banking Fees		\$ 1,500
	Total 65100-1 · 1016 Laurel Occupancy Costs			\$ 104,250
	65500-4 · Depreciation Expense - GW	Facilities		\$ 499,429
	65510-4 · Amortization Expense - GW	Facilities		\$ 7,108
	65610-1 · Capital Outlay - General	Facilities		\$ 890,000
	65610-4 · Capital Outlay - GW Offset	Facilities		\$ (890,000)
	69010-4 · Interest Expense - GW	Other Expenses		\$ 840
	Non -Grant Expenses			\$ 11,346,117
	Grant Expenses			
	Total Expense			\$ 23,837,246
	Net Ordinary Income			\$ 35,183,363
	Net Income			\$ (6,558,552)

Staff Report

Luz Garcia — Communications & Engagement Officer

Public Outreach

- *Communication*
 - **Annual Report:** I conducted research on current trends and subsequently developed an outline for this year's annual report, sharing it with the team for feedback. I initiated communication with Boys and Girls Club of the Peninsula to arrange filming for the annual report video and began drafting the landing page along with the related sections on the website. Additionally, I designed buttons, banners, and a preliminary postcard that will be mailed out to residents.
 - **SHD Website:** Additional amplify pages have been published for Major Funding Initiatives, Community Grants, School-Based Grants, the Wellness Team, the School Nurse Scholarship, Sequoia Smart, Sequoia Safe, and a condensed Reports & Blog section. The primary objective of these pages was to reduce the number of clicks required to reach information by strategically formatting the content, such as utilizing an accordion style for the Community and School-Based Grants sections.
 - **Work Plan:** I have finalized and shared my communications work plan with Pamela, which emphasizes three key phases: collaborating with our partners on content creation, designing in-person engagement opportunities, and fostering connections between the community and our partners through a major annual event. This plan will serve as a roadmap for achieving our strategic objectives, outlining clear actions to be undertaken within the year and beyond.
- *Community Engagement*
 - **Tabling Events:**
 - July 16th – Inclusion Festival
 - This event spotlighted Disability Pride Month and was hosted by the San Mateo County Commission on Disabilities. It was wonderful to engage with various community members and celebrate our diverse community.
 - **Social media:** Continued to share updates on social media, including features highlighting our two new team members. I encourage you to like and share our content within your networks.

Newsletters

- **June 2026:** Grants Update, CEO Roundtables & New Pilot Program for Community Partners
If you are aware of anyone who may be interested in joining our newsletter distribution list, please inform me so that I can add them. Alternatively, feel free to share my email address with them, allowing them to contact me directly.

Agenda Item 5a – Review and discuss draft SHD Annual Report and website



FOR YOUR HEALTH

ANNUAL REPORT

2026



Format

1 Video

In response to current trends favoring dynamic digital experiences, we are transforming the format of our annual report from a static PDF to an approximately five to ten-minute video. This video will offer an overview of the year, feature partner stories, highlight our impact, and present our financial breakdown.

2 Website Landing Page

In addition to the annual report video, we will create a dedicated landing page on our website. This page will feature various tabs that correspond to the topics discussed in the video, allowing interested stakeholders to explore further information.

3 Printed Postcard

In line with our approach from previous years, we will mail out a postcard containing the most relevant information. However, this year, the QR code will direct recipients to a video rather than a PDF, as in the past.

Video

5-10 Minute Run Time

- Message to the Community
(Highlights: Strategic Plan & Collaborations)
- New Ravenswood Dental Clinic Story
- Second Harvest of Silicon Valley Story
- Fiscal Year Impact
(Number of Programs & Residents Served)
- Financial Breakdown
(Funding By Health Areas)
- Stay Connected
(Follow Us and Visit our Website)



Website Landing Page

Community Benefit Annual Report FY 2025

El Camino Healthcare District | El Camino Health

Home

Partners

Highlights

Financial Report

About



Strong Partnerships for a Healthy Community

Community Health Investment

El Camino Healthcare District

\$7.8M Grants & Sponsorships

El Camino Health

\$135.7M Total Community Benefit

\$3.3M Grants & Sponsorships

Investments for Our Community's Health

Whether it's encouraging safe, healthy play during recess at local schools, teaching families how to grow their own food, or helping low-income seniors maintain a safe home environment, our Community Benefit grants are an anchor for our partner organizations working to build a healthier community.

In Fiscal Year 2025, the El Camino Healthcare District and El Camino Health invested \$11.2 million in 138 grants and sponsorships with community and hospital-based programs.

These strategic investments are guided by ongoing community conversations and a comprehensive assessment of local health needs, ensuring we provide impactful support for the populations we serve. Together with our healthcare partners, our Community Benefit grants expand access to care, close gaps in behavioral health services, promote healthy lifestyles, support individuals with chronic conditions, and reduce financial barriers to essentials like food and housing.

By using data-driven strategies, we are strengthening our community partnerships and building a robust network of programs and resources for our neighbors experiencing vulnerability, creating a healthier, stronger community for all.

Our 2025 Grant Partners

Highlights

Grant Programs

From Our Leadership

Website Landing Page

[Home](#)[What We Do](#)[Who We Are](#)[News](#)

Edit Title Section

2026 Annual Report

Edit Section

Overview

Partner Stories

Impact

Financial Report

Edit Section

\$20.2 M Approved for Community Grants & Sponsorships

MESSAGE TO THE COMMUNITY



Edit Section

Message to the Community

As I reflect on the past year, I am proud to share the significant strides Sequoia Healthcare District has made in advancing our mission and strengthening our community's health and safety. These achievements are a testament to our collective dedication and the prolific partnerships we've established over the years.

The advancements prioritize the areas of oral health, community safety and access to clinical care and mental health services. I invite you to read my full message to our stakeholders by visiting seqhd.org and learn about how your taxpayer dollars are working to make a significant contribution toward improving health outcomes for our community.

In good health,

Pamela Kurtzman, CEO

View Our Strategic Plan

Edit Section

Discover More



Partner Stories

→



Impact

→



Financial Report

Read more →



Sequoia
Healthcare
District

FOR YOUR HEALTH

Postcard

A new dental clinic funded by Sequoia Healthcare District and operated by our community partner, **Ravenswood Family Dentistry**, has opened in Redwood City. Watch our full video and feature on this long-standing partnership.



ANNUAL REPORT 2026

\$5,541,460
INVESTED IN OUR 8
PARTNER
SCHOOL
DISTRICTS



\$14,720,633
AWARDED TO
LOCAL
NON-PROFITS



**Sequoia
Healthcare
District**
FOR YOUR HEALTH

89
UNIQUE
GRANTEES

\$20,262,093
SUPPORTING OUR COMMUNITY'S HEALTH

Postcard

MESSAGE TO THE COMMUNITY

As I reflect on the past year, I am proud to share the significant strides Sequoia Healthcare District has made in advancing our mission and strengthening our community's health and safety. These achievements are a testament to our collective dedication and the prolific partnerships we've established over the years.

The advancements prioritize the areas of oral health, community safety and access to clinical care and mental health services. I invite you to read my full message to our stakeholders by visiting seqhd.org and learn about how your taxpayer dollars are working to make a significant contribution toward improving health outcomes for our community.

In good health,



Pamela Kurtzman, CEO

Mission:

To improve the health of District residents by enhancing access to care and promoting wellness through responsible stewardship of District taxpayer dollars.

Vision:

For all District residents to experience optimal physical and mental health at every stage of life.



FOR YOUR HEALTH

1016 Laurel St.
San Carlos, CA 94070

650-421-2155

facebook.com/shealtdistrict

[Instagram @shealtdistrict](https://www.instagram.com/shealtdistrict)

seqhd.org

Watch the Video Now



Board of Directors

Ivan Martinez - President
William Fong - Vice-President
Cama Lock - Director
Rosanne Foust - Director
N. Lance Downing - Director

Staff

Pamela Kurtzman - Chief Executive Officer
Stuart Mar - Chief Financial Officer
Kat Tutty - Director of Operations and Administration
Jenny Bratton - Director of Grants and Partnerships
Heidi Stamper - Administrative Executive
Frances Allen - Executive Assistant and Board Clerk
Luz Garcia - Communications & Engagement



FOR YOUR HEALTH

Sequoia Healthcare District
Employee QuickReport
July 2025 through June 2026

Agenda Item 5b
Board of Directors meeting
August 5, 2026

Per government Code 53065.5, below is a spreadsheet of all employee/board member reimbursements over \$100 for FY 2025-26

	Type	Date	Num	Memo	detail	Clr	Amount
Bratton, Jenny							
	Check	01/02/2026	17610	J.Bratton expense report - cellphone reimb Jul-Dec 2025	Reimb cellphone	√	291.56
Total Bratton, Jenny							291.56
	Type	Date	Num	Memo	Detail	Clr	Amount
Fong, William							
	Check	10/06/2025	17483	reimb. for ACHD conference expenses	ACHD Annual Meeting registration, lodging, flights	√	1,671.65
Total Fong, William							1,671.65
	Type	Date	Num	Memo	detail	Clr	Amount
Foust, Rosanne							
Total Foust, Rosanne							0
	Type	Date	Num	Memo	detail	Clr	Amount
Garcia-Lock, Cama							
Total Garcia-Lock, Cama							0
	Type	Date	Num	Memo	detail	Clr	Amount
Garcia, Luz							
Total Garcia, Luz							0
	Type	Date	Num	Memo	detail	Clr	Amount
Kurtzman, Pamela							
	Check	02/24/2026	17732	P.Kurtzman exp reimb - Professional development	reimb for American Leadership Forum program	√	18,000.00
Total Kurtzman, Pamela							18,000.00
	Type	Date	Num	Memo	detail	Clr	Amount
Mar, Stuart							
	Check	08/27/2025	17437	S.Mar exp reimb - Jun-Aug 2025	reimb for cellphone, mileage and bridge tolls for Bay Area Digital Summit conf	√	234.76
Total Mar, Stuart							\$234.76
	Type	Date	Num	Memo	detail	Clr	Amount
Martinez, Ivan							
Total Martinez, Ivan							0
	Type	Date	Num	Memo	detail	Clr	Amount
Nayfack, Aaron M.D,							
Total Nayfack, Aaron M.D.							0
	Type	Date	Num	Memo	detail	Clr	Amount
Shefren, Gerald M.D.							
	Check	10/16/2025	17508	reimb. for CSDA Harassment training course	reimb. for CSDA Harassment training course	√	115.00
Total Shefren, GerealdM.D.							\$115.00

Sequoia Healthcare District
Employee QuickReport
July 2025 through June 2026

Per government Code 53065.5, below is a spreadsheet of all employee/board member reimbursements over \$100 for FY 2025-26

	Type	Date	Num	Memo	Detail	Clr	Amount
Stamper, Heidi							
	Check	10/27/2025	17518	H.Stamper exp report - July-Sep 2025	Reimb for Cellphone and Board meeting refreshements	√	305.62
	Check	01/06/2026	17616	H.Stamper exp report - January 5, 2026	Reimb plumber for check valve repair	√	150.00
	Check	03/27/2026	17814	H.Stamper exp report - March 27, 2026	Reimb garage door repair	√	150.00
Total Stamper, Heidi							605.62
	Type	Date	Num	Memo	Detail	Clr	Amount
Wasson, Ann							
	Check	07/07/2025	17284	A.Wasson exp report - Jan-Jun 2025	Reimb for cellphone usage and mileage	√	520.28
	Check	12/22/2025	17599	A.Wasson exp report - Jul-Dec 2025	Reimb for cellphone usage and mileage	√	685.00
Total Wasson, Ann							1,205.28

BOARD MEMORANDUM

To: Board of Directors

From: Pamela Kurtzman

Date: August 5, 2026

Subject: Authorization of Additional Funding for Roof Replacement and Building Envelope Improvements – 1016 Laurel Street

Recommendation

Authorize an additional capital expenditure of **\$245,000** to complete a full roof replacement and related building envelope improvements at the District's 1016 Laurel Street office as part of the current renovation project.

Background

During construction, additional investigation of the building revealed significant deficiencies in the existing roof and clerestory window system that were not included in the original renovation scope. The roof, which appears to be original to the 2004 building, has exceeded its expected service life and experienced leaks during the 2025–26 rainy season. Inspections by the project architect, general contractor, and roofing subcontractor identified deteriorated roofing materials and design deficiencies around the clerestory windows that increase the risk of continued water intrusion.

The project architect evaluated several repair options and recommends completing the **full roof replacement and upgrade** while the building is under construction. This approach includes replacement of the roof system, waterproofing improvements, replacement of failed clerestory glazing, and replacement of deteriorated exterior shingle surfaces with a more durable stucco finish. Completing this work now avoids future disruption, protects the District's investment in the building renovation, and reduces the risk of additional repair costs.

Fiscal Impact

The estimated cost for the recommended full roof replacement and upgrade is **\$264,000**. The project team has already identified **\$18,743** in value engineering savings through other project modifications, reducing the requested additional appropriation to approximately **\$245,000**.

Recommendation

Staff recommends the Board approve an additional **\$245,000** to complete the full roof replacement and building envelope improvements at 1016 Laurel Street as part of the current construction project, maximizing long-term asset protection while minimizing future construction costs and operational disruption.



PROJECT: Building Improvements for Sequoia Health Care District Offices- San Carlos
1016 Laurel Street, San Carlos CA 94070

Job#: 25783
Date: 8/5/2026

Memo to Board of Directors: SCOPE of WORK CHANGE #1

Briefing: Remediation of adverse roofing and clerestory window conditions

1. The 'Property Condition Report' by AEI Consultants dated 2/14/2025, commissioned as part of the property acquisition the condition of the existing roof was listed as 'Fair to Poor' with a recommendation of \$1,500 for 'Immediate' repairs and \$49,000 for full replacement in the 'Short Term'.
2. The roof leaked during the rainstorms of the 2025-2026 rainy season raising concerns about the fitness of the existing roof.
3. Roof inspections by Zone 4 (the current General Contractor) and the Lawson Roofing Company (the current roofing Subcontractor) have revealed significant deficiencies in the condition of the existing clerestory windows and roof. The leakage experienced during the rainy season is attributable to failure of the aging roof system, a deficiency in the original design and installation of the clerestory windows, or most likely, an aggravating combination of both undesirable conditions.
 - a. The existing roofing appears to be original from the initial construction of the building in 2004 (22 years) and nearing the end of its service life (10-20 yrs. per original manufacturer's warranty). Paraphrasing the Subcontractor's comments:

The roof is in relatively bad shape. There aren't major holes or leaks, but there are a lot of air pockets within the system, and it appears that it's reached the end of its lifespan. The use of vertical shingles is also an issue because they aren't meant to be installed in this fashion and would have to be replaced with stucco or some other system...

(See accompanying photos)
 - b. The clerestory window sills are in disturbingly close proximity to the roof surface, and in some locations are virtually in contact with the roofing. Way too close for comfort. The Subcontractor reports that the weep holes for the windows are covered by the roofing in at least one location. The proximity of the window sill to the roofing is likely to allow wind-blown rainwater to wick through the lower edge of the window frame, past the waterproofing barrier, and into the building.
4. Replacement of existing failed insulated glass units in the clerestory windows at the roof level is part of the existing Contract Agreement. However, repair and or replacement of the existing window unit frames or roofing is not included in the Scope of Work for the current Building Improvements project with Zone 4 Construction.

Budget Request:

In order to get a precise fixed bid, the design team will need to issue a fully developed work plan for remediating the adverse conditions. We are seeking input from the Board since the potential cost is significant and will vary based on the extent of replacements and repairs to be implemented at this time vs. deferred for the future.

A. Minimum scope: Address existing failed conditions only.

1) Clerestory window replacement and waterproofing improvements:	\$30,500
2) Replace asphalt shingles at vertical surfaces:	not included
3) Roofing replacement:	<u>not included</u>
	\$30,500

B. Address failed conditions and replace asphalt shingles at clerestory wall.

1) Clerestory window replacement and waterproofing improvements:	\$30,500
2) Replace asphalt shingles with stucco at clerestory walls only:	\$15,000
3) Roofing replacement (including upper penthouse roofs):	<u>not included</u>
	\$45,500

C. Full replacement and upgrade:

1) Clerestory window replacement and waterproofing improvements:	\$30,500
2) Replace asphalt shingles with stucco at clerestory and all parapet walls:	\$40,000
3) Roofing replacement (including upper penthouse roofs):	<u>\$193,500²</u>
	\$264,000

Notes:

1. The above budget numbers are approximations at this point. The numbers have been developed with preliminary input from Zone 4 Construction and Lawson Roofing. They include a 15% markup to anticipate likely General Contractor overhead & profit (O&P) plus a 15% estimating contingency on top of that. These are not fixed bids.
2. The roofing replacement number shown above (\$193,500) is for an optimal installation of a Sarnafil PVC roof. There are options for reducing the cost as follows:
 - a. Overlay new PVC roofing over DensDeck boards over the existing roofing without tearing-off the pre-existing roofing: \$164,750 (-28,750)
 - b. Silicone spray coating over existing roofing instead of re-roofing: \$106,445 (-87,055)



PROJECT: Building Improvements for Sequoia Health Care District Offices- San Carlos
1016 Laurel Street, San Carlos CA 94070

Job#: 25783
Date: 8/5/2026

Memo to Board of Directors: VALUE ENGINEERING (VE)

Cost-saving measures implemented:

Omit Storage Rooms #6 and #7	Credit:	\$15,919
Modify exterior canopy design	Credit:	\$2,404
Modify floor tile at Toilet Room #1	Credit:	\$420
	Total:	\$18,743

Cost-saving measures held for Board consideration:

Retain existing floor and wall tile finishes at Toilet Room #2- Potential saving:	\$9,325
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Submitted by:
Ellis A. Schoichet AIA | EASA Architecture

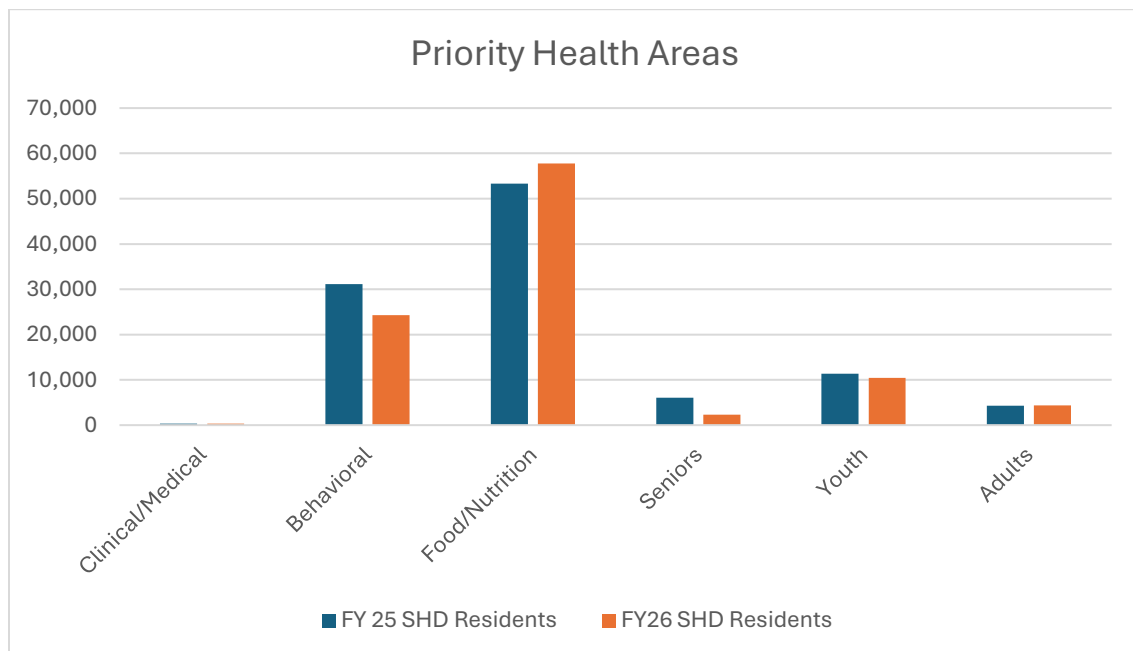
FY 26 Caring Community Grants Demographic Data

This is an overview of FY26 Caring Community (CC) grants demographic data for the grant cycle starting July 1, 2025 and ending June 30, 2026.

A total of 73 grants totaling 6.052 M were allotted to programs that impacted approximately 100,000 SHD residents, which represents 40% of the approximately 250,000 District residents (per 2020 Census). This level of utilization of our district partners programming corroborates with County data trends showing increased need among County residents.

Priority Areas	FY 25-26 SHD Residents	FY26-27 SHD Residents	% of Residents Total
Clinical/Medical	302	306	<1%
Behavioral (this includes Substance Abuse Disorders, formerly ATOD)	31,114	24,299	25%
Food/Nutrition	53,338	57,775	58%
Seniors	6,058	2,283	2%
Youth	11,356	10,411	11%
Adults	4,327	4,360	4%
Total:	106,495	102,114	100%

As seen from the chart above and visual below, the highest percentage of residents served were in the priority areas of food/nutrition services (58%), followed by behavioral health services (25%). The data shows there was a slight increase in residents accessing food services from the previous year.

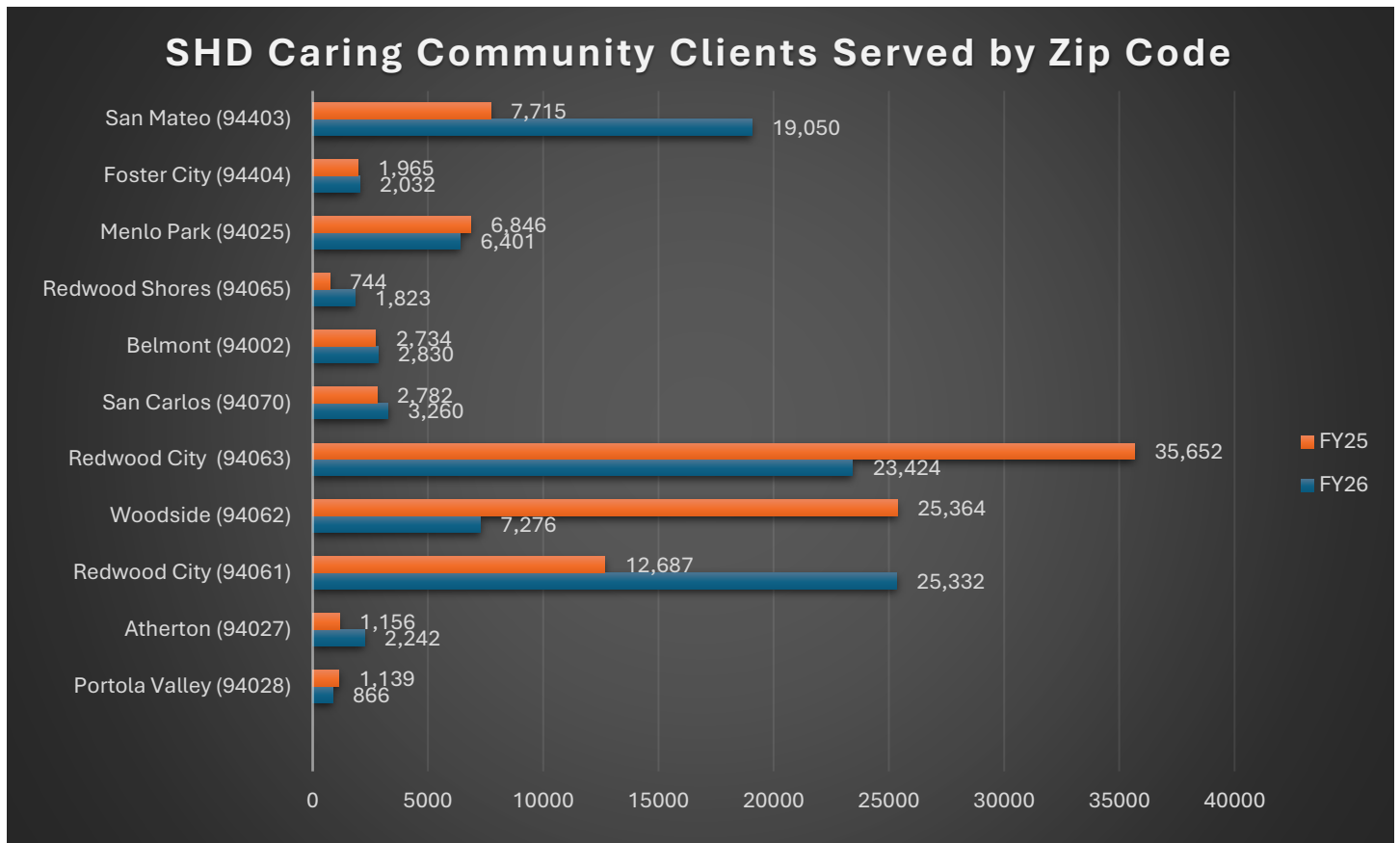


Note: The Clinical/Medical category is underrepresented here due to design: historically, the Caring Community grants focused on preventative services, and clinical/medical funding support (to community

clinics such as Ravenswood, Planned Parenthood, Samaritan House, etc.) are awarded separately in large-size grants (\$250,000+) outside of the Caring Community program approved by to Board.

Additionally, Health literacy/Active Living broadly encompasses services for seniors, youth, and adults, but has been separated here as this breakdown has been welcomed by the Board in the past. Combined, this category comprises 17% in terms of SHD residents served.

Below is a chart showcasing number of residents served by zip code:



In terms of breakdown by zip codes, the two zip codes that had the highest usage of programs were from Redwood City (94063 and 94061) similarly to last year with doubling of residents in 94061 and decrease of residents from 94063.

The data also strongly suggests that residents in these zip codes are receiving duplicate services. While this data is open to interpretation, utilization of services appear to highly correlate with income per household. The chart on the next page compares FY25 SHD residents served with FY25 so you can see the shifts and trends by zip codes.

The Board is invited to take a look at the FY26 Caring Community Outcomes worksheet/database before the Board presentation: [FY26_CC_Outcomes_Board_Packet.xlsx](#). These sheets contain tabs broken by each health priority areas and lists each of the grantees and programs with grant amounts, percentage of total program funded, total service numbers, and zip code data. There will be an accompanying Powerpoint slide presentation at the Board meeting which further illustrates the data collected compiled from the FY26 Caring Community final reports.

City (ZIP)	FY25 SHD Residents served	FY26 SHD Residents served	2020 Census Population	Census Income per household
Portola Valley (94028)	1139	866	6,537	\$164,479
Atherton (94027)	1156	2,242	6,944	\$200,001
Redwood City (94061)	12687	25,332	36,922	\$64,839
Redwood City (94063)	35652	23,424	30,632	\$49,279
Woodside (94062)	25364	7,276	25,974	\$96,677
San Carlos (94070)	2782	3,260	29,630	\$89,016
Belmont (94002)	2734	2,830	25,938	\$80,973
Redwood Shores (94065)	744	1,823	12,167	\$104,958
Menlo Park (94025)	6846	6,401	40,476	\$89,572
Foster City (94404)	1965	2,032	34,829	\$92,989
San Mateo (94403)	7715	19,050	40,601	\$67,152

August 5, 2026 FY '27 Proposed Grant Effect

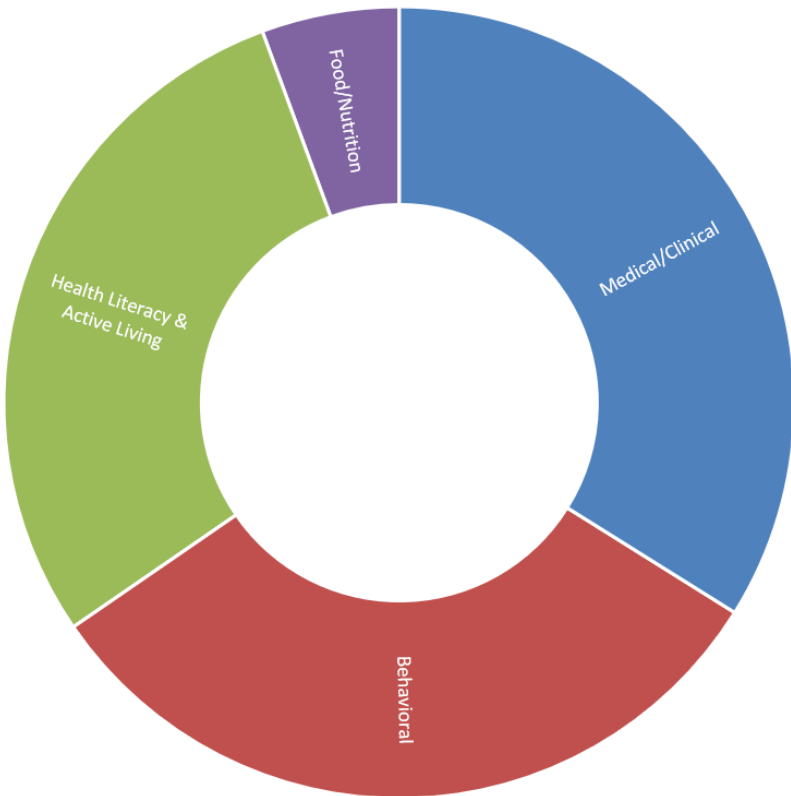
Aug 5, 2026 FY '27 Proposed Grants

Peninsula Volunteers	\$	125,000
SMC Pride Center	\$	250,000
Vista Center for the Blind	\$	200,000
	\$	575,000

FY '27 Proposed Grant Priority Health Area Breakdown						
	FY '27 Approved		Aug 5 FY '27		Total FY '27	
	Grants	%	Proposed Grants	Proposed Grants	Proposed Grants	%
Medical/Clinical	\$ 5,758,428	33%	\$ 350,000	\$ 6,108,428	\$ 6,108,428	34%
Behavioral	\$ 5,557,401	32%	\$ 125,000	\$ 5,682,401	\$ 5,682,401	32%
Health Literacy & Active Living	\$ 5,118,396	29%	\$ 100,000	\$ 5,218,396	\$ 5,218,396	29%
Food/Nutrition	\$ 1,015,000	6%		\$ 1,015,000	\$ 1,015,000	6%
FIF	\$ -	0%		\$ -	\$ -	0%
Collab	\$ -	0%		\$ -	\$ -	0%
	\$ 17,449,224	100%	\$ 575,000	\$ 18,024,225	\$ 18,024,225	100%
FIF (Unapproved)				\$ 5,303,022	\$ 5,303,022	
Collab (Unapproved)				\$ 510,000	\$ 510,000	
Total FY '27 Grant Budget				\$ 23,837,247	\$ 23,837,247	

FY '27 Proposed Grant Priority Health Area Breakdown

August 2026





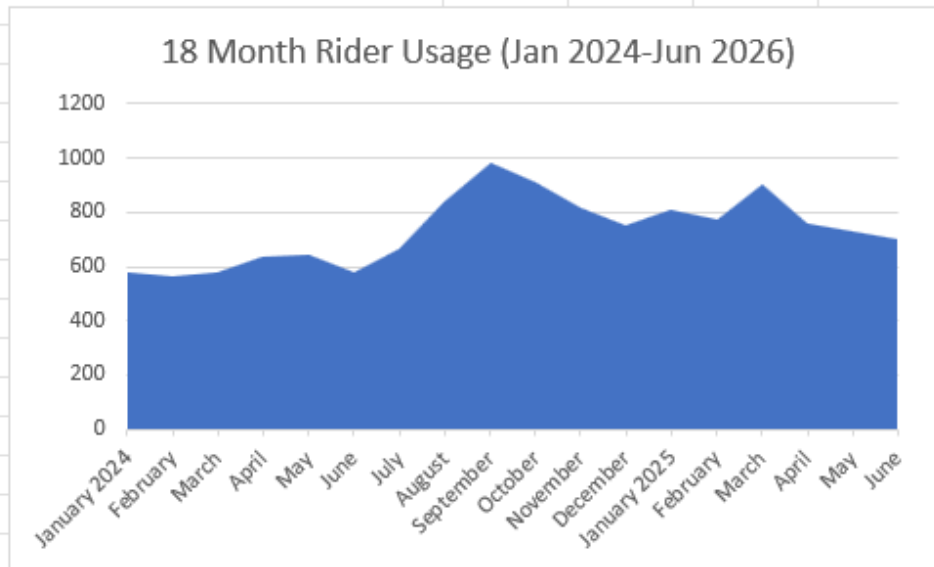
Peninsula Volunteers Transportation Program 2026-2028 Funding Request

During the current funding cycle, RIDE PVI experienced continued growth in both demand and utilization, increasing from 129 to 155 unduplicated riders. At the same time, the complexity and frequency of transportation requests have increased significantly, with many older adults relying on the program for access to medical appointments, groceries, and essential community services that support their ability to age safely and independently at home.

To help meet growing demand, RIDE PVI expanded service hours and Saturdays, with the potential to expand Sunday hours as needed. The operational coordination required to manage real-time transportation scheduling has also grown substantially. Even with current staffing levels, peak service hours regularly require the support of a volunteer assisting with dispatching, scheduling, rider communication, and trip coordination. RIDE PVI currently utilizes a team of 3–4 active volunteers to help support these operations. These volunteer-supported hours represent significant operational value and staffing costs that would otherwise be required to maintain current service levels.

As demand has continued to grow, so have the costs associated with sustaining reliable and responsive transportation services. Increased rideshare costs, staffing and coordination needs, technology systems, and program administration have all contributed to higher operational expenses. While the program has remained highly effective in meeting community need, current funding levels no longer fully reflect the true cost of maintaining accessible transportation services for older adults across the service area.

For this reason, PVI is requesting funding of \$250,000 for a two-year grant period to support the continued sustainability and growth of RIDE PVI. This increased support will allow the program to expand the number of unduplicated riders served, preserve subsidized transportation access for older adults, reduce isolation, improve access to healthcare and essential services, and support seniors in safely aging in place.



UNIQUE CLIENTS: 1686

2024 Rides		2025 Rides	
January	578	January	811
February	568	February	774
March	582	March	903
April	637	April	762
May	647	May	731
June	577	June	699
July	666		
August	837		
September	982		
October	909		
November	815		
December	753		



FY 2026-2027 / \$124,000 requested

\$85,000 of the requested funding would pay for approximately 5,461 rides during the next fiscal cycle + 10% admin. fee (\$8,500)

Cost break-down

3,326 rides @ \$19.50 - \$8 rider fee = \$11.50 cost per ride = \$38,250 (277 rides / month x 12 mo. / year)

1, 275 rides @ \$30 - \$15 rider fee = \$15 cost per ride = \$19,125 (106 rides / month x 12 mo. / year)

478 rides @ \$40 - \$20 rider fee = \$20 cost per ride = \$9,562 (40 rides / month x 12 mo. / year)

382 rides @ \$50 - \$25 rider fee = \$25 cost per ride = \$9,562 (32 rides / month x 12 mo. / year)

\$39,000 would fund administrative coordinator position as well a portion of the billing specialist and program manager positions

- Part-time Transportation Coordinator - \$5,200
- Part-time Program Assistant - \$3,900
- Two Part-time Program Coordinators - \$10,400
- Full-time Program Manager - \$19,500.00

FY 2027-2028/ \$126,000 requested

\$86,000 of the requested funding would pay for approximately 5,526 rides during the next fiscal cycle + 10% admin. fee (\$8,600)

Cost break-down

3,365 rides @ \$19.50 - \$8 rider fee = \$11.50 cost per ride = \$38,700 (280 rides / month x 12 mo. / year)

1, 290 rides @ \$30 - \$15 rider fee = \$15 cost per ride = \$19,350 (107 rides / month x 12 mo. / year)

484 rides @ \$40 - \$20 rider fee = \$20 cost per ride = \$9,675 (40 rides / month x 12 mo. / year)

387 rides @ \$50 - \$25 rider fee = \$25 cost per ride = \$9,675 (32 rides / month x 12 mo. / year)

\$40,000 would fund the part time administrative coordinator position (as well a portion of the billing specialist and program manager positions.)

- Part-time Transportation Coordinator - \$5,200
- Part-time Program Assistant - \$3,900
- Two Part-time Program Coordinators - \$10,900
- Full-time Program Manager– \$20,000

PVI thanks the Sequoia Healthcare District Board for consideration of this request.

RIDE PVI Transportation Program

Sequoia Healthcare District

Reporting Period: July 1, 2025 – January 31, 2026

Program Overview

Peninsula Volunteers, Inc. (PVI) continues to deliver high-impact transportation services that enable older adults to maintain independence, access essential care, and safely age in place. For many participants, this service is their only reliable means of transportation.

Who We Served

During this reporting period, the program served **283 unduplicated clients**, including **123 Sequoia Healthcare District (SHCD) residents**, placing the program very close to the annual target of 129 at the midpoint of the grant cycle and on track to exceed it by year-end.

Geographic Reach (SHCD Service Area)

Group 1 Zip Codes:

- 94025 (Menlo Park): 62
- 94028: 5
- 94027: 4
- 94061: 10
- 94062: 13
- 94070: 12
- 94002: 8
- 94065: 4

Group 2 Zip Codes:

- 94404: 2
- 94403: 3

Program Impact

RIDE PVI provides access to essential, particularly medical appointments, grocery shopping, and community-based programs. These services directly contribute removing barriers to isolation, improved health outcomes, and support seniors in remaining safely in their homes and communities.

Performance & Operations

The program continues to demonstrate strong effectiveness in meeting and progressing toward contracted outcomes. At the midpoint of the grant cycle, performance trends indicate that PVI is well positioned to exceed service target.

Operationally, the program has remained stable and responsive. Service hours were expanded to improve accessibility—now operating Monday through Friday from 9:00 AM to 5:00 PM and Saturdays from 10:00 AM to 2:00 PM. While staffing challenges were experienced during this period, PVI successfully onboarded a group of dedicated volunteers to support call coordination, ensuring continuity of service and maintaining service quality.

Demand & Emerging Need

Demand for RIDE PVI continues to outpace available resources. Many current riders require more trips than can be accommodated, and additional seniors in the community remain in need of accessible transportation.

This reflects a clear and growing unmet need—both within the existing client base and among seniors who would benefit from expanded access. The program's strong utilization and consistent outcomes highlight both its effectiveness and the opportunity to further increase its reach.

Looking Ahead

Based on current performance and demand trends, PVI is well positioned not only to exceed annual service targets but to expand access for more high-need seniors across the district. With continued partnership and support from Sequoia Healthcare District, there is a meaningful opportunity to further scale impact—including the potential addition of Sunday service—and respond more fully to the demonstrated community need.



Michelle Woo, Ride PVI Program Manager

Michelle Woo,

Ride PVI Program Manager

- 15+ year career in managing and providing a diverse range of non-profit services, including mental health, wellness initiatives, health equity and access, housing, and transportation
- Joined PVI recently to increase transportation access to seniors



A History of Firsts

- Founded in 1947 by a group of forward-thinking women in Menlo Park.
- Began by opening what is now Bing Nursery at Stanford. Opened the first suburban senior center in the united states.
- First HUD grant for senior housing in the united states.
- One of the first on-demand transportation services in the state of California.



Enabling Seniors to Age in Place

- People live longer happier lives when they can stay in their own homes.
- Provide services in San Mateo County and Northern Santa Clara County.
- Serve over 6,000 families annually.
- Most people served are 50 and older.



Core Values

Respect
Commitment
Trust
Dedication
Compassion

Our Team

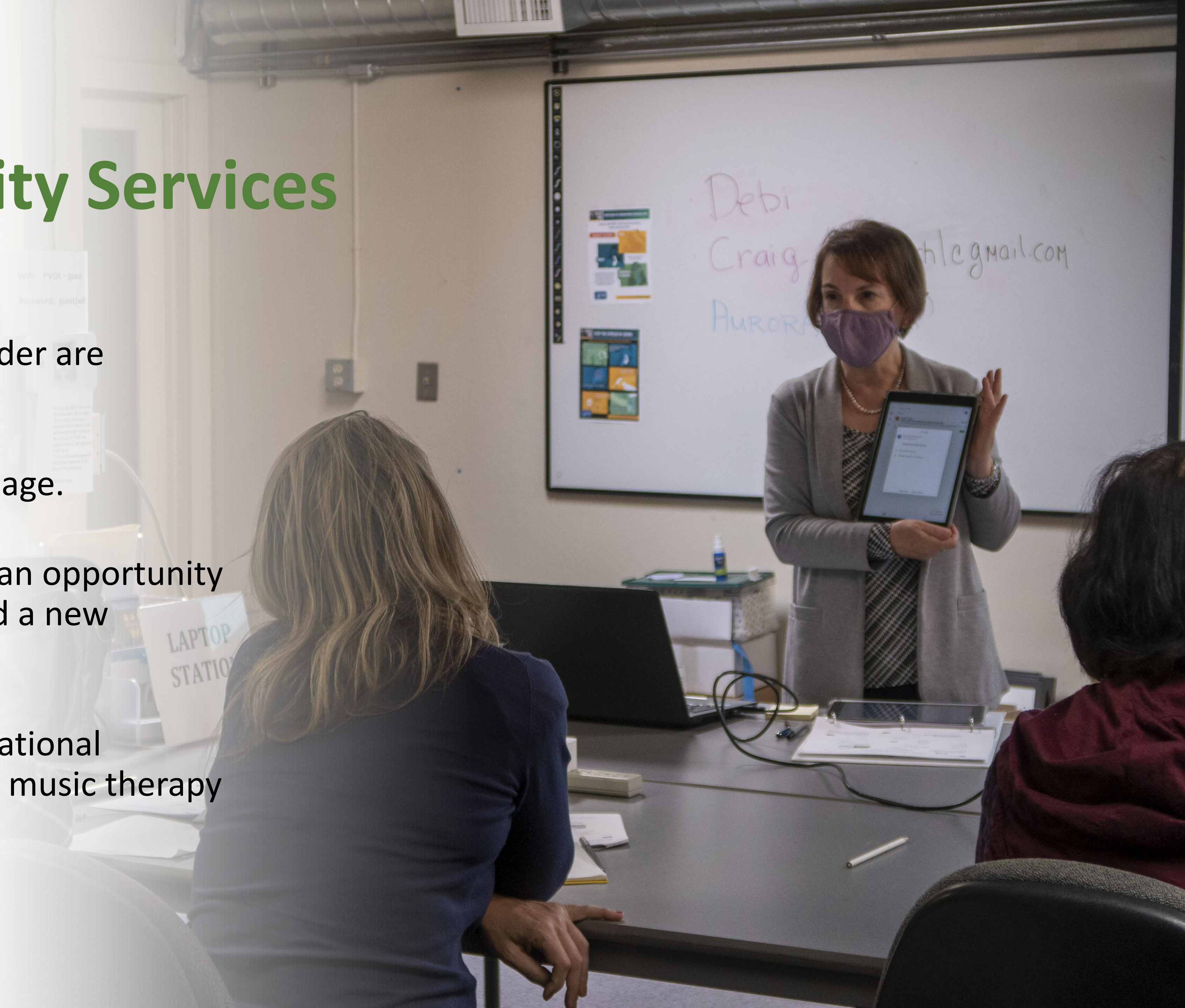
- 50 + employees
- Half of employees have been here 5 years or more
- Diverse Organization
 - Gender
 - Age
 - Ethnicity



Adult Community Services

At Little House

- One in 4 Americans 65 and older are considered socially isolated.
- Friend groups diminish as we age.
- Little House provides seniors an opportunity to meet new friends and build a new community of support.
- We offer fitness classes, educational programs, arts, crafts, games, music therapy and nutrition services.



Adult Day Services

At Rosener House

- One in 4 seniors 65 and older will develop some form of Alzheimer's or dementia.
- Staying in your own home, surrounded by familiar has shown to positively impact people with the disease.
- We provide a day of activity filled respite, while being cared for by a knowledgeable caring staff.



Nutrition Services

- An estimated 16,000 seniors in San Mateo County alone that are food insecure.
- We deliver 3,000 home delivered meals per week.
- PVI's "Got Groceries" hands out 150 bags off food per week.
- 110 sit down lunches per day at Little House, Rosener House and East Palo Alto Senior Center.



Quiescence

Customized Solutions for Family Caregivers

- 30% of family caregivers are 65 or older.
- Family caregivers for someone suffering from dementia are twice as likely to suffer from emotional and physical stress than other caregivers.
- We provide peace of mind for caregivers through concierge care.



RIDE PVI

On-Demand Transportation

- Giving up driving is often a major life event, leading to loss of independence, isolation, and loneliness.
- Older seniors can feel uncomfortable with, or unfamiliar with, today's ride-share technology.
- Paratransit and public transportation options are often inflexible; taxicabs can be expensive, smelly or dirty.

We make transportation easy with concierge-level service and on-demand, door-to-door transportation, with no-cell phone needed.



How does the program work?

- Our transportation service allows seniors to maintain their independent lifestyle without having a vehicle.
- Ride PVI provides fully or partially subsidized car rides to the most important services seniors need, as well as giving them the option to get unsubsidized rides to those places you'd like to enjoy!
- We provide on-demand transportation with the comfort that comes from a familiar voice monitoring the ride. Rides can be scheduled as quickly as 10 minutes in advance, or as far out as 30 days ahead of time.
- Anyone can use it --- no technology is required, except Alexander Graham Bell's telephone!



Where Can I Go with Ride PVI?

With funding through our generous community partners, qualified riders can enjoy subsidized rides to:

- **Doctors & Dentists** --- This can include medically mandated services (such as rehabilitative therapy or blood/lab work, for example), or AA / drug counseling sessions.
- **Grocery Stores & Pharmacies** (Restaurants are not included as a subsidized destination)
- **Senior Centers** – Includes libraries and assisted living centers to visit partners
- **Vaccinations** (all vaccination trips are free)



When can I take rides?

- Our rides are available, **24 Hours A Day, 365 Days a Year**
- Ride PVI Dispatchers are available to schedule & monitor rides, as follows:

Monday – Friday 9:00AM – 5:00PM
Saturday 10:00AM – 2:00PM

- **‘On Demand’** – no need to plan ahead – in less than 10 minutes, a car will be at your door, and you’ll know the type & car of vehicle, the last 3 digits of the license plate, and the exact time of its arrival!
- **‘In Advance’** – While you don’t know any of the driver or car specifics, you have the flexibility of scheduling them for times when the Ride PVI team isn’t in the office, and you can cancel at no charge up to an hour before the ride (during Ride PVI business hours.)



Ride PVI

Who is covered?

- Senior residents of San Mateo and Santa Clara Counties (age and other restrictions may apply)
- Up to 2 additional companion riders
- Riders must be able to get to and from the vehicle. Use of walkers and/or other assistive equipment including service animals are OK but please note that drivers are not trained to assist
- Younger adult riders with disabilities may be considered for inclusion in Ride PVI



Ride PVI

How Do We Start?

- First - Register for the program:
online at **1pvi.org/ridepvi/** Click
on “Sign Up Today”

(Or you can call us, at **650-272-5006**, and we’ll mail you a registration form or if you have more questions about the program)

- Call the **Ride PVI Hotline** to
schedule a ride:

650-272-5040



Ride PVI

How Do We Start?

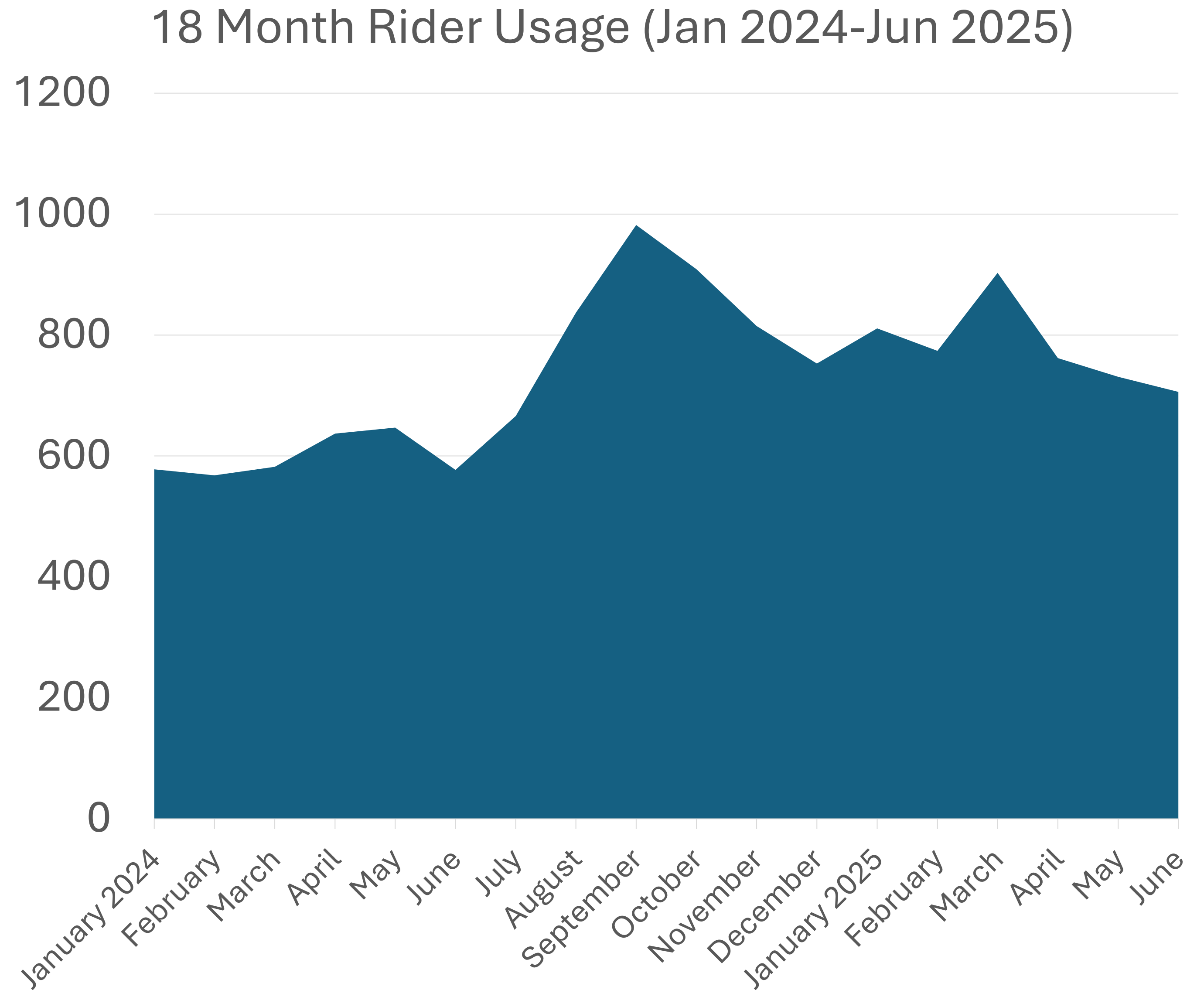
- Once registered in the program, call us about 10 minutes before you want to leave. Tell us where to pick you up and where you're going --- in about 60 to 90 seconds, we'll tell you the type and color of the car, how many minutes before it will arrive, and the last 3 digits of the license plate!
- When you're ready to return home, call us back, tell us you rode over with us, and we simply turn the ride around – you're on your way home!
- Rides can be booked up to 30 days in advance – especially helpful for scheduling trips when we're not in the office to monitor them!



Ride PVI 2024-2025

Program Highlights

- In 2024-2025, we served 1,694 Unique Clients
- We provide between 750 and 1,000 rides per month on average
- In the last 18 months, we have grown from serving 129 to 155 unduplicated clients per month (20% increase!)
- To meet the growing demand, we have expanded our team and added operator hours to include Saturdays





Dear **Pamela**,

I am writing to you on behalf of Vista Center's Leadership Team and Board of Directors; Vista Center is a nonprofit who has served San Mateo County residents, including those within the Sequoia Healthcare District, living with vision loss, since 1936.

We are deeply grateful for the generous annual grant received from Sequoia Healthcare District, which reflects a meaningful and long-standing commitment to our community of blind and visually impaired youth, working adults, and seniors.

We are writing now because we need help. **Vista Center's Programs and Low Vision Clinic faces a serious and immediate funding crisis**, and I believe Sequoia Healthcare District is uniquely positioned to help ensure this essential service survives our public funding loss, while we rebuild sustainable funding streams.

A Crisis Grounded in Regional Data

Vista Center is not alone in the demand pressures we are facing. The recently released 2026 Nonprofit Pulse Report: Federal Impacts and Beyond in San Mateo and Santa Clara Counties — published jointly by the Silicon Valley Council of Nonprofits and Thrive Alliance — highlighted the severity of the challenge confronting local nonprofits right now. The report found that more than four in ten nonprofits report worsening financial health compared to last fiscal year, nearly 80% report increased demand for services, and nearly four in ten organizations have already encountered difficulties accessing promised federal funds. As the report's authors note, "stabilizing the nonprofit ecosystem is essential to ensuring that communities continue to receive the services they rely on." (<https://www.thrivealliance.org/pulse-report>)

Vista Center is living in this reality. Last year FY26, we lost \$300,000 in federal funding, and we an additional \$300,000 for this 2027 fiscal year, meaning that in the last two years, Vista Center has lost \$600,000 in annual revenue - a gap that, without relief, puts services to blind and visually impaired Sequoia Healthcare residents at risk.

The Stakes for Our San Mateo Community

What makes this moment especially urgent is that **Vista Center is now the only remaining low vision clinic serving Sequoia Healthcare District residents**. Last summer, Kaiser Permanente closed its low vision clinic (we now contractually take Kaiser patient referrals), and our own clinic, with demand growing, is now facing a substantial funding shortfall.

A low vision eye exam (LVE) is the gateway to receiving Vision Loss Rehabilitation Services. The client/patient diagnosis and treatment plan from our Low Vision Optometrist provides the foundation to deliver services on an individualized and personalized basis.

Therefore, without a fully staffed clinic, District residents new to vision loss would be left with incredibly long wait times, or should our Clinic suffer further losses, be left without care completely.

If Vista Center's Clinic closes, due to these severe, abrupt funding cuts, there will be no local option left for District residents living with vision loss — many of them seniors and individuals with disabilities for whom low vision care is not discretionary, but fundamental to maintaining independence and quality of life.

If people lose their independence, it puts their housing security, food stability, career/community engagement, and personal wellbeing at extreme risk.

Our Request

Vista Center is respectfully requesting a one-time supplemental grant of \$200,000 to partially offset the federal funding loss and sustain our general programs and specifically, the Low Vision Clinic through this period of instability.

We believe this request aligns directly with Sequoia Healthcare District's Strategic Plan to Advance Healthcare Access Districtwide. As noted by the Nonprofit Pulse Report, the nonprofit industry is at a critical juncture that calls for strategic investments and strengthened partnerships between local agencies and philanthropic partners. **A one-time bridge grant from Sequoia Healthcare District would be a meaningful bridge for Vista Center** and would ensure that the most vulnerable members of our community do not lose access to the only specialized vision care available to them.

The Board, Leadership Team and I so very much appreciate the support Sequoia Healthcare District currently provides to Vista Center, and we recognize what a large ask we're making at a difficult time. If you are able to consider our request, I welcome the opportunity to speak with you/Jenny/your grants team at your earliest convenience.

We are prepared to discuss this funding need, **our** clinic budget, and to explore how we can build sustainability to best serve our shared community together going forward.

Thank you, Pamela for your consideration, your partnership, and everything Sequoia Healthcare District does to protect the health of San Mateo County.

With gratitude,

Karae Lisle
klisle@vistacenter.org
650-776-7087



for the blind and visually impaired

Highest Ratings Year over Year



Patrice Maginnis

Vista Center Board Chair

Karae Lisle

CEO

klisle@vistacenter.org

Madeline Musante

Director, Institutional Giving

mmusante@vistacenter.org

Vista Center – 90 years of Service

Vista Center, a California nonprofit, serves people with vision loss since
— **providing specialized services that traditional medical channels don't offer.**

Mission

Empowering individuals who are blind or visually impaired to embrace life to the fullest —through evaluation, counseling, education, and training.

Did you know?

...Vision loss is the 3rd leading cause of disability, globally

Vista Center by the numbers

We are the only vision loss provider in Silicon Valley (5 counties)

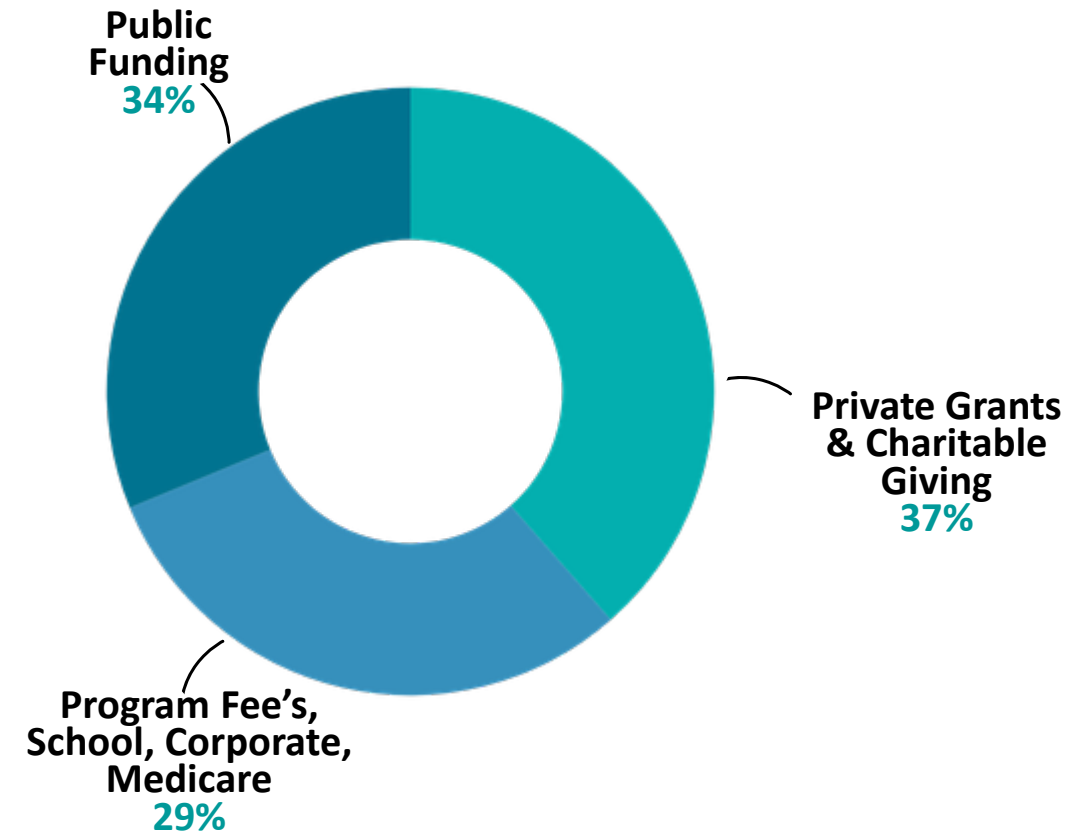
Clients: youth, working adults and seniors

- 3 – 100 yrs old
- 3700 Outreach & directly serviced

Diversified **Funding** – Solid balance

- 50+ Employees* (32% blind/low vision)
- 18 Board Members (27 % blind/low vision)
- 250 Volunteers (10% blind/low vision)

*90% of our staff hold **credentials and advanced degrees**
specific to blind and low vision education and training



Vista Center Programs

We serve adults and youth through two essential dimensions of vision rehabilitation

Vision Loss Rehabilitation Services (VLR)

Independent Living Services

Clients work 1:1 with instructors

Learning:

- Technology, Navigation, Daily Living Skills
- Skills for safety
- Tools & Training for independence

Life Enrichment Services

Restoring emotions:

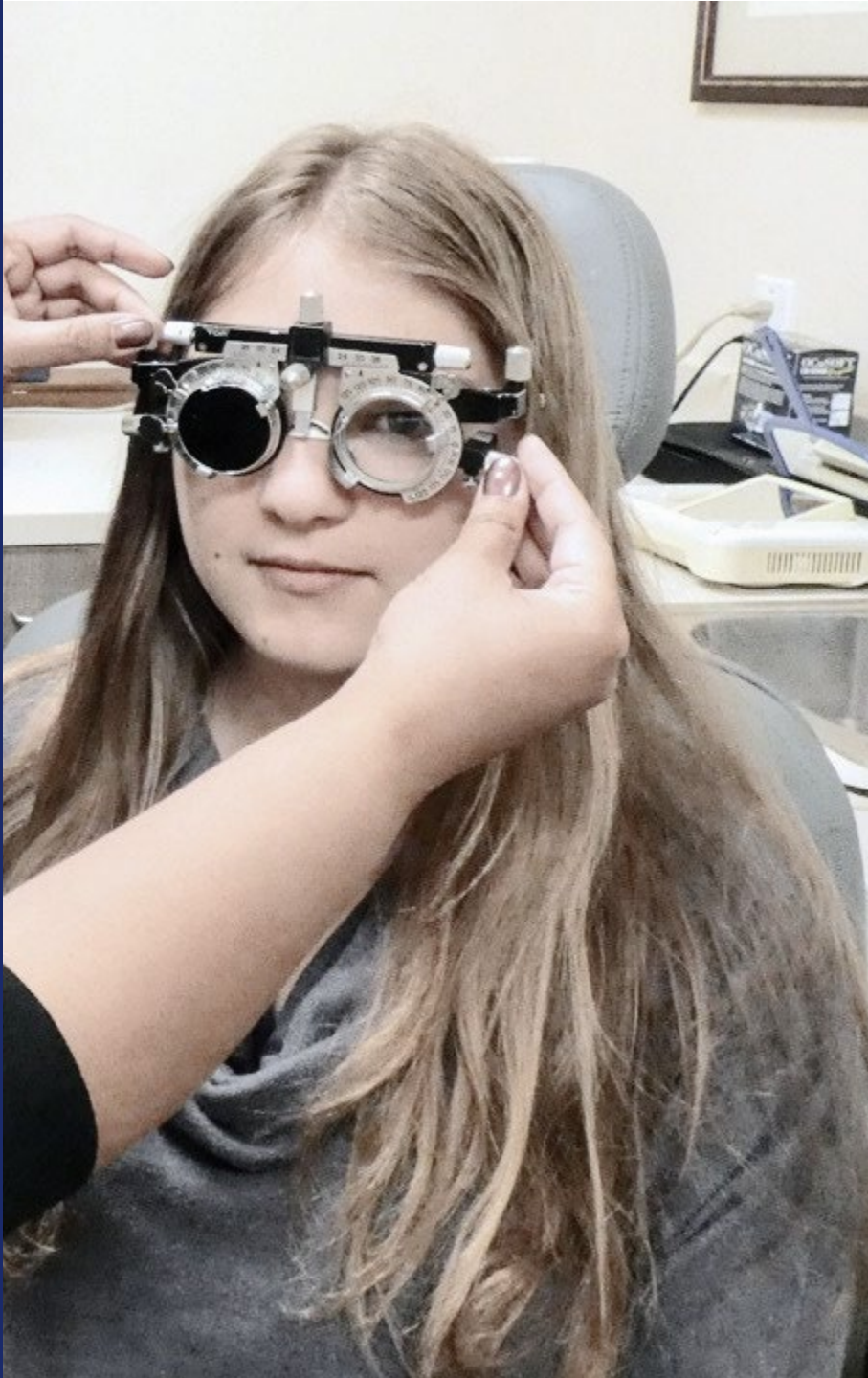
- Joy, connection, and belonging
- Rebuilding confidence
- Empowering dignity
- Enabling autonomy

Enabling age-in-place objectives
Driving inclusive communities

Low Vision Clinic

Vista Center operates the region's **only Low Vision Clinics in Northern CA** — providing the critical first step in every client's vision rehabilitation journey.

- 1.5 hour Vision Evaluation
- Comprehensive exam by **specialty trained** Low Vision Optometrists
- Remedy & interventions:
 - Optical and non-optical aids and devices to **maximize remaining vision**
 - Magnification/contrast/shading



Independence Training

Our dedicated team teaches clients the tools and skills they need, **on their own terms, for their own goals.**

- **Orientation & mobility** –safe navigation at home and in the community using **white cane** travel techniques - orientation
- **Assistive technology (AT):** phones, smart glasses, screen readers, smartphones, and adaptive devices
- **Daily living skills:** cooking, medication management, home safety - technology



Vista Services are Critical

- Vista services are **not available through traditional medical channels**
- Empowers **independence** through practical daily living and technology skills
 - Reduces caretaker burden on families
- Vista vision services **span a lifetime** — as vision declines, **we continue to serve.**

We serve everyone — **regardless of income or insurance**



Federal Funding Loss

Vista Total Annual Expenses	\$ 4,568,472
*OIB Federal Funding Cut – FY26	(300,000)
*OIB Federal Funding Cut – FY27	(300,000)

Deficit Budget Board Approved with the promise of “bridge funding”.

* **OIB -Older Individuals Who Are Blind Program**, administered by the California Department of Rehabilitation (DOR), which is funded by Federal Department of Education

SHD Bridge Funding - Ask

FY27		
Vision Loss Rehab - Expenses	\$ 2,920,594	3% COLA up from FY26
<u>Telehealth - New Expenses</u>	<u>\$ 21,500</u>	
Total VLR FY27 Expense	\$ 2,942,094	
SHD Resident Pop. Served 10%	\$ 294,209	
SHD Grant Award	\$ (90,000)	
Uncompensated Care Cost	\$ 204,209	
Bridge Grant	\$ 200,000	

SHD Impact

Vista Center Serves

FY 2026

FY 2026

3700 total clients including youth, and group services

1,456 VLR clients

139 were SHD = 10.47% of Vista VLR clients

= \$1,975 per client cost*

Additional Reach

Family Members:

139 x 3.5 members/person = 486 individuals benefiting from Vista services

Sr Living Centers:

35–45 senior living communities = 3,500 to 4,000 older adults in the SHD

Vista presents “lunch & learn” sessions/presentations on eye diseases and aging

- increase access to health information through specialized vision loss rehabilitation services.

*Blindness is a level 1 disability (the most severe disability) in govt ratings - which is why it requires such highly trained staffing – more 1:1 services, and longer duration of services to reach ideal health and independence.

Sequoia Healthcare District Special Ask

	Sequoia Healthcare Special Ask Budget	Budget Narrative
Personnel Costs	\$ 101,524	Clinic staff funding was severely impacted by federal funding loss
Professional Fees	\$ 40,000	Doctor contractors and fees based on telehealth innovation
Supplies / Materials		
Mileage		
Rent / Utilities	\$ 9,000	Palo Alto and San Jose Clinic Offices (Telehealth Hybrid)
Technology / Communications	\$ 19,476	Telehealth innovation: EHR (electronic health records) software and billing automation
Other		
Administrative Overhead (15%)	\$ 30,000	
Total	\$ 200,000	

Clients served

275 Approximately 10% are SHD residents.



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STAR VISTA


 a program of
ADOLESCENT COUNSELING SERVICES


COUNTY OF SAN MATEO
HEALTH SYSTEM
 BEHAVIORAL HEALTH & RECOVERY SERVICES


SAN MATEO COUNTY PRIDE CENTER

The **San Mateo County Pride Center** opened on **June 1, 2017**, as the first LGBTQ+ center in San Mateo County. We were a program of StarVista located in the heart of San Mateo, until the summer of 2025 when our fiscal sponsor, StarVista, closed its doors.







Now as a **San Francisco Public Health Foundation** partner project, we're operating virtually and providing some programs and services at satellite locations across the County until we secure a new physical location.



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Our Approach



The Pride Center is **unique in its holistic approach**, providing San Mateo County's LGBTQ+ communities with direct mental health and case management services, community-building social events, peer support groups, educational trainings/workshops for service providers, an array of onsite drop-in services, and more.

We are **a collaborative model** as a project partner of **San Francisco Public Health Foundation**, in partnership with **Outlet of Adolescent Counseling Services (ACS)**.

We also work closely with CoastPride, the SMC Pride Initiative, SMC LGBTQIA+ Commission, Stanford School of Medicine, and have fostered partnerships with many more organizations and foundations across the county.

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Our Services



The Pride Center provides a range of LGBTQ+-centered services, including:

- **Mental health services**, including affirming individual, relationship, family and group therapy.
- **Case management** to help individuals access vital resources including housing, healthcare, mental health services, employment, food, gender affirming services, and more.
- **Peer support groups** that focus on everything from wellness to identity-based support groups, for youth, older adults, and everyone in between.
- **Trainings and consultations** to deepen community education and advance the quality of care within the local systems serving LGBTQ+ communities.
- **Social and cultural events**, including karaoke, game night, hikes, crafting, and more!

We proudly offer our services in person, virtually, and in a hybrid format to maximize inclusivity and accessibility.

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Our Impact



Fiscal Year (2025-2026) Highlights:

- **787** individuals engaged in **trainings**
- **3,881** people attended **events** including our annual Pride Celebration
- **519** community members received support through our **peer groups**
- **89** clients received **therapy and case management**
- **2,442** interactions from in-person **outreach** events and tabling fairs

Despite the year's challenges, we reached over **7,700 individuals** across all our programs and services!

Impact of the Pride Center Through the Years

Fiscal Year	Individuals Served	Noteworthy
2016-17	1,197	Pilot Year
2017-18	3,056	
2018-19	3,000	
2019-20	3,395	
2020-21	2,312	First Year Virtual
2021-22	4,625	
2022-23	9,506	First Year with Hybrid Programming
2023-24	12,287	
2024-25	15,544	
2025-26	7,746	StarVista closure, 50% staff reduction
2026-27	In progress	First Year With SFPHF

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LGBTQ+ Community Landscape

- LGBTQ+ communities have historically been **disproportionately impacted by negative mental and physical health outcomes as well as most social disparities** due to ongoing discrimination and lack of affirming services and resources.
- **Conditions are increasingly worsening** since the change in White House administration in January 2025, including in SMC.
- LGBTQ+ mental health is on the decline; social isolation is worsening; and hate crimes against TGNC individuals are climbing as resources and services are decreasing for LGBTQ+ communities and organizations.
- As some LGBTQ+ individuals and families flee their home states for safety, those seeking refuge in the Bay Area must contend with the high cost of living and lack of employment opportunities.



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Rising Requests for Support



Across the board, we've received an **influx in requests for clinical service support**. Requests are especially increasing for:

- Emergency food/shelter support
- Housing assistance and resources
- Support with navigating discrimination
- Gender affirming services or garments which can be cost prohibitive
- Community engagement to address growing social isolation



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At Risk of Closure



The Pride Center has endured numerous devastating losses over the past 12 months:

- **Losing half of its staff** when the Pride Center's fiscal sponsor, StarVista, was navigating extreme financial challenges and needed to downsize (*March – July 2025*)
- **Losing its fiscal sponsor** when StarVista dissolved due to its financial challenges (*July 2025*)
- **Losing its physical location of nearly 8 years** when StarVista dissolved (*July 2025*)
- **Losing access to the majority of its funding** for 6 months (*Aug 2025 – Jan 2026*), preventing it from obtaining fundraising contractors to support the Center to restabilize

Just as the Pride Center began to restabilize, it learned in April 2026 that it would be **losing 90% of its funding** starting July 1st due to the implementation of California Proposition 1.

These devastating back-to-back losses with little time to rebuild or restabilize has **the Pride Center in danger of permanently closing**.

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How We're Responding



In the last 6 months, the Pride Center's small but determined team has:

- Obtained **two fundraising contractors** to grow and diversify immediate and long-term revenue
- Built + launched a **robust fundraising strategy** to foster long-term financial sustainability
- **Filed for 501(c)3 nonprofit status** to increase stability, resources, revenue streams, and support
- Identified a potential **physical space** through the County, which would not only enable the Center to provide in-person services again but acquire new revenue streams (e.g., Medi-Cal reimbursements)
- Secured **\$183,000 of the \$750,000** annual organizational budget gap

Despite all that we have accomplished in the past 6 months, **it isn't enough to sustain the Pride Center for the rest of this year.**

Grants can take many months to come to fruition, individual donors take time to cultivate and steward, and we are at risk of closing before these time-dependent efforts come through.

With approximately **\$60,000 needed every month to stay open**, we are racing against time to grow financial resources that position us for both short- and long-term stability.

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How the District Can Help



A **\$250,000 grant from Sequoia Healthcare District** will grant us the gift of time needed to keep our doors open to the community as we continue to restabilize from the events of the past 12 months.

This grant would enable:

- **Community members to receive vital resources** to meet pressing needs (safety net, housing, mental health, etc.)
- **Time-dependent funding to manifest** (decisions for submitted grants, invitations from budding funder relationships, donations from high-likelihood community stakeholders)
- **Uninterrupted momentum** of current efforts to strengthen our infrastructure and stability (securing a new physical location, 501(c)3 status completion, etc.)

With significant policy changes on the near horizon (e.g., through H.R.1), community challenges, barriers, stressors, and access to critical care (especially physical/mental health) are all expected to skyrocket over the next year.

Supporting the Pride Center to restabilize will ensure we can support our disinvested, underresourced communities to safely access essential physical and mental health care, basic resources, housing, and affirming support.

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Thank you!

Questions?

We look forward to sharing more about what this grant could make possible at SHD's September Board Meeting.

If any additional information is helpful before then, please reach out:

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