



Washington Township Hospital Development Corporation

2000 Mowry Avenue, Fremont, CA 94538-1716

BOARD OF DIRECTORS' MEETING WASHINGTON TOWNSHIP HOSPITAL DEVELOPMENT CORPORATION

Monday, October 30, 2023 – 7:30 A.M.

2000 Mowry Avenue, Fremont, CA 94538

1st Floor, Executive Board Room and via Zoom

<https://us06web.zoom.us/j/84719976487?pwd=F47c2d4Bi7OEY42ubyFSwOpp5Wz0Tr.1>

Dial: + 1 877 336 1831 (US Toll Free)

Meeting ID: 681379

Passcode: 145760

Board Meeting Agenda and Packet may be found at:

[DEVCO 2023 | Washington Hospital Healthcare System \(whhs.com\)](#)

AGENDA

PRESENTED BY:

- | | | |
|-------------|--|---|
| I. | CALL TO ORDER | <i>Benn Sah, M.D.
Board President</i> |
| II. | ROLL CALL | <i>Diana Venegas
Recording Secretary</i> |
| III. | CONSIDERATION OF MINUTES OF
August 11, 2023 | <i>Motion Required</i> |
| IV. | 2023 COMMUNITY NEEDS ASSESSMENT | <i>Angus Cochran
Chief of Community
Support Services and
Kayla Gupta
Manager Community
Outreach</i> |
| V. | COMMUNICATIONS
A. Oral
B. Written | <i>Benn Sah, M.D.
Board President</i> |
| VI. | REPORTS | |
| | A. Chief Executive Officer Report | <i>Kimberly Hartz
Chief Executive Officer</i> |
| | B. Financial Report | <i>Thomas McDonagh
Vice President and
Chief Financial Officer</i> |

VII. ACTION

- A. Consideration of approval of the revised Washington Township Hospital Development Corporation Corporate Compliance Program *Motion Required*

VIII. ADJOURN TO CLOSED SESSION

*Benn Sah, M.D.
Board President*

- A. Consideration of Closed Session Minutes of August 11, 2023 *Motion Required*
- B. Conference involving Trade Secrets pursuant to Health & Safety Code section 32106
- Strategic Planning
- C. Conference with Legal Counsel – Anticipated Litigation pursuant to Government Code section 54956.9(d)(2)

IX. RECONVENE TO OPEN SESSION

Report on *permissible actions* taken during Closed Session

*Benn Sah, M.D.
Board President*

X. ADJOURNMENT

*Benn Sah, M.D.
Board President*

NEXT MEETING: FRIDAY, JANUARY 19, 2024 - 7:30 A.M. - 9:00 A.M.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact the Recording Secretary at (510) 818-7839. Notification two working days prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

Washington Township Hospital Development Corporation

August 11, 2023

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The meeting of the Board of Directors of the Washington Township Hospital Development Corporation was held on August 11, 2023, via in-person and Zoom. Director Sah called the meeting to order at 2:03 p.m.

CALL TO ORDER

Directors present: Benn Sah, M.D., Russ Blowers, Pauline Weaver, Sue Querner. (Note: Director Steven Chan joined the meeting at 2:10 p.m.)

ROLL CALL

Also present: Kimberly Hartz, Chief Executive Officer; Tina Nunez, Vice President, Ambulatory Care and Administrative Services; Tom McDonagh, Vice President and Chief Financial Officer; Walter Choto, Chief, Ambulatory Care Services; Paul Kozachenko, Attorney; and Diana Venegas, Recording Secretary

Guest: Daniel Nardoni, Chief Financial Officer of Washington Township Medical Foundation (WTMF); Michelle Hudson, Chief Operating Officer of WTMF.

A motion was made by Director Weaver, seconded by Director Blowers, to approve the minutes of the meeting of April 28, 2023.

***CONSIDERATION OF
MINUTES OF APRIL
28, 2023***

Roll call was taken:

- Benn Sah, M.D. – aye
- Russ Blowers – aye
- Pauline Weaver – aye
- Sue Querner - aye
- Steven Chan, D.D.S. – aye

The motion passed.

Ms. Hartz noted that there were no written or oral public communications.

COMMUNICATIONS

Joint Commission

***CHIEF EXECUTIVE
REPORT***

Ms. Hartz noted that the Joint Commission was onsite on Tuesday, May 30, 2023. Overall the survey was good and we received a 3 year accreditation. A spine accreditation survey will likely occur by the end of September and a stroke accreditation survey by the end of December.

Visitor's Policy Update

Washington Hospital has recently updated their visitor policy. The County is considering issuing a masking mandate during the winter months.

COO and CNO and WTMF CMO Recruitment Update

Ed Fayen is in the process of retiring. He will continue overseeing construction

projects in connection with the Facility Master Plan while Larry LaBossiere will be assuming Ed's former duties as Vice President and Chief Operating Officer. Terri Hunter (recently hired) will assume Larry's former role as Vice President and Chief Nursing Officer. Jason Krupp, M.D. was hired as the Chief Medical Officer of Washington Township Foundation. He was recently at Central Maine Healthcare and comes with significant medical group experience.

Trauma Update

- Recruiting

The Trauma Medical Director (TMD) position has been filled by Chet Morrison, M.D. and he will be responsible for overseeing the development, coordination, implementation, and evaluation of all trauma center activities. The Trauma Program Director (TPD) position has been filled by Elwood Conaway. Mr. Conaway is a registered nurse who will work with the TMD, hospital administration, physicians, nurses, and ancillary staff to manage all aspects of trauma care.

- Training

The Emergency Department has started sending nurses to specific training courses, and a comprehensive education plan is being developed to ensure that all frontline staff are prepared and equipped to care for trauma patients. The Trauma Medical Staff Development Committee continues its work to ensure that the necessary physician components for a high-quality trauma service will be in place and operational in the coming year.

Union Negotiations: SEIU/CNA Negotiations

The Local 6/WHHS negotiations have completed. The SEIU and the CNA negotiations have begun.

Conflict of Interest

Director Chan disclosed that his wife sits on the Ohlone Board of Directors and asked if he had a conflict of interest. Mr. Kozachenko confirmed Dr. Chan did not have conflict of interest.

Mr. McDonagh reviewed the DEVCO Financial Report for May 2023.

FINANCIAL REPORT

Director Sah adjourned the meeting to a closed session at 2:20 p.m.

***ADJOURN TO
CLOSED SESSION***

Director Sah reconvened to open session at 3:10 pm and reported that the Board approved the Closed Session Minutes for April 28, 2023 by unanimous vote of all

***RECONVENE TO
OPEN SESSION***

Directors present via a roll call vote.

- Benn Sah, M.D. – aye
- Russ Blowers – aye
- Pauline Weaver – aye
- Sue Querner - aye
- Steven Chan, D.D.S. – aye

Mr. Choto presented the Washington Township Hospital Development Corporation Budget Estimate for FY 2023/2024.

The FY 2023/2024 budget takes into account inflation, contracted changes, and operational changes.

The Washington Township Development Corporation (DEVCO) Budget Estimate for fiscal year 2023/2024 included Total Operating Revenue of \$44,205,400 and Total Expenses of \$42,167,860 for a budget Net Income of \$790,225. The Capital Budget is estimated at \$415,559.

The DEVCO Budget Estimate was included in the District’s consolidated budget which was approved by the District Board of Director’s on June 14, 2023.

Director Blowers made a motion to ratify the DEVCO Budget Estimate for fiscal year 2023/2024. Director Weaver seconded the motion.

Roll call was taken:

- Benn Sah, M.D. – aye
- Russ Blowers – aye
- Pauline Weaver – aye
- Sue Querner - aye
- Steven Chan, D.D.S. – aye

The motion carried.

Mr. Nardoni and Ms. Hudson presented the Washington Township Medical Foundation Budget Estimate for FY 2023/2024.

The WTMF Budget Estimate for the fiscal year 2023/2024 budget included Total Operating Revenue of \$60,447,071 and Total Expenses of \$90,334,495 for a budgeted Net Loss of (\$29,887,424). The Capital Budget is estimated at \$243,913.

The WTMF Budget Estimate was included in the District’s consolidated budget which was approved by the District Board of Director’s on June 14, 2023.

ACTION ITEM:
Acceptance of the
Washington Township
Development
Corporation Budget
Estimate for
Fiscal Year 2023/2024

ACTION ITEM:
Acceptance of the
Washington Township
Medical Foundation
Budget Estimate for
Fiscal Year 2023/2024

Director Weaver moved to ratify the WTMF Budget Estimate for fiscal year 2023/2024. Director Blowers seconded the motion.

Roll call was taken:

- Benn Sah, M.D. – aye
- Russ Blowers – aye
- Pauline Weaver – aye
- Sue Querner - aye
- Steven Chan, D.D.S. – aye

The motion carried.

Director Blowers made a motion to approve Resolution No. 56, relating to the Consideration of Professional Services Agreement with WORC Health. Director Weaver seconded the motion.

***ACTION ITEM:
Consideration of
Resolution No. 56
Professional Services
Agreement with
WORC Health***

Roll call was taken:

- Benn Sah, M.D. – aye
- Russ Blowers – aye
- Pauline Weaver – aye
- Sue Querner - aye
- Steven Chan, D.D.S. – aye

The motion carried.

Director Blowers made a motion to approve Resolution No. 57, relating to the Shareholder and Stock Transfer Restriction Agreement with WORC Health and Albert Brooks, M.D. Director Weaver seconded the motion.

***ACTION ITEM:
Consideration of
Resolution No. 57
Shareholder and Stock
Transfer Restriction
Agreement with WORC
Health and Albert
Brooks, M.D.***

Roll call was taken:

- Benn Sah, M.D. – aye
- Russ Blowers – aye
- Pauline Weaver – aye
- Sue Querner - aye
- Steven Chan, D.D.S. – aye

The motion carried.

There being no further business, Director Sah adjourned the meeting at 3:49 p.m.

ADJOURNMENT

The next regularly scheduled meeting is Monday, October 30, 2023 at 7:30 a.m.

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August 11, 2023
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Benn Sah, M.D. President

Steven Chan, D.D.S. Secretary

**Washington Township Hospital
Development Corporation
Summary Income Statement
August 2023**

Current Month				Year - To - Date			
Actual	Budget	Favorable/(Unfavorable)		Actual	Budget	Favorable/(Unfavorable)	
		Variance	% Variance			Variance	% Variance
1,856	2,343	(487)	(20.8%)	3,454	4,390	(936)	(21.3%)
140	117	23	19.7%	254	219	35	16.0%
1,996	2,460	(464)	(18.9%)	3,708	4,609	(901)	(19.5%)
7,322,742	7,962,078	(639,336)	(8.0%)	13,428,376	14,573,137	(1,144,761)	(7.9%)
802,986	844,892	(41,906)	(5.0%)	1,591,610	1,653,284	(61,674)	(3.7%)
8,125,728	8,806,970	(681,242)	(7.7%)	15,019,986	16,226,421	(1,206,435)	(7.4%)
4,671,595	4,946,317	274,722	5.6%	8,321,158	8,910,996	589,838	6.6%
63.8%	62.1%	(1.7%)		62.0%	61.1%	(0.9%)	
3,454,133	3,860,653	(406,520)	(10.5%)	6,698,828	7,315,425	(616,597)	(8.4%)
1,123,161	1,177,089	53,928	4.6%	2,064,711	2,310,789	246,078	10.6%
310,497	370,765	60,268	16.3%	593,245	730,452	137,207	18.8%
700,145	814,543	114,398	14.0%	1,345,220	1,502,399	157,179	10.5%
82,973	100,846	17,873	17.7%	217,320	205,014	(12,306)	(6.0%)
325,773	292,710	(33,063)	(11.3%)	604,619	565,197	(39,422)	(7.0%)
139,505	145,198	5,693	3.9%	278,968	290,377	11,409	3.9%
29,463	25,673	(3,790)	(14.8%)	55,064	51,347	(3,717)	(7.2%)
511,492	516,451	4,959	1.0%	1,039,734	1,052,623	12,889	1.2%
226,908	221,467	(5,441)	(2.5%)	435,006	437,374	2,368	0.5%
3,449,917	3,664,742	214,825	5.9%	6,633,887	7,145,572	511,685	7.2%
4,216	195,911	(191,695)	(97.8%)	64,941	169,853	(104,912)	(61.8%)
63,497	0	63,497	0.0%	153,666	0	153,666	0.0%
67,713	195,911	(128,198)	(65.4%)	218,607	169,853	48,754	28.7%
83,112	173,044	89,932	52.0%	163,584	207,885	44,301	21.3%
(15,399)	22,867	(38,266)	(167.3%)	55,023	(38,032)	93,055	244.7%



Memorandum

DATE: October 5, 2023

TO: DEVCO Board of Directors

FROM: Nicholas Kozachenko, Legal Counsel

SUBJECT: Revised DEVCO Corporate Compliance Program

Introduction

As a provider of health care, DEVCO is required to have a written corporate compliance program and designated corporate compliance officer (the “Corporate Compliance Officer” or “CCO”). DEVCO has had a written Corporate Compliance Program since 2001. It was most recently updated in 2022. The Corporate Compliance Program is modeled after the same program for the Washington Township Health Care District.

The Board must approve any changes to the Corporate Compliance Program document.

Discussion

The CEO and CCO are requesting only two revisions. In January of this year, DEVCO transferred substantially all of the assets for the operation of the Washington Radiation Oncology Center to the District, which then contributed the assets to the WHHS & UCSF Health Cancer Services Joint Venture, LLC. As a result, neither Washington Radiation Oncology Center nor Washington Radiation Oncology Center, a Medical Group, Inc., have been providing services to patients since the end of January 2023 and no longer need to be included within the Corporate Compliance Program.

A redline of the proposed revisions has been included in your packet.

Proposed Action

The Board must decide whether to approve the Corporate Compliance Program document as revised or direct staff to consider further revisions. If the Board decides to approve the Corporate Compliance Program document, the Board can do so with a simple motion, second, and a roll call vote.

CORPORATE COMPLIANCE PROGRAM

WASHINGTON TOWNSHIP HOSPITAL DEVELOPMENT CORPORATION (DEVCO)

I. DEFINITIONS

In addition to the terms defined elsewhere in this Corporate Compliance Program, the following definitions shall apply:

- A. “Board” refers to the Board of Directors of DEVCO.
- B. “CCO” refers to the Corporate Compliance Officer, an individual appointed by the Chief Executive Office of DEVCO who, with appropriate resources, authority and direct access to the Chief Executive Officer, or her designate, of DEVCO, is responsible for the overall development, implementation and oversight of the Corporate Compliance Program for DEVCO.
- C. “Committee” refers to the Compliance Committee composed of the Chief Executive Officer’s appointees whose responsibility is to quarterly meet with the CCO and to assist the CCO in the implementation of the Program.
- D. “DEVCO” refers to the Washington Township Hospital Development Corporation.
- E. “Program” refers to the Corporate Compliance Program set forth in this document as developed and implemented by the CCO and approved by the DEVCO Board.
- F. “Staff” refers to employees, leased employees, independent contractors, consultants and any other personnel, individual or entity DEVCO may compensate for services rendered.

II. INTRODUCTION

DEVCO’s Program has been developed and implemented by the CCO and was originally presented to the Board in 2001, with annual review, amendments, and approvals occurring thereafter.

The CCO meets with the Committee quarterly, or more often if needed, to discuss and review compliance activities occurring within the various DEVCO entities and departments. The Committee makes recommendations and sets policies and procedures regarding these activities which are then integrated into this Program and implemented by the CCO.

The CCO annually prepares a report summarizing prior-year compliance activities and includes a description of internal audits and investigations, findings and resulting compliance actions. This annual report is presented to and reviewed by the Committee before final submission to the Board. A copy of the annual reports is also provided to the Washington Township Health Care District Compliance Officer.

The Program outlined below recognizes that there are departments within DEVCO and two distinct levels of DEVCO entities that require unique compliance design and implementation strategies.

Level 1 DEVCO Entities and Departments

The first category, referred to as “Level 1 Entities” consists of the following entities: (1) ~~Washington Radiation Oncology Center;~~ (2) Washington Medical Billing; and (3) Washington Outpatient Rehabilitation Center. In addition, activities of other departments of DEVCO, including physician recruitment, are reviewed and included in this Level 1 Entity designation of the Program.

Each Level 1 Entity will cooperate fully with the CCO in the implementation of the Program. Such cooperation will include (1) consultation with the CCO in the establishment of audit priorities for each Level 1 Entity; (2) the implementation of the Program within each Level 1 Entity and (3) the preparation of an annual report of each Level 1 Entity’s compliance activities to CCO. Such annual report shall be prepared in a form directed by CCO.

Level 2 DEVCO Entities

A Level 2 Entity is one which controls and/or manages its own operation under its own legal business name and tax identification number.

The second category of DEVCO entities, referred to as “Level 2 Entities,” include: (1) Washington Township Medical Foundation; (2) ~~Washington Radiation Oncology Center, A Medical Group, Inc.;~~ (3) Washington Outpatient Surgery Center; and (4) Peninsula Surgery Center. To ensure compliance by these Level 2 Entities, the CCO facilitates open and frequent communication between DEVCO and the Level 2 Entities on all issues relating to compliance. Each Level 2 Entity is responsible for establishing, implementing and complying with its own compliance obligations and the establishment of their own compliance program. Each Level 2 Entity is required to provide evidence of such program to DEVCO on an annual basis.

III. COMPLIANCE POLICY

This Program has been voluntarily adopted by DEVCO for its Level 1 Entities to conform to the standards set forth in the current *Federal Sentencing Guidelines for Organizations*. This Program requires Staff to exercise due diligence in the prevention and detection of violations of law and is intended to promote an organizational culture that encourages ethical conduct and a commitment to conducting ethical and legal business and clinical practices. The Program focuses on the prevention and detection of violations of federal and state laws and regulation and fosters an environment in which Level 1 Entities and their Staff are encouraged to report concerns about business and clinical practices without fear

of retribution. The Program is operated under the authority of the Board and structured to encourage collaborative participation at all levels of the organization of DEVCO.

IV. COMPLIANCE PROGRAM PURPOSE AND OBJECTIVES

The purpose and objectives of the Program are as follows:

A. Commitment to Responsible Conduct. To demonstrate to the community, the commitment of DEVCO to honest, ethical and responsible corporate conduct.

B. Compliance with Federal and State Law. To (i) ensure compliance with federal and state law and regulations, (ii) detect, and where possible, provide warning prior to misconduct developing into a civil, administrative, or criminal violation and (iii) avoid unlawful and unethical conduct and exposure to liability.

C. Education of Directors, Officers and Staff. To educate the Board, officers and Staff regarding applicable federal and state laws.

D. Encourage Reporting of Potential Problems. To provide an environment that encourages Staff to report conduct to the CCO which may be a violation of law or any element of this Program.

E. Mechanism for Dissemination of Information. To disseminate information regarding changes in federal and state law and regulations.

F. Improve Response to Government Inquiries. To enhance DEVCO's ability to provide accurate and timely responses to government inquiries.

G. Reduction in Exposure to Civil, Administrative, or Criminal Liability. To establish procedures that guide the prompt and thorough investigation of alleged misconduct that may expose DEVCO to civil, administrative, or criminal liability and the initiation of immediate and appropriate corrective action to reduce DEVCO's exposure to such liability.

H. Reduction in Penalties. To reduce exposure to criminal fines and penalties through the implementation of a compliance program and to reduce the likelihood of exclusion from Medicare, Medicaid and other federal health care programs.

V. RESPONSIBILITY AND DESIGNATION OF A CORPORATE COMPLIANCE OFFICER

The Board is responsible for establishing the Program. The Board authorizes the Chief Executive Officer to appoint a CCO. The CCO is responsible for the development, operation and oversight of the Program. The CCO reports to the Committee which in turn reports to the CEO who, in turn, reports to the Board, regarding the implementation and

operation of the Program. Managers from each Level 1 Entity are responsible for the implementation and operation of the Program as it relates to his or her specific entity/department.

VI. ELEMENTS OF THE COMPLIANCE PROGRAM

The Program is administered under the general oversight of the CCO and contains the following elements:

A. COMPLIANCE POLICIES AND PROCEDURES

1. The Program includes written policies and procedures, designed to support DEVCO's commitment to conducting ethical and legal business and clinical practices. The Program includes Level 1 Entity-specific policies and procedures.

2. All Program policies and procedures are reviewed periodically and updated as needed to reflect current laws and regulations. The CCO and each Level 1 Entity ensure the development, review and revision of Level 1 Entity-specific compliance policies and procedures.

3. Policies and procedures of the Program may include, but are not limited to, policies and procedures regarding the following:

- a. Advanced Beneficiary Notices
- b. Audits
- c. Lawful Billing Practice
- d. Charge, Coding and Payment Posting
- e. Code of Conduct
- f. Collection Agencies
- g. Collection Techniques
- h. Compliance with Health Insurance Portability and Accountability Act (HIPAA)
- i. Credit Balances and Refunds
- j. Credentialing
- k. Discounts and Adjustments for Patients
- l. File Management
- m. Medical Record Documentation and Coding
- n. Medical Record Maintenance
- o. Patient Collections
- p. Payment Plans
- q. Physician Recruitment
- r. Professional Courtesy
- s. Referrals
- t. Statement Submission

- u. Submission of Accurate Claims
- v. Telephone Protocol

B. EDUCATION AND TRAINING

1. The CCO has responsibility to oversee the development and implementation of communications and educational programs to achieve understanding and acceptance of the Program. This includes:

- a. Orientation and on-going education of the Board regarding corporate compliance issues;
- b. New Staff orientation to include introduction to the Program, corporate compliance issues, Staff responsibility for reporting and reporting mechanisms for potential breach of Program policies and procedures;
- c. Continuing department and entity-specific training and educational programs for identified Staff to ensure understanding of the importance of compliance, their role in maintaining compliance through application of the Level 1 Entity-specific policies and procedures, and their obligation to report potential compliance problems; and
- d. Annual review of compliance activities for all Staff.

2. Staff is informed that strict compliance with the requirements of the Program is required, and that:

- a. The promotion of, and adherence to, the requirements of the Program are elements of evaluating Staff and contract renewals, and
- b. Level 1 Entities have a policy concerning the discipline of Staff members who fail to comply with the policies and procedures included in the Program.

C. AUDITING AND MONITORING SYSTEM

1. The Program includes monitoring and auditing systems designed to evaluate practices and assess compliance with federal and state laws and regulations. A periodic risk assessment based on internal and external activities and information is conducted. An audit calendar is established annually by the CCO.

2. The CCO coordinates appropriate periodic internal and/or external audits and surveys to verify adherence to, and awareness of the Program.

3. Audit results are provided to the Committee and reported to the CEO.

4. Monitoring includes an annual assessment of each of the elements of the Program. The annual report and assessment is provided to (1) the Committee; (2) the CEO; and (3) the Board.

D. REPORTING PROCESS

1. All members of the Staff have the responsibility to notify either their supervisor or the CCO, in a timely manner, of any violations or suspected violations of the Program, including any of the policies and procedures identified in Subpart VI(A)(3). Leadership of departments and DEVCO entities have the responsibility to provide notice to the CCO of any violations or suspected violations of the Program as may be reported to them by Staff. Staff members are informed that in some instances, the mere failure to report a suspected violation may itself be a basis for disciplinary action against them. Staff are also encouraged to seek clarification from the CCO in the event of any confusion or question regarding a Level 1 Entity policy.

2. Reporting will be via direct communication to the CCO or by submitting a Quality Risk Report via Midas.

3. Staff will not be subject to reprisal for reporting, in good faith, actions which they feel violate the law or established ethical standards. DEVCO will maintain a procedure for Staff to make anonymous reports.

E. DISCIPLINARY MEASURES

Information on the possible types of disciplinary measures which may include the termination or retention of sanctioned individuals, is disseminated to all Staff. Consistent application of these measures is necessary for Staff at all levels within the organization. Failure to comply with Level 1 Entity policies and procedures will result in appropriate disciplinary action.

F. INVESTIGATIVE PROCESS

All reports of unlawful or unethical practice are investigated to determine whether a violation of applicable law or the Program has occurred. All reports of improper practice or violations shall be brought to the attention of the Committee as well as the CEO of DEVCO. Investigations may be conducted internally or with the assistance of an external entity, as directed by the CEO of DEVCO. Legal counsel will be involved in investigations. Follow-up to the investigative process will include taking appropriate steps to prevent

reoccurrence of the improper practice, development of a monitoring process and possible report of the appropriate federal and state authorities within a reasonable period if there is credible evidence of a violation.

CORPORATE COMPLIANCE PROGRAM

Approved: _____ Date _____

Mike Rogers
DEVCO Corporate Compliance Officer

Approved: _____ Date _____

Kimberly Hartz
Chief Executive Officer

Approved: _____ Date _____

DEVCO Board of Directors
Secretary