

HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 50

NOTICE OF PUBLIC MEETING

Notice is hereby given to all interested parties that the Board of Directors of the captioned District will hold a public meeting by telephone conference call. Members of the public may access the meeting by following the instructions listed at the bottom of this notice.

The meeting will be held at **6:00 p.m. on Monday, May 4, 2020.**

The subject of the meeting is to consider and act on the following:

1. Public comments
2. Approve minutes of meetings held on April 6 and April 20, 2020
3. Approve certificates of election; Approve qualifications of newly elected commissioners; Accept oaths and statements of elected officials; Election of officers
4. Bookkeeper's report; pay bills; investment of District funds
5. Audit Report for F.Y.E. 12/31/2019
6. Resolution Affirming Review of Investment Policy, Strategies and Objectives
7. Administrator's report; financial report, personnel, and operations of district
8. Construction of training facility; design and construction; award contracts, approve change orders and change directives; approve pay estimates
9. Dispatch center report; status of dispatch center operations and personnel
10. Fire Chief Report including run statistics, training, coordination with other entities and public relations activities



A handwritten signature in black ink, appearing to read "Wm. Scott Smith", written over a horizontal line.

Wm. Scott Smith
Attorney for the District

Instructions for accessing telephone conference call:

On March 16, 2020, in accordance with section 418.016 of the Texas Government Code, Governor Abbott has suspended various provisions of the Texas Open Meetings Act that require government officials and members of the public to be physically present at a specified meeting location (the “Proclamation”). In accordance with the Proclamation, the District has implemented procedures to allow members of the public to participate and address the Board of Commissioners during the telephone conference meeting. To participate in the telephone conference meeting:

1. Please call 1-866-773-8424 and use access Code **633101#** to access the meeting and announce your name to the meeting host.
2. The agenda packet will be available at the following web site:
<https://www.channelviewfire.com/agendas/>
3. The audio of the meeting will be recorded.

PROCEDURES FOR PROVIDING PUBLIC COMMENT

The Board of Commissioners of Harris County ESD No. 50 has adopted the following procedures for providing public comment to the Board during Board of Commissioners meetings. Members of the public are encouraged to participate in the Public Comments portion of the meeting. However, in order that District business may be conducted efficiently, the following rules are in effect:

1. All members of the public wishing to address the Board must register with the District Secretary on a sign-in sheet prior to the posted starting time of the meeting.
2. Individuals shall identify themselves by name, organization represented, residency in the District, etc., and the topic they wish to discuss. Presentations and comments shall remain pertinent to the issues denoted on the registration sheet.
3. Each speaker is limited to no more than five minutes. A speaker may not assign a portion of his or her allotted presentation time to another speaker.
4. The Board will recognize only one speaker per topic. Groups of individuals with the same or similar concerns are encouraged to designate a spokesperson to address the Board. If several persons have registered to address the Board on the same topic, it shall be within the discretion of the Board President to request that those persons select a representative amongst themselves to express such comments, or limit their comments to an expression of support for views previously articulated.
5. A speaker who is determined by the Board President to be disrupting a meeting shall immediately cease the disruptive activity or leave the meeting room if ordered to do so by the Board President.

A member of the Board of Commissioners may comment publicly on matters brought to their attention during the Public Comment portion of the agenda. Such public comments shall be confined to stating a factual matter, reciting existing policy or a request that a matter be placed on a future meeting agenda. Such public comment shall not include any “deliberation” as defined by Chapter 551 of the Texas Government Code.

HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 50

Minutes of Meeting of Board of Commissioners April 6, 2020

The Board of Commissioners ("Board") of Harris County Emergency Services District No. 50 ("District") met by telephone conference call on April 6, 2020, in accordance with the duly posted notice of said meeting and with the March 16, 2020 Order of Governor Abbott, with a quorum of Directors present, as follows:

Jim Owens, President
Brenda Biggers, Secretary
Eric Stricklin, Treasurer
Judith Brannon, Commissioner

And the following absent:

Benjamin Ballew, Vice President.

Also present were Assistant Chief Charles Villegas, Mr. Jimmy Sumbera, and Mr. Wm. Scott Smith.

The meeting was called to order and declared open for such business as might regularly come before it.

1. The Board opened the floor for public comment. No public comment was presented.
2. The Board unanimously approved the minutes of March 2 and 16, 2020.
3. The Board reviewed the bookkeeper's report. Upon motion duly made, seconded, and unanimously carried, the Board approved the bookkeeper's report and the checks listed thereon.
4. The Board unanimously adopted a Resolution Authorizing the President or Vice President and Treasurer or Assistant Treasurer to Sign Certain Disbursements Approved at a Telephonic Meeting.
5. Mr. Sumbera presented the administrator's report indicating that EMS billing is \$290,026.34 for the year. Both fire and EMS departments are fully staffed. The Medicaid reimbursement period has been extended to May 15, 2020. Mr. Sumbera described the impact of the COVID-19 virus on department operations. The department is adjusting its types of responses to known and suspected COVID-19 cases. Depending on the amount of additional expenses incurred by the department, the department may seek reimbursement for certain expenses from FEMA. Thus far there are no positive cases in the department.
6. The Board discussed the status of the training facility construction. The pads have been installed and paving is scheduled to be completed in the upcoming days. Total project completion is anticipated for June 6, 2020.
7. Commissioner Stricklin presented the dispatch center report and noted that the dispatch facility is working through COVID-19 issues. There has been an overall decrease in call volume over the last several weeks.
8. Mr. Villegas presented the fire chief's report indicating that there were 354

EMS runs with a 4-5 minute response time. There were 86 fire suppression calls with an average response time of approximately 4 minutes. All public relations events of the department have been canceled.

There being no further business to come before the Board, the meeting was adjourned.

Secretary

HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 50

Minutes of Meeting of Board of Commissioners April 20, 2020

The Board of Commissioners (“Board”) of Harris County Emergency Services District No. 50 (“District”) met by telephone conference call on April 20, 2020, in accordance with the duly posted notice of said meeting and with the March 16, 2020 Order of Governor Abbott, with a quorum of Directors present, as follows:

Jim Owens, President
Benjamin Ballew, Vice President
Eric Stricklin, Treasurer
Brenda Biggers, Secretary
Judith Brannon, Commissioner

and the following absent

None.

Also present was Mr. Jimmy Sumbera.

The meeting was called to order and declared open for such business as might regularly come before it.

1. The Board reviewed the bookkeeper’s report. Upon motion duly made, seconded, and unanimously carried, the Board approved the bookkeeper’s report and the checks listed thereon.

There being no further business to come before the Board, the meeting was adjourned.

Secretary

**HARRIS COUNTY EMERGENCY SERVICES
DISTRICT NO. 50**

HARRIS COUNTY, TEXAS

CERTIFICATE OF ELECTION

In the name and by the authority of the State of Texas, this is to certify that by Order of the Board of Commissioners, the election scheduled to be held on May 2, 2020, for the purposes of electing new Commissioners was canceled, as there were no challengers of office and that by such Order,

BENJAMIN BALLEW

was duly elected to the position of Commissioner of Harris County Emergency Services District No. 50.

In testimony whereof, I have hereunto signed my name and caused the seal of the District to be affixed, this _____.

President, Board of Commissioners
Harris County Emergency Services
District No. 50



Benjamin Ballew

May 5, 2020

President and Board of Commissioners
Harris County Emergency Services District No. 50
Harris County, Texas

Re: Qualifications to serve as a commissioner of Harris County Emergency Services District No. 50 (the "District")

Board of Commissioners:

This is to advise you of my desire to qualify and serve as a commissioner of the District, and on oath, I do hereby state:

"1. I am at least eighteen years of age, am a resident citizen of the State of Texas, and am a resident of the District."

"2. I am not, to the best of my knowledge, related within the third degree of affinity (marriage) or consanguinity (blood) to a person providing professional services to the District, or to any of the other commissioners of the District, or to a person who is an employee or volunteer of an emergency services organization providing emergency services to the District. "Emergency services organization" being defined as a volunteer fire department, a career or combination fire department, a municipal fire department, an emergency medical services organization under the jurisdiction of the Department of State Health Services, any other agency under the jurisdiction of the state fire marshal's office, or any other organization or corporation that governs an emergency services organization."

"3. I am not an employee of a commissioner of the District, an attorney or other person providing professional services to the District."

"4. I am not serving as an attorney, consultant or architect or in some other professional capacity for the District or for an emergency services organization providing emergency services to the District."

“5. Name: Benjamin Ballew

 Mailing Address: _____

 Cell Phone: _____

 Home Phone: _____

 Work Phone: _____

 Email: _____

“6. I agree during my term of office to inform the board of Commissioners immediately in the event any of the foregoing circumstances shall have changed.”

Date: _____

Benjamin Ballew

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____.

Notary Public in and for the State of TEXAS

In the Name and by the Authority of

Harris County Emergency Services District No. 50

Harris County, Texas
In and For the State of Texas

STATEMENT OF OFFICER

I, Benjamin Ballew, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING STATEMENT AND THAT THE FACTS STATED THEREIN ARE TRUE.

Date

Benjamin Ballew

Harris County Emergency Services District
No. 50, Harris County, Texas

In the Name and by the Authority of

Harris County Emergency Services District No. 50

In and For the County of Harris
and the State of Texas

OATH OF OFFICE OF COMMISSIONER

I, Benjamin Ballew, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of commissioner of Harris County Emergency Services District No. 50 of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Benjamin Ballew

Sworn to and subscribed before me on this _____ day of

_____, 2020

Notary Public in and for the State of TEXAS

COMMISSIONER AND AGENT QUESTIONNAIRE FOR CONFLICTS DISCLOSURE STATEMENT

In 2005, the Texas Legislature approved changes in disclosure requirements for public officials in Texas. The requirements became effective on January 1, 2006 and were clarified and amended by the legislature in 2007 and in 2015. Many public officials, including emergency services district Commissioners, agents, and employees, will not need to file a report or take any action under the act. This questionnaire will assist you in determining if you need to fill out a Texas Ethics Commission Form CIS, Local Government Officer Conflicts Disclosure Statement, for filing with the District. Please complete and sign this questionnaire and return it to the attorney for the District.

Name: Benjamin Ballew
District: Harris County Emergency Services District No. 50
Office Held: Commissioner

Definition: A “business relationship” in the questions below means a connection between two or more parties based on the commercial activity of one of the parties but does not include the following: a) a transaction that is subject to rate or fee regulation by a federal, state or local government entity; b) a transaction conducted at a price and subject to terms available to the public; or c) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Definition: A “family member” in the questions below includes: your mother and her spouse; your father and his spouse; your son and his spouse; your daughter and her spouse; your spouse; and your spouse’s mother, father, son, and daughter.

Definition: A “family relationship” in the questions below includes: your mother and her spouse; your father and his spouse; your son and his spouse; your daughter and her spouse; your grandmother and her spouse; your grandfather and his spouse; your brother and his spouse; your sister and her spouse; your grandson; your granddaughter; your aunt; your uncle; your niece; your nephew; your great-grandson; your great-granddaughter; your great-grandmother; your great-grandfather; your spouse; your spouse’s mother; your spouse’s father; your spouse’s son; your spouse’s daughter; your spouse’s grandmother; your spouse’s grandfather; your spouse’s grandson; your spouse’s granddaughter; your spouse’s brother; or your spouse’s sister.

Definition: A “vendor” in the questions below includes anyone who contracts with the District for the sale or purchase of real property, goods, personal property, or services (skilled or unskilled labor or professional services) or anyone who SEEKS to contract with the District. Agents and employees of the vendor are included.

1. Do you or any Family Member have an employment relationship with any Vendor or potential Vendor that could result in you or your Family Member receiving taxable income (other than investment income) of more than \$2,500?

_____ Yes _____ No

2. Do you or any Family Member have a Business Relationship with any Vendor or potential Vendor that could result in you or your Family Member receiving taxable income (other than investment income) of more than \$2,500?

_____ Yes _____ No

3. Has a Vendor or potential Vendor given you or any Family Member one or more gifts (not including food accepted as a guest or a political contribution) with a total value of more than \$100?

_____ Yes _____ No

4. Does any Vendor or potential Vendor have a Family Relationship with you?

_____ Yes _____ No

If the answer to any of your questions is yes, please notify the attorney for the District as soon as possible. You may need to complete a Conflicts Disclosure Statement for filing with the District.

If your answer to any of these questions changes at any time in the future, please notify the attorney for the District at once and update this form.

By: _____

Date signed: _____

Please note, Form CIS (attached) need only be completed if you answered YES to any questions on this “Commissioner Questionnaire for Conflicts Disclosure Statement.”

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Harris Co. ESD No.
50

1 Name of Local Government Officer

2 Office Held

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a commissioner, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Name of Local Government Officer.** Enter the name of the local government officer filing this statement.
- 2. Office Held.** Enter the name of the office held by the local government officer filing this statement.
- 3. Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code.** Enter the name of the vendor described by Section 176.001(7), Local Government Code, if the vendor: a) has an employment or other business relationship with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code; b) has given to the local government officer or a family member of the officer one or more gifts as described by Section 176.003(a)(2)(B), Local Government Code; or c) has a family relationship with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 4. Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.** Describe the nature and extent of the employment or other business relationship the vendor has with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code, and each family relationship the vendor has with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 5. List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100.** List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed \$100 in value.
- 6. Affidavit.** Signature of local government officer.

Local Government Code § 176.001(2-a): "Family relationship" means a relationship between a person and another person within the third degree by consanguinity or the second degree by affinity, as those terms are defined by Subchapter B, Chapter 573, Government Code.

Local Government Code § 176.003(a)(2)(A):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii)** the local governmental entity is considering entering into a contract with the vendor.

**RELEASE OF PERSONAL DATA UNDER
TEXAS GOVERNMENT CODE SECTION 552.024**

Name: Benjamin Ballew

District: Harris County Emergency Services District No. 50

Title: Commissioner

The Public Information Act (Section 552.024 of the Texas Government Code, amended) allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. I understand that unless I choose to keep it confidential, the following information about me may be subject to public release if requested under the Texas Public Information Act. Therefore, in accordance with Section 552.024 of the Texas Government Code, I hereby make the following selection:

☐ **YES, I wish to allow public access to my personal information that includes my home address, home telephone number, emergency contact information, social security number, and information that reveals whether I have family members.**

☐ **NO, I do not wish to allow public access to my personal information that includes my home address, home telephone number, emergency contact information, social security number, and information that reveals whether I have family members.**

Benjamin Ballew

Date: _____

MEMORANDUM

TO: Commissioners, Harris County Emergency Services District No. 50
FROM: Wm. Scott Smith
RE: Open Meetings Act and Public Information Act Training Requirements
DATE: May 2020

=====

Effective January 1, 2006, Texas law required elected and appointed public officials to receive training in Texas open government laws. The Office of the Attorney General offers free video training courses, which were developed in compliance with a mandate from the 79th Texas Legislature that the Attorney General establish the formal training necessary to ensure that all elected and appointed government officials have a good command of both open records and open meetings laws.

Officials who are elected or appointed have **90 days** from the date that they take their Oath of Office within which to complete the required training. We are suggesting that all Commissioners complete the training as soon as possible to ensure that the District is in full compliance with the law.

You may go to the following internet address to do your Open Meetings Act Training and Public Information Act Training:

Open Meetings Act

<https://www.texasattorneygeneral.gov/media/videos/play.php?image=2005openmeetings&id=149>

Public Information Act

<https://www.texasattorneygeneral.gov/media/videos/play.php?image=2005openrecords&id=150>

If you are not able to obtain training on-line, please contact our office (713/652-6500) to obtain the training in a DVD format.

In either case, you will need to (1) sign the enclosed completion certificate that will be retained in the District's files, or (2) print such similar certificate(s) from the Attorney General's website listed above. The certificate is to be made available for public inspection upon request.

The law imposes no specific penalty on officials who fail to attend open government training. The purpose of the law is not to punish public officials, but to foster open government by making open government education a recognized obligation of public service. Despite this lack of a penalty provision, the Attorney General has cautioned that a deliberate failure to comply with the training requirements could result in an increased risk of criminal prosecution should one ever be accused of violating the Open Meetings Act or the Public Information Act.

Please return the signed certificate to me at the next board meeting or at your earliest convenience.

CERTIFICATE *of* COURSE COMPLETION

Open Meetings Act

I, Benjamin Ballew, certify that I have completed a course of training on the Texas Open Meetings Act provided by the Attorney General of Texas that satisfies the legal requirements of Section 551.005, Texas Government Code.

Public Information Act

I further certify that I have completed a course of training on the Texas Public Information Act provided by the Attorney General of Texas that satisfies the legal requirements of Section 552.012, Texas Government Code.

Dated this _____.

By: _____
Benjamin Ballew

Governmental Body: Harris County
Emergency Services District No. 50

NOTICE TO CERTIFICATE HOLDER: Government Code Sections 551.005(c) and 552.012(e) require that the governmental body with which you serve to maintain this Certificate of Course Completion and make it available for public inspection.

**HARRIS COUNTY EMERGENCY SERVICES
DISTRICT NO. 50**

HARRIS COUNTY, TEXAS

CERTIFICATE OF ELECTION

In the name and by the authority of the State of Texas, this is to certify that by Order of the Board of Commissioners, the election scheduled to be held on May 2, 2020, for the purposes of electing new Commissioners was canceled, as there were no challengers of office and that by such Order,

ERIC STRICKLIN

was duly elected to the position of Commissioner of Harris County Emergency Services District No. 50.

In testimony whereof, I have hereunto signed my name and caused the seal of the District to be affixed, this _____.

President, Board of Commissioners
Harris County Emergency Services
District No. 50



Eric Stricklin

May 5, 2020

President and Board of Commissioners
Harris County Emergency Services District No. 50
Harris County, Texas

Re: Qualifications to serve as a commissioner of Harris County Emergency Services District No. 50 (the "District")

Board of Commissioners:

This is to advise you of my desire to qualify and serve as a commissioner of the District, and on oath, I do hereby state:

"1. I am at least eighteen years of age, am a resident citizen of the State of Texas, and am a resident of the District."

"2. I am not, to the best of my knowledge, related within the third degree of affinity (marriage) or consanguinity (blood) to a person providing professional services to the District, or to any of the other commissioners of the District, or to a person who is an employee or volunteer of an emergency services organization providing emergency services to the District. "Emergency services organization" being defined as a volunteer fire department, a career or combination fire department, a municipal fire department, an emergency medical services organization under the jurisdiction of the Department of State Health Services, any other agency under the jurisdiction of the state fire marshal's office, or any other organization or corporation that governs an emergency services organization."

"3. I am not an employee of a commissioner of the District, an attorney or other person providing professional services to the District."

"4. I am not serving as an attorney, consultant or architect or in some other professional capacity for the District or for an emergency services organization providing emergency services to the District."

“5. Name: Eric Stricklin

 Mailing Address: _____

 Cell Phone: _____

 Home Phone: _____

 Work Phone: _____

 Email: _____

“6. I agree during my term of office to inform the board of Commissioners immediately in the event any of the foregoing circumstances shall have changed.”

Date: _____

Eric Stricklin

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____.

Notary Public in and for the State of TEXAS

In the Name and by the Authority of

Harris County Emergency Services District No. 50

Harris County, Texas
In and For the State of Texas

STATEMENT OF OFFICER

I, Eric Stricklin, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING STATEMENT AND THAT THE FACTS STATED THEREIN ARE TRUE.

Date

Eric Stricklin

Harris County Emergency Services District
No. 50, Harris County, Texas

In the Name and by the Authority of

Harris County Emergency Services District No. 50

In and For the County of Harris
and the State of Texas

OATH OF OFFICE OF COMMISSIONER

I, Eric Stricklin, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of commissioner of Harris County Emergency Services District No. 50 of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Eric Stricklin

Sworn to and subscribed before me on this _____ day of

_____, 2020

Notary Public in and for the State of TEXAS

COMMISSIONER AND AGENT QUESTIONNAIRE FOR CONFLICTS DISCLOSURE STATEMENT

In 2005, the Texas Legislature approved changes in disclosure requirements for public officials in Texas. The requirements became effective on January 1, 2006 and were clarified and amended by the legislature in 2007 and in 2015. Many public officials, including emergency services district Commissioners, agents, and employees, will not need to file a report or take any action under the act. This questionnaire will assist you in determining if you need to fill out a Texas Ethics Commission Form CIS, Local Government Officer Conflicts Disclosure Statement, for filing with the District. Please complete and sign this questionnaire and return it to the attorney for the District.

Name: Eric Stricklin
District: Harris County Emergency Services District No. 50
Office Held: Commissioner

Definition: A “business relationship” in the questions below means a connection between two or more parties based on the commercial activity of one of the parties but does not include the following: a) a transaction that is subject to rate or fee regulation by a federal, state or local government entity; b) a transaction conducted at a price and subject to terms available to the public; or c) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Definition: A “family member” in the questions below includes: your mother and her spouse; your father and his spouse; your son and his spouse; your daughter and her spouse; your spouse; and your spouse’s mother, father, son, and daughter.

Definition: A “family relationship” in the questions below includes: your mother and her spouse; your father and his spouse; your son and his spouse; your daughter and her spouse; your grandmother and her spouse; your grandfather and his spouse; your brother and his spouse; your sister and her spouse; your grandson; your granddaughter; your aunt; your uncle; your niece; your nephew; your great-grandson; your great-granddaughter; your great-grandmother; your great-grandfather; your spouse; your spouse’s mother; your spouse’s father; your spouse’s son; your spouse’s daughter; your spouse’s grandmother; your spouse’s grandfather; your spouse’s grandson; your spouse’s granddaughter; your spouse’s brother; or your spouse’s sister.

Definition: A “vendor” in the questions below includes anyone who contracts with the District for the sale or purchase of real property, goods, personal property, or services (skilled or unskilled labor or professional services) or anyone who SEEKS to contract with the District. Agents and employees of the vendor are included.

1. Do you or any Family Member have an employment relationship with any Vendor or potential Vendor that could result in you or your Family Member receiving taxable income (other than investment income) of more than \$2,500?

_____ Yes _____ No

2. Do you or any Family Member have a Business Relationship with any Vendor or potential Vendor that could result in you or your Family Member receiving taxable income (other than investment income) of more than \$2,500?

_____ Yes _____ No

3. Has a Vendor or potential Vendor given you or any Family Member one or more gifts (not including food accepted as a guest or a political contribution) with a total value of more than \$100?

_____ Yes _____ No

4. Does any Vendor or potential Vendor have a Family Relationship with you?

_____ Yes _____ No

If the answer to any of your questions is yes, please notify the attorney for the District as soon as possible. You may need to complete a Conflicts Disclosure Statement for filing with the District.

If your answer to any of these questions changes at any time in the future, please notify the attorney for the District at once and update this form.

By: _____

Date signed: _____

Please note, Form CIS (attached) need only be completed if you answered YES to any questions on this “Commissioner Questionnaire for Conflicts Disclosure Statement.”

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Harris Co. ESD No.
50

1 Name of Local Government Officer

2 Office Held

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a commissioner, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Name of Local Government Officer.** Enter the name of the local government officer filing this statement.
- 2. Office Held.** Enter the name of the office held by the local government officer filing this statement.
- 3. Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code.** Enter the name of the vendor described by Section 176.001(7), Local Government Code, if the vendor: a) has an employment or other business relationship with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code; b) has given to the local government officer or a family member of the officer one or more gifts as described by Section 176.003(a)(2)(B), Local Government Code; or c) has a family relationship with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 4. Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.** Describe the nature and extent of the employment or other business relationship the vendor has with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code, and each family relationship the vendor has with the local government officer as defined by Section 176.001(2-a), Local Government Code.
- 5. List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100.** List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed \$100 in value.
- 6. Affidavit.** Signature of local government officer.

Local Government Code § 176.001(2-a): "Family relationship" means a relationship between a person and another person within the third degree by consanguinity or the second degree by affinity, as those terms are defined by Subchapter B, Chapter 573, Government Code.

Local Government Code § 176.003(a)(2)(A):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii)** the local governmental entity is considering entering into a contract with the vendor.

**RELEASE OF PERSONAL DATA UNDER
TEXAS GOVERNMENT CODE SECTION 552.024**

Name: Eric Stricklin

District: Harris County Emergency Services District No. 50

Title: Commissioner

The Public Information Act (Section 552.024 of the Texas Government Code, amended) allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. I understand that unless I choose to keep it confidential, the following information about me may be subject to public release if requested under the Texas Public Information Act. Therefore, in accordance with Section 552.024 of the Texas Government Code, I hereby make the following selection:

☐ **YES, I wish to allow public access to my personal information that includes my home address, home telephone number, emergency contact information, social security number, and information that reveals whether I have family members.**

☐ **NO, I do not wish to allow public access to my personal information that includes my home address, home telephone number, emergency contact information, social security number, and information that reveals whether I have family members.**

Eric Stricklin

Date: _____

MEMORANDUM

TO: Commissioners, Harris County Emergency Services District No. 50
FROM: Wm. Scott Smith
RE: Open Meetings Act and Public Information Act Training Requirements
DATE: May 2020

=====

Effective January 1, 2006, Texas law required elected and appointed public officials to receive training in Texas open government laws. The Office of the Attorney General offers free video training courses, which were developed in compliance with a mandate from the 79th Texas Legislature that the Attorney General establish the formal training necessary to ensure that all elected and appointed government officials have a good command of both open records and open meetings laws.

Officials who are elected or appointed have **90 days** from the date that they take their Oath of Office within which to complete the required training. We are suggesting that all Commissioners complete the training as soon as possible to ensure that the District is in full compliance with the law.

You may go to the following internet address to do your Open Meetings Act Training and Public Information Act Training:

Open Meetings Act

<https://www.texasattorneygeneral.gov/media/videos/play.php?image=2005openmeetings&id=149>

Public Information Act

<https://www.texasattorneygeneral.gov/media/videos/play.php?image=2005openrecords&id=150>

If you are not able to obtain training on-line, please contact our office (713/652-6500) to obtain the training in a DVD format.

In either case, you will need to (1) sign the enclosed completion certificate that will be retained in the District's files, or (2) print such similar certificate(s) from the Attorney General's website listed above. The certificate is to be made available for public inspection upon request.

The law imposes no specific penalty on officials who fail to attend open government training. The purpose of the law is not to punish public officials, but to foster open government by making open government education a recognized obligation of public service. Despite this lack of a penalty provision, the Attorney General has cautioned that a deliberate failure to comply with the training requirements could result in an increased risk of criminal prosecution should one ever be accused of violating the Open Meetings Act or the Public Information Act.

Please return the signed certificate to me at the next board meeting or at your earliest convenience.

CERTIFICATE *of* COURSE COMPLETION

Open Meetings Act

I, Eric Stricklin, certify that I have completed a course of training on the Texas Open Meetings Act provided by the Attorney General of Texas that satisfies the legal requirements of Section 551.005, Texas Government Code.

Public Information Act

I further certify that I have completed a course of training on the Texas Public Information Act provided by the Attorney General of Texas that satisfies the legal requirements of Section 552.012, Texas Government Code.

Dated this _____.

By: _____
Eric Stricklin

Governmental Body: Harris County
Emergency Services District No. 50

NOTICE TO CERTIFICATE HOLDER: Government Code Sections 551.005(c) and 552.012(e) require that the governmental body with which you serve to maintain this Certificate of Course Completion and make it available for public inspection.

CASH-CHECKING(End of Last Report)		\$8,685.09
ADD: Collections	\$9,564.74	
Interest earned	\$3.26	
From Tex Pool	\$1,400,753.86	
Voided Checks		
Sales Tax	\$577,439.11	
From Fire & EMS		
Misc. Income		
Investments Maturity		
		<hr/>
		\$1,987,760.97
LESS: Transfer to TexPool	\$587,003.85	
Bank service charges		
Check printing charge		
Payroll Fees	\$132.21	
Payroll Taxes		
Transfer to Fire & EMS	\$1,075,753.86	
		<hr/>
		(\$1,662,889.92)
Available cash		\$333,556.14
LESS: Checks to be issued (Scheduled)		(\$332,470.74)
		<hr/>
		\$1,085.40
CERTIFICATES OF DEPOSIT (Scheduled)		\$0.00
TEXPOOL		<hr/>
		\$19,551,172.42
DISTRICT OPERATIONS FUND BALANCE		<hr/>
		\$19,552,257.82
FIRE & EMS OPERATIONS ACCOUNT - Page 4		<hr/>
		\$231,156.57
TOTAL FUND BALANCE		<hr/>
		<hr/>
		\$19,783,414.39

<u>CERTIFICATES OF DEPOSIT</u>	<u>DUE</u>	<u>RATE</u>	<u>AMOUNT</u>
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			<u>\$0.00</u>
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TEXPOOL			
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	.35	\$19,551,172.42	
--	-----	-----------------	--

			<u>\$19,551,172.42</u>
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CHECKS TO BE ISSUED	NUMBER	AMOUNT
Brenda Biggers	10358	\$131.42
MACO Construction, Inc. - Est. #3	10359	\$275,690.48
NAFECO - #1032120	10360	\$4,498.00
Stryker Medical - #2986302	10361	\$4,559.20
Caldwell Country Cheverolet - #LF227786	10362	\$30,172.00
Dailey Wells Communications, Inc. - #20CC121010	10363	\$5,713.36

Municipal Business Services, Inc.	10364	\$1,158.70
Smith, Murdaugh, Little & Bonham	10365	\$4,680.82
Alpha Testing, Inc. - #119897	10366	\$1,707.00
Siddons-Martin Emergency Group - #2408287	10367	\$1,025.00
Three Sisters Nursery - #3750	10368	\$950.00

Ben Ballew	35148	\$137.32
Brenda Biggers	35149	\$274.65
Judith Brannon	35150	\$274.65
Jimmy Owens	35151	\$1,086.17
Eric Stricklin	35152	\$411.97

\$332,470.74

CASH-CHECKING(End of Last Report)		(\$17,207.61)
Interest earned	\$42.48	
From Administrative	\$1,075,753.86	
EMS Billing	\$70,028.02	
EMS/Fire Reports		
Fire Billing	\$3,674.00	
Medicare/Medicaid	\$14,671.10	
Tx Mutual		
Voided Checks	\$549.45	
Misc. Income		
Comdata		
		<hr/>
		\$1,164,718.91
LESS: Transfer to TexPool		
Transfer to Operating		
Payroll	\$623,298.42	
AXA Plan Sponsor	\$20,986.34	
AFLAC	\$2,440.42	
CenterPoint Energy	\$459.02	
Bank Service Charge	\$112.38	
Reliant		
TCDRS	\$78,002.08	
Verizon	\$66.10	
Proforma	\$6,200.00	
		<hr/>
		(\$731,564.76)
Available cash		\$415,946.54
LESS: Checks to be issued (Scheduled)		(\$184,789.97)
		<hr/>
FIRE & EMS ACCOUNT BALANCE		<hr/> <hr/>
		\$231,156.57

CHECKS TO BE ISSUED	NUMBER	AMOUNT
Comdata	6589	\$16,930.74
Comdata Fuel	6590	\$3,610.11
Specialized Billing & Collection Systems of Texas - 2020-29-30-31-32	6591	\$6,501.68
Scott Fire & Safety	6592	\$2,356.47
Hamilton Medical - #23120703	6593	\$4,329.36
Bound Tree Medical, LLC - #83588314	6594	\$302.37
D and S Medical Services, Inc. - #36-484	6595	\$379.80
Frazer, Ltd. - #74987	6596	\$145.50
Texbrite - #456655-1	6597	\$107.00
Grainger	6598	\$48.00
Life-Assist - #990318-993179-993288-994207	6599	\$1,090.60
QuadMed, Inc. - #166060-166736-167451	6600	\$1,417.64
NAFECO - #1031460-10131526-10133236-1032278	6601	\$5,551.00
Gray Lumber & Hardware, Inc.	6602	\$164.35
Stryker Medical - #1077831-1323948	6603	\$13,044.70
Airgas USA, LLC - #9100225893, 9969822229-30, 9099794495	6604	\$465.69
Urban Fire Protection - #33141-33142	6605	\$800.00
Gateway - #4964652-0, 4964665-0	6606	\$821.77
Monument Chevrolet - #14497	6607	\$108.95
Double Wrench Garage - #61857	6608	\$2,674.16
Physician Supply - #104327-104328	6609	\$980.12
Municipal Emergency Services - #1447436	6610	\$5,261.27
Deer Oaks EAP Services LLC - #HC5020-04	6611	\$95.90
D and S Medical Services, Inc. - #36-602	6612	\$60.00
Specialized Billing - #2020-33-34-35-36	6613	\$4,875.43
Atlantic Diving Supply, Inc. - #1914854	6614	\$191.00
Bound Tree Medical, LLC - #83608775-83610707	6615	\$268.00
NAFECO - #1051472	6616	\$4,701.90
QuadMed, Inc. - #168231	6617	\$1,440.00
Platinum Copier Solutions - #60465	6618	\$53.48
Alliance Pathology Consultants	6619	\$43.70
Summit Companies - #586001664	6620	\$135.00
Double Wrench Garage - #61859	6621	\$2,099.45
VFIS of Texas - #81035	6622	\$2,281.75
Emergency Communication Services - #1328	6623	\$1,025.00
Staples - #8058181641-8058235431	6624	\$385.89
Life-Assist - #998085-998199	6625	\$1,227.36
O'Reilly	6626	\$1,072.73
Axcess Hose & Ladder Co. - #10833	6627	\$4,854.80
Texas Medical Waste Disposal - #11507	6628	\$167.00
Monument Chevrolet	6629	\$61.00
Mid Coast Engine & Transmission Inc. - #A26904	6630	\$1,173.03
Harris County Accounts Receivables - Radio	6631	\$2,340.00
Airgas USA LLC - #910060-2143-2144-2325-2326	6632	\$635.18
Harris Co. M.U.D. #53	6633	\$206.38
Ramiro Martinez	6634	\$458.00
Ernest Watson	6635	\$687.00
TML Multistate Intergovernmental - #3512005A	6636	\$62,671.34
Hotchkiss Disposal Services, LTD - #10920-10921	6637	\$318.00
Comdata	6638	\$20,360.32
Comdata Fuel	6639	\$2,925.22
Harris Co. W.C.I.D. #21	6641	\$884.83

\$184,789.97

Harris County ESD 50

REVENUE	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	YEAR TO DATE	BUDGET	VARIANCE
MAINTENANCE TAX	\$1,271,049.71	\$717,749.24	\$208,088.48	\$9,564.74									\$2,206,452.17	\$2,927,000.00	75.38%
INTEREST INCOME	\$24,810.34	\$24,841.41	\$17,001.64	\$7,489.81									\$74,139.20	\$326,000.00	22.81%
SALES TAX	\$910,829.06	\$725,741.52	\$818,320.11	\$587,004.45									\$2,841,695.14	\$7,500,000.00	37.89%
SALES TAX OVERPAYMENT													\$0.00	\$0.00	0.00%
TOTAL:	\$2,206,452.17	\$1,468,332.17	\$843,410.23	\$604,055.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,122,266.51	\$10,752,000.00	47.64%
EXPENDITURES															
PER DIEM	\$1,500.00	\$3,450.00	\$2,400.00	\$2,400.00									\$9,750.00	\$22,500.00	43.33%
OFFICE													\$0.00	\$0.00	0.00%
LEGAL FEES	\$4,332.25	\$4,326.25	\$4,329.50	\$4,430.82									\$17,418.82	\$50,000.00	34.84%
LEGAL FEES - REC	\$250.00	\$250.00	\$250.00	\$250.00									\$1,000.00	\$3,000.00	33.33%
LEGAL - LEGISLATIVE CONSULTING													\$0.00	\$0.00	0.00%
AUDIT													\$0.00	\$30,000.00	0.00%
BOOKKEEPING	\$1,090.95	\$755.15	\$770.15	\$1,158.70									\$3,774.95	\$20,000.00	18.87%
BUILDING & IMPROVEMENT													\$0.00	\$0.00	0.00%
UTILITIES													\$0.00	\$0.00	0.00%
MISCELLANEOUS				\$131.42									\$131.42	\$2,500.00	5.25%
INSURANCE													\$0.00	\$0.00	0.00%
HOAD		\$5,699.00											\$5,699.00	\$22,000.00	25.90%
DUES & MEMBERSHIPS		\$1,100.00											\$1,100.00	\$0.00	0.00%
PUBLICATION OF NOTICES													\$0.00	\$2,000.00	0.00%
TRAINING													\$0.00	\$5,000.00	0.00%
PAYROLL TAX	\$106.00	\$241.50	\$168.00	\$168.00									\$682.50	\$1,750.00	39.00%
TRAVEL													\$0.00	\$0.00	0.00%
PAYROLL SERVICE													\$0.00	\$0.00	0.00%
DISPATCH CAPITAL													\$0.00	\$0.00	0.00%
COMMISSIONER ELECTION													\$0.00	\$15,000.00	0.00%
CHANNELVIEW LOAN PAYOFF													\$0.00	\$0.00	0.00%
STATION #3													\$0.00	\$0.00	0.00%
TRAINING FACILITY													\$0.00	\$0.00	0.00%
AMBULANCE REMOUNT													\$0.00	\$0.00	0.00%
CAPITAL OUTLAY	\$57,423.27	\$203,971.40	\$169,149.22	\$324,316.04									\$754,858.93	\$1,229,511.00	61.40%
EXCESS REV./EXP.	\$64,701.47	\$219,793.30	\$177,066.87	\$332,853.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$794,415.62	\$1,403,261.00	56.61%
	\$2,141,750.64	\$1,248,538.87	\$666,343.36	\$271,201.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,327,870.89	\$9,348,739.00	

Harris County ESD 50 FIRE AND EMS OPERATIONS

REVENUE	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	YEAR TO DATE	BUDGET	VARIANCE
EMS BILLINGS	\$90,940.35	\$105,245.27	\$78,874.24	\$70,028.02									\$344,887.88	\$1,250,000.00	27.59%
FIRE BILLINGS				\$3,674.00									\$3,674.00	\$15,000.00	24.49%
WORKERS COMP DIV	\$5,848.86	\$114.26	\$553.10										\$6,516.02	\$0.00	0.00%
MISC. INCOME													\$0.00	\$30,000.00	21.72%
HHS DISTRIBUTION	\$96,789.01	\$105,359.53	\$79,227.34	\$73,702.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$355,077.90	\$1,295,000.00	27.42%
TOTAL:															
EXPENDITURES															
BILLING EXP.	\$15,802.82	\$10,835.17	\$14,308.58	\$11,377.11									\$52,203.68	\$181,250.00	28.80%
DISPATCH	\$158,758.93		\$3,600.00										\$162,358.93	\$317,517.85	51.13%
FIRE GEAR	\$5,379.50	\$9,429.70	\$4,370.00	\$5,551.00									\$24,730.20	\$44,945.00	55.02%
SCBA	\$722.22	\$8,492.86	\$4,871.05	\$7,805.74									\$21,891.87	\$36,959.20	59.23%
FIRE EQUIPMENT	\$1,007.08	\$35.76	\$55.94	\$6,104.19									\$9,202.97	\$26,650.00	34.53%
SPECIAL OPERATI	\$1,357.00	\$3,481.35		\$210.80									\$5,049.15	\$22,795.84	22.15%
EMS SUPPLIES	\$9,732.58	\$5,413.04	\$20,166.46	\$4,703.81									\$40,015.89	\$110,000.00	36.38%
EMS EQUIPMENT S	\$562.72	\$3,474.23	\$832.51	\$14,145.57									\$19,015.03	\$44,557.00	42.88%
RADIO COMM & MA	\$19,836.71	\$2,195.90	\$5,347.65	\$2,340.00									\$29,520.26	\$48,500.00	60.87%
PHONE	\$1,088.85	\$1,063.21	\$1,254.72	\$1,280.54									\$4,687.32	\$16,500.00	29.41%
ELECTRICITY	\$1,837.18	\$1,763.33	\$1,798.01	\$1,833.66									\$7,022.18	\$25,000.00	28.09%
CABLE	\$1,089.41	\$1,076.42	\$1,085.06	\$1,085.06									\$4,315.95	\$14,400.00	37.85%
WATER	\$1,764.10	\$483.21	\$1,342.43	\$206.38									\$3,796.12	\$9,000.00	42.18%
GAS	\$452.09	\$302.27	\$343.49	\$459.02									\$1,556.87	\$4,500.00	34.80%
FUEL	\$4,660.94	\$5,204.75	\$3,941.06	\$3,610.11									\$17,416.86	\$65,000.00	26.80%
VEHICLE MAINT. - F	\$2,968.70	\$21,679.77	\$3,539.38	\$8,459.90									\$36,547.76	\$60,000.00	60.91%
VEHICLE MAINT. - E	\$2,184.16	\$3,877.50	\$6,674.96	\$957.82									\$13,604.45	\$28,326.50	51.89%
BUILDING MAINT.	\$1,495.46	\$6,255.80	\$2,120.00	\$946.98									\$10,818.24	\$40,000.00	27.05%
BUILDING SUPPLIE	\$1,402.14	\$2,940.05	\$3,849.48	\$1,976.40									\$10,168.07	\$24,139.50	42.12%
TRAINING - FIRE	\$6,931.89	\$6,679.95	\$7,802.91	\$5,034.80									\$26,449.55	\$52,300.00	50.57%
TRAINING - EMS	\$3,277.00	\$1,535.00	\$1,620.27	\$141.00									\$6,573.27	\$20,000.00	32.87%
UNIFORMS		\$8,613.01	\$9,893.68										\$18,506.69	\$37,456.00	48.41%
EMPLOYEE PAYRO	\$489,674.32	\$482,984.67	\$484,624.42	\$715,896.24									\$2,163,379.56	\$6,550,841.57	33.33%
EMPLOYEE TAXES	\$9,359.18	\$7,448.51	\$7,095.49	\$10,117.05									\$34,020.23	\$96,473.20	34.55%
EMPLOYEE HEALTH	\$120,379.50	\$61,221.67	\$59,426.16	\$62,767.24									\$303,794.57	\$584,940.92	51.94%
EMPLOYEE CONTR	(\$12,454.24)	(\$12,187.44)	(\$12,163.72)	(\$18,572.69)									(\$55,378.09)	\$556,126.58	49.09%
RETIREMENT (TCD)	\$64,864.60	\$70,555.96	\$79,232.07	\$78,002.08									\$292,654.71	\$0.00	0.00%
EMPLOYEE CONTR	(\$28,202.03)	(\$30,576.56)	(\$34,448.79)	(\$33,913.99)									(\$127,241.37)	\$0.00	0.00%
MEDICAL DIRECTO	\$6,000.00												\$6,000.00	\$12,000.00	60.00%
HISTORY & PRESERVATION													\$0.00	\$0.00	0.00%
PUBLIC RELATION:	\$6,719.68	\$152.90	\$283.40	\$883.25									\$7,135.98	\$11,500.00	62.05%
OCCUPATIONAL HI	\$395.00	\$4,524.00	\$200.00	\$883.25									\$6,002.25	\$51,060.00	11.76%
PEER FITNESS PROGRAM			\$912.56										\$912.56	\$32,200.00	2.83%
CONTRACT SVC	\$6,122.21	\$3,017.33	\$3,658.37	\$1,578.48									\$14,376.39	\$84,590.00	17.00%
OFFICE SUPPLIES	\$254.83	\$1,190.95	\$103.59	\$1,360.89									\$2,910.26	\$9,000.00	32.34%
COMP. SVC. & SUP	\$1,067.80	\$5,476.80		\$1,025.00									\$7,569.50	\$11,900.00	63.61%
PROP. & CASUALTY INS.		\$242.00		\$2,281.75									\$2,523.75	\$205,000.00	1.23%
DUES	\$8,714.00	\$1,575.00		\$250.99									\$10,289.00	\$15,814.00	65.06%
MISC. EXPENSE	\$986.47	\$1,550.65	\$12,449.58	\$250.99									\$15,237.59	\$20,000.00	76.19%
PANDEMIC EXPENSES			\$5,050.01	\$15,235.03									\$20,285.04	\$0.00	0.00%
TOTAL EXPENDITU	\$915,982.79	\$701,798.62	\$715,300.81	\$916,841.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,249,923.44	\$9,508,248.16	34.18%
EXCESS REV./EXP.	(\$819,193.78)	(\$596,439.09)	(\$636,073.47)	(\$843,139.20)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$2,894,845.54)	(\$8,213,248.16)	

FYE 2020

HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 50

**Resolution Approving Review
of Investment Policy, Strategies and Objectives**

The Board of Commissioners ("Board") of Harris County Emergency Services District No. 50 ("District") met on May 4, 2020, with a quorum of Commissioners present, as follows:

Jim E. Owens, President
Benjamin Ballew, Vice President
Brenda Biggers, Secretary
Eric Stricklin, Treasurer
Judith Brannon, Commissioner

and the following absent:

None

when the following business was transacted:

Whereas, the District is required by the Public Funds Investment Act, Tex. Gov't. Code Chapter 2256 (the "Act") to adopt an investment policy for the purchase and management of investments for District funds; and

Whereas, Section 2256.005 (e) of the Act and the District's investment policy requires that the District review its investment policy, strategies and objectives not less than annually; and

Whereas, as a part of the District's fiscal year end audit review, the District has reviewed its investment policy, strategies and objectives and has determined that the policy should remain in effect with no changes.

Whereas, as a part of its annual review, the District shall review, revise and adopt a list of qualified brokers that are authorized to engage in investment transactions with the District.

Whereas, the District has determined that the brokers listed on Exhibit “A” are qualified and authorized to engage in investment transactions with the District.

NOW, THEREFORE, be it resolved by the Board of Directors of the District as follows:

1. In accordance with Section 2256.005(e) of the Act and the District's investment policy, the investment policy and the investment strategies and objectives of the District have been reviewed by the Board.

2. The Board has determined that the investment policy and investment strategies and objectives of the District are appropriate for the District's purposes and should not be changed.

3. The brokers listed on Exhibit “A” are qualified and authorized to engage in investment transactions with the District.

The president or vice president is authorized to execute and the secretary, assistant secretary or secretary pro tempore to attest this Resolution on behalf of the District.

JIM E. OWENS
President

ATTEST:

BRENDA BIGGERS
Secretary

EXHIBIT "A"

LIST OF AUTHORIZED BROKERS

Allegiance Bank Texas	MidSouth Bank, N.A.
Amegy Bank, N.A.	Moody National Bank
Bank of America Merrill Lynch	Morgan Keegan & Company, Inc.
Bank of America N.A.	Morgan Stanley Smith Barney
Bank of Houston	New First National Bank
Bank of Texas N.A.	Oasis Bank
Bank of the West	Omni Bank N.A.
BBVA - Compass Bank	Patriot Bank
Beal Bank SSB	PlainsCapital Corporation
Blackrock Investments, Inc.	Plains State Bank
Capital Bank of Texas	Post Oak Bank
Capital Markets of Dallas	Preferred Bank
Capital One	Prosperity Bank
Central Bank	Prudential Securities Incorporated
Chase Investment Services Corp.	Raymond James & Associates, Inc.
Chasewood Bank	RBC Capital Markets/RBC Investments
Citibank N.A.	Regions Bank
Coastal Securities Ltd.	Security State Bank N.A.
Comerica Bank	Southwest Securities, Inc.
Commercial State Bank	Spirit of Texas Bank SSB
Community Bank of Texas	State Bank of Texas
Community State Bank Austin	State Street Bank & Trust Co.
Community State Bank Houston	Sterling Bank
Edward Jones	Texas Capital Bank N.A.
Encore Bank	Texas Citizens Bank
Enterprise Bank	Texas Community Bank
Federated Investors Inc.	Texas First National Bank
First Bank	Texas Independent Bank
First Bank and Trust East Texas	Texas Savings Bank SSB
First Bank of Conroe	TexPool/TexPool Prime
First Bank of Texas	Tex Star Investment Pool
First Choice Bank	The Bank of New York Mellon
First Community Bank	The Bank of New York Mellon Trust
First National Bank Texas	Company, N.A.
First Service Credit Union	The Bank of River Oaks
First Southwest Company	The Right Bank for Texas
First State Bank of Rosenberg	Third Coast Bank S.S.B.
First State Bank of Texas	Tradition Bank
First Texas Bank	Tri-Star Financial
FiServ Investor Services	Trustmark National Bank
Founders Bank	UBS Financial Services, Inc.
Frost National Bank	UBS Securities LLC.
Green Bank	United Bank of El Paso Del Norte
Herring National Bank	Unity National Bank
Hometown Bank, N.A.	U.S. Bank, N.A.
Houston Community Bank N.A.	Vista Bank Texas
Houston Savings Bank	Wallis State Bank
Icon Bank	Wells Fargo Advisors
Independence Bank	Wells Fargo Bank, N.A./Wachovia
Independent Bank	Wells Fargo Investments, LLC
International Bank of Commerce	Westbound Bank
Inter National Bank	Whitney National Bank
IronStone Bank	Woodforest National Bank
J.P. Morgan Securities LLC	Texas Gulf Bank
JPMorgan Chase Bank, N.A.	
Legacy Texas Bank	
Legg Mason, Inc.	
Libertad Bank	
LOGIC (Local Gov't. Investment Cooperative)	
Lone Star Bank	
Lone Star Investment Pool	
Main Street Bank	
MBIA Texas C.L.A.S.S.	
Memorial City Bank	
Metro Bank N.A.	

I, the undersigned secretary of the Board of Commissioners of Harris County Emergency Services District No. 50, hereby certify that the foregoing is a true and correct copy of the resolution adopted by said Board at its meeting of May 4, 2020, and a minute entry of that date showing the adoption thereof, the original of which resolution appears in the minute book of said Board, on file in the District's office.

I further certify that said meeting was open to the public, and that notice was given in compliance with the provisions of Tex. Gov't. Code Ann. § 551.001 et seq. as adopted, and as suspended in part by the Governor of Texas on March 16, 2020.

Witness my hand and seal of said District, this _____.

Secretary



Channelview Fire Department

Summary of Activity

May 5, 2020 ESD Meeting

1) EMS Billing

Billing Summary YTD as of 4-30-20	
Total Incidents Billed	1,004
Balance	1994,665
Refund	0.00
Write-offs	174,679

2019 Income YTD \$ 358,303.68

Aging Report As of 4-30-20	
Current	2,292,131
31-60	548,454
61-90	4,220,113
91-120	342,929
121-180	354,136
Over 180	834,418

- HR –
 - Fire Division – fully staffed +1
 - EMS Division – fully staffed
- Coronavirus response
 - No positive crew member
 - No exposures or testing because of Channelview, but we have quarantine 2 employees due to exposures at other jobs. All employees are now off of quarantine without any illness and negative testing.
 - Supplies
 - Masks are fully stocked
 - Cleaning supplies fully stocked
 - Plastic gowns 300, but our area we are working on supplies.
- Dividend check from Texas Mutual \$52,613.45

Credit As Type Summary Report (Deposit Date)

Deposit Date IS BETWEEN 01/01/2020 AND 04/30/2020; AND Company IS HARRIS COUNTY ESD NO 50; AND Credits IS 1 MEDICARE PAYMENT OR 10 CASH PAYMENT OR 16 CREDIT CARD PAYMENT OR 4 MEDICAID PAYMENT OR 5 INSURANCE PAYMENT OR 6 CHECK,Pt, Att, Facility OR 8 CONTRACT PAYMENT

HARRIS COUNTY ESD NO 50

<u>Credit Type/Credit Code</u>	<u>Count</u>	<u>Dollars</u>
Payments		
6 CHECK,Pt, Att, Facility	45	25,775.02
16 CREDIT CARD PAYMENT	10	4,958.58
8 CONTRACT PAYMENT	3	1,474.95
5 INSURANCE PAYMENT	172	172,527.25
4 MEDICAID PAYMENT	176	54,123.77
1 MEDICARE PAYMENT	259	99,444.11
Totals For Type	599	\$ 358,303.68

Company Totals	859	\$ 358,303.68
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Credit As Type Summary Report (Deposit Date)

Deposit Date IS BETWEEN 01/01/2020 AND 04/30/2020; AND Company IS HARRIS COUNTY ESD NO 50; AND Credits IS 1
MEDICARE PAYMENT OR 10 CASH PAYMENT OR 16 CREDIT CARD PAYMENT OR 4 MEDICAID PAYMENT OR 5 INSURANCE
PAYMENT OR 6 CHECK,Pt, Att, Facility OR 8 CONTRACT PAYMENT

Grand Totals	859	\$ 358,303.68
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Aging Summary Report by Current Payor (Aging Date)

Aging as of 4/30/2020; and

Trip Date IS BETWEEN 01/01/2000 AND 04/30/2020; AND Company IS HARRIS COUNTY ESD NO 50; AND Status IS Assigned OR Billed OR Complete OR Not Billed OR On Hold OR Open OR Verified

HARRIS COUNTY ESD NO 50

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
**UNINSURED/INDIGENT/CH	577,059.70		3,781,668.40	89,328.02	106,799.48	47,462.84	
*PATIENT SIGNATURE	938.00	0.00	0.00	0.00	0.00	0.00	938.00
+ASPP AMBULANCE	76,148.40		93,605.48	151,175.47	113,465.26	670,997.03	
<None>	267,774.88		0.00	0.00	0.00	0.00	415,617.48
AARP/UNITED	433.26	0.00	0.00	0.00	0.00	0.00	433.26
ACCIDENT FUND INS W/C	4,409.03	0.00	0.00	0.00	0.00	0.00	4,409.03
AETNA MCR ** 95 DAYS	300.00	3,838.03	0.00	0.00	0.00	0.00	4,138.03
AETNA PO BOX 981106 EL	25,089.42	8,223.35	0.00	0.00	0.00	0.00	33,312.77
AMBETTER /SUPOR HLTH	3,602.84	0.00	0.00	0.00	0.00	0.00	3,602.84
AMERIADVANTAGE 95	33,978.58	3,528.80	0.00	0.00	0.00	0.00	37,507.38
AMERIGROUP STAR KIDS 95	2,248.40	0.00	0.00	0.00	0.00	0.00	2,248.40
AMERIGROUP STAR PL MD	26,391.67	0.00	0.00	0.00	0.00	0.00	26,391.67
BC BS FEDERAL BOX	3,758.12	0.00	0.00	0.00	0.00	0.00	3,758.12
BC BS MCR 95 dayZGD&ZGJ	0.00	3,626.00	0.00	0.00	0.00	0.00	3,626.00
BC BS OF TEXAS	70,901.36	3,588.60	0.00	0.00	0.00	0.00	74,489.96
BC BS OF TX #2	254.96	0.00	0.00	0.00	0.00	0.00	254.96
BLESSEY MARINE SERVICE	0.00	2,573.40	0.00	0.00	0.00	0.00	2,573.40
CHAMPVA PO BOX 469064	110.52	0.00	0.00	0.00	0.00	0.00	110.52
CIGNA HEALTH BOX	3,651.84	0.00	0.00	0.00	0.00	0.00	3,651.84
CIGNA HEALTHSPRINGS	92,106.08	8,186.01	0.00	0.00	0.00	0.00	100,292.09
CIGNA INSURANCE CHAT	9,093.80	0.00	0.00	0.00	0.00	0.00	9,093.80
CIGNA PO BOX 182223	32,349.05	0.00	0.00	0.00	0.00	0.00	32,349.05
COMMUNITY HEALTH CHO	3,575.20	0.00	0.00	0.00	0.00	0.00	3,575.20
COMMUNITY HEALTH	13,772.75	0.00	0.00	0.00	0.00	0.00	13,772.75
FARM BUREAU BEAUMONT	2,364.20	0.00	0.00	0.00	0.00	0.00	2,364.20
FIRST HEALTH/FRINGE	3,236.60	0.00	0.00	0.00	0.00	0.00	3,236.60
HEALTH SELECT95 days	2,426.40	0.00	0.00	0.00	0.00	0.00	2,426.40
HUMANA 95 days	1,024.00	0.00	0.00	0.00	0.00	0.00	1,024.00
HUMANA MCR 95 days #2	3,894.80	0.00	0.00	0.00	0.00	0.00	3,894.80
HUMANA MCR HMO 14601	16,799.91	0.00	0.00	0.00	0.00	0.00	16,799.91
INTEGRANET HEALTH MCR	19,709.89	0.00	0.00	0.00	0.00	0.00	19,709.89
KELSEY CARE ADVANTAGE	16,078.82	6,764.20	0.00	0.00	0.00	0.00	22,843.02
MEDICAID NHIC ASPP	10,985.41	0.00	0.00	0.00	0.00	0.00	10,985.41
MEDICARE PART B	99,149.03	3,325.00	0.00	0.00	0.00	0.00	102,474.03
MERITAIN HEALTH BOX	0.00	2,607.60	0.00	0.00	0.00	0.00	2,607.60
MOLINA HTHCARE TX STAR	3,833.19	0.00	0.00	0.00	0.00	0.00	3,833.19
MOLINA MARKETPLACE 95	0.00	0.00	0.00	0.00	0.00	3,474.60	3,474.60
POINT COMFORT	3,109.60	0.00	0.00	0.00	0.00	0.00	3,109.60

Aging Summary Report by Current Payor (Aging Date)

Aging as of 4/30/2020; and

Trip Date IS BETWEEN 01/01/2000 AND 04/30/2020; AND Company IS HARRIS COUNTY ESD NO 50; AND Status IS Assigned OR Billed OR Complete OR Not Billed OR On Hold OR Open OR Verified

HARRIS COUNTY ESD NO 50

<u>Current Payor</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-180</u>	<u>Over 180</u>	<u>Total</u>
PORT MEDICAL	0.00	4,602.94	0.00	0.00	0.00	0.00	4,602.94
PRIVATE PAY	701,048.81		342,077.25	102,425.86	133,871.29	112,483.73	
PROGRESSIVE 7301 METRO	0.00	1,016.00	0.00	0.00	0.00	0.00	1,016.00
SEDGWICK CLMS W/C LEX	0.00	4,518.36	0.00	0.00	0.00	0.00	4,518.36
TEXAN PLUS WELLCARE	15,396.33	7,324.32	0.00	0.00	0.00	0.00	22,720.65
TEXAS CHILDRENS HTH	0.00	2,877.80	0.00	0.00	0.00	0.00	2,877.80
TEXAS CHILDRENS HTH	12,156.00	0.00	0.00	0.00	0.00	0.00	12,156.00
TEXAS CHILDRENS STAR	15,596.80	2,929.20	0.00	0.00	0.00	0.00	18,526.00
TRICARE EAST REGION	7,784.44	3,742.40	0.00	0.00	0.00	0.00	11,526.84
TRICARE FOR LIFE BOX	152.84	0.00	0.00	0.00	0.00	0.00	152.84
UMR PO BOX 30541 SALT	3,790.94	4,192.80	0.00	0.00	0.00	0.00	7,983.74
UNITED HEALTHCARE	5,030.60	0.00	0.00	0.00	0.00	0.00	5,030.60
UNITED HEALTHCARE	3,892.20	0.00	0.00	0.00	0.00	0.00	3,892.20
UNITED HEALTHCARE	2,225.80	3,498.76	0.00	0.00	0.00	0.00	5,724.56
UNITED HEALTHCARE DUAL	13,550.56	50.00	0.00	0.00	0.00	0.00	13,600.56
UNITED HEALTHCARE DUAL	50.00	0.00	0.00	0.00	0.00	0.00	50.00
UNITED HEALTHCARE MCR	18,647.29	0.00	0.00	0.00	0.00	0.00	18,647.29
UNITED HEALTHCARE PO	23,992.72	7,456.20	2,761.55	0.00	0.00	0.00	34,210.47
UNITED HEALTHCARE PO	935.00	0.00	0.00	0.00	0.00	0.00	935.00
UNITED HEALTHCARE S L	7,779.13	0.00	0.00	0.00	0.00	0.00	7,779.13
VA HOUSTON BENEFICIARY	4,169.83	0.00	0.00	0.00	0.00	0.00	4,169.83
VA VISN 16 VA MS	11,038.82	0.00	0.00	0.00	0.00	0.00	11,038.82
WELLCARE MCR PO BOX	14,333.24	3,395.20	0.00	0.00	0.00	0.00	17,728.44
WORKMANS COMP INS REQ	0.00		0.00	0.00	0.00	0.00	19,275.10

Payors	62	Balances	2,292,131.06	548,453.88	4,220,112.68	342,929.35	354,136.03	834,418.20	8,592,181.20
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Activity Summary By Primary Payor

Trip date IS BETWEEN 01/01/2020 AND 04/30/2020; AND Company IS HARRIS COUNTY ESD NO 50; AND Status IS Assigned OR Billed OR Closed OR Complete OR Not Billed OR On Hold OR Open OR Verified

<u>Payor</u>	<u># of Trips</u>	<u>Gross Charges</u>	<u>Contr Allow</u>	<u>Net Charges</u>	<u>Rev Adj</u>	<u>Payments</u>	<u>No Contr Write-Offs</u>	<u>Refunds</u>	<u>Balance</u>
HARRIS COUNTY ESD NO 50									
	339	415,617.48	0.00	415,617.48	0.00	0.00	0.00	0.00	415,617.48
	339	415,617.48	0.00	415,617.48	0.00	0.00	0.00	0.00	415,617.48
Medicare	163	638,691.04	79,817.34	558,873.70	0.00	28,431.14	150,437.59	0.00	380,004.97
AETNA MCR ** 95 DAYS 981106	4	20,302.69	0.00	20,302.69	0.00	972.43	18,130.26	0.00	1,200.00
AMERIADVANTAGE 95 daysMCR 61010	10	37,625.99	0.00	37,625.99	0.00	841.02	6,450.22	0.00	30,334.75
BC BS MCR 95 dayZGD&ZGJ ZZT, XOJ BOX 3686	1	3,626.00	0.00	3,626.00	0.00	0.00	0.00	0.00	3,626.00
CIGNA HEALTHSPRINGS MCR ** 95 DAY	35	132,864.99	0.00	132,864.99	0.00	3,119.31	27,953.59	0.00	101,792.09
HUMANA MCR 95 days #2 BOX 14601	1	3,894.80	0.00	3,894.80	0.00	0.00	0.00	0.00	3,894.80
HUMANA MCR HMO 14601 95 days	7	27,972.04	0.00	27,972.04	0.00	539.88	10,102.25	0.00	17,329.91
HUMANA MCR PO BOX 14601 LEXINGTON KY	1	3,485.96	0.00	3,485.96	0.00	474.08	3,011.88	0.00	0.00
HUMANA TRS MCR 95 days	5	17,562.03	0.00	17,562.03	0.00	2,349.52	15,185.61	0.00	26.90
INTEGRANET HEALTH MCR 95 DAYS FD	8	31,911.18	0.00	31,911.18	0.00	1,211.49	10,569.80	0.00	20,129.89
KELSEY CARE ADVANTAGE MCR ** 95 DAYS 300427 HOUSTON TX	11	41,764.21	0.00	41,764.21	0.00	2,322.48	16,098.71	0.00	23,343.02
MEDICARE PART B	50	207,581.64	79,817.34	127,764.30	0.00	10,807.73	6,263.20	0.00	110,693.37
MOLINA HC MCR MMP/MCR** 95 days BOX 22719	1	2,249.20	0.00	2,249.20	0.00	321.97	1,846.18	0.00	81.05
SUPERIOR HEALTH MMP MCR 95 DAYS	1	2,610.20	0.00	2,610.20	0.00	496.27	2,133.48	0.00	-19.55
TEXAN PLUS WELLCARE MCR	3	11,546.89	0.00	11,546.89	0.00	0.00	0.00	0.00	11,546.89
UNITED HEALTHCARE CONNT 95 DAYTX MMP MC	4	16,417.59	0.00	16,417.59	0.00	1,302.37	9,390.66	0.00	5,724.56
UNITED HEALTHCARE DUAL 95 DAY BOX 5270	10	34,699.10	0.00	34,699.10	0.00	3,070.30	18,028.24	0.00	13,600.56
UNITED HEALTHCARE DUAL MCR 95 DAYS BOX 5240	1	2,376.20	0.00	2,376.20	0.00	344.39	1,981.81	0.00	50.00
UNITED HEALTHCARE MCR #1 BOX 31362	5	22,471.89	0.00	22,471.89	0.00	257.90	3,291.70	0.00	18,922.29
WELLCARE MCR PO BOX 31372 TAMPA FL	5	17,728.44	0.00	17,728.44	0.00	0.00	0.00	0.00	17,728.44
Medicaid	80	254,040.22	0.00	254,040.22	0.00	15,883.40	15,411.00	0.00	222,745.82
AMBETTER /SUPOR HLTH 95 DAYS	1	3,602.84	0.00	3,602.84	0.00	0.00	0.00	0.00	3,602.84
AMERIGROUP STAR KIDS 95 days MD ASPP	3	8,142.50	0.00	8,142.50	0.00	694.45	0.00	0.00	7,448.05
AMERIGROUP STAR PL MD 95 days 61010 ASPP	19	58,263.60	0.00	58,263.60	0.00	3,454.04	0.00	0.00	54,809.56
COMMUNITY HEALTH CHOICE MDstar 95 DAYS +aspp	6	18,560.15	0.00	18,560.15	0.00	446.87	0.00	0.00	18,113.28
MEDICAID NHIC ASPP	6	23,726.03	0.00	23,726.03	0.00	1,123.78	0.00	0.00	22,602.25
MOLINA HTHCARE TX STAR PLUS MD95 DAY ASPP	4	13,612.75	0.00	13,612.75	0.00	1,529.59	3,411.63	0.00	8,671.53

Activity Summary By Primary Payor

Trip date IS BETWEEN 01/01/2020 AND 04/30/2020; AND Company IS HARRIS COUNTY ESD NO 50; AND Status IS Assigned OR Billed OR Closed OR Complete OR Not Billed OR On Hold OR Open OR Verified

<u>Payor</u>	<u># of Trips</u>	<u>Gross Charges</u>	<u>Contr Allow</u>	<u>Net Charges</u>	<u>Rev Adj</u>	<u>Payments</u>	<u>No Contr Write-Offs</u>	<u>Refunds</u>	<u>Balance</u>
HARRIS COUNTY ESD NO 50 (cont.)									
Medicaid	80	254,040.22	0.00	254,040.22	0.00	15,883.40	15,411.00	0.00	222,745.82
SUPERIOR HEALTH PLAN MD STAR 95 DAYS ASPP	2	6,239.20	0.00	6,239.20	0.00	602.96	0.00	0.00	5,636.24
TEXAS CHILDRENS HTH PLAN CHIPS 95 DAYS	4	12,405.00	0.00	12,405.00	0.00	1,213.22	8,313.98	0.00	2,877.80
TEXAS CHILDRENS HTH PLAN STAR KIDS95 DAYSASPP	4	12,156.00	0.00	12,156.00	0.00	0.00	0.00	0.00	12,156.00
TEXAS CHILDRENS STAR MD HOU 95 DAYS ASPP	18	56,208.99	0.00	56,208.99	0.00	4,250.80	3,685.39	0.00	48,272.80
UNITED HEALTHCARE COMM PLAN STAR MD 95 DAYS ASPP	3	7,308.00	0.00	7,308.00	0.00	263.88	0.00	0.00	7,044.12
UNITED HEALTHCARE COMM STAR PLUS MD95 DAYS ASPP	10	33,815.16	0.00	33,815.16	0.00	2,303.81	0.00	0.00	31,511.35
Insurance	100	317,059.43	0.00	317,059.43	0.00	31,460.76	8,830.82	0.00	276,767.85
ACCIDENT FUND INS W/C	1	4,409.03	0.00	4,409.03	0.00	0.00	0.00	0.00	4,409.03
AETNA PO BOX 981106 EL PASO TX	10	33,056.92	0.00	33,056.92	0.00	783.18	0.00	0.00	32,273.74
BC BS FEDERAL BOX 660044	1	3,758.12	0.00	3,758.12	0.00	0.00	0.00	0.00	3,758.12
BC BS OF TEXAS	46	144,144.46	0.00	144,144.46	0.00	24,491.56	938.80	0.00	118,714.10
CIGNA HEALTH BOX 188061	1	4,056.20	0.00	4,056.20	0.00	1,234.44	0.00	0.00	2,821.76
CIGNA INSURANCE CHAT TN PO 188061	2	4,636.60	0.00	4,636.60	0.00	0.00	0.00	0.00	4,636.60
CIGNA PO BOX 182223	2	7,380.70	0.00	7,380.70	0.00	1,597.26	0.00	0.00	5,783.44
CIGNA PO BOX 182223 CHATTANOOGA TN	11	29,154.72	0.00	29,154.72	0.00	1,751.27	808.31	0.00	26,595.14
COMMUNITY HEALTH CHO 95 days	1	3,575.20	0.00	3,575.20	0.00	0.00	0.00	0.00	3,575.20
FIRST HEALTH/FRINGE BENEFIT GRP	1	3,236.60	0.00	3,236.60	0.00	0.00	0.00	0.00	3,236.60
HEALTH SELECT95 days BOX 660044	1	2,426.40	0.00	2,426.40	0.00	0.00	0.00	0.00	2,426.40
HUMANA 95 days LEXINGTON KY 14601	2	3,719.60	0.00	3,719.60	0.00	0.00	0.00	0.00	3,719.60
MOLINA MARKETPLACE 95 days	1	3,812.03	0.00	3,812.03	0.00	459.38	3,271.58	0.00	81.07
PORT MEDICAL MANAGEMENT LLC	1	4,602.94	0.00	4,602.94	0.00	0.00	0.00	0.00	4,602.94
SEDGWICK CLMS W/C LEX KY B 14152	1	4,518.36	0.00	4,518.36	0.00	0.00	0.00	0.00	4,518.36
TASB W/COMP	1	900.00	0.00	900.00	0.00	450.00	450.00	0.00	0.00
TEXAS MUTUAL INS CO W/C BOX 12029	1	4,055.80	0.00	4,055.80	0.00	693.67	3,362.13	0.00	0.00
UMR PO BOX 30541 SALT LAKE CITY UT 84130	2	6,934.20	0.00	6,934.20	0.00	0.00	0.00	0.00	6,934.20
UNITED HEALTHCARE PO BOX 30555 SALT LAKE CITY UT	5	17,247.20	0.00	17,247.20	0.00	0.00	0.00	0.00	17,247.20
UNITED HEALTHCARE PO BOX 740800 ATLANTA	1	935.00	0.00	935.00	0.00	0.00	0.00	0.00	935.00
UNITED HEALTHCARE S L UT	2	7,779.13	0.00	7,779.13	0.00	0.00	0.00	0.00	7,779.13
VA HOUSTON BENEFICIARY TRAVEL	1	4,169.83	0.00	4,169.83	0.00	0.00	0.00	0.00	4,169.83
VA VISN 16 VA MS	5	18,550.39	0.00	18,550.39	0.00	0.00	0.00	0.00	18,550.39

Activity Summary By Primary Payor

Trip date IS BETWEEN 01/01/2020 AND 04/30/2020; AND Company IS HARRIS COUNTY ESD NO 50; AND Status IS Assigned OR Billed OR Closed OR Complete OR Not Billed OR On Hold OR Open OR Verified

<u>Payor</u>	<u># of Trips</u>	<u>Gross Charges</u>	<u>Contr Allow</u>	<u>Net Charges</u>	<u>Rev Adj</u>	<u>Payments</u>	<u>No Contr Write-Offs</u>	<u>Refunds</u>	<u>Balance</u>
HARRIS COUNTY ESD NO 50 (cont.)									
Insurance	100	317,059.43	0.00	317,059.43	0.00	31,460.76	8,830.82	0.00	276,767.85
Bill Patient	123	413,995.40	0.00	413,995.40	0.00	0.00	0.00	0.00	413,995.40
PRIVATE PAY	123	413,995.40	0.00	413,995.40	0.00	0.00	0.00	0.00	413,995.40
Private Pay	199	285,533.89	0.00	285,533.89	0.00	0.00	0.00	0.00	285,533.89
**UNINSURED/INDIGENT/CHARITY PROGRAMS	192	265,320.79	0.00	265,320.79	0.00	0.00	0.00	0.00	265,320.79
*PATIENT SIGNATURE NEEDED	1	938.00	0.00	938.00	0.00	0.00	0.00	0.00	938.00
WORKMANS COMP INS REQ LETTER	6	19,275.10	0.00	19,275.10	0.00	0.00	0.00	0.00	19,275.10
Grand Totals	1,004	2,324,937.46	79,817.34	2,245,120.12	0.00	75,775.30	174,679.41	0.00	1,994,665.41

Construction Update

5/4/2020 Board Meeting

- Owner provided items have been scheduled:
 - Fence - May 18th
 - Landscaping – May 25th
 - Bench install – June 1
- Track was poured and in the 30-day curing phase. After the 30 days the track will be completed with the track surface.
- Currently scheduled for a June 3rd completion.
- Change Directive #7 – Tower details. \$9,603.72







TRACKMASTER PRO™

FULL-DEPTH RUBBERIZED RUNNING TRACK SURFACING SYSTEM

AVAILABLE IN BLACK OR MULTIPLE COLORS

Multi-resin running track surfaces for college, high school, and other competition & recreational running tracks. Provides excellent footing and shock absorption, along with pleasing aesthetics.

For more information, contact your representative or visit www.sportmaster.net/trackmasterpro



SportMaster®
SPORT SURFACES

TRACKMASTER PLUS™

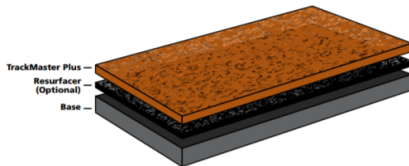
A 100% ACRYLIC COATING FOR RUNNING TRACK & OTHER RECREATIONAL SURFACES

AVAILABLE IN SEVERAL COLORS

Premium quality, 100% acrylic emulsion fortified with rubber particles designed for coating asphalt and latex/rubber running track surfaces. TrackMaster Plus is available in attractive colors using the SportMaster ColorPlus™ System. TrackMaster Plus contains rubber granules. Squeegee, brush or spray application.

TrackMaster Plus Product Uses:

- Running Tracks
- Walking paths and jogging trails
- Coatings for rubberized asphalt tracks
- Asphalt, concrete, or existing acrylic surfaces



TRACKMASTER PLUS

Thickness: Approx. 50-55 mils

1 Coat - Acrylic Resurfacer

2 Coats - TrackMaster Plus

ATHLETIC DESIGN GROUP
DESIGN. BUILD. PLAY.

MIXING PROCEDURES:

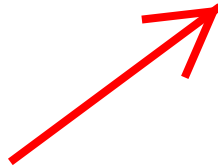
Neutral TrackMaster Plus.....55 gallons
Water.....13-14 gallons
ColorPlus Pigment Dispersion (page 102).....4 gallons

MATERIAL REQUIREMENTS (coverage - 50 sf/gal):

Approximately .15 to .20 gallon per square yard per coat depending on surface porosity.



MAROON	GRAY	LIGHT BLUE	ICE BLUE LEED CREDIT *SRI=62	ORANGE	FOREST GREEN
TOURNAMENT PURPLE	BLUE	DOVE GRAY LEED CREDIT *SRI=33	SANDSTONE LEED CREDIT *SRI=46	YELLOW	LIGHT GREEN LEED CREDIT *SRI=31



Line Item	August	January	February	March	April	May	June	July	Totals
	2018	2020							
Architect & Associated Fee	\$65,000								\$ 65,000.00
Actual		\$145	\$8,490	\$4,278					\$ 60,460.75
Budget variance (Budget – Actual)									\$ 4,539.25
Architect Reimbursables	\$37,305								\$ 37,305.00
Actual			\$789	\$563					\$ 38,461.85
Budget variance (Budget – Actual)									\$ (1,156.85)
Owner Provided	\$16,539								\$ 16,539.00
Actual			\$638	\$4,402	\$5,190				\$ 12,585.58
Budget variance (Budget – Actual)									\$ 3,953.42
Construction	\$1,190,153								\$ 1,190,153.00
Actual		\$1,900	\$176,371	\$150,638	\$275,690				\$ 620,930.09
Budget variance (Budget – Actual)									\$ 569,222.91

Budget	\$ 1,308,997.00
Actual	\$ 736,391.69
Budget variance (Budget – Actual)	\$ 572,605.31



*CHANNELVIEW FIRE
DEPARTMENT
FIRE CHIEF'S REPORT
MAY 4, 2020
E.S.D. MEETING*

EMS Division Statistics Period 4/01/2020 – 4/30/2020

Total number of incidents (Including out of district responses)	329
Total number of mutual aid incidents provided to other districts	14
Total number mutual aid provided to our district (EMS)	0
Average response time	M12 5:08, M32 4:31, M42 4:56
Refusals	71
Transports	156
Other	102 (Disregards, Unfounded, DOA, pt GOA etc..)
M32	107 Responses
M12	117 Responses
M42	104 Responses
M22	1 Response

COVID19 RESPONSE

Still currently practicing same protocol involving protection of personnel and patient care which includes

- Personnel will wear N95 mask, Glasses, Gloves, (Gown when needed) on every call Fire or EMS responses
- Limit Clinician contact with anyone deemed a patient to only needed resources
- ECOM / and CFD personnel screen every patient contact for COVID 19 Symptoms
- Continue to Decontaminate apparatus, equipment, and stations every shift
- Stations still being kept lock down and temperatures readings are being taken
- Limit personnel in public establishments i.e. Grocery Stores etc... and wear surgical mask
- Zero personnel currently quarantined
- No high risk exposures to COVID19
- No CFD personnel have tested positive for COVID19
- CFD currently has ample stock off PPE , currently working on securing Surgical Gowns
- 19 COVID Alert patients for April (these are deemed possible positive COVID19 due to symptoms presenting on scene)



CHANNELVIEW FIRE DEPT.

FIRE CHIEF'S REPORT

MAY 4, 2020

E.S.D. MEETING

Fire Division Statistics Period 4/01/2020 – 4/30/2020

Total incidents 102

Average response time

Engine 32 4:01

Engine 12 4:15

Ladder 32 4:00

Engine 12 53 Responses

Engine 32 55 Responses

Ladder 32 20 Responses

Training hours completed: 1831 Hours

Public Education/Relations: 17 hours

- Parade around Legend Oaks Nursing Home
- Birthday Drive by for Child

FIRE DEPARTMENT ACTIVITIES

- Fire Apparatus Pump, Ladder, and Hose Testing Completed for 2020
- New D32 should be completed by June 1st
- New L32 should be completed and delivered in June
- New Medic unit should be completed by June/July