



**CITY OF HENDERSON
REDEVELOPMENT AGENCY LOAN COMMITTEE
MEETING AGENDA**

**Regular Meeting
Tuesday, May 28, 2013
3:30 p.m.**

**City Hall Annex
City Hall Annex Conference Room
280 Water Street
Henderson, Nevada 89015**

Notice to persons with special needs: For those requiring special assistance or accommodation at the meeting, please contact 702-267-1515 or the Relay Nevada TTY telephone 7-1-1 at least 72 hours in advance of the meeting.

The Chairman reserves the right to hear agenda items out of order, combine two or more agenda items for consideration, remove an item from the agenda, or delay discussion relating to an item on the agenda at any time. All items are action items unless otherwise noted.

Individuals speaking on an item will be limited to three (3) minutes and spokespersons for a group will be limited to ten (10) minutes.

Electronic agendas can be found at: [HTTP://WWW.CITYOFHENDERSON.COM/](http://www.cityofhenderson.com/)

I. CALL TO ORDER

II. CONFIRMATION OF POSTING AND ROLL CALL

III. ACCEPTANCE OF AGENDA (For Possible Action)

IV. PUBLIC COMMENT

Note: Items discussed under Public Comment cannot be acted upon at this meeting, but may be referred to a future agenda for consideration (NRS 241.020). Individuals speaking on an item will be limited to three (3) minutes and spokespersons for a group will be limited to ten (10) minutes.

V. NEW BUSINESS

1.	MINUTES—CITY OF HENDERSON REDEVELOPMENT AGENCY LOAN COMMITTEE MEETING OF APRIL 23, 2013 <i>(For Possible Action)</i>
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APPROVE THE MINUTES FROM THE CITY OF HENDERSON REDEVELOPMENT AGENCY LOAN COMMITTEE MEETING OF APRIL 23, 2013.

(CONTINUED ON NEXT PAGE)

2.	REQUEST FOR A TENANT IMPROVEMENT GRANT FOR 38 S. WATER STREET, STE 100 <i>(For Possible Action)</i>
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APPROVE A TENANT IMPROVEMENT GRANT FOR 38 S. WATER STREET,
STE 100.

VI. PUBLIC COMMENT

Note: Items discussed under Public Comment cannot be acted upon at this meeting, but may be referred to a future agenda for consideration (NRS 241.020). Individuals speaking on an item will be limited to three (3) minutes and spokespersons for a group will be limited to ten (10) minutes.

VII. ADJOURNMENT

Agenda posted prior to 9:00 a.m. on May 16, 2013 at the following locations:
City Hall Annex, 280 Water Street, Lobby
City Hall, 240 Water Street, 1st Floor Lobbies (2)
Multigenerational Center, 250 S. Green Valley Parkway
Whitney Ranch Recreational Center, 1575 Galleria Drive
Fire Station No. 86, 96 Via Antincendio



REDEVELOPMENT AGENCY LOAN COMMITTEE AGENDA ITEM

REGULAR MEETING

MAY 28, 2013

LC-001

SUBJECT	MINUTES—CITY OF HENDERSON REDEVELOPMENT AGENCY LOAN COMMITTEE MEETING OF APRIL 23, 2013
PETITIONER	Economic Development/Redevelopment Division of the Public Affairs Department
RECOMMENDATION	Approve

**CITY OF HENDERSON REDEVELOPMENT AGENCY
LOAN COMMITTEE
MINUTES
April 23, 2013**

I. CALL TO ORDER

Chairman Foster called the Redevelopment Agency Loan Committee to order at 3:34 p.m. in the City Hall Annex Conference Room, City Hall Annex, 280 Water Street, Henderson, Nevada.

II. CONFIRMATION OF POSTING AND ROLL CALL

MaryAnne Cruzado, Recording Secretary, confirmed the meeting had been noticed in accordance with the Open Meeting Law by posting the Agenda three working days prior to the meeting at City Hall, Henderson Convention Center, Green Valley Police Substation, and Fire Station No. 86.

Present: Chairman Tom Foster
Roy Borsellino
Tom Fay
Michelle Romero
Richard Serfas

Excused: None

Staff: MaryAnne Cruzado, Administrative Assistant III
Mark Backus, Assistant City Attorney
Rory Robinson, Assistant City Attorney
Anthony Molloy, Business Development Supervisor
April Parra, Minutes Clerk

III. ACCEPTANCE OF AGENDA

(Motion) Ms. Romero introduced a motion to accept the agenda as presented. The vote favoring approval was unanimous. Chairman Foster declared the motion carried.

IV. PUBLIC COMMENT

There were no comments presented by the public.

V. ITEMS OF BUSINESS

1.	MINUTES – CITY OF HENDERSON REDEVELOPMENT AGENCY LOAN COMMITTEE MEETING OF FEBRUARY 26, 2013.
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Recommend approval of the minutes from the City of Henderson Redevelopment Agency Loan Committee meeting of February 26, 2013.

(Motion) Mr. Serfas introduced a motion to approve the minutes from the City of Henderson Redevelopment Agency Loan Committee meeting of February 26, 2013. The vote favoring approval was unanimous. Chairman Foster declared the motion carried.

2.	REQUEST FOR A TENANT IMPROVEMENT GRANT FOR 145 PANAMA STREET
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Approve a tenant improvement grant for 145 Panama Street.

Anthony Molloy, Business Development Supervisor, gave a presentation on the proposed item and stated the applicant chose the second lowest bid that was received.

Responding to Mr. Fay's inquiry regarding the landscaping, Mr. Molloy said the program is for interior improvements; however, the Committee can require that improvements be made to the outside if they chose.

Mr. Fay commented that perhaps something could be done to freshen up the property.

(Motion) Mr. Fay introduced a motion to approve the grant in the amount of \$34,677.00, which is equal to half the amount of the lowest bidder, with the added condition that the Applicant review the landscaping to make improvements that work with the surrounding properties. The vote favoring approval was unanimous. Chairman Foster declared the motion carried.

VI. PUBLIC COMMENT

There were no comments presented by the public.

VI. ADJOURNMENT

There being no further business to be discussed, the meeting was adjourned at 3:47 p.m.

Respectfully submitted,

April Parra,
Minutes Clerk



REDEVELOPMENT AGENCY LOAN COMMITTEE AGENDA ITEM

REGULAR MEETING

MAY 28, 2013

LC-002

SUBJECT	REQUEST FOR A TENANT IMPROVEMENT GRANT FOR 38 S. WATER STREET, STE. 100
PETITIONER	Economic Development/Redevelopment Division of the Public Affairs Department
RECOMMENDATION	Approve

Tenant Improvement Grant Staff Summary
Loan Committee Meeting
May 28, 2013
3:30 pm City Hall Annex Conference Room

Property Address:	38 S. Water Street, Ste. 100
Applicant:	Advanced Home Health
Proposed Used:	Office Space
Redevelopment Area:	Downtown
City Zoning:	DCC-RD – Downtown Core Commercial
Design Review Required:	Yes
Building Permit Required:	Yes

Summary

The first floor of the property at 38 S. Water Street has been vacant for an extended period of time. The property owner, MATSO, LLC, owns the building located at 38 S. Water Street and operates a medical family practice, cardiology, and home health service utilizing the second and third floor space. The property owner built the structure with the intention of leasing tenant space on the first floor. The tenant improvement applicant, Advanced Home Health, entered into a 5-year lease agreement with MATSO, LLC to lease 900 square feet of the first floor space. Advanced Home Health provides health care services to patients in the home. The services include nursing, physical therapy, occupational therapy, speech therapy, social workers, and home health aides. The applicant plans to relocate their existing office, located at Spring Mountain and Jones, to the Downtown area and expects to bring 30 employees to the business with 5 full-time employees occupying the tenant space during operating hours. The remaining 25 employees generally work in the field and visit the office sporadically, but frequently. This application is for a Tenant Improvement Grant, including a 10% bonus for the use of sustainable materials, and will include the following improvements:

- New acoustic ceiling tile;
- Install insulation, drywall, tape and texture (eco-friendly insulation - sustainable);
- Electrical upgrades, including switches, canned lighting, and ceiling fans;
- Install HVAC (energy efficient A/C unit - sustainable);
- Upgrade and/or relocate plumbing;
- Install restroom (dual flush, low flush toilets – sustainable);
- Install cabinets and laminate countertops;
- Install cork flooring and ceramic tile (50% recycled material - sustainable);
- Interior paint (Low VOC material – sustainable).

Eligibility for Funding

Tenant space is 900 square feet allowing for a maximum reimbursement of \$22,500 with a bonus of \$2,250 for using sustainable material for a maximum award of \$24,750.

The applicant has provided the following three estimates:

K&N General Construction, Inc. - \$69,621.60
*Boyd Martin Construction, LLC - \$69,781.30
Blanchard Hoffman Construction - \$75,000.00

***The applicant intends to use Boyd Martin Construction.**

Staff Recommendation

This application and the financial capacity and history of the applicants were sent to the National Development Council (NDC) for review. The NDC provided a favorable analysis of the applicants and expressed no concern regarding their capacity to complete the project.

Based on the improvements that will be made to the building and job creation in the Downtown Redevelopment Area, this application furthers the goals and priorities of the Redevelopment Agency.

It is the recommendation of staff that the Loan Committee conditionally approve the Tenant Improvement Grant to 38 S. Water Street, Ste. 100 in an amount not to exceed \$24,750 based on the following listed conditions of approval:

1. Applicants obtaining the required building permit prior to construction commencing;
2. Execution of Grant Agreement;
3. Applicants submitting all required paperwork for reimbursement;
4. Applicants to provide Agency with a copy of contractor's current City of Henderson Business License and State Contractor's License;
5. Applicants are encouraged to join the Water Street District Business Association.

Redevelopment Programs Points Tally

Program and Area: Downtown	
Applicant Name: Advanced Home Health Care (Brow, LLC)	
Applicant Address: 38 S Water Street, Ste 100	
Total Points Awarded: 9	Bonus Award: \$2,250
Total Max Award (including Bonus if applicable): \$24,750	

Category	Y or N	Max Possible Points	Points/Bonus Awarded
Retail	N	2	
Restaurant	N	2	
Bar, Tavern, Urban Lounge	N	2	
Hotel	N	2	
Civic	N	2	
Specialty Retail/Gourmet Grocery	N	2	
Medical/Dental Office	Y	2	2
All Other Offices	N	1	
Service	N	1	
Spaces with more than 6 months vacancy	Y	1	1
Building fronting Boulder Hwy, Water St, Pacific, Basic, or Lake Mead	Y	1	1
1-5 Jobs	N	1	
6-10 Jobs	N	2	
11 > Jobs	Y	3	3
3 years executed lease	N	1	
5 years executed lease	Y	2	2
Sustainability Bonus	Y	10% of award \$\$	\$2,250
Double Frontage Façade Bonus		50% of award \$\$	
Total Points Awarded			<u><u>9</u></u>

Façade Improvement Program

- 3 points total: Awarded up to \$9,000
- 4 points total: Awarded up to \$10,500
- 5 points total: Awarded up to \$12,000
- 6 or more points total: Awarded up to \$15,000

Tenant Improvement Program

- 3 points total: Awarded up to \$10 per square foot
- 4 points total: Awarded up to \$15 per square foot
- 5 points total: Awarded up to \$20 per square foot
- 6 or more points total: Awarded up to \$25 per square foot

Boyd Martin Construction LLC 5965 McLeod Dr Las Vegas, NV 89120 Lic# 55572

PH # (702)454-9731 FAX # (702)454-9731
 JOB NAME: **Advanced Home Health**
 LOCATION: **38 Water Street Suite 100**
 ESTIMATOR: **Matt**

May 1 2013

ALT #1

JOB DESCRIPTION: 900 SF Tenant Improvement

Reception
Counter with
Solid Surface
Tops

#	NOTE	SPEC	DESCRIPTION	BASE BID	
1			MISC BUILDING DEMOLITION - Concrete plumbing trenches	\$ 1,300.36	
2			REPAIR PLUMBING TRENCHES	\$ 675.00	
3			CONCRETE EPOXY INSPECTIONS	\$ -	
4			REBAR--FOR PLUMBING TRENCHES	\$ 101.25	
5			ROUGH CARPENTRY	\$ -	
6			FINISH CARPENTRY - INSTALL 4 DOORS	\$ 660.00	
7			CONFERENCE TABLES BASE ALLOWANCE	\$ -	
8			ARCHITECTURAL CASEWORK - LAMINATE CABINETS AND COUNTERTOP	\$ 2,085.00	\$ 2,880.00
9			TRIM ALLOWANCE	\$ -	
10			INSULATION-- EXTERIOR WALLS AND ROOF	\$ -	
11			INSULATION-- INTERIOR WALLS	\$ 850.00	
12			FIRE STOPPING	\$ -	
13			SMOKE DETECTOR TESTING & CERTIFICATION	\$ -	
14			BUILT-UP ROOFING--PATCH	\$ -	
15			CAULKING / JOINT SEALANTS	\$ 150.00	
16			DOORS, TIMELY; FRAMES, AND HARDWARE (HM FRAMES 3070 STAIN DOORS	\$ 1,818.00	
17			RE-KEY TO HIGH SECURITY ALLOWANCE	\$ -	
18			STOREFRONT & HARDWARE; WINDOWS ; GLASS	\$ -	
19			TRANSOM WINDOWS AT OFFICES	\$ -	
20			METAL STUD FRAMING/DRYWALL--WALLS 6" ABOVE LID	\$ 4,523.00	
21			ACOUSTIC CEILINGS (STANARD SECOND LOOK TILE)	\$ 1,950.00	
22			PAINTING	\$ 1,642.00	
23			FRP	\$ -	
24			WALL COVERINGS ALLOWANCE	\$ -	
25			CERAMIC TILE @ BATHROOM (walls and floor) and STORAGE ALLOWANCE	\$ 1,399.00	
26			GRANITE TOPS ALLOWANCE	\$ -	
27			FLOORING ALLOWANCE - BUDGETED 12x12 COMMERCIAL RATED CORK	\$ 5,844.00	
28			WOOD LAMINATE FLOORS	\$ -	
29			TOILET ACCESSORIES	\$ 578.00	
30			FIRE EXTINGUISHERS	\$ 195.00	
31			INTERIOR SIGNAGE ALLOWANCE	\$ 45.00	
32			EXTERIOR SIGNAGE ALLOWANCE	\$ -	
33			PROJECTION SCREENS	\$ -	
34			WINDOW COVERINGS ALLOWANCE	\$ -	
35			FIRE SPRINKLER	\$ 1,900.00	
36			PLUMBING - NO DRINKING FOUNTAIN	\$ 4,133.00	
37			HVAC	\$ 2,685.00	
38			ELECTRICAL	\$ 9,888.00	
39			FIRE ALARM ALLOWANCE	\$ 4,400.00	
40			LOW VOLTAGE DATA/PHONE AND CABLE	\$ -	
41			AUDIO VISUAL SYSTEMS ALLOWANCE	\$ -	
42			STUCCO/SIDING	\$ -	
43			APPLIANCES	\$ -	
			GENERAL CONDITIONS		
101			PRE-CONSTRUCTION SERVICES	\$ -	
102			ARCHITECTURAL DESIGN FEES	\$ 1,125.00	
103			DRAWING REPRODUCTION ALLOWANCE	\$ 140.00	
104			DESIGN FEES--IF REQUIRED	\$ -	
105			DUST CONTROL/MASKING	\$ 200.00	
106			FUEL EXPENSE	\$ 330.00	
107			PAINT WELDS	\$ -	
108			MOBILIZATION	\$ 250.00	
109			SURVEY & LAYOUT	\$ -	
110			TESTING/QUALITY CONTROL	\$ -	
111			TEMP. FENCE	\$ -	
112			CUTTING & PATCH	\$ -	
113			PLAN CHECK FEE	\$ 725.73	
114			FIRE AUG. FEE HENDERSON .45/SF	\$ -	
115			PROJECT CONSTRUCTION SIGNAGE	\$ -	
116			HEALTH DISTRICT FEES	\$ -	
117			OFFSITE INSPECTION FEES & BONDS	\$ -	
118			WATER FEES ALLOWANCE	\$ -	
119			SEWER FEES ALLOWANCE	\$ 2,550.00	
120			TORTOISE FEES	\$ -	
121			TRANSPORTATION TAX	\$ -	
122			FINAL CLEANING	\$ 225.00	
123			PROJECT CLOSEOUT	\$ 464.00	
124			BUILDERS RISK INSURANCE	\$ 450.00	
125			GL INSURANCE PREMIUM APPLICABLE TO PROJECT	\$ 453.58	
126			CLEAN-UP/RUBBISH REMOVAL	\$ 1,050.00	
127			JOB TRAILER	\$ -	
128			TEMP. TOILETS	\$ 190.00	
129			TEMP. POWER, PHONE, WATER/MO	\$ 300.00	
130			FINAL MONTH POWER/WATER/ETC.	\$ -	
131			TEMP POWER SERVICE LATERAL	\$ 200.00	
132			OTHER TEMPORARY SERVICES	\$ 600.00	
133			PROJECT MANAGER	\$ -	
134			JOB SITE SUPERVISION	\$ 8,640.00	
135			BOND FEES	\$ -	
136			PERMITS	\$ 1,116.50	
			ESTIMATED CONSTRUCTION TIME: 45 CALENDAR DAYS	\$65,831	\$ 2,880.00

CONFIDENTIAL PROPOSAL FOR: MATSO LLC/Advanced Home Health

*All pricing is budget only and is contingent on final design and subcontractor input.

COST:	\$	65,831.41	\$	2,880.00
OVERHEAD AND PROFIT:	\$	3,949.88	\$	172.80
TOTAL:	\$	69,781.30	\$	3,052.80

COST OF TENANT IMPROVEMENT PER SQUARE FOOT \$ 77.53 \$ 1.61



City of Henderson Redevelopment Agency
 240 Water Street, P.O. Box 95050
 Henderson, NV 89009-5050
 Phone: (702) 267-1515
 Fax: (702) 267-1503

FINANCIAL ASSISTANCE APPLICATION

This program provides Redevelopment Agency (RDA) Funds to assist any property owner(s) or tenant(s) who are interested in upgrading or expanding their business located within the boundaries of the Redevelopment Area.

Please contact 702-267-1515 to schedule an appointment to submit a completed application with the required documents and appropriate signatures to avoid any delays in financial consideration. Please print legibly in either blue or black ink. Please select which redevelopment area your business resides in:

Downtown Eastside

1. TYPE OF APPLICATION (check one)

- Facade Improvement Program Mini-Façade Improvement
 Signage Program Development
 Tenant Improvement Program

2. PROPERTY INFORMATION

Business Name: MATSO LLC

Corporation (d/b/a) Partnership Sole Proprietorship LLC

Physical Address: 38 South Water Street Henderson, NV 89015

Mailing Address: 38 South Water Street Ste. 200

City: Henderson State: NV Zip Code: 89015

Phone: (702) 545-0808 Cell: (702) 236-7640 E-mail: matsoph@cox.net

Building Use: Medical use (family practice, cardiology, home health)

3. APPLICANT INFORMATION

Name: Advanced Home Health (Brow, LLC)

Mailing address: 3750 S. Jones Blvd. Ste. 100

City: Las Vegas State: NV Zip Code: 89103

Phone: (702) 735-6209 Cell: (702) 373-4477 E-mail: tbowen08@live.com

Do you Own Rent or Lease the subject property?

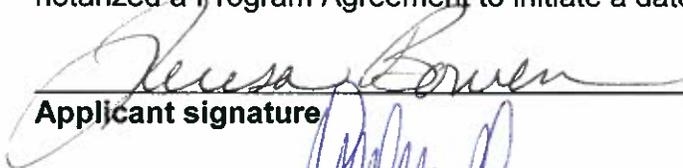
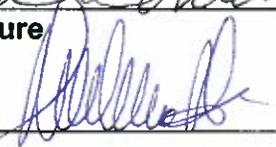
If you are not the property owner, than owner must complete section 4 and sign the application.

4. PROPERTY OWNER		
Owner name: KRISTINA SHURTLEFF		
Mailing address: 38 South Water Street Ste. 200		
City: Henderson	State: NV	Zip Code: 89015
Phone: (702) 545-0808 Cell: (702) 236-7640 E-mail: matsoph@cox.net		
Are there multiple owners? [] Yes or [X] No If yes, provide executed Affidavit for each.		

5. CONTACT PERSON OR REPRESENTATIVE		
Name: Teresa Bowen		
Mailing address: 3750 S. Jones Blvd. Ste 100		
City: Las Vegas	State: NV	Zip Code: 89103
Phone: (702) 735-6209 Cell: (702) 373-4477 E-mail: tbowen08@live.com		

I/We hereby affirm that I/we have full legal capacity to authorize the filing of this application and that all information and exhibits herewith submitted are true and correct to the best of my/our knowledge. The owner invites the City of Henderson (COH) and/or RDA to make all reasonable inspections, investigations, and take pictures of the subject property during the process period associated with the application. I authorize the use of any pictures taken by the COH or the RDA.

I/We have read and understand the selected financial assistance program guidelines, accept the qualification, and understand that in order for my/our request of funds to be approved, I/we must agree to work within and follow the recommendations of the RDA before starting any work on the subject property following approval of the application. I/We must complete, sign, and have notarized a Program Agreement to initiate a date of project execution.

	_____
Applicant signature	Date
	_____
Owner signature	Date 5/8/13.
_____	_____
Owner signature	Date

PROGRAM APPLICATION REQUIREMENTS

App Initials √	Facade Improvement Program	RDA Initials √
_____	<ul style="list-style-type: none"> • Complete and signed application form, including a statement indicating the number of new jobs that will be created and/or retained. • Ownership disclosure form. • Completed W-9 form. • Three (3) bids or competitive quotes for proposed work with an itemized cost estimate. • Three (3) 8½" x 11" copies of existing and proposed front building elevations showing the exterior (front and side) dimensions of the structure in linear feet. Existing can be satisfied by use of photographs. • Project may require development application review. Contact Community Development at 267-1500 for additional information. 	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

App Initials √	Mini-Facade Improvement Program	RDA Initials √
_____	<ul style="list-style-type: none"> • Complete and signed application form, including a statement indicating the number of new jobs that will be created and/or retained. • Ownership disclosure form. • Three (3) bids or competitive quotes for proposed work with an itemized cost estimate. • Three (3) 8½" x 11" copies of existing and proposed front building elevations showing the exterior (front and side) dimensions of the structure in linear feet. • Project may require development application review; additional copies of project may be required. • Completed W-9 form. • Project may require development application review. Contact Community Development at 267-1500 for additional information. 	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

App Initials √	Signage Program	RDA Initials √
_____	<ul style="list-style-type: none"> • Complete and signed application form, including a statement indicating the number of new jobs that will be created and/or retained. • Ownership disclosure form. • Written consent from property owner, if applicable. • Completed W-9 form. • Three (3) bids or competitive quotes for proposed work with an itemized cost estimate. • Three (3) 8½" x 11" site plans drawn to scale for requests involving pole signs. • Three (3) 8½" x 11" color copies of building exteriors. Photographs can be used. • Three (3) 8½" x 11" color copies of all signs to be installed including dimensions drawn to scale. • Project may require development application review, additional copies of project may be required (i.e. Architectural Review Committee, CUP). 	_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

App Initials √	Downtown/Eastside Tenant Improvement	RDA Initials √
	1. Application, Justification, & Legal Documents <ul style="list-style-type: none"> • Complete and signed application form. • Signed letter from the property owner authorizing the applicant to submit the 	_____

✓	<p>request, if applicant is not the property owner.</p> <ul style="list-style-type: none"> • Copy of executed lease for businesses operating in rented premises. The lease should be for a period not less than two (2) years. 	_____
✓/TB	<ul style="list-style-type: none"> • Letter explaining request, including a statement indicating the number of new jobs that will be created and/or retained, and the number of floors in the building and usage break out for each floor (e.g. office, retail, restaurant). If requesting additional funding for Green Initiatives, letter must include details on the five elements being incorporated into the design. 	_____
✓/TB	<ul style="list-style-type: none"> • Completed W-9 Form. 	_____
✓/TB	<ul style="list-style-type: none"> • Legal Structure Documentation is required if the applicant is either a partnership or a corporation (including both Subchapter S and C corporations and LLC's). The documentation required includes the Articles of Incorporation and the By-laws. 	_____
✓/TB	<ul style="list-style-type: none"> • Fictitious Business Name Statement is required by any business not operating under the legal name of the entity operating the business. For example, if a sole-proprietorship is owned by John Smith and is being operated under John's name only, no statement is required. If the business is being operated as Smith's Plumbing, however, a recorded statement is required. If a corporation operates under a name other than that on the incorporation documents, a statement is also required. The same standard is used for partnerships and LLC's. 	_____
✓/TB	<ul style="list-style-type: none"> • Partnership agreement is required on all partnerships. A general partnership agreement is not required to be recorded at any level. A limited partnership agreement must be recorded with the State of Nevada. 	_____
_____	<p>2. Construction Documents</p> <ul style="list-style-type: none"> • Three (3) copies of detailed floor plans drawn to a recognized architectural or engineering scale showing all improvements being made. • Development/Construction schedule including specific time frames for each scope of work. • Three (3) bids minimum are required for all improvements, including an itemized cost estimate. 	_____
_____	<p>3. Financial Documents</p> <ul style="list-style-type: none"> • *A breakdown of the sources and uses of funds for the construction of the project, including prevailing wage, if applicable. Must include proof of funding source, e.g. bank approval of loan for costs that must be covered by the applicant for the improvements. • *Pro-forma financial analysis to include three (3) years of business financial statements and one (1) year of projected business financial statements for the subject property on an already established business. For a start-up business, one (1) year of projected business financial statements for the subject property. Must include detailed information on employment history and performance for the business owner and manager. • *Three (3) years of business income tax returns and three (3) years of personal tax returns for all business partners. • *Credit Report Authorization and Release for all individuals involved in the business. 	_____
✓/TB		_____
<p>*These items are to be forwarded by the applicant to a 3rd party reviewer retained by the RDA for a professional recommendation on the viability and stability of the business and project (existing and start-up). This process can take an additional week after application packet is received by the Agency. 3rd party reviewer contact information will be provided upon application packet intake.</p>		

App Initials	Development	RDA Initials
✓		✓
_____	<ul style="list-style-type: none"> • Complete and signed application form. • Site coverage. 	_____
_____		_____

_____	• Number of floors, including square footage for each floor and use (e.g., office, retail, restaurant, condominium, etc.).	_____
_____	• Concept elevations and site plan.	_____
_____	• Development/Construction schedule.	_____
_____	• Narrative describing how the project complements the Downtown Redevelopment Plan, Downtown Investment Strategy, and Downtown Design Guidelines, if project is located in the Downtown Redevelopment Area. If located in the Eastside Redevelopment Area, the narrative is not required.	_____
_____	• A breakdown of the sources and uses of funds for the construction of the project, including prevailing wage if applicable.	_____
_____	• Pro-forma financial analysis to include development budget, cash flow analysis and financing plan.	_____
_____	• Credit Report Authorization and Release for all individuals involved in the business.	_____
_____	• A statement indicating the number of individuals this project will employ that are: Persons living in the area; and Persons living in the area that are:	_____
	- Economically disadvantaged	
	- Physically disabled	
	- A minority	
	- A veteran	
	- Women	

Only completed application packets, including all required documentation, will be scheduled for Loan Committee (LC) review. For a schedule of LC meeting dates and submission deadlines, please contact 702-267-1515.

Note: Applying for grant funds does not obligate the Redevelopment Agency (RDA) to allocate funds for the specified project. Only after the review and approval of the application and plans will the RDA authorize funds. The project shall comply with the selected Program Guidelines and only upon approved final inspections by the City of Henderson, will the RDA be obligated to disburse the authorized funds. In the event that application is denied by the Redevelopment Agency's Loan Committee, applicant may appeal to the Redevelopment Agency Board.

<u>Office Use Only</u>	
Date Application Received: _____	Date of Complete Application: _____
Assessor's Parcel Number: _____	Zoning: _____
LC Date: _____	Approved Grant \$ _____
Approval Letter Date _____	Denial Letter Date _____
Certificate of Insurance Received: _____	

5/6/13

City of Henderson Redevelopment Agency

240 Water Street P.O. Box 95050

Henderson, NV 89009-5050

5 FTE during
office hours
25 add'l FTE
in field.

To whom it may concern,

Advanced Home Health would like to establish our newly purchased business in the city of Henderson. Advanced Home Health was purchased in November of 2012. We are a home health agency that provides health care to patients in the home. Our services include nursing, physical therapy, occupational therapy, speech therapy, social workers and home health aides. While Advanced Home Health is a new purchase, the current owners have an established history in home health care and have a successful agency in Mesquite, NV. Mesa View Home Care was named the HealthInsight Award for 2012 ranking as one of the top four home care agencies in Nevada. We are also ranked in the top home care agencies in the nation, winning the Home Care Elite Top Agency in 2011 and 2012. Our goal for Advanced Home Health is to provide the same quality care that has become a standard at our previous companies.

In the past out, our home health care company has provided approximately 30 new jobs. Currently, we have 15 employees at Advanced Home Health.

38 South Water Street is a 3 story building. Advanced Home Health will be occupying suite 100 which is on the ground floor of the building. The second floor of the building is occupied by Dr. Shurtleff, which is a family medicine practice. The third floor is occupied by a cardiologist.

We would like to apply for the "Green Initiative Grant" based on our building plan to include:

1. Project provides natural day lighting to a minimum of 50% of interior space.
2. 50% recycled material used for flooring
3. Low VOC materials used: paint
4. Use of eco-friendly insulation and Energy efficient A/C unit
5. Dual flush, low flush toilets

Thank you for your consideration,


Teresa Bowen

Advanced Home Health

MATSO LLC.

May 6th, 2013

RE: 38 S Water Street Office building, Henderson Nevada 89015

Dear **Advanced Home Health LLC,**

Per your request, please review this Proposal to Lease outlining key Terms and Conditions concerning your interest in Suite 100 at 38 S Water Street, Henderson, Nevada 89015.

Preliminary Terms and Conditions:

Tenant: Advanced Home Health, LLC

Lanlord: MATSO LLC, a Nevada limited liability company

Building Information:

38 S Water Street is a newly constructed, three story, multi-tenant, 8,155 square foot office building fronting Water Street in Historic Downtown Henderson.

Location:

Located in the City of Henderson, County of Clark, State of Nevada, on Water Street just south of Lake Mead Parkway with APN#179-186-11-193.

Rentable Square Feet and net Usable square feet defined:

usable square feet is any area in a given floor that could be used by a tenant. This area includes a point from the perimeter glass line to the demising walls; it also includes the column areas within such a space. Rentable square feet is the total floor area designed for tenant occupancy and exclusive use and on which rent is paid, including any lobbies, hallways, elevator shafts, stairwells, common restrooms, mechanical and electrical rooms.

Premises:

Suite 100 is approximately Rentable Square Feet (approx. 954 Useable Square Feet) located on the first floor.

Building Load factor:

Building Load Factor to include common area including, but not limited to: lobby, corridor, common area bathrooms, mechanical & electrical rooms, and similar facilities located within the building. Load Factor is currently estimated to be approximated to be approximately fifteen percent (15%)

Rent Schedule: Months	Price Per Square Foot	Monthly Base Rent	Annual Base Rent
Month 1	\$0.00	\$0.00	\$0.00
Months 2-13	\$1.55	\$1,700.50	\$20,406
Months 14-25	\$1.60	\$1,755.36	\$21,064.32
Months 26-37	\$1.65	\$1,810.21	\$21,722.60
Months 38- 49	\$1.70	\$1,865	\$22,380.84
Months 50- 61	\$1.75	\$1919.92	\$23,039.10
Total Lease Value			\$108,612.86

Prepaid Rent:

First month's rent shall be \$1,700.50 per month on a Modified Gross basis, payable monthly in advance.

First Month's Rent and Security Deposit:

Upon execution of the Lease, the Tenant shall pay the First Month's rent plus estimated operating expenses. In addition, Tenant will pay a Security Deposit in the amount equal to one (1) month's rent. Deposit amount subject to Landlord's review of Tenants financials.

Use: Home Health Agency

Term and Possession:

The term of the lease shall commence upon completion of tenant improvements and the issuance of Certificate of Occupancy and ending 61 months thereafter. Possession of the premises shall commence on occupancy.

Tenant Improvements:

Landlord shall at Landlord's sole cost and expense perform Tenant Improvements pursuant to agreed to upon floor plans. (attached). We are hoping for a grant from the RDAgency to help the Landlord with the expense.

Signage: Tenant to be named on building directory located within building lobby.

Americans with Disabilities Act:

Please be advised that an owner or tenant of real property may be subject to the Americans with Disabilities Act (the ADA), a Federal law codified at 42 USC section 12101 et seq. Among other requirements of the ADA that could apply to your property, Title III of the ADA requires owners and tenants of "public accommodations" to remove barriers to access by disabled person and provide auxiliary aids and services for hearing, vision or speech impaired persons by January 26, 1992. The regulations under Title II of the ADA are codified at 28 CFR Part 36. We recommend that you and your attorney review the ADA and the regulations, and, if appropriate, you're proposed lease or purchase agreement to determine if this law would apply to you, and the nature of the requirements. These are legal issues. You are responsible for conducting your own independent investigation of these issues. Landlord and cannot give you legal advice on these issues.

Preparation of Lease:

Within 10 days of mutual acceptance of this Offer or any Offer hereto, Landlord shall prepare a Lease which shall incorporate their provisions contained herein, as well as those standard provisions contained in Landlord's customary form of lease, and submit three copies of the lease to Tenant's approval. Landlord and tenant shall execute all copies and deliver a fully signed copy to the other party within ten (10) days of submittal of Lease to Tenant.

Response Date:

If Tenant does not return a signed copy of this Proposal to Lease on or before 5:00 P.M. P.S.T. on May 16th, 2013, this Proposal to Lease shall expire and the Terms and Conditions shall become null and void.

Lease Agreement Execution Date:

Landlord reserves the right to cancel this proposal and any and all negotiations if a formal agreement s not executed on or before May 16th, 2013.

This Proposal to Lease is non-binding upon the parties and intended to be the basis for negotiation of a formal Lease Agreement between the parties. This Proposal to Lease and future Lease Agreement are subject to Landlord and Landlord's lender review and approval of Tenant and Guarantor financial information. It is subject to withdrawal or

modification by either party and shall not be valid or binding to either party unless and until fully executed contracts are accepted, signed and delivered to both parties hereto.

Thank you for considering 38 S Water Street for the location of your business.

Please do not hesitate to contact me with any questions at (702) 236-7640.

Sincerely,

Kristina Shurtleff, M.D.

Agreed & Accepted

Landlord: MATSO LLC

Tenant: **Advanced Home Health, LLC.**

By: 

By: 

Title: owner

Title: Administrator

Date: 5/6/2013.

Date: 5/6/13

Boyd Martin Construction LLC 5965 McLeod Dr Las Vegas, NV 89120 Lic# 55572

PH # (702)454-9731 FAX # (702)454-9731
 JOB NAME: **Advanced Home Health**
 LOCATION: **38 Water Street Suite 100**
 ESTIMATOR: **Matt**

May 1 2013

JOB DESCRIPTION: 900 SF Tenant Improvement

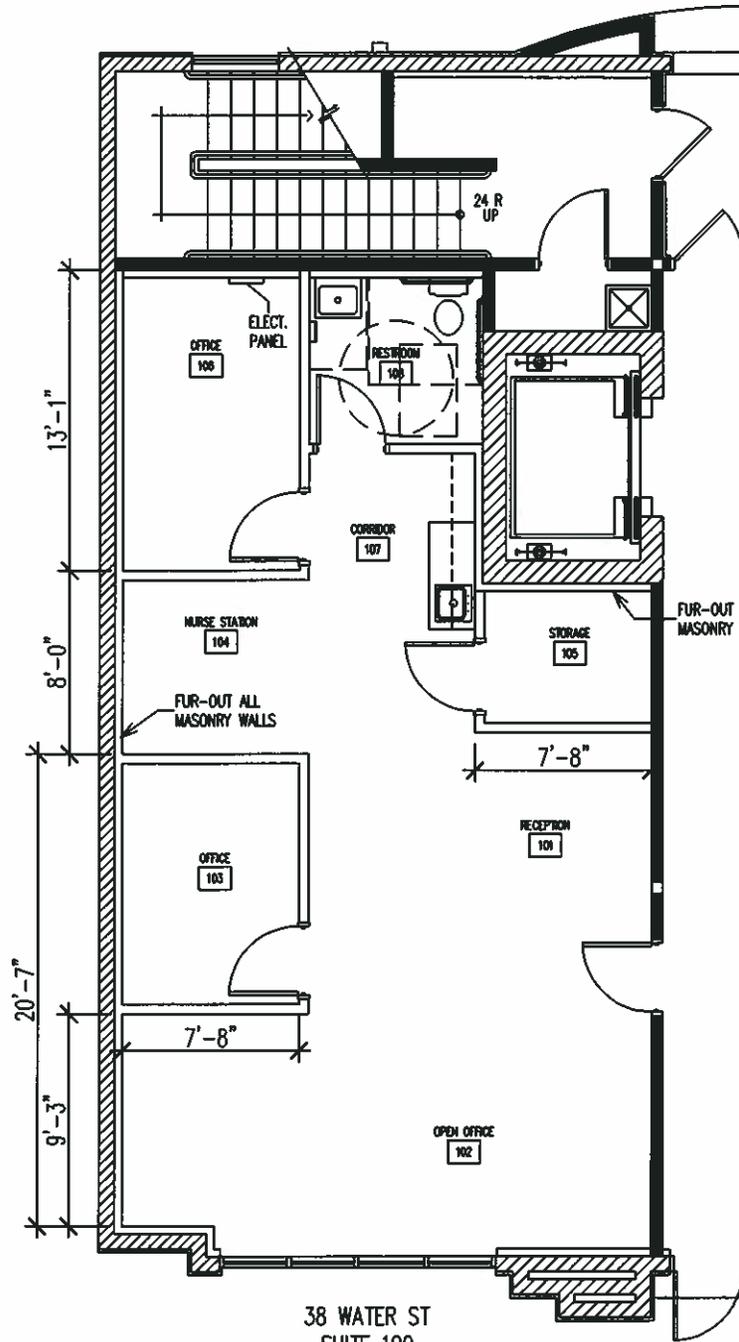
#	NOTE	SPEC	DESCRIPTION	BASE BID
1			MISC BUILDING DEMOLITION - Concrete plumbing trenches	\$ 1,300.96
2			REPAIR PLUMBING TRENCHES	\$ 675.00
3			CONCRETE EPOXY INSPECTIONS	\$ -
4			REBAR--FOR PLUMBING TRENCHES	\$ 101.25
5			ROUGH CARPENTRY	\$ -
6			FINISH CARPENTRY - INSTALL 4 DOORS	\$ 660.00
7			CONFERENCE TABLES BASE ALLOWANCE	\$ -
8			ARCHITECTURAL CASEWORK - LAMINATE CABINETS AND COUNTERTOP	\$ 2,085.00
9			TRIM ALLOWANCE	\$ -
10			INSULATION-- EXTERIOR WALLS AND ROOF	\$ -
11			INSULATION-- INTERIOR WALLS	\$ 1,184.00
12			FIRE STOPPING	\$ -
13			SMOKE DETECTOR TESTING & CERTIFICATION	\$ -
14			BUILT-UP ROOFING--PATCH	\$ -
15			CAULKING / JOINT SEALANTS	\$ 150.00
16			DOORS, TIMELY, FRAMES, AND HARDWARE (HM FRAMES 3070 STAIN DOORS)	\$ 1,818.00
17			RE-KEY TO HIGH SECURITY ALLOWANCE	\$ -
18			STOREFRONT & HARDWARE, WINDOWS, GLASS	\$ -
19			TRANSOM WINDOWS AT OFFICES	\$ -
20			METAL STUD FRAMING/DRYWALL--WALLS 6" ABOVE LID	\$ 4,523.00
21			ACOUSTIC CEILINGS (STANARD SECOND LOOK TILE)	\$ 1,950.00
22			PAINTING	\$ 1,642.00
23			FRP	\$ -
24			WALL COVERINGS ALLOWANCE	\$ -
25			CERAMIC TILE @ BATHROOM (walls and floor) and STORAGE ALLOWANCE	\$ 1,399.00
26			GRANITE TOPS ALLOWANCE	\$ -
27			FLOORING ALLOWANCE - BUDGETED 12x12 COMMERCIAL RATED CORK	\$ 5,844.00
28			WOOD LAMINATE FLOORS	\$ -
29			TOILET ACCESSORIES	\$ 578.00
30			FIRE EXTINGUISHERS	\$ 195.00
31			INTERIOR SIGNAGE ALLOWANCE	\$ 45.00
32			EXTERIOR SIGNAGE ALLOWANCE	\$ -
33			PROJECTION SCREENS	\$ -
34			WINDOW COVERINGS ALLOWANCE	\$ -
35			FIRE SPRINKLER	\$ 1,900.00
36			PLUMBING - NO DRINKING FOUNTAIN	\$ 4,133.00
37			HVAC	\$ 3,880.00
38			ELECTRICAL	\$ 9,888.00
39			FIRE ALARM ALLOWANCE	\$ 4,400.00
40			LOW VOLTAGE DATA/PHONE AND CABLE	\$ -
41			AUDIO VISUAL SYSTEMS ALLOWANCE	\$ -
42			STUCCO/SIDING	\$ -
43			APPLIANCES	\$ -
			GENERAL CONDITIONS	
101			PRE-CONSTRUCTION SERVICES	\$ -
102			ARCHITECTURAL DESIGN FEES	\$ 1,125.00
103			DRAWING REPRODUCTION ALLOWANCE	\$ 140.00
104			DESIGN FEES--IF REQUIRED	\$ -
105			DUST CONTROL/MASKING	\$ 200.00
106			FUEL EXPENSE	\$ 330.00
107			PAINT WELDS	\$ -
108			MOBILIZATION	\$ 250.00
109			SURVEY & LAYOUT	\$ -
110			TESTING/QUALITY CONTROL	\$ -
111			TEMP. FENCE	\$ -
112			CUTTING & PATCH	\$ -
113			PLAN CHECK FEE	\$ 779.51
114			FIRE AUG. FEE HENDERSON .45/SF	\$ -
115			PROJECT CONSTRUCTION SIGNAGE	\$ -
116			HEALTH DISTRICT FEES	\$ -
117			OFFSITE INSPECTION FEES & BONDS	\$ -
118			WATER FEES ALLOWANCE	\$ -
119			SEWER FEES ALLOWANCE	\$ 2,550.00
120			TORTOISE FEES	\$ -
121			TRANSPORTATION TAX	\$ -
122			FINAL CLEANING	\$ 225.00
123			PROJECT CLOSEOUT	\$ 464.00
124			BUILDERS RISK INSURANCE	\$ 450.00
125			GL INSURANCE PREMIUM APPLICABLE TO PROJECT	\$ 487.20
126			CLEAN-UP/RUBBISH REMOVAL	\$ 1,050.00
127			JOB TRAILER	\$ -
128			TEMP. TOILETS	\$ 190.00
129			TEMP. POWER, PHONE, WATER/MO	\$ 300.00
130			FINAL MONTH POWER/WATER/ETC	\$ -
131			TEMP POWER SERVICE LATERAL	\$ 200.00
132			OTHER TEMPORARY SERVICES	\$ 600.00
133			PROJECT MANAGER	\$ -
134			JOB SITE SUPERVISION	\$ 11,820.00
135			BOND FEES	\$ -
136			PERMITS	\$ 1,199.25
			ESTIMATED CONSTRUCTION TIME: 45 CALENDAR DAYS	\$70,711

CONFIDENTIAL PROPOSAL FOR: MATSO LLC/Advanced Home Health

*All pricing is budget only and is contingent on final design and subcontractor input.

COST \$ 70,710.57
 OVERHEAD AND PROFIT \$ 4,242.63
 TOTAL \$ 74,953.20

COST OF TENANT IMPROVEMENT PER SQUARE FOOT \$ 83.28



38 WATER ST
 SUITE 100
 900 SF
 SCALE $\frac{1}{8}'' = 1'-0''$



**414 W. Basic Rd
Henderson, NV 89015**

TEL# (702) 367-3799

FAX# (702) 616-2662

License# 698812 CA Unlimited Limit

License# 49859A Limit \$2,000,000

License#68999C1 Limit \$950,000

License #73313C2 Limit \$950,000

License #75559 C21 Limit \$100,000

License #G678 Fire Sprinkler System

Email: knnconstruction@yahoo.com

Web: knnconstruction.com

PROPOSAL

May 6, 2013

To:

Teresa Bowen

38 Water Street

Henderson, NV 89015

Ph: 702-373-4477

Email: tbowen08@live.com

Re:

Advanced Home Health T.I

38 Water Street

Henderson, NV 89015

A:

Project will consist of: Providing construction documents suitable for submission to City of Henderson as a Tenant Improvement drawings by K&N Construction, Inc. including; Architecture, Electrical, Mechanical, Plumbing, and Fire Sprinkler Engineering design to complete construction plan followed by City Codes.

Owner: _____ Contractor: 

SCOPE OF WORK

1. Demolition
2. Repair Plumbing trenches
3. Rebar-for plumbing trenches
4. Install (4) doors
5. Laminated cabinets and countertop
6. Insulation for interior walls
7. Caulking/joint sealants
8. Doors and hardware: 3-0 x 7-0 with timely frame and hardware
9. Frame and drywall 6" above lid
10. Acoustic ceilings (standard second look tile)
11. Painting
12. Ceramic tile in restroom wall and floor, and storage room allowance
13. Flooring allowance: 12x12 commercial rated cork
14. Restroom accessories
15. Fire Extinguisher
16. Interior signage allowance
17. Fire Sprinkler System
18. Plumbing (drinking fountain not included)
19. HVAC
20. Electrical
21. Fire Alarm allowance
22. Drawing reproduction
23. Dust control/masking
24. Fuel Expense
25. Mobilization
26. Plan check fees
27. Sewer fee allowance
28. Final cleaning
29. Project closeout
30. Builder's Risk Insurance
31. Liability Insurance
32. Clean-up/rubbish removal
33. Temporary toilets
34. Temporary power, phone, water/mo
35. Temporary power service lateral
36. Other temporary services
37. Permit fee allowance

Subtotal:	\$55,061.72
Supervision & Project Mgmt:	\$10,638.00
Profit & Overhead:	\$3,921.88

TOTAL BID PRICE: \$69,621.60

Owner: _____ Contractor: *AS*

Exclusion:

We exclude the following.

- Furniture fixtures and Equipment.
- Telephone, TV, Security or Video equipment.
- Window Covering or Treatment.
- Wire Glass.
- Contingency.
- Signage.
- Anything not mentioned in the Scope Description above.
- Any Revisions or Restrictions imposed by governing Agencies and Owner Changes.
- Site Improvements other than what is specified above.
- De-Watering and Caliches Removal.
- Night or Overtime Work.
- Any Major Import or Export of Soils.
- NV Energy & Century Link Fees.
- Special Inspection.
- QAA (Quality Insurance Agreement).
- Performance Bond.
- Exporting any Contaminated Soils.
- Termite Control.

In consideration of the mutual covenants and agreement herein contained, the parties hereby agree as follows:

Advanced Home Health T.I 38 Water Street Henderson, NV 89015.

Contractor agrees to construct and complete in a good, workmanlike and substantial manner, upon the real property hereinafter described, furnishing all labor, materials, tools, machinery, equipment, as follows:

1. The owner will locate and point out the property line to Contractor, and will provide boundary stakes by the licensed surveyor if there is any doubt as to boundaries.
2. The project is to be constructed and complete in strict conformance with plans, specifications and job outline for the same signed by the parties hereto and incorporated herein by reference.
3. The structure is also to be constructed and complete in strict compliance with all laws, ordinances rules, and regulations of the applicable governmental authorities. The Owner will pay all assessments and charges of any kind

Owner: _____ Contractor: 

required by governmental authorities and public utilities for financing or repaying the cost of sewers, storm drains, water service and other utilities, including tap-in or hookup charges and the like.

4. In as much as the remodeling and/or rehabilitation of an existing building required that certain assumption be made regarding existing conditions and because some of the assumption might not be verifiable with out expending additional sums of money or destroy otherwise serviceable portions of the building. The Client agree that, except for negligence on the part of K&N Construction Inc. and their consultants from all areas of this project that are not visible accessible.
5. In consideration of the covenants and agreements herein contains being performed and kept by Contractor, including the supplying of all labor, materials and the services required by this contract, and the construction and completion of this project, **Owner agrees to pay the contractor \$69,621.60 which is disbursed on the following payment schedule: 10% Upon Customer Deposit, 20% Upon Permit Application, 20% Upon Underground, 20% Upon Rough, 20% Upon Drywall, 10% Upon Completion.**
6. The Final Payment will be made after the final inspection. If correct repair work remains to be accomplished after final Inspection, the Owner may make one and only One Final Punch List, in which all items on that list, will be completed. Upon completion of that one final punch list by Contractor, Owner shall pay the balance of the contract sum to the Contractor.
7. The Contractor agrees to commence work as soon as permissible. The said work will be completed and continuously. Client understands that project shall be completed within 60 working days (not including legal holidays) after procurement of permits or notice to proceed, unless work is halted due to strikes, material shortages, natural disaster or any unforeseen circumstances beyond contractor control.
8. Contractor shall pay promptly all valid and charges for materials, labor, machinery, equipment or any other service or facility used in connection with or arising out of the Construction Project.
9. Contractor shall be entitled to take a deposit for the material before the start of the job. This deposit shall cover the cost of the materials required to perform the job need.
10. Should the owner, architect, city inspector, if any at any time during the progress of the work request any modification, alternations, or deviations in, addition to, or omissions from this contract or the plans or specifications, he shall be at liberty to do so, and the same shall in no way affect or make void this contract, but the amount thereof shall be added to or deducted from the amount of the contract price above, as the case may be, by a fair and reasonable valuation, based upon the actual cost of labor and material. This contract shall be deem to be completed when the work is finished in accordance with the original plans as amended or modified by such changed, whatever may be the nature extend thereof.
11. If the project is destroyed or damaged by any accidental or disaster, such as

fire, storm, flood, landslide, earthquake or subsidence, or by theft or vandalism, any work done by contractor in rebuilding or restoring the work shall be paid for by the Owner as extra work.

12. Owner shall obtain and pay for insurance against injury and theft. The Contractor shall not be responsible for any damage occasioned by the Owner. Acts of God, Earthquake, or other causes beyond the control of Contractor, including theft of not installed materials and equipment, unless otherwise herein provided.
13. Contractor guarantees all equipment, materials, supplies, and work furnished on the project against defective construction or workmanship for a period of one year following the completion of the project, except when a longer guarantee is provided by the supplier, subcontractor, or manufacture of the equipment or material. Contractor shall supply the owner with all warranty and guarantee document relevant to the equipment and the materials incorporated into the job and guaranteed by its subcontractors, suppliers or manufacture.
14. If the Owner is in default of payment for the services provided in this agreement and any extra work performed, a 10% surcharge plus a 1 ½ % late charge per month shall be added to the amount total.
15. This contract constitutes the entire agreement of the parties. NO other agreements, oral or written, pertaining to the work to be performed under this contract exists between the parties. This contract can be modified only by an agreement in writing signed by both parties.
16. This agreement shall be constructing in accordance with, and governed by, the laws of the State of Nevada and shall be deemed to have entered into, and primarily performance will be deemed to be in Clark County.
17. Labor rate are as follows: Supervisor: \$75/hr, Journeyman: \$65/hr, Apprentice: \$55/hr, Labor: \$35/hr.
18. The cost and responsibility of all Building Permits, Public Work fees, and City Utility fee shall be incurred by the Owner and is not part of this agreement.
19. If required, Owner is responsible for providing keys and re-keying door locks after construction.

Contractors are required by law to be licensed and regulated by the Contractor State License Board and also to carry liability and worker's compensation insurance. You may contact the Contractor's Office at any time for proof of coverage. Any question concerning a contractor may be referred to the Register, Contractor' Stat License Board.

IN WITNESS WHEREOF, the parties hereto have executed the agreement on the date above written.

OWNER _____ DATE _____

CONTRACTOR Anna Simon DATE 5/10/13

Owner: _____ Contractor: 

PAY REQUEST FORM AIA G702

JOB NO.:

JOB NAME Advanced Home Health

PAY REQUEST #

Invoice #

ITEM NO. A	DESCRIPTION OF WORK VENDOR NAME B	SCHEDULED VALUE C	WORK COMPLETED		STORED MATERIAL F	TOTAL COMPLETED AND STORED TO DATE G (D+E+F)	%	BALANCE TO FINISH H (C-G)
			PREVIOUS APP D	THIS APP E				
00001	Misc. building demolition-concrete plumbing trenches	1,170.32	0.00	0.00	0.00	0.00	0.00	1,170.32
00002	Repair plumbing trenches	607.50	0.00	0.00	0.00	0.00	0.00	607.50
00003	Rebar- for plumbing trenches	91.12	0.00	0.00	0.00	0.00	0.00	91.12
00004	Install (4) doors	594.00	0.00	0.00	0.00	0.00	0.00	594.00
00005	Laminate cabinets and countertop	1,876.50	0.00	0.00	0.00	0.00	0.00	1,876.50
00006	Insulation for interior walls	1,065.60	0.00	0.00	0.00	0.00	0.00	1,065.60
00007	Caulking/ joint sealants	135.00	0.00	0.00	0.00	0.00	0.00	135.00
00008	3-0 x 7-0 doors with timely frame and hardwares	1,636.20	0.00	0.00	0.00	0.00	0.00	1,636.20
00009	Frame and drywall 6" above lid	4,070.70	0.00	0.00	0.00	0.00	0.00	4,070.70
00010	Acoustic ceilings (standard second look tile)	1,755.00	0.00	0.00	0.00	0.00	0.00	1,755.00
00011	Painting	1,477.80	0.00	0.00	0.00	0.00	0.00	1,477.80
00012	Ceramic Tile in restroom wall & floor, and storage room allowance	1,259.10	0.00	0.00	0.00	0.00	0.00	1,259.10
00013	Flooring allowance: 12x12 commercial rated cork	5,259.60	0.00	0.00	0.00	0.00	0.00	5,259.60
00014	Restroom-accessories	520.20	0.00	0.00	0.00	0.00	0.00	520.20
00015	Fire Extinguisher	175.50	0.00	0.00	0.00	0.00	0.00	175.50
00016	Interior signage allowance	40.50	0.00	0.00	0.00	0.00	0.00	40.50
00017	Fire Sprinkler System	3,375.00	0.00	0.00	0.00	0.00	0.00	3,375.00
00018	Plumbing (Drinking fountain not included)	3,719.70	0.00	0.00	0.00	0.00	0.00	3,719.70
00019	HVAC	3,492.00	0.00	0.00	0.00	0.00	0.00	3,492.00
00020	Electrical	8,899.20	0.00	0.00	0.00	0.00	0.00	8,899.20
00021	Fire Alarm Allowance	3,960.00	0.00	0.00	0.00	0.00	0.00	3,960.00
00022	Architectural design fees	1,012.50	0.00	0.00	0.00	0.00	0.00	1,012.50

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PAY REQUEST FORM AIA G702

Page 2 of 2

JOB NO.:

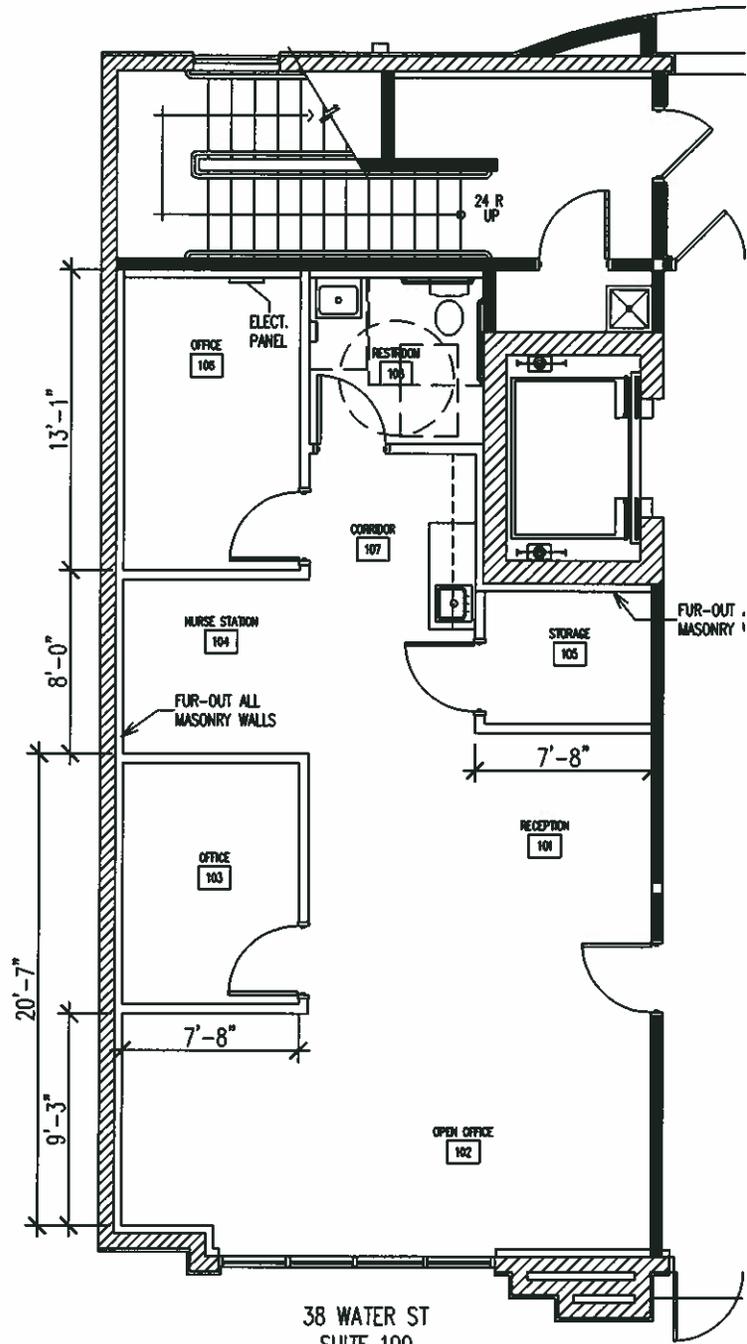
JOB NAME Advanced Home Health

PAY REQUEST #:

Invoice #:

ITEM NO. A	DESCRIPTION OF WORK VENDOR NAME B	SCHEDULED VALUE C	WORK COMPLETED			TOTAL COMPLETED AND STORED TO DATE G (D+E+F)	%	BALANCE TO FINISH H (C-G)
			PREVIOUS APP D	THIS APP E	STORED MATERIAL F			
00023	Drawing reproduction	126.00	0.00	0.00	0.00	0.00	126.00	
00024	Dust control/masking	180.00	0.00	0.00	0.00	0.00	180.00	
00025	Fuel Expense	297.00	0.00	0.00	0.00	0.00	297.00	
00026	Mobilization	225.00	0.00	0.00	0.00	0.00	225.00	
00027	Plan check fees	800.64	0.00	0.00	0.00	0.00	800.64	
00028	Sewer Fee allowance	2,550.00	0.00	0.00	0.00	0.00	2,550.00	
00029	Final Cleaning	202.50	0.00	0.00	0.00	0.00	202.50	
00030	Project Closeout	417.60	0.00	0.00	0.00	0.00	417.60	
00031	Builder's Risk Insurance	405.00	0.00	0.00	0.00	0.00	405.00	
00032	Liability Insurance	450.36	0.00	0.00	0.00	0.00	450.36	
00033	Clean-up/rubbish removal	945.00	0.00	0.00	0.00	0.00	945.00	
00034	Temporary Toilets	171.00	0.00	0.00	0.00	0.00	171.00	
00035	Temporary Power, phone, water/mo	270.00	0.00	0.00	0.00	0.00	270.00	
00036	Temporary power service lateral	180.00	0.00	0.00	0.00	0.00	180.00	
00037	Other temporary services	540.00	0.00	0.00	0.00	0.00	540.00	
00038	Jobsite Supervision	10,638.00	0.00	0.00	0.00	0.00	10,638.00	
00039	Permit fee allowance	1,108.58	0.00	0.00	0.00	0.00	1,108.58	
00040	Overhead and Profit	3,921.88	0.00	0.00	0.00	0.00	3,921.88	
TOTALS		69,621.60	0.00	0.00	0.00	0.00	69,621.60	

28



38 WATER ST
 SUITE 100
 900 SF
 SCALE $\frac{1}{8}'' = 1'-0''$



Licensed and Bonded
36397-36398

May 8, 2013

Project: Advanced Home Health - Preliminary Magnitude Estimate
Subject: Pricing Schedule

Division 1 – Architectural Design Fee	\$ 1,800
Division 2 – Sawcut/Patch Concrete	\$ 2,500
Division 6 – Architectural Casework	\$ 2,100
Division 7 – Insulation	\$ 1,110
Division 7 – Joint Sealants	\$ 135
Division 8 – Doors/Frames/Hardware/Install	\$ 2,000
Division 9 – Framing & Drywall	\$ 5,011
Division 9 – Acoustical Ceilings	\$ 1,839
Division 9 – Ceramic Tile	\$ 1,440
Division 9 – Commercial Grade Cork Flooring	\$ 5,016
Division 9 – Painting	\$ 1,844
Division 10 – Bath Accessories, Fire Extinguisher & Signage	\$ 795
Division 15 – Fire Sprinklers	\$ 3,600
Division 15 – Plumbing	\$ 4,350
Division 15 – HVAC	\$ 4,380
Division 16 – Electrical & Fire Alarm	\$ 14,400
Management, Supervision, Insurance, Pre-Construction, Design Coordination, Fuel, Dumpster	\$ 15,190
Permits	\$ 4,300
General Contractor Fee	\$ 4,000
Total	\$ 75,810

This estimate is based upon the following clarifications:

At the time of this Proposal, B&H Construction was only provided the Preliminary Floor Plan.
Architectural, Structural, MP&E plans were not provided.

All “Advanced Home Health” signage supplied and installed by owner.

All furniture & decorations by owner.

General Conditions includes: Supervision & Management, Insurance, Fuel, Rough & Final Cleaning,
Construction Equipment, Trash Dumpsters.

Sincerely,

Mike O'Day
Estimator
B&H Construction

Activity ID	Activity Description	Orig Dur	Rem Dur	Early Start	Early Finish	Total Float	2013																				
							M	JUN	JUN	JUL	JUL	AUG	AUG	SEP	SEP	SEP	SEP										
							7	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23			
MILESTONES																											
1280	PROJECT DURATION	40*	40*	03JUN13	12JUL13	3																					
1070	NTP	0	0	03JUN13	02JUN13	43																					
1000	SUBSTANTIAL COMPLETION	1	1	05JUL13	05JUL13	10																					
GENERAL CONDITIONS																											
1310	PLANNING / PERMITTING	0	0	13MAY13A																							
1270	GENERAL CONDITIONS	40*	40*	03JUN13	12JUL13	3																					
1250	MOBILIZATION	1	1	03JUN13	03JUN13	6																					
1240	PUNCHLIST	2	2	02JUL13	03JUL13	0																					
1260	FINAL CLEANING	1	1	04JUL13	04JUL13	4																					
1290	FINAL INSPECTIONS C/O	5	5	08JUL13	12JUL13	1																					
INTERIOR REMODEL																											
1120	METAL FRAMING	4	4	03JUN13	06JUN13	0																					
1100	ROUGH HVAC	2	2	03JUN13	04JUN13	16																					
1320	CUT FLOORS	1	1	04JUN13	04JUN13	6																					
1360	U/G PLUMBING	2	2	05JUN13	06JUN13	4																					
1130	ROUGH ELECTRICAL	5	5	07JUN13	11JUN13	0																					
1420	PATCH FLOORS	1	1	07JUN13	07JUN13	4																					
1330	INSULATION	2	2	12JUN13	13JUN13	0																					
1370	DRYWALL	3	3	14JUN13	16JUN13	0																					
1400	TAPE & FINISH	4	4	17JUN13	20JUN13	0																					
1140	TEXTURE	1	1	21JUN13	21JUN13	0																					
1150	PAINT	2	2	22JUN13	23JUN13	0																					
1180	ELECTRICAL FINISH	4	4	24JUN13	27JUN13	0																					
1340	ACOUSTIC CEILINGS GRID	2	2	24JUN13	25JUN13	0																					

Start Date: 13MAY13
 Finish Date: 12JUL13
 Data Date: 03JUN13
 Run Date: 06MAY13 08:24

AHH1

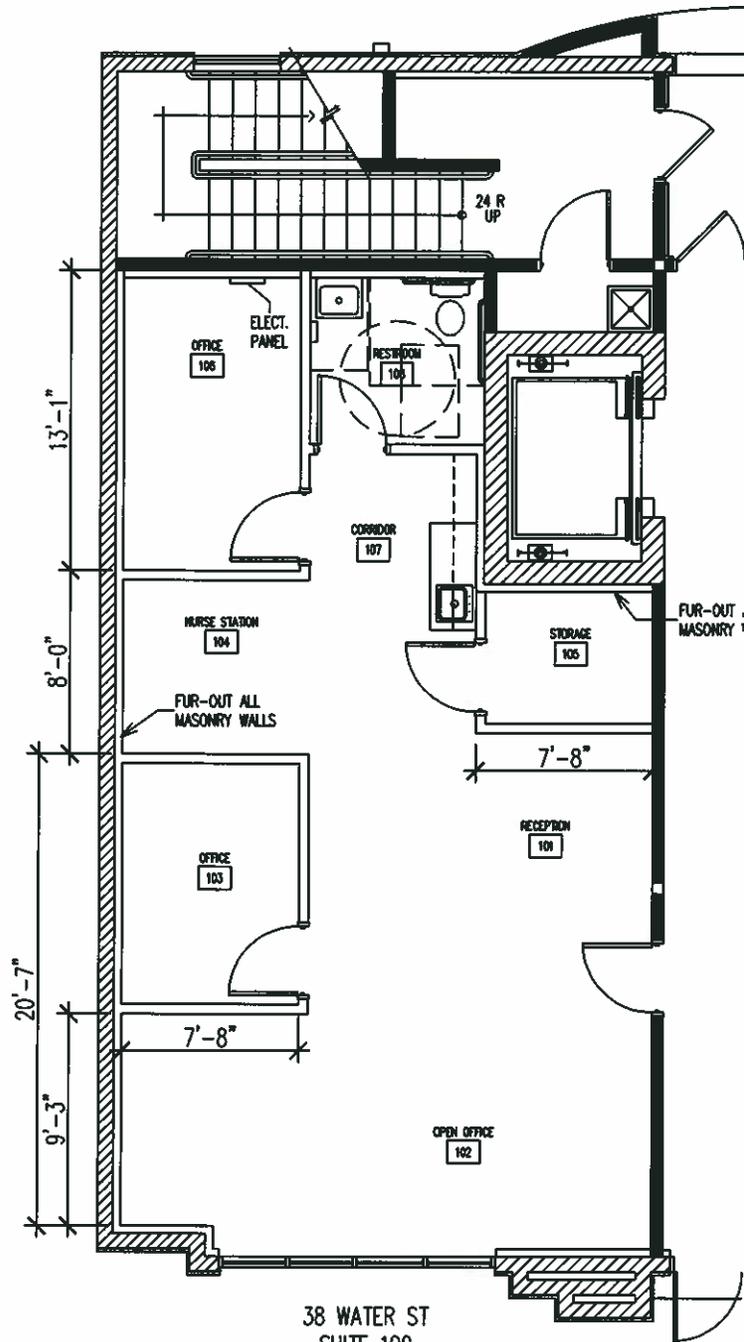
Legend:
 Early Bar
 Float Bar
 Progress Bar
 Critical Activity

B&H CONSTRUCTION INC.
 ADVANCED HOME HEALTH TENANT IMPROVEMENT
 BASELINE SCHEDULE

© Primavera Systems, Inc.

Date	Revision	Checked	Approved

Sheet 1 of 2



38 WATER ST
 SUITE 100
 900 SF
 SCALE $\frac{1}{8}'' = 1'-0''$

INITIAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

BROW L.L.C.

E0585402012-2

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF NOV, 2012 TO NOV, 2013



****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is

100405

TY WAKEFIELD
717 HAFEN LANE #17C
MESQUITE, NV 89027

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20120766108-83
	Filing Date and Time 11/12/2012 8:22 PM
	Entity Number E0585402012-2
	(This document was filed electronically) ABOVE SPACE IS FOR OFFICE USE ONLY

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form
- Return completed form with the filing fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the last day of the first month following organization date
- State business license fee is \$200.00. Effective 2/1/2010, \$100 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708
- Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include initial list and business license fees will result in rejection of filing.

INITIAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

NRS 76.020 Exemption Codes

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME TY WAKEFIELD	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS 123 CHAPEL WAY, USA	CITY BUNKERVILLE	STATE NV	ZIP CODE 89007

NAME TRAVIS WAKEFIELD	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS 880 CHAPARRAL, USA	CITY MESQUITE	STATE NV	ZIP CODE 89027

NAME TERESA BOWEN	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS 4425 N PINWHEEL, USA	CITY LOGANDALE	STATE NV	ZIP CODE 89021

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X TY WAKEFIELD
Signature of Manager or Managing Member

Title MANAGER Date 11/12/2012 8:21:59 PM



ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 4
 Carson City, Nevada 89701-4520
 (775) 684-5708
 Website: www.nvsos.gov



050103

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20120765766-22 Filing Date and Time 11/12/2012 1:57 PM Entity Number E0585402012-2
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(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company: <small>(must contain approved limited-liability company wording; see instructions)</small>	BROW L.L.C.	Check box if a Series Limited- Liability Company <input type="checkbox"/>	Check box if a Restricted Limited- Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: <small>(check only one box)</small>	<input type="checkbox"/> Commercial Registered Agent: _____ <small>Name</small>		
	<input checked="" type="checkbox"/> Noncommercial Registered Agent <small>(name and address below)</small>		
	OR		
	<input type="checkbox"/> Office or Position with Entity <small>(name and address below)</small>		
	TY WAKEFIELD <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small>		
	717 HAFEN LANE #17C <small>Street Address</small>	MESQUITE <small>City</small>	Nevada 89027 <small>State Zip Code</small>
	_____ <small>Mailing Address (if different from street address)</small>	_____ <small>City</small>	Nevada _____ <small>State Zip Code</small>
3. Dissolution Date: <small>(optional)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual): _____		
4. Management: <small>(required)</small>	Company shall be managed by: <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) <small>(check only one box)</small>		
5. Name and Address of each Manager or Managing Member: <small>(attach additional page if more than 3)</small>	1) TRAVIS WAKEFIELD <small>Name</small>		
	880 CHAPARRAL <small>Street Address</small>	MESQUITE <small>City</small>	NV 89027 <small>State Zip Code</small>
	_____ <small>Name</small>	_____ <small>Street Address</small>	_____ <small>City</small>
	_____ <small>Name</small>	_____ <small>Street Address</small>	_____ <small>City</small>
	_____ <small>Name</small>	_____ <small>Street Address</small>	_____ <small>City</small>
6. Effective Date and Time: <small>(optional)</small>	Effective Date: _____ Effective Time: _____		
7. Name, Address and Signature of Organizer: <small>(attach additional page if more than 1 organizer)</small>	TY WAKEFIELD <small>Name</small>	<input checked="" type="checkbox"/> TY WAKEFIELD <small>Organizer Signature</small>	
	717 HAFEN LANE #17C <small>Address</small>	MESQUITE <small>City</small>	NV 89027 <small>State Zip Code</small>
8. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i>		
	<input checked="" type="checkbox"/> TY WAKEFIELD <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small>	11/12/2012 <small>Date</small>	

**ARTICLES OF ORGANIZATION
OF BROW, LLC**

The undersigned, acting as the organizer of a limited liability company under the Chapter 86 of the Nevada Revised Statutes for Limited Liability Companies adopts the following articles of incorporation.

ARTICLE I - NAME

The name of the Corporation is BROW, LLC.

ARTICLE II - PURPOSE

The corporation is organized to operate an entity that provides nursing and rehabilitation services in the homes of agency clients for any and all lawful business purposes determined by the members of this limited liability company.

ARTICLE III - MEMBERS

The corporation initially shall have five members as follows:

1. Teresa Dawn Bowen
4425 N. Pinwheel
Logandale, NV 89021
2. Mike Russell
949 Buffalo River Avenue
Henderson, Nevada 89002
3. Travis Lond Wakefield
880 Chaparral
Mesquite, NV 89027
4. Ty Shelton Wakefield
123 Chapel Way
Bunkerville, NV 89007
5. Trent Wakefield
381 Jann Drive
Henderson, NV 89002

ARTICLE IV - DURATION

The duration of the corporate existence shall be perpetual.

ARTICLE V – RESIDENT AGENT

The name of the resident agent of the corporation in the state of Nevada is Ty Wakefield. The address of the resident agent is 123 Chapel Way Bunkerville, Nevada 89007.

ARTICLE VI – LIMITATION ON LIABILITY

No member of this corporation shall be personally liable for the debts or obligations of this corporation of any nature whatsoever, nor shall any of the property of the members be subject to the payment of the debts or obligations of this corporation.

ARTICLE VII – TERMS OF DISSOLUTION

At the time of dissolution of the corporation, the members shall make provisions for the payment of all debts, obligations, liabilities, costs and expenses of the corporation, and dispose of all of the assets of the corporation, or if any member or members wish to consent to sell their portion of ownership they may do so after one year of establishing the LLC.

ARTICLE VIII – AMENDMENT OF THE ARTICLES OF ORGANIZATION

These articles of organization may be amended and/or modified by the unanimous vote of the members of the corporation.

ARTICLE IX - ORGANIZER

The undersigned, the organizer of this corporation, has signed these Articles of Organization on this 12th day of November, 2012

Ty S. Wakefield

Certificate of Business: Fictitious Firm Name

Please Select One:

- New Application
 Renewal of existing name

FILED

2013 APR 17 P 1:58

Please Print or Type

The expiration date for such certificates shall be the last day of the sixtieth month from the date of filing.

The undersigned do/does hereby certify that BROW, LLC

(Name of individual, corporation, partnership or trust)

with mailing address of PO BOX 1887, MESQUITE, NV, 89024

(Mailing Address for notification of renewal) (Street) (City) (State) (Zip)

is/are conducting business in Clark County, Nevada, under the fictitious name of
ADVANCED HOME HEALTH

(Fictitious Firm Name) or (Doing Business As)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

(1) Teresa Bowen

Full Name and title (Type or Print)

330 Falcon RIDGE PARKWAY BLDG 200

Street Address of Business or Residence

PO BOX 956

Mailing Address, if different from above

Signature

Mesquite NV 89027

City, State, Zip

Logandale, NV 89021

City, State, Zip

Date

11/13/12

(2) Mike Russell

Full Name and title (Type or Print)

949 Buffalo River Ave

Street Address of Business or Residence

Mailing Address, if different from above

Signature

Henderson, NV 89002

City, State, Zip

City, State, Zip

Date

11/13/12

(3) Trent Wakefield

Full Name and title (Type or Print)

381 Jann drive

Street Address of Business or Residence

Mailing Address, if different from above

Signature

Henderson, NV 89002

City, State, Zip

City, State, Zip

Date

11-13-12

(4) Travis and Ty Wakefield

Full Name and title (Type or Print)

330 falcon ridge parkway BLDG 200

Street Address of Business or Residence

Mailing Address, if different from above

Signature

MESQUITE NV 89027

City, State, Zip

City, State, Zip

Date

11-13-12

Diana Alba, County Clerk
04/17/2013 01:59:09 PM

Mail to: Diana Alba, County Clerk, Attn. FFN, P.O. Box 55
Include: Filing Fee of \$20.00 with the certificate plus 2 copies and a seal.

