



QUARTER ENDING: 31-Dec-20

ENTITY: CITY OF BOULDER CITY

DATE PREPARED: 21-Jan-21

Pursuant to NAC 354.559 local governments are required to submit a quarterly survey report.

QUESTIONS REGARDING ECONOMIC CONDITIONS

- | Yes | No | Since the last filing: |
|--|-------------------------------------|---|
| 1. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has any employer that accounts for 15 % or more of the employment in the area closed or significantly reduced operations since the previous report? If yes, please provide details on page 2. |
| 2. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has your entity experienced a cumulative increase or decrease of 10% or more in population or assessed valuation in the past two years? If yes, please provide details on page 2. |
| 3. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has there been any significant event(s) in the region which could affect your entity positively? If yes, please provide details on page 2. |
| 4. <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has there been any significant event(s) in the region which could affect your entity negatively? If yes, please provide details on page 2. |
| 5. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has anything significant occurred which could affect your expected level of revenues? If yes, please provide details on page 2. |

QUESTIONS REGARDING OPERATIONS

6. Has the ending fund balance in your general (principal operating) fund had an unexplained, unbudgeted, or unanticipated decline for the past two fiscal years? If yes, please provide details on page 2.
7. Has the entity entered into any new debt arrangements since the previous report? If yes, please provide details on page 2.
8. Has the entity borrowed money to pay for current operations? If yes, please provide details on page 2.
9. Has the entity made an interfund loan(s) to pay for current operations? If yes, please provide details on page 2.
10. Has the entity failed to pay timely any contributions to governmental agencies for the benefits of its employees, (for example, PERS, Workmen's Comp or Federal taxes)? If yes, please provide details on page 2.
11. Has the entity failed to make timely payments for debt service, to vendors or others? If yes, please provide details on page 2.
12. Has the entity augmented the appropriated expenses for any proprietary fund since the previous report? If yes, please provide details on page 2.

13. Cash and cash equivalents (unaudited) as of quarter ending DECEMBER 31, 2020:
(Enterprise Fund(s) Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>51,748,542</u>	<u>55,945,042</u>

14. General Fund Ending Balance (unaudited) as of quarter ending DECEMBER 31, 2020:

<u>Prior Year</u>	<u>Current Year</u>
<u>18,294,040</u>	<u>21,659,536</u>

15. Cash and cash equivalents (unaudited) as of quarter ending DECEMBER 31, 2020:
(General Fund Only)

<u>Prior Year</u>	<u>Current Year</u>
<u>18,970,890</u>	<u>23,838,469</u>



DETAILS OF POSITIVE RESPONSES TO QUESTIONS ON PAGE 1

QUESTION

1-6. Under the Declaration of Emergency for COVID-19 issued by the State of Nevada on March 12, 2020 and the City of Boulder City on March 15, 2020, we had many businesses close or reduce operations. This may have a significant negative impact on our entity and expected level of revenues through the remainder of the calendar year and possibly into the following year. The Governor has since lifted many restrictions on operations, which has improved expected level of revenues to some extent. During the quarter the City received CARES Act funding from Clark County to offset some of the expenditures related to the City's COVID response and to help local residents, non-profits, and small businesses.

7. [Date] [Type] [Amount]

8. [Date] [Lender] [Amount]

9. [Date] [From Fund] [To Fund] [Amount]

10-11. [Blank lines for text entry]

12. [Date] [Fund] [Amount]

13-15. [Blank lines for text entry]

PREPARED BY: Deborah Ferdinand/Accounting Analyst
Name/Title

[Signature]
Signature

PERSON SIGNING CERTIFIES ALL INFORMATION PROVIDED IS TRUE & CORRECT FOR THE PERIOD INDICATED.

REVIEWED BY: Diane Pelletier/Finance Director
Name/Title

[Signature]
Signature

The Survey can be submitted to the Department of Taxation electronically via e-mail to the Budget Analyst responsible for the entity. Please submit in PDF form so as to reflect signatures. This submission will fulfill filing requirements.