



## QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

### AGENDA REGULAR SESSION QUAY COUNTY BOARD OF COMMISSIONERS April 8, 2013

#### 9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session March 25, 2013

Approval/Amendment of Agenda

#### Public Comments

#### Old Business

#### New Business

- I. **Tommy Wallace and/or Desmond Griggs, Quay County Fair Board**
  - Discussion of 2013 Quay County Fair Events
  
- II. **Bryan Rinestine, Quay County DWI Coordinator**
  - Quarterly Statistics Report
  
- III. **Dr. Randal Brown and/or Linda Simms, Quay County Medical Clinic**
  - Medical Services Provider
  
- IV. **Donald Adams, Quay County Fire Marshal**
  - Approval of 2013-2014 Funding Applications for Voluntary Fire Departments
  
- V. **T. J. Rich, Quay County Detention Center Administrator**
  - Detention Center Quarterly Report
  
- VI. **Janie Hoffman, Quay County Assessor**
  - Annual Assessor Report



DOC #CM-00307

05/02/2013 02:19 PM Doc Type: COCOM

Fee (No FieldTag Finance.TotalFees found)

Quay County, NM Veronica Marez, County Clerk

Pages: 62



**VII. Larry Moore, Quay County Road Superintendent**

- Roads Update

**VIII. Richard Primrose, Quay County Manager**

- Approval of DWI Quarterly Financial Report
- Approval of Audit Contract for FY 2012-2013 with Kubiak & Melton, LLC
- Approval of USDA Farm Service Agency Recommendation of Cropland Percentage to be Enrolled in CRP
- Discussion of Budget Work Session
- Correspondence

**IX. Approval of Accounts Payable**

**X. Other Quay County Business That May Arise During Commission Meeting**

**XI. Request for Closed Executive Session Pursuant to Section 10-15-1(H) 7. The New Mexico Open Meetings Act to Discuss Threatened or Pending Litigation – Christina Fleming, Drake Swenson v. Quay County Board of Commissioners**

**Adjourn**

*Lunch- Time and Location to be Announced*

## REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

April 8, 2013

9:00 a.m.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 8<sup>th</sup> of April, 2013 at 9:00 a.m. at the in the Commissioners' Room of the Quay County Courthouse, Tucumcari, New Mexico for the purpose of taking care of any business that may come before them.

### PRESENT & PRESIDING:

Brad Bryant, Chairman  
Sue Dowell, Member  
Mike Cherry, Member  
Veronica Marez, County Clerk  
Richard Primrose, County Manager

### OTHERS PRESENT:

Cheryl Simpson, Quay County Manager's Office  
Janie Hoffman, Quay County Assessor  
Bryan Rinstine, Quay County DWI Compliance Officer  
Ellen White, Quay County Chief Deputy Clerk  
Larry Moore, Quay County Road Superintendent  
Donald Adams, Quay County Fire Marshall  
Becky Wallace, Quay County Family Health Center Administrator  
Linda Simms, Quay County Medical Clinic  
Dr. Randal Brown, Quay County Medical Clinic  
Debbie Stoner, Quay County Representative EMS Board  
Jerrene McCord, Quay County Sun

Chairman Brad Bryant called the meeting to order. Dr. Randal Brown led the Pledge of Allegiance.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the minutes from the March 25, 2013 regular commission meeting. MOTION carried with all members voting "aye".

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the Agenda as presented after tabling Item No. (1) until Desmond Griggs arrives. MOTION carried with all members voting "aye".

PUBLIC COMMENTS: Debbie Stoner, Quay County Representative EMS Board informed Commissioners May 19-23 is EMS week and also brought a Proclamation for Commissioners to look at and perhaps take action on at the next meeting.

Under Old Business: N/A

UNDER NEW BUSINESS:

Bryan Rinestine presented the Quarterly Report of DWI Statistics. A copy of said report is attached and made a part of these minutes.

Desmond Griggs, Quay County Fair Board joined the meeting. Time noted 9:05 a.m.

Linda Simms, Quay County Medical Clinic Provider informed Commissioners that they have had a great turnover of physicians in the community. She let the Commissioners know that the Quay County Medical Clinic is here to serve the community. They have four Nurse Practitioners and 1.5 physicians in their Clinic and they have the County Jail contract and they wanted to put a face with the name and to let them know they are here to stay.

Dr. Randal Brown, Quay County Medical Clinic requested information regarding the Quay County Medical Clinic being eligible for RPHCA funding.

T J Rich, Quay County Detention Center Administrator, joined the meeting. Time noted 9:10 a.m.

Desmond Griggs, Quay County Fair Board requested the following items:

1. Approval to have a Mud Bogg event as a fundraiser for the Quay County Fair Board. The event would be on the West side parking lot. Commissioners asked for Griggs to find out if the Mud Bogg company had their own insurance.
2. Griggs also informed Commissioners of a carnival coming to town for the fair.
3. Informed Commissioners the East parking lot at the Quay County Exhibit Center has no lights and requested for lights with a switch be put in and to include three outlets for vendors to have access to on East parking lot..

Donald Adams, Quay County Fire Marshall requested approval of 2013-2014 Funding Applications for Voluntary Fire Departments. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the application for Voluntary Fire Departments. MOTION carried with all members voting "aye". A copy of said application is attached and made a part of these minutes.

Chairman Bryant requested a recess. Time noted 9:40 a.m  
Return to regular session. Time noted 9:50 a.m.

T J Rich, Quay County Detention Center Administrator presented the Detention Center Quarterly Report. A copy of said report is attached and made a part of these minutes.

Janie Hoffman, Quay County Assessor presented the annual Assessor report. A copy of said report is attached and made a part of these minutes.

Larry Moore Quay County Road Superintendent presented the Road report:

1. Crews have completed 1.7 miles on Quay Rd AT and the project should be done next week.
2. Moore has been working on budget and turned it into Richard Primrose.
3. Crews will be installing a sign on Quay Rd 64.5 Children in Play, to slow down traffic.

Chairman Bryant requested a recess. Time noted 10:40 a.m.

Return to regular session. Time noted 10:45 a.m.

Quay County Manager, Richard Primrose presented the following items:

1. Requested approval of DWI Quarterly Financial Report. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve report. MOTION carried with all members voting "aye". A copy of said report is attached and made a part of these minutes.
2. Requested approval of Audit Contract for FY 2012-2013 with Kubiak & Melton, LLC. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve Contract. MOTION carried with all members voting "aye". A copy of said Contract is attached and made a part of these minutes.
3. Requested approval of USDA Farm Services Agency Recommendation of Cropland Percentage to be enrolled in CRP. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve recommendation. MOTION carried with all members voting "aye". A copy of said information is attached and made a part of these minutes.
4. Scheduled a Budget work session for April 16, 2013 at 9:00 a.m.

Manager's Correspondence:

1. Distributed a thank you note from House FFA. Commissioner Dowell commended the House FFA teacher for the taking the time to show the students that a thank you is important and that it is good mentoring.
2. Provided information regarding the Regional Post Legislative Round-up, sponsored by EPCOG will be held on April 17, 2013 at 1:15 P.M. in Clovis.
3. Employee Benefits Enrollment is scheduled for April 24, 2013 from 8:30 A.M. to 10:30 A.M. at the Fairgrounds. All employees must re-enroll at this time.
4. Primrose stated the March monthly RPHCA report is enclosed for their review.
5. Primrose presented the Monthly Gross Receipts report for information.

CHECKS WERE REVIEWED AND APPROVED:

Under Other Business: NONE

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell, to go into Executive Session pursuant to the Open Meetings Act 10-15-1(H)7 NMSA 4. The New Mexico Open Meetings Act to Discuss Threatened or Pending Litigation – Christina Fleming, Drake Swenson v. Quay County Board of Commissioners. MOTION carried with Bryant voting “aye”, Cherry voting “aye” and Dowell voting “aye”. Time noted 11:45 a.m.

-----EXECUTIVE SESSION-----

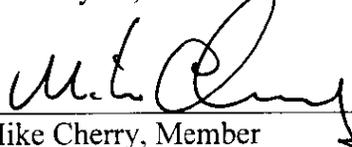
Return to regular session. Time noted 12:00 p.m.

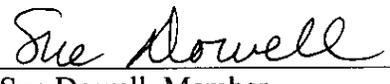
A MOTION was made by Mike Cherry, SECONDED by Sue Dowell that only the items listed above were discussed during Executive Session and no action was taken. MOTION carried with Bryant voting “aye”; Cherry voting “aye” and Dowell voting “aye”.

There being no further business, a MOTION was made by Sue Dowell, SECONDED by Mike Cherry to adjourn the regular meeting of the Board of Quay County Commissioners until the next regular meeting set for Friday April 26, 2013 in Logan unless sooner called. The Commissioners announced they would be having lunch at the Pow Wow and all those in attendance were invited. MOTION carried with all members voting “aye”. Time noted 12:00 p.m.

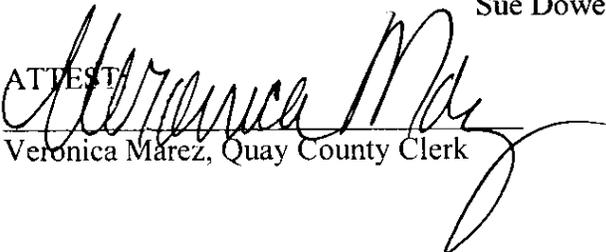
BOARD OF QUAY COUNTY COMMISSIONERS

\_\_\_\_\_  
Brad Bryant, Chairman

  
\_\_\_\_\_  
Mike Cherry, Member

  
\_\_\_\_\_  
Sue Dowell, Member

ATTEST

  
\_\_\_\_\_  
Veronica Marez, Quay County Clerk

# QUAY COUNTY DWI PROGRAM

## STATISTICS

### 3rd Quarter Report

January 2013 thru March 2013

**Total Number of Arrests: 9**

DWI 1<sup>st</sup>: 7

DWI 2<sup>nd</sup>: 1

DWI 3<sup>rd</sup>: 1

DWI 4<sup>th</sup>:

DWI 5<sup>th</sup> or Subsequent:

Aggravated DWIs: 5

**Average BAC: 0.20**

Minimum: 0.15

Maximum: 0.26

Blood Draws: 3

Refusals: 3

**Average Age: 36**

Youngest: 24

Oldest: 50

**Sex of Offenders**

Male: 9

Female: 0

**Accidents: 3**

Fatalities: 1

**Arrests by Agency:**

New Mexico State Police: 4

Tucumcari Police Department: 5

Quay County Sheriff's Department:

Logan Police Department:

Ute Lake State Park:

**Monthly Arrests**

January: 3

February: 1

March: 5

**FROM FINAL COURT DATES:**

**Number of Cases Completed: 10**

**Number of Convictions/Pleas: 7**

**Number of Dismissals: 3**

**Number of Offenders Placed on DWI Compliance: 7**

**DWI 1<sup>st</sup>: 7**

**DWI 2<sup>nd</sup>:**

**DWI 3<sup>rd</sup>:**

**DWI 4<sup>th</sup>:**

**DWI 5<sup>th</sup> of Subsequent:**

**Number of Offenders who Successfully Completed DWI Compliance: 13**

**Number of Offenders who Unsuccessfully Completed DWI Compliance: 1**

**Number of Community Service Hours Ordered: 168**

**Number of DWI Offenders Being Supervised: 45**

**Number of Misdemeanor Offenders Being Supervised: 51**

# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

DISTRICT 1 KAREN MONTOYA  
DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN



P.O. Box 1269  
1120 Paseo de Peralta  
Santa Fe, NM 87504-1269

## STATE FIRE MARSHAL DIVISION

Room 413  
800-244-6702 (In-state only)  
(505) 476-0066  
Fax : (505) 476-0100

## CHIEF OF STAFF

Johnny Montoya

## NEW MEXICO STATE FIRE MARSHAL'S OFFICE

### FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office on or before April 30, 2013.

FIRE DEPARTMENT Conservancy #1 COUNTY: Quay

FIRE DEPARTMENT ADDRESS: PO Box 725, Tucumcari, NM 88401

ISO CLASSIFICATION: 9

#### Approved number of Sub Stations is 1

Rural FD District #1 Quay Rd. AR NM

#### Approved number of Main Stations is 1

Conservancy #1 1002 S. Camino Del Coro NM

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$54,483. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

65,000 SAVING FOR a quick attack

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ 74,636

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

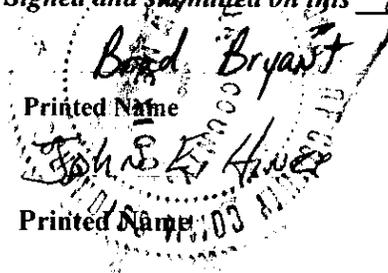
This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAguero at 505.476.0174.

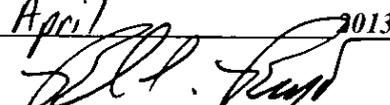
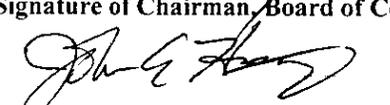
Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name:	Email:	Phone:
1. Michelle Jaynes	Michelle@ShipleySystems.com	515.85-9015
2.		

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April 2013.

  
Board Bryant  
Printed Name  
John E. Hoover  
Printed Name

IS  Signature of Chairman, Board of County Commission  
IS  Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

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DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
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DISTRICT 5 BEN L. HALL, CHAIRMAN



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Fax : (505) 476-0100

## CHIEF OF STAFF

Johnny Montoya

## NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office on or before April 30, 2013.

FIRE DEPARTMENT Conservancy #2 COUNTY: Quay  
FIRE DEPARTMENT ADDRESS: 3311 Quay Rd. 62, Tucumcari, NM 88401  
ISO CLASSIFICATION: 9

### Approved number of Sub Stations is 1

Rural FD District #2 3032 Hwy 278 Tucumcari NM 88401

### Approved number of Main Stations is 1

Lesbia Rural Fire Dept. D 3303 Hwy 278 Tucumcari NM 88401

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$54,483. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

*5,000 upgrade equipment*

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ 11,417

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAgüero at 505.476.0174.

Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name:	Email:	Phone:
1. April Shipley	ashipley234@gmail.com	575-46-6448
2.		

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April 2013.

Brad Bryant  
Printed Name

/s

[Signature]  
Signature of Chairman, Board of County Commission

Danny Wallace  
Printed Name

/s

[Signature]  
Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

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DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
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## CHIEF OF STAFF

Johnny Montoya



P.O. Box 1269  
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Santa Fe, NM 87504-1269

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Fax : (505) 476-0100

## NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office **on or before April 30, 2013.**

FIRE DEPARTMENT Conservancy #3 COUNTY: Quay  
FIRE DEPARTMENT ADDRESS: 6702 Quay Road AD, Tucumcari, NM 88401  
ISO CLASSIFICATION: 9

### Approved number of Sub Stations is 1

Conservancy Fire District 3400 Quay Rd 72 Tucumcari NM 88401

### Approved number of Main Stations is 1

Same As Above

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$54,483. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

*55,000 SAVING FOR a TYPE 6*

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$61,500

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAgüero at 505.476.0174.

Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name: BEVERLY Choate Email: RURAL3@plateauTel.net Phone: 575-576-2307  
1. \_\_\_\_\_  
2. \_\_\_\_\_

*The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.*

Signed and submitted on this 8<sup>th</sup> day of April 2013.

Brad Bryant  
Printed Name

/S

[Signature]  
Signature of Chairman, Board of County Commission

Det Choate  
Printed Name

/S

[Signature]  
Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

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DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN



## CHIEF OF STAFF

Johnny Montoya

P.O. Box 1269  
1120 Paseo de Peralta  
Santa Fe, NM 87504-1269  
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(505) 476-0066  
Fax : (505) 476-0100

## NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office **on or before April 30, 2013.**

FIRE DEPARTMENT Bard-Endee COUNTY: Quay  
FIRE DEPARTMENT ADDRESS: 1097 Rt. 66 MM 3.35 NM Hwy 93, Bard, NM  
ISO CLASSIFICATION: 8

Approved number of Sub Stations is 0  
0 Sub Stations

Approved number of Main Stations is 2  
Station #2 1097 Route 66/CR 93  
Same As Above

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$104,836. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$ \* 2,000 SAVING for a TANKER

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ 9,736

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

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Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name:	Email:	Phone:
1. DONALD ADAMS	QUAGCOFM@YAHOO.COM	575-403-7911
2. Kelly Boney		575-403-7117

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April, 2013.

Brad Bryant /S

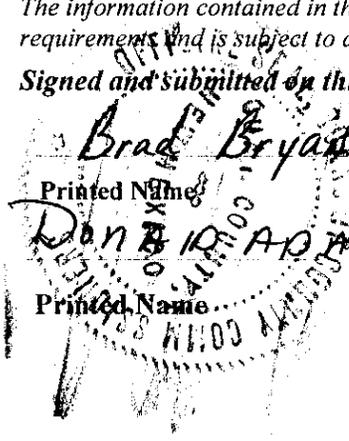
[Signature]  
Signature of Chairman, Board of County Commission

Printed Name  
DONALD ADAMS

/S Donnell Culam

Printed Name

Signature of County Fire Chief or Fire Marshal



# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

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DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN

## CHIEF OF STAFF

Johnny Montoya



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1120 Paseo de Peralta  
Santa Fe, NM 87504-1269  
**STATE FIRE MARSHAL DIVISION**  
Room 413  
800-244-6702 (In-state only)  
(505) 476-0066  
Fax : (505) 476-0100

## NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office **on or before April 30, 2013.**

FIRE DEPARTMENT **Forrest** COUNTY: **Quay**  
FIRE DEPARTMENT ADDRESS: **3298 QR 37, Melrose, NM 88124**  
ISO CLASSIFICATION: **8**

Approved number of Sub Stations is 0  
0 Sub Stations

Approved number of Main Stations is 1  
Same As Above

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is **\$52,418**. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

*40,000 SAVING FOR A QUICK ATTACK*

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ **48,033**

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAguero at 505.476.0174.

Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name:	Email:	Phone:
1. Joe A. Garrett	joegplateau@tel.net	575-309-9065
2. Monika Garrett	monika6384@hotmail.com	575-309-9066

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April 2013.

  
Printed Name: Brad Bryant  
Printed Name: Joe A. Garrett

[Signature]  
IS  
Signature of Chairman, Board of County Commission  
[Signature]  
IS  
Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

DISTRICT 1 KAREN MONTOYA  
DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN



## CHIEF OF STAFF

Johnny Montoya

P.O. Box 1269  
1120 Paseo de Peralta  
Santa Fe, NM 87504-1269

## STATE FIRE MARSHAL DIVISION

Room 413  
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Fax : (505) 476-0100

### NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office on or before April 30, 2013.

FIRE DEPARTMENT Jordan COUNTY: Quay  
FIRE DEPARTMENT ADDRESS: 4648 Quay Rd. 31, McAlister, NM 88427  
ISO CLASSIFICATION: 8

#### Approved number of Sub Stations is 2

McAlister	3229 State Hwy 252	NM
Ima	3699 Quay Rd BH	NM

#### Approved number of Main Stations is 1

Jordan	5613 State Hwy 156	McAlister	NM	88427
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#### Approved number of s is 0

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$89,422. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

75,000 SAVING FOR a quick attack

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$117,333

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAgüero at 505.476.0174.

Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April 2013.

Brad Bryant  
Printed Name

[Signature]  
Signature of Chairman, Board of County Commission

BILL NOLAND  
Printed Name

[Signature]  
Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

DISTRICT 1 KAREN MONTOYA  
DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN



P.O. Box 1269  
1120 Paseo de Peralta  
Santa Fe, NM 87504-1269

## STATE FIRE MARSHAL DIVISION

Room 413  
800-244-6702 (In-state only)  
(505) 476-0066  
Fax : (505) 476-0100

## CHIEF OF STAFF

Johnny Montoya

### NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office **on or before April 30, 2013.**

FIRE DEPARTMENT Nara Visa COUNTY: Quay

FIRE DEPARTMENT ADDRESS: P.O. Box 303, Nara Visa, NM 88430

ISO CLASSIFICATION: 9

Approved number of Sub Stations is 0

0 Sub Stations

Approved number of Main Stations is 1

Same As Above

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$39,058. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

85,000 SAVING FOR A QUICK ATTACK

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ 90,177

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

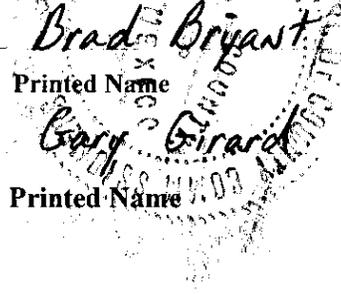
This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAgüero at 505.476.0174.

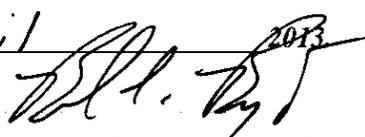
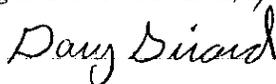
Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name:	Email:	Phone:
1. Beverly Earle	bandj28@live.com	403-6111
2.		

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April 2013

  
Brad Bryant  
Printed Name  
Gary Girard  
Printed Name

IS   
Signature of Chairman, Board of County Commission  
IS   
Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

DISTRICT 1 KAREN MONTOYA  
DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN



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Fax : (505) 476-0100

## CHIEF OF STAFF

Johnny Montoya

## NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office on or before April 30, 2013.

FIRE DEPARTMENT Porter COUNTY: Quay

FIRE DEPARTMENT ADDRESS: PO Box 91, San Jon, NM 88434

ISO CLASSIFICATION: 9

Approved number of Sub Stations is 0

0 Sub-Stations

Approved number of Main Stations is 1

Same As Above

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$39,058. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

65,000 trying to look at a new station

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ 71,906

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAgüero at 505.476.0174.

Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

Name: Nathan Wallace Email: nwallace@plateau.net Phone: 575-403-7683  
1. Michael Erwin brodmichelfbcstj@live.com  
2. \_\_\_\_\_

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April, 2013.

Brad Bryant

Printed Name

Carby Mackey

Printed Name

/s

[Signature]

Signature of Chairman, Board of County Commission

/s

[Signature]

Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

DISTRICT 1 KAREN MONTOYA  
DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN

## CHIEF OF STAFF

Johnny Montoya



P.O. Box 1269  
1120 Paseo de Peralta  
Santa Fe, NM 87504-1269

## STATE FIRE MARSHAL DIVISION

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(505) 476-0066  
Fax : (505) 476-0100

## NEW MEXICO STATE FIRE MARSHAL'S OFFICE FISCAL YEAR 2014 COUNTY FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office **on or before April 30, 2013.**

FIRE DEPARTMENT Quay COUNTY: Quay  
FIRE DEPARTMENT ADDRESS: 4309 Quay Road 46, Tucumcari, NM 88401  
ISO CLASSIFICATION: 8

Approved number of Sub Stations is 0  
0 Sub-Stations

Approved number of Main Stations is 1  
Same As Above

If you contend the above ISO Class or station information is incorrect, please attach a list of your claim of main and substations and sign here: \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$52,418. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$

*115,000 saving for a 3000 gal tanker*

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ 124,152

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews all reporting activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that your fire department is out of compliance, the Fire Chief will be notified of the department's status, if your fire department fails to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAgüero at 505.476.0174.

Please provide updated contact information for a minimum of two primary users of the NFIRS program for your department. (Please print legible)

<u>Name:</u>	<u>Email:</u>	<u>Phone:</u>
1. PAULA O'Steen	paula.o'steen@state.nm.us	(575) 760-7961
2.		

The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.

Signed and submitted on this 8<sup>th</sup> day of April 2013.

*Brad Bryant*

Printed Name

*Gerald Hight*

Printed Name

/s

*[Signature]*

Signature of Chairman, Board of County Commission

/s

*Gerald Hight*

Signature of County Fire Chief or Fire Marshal

# NEW MEXICO PUBLIC REGULATION COMMISSION

## COMMISSIONERS

DISTRICT 1 KAREN MONTOYA  
DISTRICT 2 PATRICK H. LYONS  
DISTRICT 3 VALERIE ESPINOZA, VICE CHAIR  
DISTRICT 4 THERESA BECENTI-AGUILAR  
DISTRICT 5 BEN L. HALL, CHAIRMAN

## CHIEF OF STAFF

Johnny Montoya



P.O. Box 1269  
1120 Paseo de Peralta  
Santa Fe, NM 87504-1269

## STATE FIRE MARSHAL DIVISION

Room 413  
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(505) 476-0066  
Fax : (505) 476-0100

### NEW MEXICO STATE FIRE MARSHAL'S OFFICE

### FISCAL YEAR 2014 COUNTY ADMINISTRATIVE FIRE PROTECTION FUND DISTRIBUTION

This application is required to participate in the distribution of the Fire Protection Fund for the 2014 fiscal year. The application is due in the State Fire Marshal's Office on or before April 30, 2013.

NAME OF COUNTY: Quay

#### ADDRESS OF APPROVED FIRE ADMINISTRATION BUILDING:

300 3rd. St., Tucumcari, NM 88401

ISO FUNDING CLASSIFICATION: 8

If you contend the above ISO Funding Classification is incorrect, please attach your claim and sign here:  
X \_\_\_\_\_

The projected minimum amount for fire fund distribution, based on the above information, is \$52,418. This does not include any additional amounts that may be calculated from growth in the fund.

An official written request for authorization to rollover and accumulate Fire Protection Fund monies shall be submitted to this Office no later than August 30, 2013. The request shall identify the intended purpose and exact amount of money to be carried over into the FY 2014 balance.

For the purpose of this Application, list the anticipated amount and intended purpose your department will rollover from FY'13 to FY'14. \$ 17,500 To build more water systems in the districts

\*Provide current balance of the fire department's total Fire Protection Fund account to date: \$ 22,043

The Fire Service Support Bureau of the State Fire Marshal's Office continues to strive toward achieving 100% compliance with the monthly reporting requirements as established in Article 59A-52 the "Fire Marshal Act," Article 59A-53 "The Fire Protection Fund" and NMSA 10-25-10 "The Fire Protection Fund."

State Law, NMSA 10-25-10, requires all fire departments participating in the distribution of the Fire Protection Fund submit a detailed fire report of the departments activity on or before the 10th of each month for the previous months activity.

The Fire Service Support Bureau reviews activity on a monthly basis to determine compliance with the reporting requirement. When this Office determines that fire departments in your County are out of compliance, your Office and the Fire Chief will be notified of the department's status, if the fire departments in your County fail to achieve compliance a letter identifying restrictions on the use of the Fire Protection Funds will be forwarded to the head of local government.

This Office will continue to offer technical support and training on the proper uses of the NFIRS program. If you are having issues with the system or require training you may submit your request via e-mail at [vernon.muller@state.nm.us](mailto:vernon.muller@state.nm.us) and [carrie.deaguero@state.nm.us](mailto:carrie.deaguero@state.nm.us) or you may contact Carrie Ann DeAguero at 505.476.0174.

Please insure that all certified Fire Departments in your County have properly provided two primary NFIRS users, along with contact information, as required on each fire departments Fire Protection Fund application.

*The information contained in this application is true and correct to the best of our knowledge. It may be used to verify legal requirements and is subject to audit.*

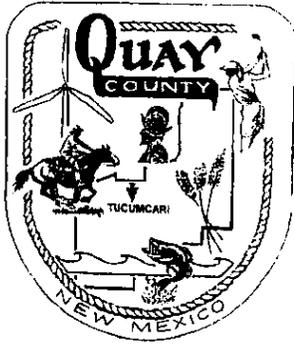
Signed and submitted on this 8<sup>th</sup> day of April, 2013

*Brad Bryant*  
Printed Name

/s/ *[Signature]*  
Signature of Chairman, Board of County Commission

*Donald Adams*  
Printed Name

/s/ *Donald Adams*  
Signature of Fire Chief



# Quay County Detention Center

223 W. High Street  
P.O. Box 1321  
Tucumcari, NM 88401  
Phone: (575) 461-4664  
Fax: (575) 461-0139

## Quarterly Report

### Commission Meeting

Date: 04/08/2013

1<sup>st</sup> Quarter 01/01/2013 thru 03/31/2013

### QCDC ADULT DETENTION

Total number of Adults confined: 223

Total number of days Adults were held: 3,718 days

Average Daily Adult Population: 39 inmates

Average length of stay: 16.67 days

Inmates Booked into the Facility: 180 Inmates

Inmates Released From the Facility: 195 Inmates

Committed by Agency:

Adult Probation and Parole: 29

De Baca County: 1

Dept. Of Motor Transportation: 6

Guadalupe County: 5

Harding County: 3

Logan Police Dept.: 12

New Mexico State Police: 34

New Mexico State Parks: 1

Other: 7

Quay County Sheriff's Office: 30

Tucumcari Police Dept: 109

Incidents for the Quarter: 69 Total

Today's Population Adult Total: 43 Male 33 Female 10

### QCJDC JUVENILE DETENTION

Total number of Juveniles confined: 20

Total number of days Juveniles were held: 507 days

Average Daily Juvenile Population: 5 inmates

Average length of stay: 25.35 days

Juveniles Booked into the Facility: 16 Inmates

Juveniles Released From the Facility: 14 Inmates

Today's Population in Juvenile Total: 3 Males Out of County: 0

5 Juvenile(s) for 149 days Quay

1 Juvenile(s) Union: \$150.00

8 Juvenile(s) Roosevelt: \$19,050.00

0 Juvenile(s) Lea

0 Juvenile(s) Guadalupe:

0 Juvenile(s) Colfax:

0 Juvenile(s) Eddy:

0 Juvenile(s) Otero:

0 Juvenile(s) Sierra:

0 Juvenile(s) Lincoln:

1 Juvenile(s) Curry: \$1,500.00

**Total Juvenile Revenue from Other Counties \$20,700.00**

**Out of County Housing for Juveniles this quarter: .00**

**Juvenile Ankle Monitor Program**

- \*Juveniles on for the quarter: 12
- \*Total Cost for the quarter: \$5,272.40
- \*Cost if in custody for the quarter: \$ 67,250.00
- \*Savings of: \$ 61,977.60

**Adult Ankle Monitor Program**

- \*Adults monitored for quarter: 01
- \*Revenue of: \$.00

Don "TJ" Rich, Administrator  
Lt. Chris Birch, Assistant Administrator

# Memorandum

**To:** Quay County Commissioners  
**From:** Janie Hoffman, Assessor  
**Date:** 4/2/2013  
**Re:** Assessor's Annual Report

Pursuant to Section 7-31-16 (E) NMSA 1978 Annotated Property Tax Code, the following report concerning assessments and property valuations for the tax year 2010. is submitted to the Quay County Board of Commissioners. (Copy presented to Property Tax Division)

Additions Residential	6,331,442
Additions Non-Residential	2,305,102
Deletions Residential	1,394,715
Deletions Non-Residential	279,318
Manufactured Housing Additions	777,994
Manufactured Housing Deletions	<u>34,040</u>
<b>TOTAL ADDITIONS</b>	<b>9,414,538</b>
<b>TOTAL DELETIONS</b>	<b>1,708,073</b>

This will be a \$2,568,564 (1/3 of full value) increase over last year's assessed values. If you have any questions concerning this matter, we will be glad to answer them

Thank you!

Janie L. Hoffman, Quay County Assessor

**Distribution Fund Financial Status Report**  
Local DWI Grant Fund

Financial Status Report No.: 3

<b>I. A. Program Name:</b> Quay County	<b>II. Distribution - Computation:</b>	<b>III. Distribution Balance - Computation:</b>	
<b>B. Address:</b> P.O. Box 1246 Tucuman, N.M. 88401	<b>A. September:</b> 19,656.40	<b>A. Current Yr. Distribution Year To Date:</b> \$60,774.67	
	<b>B. December:</b> 18,852.26	<b>B. Current Yr. Expenditures To Date:</b> \$31,278.04	
	<b>C. March:</b> 22,266.01	<b>C. Current Expenditures This Period:</b> \$16,238.33	
<b>C. Telephone No.:</b> (575) 461-2112	<b>D. June:</b> 0.00	<b>D. Distribution Balance:</b> \$9,496.63	9,496.63
<b>D. Grant No.:</b> 13-D-J-D-21	<b>E. Total Year To Date:</b> 60,774.67	<b>IV. Report Period Ending:</b> 31-Mar-13	

Budget Categories	Approved Budget		Expenditures Year to Date		Expenditures This Request		
	Distribution Funds	In/Kind Match	Total Budget	In/Kind Match	Distribution Funds	In/Kind Match	Total Expenditures
ADMINISTRATIVE*							
Personnel Services	5,375.00	0.00	5,375.00	1,983.90	1,983.90	0.00	661.30
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel (In-State)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PROGRAM							
Personnel Services	41,654.00	2,000.00	43,654.00	1,450.00	1,450.00	33,041.44	10,871.40
Employee Benefits	6,874.00	0.00	6,874.00	0.00	0.00	5,598.58	1,748.46
Travel (In-State)	2,000.00	0.00	2,000.00	749.75	302.66	1,052.41	302.66
Travel (Out-of-State)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	2,000.00	0.00	2,000.00	605.02	21.00	626.02	0.00
Operating Costs	17,271.00	0.00	17,271.00	12,733.25	70.00	12,803.25	4,163.47
Contractual Services	0.00	16,185.00	16,185.00	3,165.00	0.00	3,165.00	1,290.00
Minor Equipment	3,951.00	0.00	3,951.00	0.00	0.00	0.00	0.00
Capital Outlay*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL EXPENDITURES</b>	<b>73,750.00</b>	<b>23,560.00</b>	<b>97,310.00</b>	<b>51,278.04</b>	<b>6,992.56</b>	<b>58,270.60</b>	<b>19,037.29</b>

IV. CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.


  
 Grantee Fiscal Officer      Date 4-4-13


  
 Tax ID No.: 85-6000238      Grantee Representative      Date 4/4/13

**LOCAL DWI GRANT FUND**

**Distribution Fund Financial Status Report  
Breakdown By Program Component Expenditures F(1)**

Program: Quay County  
Project No. 13-D-J-D-21  
Report No. 3

Total Distribution Funds Reported This Period 16,238.33  
Total Matching Expenditures Reported This Period 2,798.96  
Total Expenditures Reported This Period 19,037.29

**Distribution Expenditures:**

Prevention	0.00
Enforcement	0.00
Screening	0.00
Domestic Violence	0.00
Treatment:Outpatient/Jailbased	0.00
Compliance Monitoring/Tracking	48,820.00
Coor, Plan & Eval	24,930.00
Alternative Sentencing	0.00
<b>Totals:</b>	<b>73,750.00</b>

<b><u>This Request</u></b>	
	<b><u>YTD</u></b>
	0.00
	0.00
	0.00
	0.00
	0.00
	48,820.00
	2,458.04
	0.00
	<b>51,278.04</b>

**In-Kind/Match Expenditures:**

Prevention	0.00
Enforcement	0.00
Screening	0.00
Domestic Violence	0.00
Treatment:Outpatient/Jailbased	0.00
Compliance Monitoring/Tracking	23,560.00
Coor, Plan & Eval	0.00
Alternative Sentencing	0.00
<b>Totals:</b>	<b>23,560.00</b>

<b><u>This Request</u></b>	
	<b><u>YTD</u></b>
	0.00
	0.00
	0.00
	0.00
	0.00
	6,992.56
	0.00
	0.00
	<b>6,992.56</b>

Total Expenditures This Reimbursement: 19,037.29 19,037.29  
Total Expenditures Year to Date: 58,270.60 58,270.60

Checks:

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

Paul A. Rose  
Name

Manager  
Title

4/4/13  
Date

# Exhibit G

## Detailed Breakdown By Budget Category

### LOCAL DWI GRANT PROGRAM

Grantee: Quay County  
 Project No.: 13-D-J-D-21  
 Request No.: 3

Total Grant Funds Requested This Request: 16,238.33  
 Total Matching Funds Reported This Request: 2,798.96  
 Total Expenditures Reported This Request: 19,037.29

### Grant or Distribution Expenditures:

#### ADMINISTRATIVE

Administrative expenses are not allowed.

#### PROGRAM

##### Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Jan, Feb, Mar	Bryan Rinstine	DWI Coordinator	Direct Deposit	10,396.40	
				Total Personnel Services:	10,396.40

##### Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Jan, Feb, Mar	Bryan Rinstine	DWI Coordinator	Direct Deposit	1,748.46	
				Total Employee Benefits:	1,748.46

##### Travel (In-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>	
						Total Travel (In-State):	0.00

##### Travel (Out-of-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>	
						Total Travel (Out-of-State):	0.00

##### Supplies (\*Please list Prevention Giveaways/Promotional Items separately below)

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>	
						Total Supplies:	0.00

\*Prevention Giveaways/Promotional Items

##### Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Jan, Feb, Mar		MailFinance	Postage	23384,23593,23860	59.58	
Jan, Feb, Mar		Plateau	Cell/Internet	23299,23517,23702	1,591.23	
Jan, Feb, Mar		Xcel Energy	Electricity	23357,23563,23798	199.60	



## Exhibit G

### Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Quay County  
 Project No.: 13-D-J-D-21  
 Request No.: 3

Total Grant Funds Requested This Request:	16,238.33
Total Matching Funds Reported This Request:	2,798.96
Total Expenditures Reported This Request:	19,037.29

### In-Kind/Match Expenditures:

**ADMINISTRATIVE expenses are allowed for in-Kind Match only.**

**Personnel Services**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Jan, Feb, Mar	Richard	Reporting		453.10	
Jan, Feb, Mar	Cheryl	Bookkeeping		93.75	
Jan, Feb, Mar	Julie	Bookkeeping		114.45	
Total Personnel Services:				661.30	

**Employee Benefits**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				0.00	

**Travel**

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Travel:				0.00		

**Contractual Services**

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Contractual Services:				0.00		

**Operating Costs**

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Operating Costs:				0.00		

**PROGRAM**

**Personnel Services**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
January	DWI Council	5		125.00	
February	DWI Council	6		150.00	
March	DWI Council	8		200.00	
Total Personnel Services:				475.00	

**Employee Benefits**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				0.00	

**Travel (In-State)**

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>



**EXHIBIT E**  
**Fees Collected Summary**

<b>Grantee:</b>	Quay County
<b>Address:</b>	P. O. Box 1246
	Tucumcari, NM 88401

Component	Beginning Balance (From FY12 Ending Balance)	Q1		Quarter Ending Balance
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	
Prevention				\$ -
Enforcement				\$ -
Screening	\$ 815.58	\$ 452.09	\$ 375.00	\$ 892.67
Domestic Violence				\$ -
Treatment	\$ 3,859.13	\$ 9.04		\$ 3,868.17
Compliance Monitoring/Tracking	\$ 9,096.16	\$ 3,661.24		\$ 12,757.40
Coordination, Planning & Evaluation	\$ 2,149.26	\$ 273.36	\$ 600.00	\$ 1,822.62
Alternative Sentencing				\$ -
<b>Totals</b>	<b>\$ 15,920.13</b>	<b>\$ 4,395.73</b>	<b>\$ 975.00</b>	<b>\$ 19,340.86</b>

Component	Q1 Ending Balance	Q2		Quarter Ending Balance
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	
Prevention	\$ -			\$ -
Enforcement	\$ -			\$ -
Screening	\$ 892.67	\$ 602.84		\$ 1,495.51
Domestic Violence	\$ -			\$ -
Treatment	\$ 3,868.17	\$ 8.87		\$ 3,877.04
Compliance Monitoring/Tracking	\$ 12,757.40	\$ 3,051.32		\$ 15,808.72
Coordination, Planning & Evaluation	\$ 1,822.62	\$ 421.37	\$ 921.00	\$ 1,322.99
Alternative Sentencing	\$ -			\$ -
<b>Totals</b>	<b>\$ 19,340.86</b>	<b>\$ 4,084.40</b>	<b>\$ 921.00</b>	<b>\$ 22,504.26</b>

Component	Q2 Ending Balance	Q3		Quarter Ending Balance
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	
Prevention	\$ -			\$ -
Enforcement	\$ -			\$ -
Screening	\$ 1,495.51	\$ 683.34	\$ 390.00	\$ 1,788.85
Domestic Violence	\$ -			\$ -
Treatment	\$ 3,877.04	\$ 7.78		\$ 3,884.82
Compliance Monitoring/Tracking	\$ 15,808.72	\$ 3,934.96	\$ 372.66	\$ 19,371.02
Coordination, Planning & Evaluation	\$ 1,322.99	\$ 541.16	\$ 900.00	\$ 964.15
Alternative Sentencing	\$ -			\$ -
<b>Totals</b>	<b>\$ 22,504.26</b>	<b>\$ 5,167.24</b>	<b>\$ 1,662.66</b>	<b>\$ 26,008.84</b>

Component	Q3 Ending Balance	Q3		
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	Quarter Ending Balance
Prevention	\$ -			\$ -
Enforcement	\$ -			\$ -
Screening	\$ 1,788.85			\$ 1,788.85
Domestic Violence	\$ -			\$ -
Treatment	\$ 3,884.82			\$ 3,884.82
Compliance Monitoring/Tracking	\$ 19,371.02			\$ 19,371.02
Coordination, Planning & Evaluation	\$ 964.15			\$ 964.15
Alternative Sentencing	\$ -			\$ -
<b>Totals</b>	<b>\$ 26,008.84</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,008.84</b>

Component	Beginning Balance (From FY12 Ending Balance)	Total Fee Summary and by Kind		
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	Fiscal Year Fee Ending Balance
Prevention	\$ -	\$ -	\$ -	\$ -
Enforcement	\$ -	\$ -	\$ -	\$ -
Screening	\$ 815.58	\$ 1,738.27	\$ 765.00	\$ 1,788.85
Domestic Violence	\$ -	\$ -	\$ -	\$ -
Treatment	\$ 3,859.13	\$ 25.69	\$ -	\$ 3,884.82
Compliance Monitoring/Tracking	\$ 9,096.16	\$ 10,647.52	\$ 372.66	\$ 19,371.02
Coordination, Planning & Evaluation	\$ 2,149.26	\$ 1,235.89	\$ 2,421.00	\$ 964.15
Alternative Sentencing	\$ -	\$ -	\$ -	\$ -
<b>Totals</b>	<b>\$ 15,920.13</b>	<b>\$ 13,647.37</b>	<b>\$ 3,558.66</b>	<b>\$ 26,008.84</b>

CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, all fees collected are reported here and fees are properly deposited within 24 hours of receipt into the Local DWI Grant and Distribution Program fund. All backup documentation for this report is attached here or on file for review. I certify adequate internal fiscal controls are in place to provide proper fiscal reporting, oversight of records and management of funds.

Nadine Angel 4-4-13  
 Grantee Fiscal Officer Date

Paul D. Romo  
 Grantee Representative

LOCAL DWI GRANT PROGRAM  
Request For Payment/Financial Status Report

Payment Request No.: **3**

**I. A. Grantee:** Quay County  
**B. Address:** P.O. Box 1246  
 Tucuman, N.M. 88401  
**C. Telephone No.:** (575) 461-2112  
**D. Grant No.:** 13-D-J-G-21

**ii. Payment Computation:**  
 A. Grant Award: \$13,300.00  
 B. Funds Received To Date: \$2,342.94  
 C. Amount Requested This Payment: \$8,176.16  
 D. Grant Balance: 31-Mar-13 8,176.16

**iii. Report Period Ending:** 31-Mar-13

Budget Categories	Approved Budget			Expenditures Year to Date			Expenditures This Request		
	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Expenditures
<b>ADMINISTRATIVE*</b>									
Personnel Services	0.00	0.00	0.00	298.83	0.00	298.83	99.61	0.00	99.61
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel	330.00	330.00	330.00	0.00	0.00	0.00	0.00	0.00	0.00
Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Expenses	1,000.00	1,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>PROGRAM</b>									
Personnel Services	10,059.00	0.00	10,059.00	3,925.12	234.62	4,159.74	2,086.77	0.00	2,086.77
Employee Benefits	3,241.00	0.00	3,241.00	1,198.72	626.87	1,825.59	694.13	0.00	694.13
Travel (In-State)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel (Out-of-State)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	0.00	0.00	0.00	0.00	734.26	734.26	0.00	0.00	0.00
Operating Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Minor Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Capital Outlay*	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL EXPENDITURES</b>	<b>13,300.00</b>	<b>1,330.00</b>	<b>14,630.00</b>	<b>5,123.84</b>	<b>1,894.56</b>	<b>7,018.42</b>	<b>2,780.90</b>	<b>99.61</b>	<b>2,880.51</b>
						7,018.42			2,880.51

IV. CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

*Madeline Angeles* 4-4-13 Date  
 Grantee Fiscal Officer

*Shirley D. Sims* 4/4/13 Date  
 Grantee Representative

Tax ID No.: 85-6000238

(DFM Local Government Division Use Only)

Division Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Division Project Representative \_\_\_\_\_ Date \_\_\_\_\_

**LOCAL DWI GRANT PROGRAM**  
**Request for Payment/Financial Status Report**  
**Breakdown By Program Component Expenditures D(1)**

Grantee: Quay County  
 Project No. 13-D-J-G-21  
 Request No. 3

Total Grant Funds Requested This Request: 2,780.90  
 Total Matching Funds Reported This Request: 99.61  
 Total Expenditures Reported This Request: 2,880.51

**Grant Expenditures:**

<b>Budget</b>	
Prevention	13,300.00
Enforcement	0.00
Screening	0.00
Domestic Violence	0.00
Treatment: Outpatient/Jailbased	0.00
Compliance Monitoring/Tracking	0.00
Coordination, Planning & Evaluation	0.00
Alternative Sentencing	0.00
<b>Totals:</b>	<b>13,300.00</b>

<b>This Request</b>		<b>YTD</b>
2,780.90		5,123.84
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
<b>2,780.90</b>		<b>5,123.84</b>

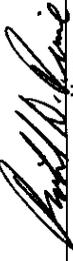
**In-Kind/Match Expenditures:**

<b>Budget</b>	
Prevention	1,330.00
Enforcement	0.00
Screening	0.00
Domestic Violence	0.00
Treatment: Outpatient/Jailbased	0.00
Compliance Monitoring/Tracking	0.00
Coordination, Planning & Evaluation	0.00
Alternative Sentencing	0.00
<b>Totals:</b>	<b>1,330.00</b>

<b>This Request</b>		<b>YTD</b>
99.61		1,894.58
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
<b>99.61</b>		<b>1,894.58</b>

Total Expenditures This Reimbursement: 2,880.51 2880.51  
 Total Expenditures Year to Date: 7,018.42 7018.42

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

  
 Name

  
 Title

4/4/13  
 Date

# Exhibit G

## Detailed Breakdown By Budget Category

### LOCAL DWI GRANT PROGRAM

Grantee: Quay County  
 Project No.: 13-D-J-G-21  
 Request No.: 3

Total Grant Funds Requested This Request: 2,780.90  
 Total Matching Funds Reported This Request: 99.61  
 Total Expenditures Reported This Request: 2,880.51

### Grant or Distribution Expenditures:

#### ADMINISTRATIVE

Administrative expenses are not allowed.

#### PROGRAM

##### Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Jan, Feb, Mar	Susan Lease	Preventionist	Direct Deposit	2,086.77	
				_____	
				_____	
				_____	
				Total Personnel Services:	<u>2,086.77</u>

##### Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Jan, Feb, Mar	Susan Lease	Preventionist	Direct Deposit	694.13	
				_____	
				_____	
				_____	
				Total Employee Benefits:	<u>694.13</u>

##### Travel (In-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
					_____	
					_____	
					_____	
					Total Travel (In-State):	<u>0.00</u>

##### Travel (Out-of-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
					_____	
					_____	
					_____	
					Total Travel (Out-of-State):	<u>0.00</u>

##### Supplies (\*Please list Prevention Giveaways/Promotional Items separately below)

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
					_____	
					_____	
					_____	
					_____	
					Total Supplies:	<u>0.00</u>

\*Prevention Giveaways/Promotional Items

##### Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
					_____	
					_____	
					_____	



## Exhibit G

### Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Quay County  
 Project No.: 13-D-J-G-21  
 Request No.: 3

Total Grant Funds Requested This Request: 2,780.90  
 Total Matching Funds Reported This Request: 99.61  
 Total Expenditures Reported This Request: 2,880.51

### In-Kind/Match Expenditures:

**ADMINISTRATIVE expenses are allowed for in-Kind Match only.**

**Personnel Services**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Jan, Feb, Mar	Richard	Reporting		30.21	
Jan, Feb, Mar	Cheryl	Bookkeeping		31.25	
Jan, Feb, Mar	Julie	Bookkeeping		38.15	
Total Personnel Services:				99.61	

**Employee Benefits**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				0.00	

**Travel**

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Travel:				0.00		

**Contractual Services**

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Contractual Services:				0.00		

**Operating Costs**

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Operating Costs:				0.00		

**PROGRAM**

**Personnel Services**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Personnel Services:				0.00	

**Employee Benefits**

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				0.00	

**Travel (In-State)**

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>





## QUAY COUNTY GOVERNMENT

300 South Third Street  
P.O. Box 1246  
Tucumcari, NM 88401  
Phone: (575) 461-2112  
Fax: (575) 461-6208

### IPA Recommendation Form for Audits

(Please print on your agency's letterhead)

- ❖ Complete the audit contract (including obtaining the IPA's signature) and submit it to the Office of the State Auditor with this form by the deadline indicated at 2.2.2.8(G)(6)(c).

#### I.

##### Agency Contact Information Requirement

Name of Agency: Quay County Government  
Address of Agency: P. O. Box 1246  
Phone # of Agency: 575-461-2112 FAX# of Agency 575-461-6208  
City: Tucumcari (State: NM) Zip: \_\_\_\_\_ Web Site Address: www.quaycounty-nm.gov

##### Agency Head Contact Information

Name of Agency Head: Richard Primrose Title of Agency Head: County Manager  
E-mail address of Agency Head: richard.primrose@quaycounty-nm.gov

##### Agency Contact Information

Name of Agency Contact: Cheryl Simpson Title of Agency Contact: Finance Director  
Phone # of Agency Contact: 575-461-2112 FAX# of Agency Contact 575-461-6208  
E-mail address of Agency Contact: cheryl.simpson@quaycounty-nm.gov

**Notice: Please fill out e-mail address of contact person. All fully executed contracts will be sent via e-mail.**

#### II.

##### Recommended Independent Public Accountant (IPA) Information

As required by the Audit Rule, Section 2.2.2.8.E(3), an IPA subject to contract restriction is responsible for informing this agency whether it is eligible to engage in this proposed contract. As the agency contact for this proposed contract, I am verifying herein that the IPA has certified its eligibility to engage in this proposed contract. Cheryl Simpson (signature of Agency Contact).

Name of IPA Firm: Kubiak & Melton, LLC  
Phone # 505-822-5100 Fax: 505-822-5106 E-mail Address: cpa@Kubiakcpa.com

Name of the IPA Firm's on-site manager: Don Wittman, CPA

(Note: The name of the On-Site Manager must match the name listed in the Audit Contract. If there is a change, the Office of the State Auditor must be notified in writing)

#### III.

For which Fiscal Year (FY) is this recommendation being made: 2013

Estimated Audit Start Date 06/01/2013

Estimated Completion Date 11/01/2013

**IV.**

Please check the box below that applies to your agency (a Single Audit should have been included in the procurement if the agency expended \$500,000 or more of federal funds. American Recovery and Reinvestment Act (ARRA) expenditures should be included in this determination):

My agency procured an annual financial and compliance audit without a Single Audit.

My agency procured an annual financial and compliance audit with a Single Audit.

**V.**

**Please check the appropriate box below:**

This is a multi-year award and this request applies to the 3rd year of a 3 year Proposal.

This is a one year procurement award for only the fiscal year indicated in Section III.

**VI.**

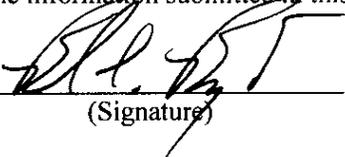
**Rotation Requirement: (Per Section 2.2.2.8.H(1)(b) NMAC)**

How many years has your agency contracted with the IPA recommended above for annual compliance audit services consecutively without a minimum of a 2 year break? Two. If this is considered a small purchase (no more than \$50,000 excluding gross receipts tax (GRT)); in any of those consecutive years has the cost of the audit engagement been over \$50,000 (excluding GRT)? Yes  No

**VII.**

BREAKDOWN	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	1 <sup>st</sup> Year Hours FYE <u>2011</u>	1 <sup>st</sup> Year Cost	2 <sup>nd</sup> Year Hours FYE <u>2012</u>	2 <sup>nd</sup> Year Cost	3 <sup>rd</sup> Year Hours FYE <u>2013</u>	3 <sup>rd</sup> Year Cost
AGENCY CONTRACTS						
Financial Statement Audit	<u>151</u>	<u>\$18,875.00</u>	<u>151</u>	<u>\$18,875.00</u>	<u>151</u>	<u>\$19,088.00</u>
Federal Single Audit	_____	_____	_____	_____	_____	_____
Financial Statement Preparation	<u>12</u>	<u>\$ 1,500.00</u>	<u>12</u>	<u>\$ 1,500.00</u>	<u>12</u>	<u>\$ 1,500.00</u>
Other allowed nonaudit Services	_____	_____	_____	_____	_____	_____
Other (housing authorities, or other component units)	_____	_____	_____	_____	_____	_____
SUB TOTAL	<u>163</u>	<u>\$20,375.00</u>	<u>163</u>	<u>\$20,375.00</u>	<u>163</u>	<u>\$20,588.00</u>
Gross Receipts Tax		<u>\$ 1,655.00</u>		<u>\$ 1,655.00</u>		<u>\$ 1,442.00</u>
TOTAL COMPENSATION		<u>\$22,030.00</u>		<u>\$22,030.00</u>		<u>\$22,030.00</u>

I hereby certify that all the information submitted in this recommendation is true, accurate and complete to the best of my knowledge. Furthermore, I also hereby certify that, to the best of knowledge, my agency complied with applicable provisions of the New Mexico Procurement Code (Sections 13-1-28 through 13-1-199 NMSA 1978) and the Audit Rule (2.2.2 NMAC) in the procurement of the IPA and recommendation to the State Auditor. Finally, I hereby attest that I have the authority to certify the information submitted in this recommendation on behalf of the agency.

Agency Head/Designee:  Brad Bryant  
(Signature) (Print Name)

Commission Chair 4/8/2013  
(Title and Date)

**(THIS SECTION APPLIES TO SCHOOLS AND UNIVERSITIES ONLY)**

This IPA recommendation has been reviewed and approved by our oversight agency (please select one)  the Higher Education Department (HED) or  the Public Education Department (PED) as required by Section 12-6-14 NMSA 1978, and as indicated by the following oversight agency signature and date.

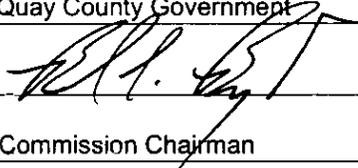
\_\_\_\_\_  
Oversight Agency Signature

\_\_\_\_\_  
Printed name of signer

\_\_\_\_\_  
Date

IN WITNESS WHEREOF, the parties have executed this Contract as of the date of signature by the State Auditor.

**AGENCY**

NAME: Quay County Government  
BY:   
TITLE: Commission Chairman  
DATE: April 8, 2013

**CONTRACTOR**

NAME: Kubiak & Melton, LLC  
BY: \_\_\_\_\_  
TITLE: Managing Member  
DATE: \_\_\_\_\_

This Contract has been approved by:

**STATE AUDITOR**

BY: \_\_\_\_\_  
TITLE: DEPUTY STATE AUDITOR  
DATE: \_\_\_\_\_

State Auditor Contract No. 13 -

Contract No. \_\_\_\_\_

**STATE OF NEW MEXICO  
AUDIT CONTRACT**

This CONTRACT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2013, by and between the  
Quay County Government  
hereinafter referred to as the "Agency", and  
Kubiak & Melton, LLC  
hereinafter referred to as the "Contractor", and is effective as of the date upon which it is approved by the Office of the State Auditor, hereinafter referred to as "State Auditor".

**As required by the Audit Rule, Section 2.2.2.1 NMAC, et seq., Contractor agrees to, and shall, inform the Agency of any restriction placed on Contractor by the Office of the State Auditor pursuant to Section 2.2.2.8.E, NMAC, and whether the Contractor is eligible to enter into this contract with the restriction .**

**IT IS MUTUALLY AGREED BETWEEN THE PARTIES:**

1. **SCOPE OF WORK** (Include in Paragraph 25 any expansion of scope)
  - A. The Contractor shall conduct a financial and compliance audit of the following applicable statements and schedules of the Agency for the period from **July 1, 2012 through June 30, 2013**:
    - (1) Basic Financial Statements consisting of the government-wide financial statements, fund financial statements, budgetary comparison statements for the general fund and major special revenue funds (GASB 34, footnote 53), and the notes to the financial statements;
    - (2) Required supplemental information (RSI), if applicable, consisting of budgetary comparison schedules for the general fund and major special revenue fund data presented on a fund, organization, or program structure basis because the budgetary information is not available on the GAAP fund structure basis for those funds (*GASB Statement No. 41, Budgetary Comparison Schedules—Perspective Differences an amendment of GASB Statement No. 34*) must be audited and included in the auditor's opinion (AAG-SLV 14.52);

- (3) Supplemental Information (SI) that must be audited and included in the auditor's opinion (AAG-SLV 14.52), if applicable, consisting of:
  - (a) Component unit fund financial statements and related combining statements (if there are no separately issued financial statements on the component unit per AAG-SLV 3.20);
  - (b) Combining financial statements;
  - (c) Individual fund budget comparison statements for remaining funds that have an adopted budget, including proprietary funds, that did not appear as basic financial statement budget comparisons for the general fund, major special revenue funds or as RSI as described above; and
  - (d) Remaining supplemental information on schedules as required by Section 2.2.2.10.A(2)(e) NMAC
- B. The contractor shall apply certain limited procedures to the following required supplemental information (RSI), if applicable, and report deficiencies in or the omission of required information in accordance with the requirements of AU-C 730.05 to 730.09:
  - (1) The Management Discussion and Analysis (MD&A);
  - (2) RSI data required by Statements 25, 27, 43 and 45 regarding pension plans and post employment healthcare plans administered by defined benefit pension plans; and
  - (3) Schedules derived from asset management systems (GASB 34, paragraphs 132 to 133).
- C. The audit shall be conducted in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards*, OMB Circular A-133, and *Requirements for Contracting and Conducting Governmental Audits* (Section 2.2.1, et seq., NMAC).
- D. If this contract is for a:
  - 1) hospital that does not qualify as a governmental entity under the criteria in Sections 1.01 and 1.02 of the *AICPA Audit and Accounting Guide State and Local Governments* (May 1, 2006), then another appropriate reporting model should be used; or
  - 2) school district, the audit will include the audit of any related charter schools and their respective foundations that qualify as component units of those charter schools in accordance with the provisions specified in Sections 2.2.2.10.A(1) and

2.2.2.12.C NMAC. If a 501(c)(3) component unit organization had a gross annual income in excess of \$250,000, Section 6-5A-4 NMSA 1978 requires that entity to be audited regardless of materiality.

## 2. **DELIVERY AND REPRODUCTION**

- A. In order to meet the delivery terms of this Contract, the Contractor shall deliver the following documents to the State Auditor on or before **November 15, 2013** and in accordance with Section 2.2.2.9, NMAC:
- (1) an organized, bound and paginated hard copy of the Agency's audit report for review;
  - (2) a copy of the signed management representation letter required by AU-C 580;
  - (3) a list of the passed adjustments required by AU-C 580.14; and
  - (4) a copy of the completed State Auditor Report Review Guide available at [www.osanm.org](http://www.osanm.org).
- B. For purposes of Section 2.2.2, NMAC, reports postmarked by the Agency's due date provided in Section 2.2.2.9.A, NMAC, will be considered received by the due date provided in that section. Unfinished or excessively deficient reports will not satisfy this requirement; such reports will be rejected and returned to the Contractor and the State Auditor may take action in accordance with Subsection C of 2.2.2.13.C, NMAC. If copies of the engagement letter, management representation letter, list of past adjustments and the completed Report Review Guide are not received by the State Auditor with the audit report or prior to submittal of the audit report, the report will not be considered submitted to the State Auditor.
- C. As soon as the Contractor becomes aware that circumstances exist that will make the Agency's audit report late, the Contractor shall immediately provide written notification of the situation to the State Auditor. The notification shall include an explanation regarding why the audit report will be late, when the IPA expects to submit the report and a concurring signature by the Agency. The Agency's oversight agency should be notified, but confidential audit information shall be omitted from that notification.
- D. Pursuant to Section 2.2.2.8.Q, NMAC, the Contractor shall prepare a written and dated engagement letter which identifies the specific responsibilities of the Contractor and the Agency. The Contractor shall submit to the State Auditor an electronic copy of the signed and dated engagement letter and a list of client prepared documents with expected delivery dates within ten (10) days of the entrance conference.
- E. After its review of the audit report pursuant to Section 2.2.2.13, NMAC, the State Auditor will authorize the Contractor to print and submit the final audit report. Within two business days from the date of the authorization to print and submit the final audit

report, the Contractor shall provide the State Auditor with **TWO** copies of the report and an electronic version of the audit report, in PDF format. After the State Auditor officially releases the audit report by issuance of a release letter, the Contractor shall deliver Five (5) copies of the audit report to the Agency. Every member of the Agency's governing authority shall receive a copy of the report.

F. The Agency, upon delivery of its audit report, shall submit the required copies of the data collection form, audit report and corrective action plan to the federal clearinghouse designated by the Office of Management and Budget and each federal awarding agency if the schedule of findings and questioned costs disclose audit findings directly related to federal awards.

**3. COMPENSATION**

A. The total amount payable by the Agency to the Contractor under this agreement, including New Mexico gross receipts tax, shall not exceed \$22,030.00.

B. Contractor agrees not to, and shall not, perform any services in furtherance of this contract prior to approval by the State Auditor. In accordance with Section 12-6-14(A), NMSA, 1978 and Section 2.2.2.8.N(1), NMAC, Contractor acknowledges and agrees that it will not be entitled to payment or compensation for any services performed by Contractor pursuant to this contract prior to approval by the State Auditor.

C. Total Compensation will consist of the following:

SERVICES	AMOUNTS
(1) Financial statement audit	\$19,088.00
(2) Federal single audit	
(3) Financial statement preparation	\$ 1,500.00
(4) Other nonaudit services, such as depreciation schedule updates	
(5) Other (i.e., component units, specifically identified)	

Gross Receipts Tax = \$ 1,442.00

Total Compensation = \$22,030.00

D. The Agency shall pay the Contractor the New Mexico gross receipts tax levied on the amounts payable under this agreement and invoiced by the Contractor.

E. Pursuant to Section 12-6-14 NMSA 1978 and Section 2.2.2.8.N, NMAC, the State Auditor may authorize progress payments to the Contractor by the Agency; provided that the authorization is based upon evidence of the percentage of audit work completed as of the date of the request for partial payment. Progress payments up to 69% do not require State Auditor approval, provided that the Agency certifies receipt of services. The

Agency must monitor audit progress and make progress payments only up to the percentage that the audit is completed prior to making the 69% payment. Progress payments from 70% to 90% require State Auditor approval after being approved by the Agency. If requested by the State Auditor, the Agency shall provide a copy of the approved progress billings. The State Auditor may allow only the first 50% of progress payments to be made without State Auditor approval if the Contractor's previous audits were submitted after the due date. Final payment for services rendered by the Contractor shall not be made until a determination and written finding is made by the State Auditor in the release letter that the audit has been made in a competent manner in accordance with the provisions of this Contract and applicable rules of the State Auditor.

4. **TERM**

- A. THIS CONTRACT SHALL NOT BECOME EFFECTIVE UNTIL APPROVED BY THE STATE AUDITOR. Unless terminated pursuant to Paragraphs 5 or 19, infra, this Contract shall terminate one calendar year after the date on which it is signed by the State Auditor.
- B. If awarded based on a multi-year proposal, this Contract may be extended by the parties for two successive one-year terms at the same price, terms and conditions as stated in the original proposal. Each annual extension of the contract shall be executed by mutual agreement of the parties and approval of the State Auditor pursuant to Section 2.2.2.8.G(4), NMAC.

5. **TERMINATION, BREACH AND REMEDIES**

- A. This Contract may be terminated, without cause, by either of the parties upon written notice delivered to the other party at least ten (10) days prior to the intended date of termination. This Contract may be terminated immediately by either of the parties upon written notice delivered to the other party if a material breach of any of the terms of this Contract occurs. Unjustified failure to deliver the audit report in accordance with Paragraph 2, supra, shall constitute a material breach of this Contract. The Agency may immediately terminate this Contract upon written notice to the Contractor pursuant to Paragraph 19, infra. Pursuant to Section 2.2.2.8.S, NMAC, the State Auditor also may immediately terminate this Contract upon written notice to the Contractor after determining that the audit has been unduly delayed, or for any other reason. By termination pursuant to this Paragraph, neither party may nullify obligations already incurred for performance or failure to perform prior to the date of termination. **THIS PROVISION IS NOT EXCLUSIVE AND DOES NOT WAIVE OTHER LEGAL RIGHTS AND REMEDIES AFFORDED THE STATE CAUSED BY THE CONTRACTOR'S DEFAULT OR BREACH OF THIS CONTRACT.**
- B. If the Agency terminates this Contract under this paragraph, the Contractor shall be entitled to compensation for work performed prior to termination in the amount of earned, but not yet paid, progress payments, if any, that the State Auditor has authorized as provided in Paragraph 3(E), supra. If the Contractor terminates this Contract under

this paragraph, the Contractor shall repay to the Agency the full amount of any progress payments for work performed under the terms of this Contract.

- C. If the Agency or the Contractor terminates this Contract pursuant to this paragraph, the party that terminates the Contract shall immediately send the State Auditor written notice of the termination.
- D. The State Auditor may disqualify the Contractor from eligibility to contract for audit services with the State of New Mexico if the Contractor knowingly makes false statements, false assurances or false disclosures under this Contract. The State Auditor on behalf of the Agency or the Agency may bring a civil action for damages or any other relief against a Contractor for a material breach of this Contract.

**6. STATUS OF CONTRACTOR**

The Contractor and its agents and employees are independent contractors performing professional services for the Agency and are not employees of the Agency. The Contractor and its agents and employees shall not accrue leave, retirement, insurance, bonding, use of state vehicles or any other benefits afforded to employees of the Agency as a result of this Contract. The Contractor agrees not to purport to bind the State of New Mexico to any obligation not assumed under this Contract unless the Contractor has express written authority to do so, and then only within the strict limits of that authority.

**7. ASSIGNMENT**

The Contractor shall not assign or transfer any interest in this Contract or assign any claims for money due or to become due under this Contract.

**8. SUBCONTRACTING**

The Contractor shall not subcontract any portion of the services to be performed under this Contract without the prior written approval of the Agency and the State Auditor. An agreement between the Contractor and a subcontractor to subcontract any portion of the services under this Contract shall be completed on a form prescribed by the State Auditor. The agreement shall be an amendment to this Contract and shall specify the portion of the audit services to be performed by the subcontractor, how the responsibility for the audit will be shared between the Contractor and the subcontractor, the party responsible for signing the audit report and the method by which the subcontractor will be paid. Pursuant to Section 2.2.2.8.L, NMAC, the Contractor may subcontract only with independent public accounting firms that are on the State Auditor's List of Approved Firms pursuant to Section 2.2.2.8.B, NMAC, and that are not otherwise restricted by the Office from entering into such a contract pursuant to Section 2.2.2.8.E, NMAC.

**9. RECORDS AND AUDIT**

The Contractor shall maintain detailed time records that indicate the date, time, and

nature of services rendered during the term of this Contract. The Contractor shall retain the records for a period of five (5) years from the date of final payment under this contract. The records shall be subject to inspection by the Agency and the State Auditor. The Agency and the State Auditor shall have the right to audit billings both before and after payment. Payment under this Contract shall not foreclose the right of the Agency or the State Auditor on behalf of the Agency to recover excessive or illegal payments.

**10. RELEASE**

The Contractor, upon receiving final payment of the amounts due under the Contract, releases the State Auditor, the Agency, its officers and employees and the State of New Mexico from all liabilities, claims and obligations whatsoever arising from or under this Contract. This paragraph does not release the Contractor from any liabilities, claims or obligations whatsoever arising from or under this Contract.

**11. CONFIDENTIALITY**

All information provided to or developed by the Contractor from any source whatsoever in the performance of this Contract shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the Agency and the State Auditor.

**12. PRODUCT OF SERVICES; COPYRIGHT AND REPORT USE**

Nothing developed or produced, in whole or in part, by the Contractor under this Contract shall be the subject of an application for copyright by or on behalf of the Contractor. The Agency and the State Auditor may post the audited financial statements on their respective websites.

**13. CONFLICT OF INTEREST**

The Contractor warrants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under this Contract. The Contractor certifies that the requirements of the Governmental Conduct Act, Section 10-16-1, et seq., NMSA 1978, regarding contracting with a public officer, state employee or former state employee have been followed.

**14. INDEPENDENCE**

The Contractor affirms and represents its personal, external and organizational independence from the Agency in accordance with the *Government Auditing Standards 2011 Revision*, issued by the Comptroller General of the United States, and Section 2.2.2.8.M, NMAC. The Contractor shall immediately notify the State Auditor and the Agency in writing if any impairment to the Contractor's independence occurs or may occur during the period of this Contract.

15. **AMENDMENT**

This Contract shall not be altered, changed or amended except by prior written agreement of the parties and prior written approval of the State Auditor. Any amendments to this Contract shall comply with the Procurement Code, Sections 13-1-28 through 13-1-199 NMSA 1978.

16. **MERGER**

This Contract incorporates all of the agreements, covenants, and understandings between the parties hereto concerning the subject matter hereof. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Contract. Contractor and Agency shall enter into and execute an engagement letter pursuant to Section 2.2.2.8.Q, NMAC, consistent with Generally Accepted Auditing Standards (GAGAS). **The engagement letter and any associated documentation included with or referenced in the engagement letter shall not be interpreted to amend this contract. Conflicts between the engagement letter and this contract are governed by this contract, and shall be resolved accordingly.**

17. **APPLICABLE LAW**

The laws of the State of New Mexico shall govern this Contract. By execution of this Contract, Contractor acknowledges and agrees to the jurisdiction of the courts of the State of New Mexico over any and all lawsuits arising under or out of any term of this Contract.

18. **AGENCY BOOKS AND RECORDS**

The Agency is responsible for maintaining control of all books and records at all times and the Contractor shall not remove any books and records from the Agency's possession for any reason.

19. **APPROPRIATIONS**

The terms of this Contract are contingent upon sufficient appropriations and authorization being made by the Agency's governing body for the performance of this Contract. If sufficient appropriations and authorization are not made by the Agency's governing body, this Contract shall terminate upon written notice being given by the Agency to the Contractor. This section of the Contract does not supersede the Agency's requirement to have an annual audit pursuant to Section 12-6-3(A) NMSA 1978.

20. **PENALTIES FOR VIOLATION OF LAW**

The Procurement Code, Sections 13-1-28 through 13-1-199 NMSA 1978, imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for bribes, gratuities and kickbacks.

**21. EQUAL OPPORTUNITY COMPLIANCE**

The Contractor agrees to abide by all Federal and State laws, rules and regulations, and executive orders of the Governor of the State of New Mexico pertaining to equal employment opportunity. In accordance with all such laws, rules, regulations and orders, the Contractor assures that no person in the United States shall, on the grounds of race, age, religion, color, national origin, ancestry, sex, physical or mental handicap or serious medical condition, spousal affiliation, sexual orientation or gender identity be excluded from employment with or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity performed under this Contract. If the Contractor is found not to be in compliance with these requirements during the life of this Contract, the Contractor agrees to take appropriate steps to correct these deficiencies.

**22. WORKING PAPERS**

- A. The Contractor shall retain the working papers of the Agency's audit conducted pursuant to this Contract for a period of five (5) years from the date shown on the opinion letter of the audit report, or longer if requested by the federal cognizant agency for audit, oversight agency for audit, pass through-entity or the State Auditor. The State Auditor shall have access to the working papers at the State Auditor's discretion. When requested by the State Auditor, the Contractor shall deliver the original or clear, legible copies of all working papers to the State Auditor.
- B. The working papers of a predecessor Contractor are to be made available to a successor Contractor in accordance with AC-C and 210.12. Any costs incurred are to be borne by the requestor Contractor.

**23. DESIGNATED ON-SITE STAFF**

The Contractor's on-site individual auditor responsible for supervision of work and completion of the audit is Don Wittman. The Contractor shall notify the Agency and the State Auditor in writing of any changes in staff assigned to perform the audit.

**24. INVALID TERM OR CONDITION**

If any term or condition of this Contract shall be held invalid or unenforceable, the remainder of this Contract shall not be affected.

**25. OTHER PROVISIONS**

<b>AD-893</b> (09-03-03)  <b>U.S. DEPARTMENT OF AGRICULTURE</b>  <b>RECOMMENDATION OF PERCENT OF CROPLAND TO BE ENROLLED IN CRP/WRP</b>	<b>1. COUNTY OFFICE ADDRESS</b> Quay County FSA Office 706 South First Street Tucumcari, NM 88401	
	<b>2. COUNTY OFFICE TELEPHONE NO. (area code)</b> 575-461-3612	<b>3. DATE (MM-DD-YYYY)</b> 04/01/2013

**NOTE:** The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 99-198 as amended and Pub. L. 101-624 authorized the collection of the following data. The information will be used to determine the percent of cropland which can be enrolled in CRP and/or WRP in each county. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 288, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The Conservation Reserve Program (CRP) and the Wetlands Reserve Program (WRP) regulations limits enrollment to 25 percent of the cropland in our county with not more than 10% in easements, unless the Secretary of Agriculture determines that further enrollment will not adversely effect the economy of our county. The recommendations from our residents, farmers, merchants, key agricultural leaders, County Committee, and local and State elected officials will assist the Secretary in determining the percent of cropland which can be enrolled in CRP/WRP from our county. Please review information in Part A and then complete Part B, Items 10-14.

**PART A - TO BE COMPLETED BY FSA**

	ACRES
4. Enter the total cropland in the county.	314,545.9
5. Enter twenty-five percent of the cropland (Item 4 times 25%).	78,646.5
6. Enter ten percent of the cropland (Item 4 times 10%).	31,454.9
7. Enter the current enrollment in CRP excluding CP5 and CP16 (current accepted acreage-not including this signup).	78,675
8. Enter the current enrollment in WRP and CRP easements excluding CP5 and CP16 (current accepted acreage-not including this signup).	0

**PART B - TO BE COMPLETED BY RESPONDENT**

**RETURN THIS FORM BY:**

9. PLEASE COMPLETE ITEMS 10 THROUGH 14 AND RETURN THIS FORM TO THE COUNTY FSA OFFICE AT THE ADDRESS IN ITEM 1 NO LATER THAN ➡	04/01/2013
	PERCENT

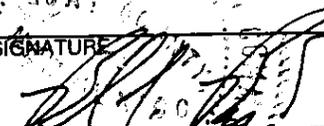
10A. I recommend that the limit on cropland enrolled in the Conservation Reserve Program for our county be set at	35	%
10B. I recommend that the limit on cropland enrolled in the Wetlands Reserve Program for our county be set at		%

10C. If you recommended 25%, but the county's acreage enrollment under this signup only exceeds the 25% by a small percent, would you be willing to recommend for approval this small increase? YES  NO  Up to what percent? \_\_\_\_\_ %

11. I belong to the following groups (please mark all that apply):

County Commissioner <input checked="" type="checkbox"/>	Local:	Other Agriculture-Related Business <input type="checkbox"/>
FSA County Committee Member <input type="checkbox"/>	NRCS <input type="checkbox"/>	Grocery <input type="checkbox"/>
FSA Community Committee Member <input type="checkbox"/>	Conservation District <input type="checkbox"/>	Auto Sales <input type="checkbox"/>
Agricultural Banker/Lender <input type="checkbox"/>	CSREES <input type="checkbox"/>	Other Business Not Directly Related to Agriculture <input type="checkbox"/>
Feed/Seed/Fertilizer Dealer <input type="checkbox"/>	FS <input type="checkbox"/>	Other <input type="checkbox"/>
Agricultural Oil/Gas Supplier <input type="checkbox"/>	Implement Dealer <input type="checkbox"/>	

12. COMMENTS ON RECOMMENDATIONS (If any)

13. NAME (Please Print) <b>Brad Bryant, Chairman</b>	14. SIGNATURE 	DATE (MM-DD-YYYY) <b>04-08-2013</b>
---------------------------------------------------------	-------------------------------------------------------------------------------------------------------	----------------------------------------

**IV.**

Please check the box below that applies to your agency (a Single Audit should have been included in the procurement if the agency expended \$500,000 or more of federal funds. American Recovery and Reinvestment Act (ARRA) expenditures should be included in this determination):

- My agency procured an annual financial and compliance audit without a Single Audit.
- My agency procured an annual financial and compliance audit with a Single Audit.

**V.**

Please check the appropriate box below:

- This is a multi-year award and this request applies to the 3rd year of a 3 year Proposal.
- This is a one year procurement award for only the fiscal year indicated in Section III.

**VI.**

**Rotation Requirement: (Per Section 2.2.2.8.H(1)(b) NMAC)**

How many years has your agency contracted with the IPA recommended above for annual compliance audit services consecutively without a minimum of a 2 year break? Two. If this is considered a small purchase (no more than \$50,000 excluding gross receipts tax (GRT)); in any of those consecutive years has the cost of the audit engagement been over \$50,000 (excluding GRT)? Yes  No

**VII.**

<b>BREAKDOWN</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
	1 <sup>st</sup> Year	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	3 <sup>rd</sup> Year
	Hours	Cost	Hours	Cost	Hours	Cost
	FYE <u>2011</u>		FYE <u>2012</u>		FYE <u>2013</u>	
<b>AGENCY CONTRACTS</b>						
Financial Statement Audit	<u>151</u>	<u>\$18,875.00</u>	<u>151</u>	<u>\$18,875.00</u>	<u>151</u>	<u>\$19,088.00</u>
Federal Single Audit	_____	_____	_____	_____	_____	_____
Financial Statement Preparation	<u>12</u>	<u>\$ 1,500.00</u>	<u>12</u>	<u>\$ 1,500.00</u>	<u>12</u>	<u>\$ 1,500.00</u>
Other allowed nonaudit Services	_____	_____	_____	_____	_____	_____
Other (housing authorities, or other component units)	_____	_____	_____	_____	_____	_____
<b>SUB TOTAL</b>	<u>163</u>	<u>\$20,375.00</u>	<u>163</u>	<u>\$20,375.00</u>	<u>163</u>	<u>\$20,588.00</u>
Gross Receipts Tax		<u>\$ 1,655.00</u>		<u>\$ 1,655.00</u>		<u>\$ 1,442.00</u>
<b>TOTAL COMPENSATION</b>		<u>\$22,030.00</u>		<u>\$22,030.00</u>		<u>\$22,030.00</u>

report, the Contractor shall provide the State Auditor with **TWO** copies of the report and an electronic version of the audit report, in PDF format. After the State Auditor officially releases the audit report by issuance of a release letter, the Contractor shall deliver Five (5) copies of the audit report to the Agency. Every member of the Agency's governing authority shall receive a copy of the report.

F. The Agency, upon delivery of its audit report, shall submit the required copies of the data collection form, audit report and corrective action plan to the federal clearinghouse designated by the Office of Management and Budget and each federal awarding agency if the schedule of findings and questioned costs disclose audit findings directly related to federal awards.

3. **COMPENSATION**

A. The total amount payable by the Agency to the Contractor under this agreement, including New Mexico gross receipts tax, shall not exceed \$22,030.00.

B. Contractor agrees not to, and shall not, perform any services in furtherance of this contract prior to approval by the State Auditor. In accordance with Section 12-6-14(A), NMSA, 1978 and Section 2.2.2.8.N(1), NMAC, Contractor acknowledges and agrees that it will not be entitled to payment or compensation for any services performed by Contractor pursuant to this contract prior to approval by the State Auditor.

C. Total Compensation will consist of the following:

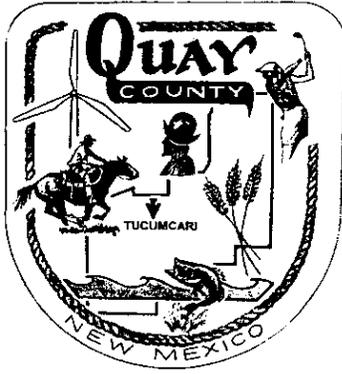
SERVICES	AMOUNTS
(1) Financial statement audit	\$19,088.00
(2) Federal single audit	
(3) Financial statement preparation	\$ 1,500.00
(4) Other nonaudit services, such as depreciation schedule updates	
(5) Other (i.e., component units, specifically identified)	

Gross Receipts Tax = \$ 1,442.00

Total Compensation = \$22,030.00

D. The Agency shall pay the Contractor the New Mexico gross receipts tax levied on the amounts payable under this agreement and invoiced by the Contractor.

E. Pursuant to Section 12-6-14 NMSA 1978 and Section 2.2.2.8.N, NMAC, the State Auditor may authorize progress payments to the Contractor by the Agency; provided that the authorization is based upon evidence of the percentage of audit work completed as of the date of the request for partial payment. Progress payments up to 69% do not require State Auditor approval, provided that the Agency certifies receipt of services. The



## QUAY COUNTY GOVERNMENT

300 South Third Street  
P.O. Box 1246  
Tucumcari, NM 88401  
Phone: (575) 461-2112  
Fax: (575) 461-6208

April 8, 2013

USDA Farm Service Agency  
706 South First St.  
Tucumcari, NM 88401

To Whom It May Concern;

The Quay County Board of Commissioners, at its April 8<sup>th</sup> meeting, approved to support the Quay County Farm Service Agency consideration for additional acreage to be eligible for enrollment in the Conservation Reserve Program (CRP). Any additional assistance to owners and operators in conserving and improving their land during this time of extended drought conditions, would be greatly appreciated.

Thank you for your consideration for Quay County's need for additional CRP acreage. Our local Farm Service Agency has our full support as they provide our farmers and land owners the most benefit possible through the Conservation Reserve Program.

### QUAY COUNTY BOARD OF COMMISSIONERS

  
\_\_\_\_\_  
Brad Bryant, Chairman

  
\_\_\_\_\_  
Sue Dowell, Member

  
\_\_\_\_\_  
Mike Cherry, Member

