

QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

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AGENDA REGULAR SESSION QUAY COUNTY BOARD OF COMMISSIONERS January 13, 2014

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session December 23, 2013

Approval/Amendment of Agenda

Public Comment

Ongoing Business-None

New Business

I. Brad Bryant –Commission Chair

- Distribution of Financial Interest Disclosure Forms
- Request Approval of 2013-2014 Resolution No. 22 Adopting Procedures for Compliance with NMSA 10-17 Miscellaneous Provisions and Compliance with NMSA 14-2 Inspection of Public Records Act

II. Bryan Rinestine, Quay County DWI Coordinator

- Quarterly Statistics Report

III. Donald Adams, Quay County Fire Marshal

- Request Approval of EMS Grant Applications for the Forrest, Quay, Rural I, Bard-Endee and Rural II Fire Districts
- Request Approval of Truck Donation to Bard-Endee Fire

IV. Larry Cooksey, Quay County Undersheriff

- Sheriff's Department Monthly Activity Report



DOC #CM-00326

02/03/2014 10:54 AM Doc Type: COCOM

Fee: (No FieldTag Finance.TotalFees found)

Quay County, NM Veronica Marez, County Clerk

Pages: 104



- V. **Ellen White, Quay County Chief Deputy Clerk**
 - 2014 Occupational License Report
 - Clerk's Office Update

- VI. **Larry Moore, Quay County Road Superintendent**
 - Request Approval of 2013-2014 Resolution No. 23 Annual County Road Mileage Certification
 - Roads Update

- VII. **Richard Primrose, Quay County Manager**
 - Correspondence

- VIII. **Request Approval of Accounts Payable**

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

- X. **Request for Closed Executive Session Pursuant to Section 10-15-1 (H)2. The New Mexico Open Meetings Act to Discuss Limited Personnel Matters.**

- XI. **Any Action That May Arise as a Result of Closed Executive Session**

Adjourn

Lunch- Time and Location to be Announced

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

January 13, 2014

9:00 a.m.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 13th of January, 2014 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
Bryan Rinestine, Quay County DWI Compliance Officer
Ellen White, Quay County Chief Deputy Clerk
Larry Moore, Quay County Road Superintendent
Donald Adams, Quay County Fire Marshall
Larry Cooksey, Quay County Under-Sheriff
Russell Braziel, KQUAY
Steve Henson, Quay County Sun
Paula O'Steen, Quay Fire District
Jeanne O'Dean, Chief Knowledge Officer of G-Tech

Chairman Brad Bryant called the meeting to order. Bryan Rinestine led the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the December 23, 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. MOTION carried with all members voting "aye".

PUBLIC COMMENTS: N/A

Under Old Business: N/A

UNDER NEW BUSINESS:

Brad Bryant, Commission Chair distributed Financial Interest Disclosure Forms.

Bryant requested Approval of 2013-2014 Resolution #22 Adopting Procedures for Compliance with NMSA 10-17 Miscellaneous Provisions and Compliance with NMSA 14-2 Inspection of Public Records Act. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the Resolution #22. MOTION carried with all members voting "aye". A copy of said Resolution is attached and made a part of these minutes.

Bryan Rinstine presented the quarterly report of DWI Statistics. A copy of said report is attached and made a part of these minutes.

Paula O'Steen, Quay Fire District Secretary Requested Approval of EMS Grant Applications for the Quay Fire Districts. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the EMS Grant application for Quay Fire Districts. MOTION carried with all members voting "aye". A copy of said Applications is attached and made a part of these minutes

Donald Adams, Quay County Fire Marshal Requested an approval of EMS Grant Applications for the Forrest, Rural I, Bard-Endee and Rural II Fire Districts. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the EMS Grant application for Forrest, Rural I, Bard-Endee and Rural II Fire Districts. MOTION carried with all members voting "aye". A copy of said Applications are attached and made a part of these minutes

Adams also requested Approval to accept a Truck Donation from the Smith Ranch for Bard-Endee Fire District. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the acceptance of donation. MOTION carried with all members voting "aye".

Larry Cooksey, Quay County Undersheriff gave the Sheriff's Department Monthly Activity Report. A copy of said report is attached and made a part of these minutes.

Chairman Bryant requested a recess. Time noted 9:30 a.m
Return to regular session. Time noted 9:35 a.m.

Ellen White, Quay County Chief Deputy Clerk gave the following report:

1. Occupation License renewal forms were mailed to businesses on December 13. The second notice will be mailed and published on January 30.
2. PDS/TYLER conversion is complete with over 72,000 images imported and indexed. Preservation of historical records will continue over the next several years.
3. Marriage License information has been updated on the webpage.
4. Link provided on the Clerks webpage for Primary Candidates to view or download the guide and calendar.
5. Important dates to remember for the upcoming election include the day the Governor issues the State Proclamation which is January 27. The significance of this date is potential candidates must have their voter registration in proper order with current physical address and the name as it will appear on the ballot.

6. Filing Date for County and Statewide offices is Tuesday, March 11 from 9:00 a.m. to 5:00 p.m. with drawing for ballot positions to follow at 5.
7. Recently we assisted the City Clerk with their recall election and now in the process of assisting with the regular municipal elections in Tucumcari, Logan, San Jon and House which will be held on Tuesday March 4.
8. As well, the City of Tucumcari could be having a Special Election to elect a District 2 Commissioner in April. State Statute requires any municipality, school or special district to avoid having any election 42 days prior to any statewide election. So the last day to have an election for those entities would be April 22.
9. Simplifile Company is still working on setting our office up and contacting vendors so we can accept E-Recordings.
10. From the Clerk's Office Veronica and Ellen are registered for the NMAC Mid-Winter Legislative Conference in January. Items that we will address include a joint session with Probate Judges so we can better assist them as well as Primary Candidate Filing requirements for March as presented by the Secretary of State, and discussing the agenda items for our April Election training with the SOS.
11. There is also scheduled in early spring an Election Assistance Commission event that I will attend along with a hand full of other Election officials chosen by the Secretary of State if it is at a location within driving distance.
12. Most recently, as a result of the Judge ruling in the favor of Quay County vs. NM Taxation and Revenue, regarding the gross receipts tax election, our office distributed nearly 500 letters to local businesses informing them the tax rates for 2014 would not change. Due to the untimely hearing date caused by a postponement due to weather, Taxation and Revenue did not think they would have time to send notifications prior to January 1 and the Judge asked the County to coordinate efforts to assist. The Clerk's Office handled that request on behalf of the hospital and county as requested by the Courts.

Larry Moore, Quay County Road Superintendent requested approval of 2013-2014 Resolution No. 23 Annual County Road Mileage Certification. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the Resolution #23. MOTION carried with all members voting "aye". A copy of said Resolution # 23 is attached and made a part of these minutes.

Larry Moore Quay County Road Superintendent presented the Road report:

1. Crew finishing 2 miles on Quay Rd R in Nara Visa.
2. Blade men have bladed 44.46 miles.
3. Moore has a representative from Case Equipment to do a demonstration with a Skid Steer loader with wheels to see how it works on chip seal roads.

Commissioner Dowell had a call from Mr. Armijo on Quay Road 64.5 as a result of a previous request from him to place speed limit signs along that roadway by his residence. The county placed "Children at Play" signs near his residence and he is unhappy they are only in front of his property as it appears he was the only one complaining regarding the issue. He stated he requested the signage be removed and it has not. He also requested additional patrol units in that area which has not occurred. Commissioner

Dowell has addressed speed limit issues with the Governor and Senator and Representatives, but current law does not allow Counties to post speed limit signs without extensive studies. Dowell stated that Curry County has an item on their agenda regarding a Resolution to change speed limits on some County Roads. Commissioner Dowell is wondering what part of the law they are addressing that might also be able to be applied in Quay County and asked someone to follow up with the Curry County Manager with their process.

County Manager, Richard Primrose said he should pursue getting everyone on that Road to request speed limits on that roadway. Commissioner Dowell asked Primrose to convey that to Armijo. Primrose said he would speak to Lance Pyle, Curry County Manager regarding the steps they are taking to reduce speed limits.

Quay County Manager, Richard Primrose presented Correspondence:

1. Primrose received a letter that was sent to all Quay County Businesses from Taxation and Revenue that notified the Quay County businesses that there will be no changes in gross receipt tax.
2. Primrose stated the December monthly RPHCA report is enclosed for their review.
3. Quay County Offices will be closed Monday January 20, 2013 for Martin Luther King Day.
4. Primrose and Commissioner's will be attending the Association of Counties on January 21-23.
5. Commissioner Dowell will be graduating from County College during the Association of Counties as a Certified Commissioner and Certified Public Official.
6. PDS has been working with the Assessor's office and Detention Center to start scanning cards and documents to keep everything electronically.

Commissioner Dowell stated Quay County employees are not taking advantage of NMSU College courses.

Brad Bryant, Quay County Chairman informed Commissioner's that he received a call from Larry Webb, Task Force asking for a letter from the County on their stance on Oil and Gas.

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 Section 10-15-1(H)2. The New Mexico Open Meetings Act to Discuss Limited Personnel Matters. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell. MOTION carried with Bryant voting "aye". Cherry voting "aye" and Dowell voting "aye". Time noted 11:00 a.m.

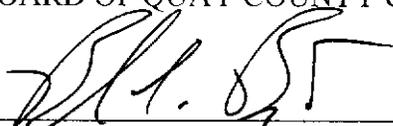
-----EXECUTIVE SESSION-----

Return to regular session. Time noted 11:00 a.m.

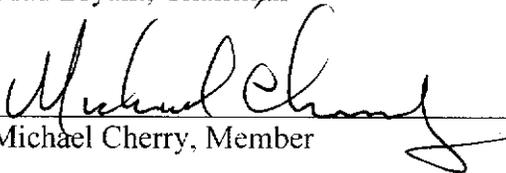
A MOTION was made by Mike Cherry, SECONDED by Sue Dowell that only the items listed above were discussed during Executive Session and no action was taken. MOTION carried with Bryant voting "aye"; Cherry voting "aye" and Dowell voting "aye".

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 Monday January 27, 2014 unless sooner called. The Commissioners announced they would be having lunch at the Corner Stone Deli and all those in attendance were invited. MOTION carried with all members voting "aye". Time noted 11:45 a.m.

BOARD OF QUAY COUNTY COMMISSIONERS



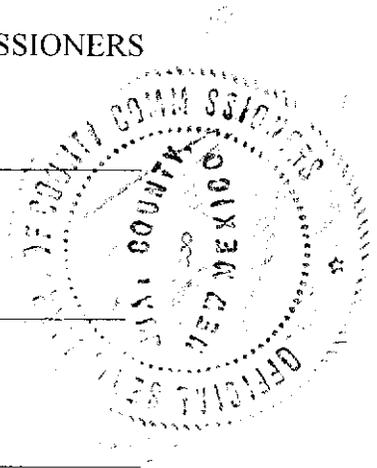
Brad Bryant, Chairman



Michael Cherry, Member



Sue Dowell, Member



ATTEST: 

Veronica Marez, Quay County Clerk



Fiscal Year 2013-2014

Resolution No. 22

A RESOLUTION ADOPTING PROCEDURES FOR COMPLIANCE

IN ACCORDANCE WITH NMSA 10-17; MISCELLANEOUS PROVISIONS

WHEREAS, the County Commission is required to have summary minutes prepared and available for public inspection immediately following the end of a commission meeting approving said minutes; and

WHEREAS, the County Clerk may use recorders to record all or a portion of a County Commission Meeting; and

WHEREAS, tapes may be used by the Clerk as a tool for transcribing the minutes, any tape recording of a commission meeting will be held as public record and subject to inspection at the office of the County Clerk for two weeks and will then be erased; and

WHEREAS, annual audits, the monthly budget and financial reports including the monthly list of checks shall be made available to the public, establishing the method of compliance with revenue and expenditure requirements.

NOW THEREFORE, BE IT RESOLVED AND ORDERED:

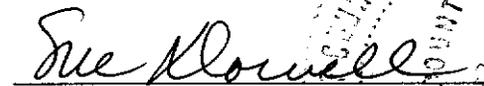
1. The County has adopted this Resolution establishing compliance with NMSA 10-17; and
2. All reports shall be made available for public inspection and review in accordance with the Inspection of Public Records Act, NMSA 14-2.

PASSED, APPROVED AND ADOPTED by the governing body at its meeting on January 13, 2014.

QUAY COUNTY COMMISSIONERS



Brad Bryant, Commissioner

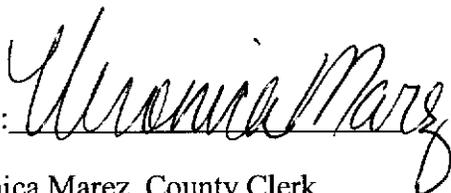


Sue Dowell, Commissioner

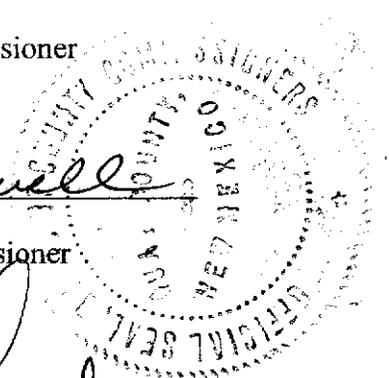


Mike Cherry, Commissioner

Attest:



Veronica Marez, County Clerk





**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION**

FISCAL YEAR 2015

Due Date: January 24, 2014

Submit To:
EMS Bureau
1301 Siler Rd Bldg F
Santa Fe, NM 87507
Attn: Ann Martinez
505-476-8233

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2014**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (one staple in the left top corner only)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	QUAY FIRE DEPARTMENT			0321359	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	PO BOX 643		Tucumcari		NM 88401
	<i>(Street/Mailing Address)</i>		<i>(City)</i>		<i>(State) (Zip)</i>
Contact Person:	1	2	X	3	
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>		<i>(Emergency Phone #)</i>
	PAULA O'STEEN		EMS DIRECTOR		osteemp@plateautel.net
	<i>(Name)</i>		<i>(Title)</i>		<i>(E-mail Address)</i>

Applicant:	QUAY COUNTY				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
Mailing Address:	PO Box 1246		Tucumcari		NM 88401
	<i>(Mailing Address)</i>		<i>(City)</i>		<i>(State) (Zip)</i>
Contact Person:	RICHARD PRIMROSE		COUNTY MANAGER		
	<i>(Name)</i>		<i>(Title)</i>		
	(575) 461-2112		(575) 461-6208		richard.primrose@quaycounty-nm.gov
	<i>(Telephone #)</i>		<i>(Fax Phone #)</i>		<i>(E-mail Address)</i>

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose **one (1) level** for which your service meets or exceeds the criteria.
(All responses are subject to review and verification).

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
2	Vehicle Maintenance / Repairs / Yearly Inspection	\$ 500.00
Training:		
3	Conference Registrations / Refreshers / Training / License Renewals	\$1,900.00
Mileage & Per Diem:		
4	Per Diem / Mileage for Volunteers to travel for trainings and conferences	\$2,000.00
Supplies (Items Under \$500):		
1	Medical / Non-Medical Supplies / Pharmacy License Renewals / Upgrade Equipment / Replace Expired Supplies / Registration Medical Rescue	\$2,600.00
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$7,000.00

* Do not make all items Priority No. 1.

** For Capital Outlay Projects for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

- 1) Pharmacy Licenses to include clinical and controlled substance licenses renew yearly – you must have these licenses to carry, purchase, and administer medications. Replace expired and used medical supplies. Annual registration of medical rescue unit per New Mexico EMS Bureau / Regulations requirements.
- 2) Repair / Maintenance of vehicle as needed and annual inspection as required by New Mexico EMS Bureau.
- 3) Refreshers / Continuing Education for Volunteers to maintain licensure.
- 4) Per Diem to help volunteers with travel expenses for refreshers, training, and conferences.

SERVICE NAME: QUAY FIRE DEPARTMENT

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF QUAY

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

BRAD BRYANT
Mayor OR Chairman, Board of Commissioners

QUAY
Municipality County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

[Signature]
Signature of Official Named Above Commission Chair (Title)

The above was sworn and subscribed to before this 13 day of January 2017
Notary Public: *[Signature]*
My commission expires: 12/16/2017



PERSON COMPLETING FORM

Name:	PAULA O'STEEN		EMS DIRECTOR	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	PO BOX 643			
	TUCUMCARI	NM	88401	0643
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
(575) 461-1671	(575) 403-7961	N/A	(575) 760-7961	
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:	<i>[Signature]</i>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as top priority items for funding requests. **(Please indicate below the number of items "on hand")**

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	2	Siren	YES
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)		Star of Life Displayed	YES
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	YES
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	YES
Patient Care Reports or Reporting System	YES	Vehicle Registration	YES
Roadway warning devices	8	Vehicle Spotlight or auxiliary lighting	YES
Service Specific Protocols and guidelines	YES	Warning Lights	YES
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1	Spare Batteries/charger system	
EMSCOM (UHF) Radio	1		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	Asst Sizes	Helmet with Face Shield	
Eye Protection	4	N-95 mask (or > particulate mask)	6
Gloves (Leather or heavy duty)		Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection		Splash Protection (disposable)	
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1 Set		
End Title CO2 monitoring device (optional)		Pulse Oximeter	2
Glucose Monitoring Instrument	2	Stethoscope	4
Penlights	4	Thermometer (Patient)	1
Other: <i>(Specify)</i>			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	12	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	Assorted
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	4
Bag Valve Mask Devices (Adult, Child and Infant)	1 Each	Patient Restraints	
Band-Aids (Assorted Sizes)	1 Box	Pediatric Drug Dosage Tape or chart	2
Biohazard Clean-up Supplies	YES	Pediatric Restraint device/car seat	1
Biohazard Waste bags	50	Pillows	2
Blankets	4	Portable Oxygen Equipment	2
Body Bags	2	Portable Suction Unit	2
Cervical Collars - Rigid (Adult, Child and Infant)	2 Each	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	12	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack	12	Sharps Container	3
Cold Weather Warming Devices	12	Sheets	20
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	12 Each	Shoulder/chest/extremity straps	1
Emesis Basin	2	Spinal Immobilization device/backboard	4
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	Assorted
Foil Blanket		Sterile Burn Sheets	4
Hand Sanitizer	12	Sterile Gloves (Assorted Sizes)	12
Heat Pack	12	Sterile Water	12
Inhalation Therapy Equipment	4	Stokes Basket	
Installed Oxygen System	1	Suction Catheters (Soft & Rigid)	2
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	2 Boxes Each	Supraglottic Airway Devices	
Long Backboard	4	Multi-lumen Airway Devices	2
Multi-level Stretcher	1	Laryngeal Airway Devices	
Multi-Lumen Airways	2	Towels	4
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	1
Nasopharyngeal Airways	3 Sets	Trauma Dressings	12
Occlusive Dressings	12	Trauma Shears	3
On-Board Suction System	1	Triangular Bandages	12
On-Board Oxygen Supply	1	Urinal (Male and Female)	4
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	3 Sets		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads	100	IV Fluid (Normal Saline, D5W, LR)	8
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyroidotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes		Magill Forceps	
Electrode Defib Pads		Needles (Assorted Gauges)	YES
End Tidal CO2 Detector		Pediatric Fluid Control Device	1
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	Assorted
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment	4	Tubes, Blood Drawing (Assorted Sizes and Types)	YES
Intraosseous Needles	1	Tubing, IV Administration (60gtts)	
IV Catheters	YES	Tubing, IV Administration Set (10gtts – 20gtts)	4
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) Yes No
Other: <i>(Specify)</i>			



EMS ANNUAL SERVICE REPORT
Fiscal Year 2015
Due Date: January 24, 2014

Submit To:
 EMS Bureau
 1301 Siler Rd Bldg. F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Service Name:	QUAY FIRE DEPARTMENT
	<i>(EMS Service)</i>

Mailing Address:	PO BOX 643			
	<i>(Mailing Address)</i>			
	TUCUMCARI	NM	88401	0643
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	PAULA O'STEEN		EMS DIRECTOR	
	<i>(Name)</i>		<i>(Title)</i>	
	(575) 487-2002	(575) 760-7961		osteenp@plateautel.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
Administration:	QUAY COUNTY			
	<i>(County or Municipality)</i>			
	PO BOX 1246			
	<i>(Mailing Address)</i>			
	TUCUMCARI	NM	88401	1246
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	RICHARD PRIMROSE		COUNTY MANAGER	
	<i>(Name)</i>		<i>(Title)</i>	
	(575) 461-2112	(575) 461-6208	richard.primrose@quaycounty-nm.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
EMS Region:	Region I	Region II	Region III	X

Physical Location of Ambulance/Medical Rescue Facilities				
#1	QUAY FIRE DEPARTMENT			
Name of Facility:	N34°55.448		W103°45.710	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	4209 QUAY ROAD 46			
	TUCUMCARI	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:				
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(Use additional pages as necessary)</i>			

Service Name:	QUAY FIRE DEPARTMENT (EMS Service)
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SERVICE INFORMATION					
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)			
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit		
<input type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit		
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input type="checkbox"/>	Fire Dept.-based		
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based		
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based		
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based		
<input type="checkbox"/>	Other (Please Specify):	<input checked="" type="checkbox"/>	County-based		
		<input type="checkbox"/>	Municipality-based		
PRC Certification #		<input type="checkbox"/>	Tribal		
Medical Rescue Certification #		<input type="checkbox"/>	Other (Please Specify):		
# of Years In Operation		Total EMS Runs Entered into NMEMSTARS. (10/01/12 to 09/30/13)			
EMS Calls		Local Receiving Hospital(s)			
Received By (Mark One)	Dispatched By (Mark One)		DAN C TRIGG HOSPITAL		
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service	<input checked="" type="checkbox"/>	Central Dispatch
<input checked="" type="checkbox"/>	Enhanced 911	<input type="checkbox"/>	Fire Department	<input type="checkbox"/>	Location of Dispatch:
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Law Enforcement		

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		1	Emergency Medical Dispatch Instructor		
EMT Basic		1	Nurse		
EMT Intermediate		2	Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other		

*Volunteer may include those paid by the run or other non-salary arrangement.

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
HAMPTON, TERESA	FR	00020895	03/31/2015	12/03/2012	VOLUNTEER
NUNEZ, JENNIFER	EMT-I	00020467	03/31/2014	12/03/2012	VOLUNTEER
NUNEZ, KACEE	EMT-B	09000749	03/31/2014	12/03/2012	VOLUNTEER
O'STEEN, PAULA	EMT-I	00012649	03/31/2014	12/03/2012	VOLUNTEER

Service Name:	QUAY FIRE DEPARTMENT <i>(EMS Service)</i>
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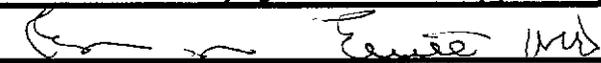
VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input checked="" type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
3. Attach Annual Safety Inspection for all units. (PRC ONLY)				

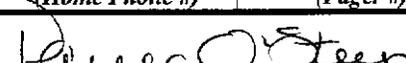
OPERATIONS PLAN			
Please provide information on the Operations Plan for your service.			
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
3. What was the effective date of your Operations Plan?	JANUARY 2013		
4. Please provide a map of the coverage area for your service.			

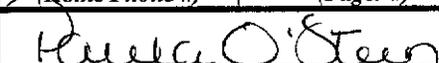
QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input checked="" type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
12/31/2013				

SERVICE DIRECTOR/CHIEF				
Name:	GERALD HIGHT <i>(Name)</i>		FIRE CHIEF <i>(Title)</i>	
Address:	4314 QUAY ROAD 50.4 <i>(Street/Mailing)</i>		TUCUMCARI <i>(City)</i>	NM 88401 <i>(State) (Zip)</i>
(575) 487-9514 <i>(Work Phone)</i>	(575) 487-9514 <i>(Home Phone #)</i>	 <i>(Pager #)</i>	 <i>(Cellular Phone #)</i>	 <i>(E-mail Address)</i>
Signature:				

Service Name:	QUAY FIRE DEPARTMENT <i>(EMS Service)</i>
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SERVICE MEDICAL DIRECTOR				
Name:	GEORGE E EVETTS <i>(Name)</i>	MEDICAL DIRECTOR <i>(Title)</i>	60-36 NM <i>(License #)</i>	
Address:	PO BOX 1128 <i>(Street/Mailing)</i>	TUCUMCARI <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
	(575) 461-0591 <i>(Work Phone)</i>	 <i>(Home Phone #)</i>	 <i>(Pager #)</i>	gevetts@sr66.com <i>(E-mail Address)</i>
<i>*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.</i>				
*Signature:				

SERVICE TRAINING COORDINATOR				
Name:	PAULA O'STEEN <i>(Name)</i>	DIRECTOR <i>(Title)</i>	00012649 <i>(License #)</i>	EMT-I <i>(Level)</i>
Address:	PO BOX 643 <i>(Street/Mailing)</i>	TUCUMCARI <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
	(575) 461-1671 <i>(Work Phone)</i>	(575) 403-7961 <i>(Home Phone #)</i>	N/A <i>(Pager #)</i>	(575) 760-7961 <i>(Cellular Phone #)</i>
	osteenp@plateautel.net <i>(E-mail Address)</i>			
Signature:				

PERSON COMPLETING FORM				
Name:	PAULA O'STEEN <i>(Name)</i>	EMS DIRECTOR <i>(Title)</i>		
Address:	PO BOX 643 <i>(Street/Mailing)</i>	TUCUMCARI <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
	(575) 461-1671 <i>(Work Phone)</i>	(575) 403-7961 <i>(Home Phone #)</i>	N/A <i>(Pager #)</i>	(575) 760-7961 <i>(Cellular Phone #)</i>
	osteenp@plateautel.net <i>(E-mail Address)</i>			
Signature:				

The above was sworn and subscribed to before this 6th day of Jan., 2014


Notary Public

9/9/2017
My Commission Expires



OFFICIAL SEAL
MERCEDES RUDISILL
NOTARY PUBLIC-State of New Mexico



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2015**

Submit To:
EMS Bureau
1301 Siler Rd Bldg F
Santa Fe, NM 87507
Attn: Ann Martinez
505-476-8233

Due Date: January 24, 2014

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2014**. Please adhere to the following instructions, **as incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (one staple in the left top corner only)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	Forrest Fire Department			03221329	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	209 State Highway 210		McAlister	NM	88427
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	1	2	X	3	
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Joe A. Garrett		Fire Chief/ EMS coordinator	Joe1963@plateautel.net	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Quay County Government				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
Mailing Address:	PO Box 1246		Tucumcari	NM	88401
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Contact Person:	Richard Primrose		County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	575-461-2112	575-461-6208		richard.primrose@quaycounty-nm.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>		<i>(E-mail Address)</i>	

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria. **(All responses are subject to review and verification).**

Medical-Rescue Service Entry Level (S1,500)	Medical-Rescue Service First Responder (S3,000)	Medical-Rescue Service/Ambulance Basic Level (S5,000)	Medical-Rescue Service/Ambulance Advance Level (S7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available... 24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
1	Ambulance Unit 7	\$1000.00
2	Medical Equipment and supplies	\$500.00
Training:		
1	EMT – Intermediate Course x2 EMT-Basic Course x2	\$3600.00
2	CEU and refresher training	\$400.00
Mileage & Per Diem:		
1	Travel expense	\$500.00
Supplies (Items Under \$500):		
		\$500.00
**Capital Outlay (Items Over \$500):		
		\$500.00
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$6500.00

* Do not make all items Priority No. 1.

** For Capital Outlay Projects for which the service intends to “carry over” funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

In the past 4 Years we have gone from 3 first responders to 5 first responders, where we had no EMT basics we have gone too 2, where we had no transportable rescue we have gone to a transportable rescue, as well as A rescue unit complete with rescue equipment generators and lighting.

We have been blessed to grow where the areas around us have gone down to almost no help at all. The forrest Fire department personal have stepped up to help in the community as well as surrounding communities.

We have managed to purchase newer equipment to include a life pak 12, with out using any grant monies.

We have 2 personal taking the EMT Intermediate class starting 1/13/2014, and 2 personal signed up for the Basic class also starting 1/13/2014, We do realize that this does not guarantee we will pass, but the Willingness is there.

If the 4 personal can pass there classes that will give the Forrest EMS program (2EMT Intermediates) (EMT Basics) and (5 EMT First responders)

In A rapid shrinking Volunteer EMS world, I am proud of are Communities dedication, and would ask for Your support.

SERVICE NAME: Forrest Fire Department

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Brad Bryant

Mayor

OR

Chairman, Board of Commissioners

Quay

Municipality

County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

[Signature]
Signature of Official Named Above

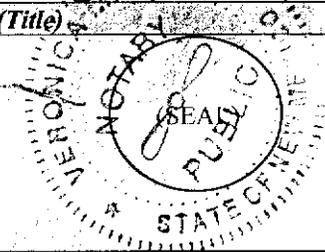
Commission Chair
(Title)

The above was sworn and subscribed to before this 13 day of January, 2014.

Notary Public:

[Signature]

My commission expires: 12/17/2013



PERSON COMPLETING FORM

Name:	Joe A. Garrett		Fire Chief/ EMS Cordinator	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	3298 Quay Road 37			
	Melrose	NM	88124	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
575-309-9065	575-458-9103	605	575-309-9065	Joe1963@plateautel.net
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:	<i>[Signature]</i>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. (Please indicate below the number of items "on hand")

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 11b)	2	Siren	1
Flashlight	3	Spare Tire	1
Fuses (appropriate sizes)	6	Star of Life Displayed	4
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	2
Maps or Navigational equipment	3	U.S. DOT Emergency Response Guidebook	2
Patient Care Reports or Reporting System	15	Vehicle Registration	1
Roadway warning devices	10	Vehicle Spotlight or auxiliary lighting	1
Service Specific Protocols and guidelines	1	Warning Lights	4
Other: <i>(Specify)</i>			
Lights for landing zone	1 SET		

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1	Spare Batteries/charger system	1
EMSCOM (UHF) Radio	1		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	3 Boxes	Helmet with Face Shield	0
Eye Protection	3 Pair	N-95 mask (or > particulate mask)	1 BOX
Gloves (Leather or heavy duty)	0	Safety Vest/Jacket/(ANSI 2008 Compliant)	4
Hearing Protection	1 Bag	Splash Protection (disposable)	4
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer - with infant, pediatric, adult and obese size cuffs	2		
End Title CO2 monitoring device (optional)	1	Pulse Oximeter	2
Glucose Monitoring Instrument	2	Stethoscope	2
Penlights	3	Thermometer (Patient)	1
Other: (Specify)			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	yes	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	Yes
Auto Ventilator Devices (ATV/MTV)	yes	Oxygen Supply Tubing	Yes
Bag Valve Mask Devices (Adult, Child and Infant)	yes	Patient Restraints	Yes
Band-Aids (Assorted Sizes)	yes	Pediatric Drug Dosage Tape or chart	Yes
Biohazard Clean-up Supplies	Yes	Pediatric Restraint device/car seat	Yes
Biohazard Waste bags	Yes	Pillows	Yes
Blankets	Yes	Portable Oxygen Equipment	Yes 3
Body Bags	1 yes	Portable Suction Unit	0
Cervical Collars - Rigid (Adult, Child and Infant)	Yes	Seated Spinal Immobilization Device	Yes
Cervical Immobilization Devices	Yes	Semi-Automatic Defibrillator with Pads	Life pak
Chair Stretcher	no	Semi-Automatic Defibrillator Batteries	No spare
Cold Pack	Yes	Sharps Container	Yes
Cold Weather Warming Devices	Yes	Sheets	Yes
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	yes	Shoulder/chest/extremity straps	Yes
Emesis Basin		Spinal Immobilization device/backboard	yes
Field Stretcher (Scoop, Collapsible, Vacuum)	yes	Splints, Extremity (Rigid, Air, Vacuum)	Yes
Foil Blanket	yes	Sterile Burn Sheets	Yes
Hand Sanitizer	yes	Sterile Gloves (Assorted Sizes)	Yes
Heat Pack	yes	Sterile Water	Yes
Inhalation Therapy Equipment	yes	Stokes Basket	no
Installed Oxygen System	yes	Suction Catheters (Soft & Rigid)	yes
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)		Supraglottic Airway Devices	yes
Long Backboard	yes	Multi-lumen Airway Devices	3,4,5
Multi-level Stretcher	yes	Laryngeal Airway Devices	yes
Multi-Lumen Airways	yes	Towels	yes
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	yes	Traction Splint	Yes 2
Nasopharyngeal Airways	yes	Trauma Dressings	yes
Occlusive Dressings	yes	Trauma Shears	yes
On-Board Suction System	yes	Triangular Bandages	yes
On-Board Oxygen Supply	yes	Urinal (Male and Female)	no
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	3 to 5		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads		IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyroidotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes		Magill Forceps	
Electrode Defib Pads		Needles (Assorted Gauges)	
End Tidal CO2 Detector		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles		Tubing, IV Administration (60gtts)	
IV Catheters		Tubing, IV Administration Set (10gtts – 20gtts)	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) Yes No
Other: <i>(Specify)</i>			

FORREST EMS DEPARTMENT QUALITY ASSURANCE REVIEW PLANS 2014

The Forrest Fire Department EMS will meet Monthly to discuss any issue or improvements in house. Joe Garrett EMS Coordinator will meet with DR. Evetts (**Medical Director**) quarterly to review runs. Dr. Evetts(**Medical Director**) is also available to review and or discuss any issue that may come up between quarterly meetings.

FORREST FIRE DEPARTMENT

VEHICLE LIST

DATE:

Item Checked	Unit 7	Unit 9	Item Checked	Unit 7	Unit 9
Mileage			Unit Washed		
Tire Condition			Parking Brake		
Tire Pressure			Horn		
Spare Tire			Windshield Wipers		
Head lights High Low			Clean All Glass		
Turn signals			Fire extinguishers		
Turn signals			Engine Oil		
Tail Lights			Brake Fluid		
Brake Lights			Radiator Fluid		
Siren/PA			Washer Fluid		
Light Bar			Battery Terminals		
Rear Warning Lights			Battery Water		
Flood Lights			Engine Belts		
Rear work lights			Power Steering		
Radio Check			Heater / AC		
Run Reports			Spot Light		
Hazard Flashers			Dome Light		
Seat Belt Operations			Tools		
On Board O ₂	lbs		Portable o ₂	lbs	lbs

List any Problems found



EMS ANNUAL SERVICE REPORT
Fiscal Year 2015
Due Date: January 24, 2014

Submit To:
 EMS Bureau
 1301 Siler Rd Bldg. F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Service Name:	Forrest Fire Department <i>(EMS Service)</i>
----------------------	--

Mailing Address:	209 State Highway 210 <i>(Mailing Address)</i>			
	McAlister <i>(City)</i>	NM <i>(State)</i>	88427 <i>(Zip)</i>	<i>(+4)</i>
	Contact Person: Joe Garrett <i>(Name)</i>		Fire Chief / EMS Coordinator <i>(Title)</i>	
	575-309-9065 <i>(Business Phone)</i>	575-458-9103 <i>(Emergency Phone)</i>		Joe1963@plateautel.net <i>(E-mail Address)</i>
Administration:	Quay County Government <i>(County or Municipality)</i>			
	PO Box 1246 <i>(Mailing Address)</i>			
	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Richard Primrose <i>(Name)</i>		Quay county Manager <i>(Title)</i>	
	575-461-2112 <i>(Telephone #)</i>	575-461-6208 <i>(Fax Phone #)</i>	Richard.primrose@quaycounty-nm.gov <i>(E-mail Address)</i>	
	EMS Region: Region I Region II Region III X			

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Forrest Fire Department			
	34.794655 <i>Latitude</i>	-103.601054 <i>Longitude</i>		
Street Address:	209 State Highway 210			
	McAlister <i>(City)</i>	NM <i>(State)</i>	88427 <i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:				
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:				
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

Service Name:	Forrest Fire Department <i>(EMS Service)</i>
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SERVICE INFORMATION					
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)			
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit		
<input type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit		
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based		
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based		
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based		
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based		
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based		
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based		
<input type="checkbox"/>	PRC Certification #	<input type="checkbox"/>	Tribal		
<input type="checkbox"/>	Medical Rescue Certification #	03221329	Other (Please Specify):		
# of Years In Operation	28	Total EMS Runs Entered into NMEMSTARS. (10/01/12 to 09/30/13)	7		
EMS Calls		Local Receiving Hospital(s)			
Received By (Mark One)	Dispatched By (Mark One)		PRNC - Clavis Trigg - Tubancari		
<input type="checkbox"/>	Basic 911	Ambulance Service		<input checked="" type="checkbox"/>	Central Dispatch
<input checked="" type="checkbox"/>	Enhanced 911	Fire Department		<input type="checkbox"/>	Location of Dispatch:
<input type="checkbox"/>	Local Phone	Law Enforcement		<input type="checkbox"/>	

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		5			
EMT Basic		2			
EMT Intermediate					
EMT Paramedic					
Emergency Medical Dispatcher					

*Volunteer may include those paid by the run or other non-salary arrangement.

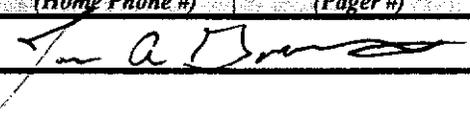
LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Joe Garrett	EMT-Basic	10001526	3-31-2015	2013	Volunteer
Joe Lavender	EMT-Basic	10001459	3-31-2015	2013	Volunteer
Judy Rush	FR	00021880	3-31-2014	2013	Volunteer
Jerri Rush	FR	00017372	3-31-2014	2013	Volunteer
Diana Rush	FR	00021881	3/31/2015	2013	Volunteer
Galen Hutchins	FR	10001525	3/31/2015	2013	Volunteer

Service Name:	Forrest Fire Department <i>(EMS Service)</i>
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VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input checked="" type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
3. Attach Annual Safety Inspection for all units. (PRC ONLY)				

OPERATIONS PLAN			
Please provide information on the Operations Plan for your service.			
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
3. What was the effective date of your Operations Plan?	2013		
4. Please provide a map of the coverage area for your service.			

QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input checked="" type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
3/2014	6/2014	9/2014	12/2014	

SERVICE DIRECTOR/CHIEF				
Name:	Joe Garrett	Chief		
	<i>(Name)</i>	<i>(Title)</i>		
Address:	3298 Quay Road 37	Melrose	NM	88124
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
575-309-9065	575-458-9103	605	575-309-9065	Joe1963@plateautel.net
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

Service Name:	Forrest Fire Department <i>(EMS Service)</i>
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SERVICE MEDICAL DIRECTOR

Name:	DR George E. Evetts <i>(Name)</i>	Medical Director <i>(Title)</i>	60-36 <i>(License #)</i>
Address:	PO Box 1128 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM 88401 <i>(State) (Zip)</i>
<i>(Work Phone)</i>	575-461-0591 <i>(Home Phone #)</i>	<i>(Pager #)</i>	gevetts@sr66.com <i>(Cellular Phone #) (E-mail Address)</i>

***In signing this application I am certifying that I am actively providing medical direction for this EMS Service.**

***Signature:** *George E. Evetts*

SERVICE TRAINING COORDINATOR

Name:	Joe Garrett <i>(Name)</i>	EMS Cord <i>(Title)</i>	10001526 <i>(License #)</i>	EMT-B <i>(Level)</i>
Address:	3298 Quay Road 37 <i>(Street/Mailing)</i>	Melrose <i>(City)</i>	NM <i>(State)</i>	88124 <i>(Zip)</i>
<i>(Work Phone)</i>	575-458-9103 <i>(Home Phone #)</i>	605 <i>(Pager #)</i>	575-309-9065 <i>(Cellular Phone #)</i>	Joe1963@plateautel.net <i>(E-mail Address)</i>

Signature: *Joe Garrett*

PERSON COMPLETING FORM

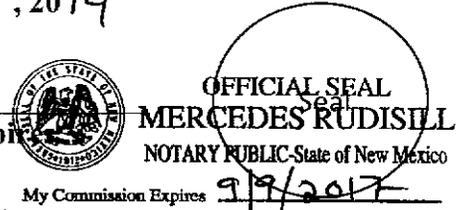
Name:	Joe Garrett <i>(Name)</i>	Chief / EMS Coordinator <i>(Title)</i>
Address:	3298 Quay Road 37 <i>(Street/Mailing)</i>	Melrose NM 88124 <i>(City) (State) (Zip)</i>
<i>(Work Phone)</i>	575-458-9103 <i>(Home Phone #)</i>	605 <i>(Pager #)</i>
		575-309-9065 <i>(Cellular Phone #)</i>
		Joe1963@plateautel.net <i>(E-mail Address)</i>

Signature: *Joe Garrett*

The above was sworn and subscribed to before this 6th day of Jan., 2014

Mae Ruesia
Notary Public

9/9/2017
My Commission Expires



***FORREST EMS DEPARTMENT
QUALITY ASSURANCE REVIEW
PLANS 2014***

The Forrest Fire Department EMS will meet Monthly to discuss any issue or improvements in house. Joe Garrett EMS Coordinator will meet with DR. Evetts (**Medical Director**) quarterly to review runs. Dr. Evetts(**Medical Director**) is also available to review and or discuss any issue that may come up between quarterly meetings.

FORREST FIRE DEPARTMENT

VEHICLE LIST

DATE:

Item Checked	Unit 7	Unit 9	Item Checked	Unit 7	Unit 9
Mileage			Unit Washed		
Tire Condition			Parking Brake		
Tire Pressure			Horn		
Spare Tire			Windshield Wipers		
Head lights High Low			Clean All Glass		
Turn signals			Fire extinguishers		
Turn signals			Engine Oil		
Tail Lights			Brake Fluid		
Brake Lights			Radiator Fluid		
Siren/PA			Washer Fluid		
Light Bar			Battery Terminals		
Rear Warning Lights			Battery Water		
Flood Lights			Engine Belts		
Rear work lights			Power Steering		
Radio Check			Heater / AC		
Run Reports			Spot Light		
Hazard Flashers			Dome Light		
Seat Belt Operations			Tools		
On Board O2	lbs		Portable o2	lbs	lbs

List any Problems found

SERVICE NAME: Forrest Fire Department

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Brad Bryant

Mayor OR Chairman, Board of Commissioners

Quay

Municipality County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

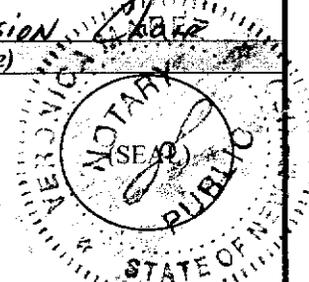
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

[Signature]
Signature of Official Named Above

The above was sworn and subscribed to before this 13 day of January 2014.

Notary Public *[Signature]*

My commission expires: 12/10/2017



PERSON COMPLETING FORM

Name:	Joe A. Garrett		Fire Chief/ EMS Cordinator	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	3298 Quay Road 37			
	Melrose	NM	88124	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
575-309-9065	575-458-9103	605	575-309-9065	Joe1963@plateautel.net
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:	<i>[Signature]</i>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2015**

Submit To:
EMS Bureau
1301 Siler Rd Bldg F
Santa Fe, NM 87507
Attn: Ann Martinez
505-476-8233

Due Date: January 24, 2014

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2014**. Please adhere to the following instructions, **as incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (one staple in the left top corner only)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	Conservancy Fire District #1			0321353	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	P.O. Box 725		Tucumcari		NM 88401
	<i>(Street/Mailing Address)</i>		<i>(City)</i>		<i>(State)</i> <i>(Zip)</i>
	1	2	X	3	
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>		<i>(Emergency Phone #)</i> <i>(Fax Phone #)</i>
Contact Person:	Michelle Jaynes		Secretary		Michelle.jaynes5@gmail.com
	<i>(Name)</i>		<i>(Title)</i>		<i>(E-mail Address)</i>

Applicant:	Quay County-Conservancy Fire District #1				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
Mailing Address:	P.O. Box 1246		Tucumcari		NM 88401
	<i>(Mailing Address)</i>		<i>(City)</i>		<i>(State)</i> <i>(Zip)</i>
Contact Person:	Richard Primrose		County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	575-461-2112		575-461-6208		Richard.primrose@quacounty-NM.gov
	<i>(Telephone #)</i>		<i>(Fax Phone #)</i>		<i>(E-mail Address)</i>

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria.
(All responses are subject to review and verification).

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT. minimum of two NM licensed personnel.	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel. minimum of two NM licensed personnel.	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level. minimum of two NM licensed personnel.
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. Attached copy(s)	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements. Attached copy(s)	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). Attach copy(s)	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). Attach copy(s)
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable. Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.
- Use each number only once. (Use additional sheets if necessary.)

*Priority <small>(Rank Order)</small>	Description of Items <small>(Please list in appropriate category and provide adequate detail on each priority item)</small>	Estimated Cost (\$)
Repair and Maintenance:		
Training:		
1	Training:	\$2000.00
Mileage & Per Diem:		
2	Mileage	\$500.00
Supplies (Items Under \$500):		
3	Replenish First Aid Kit	\$500.00
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$3000.00

* Do not make all items Priority No. 1.

** For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

SERVICE NAME:

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Mayor

OR

Chairman, Board of Commissioners

Municipality

County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

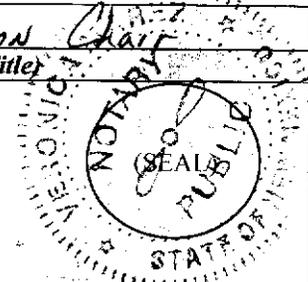
[Signature]
Signature of Official Named Above

Commission Chair
(Title)

The above was sworn and subscribed to before this 13 day of January, 2013.

Notary Public

[Signature]
My commission expires: 12/16/2017



PERSON COMPLETING FORM

Name:	Michelle Jaynes	Secretary		
	(Name)	(Title)		
Address:	4205 Quay Road 63			
	Tucumcari	NM	88401	
	(City)	(State)	(Zip)	(+4)
575-461-6448	575-461-4765	575-815-9015	Michelle.jaynes5@gmail.com	
(Work Phone)	(Home Phone A)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<i>[Signature]</i>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. **(Please indicate below the number of items "on hand")**

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 11b)		Siren	
Flashlight		Spare Tire	
Fuses (appropriate sizes)		Star of Life Displayed	
Jack and Handle		Tool Box	
Lug Wrench		Triage Tags for MCI's	
Maps or Navigational equipment		U.S. DOT Emergency Response Guidebook	
Patient Care Reports or Reporting System		Vehicle Registration	
Roadway warning devices		Vehicle Spotlight or auxiliary lighting	
Service Specific Protocols and guidelines		Warning Lights	
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	4	Spare Batteries/charger system	2
EMSCOM (UHF) Radio	2		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	200	Helmet with Face Shield	10
Eye Protection	10	N-95 mask (or > particulate mask)	
Gloves (Leather or heavy duty)	10	Safety Vest/Jacket/(ANSI 2008 Compliant)	10
Hearing Protection		Splash Protection (disposable)	
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs			
End Title CO2 monitoring device (optional)		Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	3
Penlights	2	Thermometer (Patient)	3
Other: <i>(Specify)</i>			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	4	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	4
Bag Valve Mask Devices (Adult, Child and Infant)	2	Patient Restraints	4
Band-Aids (Assorted Sizes)	400	Pediatric Drug Dosage Tape or chart	2
Biohazard Clean-up Supplies	10	Pediatric Restraint device/car seat	
Biohazard Waste bags	100	Pillows	2
Blankets	2	Portable Oxygen Equipment	10
Body Bags		Portable Suction Unit	
Cervical Collars - Rigid (Adult, Child and Infant)	20	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	1	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack	10	Sharps Container	10
Cold Weather Warming Devices	4	Sheets	4
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	40	Shoulder/chest/extremity straps	2
Emesis Basin		Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	10	Splints, Extremity (Rigid, Air, Vacuum)	4
Foil Blanket	4	Sterile Burn Sheets	2
Hand Sanitizer	10	Sterile Gloves (Assorted Sizes)	200
Heat Pack	5	Sterile Water	5
Inhalation Therapy Equipment		Stokes Basket	
Installed Oxygen System		Suction Catheters (Soft & Rigid)	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)		Supraglottic Airway Devices	
Long Backboard	4	Multi-lumen Airway Devices	0
Multi-level Stretcher		Laryngeal Airway Devices	4
Multi-Lumen Airways		Towels	10
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord		Traction Splint	
Nasopharyngeal Airways	10	Trauma Dressings	10
Occlusive Dressings	10	Trauma Shears	10
On-Board Suction System		Triangular Bandages	20
On-Board Oxygen Supply		Urinal (Male and Female)	
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)			
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads		IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyrotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes		Magill Forceps	
Electrode Defib Pads		Needles (Assorted Gauges)	
End Tidal CO2 Detector		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles		Tubing, IV Administration (60gtts)	
IV Catheters		Tubing, IV Administration Set (10gtts – 20gtts)	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) Yes No
Other: <i>(Specify)</i>			



EMS ANNUAL SERVICE REPORT
Fiscal Year 2015
Due Date: January 24, 2014

Submit To:
 EMS Bureau
 1301 Siler Rd Bldg. F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Service Name:	Conservancy Fire District #1
	<i>(EMS Service)</i>

Mailing Address:	P.O. Box 725			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	0725
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Michelle Jaynes		Secretary	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-6448	575-815-9015	575-461-8584	Michelle.jaynes5@gamil.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
Administration:	Quay County			
	<i>(County or Municipality)</i>			
	P.O. Box 1246			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	1246
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Richard Primrose		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-2112	575-461-6208	Richard.primrose@quacounty-NM.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
EMS Region:	Region I	Region II	Region III	

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Conservancy Fire District #1-Main Station			
	35.1690 North		103.7474 West	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	1002 S. Camino del Coronado			
	Tucumcari	NM	88401	0725
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:	Conservancy Fire District #1 Sub Station			
	35.2229 North		103.7735 West	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	6649 QR AR			
	Tucumcari	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(Use additional pages as necessary)</i>			

Service Name:	Conservancy Fire District #1 <i>(EMS Service)</i>
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SERVICE INFORMATION					
Type of Service (Must Check Only One)			Affiliation Type (Mark Primary Affiliation Only)		
<input type="checkbox"/>	Certified PRC Ambulance		<input type="checkbox"/>	Private for-profit	
<input type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)		<input type="checkbox"/>	Private non-profit	
<input type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)		<input checked="" type="checkbox"/>	Fire Dept.-based	
<input type="checkbox"/>	Emergency Medical Dispatch Agency		<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based	
<input type="checkbox"/>	Special Event(s) Agency		<input type="checkbox"/>	Clinic-based	
<input type="checkbox"/>	Air Ambulance		<input type="checkbox"/>	Hospital-based	
<input type="checkbox"/>	Other (Please Specify):		<input type="checkbox"/>	County-based	
<input type="checkbox"/>			<input type="checkbox"/>	Municipality-based	
<input type="checkbox"/>	PRC Certification #		<input type="checkbox"/>	Tribal	
<input type="checkbox"/>	Medical Rescue Certification #		<input type="checkbox"/>	Other (Please Specify):	
# of Years In Operation 22 Total EMS Runs Entered into NMEMSTARS. (10/01/12 to 09/30/13) 1					
EMS Calls				Local Receiving Hospital(s)	
Received By (Mark One)		Dispatched By (Mark One)		Dr. Dan C. Trigg Memorial Hospital	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service	<input checked="" type="checkbox"/>	Central Dispatch
<input checked="" type="checkbox"/>	Enhanced 911	<input checked="" type="checkbox"/>	Fire Department	Location of Dispatch: Meil de Luna	
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Law Enforcement	Tucumcari, NM 88401	
				Tucumcari, NM	

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder				Emergency Medical Dispatch Instructor	
EMT Basic		1		Nurse	
EMT Intermediate		1		Physician	
EMT Paramedic				Driver	
Emergency Medical Dispatcher				Other	

*Volunteer may include those paid by the run or other non-salary arrangement.

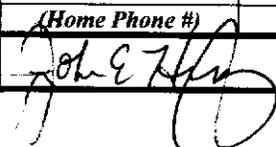
LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Michelle Jaynes	EMT-B	09000741	03/31/2016	12/2013	Volunteer
Jared Langenegger	EMT-I	0600792	03/31/2015	12/2013	Volunteer

Service Name:	Conservancy Fire District #1 <i>(EMS Service)</i>
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VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
3. Attach Annual Safety Inspection for all units. (PRC ONLY)				

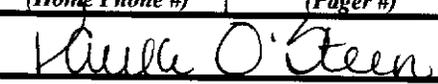
OPERATIONS PLAN			
Please provide information on the Operations Plan for your service.			
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
3. What was the effective date of your Operations Plan?	2004		
4. Please provide a map of the coverage area for your service.			

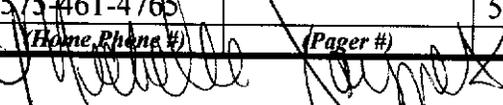
QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input checked="" type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012
12/31/2013				

SERVICE DIRECTOR/CHIEF				
Name:	John Hinze <i>(Name)</i>		Chief <i>(Title)</i>	
Address:	P.O. Box 725 <i>(Street/Mailing)</i>		Tucumcari <i>(City)</i>	NM 88401 <i>(State) (Zip)</i>
575-461-2724 <i>(Work Phone)</i>	575-461-2724 <i>(Home Phone #)</i>	 <i>(Pager #)</i>	575-403-7682 <i>(Cellular Phone #)</i>	pastorjohn@fbctuc.com <i>(E-mail Address)</i>
Signature: 				

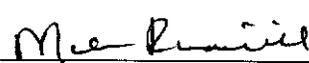
Service Name:	Conservancy Fire District #1 <i>(EMS Service)</i>
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SERVICE MEDICAL DIRECTOR				
Name:	Dr. George Evetts <i>(Name)</i>	Medical Director <i>(Title)</i>	60-36NM <i>(License #)</i>	
Address:	P.O. Box 1128 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
<i>(Work Phone)</i>	575-461-0591 <i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.				
*Signature:				

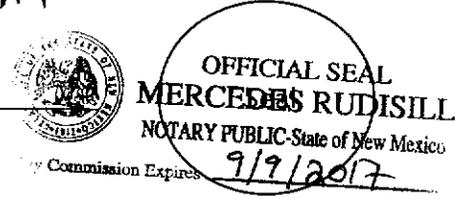
SERVICE TRAINING COORDINATOR				
Name:	Paula O'Steen <i>(Name)</i>	TC <i>(Title)</i>	00012649 <i>(License #)</i>	EMT-I <i>(Level)</i>
Address:	P.O. Box 643 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
575-461-1671 <i>(Work Phone)</i>	575-487-9520 <i>(Home Phone #)</i>	<i>(Pager #)</i>	575-760-7961 <i>(Cellular Phone #)</i>	Osteenp2000@yahoo.com <i>(E-mail Address)</i>
Signature:				

PERSON COMPLETING FORM				
Name:	Michelle Jaynes <i>(Name)</i>	Secretary <i>(Title)</i>		
Address:	P.O. Box 725 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
575-461-6448 <i>(Work Phone)</i>	575-461-4765 <i>(Home Phone #)</i>	<i>(Pager #)</i>	575-815-9015 <i>(Cellular Phone #)</i>	Michelle.jaynes5@gmail.com <i>(E-mail Address)</i>
Signature:				

The above was sworn and subscribed to before this 6th day of Jan., 2014


Notary Public

9/9/2017
My Commission Expires



SERVICE NAME: _____

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:
(TYPE OR PRINT)

Mayor

OR

Chairman, Board of Commissioners

Municipality

County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

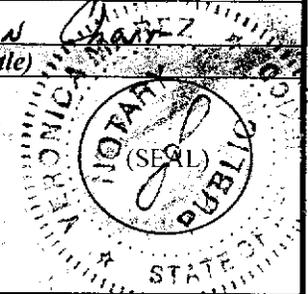
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

[Signature]
Signature of Official Named Above

Commission Chair
(Title)

The above was sworn and subscribed to before this 3 day of January, 2018.

Notary Public: *[Signature]*



My commission expires: 12/16/2017

PERSON COMPLETING FORM

Name:	Michelle Jaynes	Secretary		
	(Name)	(Title)		
Address:	4205 Quay Road 63			
	Tucumcari	NM	88401	
	(City)	(State)	(Zip)	(+4)
575-461-6448	575-461-4765		575-815-9015	Michelle.jaynes5@gmail.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<i>[Signature]</i>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2015**

Submit To:
EMS Bureau
1301 Siler Rd Bldg F
Santa Fe, NM 87507
Attn: Ann Martinez
505-476-8233

Due Date: January 24, 2014

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2014**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (one staple in the left top corner only)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	Conservancy Fire District #2		0321354	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
Mailing Address:	P.O. Box 866		Tucumcari	NM 88401
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
	1	2 X 3	575-461-6448	575-815-9015
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>
Contact Person:	April Shipley		Secretary	Ashipley234@gmail.com
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>

Applicant:	Quay County-Conservancy Fire District #2			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
Mailing Address:	P.O. Box 1246		Tucumcari	NM 88401
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
Contact Person:	Richard Primrose		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-2112	575-461-6208	Richard.primrose@quacounty-NM.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria. **(All responses are subject to review and verification).**

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
Training:		
1	Training: Conference Registration, Refresher & Training	\$1000.00
Mileage & Per Diem:		
2	Mileage	\$1000.00
Supplies (Items Under \$500):		
3	Medical non Med Supplies	\$1000.00
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$3000.00

* Do not make all items Priority No. 1.

** For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

1. Refreshers/Training for volunteers to maintain licensure
2. Help volunteers with travel expense for refreshers, training and conferences
3. Replace/Restock used and expired supplies, upgrade equipment

SERVICE NAME:

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)

Mayor OR Chairman, Board of Commissioners

Municipality County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

Signature of Official Named Above

Commissioner Chair

The above was sworn and subscribed to before this 13 day of January 2013.

Notary Public

My commission expires: 12/16/2017

PERSON COMPLETING FORM

Name: April Shipley Secretary
Address: P.O. Box 866 Tucumcari NM 88401
575-461-6448 (Work Phone) 575-815-9013 (Cellular Phone #) Ashipley234@gmail.com (E-mail Address)
Signature: April Shipley

FOR BUREAU USE ONLY

Reviewer: Date Reviewed:
Approved: Yes No Final Award:
Comments/Problem:
Date Corrected:

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. (Please indicate below the number of items "on hand")

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)		Siren	
Flashlight		Spare Tire	
Fuses (appropriate sizes)		Star of Life Displayed	
Jack and Handle		Tool Box	
Lug Wrench		Triage Tags for MCI's	
Maps or Navigational equipment		U.S. DOT Emergency Response Guidebook	
Patient Care Reports or Reporting System		Vehicle Registration	
Roadway warning devices		Vehicle Spotlight or auxiliary lighting	
Service Specific Protocols and guidelines		Warning Lights	
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	4	Spare Batteries/charger system	2
EMSCOM (UHF) Radio	2		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	200	Helmet with Face Shield	10
Eye Protection	10	N-95 mask (or > particulate mask)	
Gloves (Leather or heavy duty)	10	Safety Vest/Jacket/(ANSI 2008 Compliant)	10
Hearing Protection		Splash Protection (disposable)	
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs			
End Title CO2 monitoring device (optional)		Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	3
Penlights	2	Thermometer (Patient)	3
Other: (Specify)			

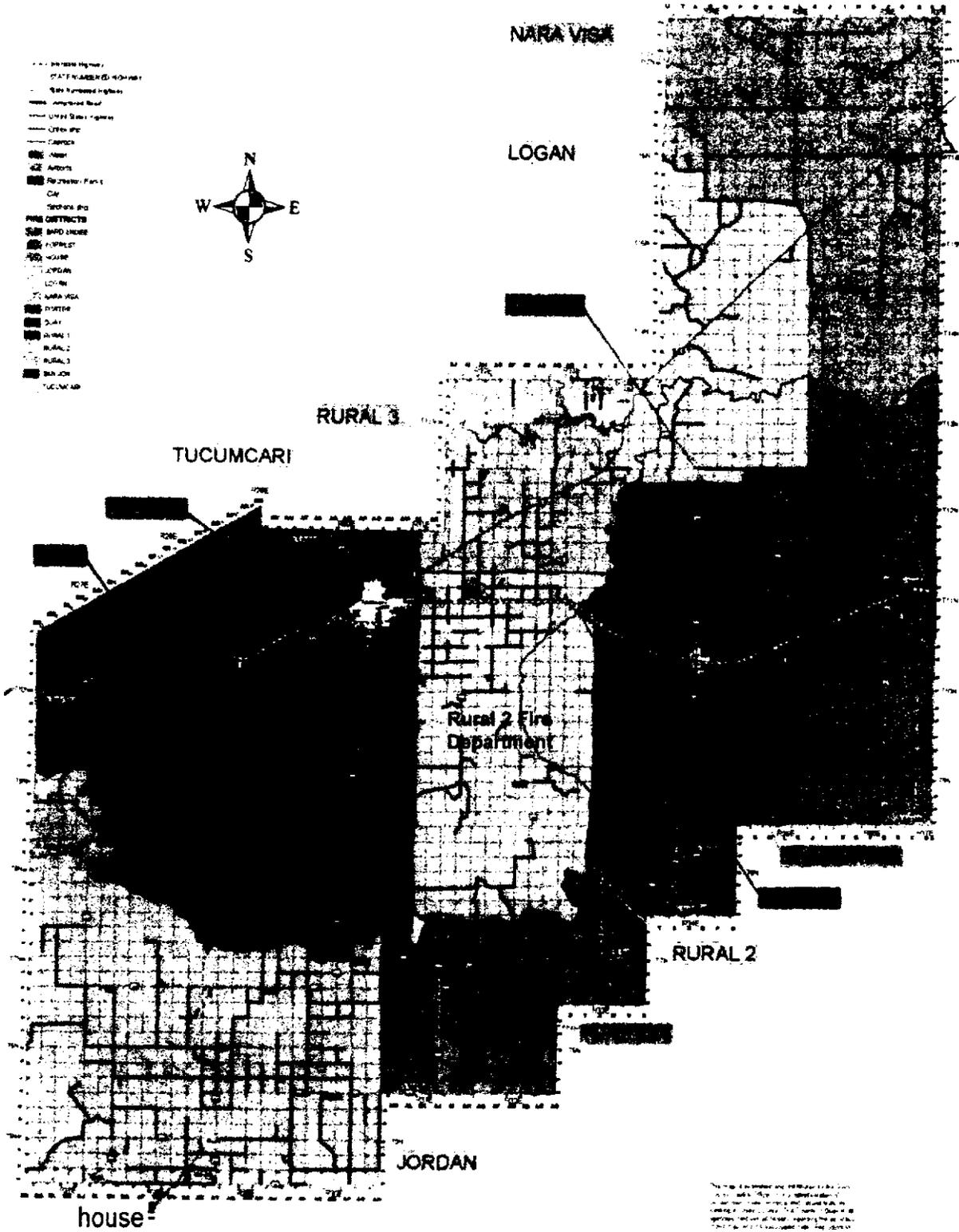
Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	4	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	4
Bag Valve Mask Devices (Adult, Child and Infant)	2	Patient Restraints	4
Band-Aids (Assorted Sizes)	400	Pediatric Drug Dosage Tape or chart	2
Biohazard Clean-up Supplies	10	Pediatric Restraint device/car seat	
Biohazard Waste bags	100	Pillows	2
Blankets	2	Portable Oxygen Equipment	10
Body Bags		Portable Suction Unit	
Cervical Collars - Rigid (Adult, Child and Infant)	20	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	1	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack	10	Sharps Container	10
Cold Weather Warming Devices	4	Sheets	4
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	40	Shoulder/chest/extremity straps	2
Emesis Basin		Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)	10	Splints, Extremity (Rigid, Air, Vacuum)	4
Foil Blanket	4	Sterile Burn Sheets	2
Hand Sanitizer	10	Sterile Gloves (Assorted Sizes)	200
Heat Pack	5	Sterile Water	5
Inhalation Therapy Equipment		Stokes Basket	
Installed Oxygen System		Suction Catheters (Soft & Rigid)	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)		Supraglottic Airway Devices	
Long Backboard	4	Multi-lumen Airway Devices	0
Multi-level Stretcher		Laryngeal Airway Devices	4
Multi-Lumen Airways		Towels	10
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord		Traction Splint	
Nasopharyngeal Airways	10	Trauma Dressings	10
Occlusive Dressings	10	Trauma Shears	10
On-Board Suction System		Triangular Bandages	20
On-Board Oxygen Supply		Urinal (Male and Female)	
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)			
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: <i>(Specify)</i>			
Advance Level			
Alcohol and Betadine Prep Pads		IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyroidotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes		Magill Forceps	
Electrode Defib Pads		Needles (Assorted Gauges)	
End Tidal CO2 Detector		Pediatric Fluid Control Device	
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)	
Intraosseous Needles		Tubing, IV Administration (60gtts)	
IV Catheters		Tubing, IV Administration Set (10gtts – 20gtts)	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Circle) Yes No
Other: <i>(Specify)</i>			

QUAY COUNTY

In preparation from the Quay Co.



Map of Quay County, Oregon, showing fire districts. Prepared by the Oregon Department of Fire and Emergency Services, 1998.



EMS ANNUAL SERVICE REPORT
Fiscal Year 2015
Due Date: January 24, 2014

Submit To:
 EMS Bureau
 1301 Siler Rd Bldg. F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Service Name:	Conservancy Fire District #2
	<i>(EMS Service)</i>

Mailing Address:	P.O. Box 866			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	0866
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	April Shipley		Secretary	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-6448	575-815-9013	575-461-8584	Ashipley234@gmail.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
Administration:	Quay County			
	<i>(County or Municipality)</i>			
	P.O. Box 1246			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	1246
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Richard Primrose		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-2112	575-461-6208	Richard.primrose@quacounty-NM.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
EMS Region:	Region I	Region II	Region III	x

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Conservancy Fire District #2-Main Station			
	35.166172 North		103.613800 West	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	3303 Hwy 278			
	Tucumcari	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2				
Name of Facility:	Conservancy Fire District #2 Sub Station			
	35.127082 North		103.613285 West	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:				
	Tucumcari	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(Use additional pages as necessary)</i>			

Service Name:	Conservancy Fire District #2 (EMS Service)
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SERVICE INFORMATION			
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)	
<input type="checkbox"/> Certified PRC Ambulance		Private for-profit	
<input type="checkbox"/> Certified Medical/Rescue Service (Non-transport)		Private non-profit	
<input type="checkbox"/> Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based	
<input type="checkbox"/> Emergency Medical Dispatch Agency		Law Enforcement or Department of Public Safety-based	
<input type="checkbox"/> Special Event(s) Agency		Clinic-based	
<input type="checkbox"/> Air Ambulance		Hospital-based	
<input type="checkbox"/> Other (Please Specify):		County-based	
		Municipality-based	
PRC Certification #		Tribal	
Medical Rescue Certification #		Other (Please Specify) :	
# of Years In Operation	22	Total EMS Runs Entered into NMEMSTARS. (10/01/12 to 09/30/13)	1
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)		Dr. Dan C. Trigg Memorial Hospital
<input type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service	<input checked="" type="checkbox"/> Central Dispatch	Meil de Luna
<input checked="" type="checkbox"/> Enhanced 911	<input checked="" type="checkbox"/> Fire Department	Location of Dispatch:	Tucumcari, NM 88401
<input type="checkbox"/> Local Phone	<input type="checkbox"/> Law Enforcement	Tucumcari, NM	

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder			Emergency Medical Dispatch Instructor		
EMT Basic		2	Nurse		
EMT Intermediate			Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other		

*Volunteer may include those paid by the run or other non-salary arrangement.

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Carl Latham	EMT-B	09000740	3/31/14		Volunteer
Betty Henson	EMT-B	00015176	03/31/15	12/2013	Volunteer

Service Name:	Conservancy Fire District #2 <i>(EMS Service)</i>
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VEHICLE PREVENTIVE MAINTENANCE PROGRAM				
1. Do you have a Vehicle Preventive Maintenance Program in place?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach a copy of your program.				
2. Indicate the frequency of vehicle inspections:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
3. Attach Annual Safety Inspection for all units. (PRC ONLY)				

OPERATIONS PLAN				
Please provide information on the Operations Plan for your service.				
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. What was the effective date of your Operations Plan?	2004			
4. Please provide a map of the coverage area for your service.				

QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input checked="" type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
12/31/2013	12/31/2012			

SERVICE DIRECTOR/CHIEF				
Name:	Danny Wallace <i>(Name)</i>		Chief <i>(Title)</i>	
Address:	P.O. Box 866 <i>(Street/Mailing)</i>		Tucumcari <i>(City)</i>	NM 88401 <i>(State) (Zip)</i>
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	575-760-7794 <i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:	<i>Danny Wallace</i>			

Service Name:	Conservancy Fire District #2 <i>(EMS Service)</i>
----------------------	--

SERVICE MEDICAL DIRECTOR				
Name:	Dr. George Evetts <i>(Name)</i>	Medical Director <i>(Title)</i>	60-36NM <i>(License #)</i>	
Address:	P.O. Box 1128 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
<i>(Work Phone)</i>	575-461-0591 <i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.				
*Signature:	<i>George Evetts M.D.</i>			

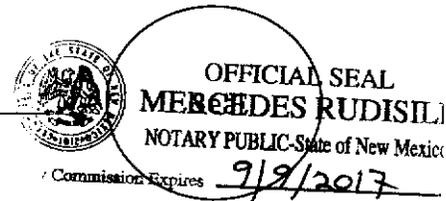
SERVICE TRAINING COORDINATOR				
Name:	Paula O'Steen <i>(Name)</i>	TC <i>(Title)</i>	00012649 <i>(License #)</i>	EMT-I <i>(Level)</i>
Address:	P.O. Box 643 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
575-461-1671 <i>(Work Phone)</i>	575-487-9520 <i>(Home Phone #)</i>	<i>(Pager #)</i>	575-760-7961 <i>(Cellular Phone #)</i>	Osteenp2000@yahoo.com <i>(E-mail Address)</i>
Signature:	<i>Paula O'Steen</i>			

PERSON COMPLETING FORM				
Name:	April Shipley <i>(Name)</i>	Secretary <i>(Title)</i>		
Address:	P.O. Box 725 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
575-461-6448 <i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	575-815-9013 <i>(Cellular Phone #)</i>	Ashipley234@gmail.com <i>(E-mail Address)</i>
Signature:	<i>April Shipley</i>			

The above was sworn and subscribed to before this 6th day of Jan., 2014

M. Rudisill
Notary Public

9/9/2017
My Commission Expires



SERVICE NAME:

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)

Mayor

OR

Chairman, Board of Commissioners

Municipality

County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

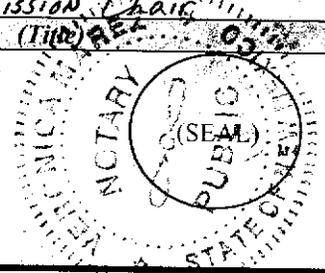
Signature of Official Named Above

Commission Chair (Title)

The above was sworn and subscribed to before this 8 day of January, 2014

Notary Public:

Veronica Marie (Signature)



My commission expires: 12/16/2017

PERSON COMPLETING FORM

Name: April Shipley, Secretary
Address: P.O. Box 866, Tucumcari, NM 88401
575-461-6448 (Work Phone), 575-815-9013 (Cellular Phone #)
Signature: April Shipley

FOR BUREAU USE ONLY

Reviewer: Date Reviewed:
Approved: Yes No Final Award:
Comments/Problem:
Date Corrected:



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2015**

Submit To:
EMS Bureau
1301 Siler Rd Bldg F
Santa Fe, NM 87507
Attn: Ann Martinez
505-476-8233

Due Date: January 24, 2014

To All Potential Applicants:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2014**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES, failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (one staple in the left top corner only)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	Bard-Endee Fire District			
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
Mailing Address:	1097 Route 66	Bard	NM	88411
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	1	2 X 3		
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Kelly Boney	EMS Director	Kellyboney_79@yahoo.com	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Quay County			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
Mailing Address:	P.O. Box 1246	Tucumcari	NM	88401
	<i>(Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Contact Person:	Richard Primrose	Quay County Manager		
	<i>(Name)</i>	<i>(Title)</i>		
	575-461-2112	575-461-6208	richardquay@plateautel.net	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose one (1) level for which your service meets or exceeds the criteria. **(All responses are subject to review and verification).**

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-1 or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100.
- Use each number only once. (Use additional sheets if necessary).

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
Training:		
1	EMS Training and Licensing	1500
Mileage & Per Diem:		
2	Mileage for EMS Training 3000 @ \$.50.5	1515
Supplies (Items Under \$500):		
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
3	E-Dispatches Communications	720
TOTAL AMOUNT OF REQUEST:		3,735

* Do not make all items Priority No. 1.

** For Capital Outlay Projects for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
-

Note: If project changes, the designated project money must be returned unless bureau approval for other expenditure is Obtained

JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

The Bard-Endee Fire and Rescue District is located in east/central New Mexico on I-40 as it passes into Texas. Our 380 Square Mile District includes: 15 miles of I-40, 17 miles of State Road 93, and 16 miles of State Highway 392 in addition to the County Roads. Combine our rural location and miles of high speed interstate we have our fair share of multivehicle and multi-casualty accidents each year. Are area is served by a volunteer Ambulance Service and a majority of their members work jobs which does not allow them to answer all of their calls. When this happens patients must wait 45 minutes to an hour, sometimes longer for EMS help to arrive. Bard-Endee Volunteers are dedicated to bridging the gap and shortening the response time by providing basic care for those patients.

Until 2009 Bard-Endee ran a Medical Rescue; due to various reasons the EMS portion was dropped from the Fire Department. New volunteers have joined the force and former volunteers have moved back into our District with a renewed desire to serve our community with rescue services. Bard-Endee has a fully equipped Medical Rescue First Responder Service with no transport capabilities.

Bard-Endee currently has 2 EMS-B and 1 EMS-I. To better serve our community one of our Basic's will begin training to become an EMT-I this spring. Due to the severity of the injuries our patients suffer and our dedication to serve our community this is our top priority. Bard-Endee will cover tuition, books, testing fees, licensing fees and other costs directly related to the EMS training. Total cost is \$1500.

The EMT-I Classes meet 3 nights a week with an occasional Saturday and will take 4 months to complete. Our Volunteer will be attending Clovis Community College, our closest training facility, which is 60 miles from Bard.

Bard-Endee is paged off of the Porter Repeater which is located north west of our District, it has been converted to Narrow Band which has limited our communication abilities. Many of our volunteers are farmers and ranchers who, work and live on the outer edges of our District. Some of our Volunteers work in neighboring towns. Most have employers who will let them respond to emergencies but due to the limited range of the repeater are unable to receive notification. To improve our communication system Bard-Endee Fire and Rescue is enrolling in EDispatches. This service will send text or voice messages directly to our personnel's cell phones whenever we are paged to an emergency. By doing so it will increase the number of volunteers to each accident and reduce our response time. This service will be our secondary means of communication. The annual cost of this program is \$720.

In addition to enrolling our Service in EDispatches to help with communications .

SERVICE NAME: Bard-Endee Fire District

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:

(TYPE OR PRINT)

Brad Bryant

Mayor

OR

Chairman, Board of Commissioners

Quay County

Municipality

County

I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration.
- That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.

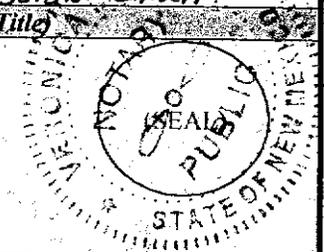
Signature of Official Named Above

Commissioner Chair

The above was sworn and subscribed to before this 13 day of January 2014

Notary Public:

Veronica Mares



My commission expires: 12/16/2017

PERSON COMPLETING FORM

Name:	Kelly Boney	EMS Coordinator		
	(Name)	(Title)		
Address:	4865 Quay Road L			
	San Jon	NM	88434	
	(City)	(State)	(Zip)	(+4)
575-268-1162	Same	Same	Same	Kellyboney 79
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	@yahoo.com
(E-mail Address)				

Signature:

Kelly Boney

FOR BUREAU USE ONLY

Reviewer: _____

Date Reviewed: _____

Approved: Yes No

Final Award: _____

Comments/Problem:

Date Corrected:

Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as **top priority** items for funding requests. **(Please indicate below the number of items "on hand")**

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 = 1lb)	2	Siren	1
Flashlight	2	Spare Tire	2
Fuses (appropriate sizes)	Box	Star of Life Displayed	
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	10
Maps or Navigational equipment	2	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	5	Vehicle Registration	1
Roadway warning devices	Yes	Vehicle Spotlight or auxiliary lighting	1
Service Specific Protocols and guidelines	1	Warning Lights	1
Other: <i>(Specify)</i>			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1	Spare Batteries/charger system	X
EMSCOM (UHF) Radio	1		
Other: <i>(Specify)</i>			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	2 Boxes	Helmet with Face Shield	2
Eye Protection	2	N-95 mask (or > particulate mask)	2
Gloves (Leather or heavy duty)	3 pair	Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection	2	Splash Protection (disposable)	2
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	2		
End Title CO2 monitoring device (optional)		Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	3	Thermometer (Patient)	1
Other: (Specify)			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"		Oxygen Delivery Devices (Adult, Child and Infant Sizes)	
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	
Bag Valve Mask Devices (Adult, Child and Infant)		Patient Restraints	
Band-Aids (Assorted Sizes)		Pediatric Drug Dosage Tape or chart	
Biohazard Clean-up Supplies		Pediatric Restraint device/car seat	
Biohazard Waste bags		Pillows	
Blankets		Portable Oxygen Equipment	
Body Bags		Portable Suction Unit	
Cervical Collars - Rigid (Adult, Child and Infant)		Seated Spinal Immobilization Device	
Cervical Immobilization Devices		Semi-Automatic Defibrillator with Pads	
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack		Sharps Container	
Cold Weather Warming Devices		Sheets	
Dressings Assorted (4x4, Kerlex, 2x2, etc.)		Shoulder/chest/extremity straps	
Emesis Basin		Spinal Immobilization device/backboard	
Field Stretcher (Scoop, Collapsible, Vacuum)		Splints, Extremity (Rigid, Air, Vacuum)	
Foil Blanket		Sterile Burn Sheets	
Hand Sanitizer		Sterile Gloves (Assorted Sizes)	
Heat Pack		Sterile Water	
Inhalation Therapy Equipment		Stokes Basket	
Installed Oxygen System		Suction Catheters (Soft & Rigid)	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)		Supraglottic Airway Devices	
Long Backboard		Multi-lumen Airway Devices	
Multi-level Stretcher		Laryngeal Airway Devices	
Multi-Lumen Airways		Towels	
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord		Traction Splint	
Nasopharyngeal Airways		Trauma Dressings	
Occlusive Dressings		Trauma Shears	
On-Board Suction System		Triangular Bandages	
On-Board Oxygen Supply		Urinal (Male and Female)	
Oropharyngeal Airway (Sizes 0 - 5, Infant - Adult)			
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			

Other: <i>(Specify)</i>		
Advance Level		
Alcohol and Betadine Prep Pads		IV Fluid (Normal Saline, D5W, LR)
Cardiac Monitor/Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades - Adult
Chest Decompression Catheters		Laryngoscope Blades - Peds
Cricothyroidotomy Kit		Laryngoscope Handle
EKG Monitor Pads		Magill Forceps
Electrode Defib Pads		Needles (Assorted Gauges)
End Tidal CO2 Detector		Pediatric Fluid Control Device
Endotracheal Tubes (Assorted)		Scalpels
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)
Infusion Pumps		Toomey Syringe (60cc)
Inhalation Therapy Equipment		Tubes, Blood Drawing (Assorted Sizes and Types)
Intraosseous Needles		Tubing, IV Administration (60gts)
IV Catheters		Tubing, IV Administration Set (10gts - 20gts)
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT-Paramedic, and the Service Medical Director		
Other: <i>(Specify)</i>		



EMS ANNUAL SERVICE REPORT
Fiscal Year 2015
Due Date: January 24, 2014

Submit To:
 EMS Bureau
 1301 Siler Rd Bldg. F
 Santa Fe, NM 87507
 Attn: Ann Martinez
 505-476-8233

Service Name:	Bard-Endee Fire District
	<i>(EMS Service)</i>

Mailing Address:	1097 Route 66			
	<i>(Mailing Address)</i>			
	Bard	NM	88411	9749
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Kelly Boney		EMS Director	
	<i>(Name)</i>		<i>(Title)</i>	
	575-268-1162			Kellyboney_79@yahoo.com
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
Administration:	Quay County			
	<i>(County or Municipality)</i>			
	P. O Box 1246			
	<i>(Mailing Address)</i>			
	Tucumari	NM	88401	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Richard Primrose		Quay County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-2112			richardquay@plateautel.net
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
EMS Region:	Region I	Region II	Region III	X

Physical Location of Ambulance/Medical Rescue Facilities				
#1	Bard-Endee Fire District Bard Station			
Name of Facility:	N 35 08.200		W 103 06.360	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	1097 Route 66			
	Bard	NM	88411	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
#2	Bard-Endee Fire District Endee Station			
Name of Facility:	N 35 08.200		W 103 06.360	
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	305 State Highway 93			
	Bard	NM	88411	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
	<i>(Use additional pages as necessary)</i>			

Service Name:	Bard-Endee Fire District
	<i>(EMS Service)</i>

SERVICE INFORMATION			
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)	
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit
<input type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept. based
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based
<input type="checkbox"/>	PRC Certification #	<input type="checkbox"/>	Tribal
<input type="checkbox"/>	Medical Rescue Certification #	Pending	Other (Please Specify):
<input type="checkbox"/>			
# of Years In Operation	32	Total EMS Runs Entered into NMEMSTARS (10/01/12 to 09/30/13)	0
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)	Dan C. Trigg Memorial, Tucumcari, NM	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service
<input checked="" type="checkbox"/>	Enhanced 911	<input checked="" type="checkbox"/>	Central Dispatch
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Fire Department
		<input type="checkbox"/>	Location of Dispatch:
		<input type="checkbox"/>	Law Enforcement

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder			Emergency Medical Dispatch Instructor		
EMT Basic	2	Volunteer	Nurse		
EMT Intermediate	1	Volunteer	Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other	12 Fire Fighters	Volunteer

*Volunteer may include those paid by the run or other non-salary arrangement.

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Franklin D Gibson	Basic	00020980	3-31-15		Volunteer
Kelly L Boney	Basic	Pending			Volunteer
Kalon Lafferty	Inter	00017611	3/31/17		Volunteer

Service Name: Bard-Endee Fire District
(EMS Service)

For Ground Ambulance/Medical Rescue Services Only

GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)

List all non-EMS personnel who are functioning as drivers for your service, and indicate the date of completion of their Bureau approved vehicle operator's course. Also, indicate any medical training they may have completed, for information purposes only. (Use additional sheets as necessary.)

Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

Enter the total number of each type of vehicle used by your service. *(Mandatory)*

Type I:		Type IV:	
Type II:		Medical/Rescue:	X
Type III:		Other - Explain:	

List all ambulance/medical rescue units, which are currently used by your service to provide patient transportation or first response. Indicate each vehicle's year, make, model, type (I, II, III, IV), license number, date of manufacture, whether two wheel or four wheel drive, patient capacity for supine patients, and the current mileage. *(Mandatory)*

(Use additional pages as necessary)

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
1979	IHC	Rescue	G63259		10-1978	2-WD	0	6740	Monthly

(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.)

Service Name: Bard-Endee Fire District
 (EMS Service)

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

1. Do you have a Vehicle Preventive Maintenance Program in place? Yes No
 If "Yes", please attach a copy of your program.

2. Indicate the frequency of vehicle inspections: Daily Weekly Monthly Quarterly

3. Attach Annual Safety Inspection for all units. (PRC ONLY)

OPERATIONS PLAN

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan? Yes No

2. Are operational and medical protocols included in the Operations Plan? Yes No

3. What was the effective date of your Operations Plan?

4. Please provide a map of the coverage area for your service.

QUALITY ASSURANCE REVIEW

1. Do you have an internal quality assurance/improvement mechanism in place? Yes No
 If "Yes", please attach description.

2. Indicate the dates of this year's quality assurance review activities.

Reviews are conducted: Daily Weekly Monthly Quarterly Annually

DATES OF REVIEW

DATE	DATE	DATE	DATE	DATE

SERVICE DIRECTOR/CHIEF

Name:	Kelly Boney <i>(Name)</i>	EMS Director <i>(Title)</i>
Address:	4865 Quay Road L <i>(Street/Mailing)</i>	San Jon NM 88434 <i>(City) (State) (Zip)</i>
575-268-1162 <i>(Work Phone)</i>	<i>(Home Phone #)</i>	575-268-1162 Kellyboney_79@yahoo.com <i>(Cellular Phone #) (E-mail Address)</i>
Signature:		

Service Name:	Bard-Endee Fire District
	<i>(EMS Service)</i>

SERVICE MEDICAL DIRECTOR				
Name:	Dr. George Evetts	Medical Director	60-36 NM	
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>	
Address:	P.O. Box 1128	Tucumcari	NM	88401
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
575-461-0591	575 461-0591			
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
In signing this application I am certifying that I am actively providing medical direction for this EMS Service.				
Signature:				

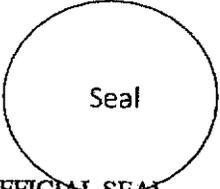
SERVICE TRAINING COORDINATOR				
Name:	Kalon Lafferty	Training Coordinator		EMT-I
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>	<i>(Level)</i>
Address:	1097 Route 66	Bard	NM	88411
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
		575-403-7442		
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

PERSON COMPLETING FORM				
Name:	Kelly Boney	EMS Director		
	<i>(Name)</i>	<i>(Title)</i>		
Address:	4865 Quay Road L	San Jon	NM	88434
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	575-268-1162	575-268-1162	Kellyboney_79@yahoo.com	
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

The above was sworn and subscribed to before this 6th day of Jan., 2014

Notary Public

9/9/2017
My Commission Expires



OFFICIAL SEAL

 MERCEDES RUDISILL
 NOTARY PUBLIC-State of New Mexico
 My Commission Expires 9/9/2017



Quay County Government

FISCAL YEAR 2013-2014

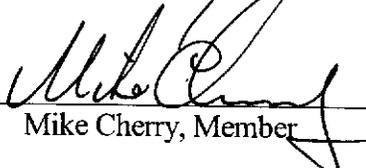
RESOLUTION No. 23

Pursuant to Section 66-6-23, NMSA Laws 1978 Chapter 35, Section 358, the Quay County Board of Commissioners hereby certify the Public Roads maintained by the County of Quay as of January 1, 2014.

The Annual Certified County Maintained Mileage Report being reported to the Secretary of the Department of Transportation is 1,114.79. This mileage is hereby certified by Resolution No. 23 by the Board of Quay County Commissioners.



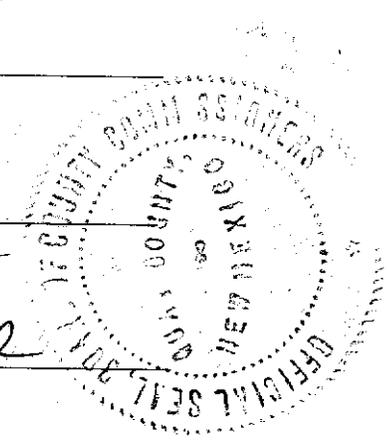
Brad Bryant, Chairman

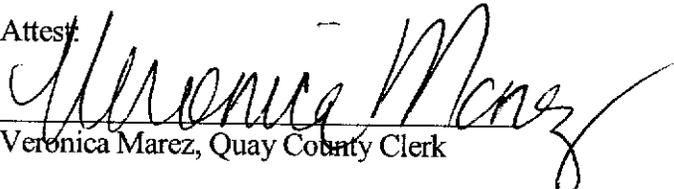


Mike Cherry, Member



Sue Dowell, Member



Attest:


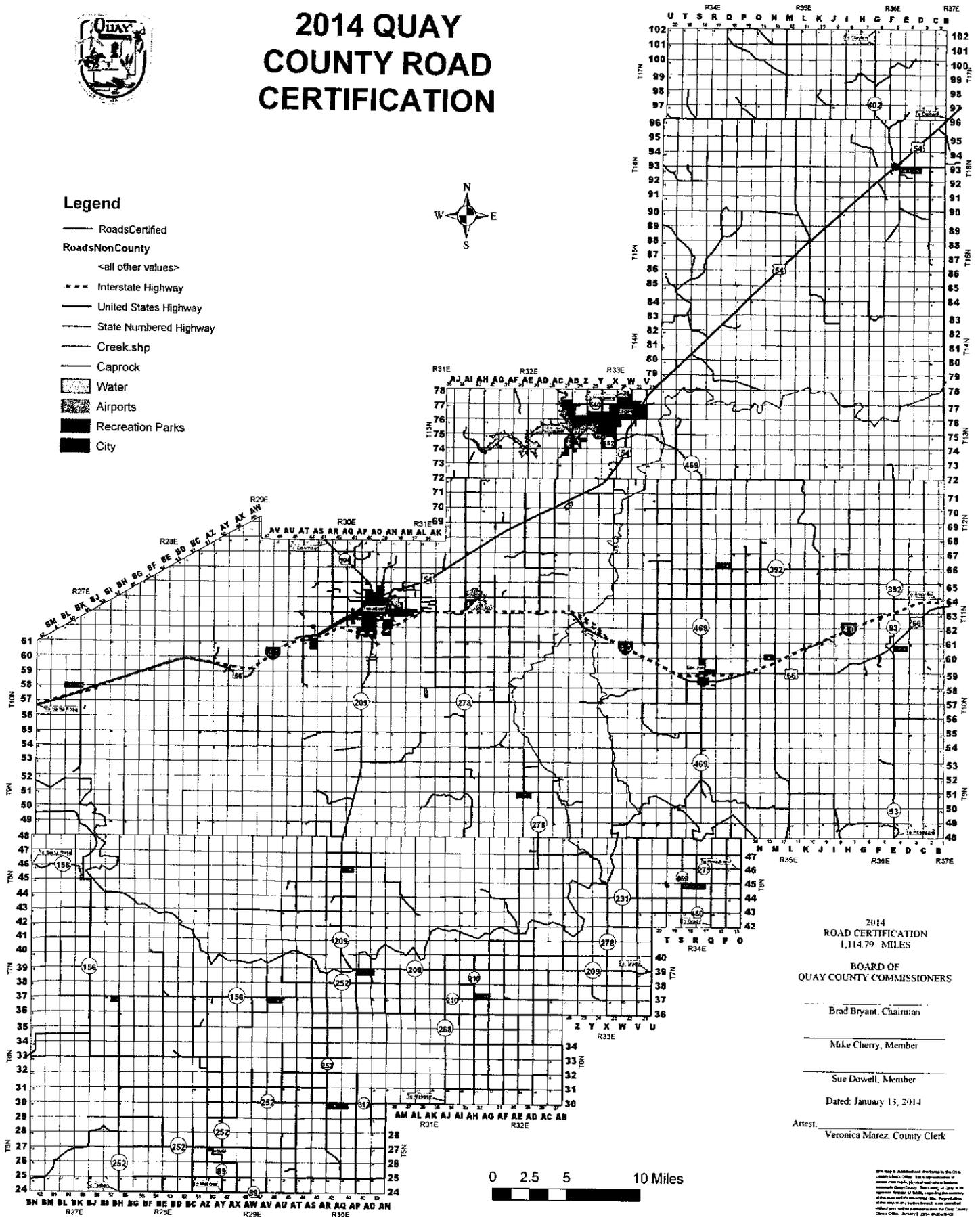
Veronica Marez, Quay County Clerk



2014 QUAY COUNTY ROAD CERTIFICATION

Legend

- RoadsCertified
- RoadsNonCounty
- <all other values>
- Interstate Highway
- United States Highway
- State Numbered Highway
- Creek.shp
- Caprock
- Water
- Airports
- Recreation Parks
- City



2014
ROAD CERTIFICATION
(1,114.79 MILES)

BOARD OF
QUAY COUNTY COMMISSIONERS

Brad Bryant, Chairman

Mike Cherry, Member

Sue Dowell, Member

Dated: January 13, 2014

Attest:
Veronica Marez, County Clerk

0 2.5 5 10 Miles

This map is published and controlled by the County Clerk's Office. It is a representation of current information and is not intended to be used for any purpose other than for informational purposes. The County Clerk's Office is not responsible for any errors or omissions in this map. The County Clerk's Office is not responsible for any damages or losses resulting from the use of this map. The County Clerk's Office is not responsible for any damages or losses resulting from the use of this map. The County Clerk's Office is not responsible for any damages or losses resulting from the use of this map.

**QUAY COUNTY ROAD CERTIFICATION
2014**

MILEAGE	ROADS	BLOCK NUMBERS
1.18	QUAY RD 24	4374 TO 4498 BLOCK
7.00	QUAY RD 24	5000 TO 5700 BLOCK
6.00	QUAY RD 25	3900 TO 4500 BLOCK
1.00	QUAY RD 25	4800 TO 4900 BLOCK
6.10	QUAY RD 25	5000 TO 5600 BLOCK
0.85	QUAY RD 25.5	4500 TO 4600 BLOCK
3.00	QUAY RD 26	4900 TO 5200 BLOCK
5.00	QUAY RD 27	4500 TO 5000 BLOCK
8.20	QUAY RD 28	5700 TO 6300 BLOCK
2.00	QUAY RD 29	4900 TO 5100 BLOCK
3.00	QUAY RD 29	5400 TO 5700 BLOCK
2.00	QUAY RD 30	2700 TO 2900 BLOCK
1.00	QUAY RD 30	5000 TO 5100 BLOCK
6.00	QUAY RD 31	2900 TO 3500 BLOCK
14.00	QUAY RD 31	4300 TO 5700 BLOCK
1.00	QUAY RD 32	2800 TO 2900 BLOCK
4.00	QUAY RD 32	4200 TO 4600 BLOCK
1.00	QUAY RD 32	5000 TO 5100 BLOCK
1.25	QUAY RD 32.5	5100 TO 5200 BLOCK
2.60	QUAY RD 33	4125 TO 4400 BLOCK
10.05	QUAY RD 33	4900 TO 5900 BLOCK
9.75	QUAY RD 34	2700 TO 3675 BLOCK
1.50	QUAY RD 34	4250 TO 4400 BLOCK
5.25	QUAY RD 34.5	5900 TO 6300 BLOCK
1.01	QUAY RD 35	3000 TO 3100 BLOCK
1.02	QUAY RD 35	3200 TO 3300 BLOCK
2.00	QUAY RD 35	4200 TO 4400 BLOCK
1.00	QUAY RD 35	4800 TO 4900 BLOCK
1.10	QUAY RD 35	5100 TO 5200 BLOCK
3.00	QUAY RD 36	2100 TO 2400 BLOCK
17.00	QUAY RD 36	2700 TO 4400 BLOCK
1.00	QUAY RD 36	4700 TO 4800 BLOCK
1.80	QUAY RD 37	2400 TO 2500 BLOCK
6.13	QUAY RD 37	2700 TO 3300 BLOCK
2.00	QUAY RD 37	5900 TO 6100 BLOCK
8.00	QUAY RD 38	2100 TO 2900 BLOCK
1.00	QUAY RD 38	3300 TO 3400 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
3.00	QUAY RD 38	3800 TO 4100 BLOCK
3.00	QUAY RD 38	4300 TO 4600 BLOCK
11.00	QUAY RD 40	2400 TO 3500 BLOCK
2.00	QUAY RD 41	2500 TO 2700 BLOCK
3.00	QUAY RD 41	2900 TO 3200 BLOCK
3.00	QUAY RD 41	5900 TO 6200 BLOCK
2.00	QUAY RD 42	1500 TO 1698 BLOCK
3.00	QUAY RD 42	2100 TO 2400 BLOCK
0.84	QUAY RD 42	4200 TO 4300 BLOCK
2.00	QUAY RD 43	1900 TO 2100 BLOCK
7.33	QUAY RD 43	4200 TO 4933 BLOCK
4.00	QUAY RD 44	1500 TO 1900 BLOCK
2.95	QUAY RD 44	3000 TO 3275 BLOCK
2.00	QUAY RD 44	4100 TO 4300 BLOCK
4.00	QUAY RD 45	1500 TO 1900 BLOCK
1.00	QUAY RD 45	3800 TO 3900 BLOCK
4.13	QUAY RD 45	4200 TO 4545 BLOCK
3.00	QUAY RD 46	1900 TO 2200 BLOCK
1.35	QUAY RD 46	2900 TO 3000 BLOCK
5.00	QUAY RD 46	3900 TO 4400 BLOCK
5.00	QUAY RD 47	1500 TO 2000 BLOCK
3.11	QUAY RD 47	4000 TO 4300 BLOCK
0.75	QUAY RD 47.2	2900 TO 2975 BLOCK
2.00	QUAY RD 48	1500 TO 1700 BLOCK
3.25	QUAY RD 48	2000 TO 2325 BLOCK
0.80	QUAY RD 48	4200 TO 4300 BLOCK
4.60	QUAY RD 49	0500 TO 0910 BLOCK
2.00	QUAY RD 49	2000 TO 2200 BLOCK
1.84	QUAY RD 49	4300 TO 4500 BLOCK
2.75	QUAY RD 49.5	6025 TO 6300 BLOCK
7.53	QUAY RD 50	1200 TO 1800 BLOCK
1.00	QUAY RD 50	1900 TO 2000 BLOCK
3.14	QUAY RD 50.4	4150 TO 4400 BLOCK
3.05	QUAY RD 51	0900 TO 1200 BLOCK
3.80	QUAY RD 51	2550 TO 2900 BLOCK
4.00	QUAY RD 51	3400 TO 3750 BLOCK
3.25	QUAY RD 52	3400 TO 3700 BLOCK
0.00	QUAY RD 52	REMOVED FOR 2011
1.25	QUAY RD 52.5	3300 TO 3400 BLOCK
0.94	QUAY RD 52.7	2900 TO 3000 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
1.10	QUAY RD 53	0500 TO 0600 BLOCK
5.96	QUAY RD 53	3700 TO 4100 BLOCK
0.32	QUAY RD 54	1750 TO 1800 BLOCK
1.83	QUAY RD 54	4100 TO 4300 BLOCK
4.57	QUAY RD 55	1800 TO 2200 BLOCK
4.08	QUAY RD 55	4100 TO 4500 BLOCK
2.09	QUAY RD 56	0275 TO 0500 BLOCK
1.53	QUAY RD 56	3400 TO 3535 BLOCK
4.00	QUAY RD 57	1800 TO 2200 BLOCK
3.20	QUAY RD 57	3070 TO 3400 BLOCK
0.30	QUAY RD 57.8	3200 TO 3230 BLOCK
0.98	QUAY RD 58	1700 TO 1800 BLOCK
5.74	QUAY RD 58	2100 TO 2674 BLOCK
0.50	QUAY RD 58	3200 TO 3250 BLOCK
3.64	QUAY RD 58	3300 TO 3700 BLOCK
1.07	QUAY RD 59	3300 TO 3419 BLOCK
0.66	QUAY RD 59	3600 TO 3670 BLOCK
0.13	QUAY RD 59.5	4050 TO 4065 BLOCK
2.44	QUAY RD 60	0875 TO 1100 BLOCK
1.52	QUAY RD 60	1670 TO 1820 BLOCK
2.50	QUAY RD 60	3000 TO 3250 BLOCK
3.13	QUAY RD 60	3350 TO 3699 BLOCK
0.74	QUAY RD 60	4000 TO 4075 BLOCK
0.20	QUAY RD 60.2	4020 TO 4049 BLOCK
1.00	QUAY RD 61	2100 TO 2200 BLOCK
3.00	QUAY RD 61	2800 TO 3100 BLOCK
1.65	QUAY RD 61	3300 TO 3465 BLOCK
0.50	QUAY RD 61	3550 TO 3600 BLOCK
0.42	QUAY RD 61	3975 TO 4050 BLOCK
2.00	QUAY RD 62	1300 TO 1500 BLOCK
6.00	QUAY RD 62	3000 TO 3600 BLOCK
0.35	QUAY RD 62.5	3870 TO 3884 BLOCK
0.25	QUAY RD 62.5	4175 TO 4200 BLOCK
1.65	QUAY RD 62.9	4150 TO 4325 BLOCK
0.94	QUAY RD 63	1000 TO 1100 BLOCK
1.00	QUAY RD 63	2100 TO 2200 BLOCK
0.50	QUAY RD 63	2650 TO 2700 BLOCK
1.85	QUAY RD 63	3600 TO 3750 BLOCK
4.20	QUAY RD 63	4100 TO 4525 BLOCK
0.20	QUAY RD 63.2	3675 TO 3698 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
0.76	QUAY RD 63.4	3630 TO 3698 BLOCK
0.50	QUAY RD 63.5	3600 TO 3650 BLOCK
1.00	QUAY RD 63.8	3600 TO 3700 BLOCK
7.46	QUAY RD 64	1350 TO 2100 BLOCK
4.97	QUAY RD 64	2750 TO 3275 BLOCK
0.42	QUAY RD 64	3400 TO 3450 BLOCK
0.79	QUAY RD 64	3600 TO 3700 BLOCK
1.00	QUAY RD 64	3775 TO 3875 BLOCK
2.15	QUAY RD 64	4100 TO 4300 BLOCK
0.75	QUAY RD 64.2	4100 TO 4175 BLOCK
0.36	QUAY RD 64.4	4300 TO 4336 BLOCK
1.54	QUAY RD 64.5	3700 TO 3850 BLOCK
0.64	QUAY RD 64.5	4040 TO 4100 BLOCK
0.70	QUAY RD 64.5	4225 TO 4300 BLOCK
0.12	QUAY RD 64.6	4040 TO 4054 BLOCK
0.30	QUAY RD 64.7	3950 TO 3998 BLOCK
0.11	QUAY RD 64.7	4040 TO 4049 BLOCK
0.32	QUAY RD 64.8	4050 TO 4075 BLOCK
0.23	QUAY RD 64.9	4050 TO 4075 BLOCK
7.50	QUAY RD 65	1350 TO 2100 BLOCK
1.00	QUAY RD 65	2800 TO 2900 BLOCK
1.00	QUAY RD 65	3200 TO 3300 BLOCK
0.55	QUAY RD 65	3900 TO 3950 BLOCK
0.73	QUAY RD 65	4100 TO 4175 BLOCK
2.33	QUAY RD 65	4225 TO 4440 BLOCK
2.00	QUAY RD 65.5	2700 TO 2900 BLOCK
0.35	QUAY RD 65.9	1000 TO 1030 BLOCK
2.00	QUAY RD 66	0300 TO 0500 BLOCK
2.00	QUAY RD 66	1800 TO 2000 BLOCK
2.00	QUAY RD 66	2700 TO 2900 BLOCK
1.40	QUAY RD 66	4150 TO 4350 BLOCK
1.65	QUAY RD 66.5	2000 TO 2200 BLOCK
1.64	QUAY RD 66.5	4000 TO 4150 BLOCK
1.00	QUAY RD 67	0800 TO 0900 BLOCK
1.97	QUAY RD 67	1375 TO 1600 BLOCK
2.00	QUAY RD 67	1800 TO 2000 BLOCK
3.50	QUAY RD 67	2800 TO 3150 BLOCK
1.20	QUAY RD 67	4150 TO 4250 BLOCK
0.35	QUAY RD 67.7	1350 TO 1400 BLOCK
1.00	QUAY RD 68	2800 TO 2900 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
3.00	QUAY RD 69	0500 TO 0800 BLOCK
0.51	QUAY RD 69	1750 TO 1800 BLOCK
1.00	QUAY RD 69	2000 TO 2100 BLOCK
1.00	QUAY RD 69	2700 TO 2800 BLOCK
3.00	QUAY RD 69	3100 TO 3400 BLOCK
0.38	QUAY RD 69.9	2950 TO 3000 BLOCK
1.00	QUAY RD 70	0700 TO 0800 BLOCK
4.00	QUAY RD 70	1800 TO 2200 BLOCK
1.00	QUAY RD 70	3300 TO 3400 BLOCK
3.00	QUAY RD 71	1700 TO 2000 BLOCK
1.90	QUAY RD 71	2400 TO 2600 BLOCK
1.03	QUAY RD 71	3300 TO 3400 BLOCK
1.25	QUAY RD 71.2	2300 TO 2400 BLOCK
6.86	QUAY RD 72	1100 TO 1800 BLOCK
1.89	QUAY RD 72	2200 TO 2450 BLOCK
0.90	QUAY RD 72	2475 TO 2565 BLOCK
0.66	QUAY RD 72	3225 TO 3300 BLOCK
1.54	QUAY RD 72	3375 TO 3550 BLOCK
0.29	QUAY RD 72.5	2450 TO 2475 BLOCK
0.83	QUAY RD 73	2400 TO 2500 BLOCK
0.50	QUAY RD 73	3350 TO 3400 BLOCK
2.00	QUAY RD 75	1800 TO 2000 BLOCK
1.81	QUAY RD 78	2500 TO 2675 BLOCK
6.00	QUAY RD 80.4	1400 TO 1900 BLOCK
1.35	QUAY RD 82.4	1550 TO 1700 BLOCK
2.20	QUAY RD 83	1900 TO 2100 BLOCK
1.32	QUAY RD 85	2000 TO 2100 BLOCK
4.73	QUAY RD 89	1800 TO 2100 BLOCK
2.22	QUAY RD 90	0300 TO 0500 BLOCK
6.98	QUAY RD 90	1200 TO 1850 BLOCK
1.47	QUAY RD 92	0550 TO 0700 BLOCK
3.43	QUAY RD 92	1800 TO 2100 BLOCK
1.00	QUAY RD 92.5	0400 TO 0500 BLOCK
0.25	QUAY RD 92.5	0575 TO 0550 BLOCK
4.35	QUAY RD 93	0001 TO 0450 BLOCK
12.52	QUAY RD 93	0525 TO 1800 BLOCK
1.80	QUAY RD 95.5	100 TO 280 BLOCK
0.20	QUAY RD 95.5	490 TO 510 BLOCK
14.49	QUAY RD 96	0600 TO 2098 BLOCK
4.00	QUAY RD 98	0350 TO 0699 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
2.60	QUAY RD 98.5	0700 TO 0900 BLOCK
5.43	QUAY RD 99	1300 TO 1700 BLOCK
8.00	QUAY RD 101	0700 TO 1500 BLOCK
2.00	QUAY RD 102	1500 TO 1700 BLOCK
535.17	SUBTOTAL	

MILEAGE	ROADS	BLOCK NUMBERS
0.50	QUAY RD A	6300 TO 6350 BLOCK
1.54	QUAY RD C	6600 TO 6750 BLOCK
6.73	QUAY RD C	8600 TO 9300 BLOCK
7.40	QUAY RD E	6600 TO 7350 BLOCK
4.20	QUAY RD E	8900 TO 9250 BLOCK
1.75	QUAY RD E.5	9550 TO 9675 BLOCK
1.00	QUAY RD F	5950 TO 6050 BLOCK
6.00	QUAY RD F	8300 TO 8900 BLOCK
3.38	QUAY RD F.5	9300 TO 9525 BLOCK
1.00	QUAY RD G	5900 TO 6000 BLOCK
1.00	QUAY RD G	6900 TO 7000 BLOCK
0.58	QUAY RD H	4800 TO 4860 BLOCK
4.02	QUAY RD H	6600 TO 7000 BLOCK
2.63	QUAY RD I	4860 TO 5100 BLOCK
1.37	QUAY RD I	6600 TO 6750 BLOCK
0.50	QUAY RD I	8400 TO 8450 BLOCK
10.37	QUAY RD J	6300 TO 7200 BLOCK
2.58	QUAY RD J	8200 TO 8400 BLOCK
2.70	QUAY RD J	9600 TO 9850 BLOCK
2.04	QUAY RD K	5900 TO 6100 BLOCK
1.16	QUAY RD K	6600 TO 6710 BLOCK
10.00	QUAY RD K	8270 TO 8800 BLOCK
3.80	QUAY RD L	4800 TO 5180 BLOCK
0.40	QUAY RD L	6600 TO 6640 BLOCK
8.55	QUAY RD L	8800 TO 9600 BLOCK
10.45	QUAY RD M	5180 TO 6225 BLOCK
5.07	QUAY RD M	9600 TO 10100 BLOCK
3.00	QUAY RD N	6500 TO 6800 BLOCK
6.16	QUAY RD O	4200 TO 4800 BLOCK
8.45	QUAY RD O	5900 TO 6775 BLOCK
2.10	QUAY RD O	9600 TO 9775 BLOCK
7.14	QUAY RD P	4200 TO 4900 BLOCK
0.25	QUAY RD P	5875 TO 5900 BLOCK
0.66	QUAY RD P	6325 TO 6400 BLOCK
3.63	QUAY RD P	6480 TO 6850 BLOCK
2.61	QUAY RD P	8750 TO 9000 BLOCK
5.23	QUAY RD Q	4300 TO 4800 BLOCK
1.26	QUAY RD Q	5900 TO 6050 BLOCK
2.50	QUAY RD Q	6375 TO 6625 BLOCK
1.81	QUAY RD Q	8750 TO 9000 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
2.00	QUAY RD R	4500 TO 4700 BLOCK
1.32	QUAY RD R	5050 TO 5200 BLOCK
9.81	QUAY RD R	8150 TO 8750 BLOCK
4.35	QUAY RD R	9000 TO 9399 BLOCK
1.00	QUAY RD S	5400 TO 5500 BLOCK
1.55	QUAY RD S	5700 TO 5875 BLOCK
2.00	QUAY RD S	6400 TO 6600 BLOCK
1.19	QUAY RD S	9200 TO 9325 BLOCK
2.06	QUAY RD S	9600 TO 9800 BLOCK
1.00	QUAY RD T	4300 TO 4400 BLOCK
1.12	QUAY RD T	4700 TO 4800 BLOCK
13.33	QUAY RD T	6300 TO 7610 BLOCK
0.57	QUAY RD T	7975 TO 8025 BLOCK
0.20	QUAY RD T.2	9270 TO 9290 BLOCK
8.01	QUAY RD U	3600 TO 4400 BLOCK
9.50	QUAY RD U	5700 TO 6650 BLOCK
1.00	QUAY RD U	6900 TO 7000 BLOCK
0.85	QUAY RD V	3800 TO 3900 BLOCK
7.10	QUAY RD V	4200 TO 4900 BLOCK
1.50	QUAY RD V	5550 TO 5700 BLOCK
2.00	QUAY RD V	6100 TO 6350 BLOCK
0.57	QUAY RD V	7725 TO 7800 BLOCK
0.46	QUAY RD V.5	7160 TO 7200 BLOCK
0.40	QUAY RD W	3850 TO 3900 BLOCK
0.67	QUAY RD W	7730 TO 7800 BLOCK
3.00	QUAY RD X	3600 TO 3900 BLOCK
1.00	QUAY RD X	7100 TO 7200 BLOCK
1.50	QUAY RD Y	6950 TO 7100 BLOCK
2.00	QUAY RD Y	7600 TO 7800 BLOCK
0.25	QUAY RD Y.5	7650 TO 7700 BLOCK
1.00	QUAY RD Z	3800 TO 3900 BLOCK
2.00	QUAY RD Z	7600 TO 7800 BLOCK
0.30	QUAY RD Z.5	6246 TO 6275 BLOCK
4.00	QUAY RD AB	3000 TO 3400 BLOCK
2.00	QUAY RD AB	3900 TO 4100 BLOCK
2.00	QUAY RD AC	3200 TO 3400 BLOCK
1.00	QUAY RD AC	3600 TO 3700 BLOCK
1.00	QUAY RD AC	3800 TO 3900 BLOCK
1.50	QUAY RD AC	5100 TO 5200 BLOCK
0.83	QUAY RD AC	6100 TO 6183 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
0.84	QUAY RD AC	6215 TO 6298 BLOCK
0.92	QUAY RD AC	6300 TO 6392 BLOCK
0.65	QUAY RD AC	6649 TO 6700 BLOCK
7.25	QUAY RD AC	6800 TO 7500 BLOCK
2.00	QUAY RD AD	3000 TO 3200 BLOCK
8.00	QUAY RD AD	3400 TO 4200 BLOCK
1.00	QUAY RD AD	4600 TO 4700 BLOCK
1.02	QUAY RD AD	6025 TO 6150 BLOCK
6.46	QUAY RD AD	6300 TO 6950 BLOCK
6.00	QUAY RD AE	3000 TO 3600 BLOCK
7.55	QUAY RD AE	3900 TO 4600 BLOCK
1.00	QUAY RD AE	6000 TO 6100 BLOCK
0.92	QUAY RD AE	6300 TO 6400 BLOCK
5.00	QUAY RD AE	6600 TO 7100 BLOCK
6.00	QUAY RD AF	3000 TO 3600 BLOCK
3.91	QUAY RD AF	3700 TO 4100 BLOCK
0.49	QUAY RD AF	5700 TO 5749 BLOCK
4.00	QUAY RD AF	5900 TO 6300 BLOCK
0.44	QUAY RD AF	6850 TO 6925 BLOCK
1.80	QUAY RD AF	7620 TO 7800 BLOCK
0.96	QUAY RD AF.5	5400 TO 5510 BLOCK
0.63	QUAY RD AF.5	6400 TO 6475 BLOCK
0.70	QUAY RD AF.5	6900 TO 6970 BLOCK
6.10	QUAY RD AG	3100 TO 3700 BLOCK
2.00	QUAY RD AG	3900 TO 4100 BLOCK
3.00	QUAY RD AG	5700 TO 6000 BLOCK
3.90	QUAY RD AG	6140 TO 6550 BLOCK
0.50	QUAY RD AG	6850 TO 6900 BLOCK
7.00	QUAY RD AH	3000 TO 3700 BLOCK
1.00	QUAY RD AH	3900 TO 4000 BLOCK
2.86	QUAY RD AH	6450 TO 6750 BLOCK
1.82	QUAY RD AH	7000 TO 7175 BLOCK
0.78	QUAY RD AI	3522 TO 3600 BLOCK
3.53	QUAY RD AI	3800 TO 4175 BLOCK
7.48	QUAY RD AI	4800 TO 5400 BLOCK
3.95	QUAY RD AI	6300 TO 6690 BLOCK
6.78	QUAY RD AI	6695 TO 7375 BLOCK
1.00	QUAY RD AJ	3900 TO 4000 BLOCK
0.81	QUAY RD AJ	5925 TO 6000 BLOCK
2.50	QUAY RD AJ	6150 TO 6400 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
0.84	QUAY RD AJ	7150 TO 7250 BLOCK
1.15	QUAY RD AJ.5	6575 TO 6700 BLOCK
5.90	QUAY RD AK	5800 TO 6400 BLOCK
0.22	QUAY RD AK.4	6350 TO 6375 BLOCK
0.44	QUAY RD AL	3600 TO 3650 BLOCK
2.79	QUAY RD AL	6214 TO 6500 BLOCK
0.45	QUAY RD AL.4	6400 TO 6450 BLOCK
0.50	QUAY RD AL.5	6450 TO 6500 BLOCK
3.00	QUAY RD AM	3600 TO 3900 BLOCK
3.08	QUAY RD AM	4250 TO 4500 BLOCK
1.00	QUAY RD AM	6300 TO 6400 BLOCK
0.52	QUAY RD AM.5	6475 TO 6525 BLOCK
5.00	QUAY RD AN	2500 TO 2998 BLOCK
3.00	QUAY RD AN	3600 TO 3900 BLOCK
1.00	QUAY RD AN	4500 TO 4600 BLOCK
1.91	QUAY RD AO	2875 TO 3000 BLOCK
1.00	QUAY RD AO	3800 TO 3900 BLOCK
1.00	QUAY RD AO	4600 TO 4700 BLOCK
2.80	QUAY RD AO	6475 TO 6675 BLOCK
0.27	QUAY RD AO	6700 TO 6724 BLOCK
8.10	QUAY RD AP	2400 TO 3200 BLOCK
3.10	QUAY RD AP	3500 TO 3800 BLOCK
2.16	QUAY RD AP	6375 TO 6550 BLOCK
2.00	QUAY RD AP.5	6600 TO 6700 BLOCK
0.14	QUAY RD AP.6	6280 TO 6298 BLOCK
2.00	QUAY RD AQ	2500 TO 2700 BLOCK
1.05	QUAY RD AQ	6175 TO 6300 BLOCK
0.21	QUAY RD AQ	6578 TO 6599 BLOCK
0.23	QUAY RD AQ	6700 TO 6723 BLOCK
0.31	QUAY RD AQ.7	6199 TO 6224 BLOCK
3.03	QUAY RD AR	2700 TO 3000 BLOCK
4.70	QUAY RD AR	4225 TO 4700 BLOCK
1.00	QUAY RD AR	4800 TO 4900 BLOCK
5.15	QUAY RD AR	6200 TO 6750 BLOCK
9.52	QUAY RD AS	3000 TO 3975 BLOCK
1.00	QUAY RD AS	4500 TO 4600 BLOCK
8.00	QUAY RD AT	2400 TO 3200 BLOCK
1.00	QUAY RD AT	3700 TO 3800 BLOCK
2.00	QUAY RD AT	4300 TO 4500 BLOCK
3.40	QUAY RD AT	5760 TO 6100 BLOCK

MILEAGE	ROADS	BLOCK NUMBERS
0.65	QUAY RD AT	6300 TO 6375 BLOCK
0.56	QUAY RD AT.2	6250 TO 6300 BLOCK
1.00	QUAY RD AU	2700 TO 2800 BLOCK
4.02	QUAY RD AU	3000 TO 3400 BLOCK
1.86	QUAY RD AU	3800 TO 3986 BLOCK
1.00	QUAY RD AV	2400 TO 2500 BLOCK
2.00	QUAY RD AV	3000 TO 3198 BLOCK
3.30	QUAY RD AV	3600 TO 3950 BLOCK
2.26	QUAY RD AW	3000 TO 3250 BLOCK
2.00	QUAY RD AW	3500 TO 3700 BLOCK
2.00	QUAY RD AX	2400 TO 2600 BLOCK
6.00	QUAY RD AX	2900 TO 3500 BLOCK
3.00	QUAY RD AY	3000 TO 3300 BLOCK
0.40	QUAY RD AY	5860 TO 5900 BLOCK
0.50	QUAY RD AY.5	3650 TO 3700 BLOCK
1.00	QUAY RD AZ	2600 TO 2700 BLOCK
4.02	QUAY RD AZ	2900 TO 3300 BLOCK
2.87	QUAY RD AZ	5950 TO 6055 BLOCK
4.39	QUAY RD BC	2400 TO 2825 BLOCK
4.00	QUAY RD BC	3300 TO 3700 BLOCK
0.67	QUAY RD BC.8	3300 TO 3375 BLOCK
0.60	QUAY RD BD.5	3700 TO 3775 BLOCK
1.00	QUAY RD BE	2400 TO 2500 BLOCK
2.00	QUAY RD BE	2700 TO 2900 BLOCK
8.02	QUAY RD BE	3300 TO 4025 BLOCK
10.10	QUAY RD BH	2700 TO 3700 BLOCK
4.00	QUAY RD BJ	3300 TO 3700 BLOCK
7.25	QUAY RD BJ.5	4500 TO 4950 BLOCK
5.50	QUAY RD BK	5200 TO 5750 BLOCK
3.93	QUAY RD BL	3700 TO 4100 BLOCK
1.72	QUAY RD BM	3933 TO 4100 BLOCK
2.00	QUAY RD BN	3300 TO 3450 BLOCK
0.75	ALLEN LANE	6400 TO 6475 BLOCK
0.50	LEONARD DRIVE	4000 TO 4050 BLOCK
1.00	EAST MAPLE AVE	3900 TO 4000 BLOCK
14.10	ROUTE 66	0000 TO 1700 BLOCK
0.21	TERRELL DRIVE	6275 TO 6298 BLOCK
0.50	LOGAN CEMETERY	2150 TO 2200 BLOCK
569.66	SUBTOTAL	

MILEAGE	ROADS	BLOCK NUMBERS
	STREETS USING CITY NUMBERING SYSTEM	
0.25	EAST DEHONEY	0900 TO 1001 BLOCK
0.50	EAST EVANS	0700 TO 1000 BLOCK
0.25	EAST MAIN STREET	1300 TO 1500 BLOCK
0.09	MATTHEW DRIVE	3200 TO 3323 BLOCK
1.00	NORTH ROCK ISLAND ST	1200 TO 3030 BLOCK
0.15	SOUTH 8 TH STREET	3000 TO 3100 BLOCK
0.25	SOUTH 9 TH STREET	3000 TO 3200 BLOCK
0.15	SOUTH BERRY STREET	1000 TO 1125 BLOCK
0.25	SOUTH ELDER STREET	0101 TO 0500 BLOCK
0.10	SOUTH FIG STREET	0850 TO 1000 BLOCK
0.26	SOUTH GROVE STREET	1250 TO 1400 BLOCK
0.30	SOUTH HAWTHORNE ST	1000 TO 1125 BLOCK
0.15	SOUTH LAKE STREET	1000 TO 1125 BLOCK
0.26	SOUTH PARK STREET	1250 TO 1400 BLOCK
0.30	SOUTH SARATOGA ST	1000 TO 1125 BLOCK
0.10	WEST EL CARRO	0213 TO 0233 BLOCK
0.60	WEST LA JOYA STREET	0400 TO 0900 BLOCK
0.50	WEST SIERRA AVENUE	0400 TO 1100 BLOCK
5.46	SUBTOTAL	
NARA VISA STREETS		
BELKNAP STREET	NORTH 4 TH STREET	
BERRY STREET	NORTH 6 TH STREET	
COMMUNITY CENTER	NORTH 7 TH STREET	
GONZALES STREET	RAILROAD AVENUE	
HAMRICK STREET	SOUTH 2 ND STREET	
KING STREET	SOUTH 4 TH STREET	
MAIN STREET	SOUTH 5 TH STREET	
NORTH STREET	SOUTH 6 TH STREET	
	VIGIL STREET	
NARA VISA STREETS		4.50
TOTAL QUAY COUNTY ROAD MILEAGE		1114.79