



QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-4208

AGENDA REGULAR SESSION QUAY COUNTY BOARD OF COMMISSIONERS January 12, 2015

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session December 22, 2014

Approval/Amendment of Agenda

Public Comment

Ongoing Business-None

New Business

I. Quay County Board of Commissioners

- Election of Chairman
- Request Approval of 2015 Reorganization of the Board Appointments and Sub-Committees
- Distribution of Financial Interest Disclosure Forms
- Approval of 2014-2015 Resolution No. 24 Adopting Procedures for Compliance with NMSA 10-17; Miscellaneous Provisions that Documents that Annual Audits, Summary Minutes, Monthly Budget, Financial Reports, and Monthly Warrants List are Public Information and Establishes Method of Compliance with Revenue and Expenditure Requirements

II. Phil Bidegain, T-4 Ranch Owner

- Request Approval of 2014-2015 Resolution No. 25 Allowing the Transfer of Territory from San Miguel County to Quay County

III. Paula O'Steen, Quay Valley Fire

- Request Approval of EMS Grant Application

IV. Donald Adams, Quay County Fire Marshal

- Request Approval of EMS Grant Applications



DOC #CM-00356

02/16/2015 10:49 AM Doc Type: COCOM

Fee: (No FieldTag Finance.TotalFees found)

Quay County, NM

Veronica Marez, County Clerk

Pages: 108



- V. **T. J. Rich, Quay County Detention Center Administrator**
- Request Approval of an Intergovernmental Service Agreement with Curry County for Housing of Quay County Inmates
 - QCDC Quarterly Report
- VI. **Larry Moore, Quay County Road Superintendent**
- Request Approval of Professional Services Agreement with Engineers Inc.
 - Roads Update
- VII. **Richard Primrose, Quay County Manager**
- Request Approval of 2014-2015 Resolution No. 26 Budget Increase to Rural Fire District I Fund
 - Request Approval of 2014-2015 Resolution No. 27 Budget Increase to Administration/General Fund
 - Correspondence
- VIII. **Request Approval of Accounts Payable**
- IX. **Other Quay County Business That May Arise During the Commission Meeting and/or Comments from the Commissioners**
- 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.**

Adjourn

Lunch- Time and Location to be Announced

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

January 12, 2015

9:00 a.m.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 12th day of January, 2015 at 9:00 a.m. at the Commission Chamber, Tucumcari, New Mexico, for the purpose of taking care of any business that may come before them.

PRESENT & PRESIDING:

Franklin McCasland, Member
Mike Cherry, Member
Sue Dowell, Member
Veronica Marez, Quay County Clerk
Richard Primrose, County Manager

OTHERS PRESENT:

Larry Moore, Quay County Road Superintendent
Cheryl Simpson, Quay County Manager's Office
Phil Bidegain, T-4 Ranch Owner
Donald Adams, Quay County Fire Marshall
Paula O'Steen Quay Valley Fire
T.J. Rich, Quay County Detention Center Administrator
Russell Shafer, Quay County Shafer
Ellen White, Quay County Chief Deputy Clerk

Commissioner Cherry called the meeting to order. Russell Shafer led the Pledge of Allegiance.

Vic Baum, Quay County Assessor joined the meeting. Time noted 9:05 a.m.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the December 22, 2014 regular commission meeting. MOTION carried. ROLL CALL; Cherry voting "aye", Dowell voting "aye". McCasland abstained from vote. A copy of the minutes is attached and made a part of these minutes.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the agenda. MOTION carried. ROLL CALL; Dowell voting "aye", Cherry voting "aye", McCasland voting "aye". A copy of the agenda is attached and made a part of these minutes.

PUBLIC COMMENT: None.

ONGOING BUSINESS: None

NEW BUSINESS:

Commissioner Cherry opened the floor for nominations of Quay County Board Chairman. Commissioner Dowell nominated Franklin McCasland as Quay County Board Chairman. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to appoint Commissioner Franklin McCasland as Chairman. MOTION carried with Dowell voting "aye", McCasland voting "aye", Cherry voting "aye".

Chairman McCasland requested reorganization of Board and Sub-Committees. Primrose presented the list of former appointments for changes and recommendations. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the appointments as changed. MOTION carried Dowell voting "aye", Cherry voting "aye", McCasland voting "aye". A copy of the board and sub-committees is attached and made a part of these minutes.

According to NMSA 4-44-23-25 each January for elected officials or at the beginning of employment for employees of the county, a disclosure statement must be filed with the County Clerk disclosing the precise nature and value of such financial interests which an employee or elected official believes may be affected by the actions of the County. This information on the disclosure shall be made available by the County Clerk for inspection by the public while the valuation shall be kept confidential except for official removal proceedings. Quay County Clerk, Veronica Marez informed the Commissioners distribution of the forms had been distributed.

Approval of 2014-2015 Resolution No. 24 Adopting Procedures for Compliance with NMSA 10-17: miscellaneous provisions that documents that annual audits, summary minutes, monthly budget, financial reports, and monthly warrants list are public information and establishes methods of compliance with revenue and expenditure requirements. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve Resolution No. 24. MOTION carried with Dowell voting "aye", McCasland voting "aye", Cherry voting "aye". A copy of the Resolution No. 24 is attached and made a part of these minutes.

Phil Bidegain, T-4 Ranch Owner, requested approval of 2014-2015 Resolution No.25 allowing the transfer of territory from San Miguel County to Quay County. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve Resolution 25. MOTION carried McCasland voting "aye", Cherry voting "aye", Dowell voting "aye". A copy of the Resolution is attached and made a part of these minutes.

Paula O'Steen, Quay Valley Fire, requested approval of EMS Grant Application. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve application. MOTION carried Cherry voting "aye", Dowell voting "aye", McCasland voting "aye". A copy of the application is attached and made a part of these minutes.

Donald Adams, Quay County Fire Marshal, requested approval EMS Grant Applications Rural I, Bard-Endee and Forrest fire departments. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve applications. MOTION carried Dowell voting "aye", McCasland

voting "aye", Cherry voting "aye". A copy of the application is attached and made a part of these minutes.

T.J. Rich, Quay County Detention Center Administrator requested approval of Professional Services Agreement with Curry County for housing of Quay County inmates. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve agreement. MOTION carried Cherry voting "aye", Dowell voting "aye", McCasland voting "aye". A copy of the agreement is attached and made a part of these minutes.

Rich presented the Detention Center Quarterly Activity Report. Copy of said report is attached and made a part of these minutes.

Larry Moore, Quay County Road Superintendent requested approval of Professional Services Agreement with Engineers Inc for Quay road 63. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve request of apply for agreement. MOTION carried. Dowell voting "aye", McCasland voting "aye", Cherry voting "aye". A copy of the agreement is attached and made a part of these minutes.

Larry Moore, Quay County Road Superintendent gave the following report:

1. Presented the blade report.
2. Crews are working on roads after the snow.

Commissioner Dowell informed Moore of residents that expressed to her of how thankful they were of the road department for the work they had done on their road during the recent snow storm.

Chairman McCasland requested a ten minute break. Time noted 10:00 a.m.

County Manager, Richard Primrose gave the following report:

1. Primrose Requested Approval of 2014-2015 Resolution No. 26 Budget Increase to Rural Fire District 1 Fund. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve Resolution No. 26. MOTION carried Dowell voting "aye", McCasland voting "aye", Cherry voting "aye". A copy of the Resolution is attached and made a part of these minutes.
2. Primrose Requested Approval of 2014-2015 Resolution No. 27 Budget Increase to Administration/General Fund. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve Resolution No. 27. MOTION carried Cherry voting "aye", Dowell voting "aye", McCasland voting "aye". A copy of the Resolution is attached and made a part of these minutes.

CORRESPONDENCE

1. Primrose presented an updated list of the pre filing of 2015 NMAC Legislative priorities.

2. Received a letter of notification from New Mexico Department of Transportation that the 2015 Annual Certified County Maintained Mileage Report is due on April 1st 2015.
3. New Mexico Department of Health will be conducting a meeting on January 13, 2015 at the Tucumcari Public Schools Administration Building for their winter series of school/community meeting to discuss state and county results of the 2013 New Mexico Middle School and High School NM Youth Risk and Resiliency Surveys.
4. Received a memo from Larry Wallin regarding the dispatch meeting that was held on January 7, 2015. The committee had a discussion on the JPA for dispatch and came to the conclusion that they need more information on some issues on employees. They discussed what expenses were going to be paid with the GRT tax. Commissioner Dowell asked what the County relationship with this entity is. Primrose informed Dowell the Emergency Communication Board is comprised of at least 1 member from each entity that utilizes that service. The Communication Board is responsible for the communication to do the day to day communication for the dispatchers. Commissioner Dowell asked what is the county's role in the Emergency Communication Dispatch and how does it affect the County. Primrose informed Dowell the budget and approval of the JPA is how it affects the County. Every entity that is involved has to approve a JPA. The representatives will be the decision makers in the group. They will be setting policy for the dispatchers.
5. Presented the rural addressing Quarterly report.
6. Presented the monthly RPHCA report.
7. Presented the December Gross Receipt Tax Report
8. NMAC Conference will be held January 20-22 in Santa Fe.
9. Quay Regional Water Authority meeting will be held at 1:30 tomorrow in the Commission room.
10. NMAC is offering the County 214 online classes paid for by NMAC
11. Heaters are out on south side of the courthouse.
12. Primrose informed the Commissioners they are invited to attend the Legislative breakfast that will be held Wednesday at 7:30 a.m. to visit with State Representative Roch and Senator Woods at the Convention Center before the Legislative session begins. Every Commissioner has informed Primrose they are attending.
13. Primrose will meet with the architect and contractor of the Detention Center roof Wednesday at 2 p.m.

CHECKS WERE REVIEWED. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve payments. MOTION carried Dowell voting "aye", Cherry voting "aye", McCasland voting "aye".

Other Quay County Business That May Arise During the Commission Meeting and /or Comments from the Commissioners.

- Commissioner McCasland asked Moore about the 24 volt trucks reflected in the minutes from the last meeting. Moore informed McCasland they are 24 volt army trucks and Steve Burns converted 1 into 12 volt truck.

- McCasland attended the department head meeting and safety meeting and he agreed with Commissioner Dowell that online courses will be an outstanding program and it allows the department heads to monitor the employees to see if they took the class and how they did on the test. Chairman McCasland would like to see if the Commissioners could have access to these online classes. Primrose will set the Commissioners up for the classes.
- Commissioner Dowell asked if the employees are able to take the classes in their home or wherever they are. Primrose informed Dowell the employees can take the test anywhere. Chairman McCasland and Commissioner Cherry believes that if they expect the employees to take online classes it should be done during working hours. Chairman McCasland commends Primrose for moving forward with this and he believes the online classes are a great tool for the employees. Commissioner Dowell thinks it's really important for employees to take classes. Dowell said other counties have informed her they require employees earn a certification and it's tied to job description and raises. Dowell is glad Quay County is doing the same.
- Chairman McCasland asked Primrose to check into the cost and the possibility to turn the paper commissioner packets into an electronic format. Commissioner Dowell would rather have the paper. County Manager Primrose said he would check into it.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell, to go into executive session pursuant to the Open Meetings Act 10-15-1(H)2. The New Mexico Open Meetings Act to Discuss Limited Personnel Matters. MOTION carried carried Dowell voting "aye", Cherry voting "aye", McCasland voting "aye".

Time noted 10:20 am.

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

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell that only pending personnel matters was discussed during Executive Session and no action was taken. MOTION carried McCasland voting "aye", Cherry voting "aye", Dowell voting "aye".

Return to regular session. Time noted 11:20 a.m.

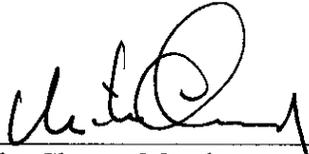
There being no further business, a MOTION was made by Mike Cherry, SECONDED by Sue Dowell to adjourn the regular meeting of the Board of Quay County Commissioners until the next regular meeting set for Monday, January 26, 2015 at 9:00 a.m. unless sooner called.

The Commissioners announced they would be having lunch at the Del's and all those in attendance were invited. MOTION carried Cherry voting "aye", Dowell voting "aye", McCasland voting "aye". Time noted 11:20 a.m.

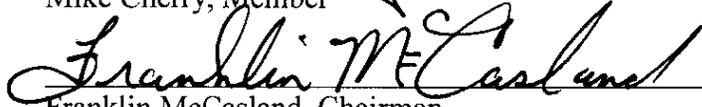
BOARD OF QUAY COUNTY COMMISSIONERS



Sue Dowell, Member

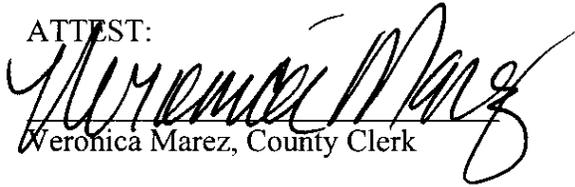


Mike Cherry, Member



Franklin McCasland, Chairman

ATTEST:



Veronica Marez, County Clerk

BOARD APPOINTMENTS
January 12, 2015

NMAC Multi-Line Pool	Mike Cherry/Richard Primrose, Alternate
NMAC Board of Directors Member	Mike Cherry
NMAC Workers Comp Pool	Mike Cherry/Richard Primrose, Alternate
Tucumcari Economic Development Board	Franklin McCasland/Mike Cherry, Alternate
City of Tucumcari Library Board	Judy Ross
Llano Estacado RC&D	Franklin McCasland/Sue Dowell, Alternate
Northeast Regional Transportation	Larry Moore/Richard Primrose, Alternate
E-911 County Coordinator	Armando Nava/Ellen White, Alternate
Quay County Fair Board	Sue Dowell/Franklin McCasland, Alternate
Quay County Gaming Authority	Sue Dowell/Franklin McCasland, Alternate
MCCH Council Liaison	Russell Shafer/Dennis Garcia, Alternate
Ute Lake Ranch PID No. 2	Mike Cherry
Ute Reservoir Water Commission	Richard Primrose/Franklin McCasland, Alternate
Natural Resources Committee	Bill Humphreys
TQCRWA	Richard Primrose/Franklin McCasland, Alternate
EPCOG	Richard Primrose, Mike Cherry, Alternate
Tucumcari/Quay Co. Regional Emergency Communication Center	Richard Primrose/Mike Cherry, Alternate



Fiscal Year 2014-2015

Resolution No. 24

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 12, 2015.

QUAY COUNTY COMMISSIONERS

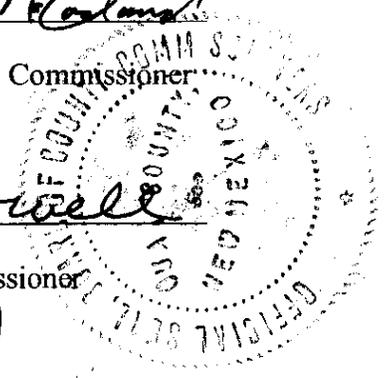
Franklin McCasland, Commissioner

Sue Dowell, Commissioner

Mike Cherry, Commissioner

Attest:

Veronica Marez, County Clerk



**2014-2015
QUAY COUNTY RESOLUTION NO. 25**

**A RESOLUTION ALLOWING FOR THE TRANSFER OF TERRITORY
FROM SAN MIGUEL COUNTY TO QUAY COUNTY**

WHEREAS, the owners of the T-4, Chappell-Spade, and Clabber Hill Ranches in southeastern San Miguel County have requested that they be allowed to transfer a portion of their ranch land from San Miguel County to Quay County due to the proximity of the ranches to the Quay County Seat; and

WHEREAS, there are no qualified electors residing within the portion of San Miguel County proposed to be annexed by Quay County; and

WHEREAS, NMSA §1978 4-33-17 requires the consent of both San Miguel County and Quay County for the annexation; and

WHEREAS, Quay County desires to consent to the annexation of portions of the T-4, Chappell-Spade and Clabber Hill Ranches into Quay County;

NOW THEREFORE, be it resolved by Quay County, New Mexico that:

Quay County hereby consents to Quay County annexing the following described real property currently located in San Miguel County:

A tract of land in San Miguel County, State of New Mexico and being a portion of the Pablo Montoya Grant, a portion of the Baca Location No. 2 Grant and part of T12N R25E and T12N R26E as surveyed by the General Land Office, that is more particularly described as follows:

Beginning at the intersection where the East right of way line of State Highway 104 intersects the southerly line of Section 10, Township 13 North, Range 26 East,

THENCE westerly with the south line of Sections 9 and 10 to the southwest corner of Section 9 Township 13 North Range 26 East;

THENCE northerly with the West line of Section 9 to the intersection of the southerly right of way line of State Road 104;

THENCE southwesterly with the southerly right of way line of State Road No. 104 to the intersection with a tract of land shown on a plat recorded in Book 11 Page 39 of the San Miguel County records;

THENCE southeasterly with the south line of the tract of land shown on a plat recorded in Book 11 Page 39 of the San Miguel County records;

THENCE in a southwesterly direction along the southern boundary of a tract of land shown on a plat recorded in Plat Book 30 Page 187 of the San Miguel County records to the intersection with the northerly right of way line of State Road No. 104;

THENCE in a southwest direction with the southerly line of the U. S. Government tract as described in a deed recorded in Book 114 Page 452 to a 3 inch pipe with cap stamped PT 6;

THENCE in a northwesterly direction along the westerly line of U. S. Government land as described in a deed filed in Book 114 Page 452 to a 3 inch pipe with cap stamped PT 7;

THENCE projecting this line northwesterly to the intersection of on the south line of Section 13 T13N R25E;

THENCE westerly along the south lines of Sections 13 and 14 of T13N R25E to the intersections with the west boundary line of the Pablo Montoya Grant;

THENCE southeasterly along the west boundary of the Pablo Montoya Grant to the intersection with the southerly right of way of State Road No. 104;

THENCE southwesterly along the southerly right of way of State Road No. 104 to the intersection with the easterly right of way line of Highway 129;

THENCE along the easterly right of way line of Highway 129 six miles more or less the intersection with the south lines of Township 12 North, the current San Miguel and Guadalupe County line;

THENCE in an easterly direction with the south line of Township 12 North 7 miles more or less to the Southwest corner of Township 12 North Range 27 East;

THENCE south with the west line of Township 11 North Range 27 East to the intersection with the south line of the Pablo Montoya Grant;

THENCE in a northeasterly direction with the south boundary of the Pablo Montoya Grant to the intersection with the westerly line of the Baca Location No. 2's West line which is within section 15 Township 12 North Range 29 East;

THENCE in a southerly direction with the west line of the Baca Location No. 2's West line to the southwest corner of Baca Location No.2 Grant;

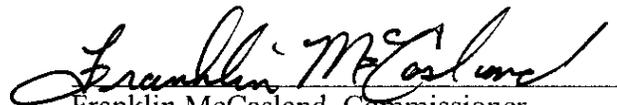
THENCE easterly with the south line of Baca Location No. 2's southerly line to the intersection with the westerly right of way line of the now abandoned Dawson Railway;

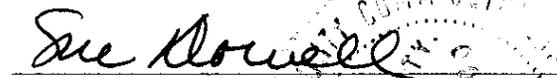
THENCE in a northwesterly direction the first twenty-two miles being with the westerly right of way line of the Dawson Railway as described in a deed recorded in that deed from the Red River Valley Company to Jessie Ellwood Chappell recorded in Book 151 Page 371-375 to the common corner with the Chappell tract and the S.C. Arnett tract recorded in Book 151, Page 288-290;

THENCE westerly 32 miles more or less along the north and west boundary of said S.C. Arnett tract as recorded in Book 151 Page 288-290 to the intersection with the south line of Section 10 Township 13 North Range 26 East and the easterly right of way line of State Highway 104 being the point and place of beginning.

Approved and adopted this _____ day of **January 2015** by the County Commission of Quay County, New Mexico.

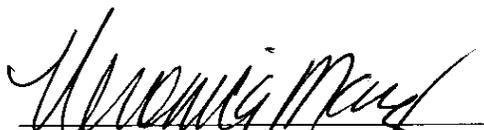
Quay County Board of Commissioners


Franklin McCasland, Commissioner


Sue Dowell, Commissioner


Mike Cherry, Commissioner

Attest:


Veronica Marez, County Clerk



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION**

FISCAL YEAR 2016

Due Date: January 23, 2015

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 service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 23, 2015**. 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- **NO PAPERCLIPS or BINDERS**)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	QUAY FIRE DEPARTMENT				
	<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>		(575) 487-2002	(575) 760-7961	<i>(Fax Phone #)</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				
	<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:		
4	Conference Registrations / Refreshers / Training / License Renewals	\$1,900.00
Mileage & Per Diem:		
3	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 Control 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) Per Diem to help volunteers with travel expenses for refreshers, training, and conferences.
- 4) Refreshers / Continuing Education for Volunteers to maintain licensure.

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)

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:

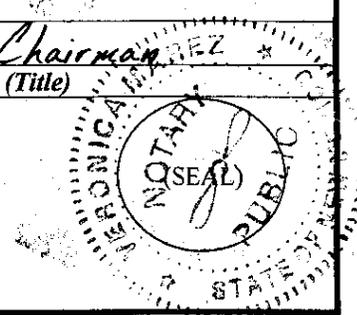
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political 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.

Franklin McCarlench Commission Chairman
Signature of Official Named Above (Title)

The above was sworn and subscribed to before this 12 day of January, 2015

Notary Public: *Veronica Martinez*

My commission expires: 12/16/2017



PERSON COMPLETING FORM

Name:	PAULA O'STEEN <small>(Name)</small>	EMS DIRECTOR <small>(Title)</small>		
Address:	PO BOX 643			
	TUCUMCARI <small>(City)</small>	NM <small>(State)</small>	88401 <small>(Zip)</small>	0643 <small>(+4)</small>
(575) 760-7961 <small>(Work Phone)</small>	N/A <small>(Home Phone #)</small>		(575) 403-7961 <small>(Cellular Phone #)</small>	osteemp@plateautel.net <small>(E-mail Address)</small>
Signature:	<i>Paula O'Steen</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 – 11lb)	2	Siren	1
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)	Yes	Star of Life Displayed	Yes
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	1 set
Maps or Navigational equipment	Yes	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	Yes	Vehicle Registration	Yes
Roadway warning devices	Yes	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	Helmet with Face Shield	
Eye Protection	2	N-95 mask (or > particulate mask)	10
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)	Asst
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	10
Bag Valve Mask Devices (Adult, Child and Infant)	1 Each	Patient Restraints	
Band-Aids (Assorted Sizes)	1 Box	Pediatric Drug Dosage Tape or chart	1
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	1
Cervical Collars - Rigid (Adult, Child and Infant)	2 Sets	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	12	Semi-Automatic Defibrillator with Pads	AED
Chair Stretcher	0	Semi-Automatic Defibrillator Batteries	
Cold Pack	12	Sharps Container	2
Cold Weather Warming Devices	4	Sheets	20
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	12	Shoulder/chest/extremity straps	Asst
Emesis Basin	2	Spinal Immobilization device/backboard	4
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	Asst
Foil Blanket		Sterile Burn Sheets	4
Hand Sanitizer	2	Sterile Gloves (Assorted Sizes)	
Heat Pack	12	Sterile Water	12
Inhalation Therapy Equipment	12	Stokes Basket	
Installed Oxygen System	1	Suction Catheters (Soft & Rigid)	2
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	Asst	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	2
On-Board Suction System	1	Triangular Bandages	12
On-Board Oxygen Supply	1	Urinal (Male and Female)	2
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)	4
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	1
Chest Decompression Catheters		Laryngoscope Blades –Peds	1
Cricothyroidotomy Kit		Laryngoscope Handle	1
EKG Monitor Electrodes		Magill Forceps	1
Electrode Defib Pads		Needles (Assorted Gauges)	Asst
End Tidal CO2 Detector		Pediatric Fluid Control Device	1
Endotracheal Tubes (Assorted)	Yes	Scalpels	2
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	Asst
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment	6	Tubes, Blood Drawing (Assorted Sizes and Types)	Yes
Intraosseous Needles	1	Tubing, IV Administration (60gts)	2
IV Catheters	Asst	Tubing, IV Administration Set (10gts – 20gts)	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>			

MUTUAL AID AGREEMENT

THIS MUTUAL AID AGREEMENT made and entered into this 25th day of August, 2014, by and between the Fire Departments and EMS Services listed hereinafter, and by signature of the Director of each service, this agreement will be by and between each service listed and signed for.

That for and in consideration of the mutual covenants and agreements hereinafter contained, IT IS AGREED as follows:

1.) Definitions:

Calling Fire Department / EMS Service requesting Mutual Aid
Aiding Fire Department / EMS Service offering Mutual Aid
Director: The elected or appointed service director or his/her subordinate officer.

In order to provide continuity of this agreement, future officers will be bound by this Agreement unless amendments are agreed to in writing.

If at any time after signing; a service elects not to be a part of this agreement, then a letter stating this fact will be delivered to the chairperson of the Association.

2.) Purpose:

The purpose of this Agreement will be to set down in writing the agreements for operations at emergencies at which two or more departments participate.

3.) Method of Call:

When the chief officer of the calling department recognizes the need for additional help at the scene of a fire / medical emergency or for area coverage due to full utilization of the calling department's equipment, a telephone call or radio call will be placed to the dispatcher's office of the aiding department. This call must describe the situation, exact location of the emergency, and specify the exact type of aid the calling department is requesting.

4.) Equipment and Personnel Response:

The chief officer of the aiding department will assess the coverage in his/her district, and will then provide fire / ambulance(s) and personnel to the extent needed and reasonably available to assist

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

the calling department without undermining the aiding department's ability to respond to calls in its own district.

5.) **Command**

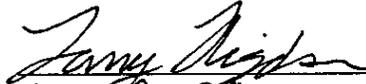
The calling department will retain command authority over personnel and department(s) responding from the aiding department. The aiding department reserves the right to recall personnel and equipment in the event of need in the aiding fire district.

6.) **Reporting Losses:**

The aiding services will be responsible for their own vehicles, equipment, and personnel. The aiding department will record the call as per their own Standard Operating Guidelines.

FOR THE AGREEING PARTIES:

Tucumcari Ambulance Service



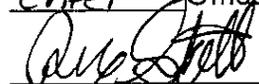
EM&A Dr. Officer

Tucumcari Fire Department



Chief Officer

Logan Fire Department



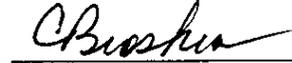
Chief Officer

Logan Ambulance Service



Director Officer

San Jon Fire Department



Chief Officer

San Jon Ambulance Service

Officer

House Fire Department

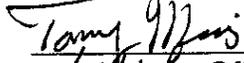
Officer

Arch Hurley Conservancy District One



Chief Officer

Arch Hurley Conservancy District Two



assist. Chief Officer

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

Arch Hurley Conservancy District Three

Officer

Quay Fire Department (four)

Gerald Hight
Chief Officer

Quay Fire Dept Medical Rescue

Gerald Hight
Chief Officer

Nara Visa Fire Department

Officer

Bard-Endee Fire Department

Donnae Adams
Chief Officer

Jordan Fire Department

Bill Roland
Chief Officer

Forrest Fire Department

Joe G. Davis
Chief Officer

Porter Fire Department

Michael Emwin
Chief Officer

Conchas Dam Fire Department

Frank R. White
Chief Officer

STATE OF NEW MEXICO)

) ss

COUNTY OF QUAY)

The foregoing instrument was acknowledged before me this
25th day of August, 2014, by the Director / Chief of the listed
Ambulance Services and Fire Departments.

Paula O'Steen
Notary Public

(SEAL)

My commission expires: 08/27/2017

EAST CENTRAL FIRE AND EMS ASSOCIATION
MUTAL AID AGREEMENT

ATTACHMENT

ADDITION OF ADDITIONAL DEPARTMENTS:

Rosebud Fire and Rescue

Robert L Casale
Chief Officer

STATE OF NEW MEXICO)

)ss

COUNTY OF QUAY)

The foregoing instrument was acknowledged before me this 14th
day of October, 2014, by the Director / Chief of the listed Ambulance
Services and Fire Departments.

Paula O'Steen
Notary Public

(SEAL)

My Commission Expires: 08/27/2017

EMS ANNUAL SERVICE REPORT
Fiscal Year 2016
 Due Date: January 23, 2015

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>
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Mailing Address:	PO Box 643 <i>(Mailing Address)</i>			
	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>	0643 <i>(+4)</i>
	Contact Person: Paula O'Steen <i>(Name)</i>		EMS Director <i>(Title)</i>	
	(575) 461-1671 <i>(Business Phone)</i>	(575) 760-7961 <i>(Emergency Phone)</i>		osteenp@plateautel.net <i>(E-mail Address)</i>
Administration:	Quay County <i>(County or Municipality)</i>			
	PO Box 1246 <i>(Mailing Address)</i>			
	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>	1246 <i>(+4)</i>
Contact Person:	Richard Primrose <i>(Name)</i>		County Manager <i>(Title)</i>	
	(575) 461-2112 <i>(Telephone #)</i>	(575) 461-6208 <i>(Fax Phone #)</i>	richardprimrose@quaycounty-nm.gov <i>(E-mail Address)</i>	
	EMS Region: Region I Region II Region III			

Physical Location of Ambulance/Medical Rescue Facilities				
#1	Name of Facility: Quay Fire Department			
	N34°55.448 <i>Latitude</i>		W103°45.710 <i>Longitude</i>	
Street Address:	4209 Quay Road 46			
	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <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 <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 #	<input type="checkbox"/>	Other (Please Specify):
# of Years In Operation	25		
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"/>	Enhanced 911	<input checked="" type="checkbox"/>	Central Dispatch
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Fire Department
			Location of Dispatch:
			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	Volunteer	Emergency Medical Dispatch Instructor		
EMT Basic			Nurse		
EMT Intermediate	2	Volunteer	Physician		
EMT Paramedic	1	Volunteer	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. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Blair, Eric	EMT-P	02000150	03/31/2015	12/13/2014	Volunteer
Hampton, Teresa	EMT-FR	00020895	03/31/2015	12/13/2014	Volunteer
Nunez, Jennifer	EMT-I	00020467	03/31/2016	12/13/2014	Volunteer
O'Steen, Paula	EMT-I	00012649	03/31/2016	12/13/2014	Volunteer

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

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:	1
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 EMS/COM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
1988	Ford	II	G-71924	2794	1988	2	2	88,867	12/2013
2003	Freightliner	Class A	G-57657		2003	4	0	3,720	12/2013
2010	Freightliner	QA	G-79866		2009	4	0	2,339	12/2013
1996	Dodge	Brush	G-31070		1996	4	0	4,465	12/2013
2004	Chevy	Brush	G-88484		2004	4	0	170,095	12/2013

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

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?	March 1999		
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
12/31/2014				

SERVICE DIRECTOR/CHIEF				
Name:	Gerald Hight		Fire Chief	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	4314 Quay Road 50.4	Tucumcari	NM	88401
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
(575) 487-9514	(575) 487-9514			
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:	<i>Gerald Hight</i>			

Service Name:	Quay 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>	60-36NM <i>(License #)</i>	
Address:	PO 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>	gevetts@sr66.com <i>(E-mail Address)</i>
*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.				
*Signature:				

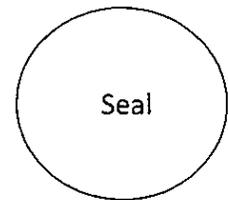
SERVICE TRAINING COORDINATOR				
Name:	Paula O'Steen <i>(Name)</i>	EMS Director <i>(Title)</i>	00012649 <i>(License #)</i>	EMT-I <i>(Level)</i>
Address:	PO Box 643 <i>(Street/Mailing)</i>	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>
<i>(Work Phone)</i>	(575) 461-1671 <i>(Home Phone #)</i>	<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>
<i>(Work Phone)</i>	(575) 461-1671 <i>(Home Phone #)</i>	<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 _____ Day of _____, 20____

Notary Public

My Commission Expires



**** Notary is for the person completing form

198 Medical Rescue
 Vin #1FDJE34MOJHA83688
 DATE: January 1, 2015

QUAY FIRE DEPARTMENT
 VEHICLE CHECK LIST

License P. G-71924
 Patient Capacity - 2

DATE: February 1, 2015

ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed
Tire Condition	Parking Brake
Tire Pressure	Horn
Spare Tire	Windshield Wipers
Headlights, High	Clean All Glass
Turn Signals	Fire Extinguishers
Tail Lights	Engine Oil
Brake Lights	Brake Fluid
Back-up Alarm	Radiator Fluid
Siren / PA	washer Fluid
Light Bar	Battery Terminals
Rear Warning Lights	Battery Water
Flood Lights	Engine Belts
Rear Work Lights	Engine Hoses
Radio Check	Power Steering Fluid
Run Reports	Heater / A/C
Hazard Flasher	Spotlight
Throttle	Dome Light
Seat Belts Operational	Tools

ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed
Tire Condition	Parking Brake
Tire Pressure	Horn
Spare Tire	Windshield Wipers
Headlights, High	Clean All Glass
Turn Signals	Fire Extinguishers
Tail Lights	Engine Oil
Brake Lights	Brake Fluid
Back-up Alarm	Radiator Fluid
Siren / PA	washer Fluid
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Radio Check	Power Steering Fluid
Run Reports	Heater / A/C
Hazard Flasher	Spotlight
Throttle	Dome Light
Seat Belts Operational	Tools

UNITS CHECKED BY: _____

On Board O2

Portable O2

QUAY FIRE DEPARTMENT

PROCEDURES

All EMS run reports will be reviewed annually. All personnel will be present at the time of review.

VEHICLE INSPECTION

- Use vehicle inspection list to check the working order of each truck
 - Report any problems
- Clean and Wash Truck

TRUCK SUPPLIES, DRUGS AND EQUIPMENT

- Restock truck after every run
- Intermediates – check off controlled drugs in lock box on truck
- Make sure bag is put back together after every call
- Clean up equipment after every call
- Make sure trucks have run reports with all forms included

RUN REPORTS

- Fill out reports in a timely manner
- Enter all reports into data base as soon as possible (within 24 hours of run)
- List ALL SUPPLIES used
- Log all reports on log sheet and use log run number on all reports and forms
- Log mileage on all reports (To and From Scene)

- Attach all forms and incident reports if necessary – report any incidents as soon as possible
- Hospital copies must be returned to hospital within 48 hours

Run reports must contain the following, along with the usual information.

- Complete list of all supplies used
- Completed drug use record

Restock truck after each run to assure you have supplies for the next run.



EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2016
Due Date: January 23, 2015

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 service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 23, 2015**. 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- **NO PAPERCLIPS or BINDERS**)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	Bard-Endee Fire District			321340	
	<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>
Contact Person:	1	2	X	3	575-268-1162
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
	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		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.

Bard-Endee has applied for a vehicle grant. At Fire Chiefs Conference I visited with Ann Martinez and she asked us to send 2 separate budgets; one if awarded the Grant and another if we are not awarded the grant. Each budget is enclosed in our packet.

Thanks,

Kelly Boney

Budget if NOT
Awarded Vehicle Grant

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 (S)
Repair and Maintenance:		
6	Battery	120.00
5	Oil and filters for servicing the vehicle	80.00
9	4-12 Volt Flash Lights	400.00
Training:		
3	Conference Fees for Region III Conference for 2 EMT's	800.00
Mileage & Per Diem:		
4	Trip for 2 EMT's for Region III Conference	1,250.00
Supplies (Items Under \$500):		
8	General EMS Supplies (4X4's, O2 Masks, Tape, BP Cuffs, BGL)	450.00
11	Blankets	300.00
10	Portable O2 Kit	450.00
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
1	UHF Radio	500.00
7	LED Directional Light Bar	600.00
2	2 AED's	2,500.00
TOTAL AMOUNT OF REQUEST:		\$7,450.00

* 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

Priority 1

UHF radio, price includes antenna and cables

Priority 2

2 AED's will let us equip more trucks with lifesaving equipment

Priority 3 and 4

Training sending 2 EMT's to Region 3 EMS Conference includes per diem, conference fees, and mileage.

Priority 5

Oil, filters and supplies are needed for general truck maintenance

Priority 6

New battery is needed for the Medical Rescue

Priority 7

LED Light bar will replace a single red rotating light on the Medical Rescue. It will give us more visibility on the highway and the scene light on the ends of the light bar will give us more light on scene. Both will provide greater safety for first responders and patients.

Priority 8

General EMS supplies are used to treat patients and replace out of date supplies

Priority 9

12 volt flashlights for night rescues

Priority 10

Portable O2 includes, bottle, case and airways, enables us to better treat our patients

Priority 11

Warm wool blankets for hypothermic patients

Budget if
Awarded Vehicle Grant

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:		
5	Conference fees for Region III Conference for 2 EMT's	800.00
Mileage & Per Diem:		
4	Trip for 2 EMT's for Region III Conference	1,250.00
Supplies (Items Under \$500):		
**Capital Outlay (Items Over \$500):		
1	Cost Share for Vehicle Grant	3,000.00
Other Operational Costs:		
2	LED Light Bar	600.00
3	Dual Band Radio	1,000.00
6	2- AED's	2,500.00
TOTAL AMOUNT OF REQUEST:		9,150.00

* 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

Priority 1

A portion of the cost share for our Vehicle Grant

Priority 2

LED Lightbar for the new Medical Rescue

Priority 3

Dual band 100 watt radio for the new Medical Rescue, includes antenna and cables

Priority 4 and 5

Training for 2 EMT's to go to Region 3 EMS Conference, includes per diem, mileage and conference fees.

Priority 6

2- AED's, one for the new Medical Rescue and an additional one to equip an additional truck to better serve our patients.

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

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.

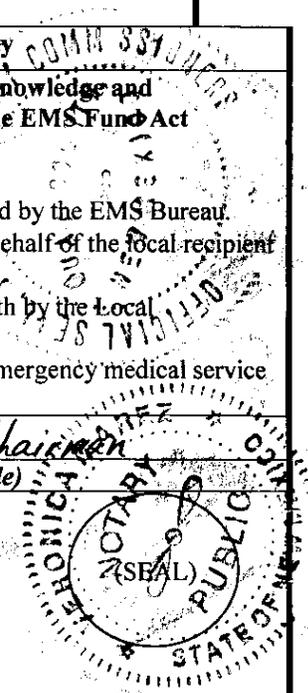
Franklin McDaniel
Signature of Official Named Above

Commission Chairman
(Title)

The above was sworn and subscribed to before this 12 day of January, 2015

Notary Public: Monica Marie

My commission expires: 12/11/2017



PERSON COMPLETING FORM

Name:	<u>Kelly Boney</u> (Name)	<u>EMS Director</u> (Title)		
Address:	<u>4865 Quay Road L</u>			
	<u>San Jon</u> (City)	<u>NM</u> (State)	<u>88434</u> (Zip)	<u></u> (+4)
(Work Phone)	(Home Phone #)	(Pager #)	<u>575-268-1162</u> (Cellular Phone #)	<u>Kellyboney_79@yahoo.com</u> (E-mail Address)
Signature:	<u>Kelly Boney</u>			

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

Communications Equipment

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

Personal Protective Equipment

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

Diagnostic Equipment

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



EMS ANNUAL SERVICE REPORT
Fiscal Year 2016
 Due Date: January 23, 2015

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>
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Mailing Address:	1097 Route 66 <i>(Mailing Address)</i>			
	Bard <i>(City)</i>	NM <i>(State)</i>	88411 <i>(Zip)</i>	<i>(+4)</i>
	Contact Person: Kelly Boney <i>(Name)</i>		EMS Director <i>(Title)</i>	
	575-268-1162 <i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	Kellyboney_79@yahoo.com <i>(E-mail Address)</i>
Administration:	Quay County <i>(County or Municipality)</i>			
	P.O. 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>		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 <input checked="" type="checkbox"/>			

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Bard Station			
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	1097 Route 66			
	Bard <i>(City)</i>	NM <i>(State)</i>	88411 <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:	Bard-Endee Fire District
	(EMS Service)

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 #	<input type="checkbox"/>	Other (Please Specify):
# of Years In Operation	32		
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)	Dan C. Trigg	
<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"/>	Law Enforcement
			Location of Dispatch:

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		2	Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other		15

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

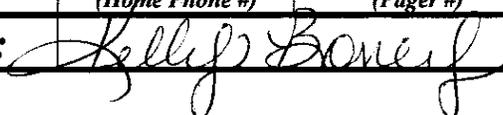
LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Kelly Boney	EMT-I	14000126	03/31/2017	2014	Volunteer
Kalon Lafferty	EMT-I	00017611	03/31/2015		Volunteer
Franklin Gibson	EMT-B	00020980	03/31/2015		Volunteer

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

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?	December 2014		
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
November 2014				

SERVICE DIRECTOR/CHIEF				
Name:	Kelly Boney		EMS Director	
	(Name)		(Title)	
Address:	1097 Route 66		Bard	NM 88411
	(Street/Mailing)		(City)	(State) (Zip)
			575-268-1162	Kellyboney_79@yahoo.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

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

SERVICE MEDICAL DIRECTOR				
Name:	Dr. George Evetts	Medical Director	60-36 NM	
	(Name)	(Title)	(License #)	
Address:	916 Escuela	Tucumcari	NM	88401
	(Street/Mailing)	(City)	(State)	(Zip)
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.				
*Signature:	<i>George Evetts MD</i>			

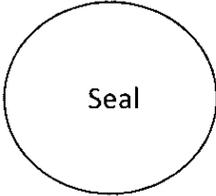
SERVICE TRAINING COORDINATOR				
Name:	Kalon Lafferty	Training	00017611	EMT-I
	(Name)	(Title)	(License #)	(Level)
Address:	1097 Route 66	Bard	NM	88411
	(Street/Mailing)	(City)	(State)	(Zip)
(Work Phone)	(Home Phone #)	(Pager #)	575-403-7442 (Cellular Phone #)	(E-mail Address)
Signature:	<i>Kalon J Lafferty</i>			

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

The above was sworn and subscribed to before this Day of , 20

Notary Public

My Commission Expires



**** Notary is for the person completing form



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2016**

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

Due Date: January 23, 2015

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 service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 23, 2015**. 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- **NO PAPERCLIPS or BINDERS**)
- 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) (Zip)</i>
	1	2 x 3	575-403-8807	575-403-8807	575-461-8584
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Michelle Jaynes		Sec/Treas		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) (Zip)</i>
Contact Person:	Richard Primrose		County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	575-461-2112	575-461-6208		Richard.primrose@quaycounty-NM.com	
	<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 checked="" 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 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 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 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 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 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 Service has a designated Training Coordinator.
<input checked="" 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 type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input checked="" 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 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 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 type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<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 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	Continuing Education Training and CE's	1000.00
Mileage & Per Diem:		
2	Mileage and Per Diem to Confrence to obtain CE's	500.00
Supplies (Items Under \$500):		
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$1500.00

* 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: Conservancy District 1

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.

Franklin T. England
Signature of Official Named Above

Commission Chairman
(Title)

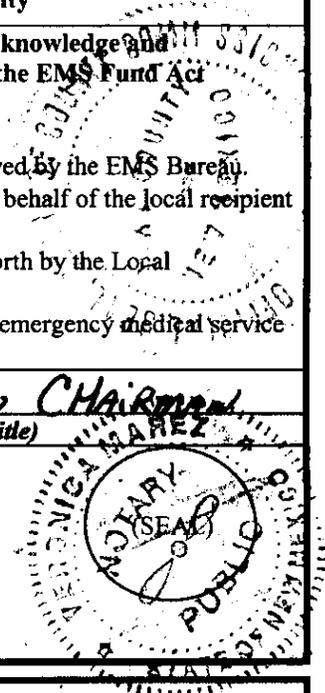
The above was sworn and subscribed to before this ___ day of ___, 20__.

Notary Public:

Terencia Marez

My commission expires:

12/16/2017



PERSON COMPLETING FORM

Name:	Michelle Jaynes <small>(Name)</small>	Secretary/Treasurer <small>(Title)</small>		
Address:	4205 QR 63 Taucumcari <small>(City)</small>	NM <small>(State)</small>	88401 <small>(Zip)</small>	<small>(+4)</small>
575-461-6448 <small>(Work Phone)</small>	575-461-4765 <small>(Home Phone #)</small>	<small>(Pager #)</small>	575-815-9015 <small>(Cellular Phone #)</small>	Michelle.jaynes5@gmail.com <small>(E-mail Address)</small>
Signature: <i>Michelle Jaynes</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)	1	Siren	1
Flashlight	1	Spare Tire	1
Fuses (appropriate sizes)	2	Star of Life Displayed	1
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	1
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	1	Vehicle Registration	1
Roadway warning devices	1	Vehicle Spotlight or auxiliary lighting	1
Service Specific Protocols and guidelines	1	Warning Lights	1
Other: (Specify)	1		

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: (Specify)			

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)	2
Gloves (Leather or heavy duty)	10	Safety Vest/Jacket/(ANSI 2008 Compliant)	10
Hearing Protection		Splash Protection (disposable)	
Other: (Specify)			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1		
End Tidal CO2 monitoring device (optional)	0	Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	2	Thermometer (Patient)	2
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)	0
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	0
Biohazard Waste bags	100	Pillows	2
Blankets	2	Portable Oxygen Equipment	10
Body Bags		Portable Suction Unit	0
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	0	Semi-Automatic Defibrillator Batteries	0
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	0	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	0	Stokes Basket	0
Installed Oxygen System	0	Suction Catheters (Soft & Rigid)	0
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	0	Supraglottic Airway Devices	0
Long Backboard	4	Multi-lumen Airway Devices	0
Multi-level Stretcher	0	Laryngeal Airway Devices	4
Multi-Lumen Airways	0	Towels	10
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	0	Traction Splint	0
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: (Specify)			
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: (Specify)			



EMS ANNUAL SERVICE REPORT
Fiscal Year 2016
 Due Date: January 23, 2015

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 <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>	0725 <i>(+4)</i>
Contact Person:	Michelle Jaynes <i>(Name)</i>		Secretary/Treasurer <i>(Title)</i>	
	575-461-6448 <i>(Business Phone)</i>	575-815-9015 <i>(Emergency Phone)</i>	575-461-6448 <i>(Fax)</i>	Michelle.jaynes5@gmail.com <i>(E-mail Address)</i>
Administration:	Quay County New Mexico <i>(County or Municipality)</i>			
	P.O. Box 1246 <i>(Mailing Address)</i>			
	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>	1246 <i>(+4)</i>
Contact Person:	Richard Primrose <i>(Name)</i>		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	

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

Service Name:	Conservancy Fire District #1 (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 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 #	<input type="checkbox"/>	Other (Please Specify):
# of Years In Operation	23		
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"/>	Enhanced 911	<input checked="" type="checkbox"/>	Fire Department
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Law Enforcement
		<input checked="" type="checkbox"/>	Central Dispatch
			Location of Dispatch:
			Meil de Luna
			Tucumcari, NM 88401

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			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	3/31/2016	12/2014	Volunteer

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

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

Service Name:	Conservancy Fire District #1 (EMS Service)
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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"/>	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
12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012
12/31/2013	12/31/2014			

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

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

SERVICE MEDICAL DIRECTOR				
Name:	Dr. George Evetts		Medical Director	60-36NM
	<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			
<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:				

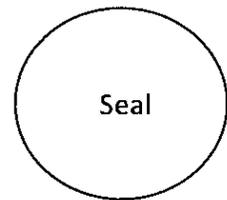
SERVICE TRAINING COORDINATOR				
Name:	Paula O'Steen		TC	00012649 EMT-I
	<i>(Name)</i>		<i>(Title)</i>	<i>(License #)</i> <i>(Level)</i>
Address:	P.O. Box 643		Tucumcari	NM 88401
	<i>(Street/Mailing)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
575-461-1671	575-487-9520		575-760-7961	Osteenp2000@yahoo.com
<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:	Michelle Jaynes		Secretary/Treasurer	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	4205 QR 63		Tucumcari	NM 88401
	<i>(Street/Mailing)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
575-461-6448	575-461-4765		575-815-9015	Michelle.jaynes5@gmail.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 Day of , 20

Notary Public

My Commission Expires



**** Notary is for the person completing form



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2016**

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

Due Date: January 23, 2015

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 service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 23, 2015**. 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- **NO PAPERCLIPS or BINDERS**)
- Be sure to have necessary **SIGNATURES NOTARIZED**

Local Recipient:	Forrest Fire Department EMS			0321329	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	209 State Hwy 210		McAlister	NM	88427
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	1	2 X	3	575-309-9065	575-309-9066
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Joe A. Garrett		Fire Chief/ EMS Cordinator	Pappyjoe63.jg@gmail.com	
	<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		richardquay@plateautel.net	

(Telephone #)

(Fax Phone #)

(E-mail Address)

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 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 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	Truck Maintenance, Fuel, Tires	\$2000.00
2	Equipment Service and calibration, IE, Life Pak 12,	\$1000.00
Training:		
1	CEU-for personal, CPR Renewals, certificate Renewals	\$1000.00
Mileage & Per Diem:		
3	EMS Conference for 3 people	\$1500.00
Supplies (Items Under \$500):		
1	Pharmacist	\$1200.00
1	Deposable items, BSI, 4x4's ECT....	\$1200.00
2	Medication and disposable equipment to go from basic to intermediate level	\$2000.00
**Capital Outlay (Items Over \$500):		
2	Lock box and locking cabinet for intermediate drugs	\$1500.00
2	Heater / AC for climate control	\$1200.00
Other Operational Costs:		
1	Normal operations	\$5000.00
3	Funds needed to go from a Basic recue to an Advanced	\$12,600.00
TOTAL AMOUNT OF REQUEST:		\$17,600.00

* 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.)

All Items listed above under 1 and 2, are needed to run our rescue thru out the year. When other departments Around us have decreased in size and response, the Forrest EMS department has been able to grow, and Continues to do so. We currently have 2 personal that have passed the EMT-Basic classes and need to test Under national registry, also one that needs to pass the written portion of there National registry for EMT-I. We have gained an EMT-I this year on our department with well with over 25 year experience.

We are asking for much needed additional funds above are \$5000.00 this year, due to the added cost of Upgrading are department from a Basic rescue to an intermediate rescue department.

We understand that we have a long way to go to be in 100% compliance, but are motivated to do so, if we The funds.

We would ask in closing that you consider helping us get to a higher level of carte for those in our community

SERVICE NAME:

EMS FUND ACT CERTIFICATION BY APPLICANT

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.

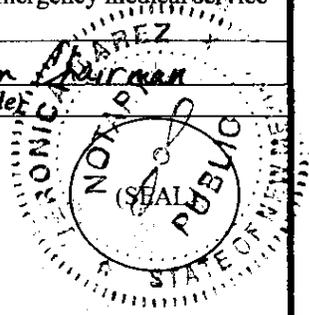
Franklin McCasland
Signature of Official Named Above

Commissioner
(Title)

The above was sworn and subscribed to before this 12 day of January, 2015.

Notary Public: *Monica Mares*

My commission expires: 12/14/2017



PERSON COMPLETING FORM

Name:	Joe Garrett	Fire Chief / Ems Cordinator		
	(Name)	(Title)		
Address:	3298 Quay Road 37			
	Melrose	NM	88124	
	(City)	(State)	(Zip)	(+4)
575-309-9065	575-458-9103		575-309-9065	Pappyjoe63.jg@gmail.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<i>Joe Garrett</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)	X	Siren	X
Flashlight	X	Spare Tire	X
Fuses (appropriate sizes)		Star of Life Displayed	X
Jack and Handle	X	Tool Box	X
Lug Wrench	X	Triage Tags for MCI's	X
Maps or Navigational equipment	X	U.S. DOT Emergency Response Guidebook	X
Patient Care Reports or Reporting System	X	Vehicle Registration	X
Roadway warning devices	X	Vehicle Spotlight or auxiliary lighting	X
Service Specific Protocols and guidelines	X	Warning Lights	X
Other: <i>(Specify)</i>			
Lighting for Landing Zone	X		

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	X	Helmet with Face Shield	X
Eye Protection	X	N-95 mask (or > particulate mask)	X
Gloves (Leather or heavy duty)		Safety Vest/Jacket/(ANSI 2008 Compliant)	X
Hearing Protection	X	Splash Protection (disposable)	X
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)	X	Pulse Oximeter	X
Glucose Monitoring Instrument	X	Stethoscope	X
Penlights	X	Thermometer (Patient)	X
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"	X	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	X
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	X
Bag Valve Mask Devices (Adult, Child and Infant)	X	Patient Restraints	X
Band-Aids (Assorted Sizes)	X	Pediatric Drug Dosage Tape or chart	
Biohazard Clean-up Supplies	X	Pediatric Restraint device/car seat	X
Biohazard Waste bags		Pillows	X
Blankets	X	Portable Oxygen Equipment	X
Body Bags	X	Portable Suction Unit	
Cervical Collars - Rigid (Adult, Child and Infant)	X	Seated Spinal Immobilization Device	X
Cervical Immobilization Devices	X	Semi-Automatic Defibrillator with Pads	X
Chair Stretcher		Semi-Automatic Defibrillator Batteries	X
Cold Pack	X	Sharps Container	X
Cold Weather Warming Devices	X	Sheets	X
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	X	Shoulder/chest/extremity straps	X
Emesis Basin	X	Spinal Immobilization device/backboard	X
Field Stretcher (Scoop, Collapsible, Vacuum)	X	Splints, Extremity (Rigid, Air, Vacuum)	X
Foil Blanket	X	Sterile Burn Sheets	X
Hand Sanitizer	X	Sterile Gloves (Assorted Sizes)	X
Heat Pack	X	Sterile Water	X
Inhalation Therapy Equipment	X	Stokes Basket	
Installed Oxygen System	X	Suction Catheters (Soft & Rigid)	X
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	X	Supraglottic Airway Devices	X
Long Backboard	X	Multi-lumen Airway Devices	X
Multi-level Stretcher	X	Laryngeal Airway Devices	X
Multi-Lumen Airways	X	Towels	X
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	X	Traction Splint	X
Nasopharyngeal Airways	X	Trauma Dressings	X
Occlusive Dressings	X	Trauma Shears	X
On-Board Suction System	X	Triangular Bandages	X
On-Board Oxygen Supply	X	Urinal (Male and Female)	
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	X		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No

Other: (Specify)			
Advance Level			
Alcohol and Betadine Prep Pads	X	IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	X	Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyroidotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes	X	Magill Forceps	
Electrode Defib Pads	X	Needles (Assorted Gauges)	
End Tidal CO2 Detector	X	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	X	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			(Circle) Yes No
Other: (Specify)			

MUTUAL AID AGREEMENT

THIS MUTUAL AID AGREEMENT made and entered into this 25th day of August, 2014, by and between the Fire Departments and EMS Services listed hereinafter, and by signature of the Director of each service, this agreement will be by and between each service listed and signed for.

That for and in consideration of the mutual covenants and agreements hereinafter contained, IT IS AGREED as follows:

1.) Definitions:

Calling Fire Department / EMS Service requesting Mutual Aid
Aiding Fire Department / EMS Service offering Mutual Aid
Director: The elected or appointed service director or his/her subordinate officer.

In order to provide continuity of this agreement, future officers will be bound by this Agreement unless amendments are agreed to in writing.

If at any time after signing; a service elects not to be a part of this agreement, then a letter stating this fact will be delivered to the chairperson of the Association.

2.) Purpose:

The purpose of this Agreement will be to set down in writing the agreements for operations at emergencies at which two or more departments participate.

3.) Method of Call:

When the chief officer of the calling department recognizes the need for additional help at the scene of a fire / medical emergency or for area coverage due to full utilization of the calling department's equipment, a telephone call or radio call will be placed to the dispatcher's office of the aiding department. This call must describe the situation, exact location of the emergency, and specify the exact type of aid the calling department is requesting.

4.) Equipment and Personnel Response:

The chief officer of the aiding department will assess the coverage in his/her district, and will then provide fire / ambulance(s) and personnel to the extent needed and reasonably available to assist

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

the calling department without undermining the aiding department's ability to respond to calls in its own district.

5.) **Command**

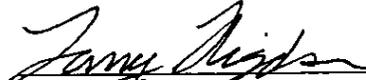
The calling department will retain command authority over personnel and department(s) responding from the aiding department. The aiding department reserves the right to recall personnel and equipment in the event of need in the aiding fire district.

6.) **Reporting Losses:**

The aiding services will be responsible for their own vehicles, equipment, and personnel. The aiding department will record the call as per their own Standard Operating Guidelines.

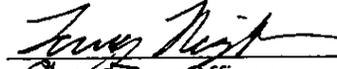
FOR THE AGREEING PARTIES:

Tucumcari Ambulance Service



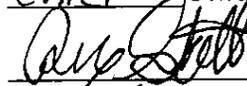
EMS Dr. Officer

Tucumcari Fire Department



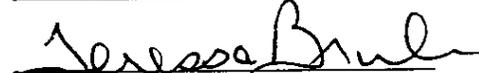
Chief Officer

Logan Fire Department



Chief Officer

Logan Ambulance Service



Director Officer

San Jon Fire Department



Chief Officer

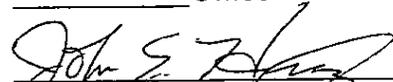
San Jon Ambulance Service

Officer

House Fire Department

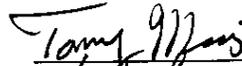
Officer

Arch Hurley Conservancy District One



Chief Officer

Arch Hurley Conservancy District Two



assist. Chief Officer

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

Arch Hurley Conservancy District Three

Officer

Quay Fire Department (four)

Gerald Hight
Chief Officer

Quay Fire Dept Medical Rescue

Gerald Hight
Chief Officer

Nara Visa Fire Department

Officer

Bard-Endee Fire Department

Donnae Adams
Chief Officer

Jordan Fire Department

Bill Roland
Chief Officer

Forrest Fire Department

Joe A. Davis
Chief Officer

Porter Fire Department

Michael E. Emvin
Chief Officer

Conchas Dam Fire Department

Gerald Hight
Chief Officer

STATE OF NEW MEXICO)

) ss

COUNTY OF QUAY)

The foregoing instrument was acknowledged before me this
25th day of August, 2014, by the Director / Chief of the listed
Ambulance Services and Fire Departments.

Paula O'Steen
Notary Public

(SEAL)

My commission expires: 08/27/2017

EAST CENTRAL FIRE AND EMS ASSOCIATION
MUTAL AID AGREEMENT

ATTACHMENT

ADDITION OF ADDITIONAL DEPARTMENTS:

Rosebud Fire and Rescue

Robert L. Canale
Chief Officer

STATE OF NEW MEXICO)

)ss

COUNTY OF QUAY)

The foregoing instrument was acknowledged before me this 14th
day of October, 2014, by the Director / Chief of the listed Ambulance
Services and Fire Departments.

Paula O'Steen
Notary Public

(SEAL)

My Commission Expires: 08/27/2017



EMS ANNUAL SERVICE REPORT
Fiscal Year 2016
 Due Date: January 23, 2015

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

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

Mailing Address:	3298 Quay Road 37 <i>(Mailing Address)</i>			
	Melrose <i>(City)</i>	NM <i>(State)</i>	88124 <i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Joe A. Garrett <i>(Name)</i>		Fire Chief / EMS Coordinator <i>(Title)</i>	
	575-309-9065 <i>(Business Phone)</i>	575-309-9066 <i>(Emergency Phone)</i>		Pappyjoe63.jg@gmail.com <i>(E-mail Address)</i>
Administration:	Quay County <i>(County or Municipality)</i>			
	PO Box 1246 <i>(Mailing Address)</i>			
	McAlister <i>(City)</i>	NM <i>(State)</i>	88427 <i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Richard Primrose <i>(Name)</i>		County Manager <i>(Title)</i>	
	575-461-2112 <i>(Telephone #)</i>	575-461-6208 <i>(Fax Phone #)</i>	richardquay@plateautel.net <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 and EMS			
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	209 NM State HWY 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 and EMS <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 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 checked="" type="checkbox"/>	Other (Please Specify): <u>Transportable rescue</u>	<input type="checkbox"/>	County-based
		<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 **10**

EMS Calls			Local Receiving Hospital(s)	
Received By (Mark One)	Dispatched By (Mark One)		Dan C. Trigg Memorial Hospital Tucumcari NM	
<input checked="" type="checkbox"/> Basic 911	<input type="checkbox"/> Ambulance Service	<input checked="" type="checkbox"/> Central Dispatch	PRNC Clovis NM	
<input 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		5	Emergency Medical Dispatch Instructor		
EMT Basic		2	Nurse		1
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
Joe A. Garrett	EMT Basic	10001526	3/31/2015	7/2014	Volunteer
Joe Lavender	EMT Basic	10001459	3/31/2015	7/2014	Volunteer
Judy Rush	FR	00021880	3/31/2016	7/2014	Volunteer
Diana Rush	FR	00021881	3/31/2015	7/2014	Volunteer
Terri Rush	FR	00017372	3/31/2016	7/2014	Volunteer
David Rush	FR	00024736	3/31/2015	7/2014	Volunteer

Service Name:	Forrest Fire and EMS <i>(EMS Service)</i>
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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
Joe A. Garrett	126951329	7/2013	A-CDL	ACLS provider
Joe Lavender	121243750	7/2013	A-CDL	
Judy Rush	009588451	7/2013	D	
Diana Rush	000795526	7/2013	D	
Jerri Rush	054375808	7/2013	E	
David Rush	052638208	7/2013	E	
Galen Hutchins	102557433	7/2013	E	LPN
Rick Mitchell	013186120		A-CDL	EMS Instructor

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
2002	Ford	E-350	G-82317	Forrest Unit 7	Feb-2002	2	2	203829	8/2014

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

Service Name:	Forrest Fire and EMS <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"/>	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?	<u>1/2015</u>			
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
12/31/2014				

SERVICE DIRECTOR/CHIEF				
Name:	Joe A. Garrett <i>(Name)</i>		Fire Chief / EMS Coordinator <i>(Title)</i>	
Address:	3298 Quay Road 37 <i>(Street/Mailing)</i>		Melrose <i>(City)</i>	NM 88124 <i>(State) (Zip)</i>
575-309-9065 <i>(Work Phone)</i>	575-458-9103 <i>(Home Phone #)</i>	 <i>(Pager #)</i>	575-309-9065 <i>(Cellular Phone #)</i>	Pappyjoe63.jg@gmail.com <i>(E-mail Address)</i>
Signature:				

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

SERVICE MEDICAL DIRECTOR

Name:	George Evetts	Medical Director	NM-60-36
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>
Address:	PO Box 1128	Tucumcari	NM 88401
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State) (Zip)</i>
<i>(Work Phone)</i>	575-461-0591		gezetts@sr66.com
	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>
*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.			
*Signature:			

SERVICE TRAINING COORDINATOR

Name:	Joe A. Garrett	EMS coordinator	10001526	Basic
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>	<i>(Level)</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	575-309-9065	Pappyjoe63.jg@gmail.com	
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

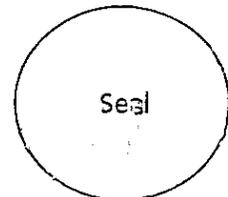
PERSON COMPLETING FORM

Name:	Joe A. Garrett	Fire Chief / EMS Coordinator
	<i>(Name)</i>	<i>(Title)</i>
Address:	3298 Quay Road 37	Melrose NM 88124
	<i>(Street/Mailing)</i>	<i>(City) (State) (Zip)</i>
575-309-9065	575-458-9103	575-309-9065 Pappyjoe63.jg@gmail.com
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #) (Cellular Phone #) (E-mail Address)</i>
Signature:		

The above was sworn and subscribed to before this 8th Day of January, 20 15

Paula O'Steen
Notary Public

08/27/2017
My Commission Expires



**** Notary is for the person completing form

FORREST FIRE DEPARTMENT
VEHICLE CHECK LIST

Patient Capacity - 2

DATE: January , 2015

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed	
Tire Condition	Parking Brake	
Tire Pressure	Horn	
Spare Tire	Windshield Wipers	
Headlights, High	Clean All Glass	
Turn Signals	Fire Extinguishers	
Tail Lights	Engine Oil	
Brake Lights	Brake Fluid	
Back-up Alarm	Radiator Fluid	
Siren / PA	washer Fluid	
Light Bar	Battery Terminals	
Rear Warning Lights	Battery Water	
Flood Lights	Engine Belts	
Rear Work Lights	Engine Hoses	
Radio Check	Power Steering Fluid	
Run Reports	Heater / A/C	
Hazard Flasher	Spotlight	
Throttle	Dome Light	
Seat Belts Operational	Tools	

UNITS CHECKED BY: _____

DATE: March , 2015

DATE: February , 2015

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed	
Tire Condition	Parking Brake	
Tire Pressure	Horn	
Spare Tire	Windshield Wipers	
Headlights, High	Clean All Glass	
Turn Signals	Fire Extinguishers	
Tail Lights	Engine Oil	
Brake Lights	Brake Fluid	
Back-up Alarm	Radiator Fluid	
Siren / PA	washer Fluid	
Light Bar	Battery Terminals	
Rear Warning Lights	Battery Water	
Flood Lights	Engine Belts	
Rear Work Lights	Engine Hoses	
Radio Check	Power Steering Fluid	
Run Reports	Heater / A/C	
Hazard Flasher	Spotlight	
Throttle	Dome Light	
Seat Belts Operational	Tools	

On Board O2 _____

Portable O2 _____

DATE: April , 2015

FORREST FIRE DEPARTMENT

Patent Capacity - 2

VEHICLE CHECKLIST

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed		
Tire Condition	Parking Brake		
Tire Pressure	Horn		
Spare Tire	Windshield Wipers		
Headlights, High	Clean All Glass		
Turn Signals	Fire Extinguishers		
Tail Lights	Engine Oil		
Brake Lights	Brake Fluid		
Back-up Alarm	Radiator Fluid		
Siren / PA	washer Fluid		
Light Bar	Battery Terminals		
Rear Warning Lights	Battery Water		
Flood Lights	Engine Belts		
Rear Work Lights	Engine Hoses		
Radio Check	Power Steering Fluid		
Run Reports	Heater / A/C		
Hazard Flasher	Spotlight		
Throttle	Dome Light		
Seat Belts Operational	Tools		

UNITS CHECKED BY: _____

DATE: May _____, 2015

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED	ITEM CHECKED

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed		
Tire Condition	Parking Brake		
Tire Pressure	Horn		
Spare Tire	Windshield Wipers		
Headlights, High	Clean All Glass		
Turn Signals	Fire Extinguishers		
Tail Lights	Engine Oil		
Brake Lights	Brake Fluid		
Back-up Alarm	Radiator Fluid		
Siren / PA	washer Fluid		
Light Bar	Battery Terminals		
Rear Warning Lights	Battery Water		
Flood Lights	Engine Belts		
Rear Work Lights	Engine Hoses		
Radio Check	Power Steering Fluid		
Run Reports	Heater / A/C		
Hazard Flasher	Spotlight		
Throttle	Dome Light		
Seat Belts Operational	Tools		

On Board O2 _____

Portable O2 _____

DATE: June _____, 2015

ITEM CHECKED	ITEM CHECKED	ITEM CHECKED	ITEM CHECKED

FORREST FIRE DEPARTMENT
VEHICLE CHECKLIST

Patient Capacity - 2

Mileage		Unit Washed	
Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

UNITS CHECKED BY: _____

DATE: July , 2015

ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed

Mileage		Unit Washed	
Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

On Board O2 _____

Portable O2 _____

DATE: August , 2015

ITEM CHECKED	ITEM CHECKED
Mileage	Unit Washed

FORREST FIRE DEPARTMENT

Patent Capacity - 2

VEHICLE CHECKLIST

Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

UNITS CHECKED BY: _____

DATE: September , 2015

ITEM CHECKED		ITEM CHECKED	
Mileage		Unit Washed	

Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

On Board O2 _____

Portable O2 _____

DATE: October , 2015

ITEM CHECKED		ITEM CHECKED	
Mileage		Unit Washed	

FORREST FIRE DEPARTMENT

Patient Capacity - 2

VEHICLE CHECKLIST

Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

UNITS CHECKED BY: _____

DATE: November , 2015

ITEM CHECKED		ITEM CHECKED	
Mileage		Unit Washed	
Tire Condition		Parking Brake	

Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

On Board O2 _____

DATE: December , 2015

Portable O2 _____

ITEM CHECKED		ITEM CHECKED	
Mileage		Unit Washed	
Tire Condition		Parking Brake	

FORREST FIRE DEPARTMENT
VEHICLE CHECK LIST

Patient Capacity - 2

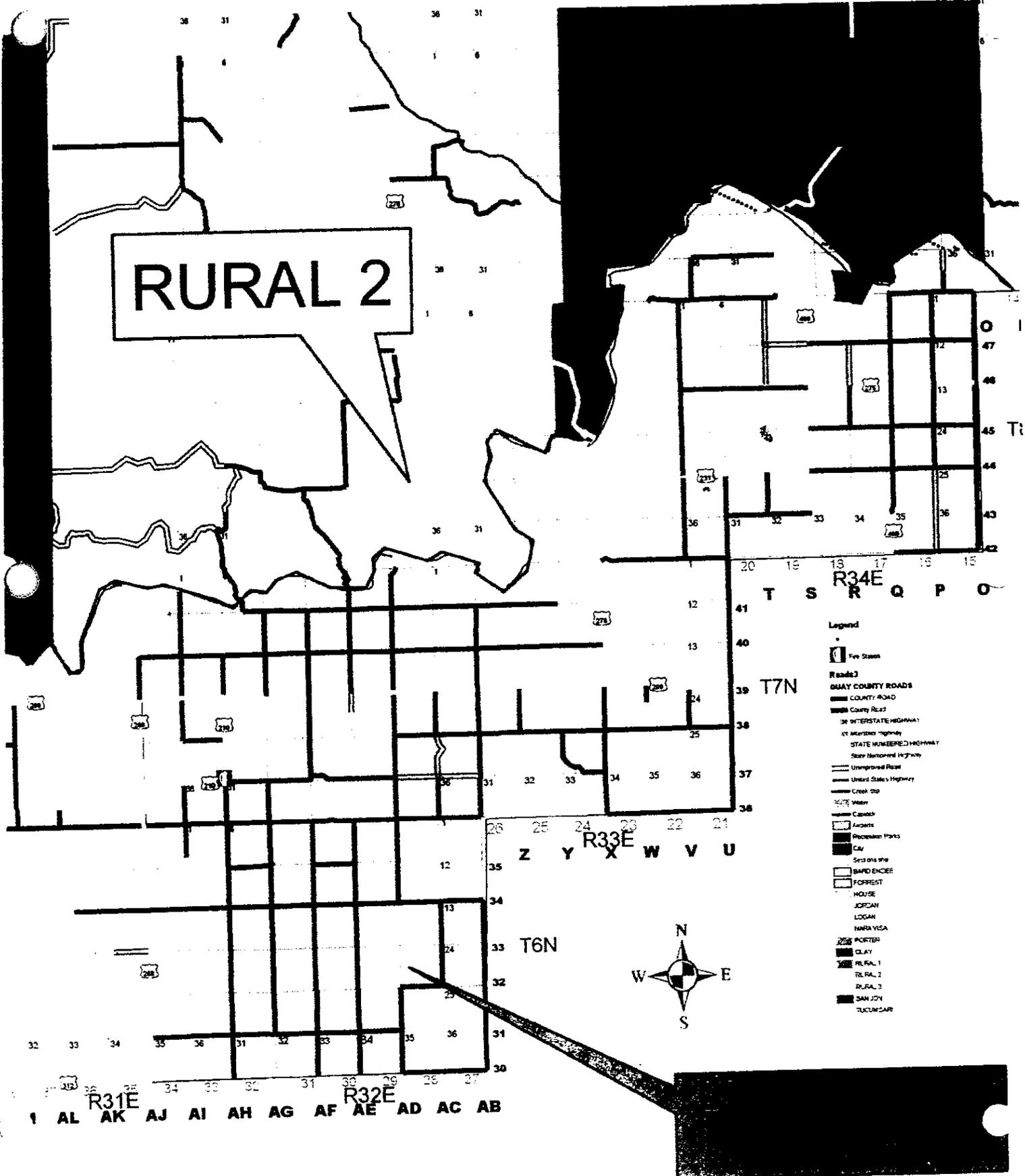
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

UNITS CHECKED BY: _____

On Board O2 _____
Portable O2 _____

QUAY COUNTY FIRE DISTRICTS



FORREST FIRE DEPARTMENT

PROCEDURES

All EMS run reports will be reviewed annually. All personnel will be present at the time of review.

VEHICLE INSPECTION

- Use vehicle inspection list to check the working order of each truck
 - Report any problems
- Clean and Wash Truck

TRUCK SUPPLIES, DRUGS AND EQUIPMENT

- Restock truck after every run
- Intermediates – check off controlled drugs in lock box on truck
- Make sure bag is put back together after every call
- Clean up equipment after every call
- Make sure trucks have run reports with all forms included

RUN REPORTS

- Fill out reports in a timely manner
- Enter all reports into data base as soon as possible (within 24 hours of run)
- List ALL SUPPLIES used
- Log all reports on log sheet and use log run number on all reports and forms
- Log mileage on all reports (To and From Scene)

- Attach all forms and incident reports if necessary – report any incidents as soon as possible
- Hospital copies must be returned to hospital within 48 hours

Run reports must contain the following, along with the usual information.

- Complete list of all supplies used
- Completed drug use record

Restock truck after each run to assure you have supplies for the next run.

INTERGOVERNMENTAL SERVICE AGREEMENT

WHEREAS, Curry County and Quay County, pursuant to §33-3-2, NMSA 2007, have the right to enter into agreements for confinement of persons charged with crimes, violations of municipal or county ordinances, or otherwise committed to jail; and,

WHEREAS, pursuant to §13-1-98(A), NMSA 2008, procurement of services by one state agency or local public body with another state agency or local public body are exempt from the New Mexico Procurement Code.

NOW, THEREFORE, Curry County and Quay County, acting by and through their duly authorized governing body, hereby agree as follows:

1.0 ADMINISTRATION AGENCY

- 1.1 This agreement will be administered or executed by the Curry County Detention Center ("CCDC"), pursuant to §11-1-5, NMSA 1978.

2.0 TERM OF CONTRACT

- 2.1 This agreement shall have an effective date of January 1, 2015 and shall remain in effect indefinitely unless modified by the parties, in writing, or upon termination by either party upon thirty (30) days notice to the other party, by certified mail, return receipt requested.

3.0 ADULT INMATE HOUSING AND BOARD

- 3.1 Curry County agrees, that upon receipt of a fully executed agreement from Quay County, that the CCDC will, pursuant to the terms of this agreement, house inmates from Quay County at its facility in Clovis, New Mexico subject to and limited by availability.
- 3.2 Quay County agrees that the Quay County inmates are subject to the rules of the CCDC, such rules to apply to each and all inmates. Quay County inmates will receive comparable treatment and accommodations as provided to other contract inmates.
- 3.3 Both parties agree that Quay County will call the CCDC for accommodations and availability before bringing any inmate to the facility.
- 3.4 Quay County agrees to pay Curry County \$75.00 per day, per inmate for board and housing and related services. The \$75.00 per day is for each day or part of a day, regardless of the number of hours, that an Quay County inmate is in CCDC.

4.0 JUVENILE HOUSING AND BOARD

- 4.1 Curry County agrees that, pursuant to the terms of this agreement, the Curry County Juvenile Detention Center ("CCJDC") will house juvenile inmates from Quay County at its approved juvenile facility in Clovis, New Mexico on a space available basis.

- 4.2 Quay County juvenile inmates are subject to the CCJDC rules which apply equally to all juvenile inmates. Quay County juvenile inmates will receive comparable treatment and accommodations as provided to other contract juvenile inmates.
- 4.3 Both parties agree that Quay County will call the CCJDC for accommodations and availability before bringing any juvenile inmates to the facility.
- 4.4 Quay County agrees to pay Curry County \$200.00 per day, per juvenile inmate for board and housing and related services. The \$200.00 per day is for each day or part of a day, regardless of the number of hours, that an Quay County juvenile inmate is in CCJDC.
- 4.5 Curry County shall not confine any Quay County juvenile inmates for any period longer than set forth in a valid court order, which is to be provided to Curry County by Quay County. It shall not be Curry County's responsibility to obtain or seek any extensions. Should Quay County or the Juvenile Probation and/or Parole Office not obtain and/or provide Curry County with any valid written judicial extensions, said juvenile inmate shall be released to the custody of the parents or legal guardian.

5.0 REJECTIONS/RETURN

- 5.1 Curry County shall have the right to reject any inmate tendered by Quay County.

6.0 INMATE INFORMATION

- 6.1 When submitting any inmate to Curry County pursuant to this agreement, Quay County will provide all documentation necessary for booking including the following documentation, if and as available to it:

- Arrest Warrant and supporting affidavit;
- Arrest Report;
- Judgment and Sentence;
- Release Order;
- Age;
- Criminal Complaint or other Charging Documentation; and,
- All medical records, if any.

In addition, Quay County will provide the Detention Center with any and all information it may have concerning the medical problems of any inmate.

7.0 MEDICAL CARE

- 7.1 As used herein, "medical care" and "medical treatment" shall include medical and emergency care, as well as dental treatment and all prescribed drugs.
- 7.2 With regard to all medical care, it shall be the responsibility of Quay County to promptly pay for any medical bills incurred by any inmate, adult or juvenile, held for Quay County at CCDC or CCJDC.

- 7.3 CCDC and/or CCJDC are expressly authorized to direct any and all Healthcare Providers to bill Quay County directly for any medical care rendered to Quay County inmates. Quay County shall reimburse Curry County for any bill or expense paid by Curry County.
- 7.4 Quay County will obtain an authorization for medical care signed by the parent/guardian of each juvenile inmate providing Curry County the ability to direct medical care for the juvenile inmate.
- 7.5 Quay County inmates will receive the same medical treatment that is provided for Curry County inmates while incarcerated in the Detention Center.
- 7.6 If any Quay County inmate is determined to be in need of emergency care or hospital admission, said inmate will be taken to Plains Regional Medical Center in Clovis, New Mexico. CCDC staff will notify Quay County regarding arrangements made for such care. The cost of all care, including transportation, will be paid by Quay County. Curry County will not be responsible, and Quay County shall reimburse Curry County for any and all guard service provided by a Curry County Sheriff Deputy or Detention Officer for any inmate who is receiving medical care/attention.
- 7.7 Quay County inmates will not be allowed to participate in work release programs.

8.0 TRANSPORTATION

- 8.1 Quay County shall be responsible for transferring and all costs and/or expenses incurred in transporting its inmates (adult and juvenile) to and from the Detention Center in Clovis, New Mexico.

9.0 PAYMENT

- 9.1 Payment for the above specified services shall be remitted by Quay County to Curry County upon receipt of inmate billing. Billing information will be forwarded to Quay County at the beginning of each month. Quay County shall forward payments to Curry County within thirty (30) days of billing.
- 9.2 There shall be strict accountability of all receipts and disbursements. Appropriate records will be maintained by both Curry County and Quay County.
- 9.3 There shall be no surplus money on hand, in that funds will only be paid by invoices for services rendered.
- 9.4 There shall be no property acquired as the result of the joint exercise of power.

10.0 MODIFICATION

- 10.1 This contract contains the entire agreement between the parties and shall not be modified in any manner, except by instrument signed by the parties or their respective successors-in-hand.

11.0 NOTICES

11.1 All notices required under this agreement shall be sent to:

Curry County Detention Center
Attn: County Manager
700 N. Main Street; Suite 10
Clovis, NM 88101
Fax: 575-763-3656
Phone: 575-763-6016
Email: lpyle@currycounty.org

Quay County Detention Center
Attn: County Manager

Fax: _____
Phone: _____
Email: _____

IN WITNESS WHEREOF, the agreement has been entered into this 16 day of DEC, 2014.

Board of Curry County Commissioners

Board of Quay County Commissioners

Frank H. Blackburn

Frank H. Blackburn Chairman

Franklin McCall Chairman

Attest:

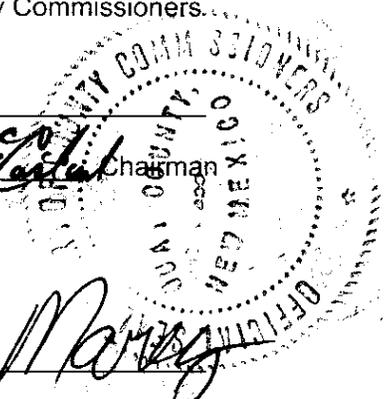
J. Robert Pileas
Curry County, Clerk

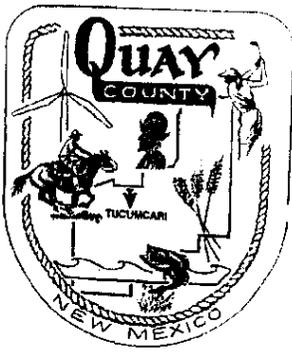
Attest:

Veronica Martinez
Veronica Martinez, Clerk

Approved by:

Randy Knudsen
Randy Knudsen, Curry County Attorney





Quay County Detention Center

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

Quarterly Report

Commission Meeting

Date: 01/12/2015

2nd Quarter 10/01/2014 thru 12/31/2014

QCDC ADULT DETENTION

Total number of Adults confined: 209

Total number of days Adults were held: 13,776 days

Average Daily Adult Population: 39 inmates

Average length of stay: 65.91 days

Inmates Booked into the Facility: 165 Inmates

Inmates Released From the Facility: 177 Inmates

Committed by Agency:

Adult Probation and Parole: 3

De Baca County: 0

Dept. Of Motor Transportation: 3

Guadalupe County: 0

Harding County: 1

Logan Police Dept.: 6

New Mexico State Police: 43

New Mexico State Parks: 0

Other: 17

Quay County Sheriff's Office: 35

Tucumcari Police Dept: 100

Incidents for the Quarter: 99 Total

Today's Population Adult Total: _____ Male _____ Female _____

QCJDC JUVENILE DETENTION

Total number of Juveniles confined: 8

Total number of days Juveniles were held: 120 days

Average Daily Juvenile Population: .63 inmates

Average length of stay: 15 days

Juveniles Booked into the Facility: 7 Inmates

Juveniles Released From the Facility: 7 Inmates

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

1 Juvenile(s) for 20 days Quay

0 Juvenile(s) Union:

0 Juvenile(s) Roosevelt:

0 Juvenile(s) Lea

0 Juvenile(s) Guadalupe:

0 Juvenile(s) Colfax:

1 Juvenile(s) Dona Ana: \$525.00

0 Juvenile(s) Eddy:

0 Juvenile(s) Otero:

0 Juvenile(s) Sierra:

0 Juvenile(s) Lincoln:

0 Juvenile(s) Curry:

4 Juvenile(s) Debaca: \$1,350.00

Total Juvenile Revenue from Other Counties \$ 1,875.00

Out of County Housing for Juveniles this quarter: .00

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

**AGREEMENT
BETWEEN OWNER AND ENGINEER
FOR
PROFESSIONAL SERVICES**

This is an AGREEMENT effective as of **January 2015** ("Effective Date") between **Quay County, NM** ("Owner") and **Engineers Inc.** ("Engineer"). Engineer agrees to provide the services described below to Owner for **Quay County Cemetery Road LGRF** ("Project").

Description of Engineer's Services:

The initial scope of professional services associated with this Agreement will consist of, at this time, the following:

- Re-Packaging Plans
- Bid Administration
- Construction Administration
- Construction Observation
- NMDOT Programmatic Categorical Exclusion

If the Quay County requests additional professional services, other than what is listed above, an Amendment will be required prior to commencing work. A lump sum or hourly fee proposal will be submitted to the Quay County for consideration and approval.

The project area associated with this Agreement will consist of, at this time, the following roadways:

Quay County Cemetery Road LGRF

If Quay County requests that the project area be expanded to include additional roadways within the County, other than what is listed above, an Amendment will be required prior to commencing the professional services associated with the additional roadways.

Re-Packaging Plans will consist of repackaging Bid Lots and Plans consistent with available funding.

Bid Administration will consist of reproduction and distribution of Plans and Specs, issuance of addenda as required, conduct Pre-Bid, Bid Opening, Review and Verification of Bids received and Bid Recommendation to Quay County.

Construction Administration will consist of a Pre-Construction Conference, Review and approval of Submittals and Pay Applications, Preparation of Change Orders as needed, 3 Field Review by and engineer of record, Substantial Completion Inspection, Final Inspection and Close Out.

Construction Observation will consist of weekly observation by a construction representative for 9 weeks, once per week and up to five trips during paving. For a total not to exceed 20 trips.

NMDOT Programmatic Categorical Exclusion Fee does not include any additional requirements beyond what is listed. If additional documentation or requirements are requested by NMDOT, which may include but not limited to, a Cultural Resource Survey, Categorical Exclusion level of effort, Biological Survey and Public Involvement Meeting then an additional Amendment will be required.

Current funding sources that may be utilized to pay for professional services and the recommended construction scope of work include the following:

- CAP Project # CAP-4-15(405)
- COOP Project # SP-4-15(954)
- School Bus Project # SB-7731 (932) 15

Quay County has been provided a tentative offer as of December 3, 2014, for the 14/15 COOP funding. The funding will be finalized in the near future with a control number and project number assigned at that time.

Quay County may receive additional funding in the future in which they may elect to contribute/add/combine with the above listed funding sources to continue roadway and drainage improvements within the County.

Owner and Engineer further agree as follows:

1.01 Basic Agreement

- A. Engineer shall provide, or cause to be provided, the services set forth in this Agreement, and Owner shall pay Engineer for such Services as set forth in Paragraph 9.01.
- B. The Owner shall designate in writing a person authorized to act as the Owner's representative. The Owner or its representative shall receive and examine documents submitted by the Engineer, interpret and define the Owner's policies and render decisions and authorizations promptly in writing.
- C. Owner shall be responsible for, and Engineer may rely upon, the accuracy and completeness of all requirements, programs, instructions, reports, data, and other information furnished by Owner to Engineer pursuant to this Agreement. Engineer may use such requirements, programs, instructions, reports, data, and information in performing or furnishing services under this Agreement without responsibility for verifying accuracy of Owner furnished data and information.
- D. The Owner shall provide to the Engineer full and free access to enter upon all property owned by the Owner required for the performance of the Engineer's services under this Agreement.
- E. The Owner may, at any time, by written order make changes within the general scope of this Agreement in the services or work to be performed. If such changes cause an increase or decrease in the Engineer's cost or time required to perform any services under this Agreement, whether or not changed by any order, the Owner shall make an equitable adjustment and modify this Agreement in writing. The Engineer must assert any claim for adjustment under this clause in writing within thirty (30) calendar days from the date it receives the Owner's notification of change, unless the Owner grants additional time.
- F. No services for which the Engineer will charge an additional compensation shall be furnished without the written authorization of the Owner.

2.01 Payment Procedures

- A. The Engineer will submit to the Owner for services rendered an itemized invoice showing charges for such services accompanied by any additional documentation requested by the Owner. Such invoices are limited to no more than one per month. Compensation will be based on the lump sum or hourly fee for the professional services as outlined in Paragraph 9.01, and if additional services are needed standard hourly rate method of payment.
- B. The Owner shall notify the Engineer of any disputed amounts in the invoices within ten (10) calendar days of receipt. If Owner contests an invoice, Owner may withhold only that portion so contested, and shall pay the undisputed portion.
- C. If Owner fails to make any payment due Engineer within thirty (30) calendar days after Owner's receipt of Engineer's invoice, the amount due Engineer shall be increased at the rate of 1.5% per month from said thirtieth day. In addition, after fourteen (14) calendar days prior written notice, the Engineer may suspend services under this Agreement until Engineer is paid in full. Owner waives any and all claims against Engineer for any such suspension.

3.01 Additional Services

- A. If authorized by Owner, or if required because of changes in the Project, Engineer shall furnish services in addition to those set forth in Description of Engineering Services.
- B. Owner shall pay Engineer for such additional services as follows: For additional services of Engineer's employees engaged directly on the Project an amount equal to the cumulative hours charged to the Project by each class of Engineer's employees times standard hourly rates for each applicable billing class; plus reimbursable expenses and Engineer's consultant's charges, if any.

4.01 Termination

- A. The obligation to provide further services under this Agreement may be terminated:
 - 1. For cause,
 - a. By either party upon 30 days written notice in the event of substantial failure by the other party to perform in accordance with the Agreement's terms through no fault of the terminating party.
 - b. By Engineer:
 - 1) upon seven days written notice if Engineer believes that Engineer is being requested by Owner to furnish or perform services contrary to Engineer's responsibilities as a licensed professional; or
 - 2) upon seven days written notice if the Engineer's services for the Project are delayed or suspended for more than 90 days for reasons beyond Engineer's control.
 - 3) Engineer shall have no liability to Owner on account of such termination.
 - c. Notwithstanding the foregoing, this Agreement will not terminate as a result of a substantial failure under paragraph 4.01.A.1.a if the party receiving such notice begins, within seven days of receipt of such notice, to correct its failure and proceeds diligently to cure such failure within no more than 30 days of receipt of notice; provided, however, that if and to the extent such substantial failure cannot be reasonably cured within such 30 day period, and if such party has diligently attempted to cure the same and thereafter continues diligently to cure the same, then the cure period provided for herein shall extend up to, but in no case more than, 60 days after the date of receipt of the notice.
 - 2. For convenience, by Owner effective upon the receipt of notice by Engineer.
- B. The terminating party under paragraphs 4.01.A.1 or 4.01.A.2 may set the effective date of termination at a time up to 30 days later than otherwise provided to allow Engineer to demobilize personnel and equipment from the Project site, to complete tasks whose value would otherwise be lost, to prepare notes as to the status of completed and uncompleted tasks, and to assemble Project materials in orderly files.

5.01 Controlling Law

- A. This Agreement is to be governed by the law of the state in which the Project is located.

6.01 Successors, Assigns, and Beneficiaries

- A. Owner and Engineer each is hereby bound and the partners, successors, executors, administrators, and legal representatives of Owner and Engineer (and to the extent permitted by paragraph 6.01.B the assigns of Owner and Engineer) are hereby bound to the other party to this Agreement and to the partners, successors, executors, administrators, and legal representatives (and said assigns) of such other party, in respect of all covenants, agreements, and obligations of this Agreement.
- B. Neither Owner nor Engineer may assign, sublet, or transfer any rights under or interest (including, but without limitation, moneys that are due or may become due) in this Agreement without the written consent of the other, except to the extent that any assignment, subletting, or transfer is mandated or restricted by law. Unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under this Agreement.

7.01 General Considerations

- A. The standard of care for all professional engineering and related services performed or furnished by Engineer under this Agreement will be the care and skill ordinarily used by members of the subject profession practicing under similar circumstances at the same time and in the same locality. Engineer makes no warranties, express or implied, under this Agreement or otherwise, in connection with Engineer's services. Engineer and its consultants may use or rely upon the design services of others, including, but not limited to, contractors, manufacturers, and suppliers.
- B. If Engineer's Services under this Agreement do not include project observation or review of the Contractor's performance or any other construction phase services, such services will be provided for by Owner. The Owner assumes all responsibility for interpretation of the Contract Documents and for construction observation and the Owner waives any claims against the Engineer that may be in any way connected thereto.

In addition, the Owner agrees, to the fullest extent permitted by law, to indemnify and hold harmless the Engineer, its officers, directors, employees and subconsultants (collectively, Engineer) against all damages, liabilities or costs, including reasonable attorneys' fees and defense costs, arising out of or in any way connected with the performance of such services by other persons or entities and from any and all claims arising from modifications, clarifications, interpretations, adjustments or changes made to the Contract Documents to reflect changed field or other conditions, except for claims arising from the sole negligence or willful misconduct of the Engineer.

If the Owner requests in writing that the Engineer provide any specific construction phase services and if the Engineer agrees in writing to provide such services, then they shall be compensated for as Additional Services as provided in Section 3.01.

- C. If the Engineer's services include construction observation the Engineer shall not at any time supervise, direct, or have control over any contractor's work, nor shall Engineer have authority over or responsibility for the means, methods, techniques, sequences, or procedures of construction selected or used by any contractor, for safety precautions and programs incident to a contractor's work progress, nor for any failure of any contractor to comply with laws and regulations applicable to contractor's work.
- D. Engineer neither guarantees the performance of any contractor nor assumes responsibility for any contractor's failure to furnish and perform its work in accordance with the contract between Owner and such contractor.

- E. Engineer shall not be responsible for the acts or omissions of any contractor, subcontractor, or supplier, or of any contractor's agents or employees or any other persons (except Engineer's own employees) at the Project site or otherwise furnishing or performing any of construction work; or for any decision made on interpretations or clarifications of the construction contract given by Owner without consultation and advice of Engineer.
- F. All design documents prepared or furnished by Engineer are instruments of service, and Engineer retains an ownership and property interest (including the copyright and the right of reuse) in such documents, whether or not the Project is completed. The Owner may make and retain copies of Documents for information and reference in connection with use on the Project by Owner. Such Documents are not intended or represented to be suitable for reuse by Owner or others on extensions of the Project or on any other project. Any such reuse or modification without written verification or adaptation by Engineer will be at Owner's sole risk and without liability or legal exposure to Engineer. Any verification or adaptation as stated above, will entitle Engineer to further compensation at rates to be agreed upon by Owner and Engineer.
- G. To the fullest extent permitted by law, Owner and Engineer (1) waive against each other, and the other's employees, officers, directors, agents, insurers, partners, and consultants, any and all claims for or entitlement to special, incidental, indirect, or consequential damages arising out of, resulting from, or in any way related to the Project, and (2) agree that Engineer's total liability to Owner under this Agreement shall be limited to \$50,000.
- H. The parties acknowledge that Engineer's scope of services does not include any services related to a Hazardous Environmental Condition (the presence of asbestos, PCBs, petroleum, hazardous substances or waste, and radioactive materials). If Engineer or any other party encounters a Hazardous Environmental Condition, Engineer may, at its option and without liability for consequential or any other damages, suspend performance of services on the portion of the Project affected thereby until Owner: (i) retains appropriate specialist consultants or contractors to identify and, as appropriate, abate, remediate, or remove the Hazardous Environmental Condition; and (ii) warrants that the Site is in full compliance with applicable Laws and Regulations.
- I. Engineer's opinions of probable Construction Cost are to be made on the basis of Engineer's experience and qualifications and represent Engineer's best judgment as an experienced and qualified professional generally familiar with the construction industry. However, since Engineer has no control over the cost of labor, materials, equipment, or services furnished by others, or over Contractor's methods of determining prices, or over competitive bidding or market conditions, Engineer cannot and does not guarantee that proposals, bids, or actual Construction Cost will not vary from opinions of probable Construction Cost prepared by Engineer. If Owner wishes greater assurance as to probable Construction Cost, Owner shall employ an independent cost estimator.

8.01 Total Agreement

- A. This Agreement (consisting of pages 1 to 7 inclusive together with any expressly incorporated appendix), constitutes the entire agreement between Owner and Engineer and supersedes all prior written or oral understandings. This Agreement may only be amended, supplemented, modified, or canceled by a duly executed written instrument.

9.01 Payment

A. Using the procedures set forth in paragraph 2.01, Owner shall pay Engineer as follows:

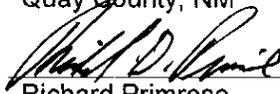
Re-Packaging Plans	\$ 4,483.40	(Lump Sum)
Bid Administration	\$ 6,680.00	(Lump Sum)
Construction Administration	\$ 12,596.00	(Lump Sum)
Construction Observation	\$ 14,659.20	(Hourly)
NMDOT Programmatic Categorical Exclusion	\$ 1,713.75	(Hourly)
Total Projected Fee	\$ 40,132.35 + NMGRT	

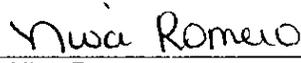
If during the course of the project, it is anticipated that any of the above approximate upper targets (services to be billed hourly) may be exceeded, a written request containing justification will be submitted to amend the upper target.

10.01 Progress and Completion

- A. The Engineer shall proceed expeditiously, consistent with professional skills, with adequate forces to achieve completion within the Contract Time.
- B. If the Engineer is delayed at any time in the commencement or progress of the Work by an act or neglect of the Owner, changes in the Work as directed by the Owner in writing or other causes beyond the Engineer's control, then the Contract Time will be extended by Owner.
- C. The Engineer shall promptly notify Owner in writing of any conditions that may delay delivery of work beyond the Contract Time.
- D. Owner shall make decisions and carry out its other responsibilities in a timely manner so as not to delay the Engineer's performance of its Services

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, the Effective Date of which is indicated on Page 1.

OWNER: Quay County, NM
By: 
Richard Primrose

ENGINEER: ENGINEERS INC.
By: 
Niva Romero

Title: County Manager

Title: Principal

Date Signed: 1/12/14

Date Signed: 12/30/14

Address for giving notices:

Address for giving notices:

Quay County

Engineers Inc.

300 South 3rd Street

1601 Camino del Coronado

Tucumcari, New Mexico 88401

Tucumcari, New Mexico 88401

**QUAY COUNTY
FISCAL YEAR 2014-2015
RESOLUTION No. 26**

Authorization of Budgetary Increase to **Fire District I Fund (407)**

WHEREAS, at meeting of the Board of Quay County Commissioners on January 12, 2015 the following was among the proceedings;

WHEREAS, the Board of Quay County Commissioners deems it necessary to request this Budgetary Increase

**State Fund 209
Budgetary Increase**

	<u>DEBIT</u>	<u>CREDIT</u>
407-12-48100 Fire Protection Grant Expense	\$100,000.00	
407-00-37100 Fire Protection Grant Revenue		\$100,000.00

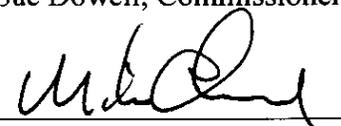
WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Fire Protection Grant Revenue Received**

NOW THEREFORE, BE IT RESOLVED that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Increase be made.

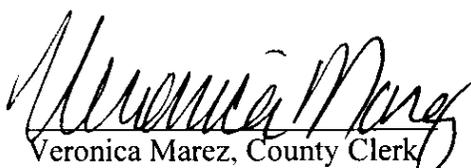
DONE at Tucumcari, County of Quay, New Mexico this 12th day of January, 2015.

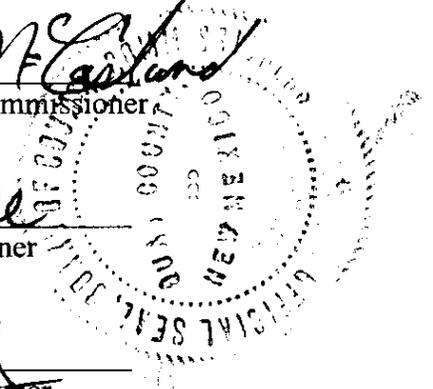

Franklin McCasland, Commissioner


Sue Dowell, Commissioner


Mike Cherry, Commissioner

ATTEST:


Veronica Marez, County Clerk



**QUAY COUNTY
FISCAL YEAR 2014-2015
RESOLUTION No. 27**

Authorization of Budgetary Increase to **General Fund/Administration (401-12)**

WHEREAS, at meeting of the Board of Quay County Commissioners on January 12, 2015 the following was among the proceedings;

WHEREAS, the Board of Quay County Commissioners deems it necessary to request this Budgetary Increase

**State Fund 101
Budgetary Increase**

	<u>DEBIT</u>	<u>CREDIT</u>
401-12-48036 NMAC Health Care Grant Expense	\$2,763.42	
401-00-37536 NMAC Health Care Grant Revenue		\$2,763.42

WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **NMAC Health Care Grant Revenue Received**

NOW THEREFORE, BE IT RESOLVED that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Increase be made.

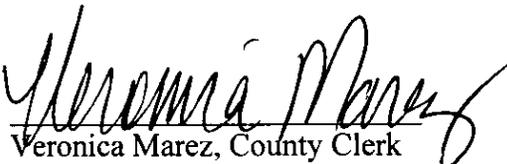
DONE at Tucumcari, County of Quay, New Mexico this 12th day of January, 2015.


Franklin McCasland, Commissioner


Sue Dowell, Commissioner


Mike Cherry, Commissioner

ATTEST:


Veronica Marez, County Clerk

