



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

**AGENDA**  
**REGULAR SESSION**  
**QUAY COUNTY BOARD OF COMMISSIONERS**  
**August 21, 2015**

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

Pledge of Allegiance

Approval of Minutes-Regular Session August 10, 2015

Approval/Amendment of Agenda

**Public Comment**

**Ongoing Business-None**

**New Business**

- I. Alida Brown, Quay County Health Council**
- Update on Community Healthcare Council
  - Discussion of Healthy Kids Healthy Communities Initiative
- II. Clay Huffman, Quay County Deputy**
- Approval of the purchase of two Law Enforcement vehicles
- III. Donald Adams, Quay County Fire Marshal**
- Approval of Grant Application for Bard-Endee
  - Approval of Grant Application for Fire District #1
  - Approval of Grant Application for Quay Fire #4
  - Approval of Grant Application for Forrest Fire
  - Approval of Building Addition to Bard-Endee Fire Station
- IV. Larry Moore, Quay County Road Superintendent**
- Road Update
- V. Richard Primrose, Quay County Manager**
- Approval of **Resolution #3 – ACT Support**
  - Approval of **Resolution #4 – Adopting an Infrastructure/Capital Improvement Plan (ICIP)**
  - Approval of a **Professional Medical Service Agreement** between Quay County and Presbyterian Medical Services
  - Correspondence



**VI. INDIGENT CLAIMS BOARD**

- Call Meeting to Order
- Request Approval of Indigent Minutes for the July 27, 2015 Meeting
- Review August Claims Prepared by Sheryl Chambers
- Adjourn

**VII. Request Approval of Accounts Payable**

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

**Adjourn**

*Lunch-Time and Location to be Announced*

**REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS**

**August 21, 2015**

**9:00 a.m.**

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 21st of August 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, Chairman  
Sue Dowell, Member  
Mike Cherry, Member  
Richard Primrose, County Manager  
Veronica Marez, Quay County Clerk

**OTHERS PRESENT:**

Larry Moore, Quay County Road Supervisor  
Cheryl Simpson, Quay County Manager's Office  
Clay Huffman, Quay County Deputy Sheriff  
Alida Brown, Quay County Health Council  
Donald Adams, Quay County Fire Marshal  
Vic Baum, Quay County Assessor  
Ellen White, Quay County Chief Deputy Clerk  
Patsy Gresham, Quay County Treasurer  
Russell Braziel, KQAY Radio Station

The meeting was called to order by Chairman McCasland. Clay Huffman led the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the August 10, 2015 regular commission meeting. MOTION carried.

**Commissioners Voted:**

McCasland – "YES"                      Dowell – "YES"                      Cherry – "YES"

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve agenda. MOTION carried.

**Commissioners Voted:**

McCasland – "YES"                      Dowell – "YES"                      Cherry – "YES"

PUBLIC COMMENT: Russell Braziel, KQAY asked Richard Primrose if the Quay County Fair barn has WIFI. A Gun Show will be held in Tucumcari and background checks are needed to purchase a firearm. Primrose said he would check into the cost, because we do not have WIFI at this time.

ONGOING BUSINESS: None

OLD BUSINESS: None

NEW BUSINESS:

Alida Brown, Quay County Health Council presented an overview on Community Healthcare Council.

Brown presented Quay County's top health concerns. Top 5 causes of death are heart disease, cancer, chronic COPD, stroke and chronic liver disease. Quay County is ranked #1 in NM in adult and teen obesity, #2 in smoking-related deaths and doctor-diagnosed depression, #3 in alcohol-related deaths, #5 in drug overdose deaths and #12 in suicide deaths. Quay County residents most at risk for poor health are infants and mothers, children and youth, seniors and Hispanics. This information is from a survey from May 2014.

Clay Huffman, Quay County Deputy Sheriff requested approval of the purchase of two Law Enforcement vehicles from Harding County, a 2009 and 2010 chargers. A MOTION was made by Mike Cherry, SECONDED Sue Dowell to approve said vehicles. MOTION carried.

Commissioners Voted:

McCasland – "YES"

Dowell – "YES"

Cherry – "YES"

Matt Montoya, District Attorney office joined the meeting. Time noted 9:30 a.m.

Donald Adams, Quay County Fire Marshal requested approval of Grant Applications for Bard-Endee, Fire District #1, Quay Fire #4 and Forrest Fire. A MOTION was made by Mike Cherry, SECONDED Sue Dowell to approve said applications. MOTION carried. Copy of said applications are attached and made a part of these minutes.

Commissioners Voted:

McCasland – "YES"

Dowell – "YES"

Cherry – "YES"

Requested approval building addition to Bard-Endee Fire Station. A MOTION was made by Mike Cherry, SECONDED Sue Dowell to approve said addition MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

Larry Moore, Quay County Road Superintendent presented the following report.

1. Crews are finishing roads and intersections that were washed out.
2. Crews installing culverts.
3. Moore should be receiving the John Deer blades by first of September.
4. Thanked the commissioners for the air conditioning unit at the road department.

Chairman McCasland requested a ten minute break. Time noted 10:05

Richard Primrose gave the following County Manager’s Report:

Requested approval of Resolution No. 3 supporting Quay County’s Greater Tucumcari Economic Development’s application for ACT’S Certified Work Ready Communities Program. A MOTION was made by Sue Dowell, SECONDED Mike Cherry to approve said Resolution. MOTION carried. Copy of said Resolution is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

Requested approval of Resolution No. 4 adopting an Infrastructure Capital Improvements Plan. A MOTION was made by Mike Cherry, SECONDED Sue Dowell to approve said Resolution. MOTION carried. Copy of said Resolution is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

Requested approval of Professional Medical Service Agreement between Quay County, New Mexico and Presbyterian Medical Services in the amount of \$58,800 for 2 years. A MOTION was made by Mike Cherry, SECONDED Sue Dowell to approve said Agreement. MOTION carried. Copy of said Agreement is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

CORRESPONDENCE:

1. Presented the August Gross Receipt Tax report.
2. Presented the monthly RPHCA report
3. Primrose thanked everyone that attended the ISC meeting. They had a good turnout.
4. The Auditor has been here all week and will be back in October.
5. Primrose will be on vacation next week.
6. Primrose thanked Bill Humphries, Tom Sidwell and Pete Thatcher for all their hard work.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to go into session as the Indigent Claim Board. MOTION carried. Cherry voting "aye", Dowell voting "aye", McCasland voting "aye". Time noted 10:30 a.m.

-----INDIGENT CLAIMS BOARD-----

Return to regular session. Time noted 10:32 a.m.

CHECKS WERE REVIEWED.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the expenditures as presented. MOTION carried. A copy of the expenditure report is attached and made a part of these minutes.

Commissioners Voted:

McCasland – "YES"

Dowell – "YES"

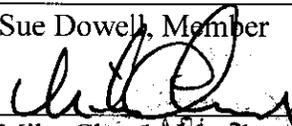
Cherry – "YES"

There being no further business, a MOTION was made by Sue Dowell, SECONDED by Mike Cherry to adjourn the regular meeting of the Board of Quay County Commissioners until the next regular meeting set for September 14, 2015 unless sooner called. MOTION carried. ROLL CALL; Cherry voting "aye", Dowell voting "aye". Time noted 11:30 a.m.

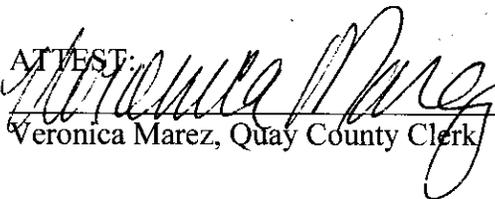
BOARD OF QUAY COUNTY COMMISSIONERS

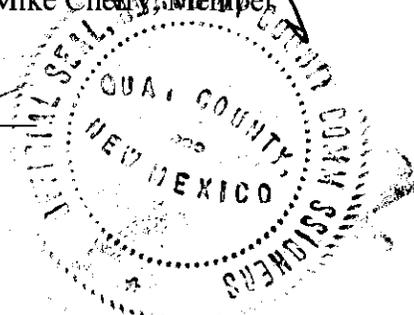
  
Franklin McCasland, Chairman

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

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

ATTEST:

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



**APPLICATION FOR FY16 FIRE PROTECTION GRANT**  
 Applications will be accepted from July 01, 2015 to September 01, 2015

**Eligibility**

All fire departments currently certified and funded by the New Mexico State Fire Marshal's Office are eligible to participate in the fire protection grant process.

**Only one grant application per department may be submitted.**

**Note:** Any fire department that is awarded a grant and consequently loses its qualification to participate in the Fire Protection Funding process shall return the apparatus and/or equipment to the State Fire Marshal for redistribution as per 59A-53 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC.

**Maximum Award and Matching Funds**

The maximum amount awarded to a single applicant will not exceed \$100,000.00 with a **minimum matching funds commitment from the department of 20%**. Costs exceeding the grant amount shall be the responsibility of the local government. State fire funds may be used for this purpose with proper approval from the New Mexico State Fire Marshal's Office.

**Signatures/Commitment of Funds**

The fire chief and the fiscal agent for the local government shall sign the application. In addition, the fiscal agent shall sign the Fiscal Agent Commitment Statement indicating a commitment of these funds for the awarded project and a commitment of the 20% matching funds.

**MINIMUM REQUIREMENTS**

**NFIRS Reporting**

All applicants **shall be** in compliance with the reporting requirements of the New Mexico State Fire Marshal's Office utilizing the National Fire Incident Reporting System (NFIRS) as per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Applicants with delinquent NFIRS reports for the period of July 2014 to June 2015 at the time the application period closes **will not be considered**.

**Pump Testing**

**All rated fire pumps shall** undergo annual pump tests to ensure proper function and firefighter safety; therefore, the Fire Protection Grant Council is requiring apparatus pump tests be conducted on each apparatus with rated fire pumps and documentation submitted with the application. All annual pump tests shall be in accordance with NFPA 1901 and the Insurance Service Office (ISO) requirements. Copies of the 2013, 2014, and 2015 pump test records for each rated fire pump must accompany the application. All pump test documentation must be dated and legible. Incomplete or illegible pump test records will not be accepted. Pump test documentation **must include**, but is not limited to the following: VIN, license plate number, test date, and **pass or fail indicator**.

**ADDITIONAL INFORMATION**

All of the information contained in the application is carefully reviewed and considered. In addition to general information and data provided, thorough and clear narrative responses are critical to helping reviewers understand the needs of the department relative to the request.

The department may request funding for apparatus, PPE, communication equipment or another justified critical need. All apparatus must meet NFPA Standards. Equipment/apparatus specifications are subject to review by the Fire Marshal's Office. The department must have the capability to immediately house apparatus properly. NFPA listed equipment may be included with the purchase of apparatus. Applications may be completed on the website at <http://www.nmprc.state.nm.us/state-firemarshal/fire-grant-council/index.html>.

For additional information, please contact Vernon Muller, Deputy Fire Marshal Fire Service Support Bureau at 505-476-0165 or visit the New Mexico State Fire Marshal's Office web page <http://www.nmprc.state.nm.us/statefiremarshal/fire-grant-council/index.html>.

**SELECTION CRITERIA**

Applications will be placed in consideration categories meeting specific criteria as follows:

**Category A**

- 1) NFIRS Compliant. **NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>).**
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is for a Critical Need (clearly explained in the application)
- 4) Never before received a NM Fire Protection Grant

**Category B**

- 1) NFIRS Compliant. **NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>).**
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is for a Critical Need (clearly explained in the application)
- 4) Previous NM Fire Protection Grant recipient

**Category C**

- 1) NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>)
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is not a Critical need
- 4) Previous recipient

**Category D**

- 1) Non-compliant (will not be considered for a grant)

**CRITICAL NEEDS**

- o Fire apparatus/equipment
- o PPE (structural, wildland, SCBA)
- o Communications
- o Maintenance, training, water
- o Need that will clearly will have significant impact on ISO Classification

ACKNOWLEDGEMENT/SIGNATURES		
Name of Department/District: Forrest	County: Quay	
Name of Fire Chief (please print) Joe Garrett	Signature of Fire Chief 	Date 8/21/15
Name/Title of County/Municipal Fiscal Agent (please print) Richard P. Rouse	Signature of Fiscal Agent 	Date 8/21/15
Mailed, Emailed, or Faxed applications <b>will not</b> be accepted.		

This application may be downloaded from the following website: <http://www.nmprc.state.nm.us/sfm.htm>

**Please answer all questions in this application.  
Incomplete applications will not be considered.**

GENERAL INFORMATION	
Fire Department ID Number (using NFIRS identifier)	37031
Fire Department Name	Forrest
Insurance Services Office (ISO) Rating	8
County	Quay Rural
What kind of organization is your fire department?	Volunteer
How many stations are in your organization?	
Main	1
Substations	0
Admin	0
Type of community your organization serves Based on population density	Rural
Mailing Address	
Address	3298 Quay Road 37
City	Melrose
State	NM
Zip Code	88124
Phone number	(575) 458-6532
Email address	pappyjoe63.jg@gmail.com
Name of Person Completing this application?	Joe Garrett
Are you a fire department member?	Yes
How many career fire fighters do you have?	0
How many volunteer firefighters do you have?	20
If combined, how many uniformed full-time career fire fighters are at the station at all times?	0
How many are FF-I Certified?	3
How many are FF-II Certified?	0
Do your newly recruited Fire Fighters undergo an entry-level physical and receive immunizations? Describe	not at this time

FATALITIES AND INJURIES			
Over the last three years what is the total number of fire-related incidents in your jurisdiction?			
Fire-related Civilian fatalities	Fire-related Civilian Injuries	Line-of-duty member fatalities	Line-of-duty member injuries
0	0	0	2

BUDGET INFORMATION	
What is your fire departments operating budget, including personnel costs, for your current fiscal year?(in dollars)	\$66,176.00
What is the current Protection Fire Fund distribution?	\$66,176.00
What is the approved total carryover balance, if any, of Protection Fire Funds maintained by the department?	\$70,192.00
What was the purpose of the approval carryover?	To Start Saving For A New Class A To Start Saving For A Class A Saving For A Class A
What percentage of your annual operating budget is derived from:	
Taxes?	0%

Grants?	0%
State Fire Marshal Funds?	100%
Donations?	0%
Fund Drives?	0%
Fee For Service?	0%
Others?	0%
Please Explain (For 'Others')	0

**COMMUNITY INFORMATION**

Name of Community Protected? <b>Forrest, Wheatland</b>	Number of commercial buildings protected in fire district? <b>5</b>
Number of homes protected in fire district? <b>122</b>	What is the permanent resident population of the community you serve? <b>305</b>
Do you have formal automatic aid or mutual aid agreements? Yes	
List adjacent automatic aid fire districts (with written agreements)	
<b>S.No</b>	<b>Automatic Aide Fire Districts</b>
1	Forrest ,Jordan, House

**RESPONSE HISTORY IN THE LAST YEAR**

What is your call volume for the past year? (from last year July 1st to this year June 30th)	14			
How many responses per category?				
Structure Fire (IT 110-118, 120-123) 0	Hazardous Condition (IT 400-482) 0	Vehicle Fire (IT 130-138) 0	Service Calls (IT 500-571) 0	Vegetation Fire (IT 140-143) 2
Good Intent Calls (IT 600-671)	EMS (IT 300-323) 12	False Calls (700-751) 0	Rescue (IT 331-381) 0	Other 0
Call Volume/History Support request?				

**WATER AVAILABILITY**

Community hydrant system ? <b>No</b>	Total capacity of available water storage(in gallons) <b>30,000.00</b>	Water storage tank with fire hydrant @ station <b>Yes</b>
Describe additional water source(s):		
<b>S.No</b>	<b>Source</b>	<b>Capacity(in gallons)</b>
1	Farms and Ranches in our district	200000

**TRAINING**

Average # of training hours per Firefighter per year : <b>55</b>	
How many training opportunities has this department offered in the last calendar year?	
<b>Training Details</b>	<b>Supporting Document</b>
Monthly meetings / weekends	Forrest Training.doc

**APPARATUS**

List class A pumper(s)
Are pump test conducted annually on apparatus?

**Yes**

**Total number of seated positions :**  
6

**Copies of most recent pump tests records must be attached (upto 3 years)**

Type	Year	Make	Tank Capacity	Pump Capacity
Class A	2005	Darley	1200	1000
Test Name	Date Pump tested	Pump Test Result	Pump Test Data Completed	
Test 1	05/25/2013	Pass	Yes	
File Name:	Unit 5 2013.pdf			
Test 2	08/05/2014	Pass	Yes	
File Name:	Unit 5 2014.pdf			
Test 3	07/17/2015	Pass	Yes	
File Name:	Unit 5 2015.pdf			
Class A	1992	Hale	1500	750
Test Name	Date Pump tested	Pump Test Result	Pump Test Data Completed	
Test 1	05/25/2013	Pass	Yes	
File Name:	Unit 4 2013.pdf			
Test 2	07/12/2014	Pass	Yes	
File Name:	Unit 4 2014.pdf			
Test 3	07/17/2015	Pass	Yes	
File Name:	Unit 4 2015.pdf			

**Explain if not tested properly:**  
I keep getting a red box here? I don't know why? Unit 4 was tested sepertly on 07/12/2014, because we had replaced the packing.

**COMMUNICATION EQUIPMENT**

**Do you have any of the following?**

Handheld radios	20
Base Stations	3
Mobile radios	10
Do you have any apparatus without a mobile radio?	No

**List communication equipment by type**

Describe your communication equipment and capability (type, qty, range) (if more than zero)	How Many?
Kenwood handheld	15
Motorola handhelds	5
Motorola cm1550 45 Watts	8
Kenwood 45 Watts Moblies	2
Motorola Base Stations	3

**Do you have interoperability with any of the following agencies?**

Law Enforcement	Yes
Emergency Medical	Yes
Other Fire Departments	Yes
Other (that could not be classified as above)	Yes
Describe (if 'yes' on others)	Various Farmers and Ranchers in our Districts
Do you have any areas in your jurisdiction which are NOT covered by a repeater?	No

Describe (if yes for above)

**HAZARDS/THREATS**

Describe the threat to the community: (i.e., fuel storage bulk plants, railroads, high hazard occupancies, etc.)

State Highways	High traffic volumes, the traffic in our area has increased over the past 10 years. With the growth in Clovis and Cannon Air Base, we have 100 plus lane miles of State Highway thru our area.
Fuel/Chemicals	We have numerous large farm and ranch operations with in our area, that handle bulk fuel as well as bulk chemical products. We state highway department also with bulk materials
Cap rock	Are area is completely bordered by the cap rock on the North side of us
Military air traffic	Cannon Air Force Bombing range is 35 miles south of us, this gives us a lot of air traffic flying over day and night.

**CURRENT PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Are all PPE inspected annually per NFPA 1851?  
Yes

Qty	Age (years)	Condition
10	20	Fair
Qty	Age (years)	Condition
7	10	Good
Qty	Age (years)	Condition
3	2	Good

Do you have your bottle filling capability? :

Yes

Do you have SCBA cylinder filling capability? :

Yes

Describe SCBA cylinder filling capability :

4 Portable tanks mounted on rescue truck

Pressure :

Low

Qty	Age (years)	Condition
Qty	Age (years)	Condition
4	15	Fair
Qty	Age (years)	Condition
8	10	Good
Qty	Age (years)	Condition
4	1	Good

**EQUIPMENT NEEDS**

List in **priority order**, and explain the equipment needs of your department and the total costs of fulfilling the needs.

1	Apparatus	Class A	1	\$300,000.00
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Total: \$300,000.00

What (specifically) will you purchase if awarded this grant?:

A 2016 4x4 Class A pumper will NFPA 1901, our Geographical area has changed immensely, due to a lot of CRP land coming out of the program, also we have experienced extreme drought in past 7 years, as well as several big fires thru our area. Place that we used to could get to to fight fire have change due to blow sand, causing it to be almost impossible to get to with 2 wheel drive

Will fulfilling this need impact your organization's ISO rating?:

Yes

Please explain:

Yes, it will give us an additional Class A as well as more hose ladders and SCBA, this will give us a new truck with new 2013 SCBA compliance equipment. This truck will replace out dated equipment will replace a 500 GPM pump with a 1250

**GRANT FUNDING JUSTIFICATION**

**Financial Need:** Give us a financial snapshot of your area. Tell us why you need assistance and describe your department/organization's current funding issues.

Our Geographical area has changed immensely, due to a lot of CRP land coming out of the program, also we have experienced extreme drought in past 10 years, as well as several big fires thru our area. Place's that we used to could get to, to fight fire have change due to blow sand, causing it to be almost impossible to get to with 2 wheel drive. The cost of a new 4x4 truck is more than we are able to save, and continue with yearly operation and safety requirements. We have a 48,000 a year budget and have been able to save \$70,000 at the present time. Our goal is to have another \$20,000 saved by end of physical year 2016. We will make our last payment on our 2005 class A in May 2016, allowing us to borrow the rest needed for the new truck we would like to order.

**Request:** Provide a brief description of what the request does, how the dollars will be spent and explain the need.

The grant would allow us to purchase a new 4x4 class A truck, the four wheel drive capability would gain us access to areas that at the present we are unable to get into. It would also allow us to operate more safely, not having as much concern of getting stuck in sand.

**Problem:** Provide a brief description of the problem your department/district is addressing with this grant application.

The vast majority of our fire calls are on range land and farm land, also we are bordered by the cap rock. we are finding it harder to get onto our fire area's.

**Analysis of Benefits:** Provide a brief description of how the department/district this performance will be improved and how this comparesto the proposed expenditure.

The new truck will be completely NFPA 1901 compliance, replacing a 1972 500 GPM pump with a 1250 GPM pump. The older equipment will be replaced with new equipment to include SCBA's. The new truck will be more efficient and user friendly, costing less in maintenance and repairs, parts are also becoming harder to get for trucks over 30 years old.

**Community and Your Organization's Relationship:** Provide a description of your department/organization's role and relationship withinthe community and what impact this request will have.

The vast majority of the department members are the community, we stand strong together they have always supported us. We help with blood pressure clinics, standby for community events, such as chuck wagon days fourth of July. We hope to with newer safer equipment we are able to involve more people to become volunteer's. Our community has a lot of pride for our department.

**Consequences:** Provide a brief description of consequences of not funding this grant request. If your department does not receive therequested grant, what will the department do?.

We will continue to strive to do our very best with what equipment we have. We will continue save money for our goals and continue to try for grants, we have a strong support from our surrounding communities and I am sure they will continue to help us when possible. keeping the older equipment up will continue to be a struggle. Bottom line this department will keep on keeping on.

**PROJECT BUDGET SHEET**

1	Apparatus	Class A	1	\$300,000.00
				Total: \$300,000.00

Total amount	\$300,000.00
Less matching amount (minimum 20% of the Total amount)	\$60,000.00
SubTotal	\$240,000.00
Grant amount requested (maximum request \$100,000.00)	\$100,000.00
Department is responsible for the amount in excess of \$100,000.00	\$140,000.00
Total amount the Department is responsible for	\$200,000.00

**FISCAL AGENT COMMITMENT STATEMENT**

I, as fiscal agent for the Forrest, Fire department, certify that a minimum of 20% in matching funds are committed to the project for which this application is submitted.

Department Name: Forrest County: Quay ISO Rating: 8

Name of County/Municipal Fiscal Agent (please print) Richard PRIMAOSE MANAGER Title

[Signature] \_\_\_\_\_  
Signature of County/Municipal Fiscal Agent Date 8/21/15

APPLICATION FOR FY16 FIRE PROTECTION GRANT  
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Eligibility

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Signatures/Commitment of Funds

The fire chief and the fiscal agent for the local government shall sign the application. In addition, the fiscal agent shall sign the Fiscal Agent Commitment Statement indicating a commitment of these funds for the awarded project and a commitment of the 20% matching funds.

MINIMUM REQUIREMENTS

NFIRS Reporting

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ADDITIONAL INFORMATION

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The department may request funding for apparatus, PPE, communication equipment or another justified critical need. All apparatus must meet NFPA Standards. Equipment/apparatus specifications are subject to review by the Fire Marshal's Office. The department must have the capability to immediately house apparatus properly. NFPA listed equipment may be included with the purchase of apparatus. Applications may be completed on the website at <http://www.nmprc.state.nm.us/state-firemarshal/fire-grant-council/index.html>.

For additional information, please contact Vernon Muller, Deputy Fire Marshal Fire Service Support Bureau at 505-476-0165 or visit the New Mexico State Fire Marshal's Office web page <http://www.nmprc.state.nm.us/statefiremarshal/fire-grant-council/index.html>.

SELECTION CRITERIA

Applications will be placed in consideration categories meeting specific criteria as follows:

**Category A**

- 1) NFIRS Compliant. **NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>).**
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is for a Critical Need (clearly explained in the application)
- 4) Never before received a NM Fire Protection Grant

**Category B**

- 1) NFIRS Compliant. **NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>).**
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is for a Critical Need (clearly explained in the application)
- 4) Previous NM Fire Protection Grant recipient

**Category C**

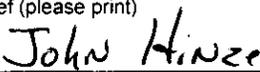
- 1) NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>)
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is not a Critical need
- 4) Previous recipient

**Category D**

- 1) Non-compliant (will not be considered for a grant)

**CRITICAL NEEDS**

- o Fire apparatus/equipment
- o PPE (structural, wildland, SCBA)
- o Communications
- o Maintenance, training, water
- o Need that will clearly will have significant impact on ISO Classification

ACKNOWLEDGEMENT/SIGNATURES		
Name of Department/District: Conservancy #1		County: Quay
Name of Fire Chief (please print) John Hinze	Signature of Fire Chief 	Date 8/23/15
Name/Title of County/Municipal Fiscal Agent (please print) Richard Primaose	Signature of Fiscal Agent 	Date 8/24/15
Mailed, Emailed, or Faxed applications <b>will not</b> be accepted.		

This application may be downloaded from the following website: <http://www.nmprc.state.nm.us/sfm.htm>

**Please answer all questions in this application.  
Incomplete applications will not be considered.**

GENERAL INFORMATION	
Fire Department ID Number (using NFIRS identifier)	37013
Fire Department Name	Conservancy #1
Insurance Services Office (ISO) Rating	9
County	Quay Rural
What kind of organization is your fire department?	Volunteer
How many stations are in your organization?	
Main	1
Substations	1
Admin	0
Type of community your organization serves Based on population density	Rural
Mailing Address	
Address	PO Box 725
City	Tucumcari
State	NM
Zip Code	88401
Phone number	(575) 461-2760
Email address	pastorjohn@fbctuc.com
Name of Person Completing this application?	Michelle Jaynes
Are you a fire department member?	Yes
How many career fire fighters do you have?	13
How many volunteer firefighters do you have?	13
If combined, how many uniformed full-time career fire fighters are at the station at all times?	0
How many are FF-I Certified?	1
How many are FF-II Certified?	1
Do your newly recruited Fire Fighters undergo an entry-level physical and receive immunizations? Describe	not at this time

FATALITIES AND INJURIES			
Over the last three years what is the total number of fire-related incidents in your jurisdiction?			
Fire-related Civilian fatalities	Fire-related Civilian Injuries	Line-of-duty member fatalities	Line-of-duty member injuries
0	0	0	3

BUDGET INFORMATION	
What is your fire departments operating budget, including personnel costs, for your current fiscal year?(in dollars)	\$68,783.00
What is the current Protection Fire Fund distribution?	\$68,783.00
What is the approved total carryover balance, if any, of Protection Fire Funds maintained by the department?	\$30,000.00
What was the purpose of the approval carryover?	Purchase Of New Initial Attack
What percentage of your annual operating budget is derived from:	
Taxes?	0%

Grants?	0%
State Fire Marshal Funds?	100%
Donations?	0%
Fund Drives?	0%
Fee For Service?	0%
Others?	0%
Please Explain (For 'Others')	0

**COMMUNITY INFORMATION**

Name of Community Protected? <b>Conservancy District 1</b>	Number of commercial buildings protected in fire district? <b>10</b>
Number of homes protected in fire district? <b>625</b>	What is the permanent resident population of the community you serve? <b>1875</b>
Do you have formal automatic aid or mutual aid agreements?: No	
List adjacent automatic aid fire districts (with written agreements)	

**RESPONSE HISTORY IN THE LAST YEAR**

What is your call volume for the past year? (from last year July 1st to this year June 30th)	42			
How many responses per category?				
Structure Fire (IT 110-118, 120-123) 6	Hazardous Condition (IT 400-482) 0	Vehicle Fire (IT 130-138) 9	Service Calls (IT 500-571) 10	Vegetation Fire (IT 140-143) 10
Good Intent Calls (IT 600-671) 2	EMS (IT 300-323) 1	False Calls (700-751) 2	Rescue (IT 331-381) 0	Other 2
Call Volume/History Support request?				

**WATER AVAILABILITY**

Community hydrant system? <b>Yes</b>	Total capacity of available water storage(in gallons) <b>5,600.00</b>	Water storage tank with fire hydrant @ station <b>No</b>
Describe additional water source(s):		
1	Engine 141	2000
2	Engine 142	1200
3	Engine 144	1200
4	Tender 146	1200

**TRAINING**

Average # of training hours per Firefighter per year : <b>36</b>	
How many training opportunities has this department offered in the last calendar year?	
2014 Training/meeting	2014 Meeting Accountability Chart.pdf
2015 Training/meeting	2014 Meeting Accountability Chart.pdf

<b>APPARATUS</b>	
List class A pumper(s)	
Are pump test conducted annually on apparatus?	
Yes	
Total number of seated positions :	
9	
Copies of most recent pump tests records must be attached (upto 3 years)	
Explain if not tested properly:	
If we dont have tests for each aparatus it is because we have only had them for two aparatus year tests	

<b>COMMUNICATION EQUIPMENT</b>	
Do you have any of the following?	
Handheld radios	16
Base Stations	1
Mobile radios	7
Do you have any apparatus without a mobile radio?	No
List communication equipment by type	
Handheld Vertex VX-210	2
Handheld Motorola HT 1250	3
Handheld Icom SCV 32	2
Handheld Relm WHS 150	6
Relm SMX4099	1
Motorola	3
MotoRelm 825A	1
Handheld Kenwood	3
Do you have interoperability with any of the following agencies?	
Law Enforcement	Yes
Emergency Medical	Yes
Other Fire Departments	Yes
Other (that could not be classified as above)	No
Describe (if 'yes' on others)	
Do you have any areas in your jurisdiction which are NOT covered by a repeater?	Yes
Describe (if yes for above)	The Montoya area of our county at the 315mm on I40 has no repeater coverage

<b>HAZARDS/THREATS</b>	
Describe the threat to the community: (i.e., fuel storage bulk plants, railroads, high hazard occupancies, etc.)	
Union Pacific Railroad	Union Pacific Railroad runs through our district, the Railroad does contribute to a percentage of the calls for safety in our district, within the past month had 10 fires started by one train headed westbound stretching over 10 miles of coverage of fires from the first to the last fire.
Interstate	the Interstate 40 runs through our department and because of the heat and the streight runs, and dry conditions we have a high percentage of calls for various reason. Brakes and tire problems contribute to the numerous interstate calls. This adds to the hazzards with the extreme truck and car traffic hauling everything from household to gas and chemicals

Irrigation canals	Within our district is an irrigation system which runs water from Conchas lake in San Miguel county to the farmers in our area, this adds miles and miles of ditches which makes for longer response times to have to back track to reach some of the areas.
Abandoned Buildings	Our community has dwended in size since the late 70's when it was booming. Because of this shrinking we have lots of abandoned buildings which become fire hazzards. This is a huge danger to the area with possibilities of fires spreading and becoming wildland fires as well as the initial danger of the abandoned structers near by also catching fire.

**CURRENT PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Are all PPE inspected annually per NFPA 1851?  
Yes

Qty	Age (years)	Condition
12	20	Fair

Qty	Age (years)	Condition
4	10	Good

Qty	Age (years)	Condition
13	3	Good

Qty	Age (years)	Condition
13	3	Good

Do you have your bottle filling capability? :  
No

Do you have SCBA cylinder filling capability? :  
No

Describe SCBA cylinder filling capability :  
The Tucumcari Fire Department or Quay County Fire marshal fill our SCBA bottles, and AAA Fire pro does our bottle testing

Pressure :  
Low

Qty	Age (years)	Condition
9	14	Fair

Qty	Age (years)	Condition
9	14	Fair

Qty	Age (years)	Condition
9	14	Fair

Qty	Age (years)	Condition
9	14	Fair

Qty	Age (years)	Condition
8	5	Good

Qty	Age (years)	Condition
8	5	Good

**EQUIPMENT NEEDS**

List in **priority order**, and explain the equipment needs of your department and the total costs of fulfilling the needs.

Priority	Equipment	Quantity	Cost	
1	Apparatus	Initial attack	1	\$140,000.00
Total: \$140,000.00				

What (specifically) will you purchase if awarded this grant?:  
We will be purchasing a brush/wildland vehicle for an initial attack. Our department has takers, Clas A's and Brush trucks, we are in need of Brush trucks.

Will fulfilling this need impact your organization's ISO rating?:  
No

Please explain:

Our organization is in the process of getting our department fully compliant with the requirements for ISO and State Fire. We have recieved the initial evaluation from ISO stating that our rating just jumped from a 9 to a 5/5x. We would like to spend some money if awarded this grant to purchase another new brush/wildland vehicle for the safety of our community and area.

**GRANT FUNDING JUSTIFICATION**

**Financial Need:** Give us a financial snapshot of your area. Tell us why you need assistance and describe your department/organization's current funding issues.

We have been working on upgrading and adding equipment to our department to make it a safer place to live and work. Our area has a large sparsely populated farming and ranching areas which may not have adaaquate roads to take a Taker or a Class A. This being a Initial attack unit will make it easier to attack any fire faster and better than any of our existing equipment. Economy in our area has been far worse in the last few years, this leads to less funding for the department. We have recently been through an ISO inspection and are hoping to improve our rating. Letter from ISO states that portions of our area have moved to a 5/5x

**Request:** Provide a brief description of what the request does, how the dollars will be, spent and explain the need.

We are currently in need of brush trucks for quick attack to help prevent some of the wild land fires from threatening some of the structures in our area.

**Problem:** Provide a brief description of the problem your department/district is addressing with this grant application.

If we are granted this request we will be purchasing a brush truck to help with the need of the multiple fires that we have had where an initial grass fire could have effected some of the homes/structures in our area.

**Analysis of Benefits:** Provide a brief description of how the department/district this performance will be improved and how this comparesto the proposed expenditure.

Our request for a brush truck is for the need, apprcimate for the vehicle and skid unit for the back will come to approximately 140,000.00. This needed and will make attacking some of the wildland fires much better to control. The funding of this unit will be greatly appreciated and will help protect our area.

**Community and Your Organization's Relationship:**Provide a description of your department/organization's role and relationship withinthe community and what impact this request will have.

This request will fill the need of a brush/wildland truck for our community. Our department serves as a back up department for many other departments in our county. We are in need since most of our brush trucks have been deteriorating over the years. This would be a greatly needed addition to our department.

**Consequences:**Provide a brief description of consequences of not funding this grant request. If your department does not receive therequested grant, what will the department do?.

If our department is not awarded this grant, the vehild will not be purchased at this time. We will be hoping to use remaining budgetary left overs to repair and upgrade some of the existing equipment.

**PROJECT BUDGET SHEET**

1	Apparatus	Initial attack	1	\$140,000.00
				Total: \$140,000.00

Total amount	\$140,000.00
Less matching amount (minimum 20% of the Total amount)	\$28,000.00
SubTotal	\$112,000.00
Grant amount requested (maximum request \$100,000.00)	\$100,000.00
Department is responsible for the amount in excess of \$100,000.00	\$12,000.00
Total amount the Department is responsible for	\$40,000.00

**FISCAL AGENT COMMITMENT STATEMENT**

I, as fiscal agent for the \_\_\_\_\_ department, certify that a minimum of 20% in matching funds are committed to the project for which this application is submitted.

Richard Palmare MANAGER  
 Name of County/Minicipal Fiscal Agent (please print) Title

Paul A. Smith 8/21/15  
 Signature of County/Minicipal Fiscal Agent Date

# ANNUAL PUMP SERVICE TEST

Name: Rural 1 Fire District Date: 08/21/14  
Main Station on Camino De Coronado Rd. Tested By: D. Adams  
Tucumcari, New Mexico 88401

**Apparatus Information:**

Year: 2005	Make: Frt.	Model:	Serial #: 1FVHCYDC35HU19857	Unit #: 141
Engine Make: CUMMINGS	Engine Model:	Engine Serial #:	Engine Hours:	Mileage:
Pump Make: WAT.	Pump Model:	Pump Serial #: 501050	Pump Hours:	Pump Capacity: 1251

Specifications: 1251 gpm @ 150 psi 1700 % rpm 882 gpm @ 200 psi % rpm 1819  
627 gpm @ 250 psi 1997 % rpm

(Obtain this information from the metal or plastic tag usually located on the pump panel)

PAS

**Test Conditions:**

Dry Pump Primed in 10 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6" Temperature: Air: 90 Water: 80  
 Lift from water level to the middle of suction intake manifold on apparatus: Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: Main Station on Camino De Coronado Rd.  
 Engine Oil Pressure: 58 Engine Water Temperature: 182

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout	
							No.	Size: Lengths:
Start	1700	150	-2	46		2 1/2	2	3" 50'
:05	1700	150	-2	46		2 1/2		
:10	1700	150	-2	46		2.5		
:15	1700	150	-2	46		2.5		
:20	1700	150	-2	46		2.5		

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout	
							No.	Size: Lengths:
Start	1822	200		56		2	2	3" 50'
:05	1822	200		56		2		
:10	1822	200		56		2		

**250 PSIG: NET PUMP PRESSURE (NPP): 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout	
							No.	Size: Lengths:
Start	2015	250		28		2	2	3" 50'
:05	2015	250		28		2		
:10	2015	250		28		2		

Signature \_\_\_\_\_ Date \_\_\_\_\_

# ANNUAL PUMP SERVICE TEST

Name: Rural 1 Fire District Date: 08/21/14  
Main Station on Camino De Coronado Rd. Tested By: D. Adams  
Tucumcari, New Mexico 88401

**Apparatus Information:**

Year: 2010	Make: Frt.	Model:	Serial #: 1FYACYBS5BDBA5253	Unit #: 142
Engine Make: cummings	Engine Model:	Engine Serial #:	Engine Hours:	Mileage: 2813
Pump Make: Darley	Pump Model: PSP	Pump Serial #: 290853	Pump Hours:	Pump Capacity: 1250

Specifications: 1250 gpm @ 150 psi 1712 % rpm 882 gpm @ 200 psi % rpm  
626 gpm @ 250 psi 2013 % rpm

PASS

(Obtain this information from the metal or plastic tag usually located on the pump panel)

**Test Conditions:**

Dry Pump Primed in 10 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6" Temperature: Air: 92 Water: 84  
 Lift from water level to the middle of suction intake manifold on apparatus: Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: Main Station on Camino De Coronado Rd.  
 Engine Oil Pressure: 50 Engine Water Temperature: 200

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1720	150	*8	70		2 1/2	2	3"	50'
:05	1720	150	-8	70	2 1/2				
:10	1720	150	-8	70	2.5				
:15	1720	150	-8	70	2.5				
:20	1720	150	-8	70	2.5				

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1820	200	-5	34		2.25	2	3"	50'
:05	1820	200	-5	34	2.25				
:10	1820	200	-5	34	2.25				

**250 PSIG: NET PUMP PRESSURE (NPP): 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1990	250	-3	28		2	2	3"	50'
:05	1990	250	-3	28	2				
:10	1990	250	-3	28	2				

Signature \_\_\_\_\_ Date \_\_\_\_\_

# ANNUAL PUMP SERVICE TEST

Name: Rural 1 Fire District Date: 08/21/14  
Main Station on Camino De Coronado Rd. Tested By: D. Adams  
Tucumcari, NM 88401

**Apparatus Information:**

Year: 1986	Make: Ford	Model: 9000	Serial #: 1FDYK90W2GVA29014	Unit #: 144
Engine Make: cummings	Engine Model:	Engine Serial #:	Engine Hours:	Mileage: 20120
Pump Make: Darley	Pump Model: RF 750	Pump Serial #: 86m-1108	Pump Hours:	Pump Capacity: 750

Specifications: 750 gpm @ 150 psi 1995 % rpm 525 gpm @ 200 psi % rpm 1890  
375 gpm @ 250 psi 1795 % rpm

(Obtain this information from the metal or plastic tag usually located on the pump panel)

**Test Conditions:**

Dry Pump Primed in 20 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6" Temperature: Air: 90 Water: 82  
 Lift from water level to the middle of suction intake manifold on apparatus: Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: Main Station on Camino De Coronado Rd.  
 Engine Oil Pressure: 42 Engine Water Temperature: 192

PASS  
PASS

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	2100	150	-4	40		2			
:05	2100	150	-4	40		2			
:10	2100	150	4	40		2			
:15	2100	150	-4	40		2			
:20	2100	150	-4	40		2	2	3"	50'

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1900	200		62		1.5			
:05	1900	200		62		1.5			
:10	1900	200		62		1.5	2	3"	50'

**250 PSIG: NET PUMP PRESSURE (NPP): 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1800	250		32		1.5			
:05	1800	250		32		1.5			
:10	1800	250		32		1.5	2	3"	50'

Signature \_\_\_\_\_ Date \_\_\_\_\_

# ANNUAL PUMP SERVICE TEST

Name: Rural 1 Fire District Date: 12/04/13  
Main Station on Camino De Coronado Rd. Tested By: D. Adams  
Tucumcari, New Mexico 88401

**Apparatus Information:**

Year: 2005	Make: Frt.	Model:	Serial #: 1FVHCYDC35HU19857	Unit #: 141
Engine Make: CUMMINGS	Engine Model:	Engine Serial #:	Engine Hours:	Mileage: 10186
Pump Make: WAT.	Pump Model:	Pump Serial #: 501050	Pump Hours:	Pump Capacity: 1251

Specifications: 1251 gpm @ 150 psi 1700 % rpm 882 gpm @ 200 psi % rpm 1819  
627 gpm @ 250 psi 1997 % rpm

(Obtain this information from the metal or plastic tag usually located on the pump panel)

**Test Conditions:**

Dry Pump Primed in 18 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6" Temperature: Air: 41 Water: 60  
 Lift from water level to the middle of suction intake manifold on apparatus: Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: Main Station on Camino De Coronado Rd.  
 Engine Oil Pressure: 55 Engine Water Temperature: 184

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1700	150	-2	46		2 1/2	3	3"	50'
:05	1700	150	-2	46		2 1/2			
:10	1700	150	-2	46		2.5			
:15	1700	150	-2	46		2.5			
:20	1700	150	-2	46		2.5			

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1822	200		56		2	3	3"	50'
:05	1822	200		56		2			
:10	1822	200		56		2			

**250 PSIG: NET PUMP PRESSURE (NPP): 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	2015	250		28		2	3	3"	50'
:05	2015	250		28		2			
:10	2015	250		28		2			

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ANNUAL PUMP SERVICE TEST

Name: Rural 1 Fire District Date: 12/04/13  
Main Station on Camino De Coronado Rd. Tested By: D. Adams  
Tucumcari, New Mexico 88401

**Apparatus Information:**

Year: 2010	Make: Frt.	Model:	Serial #: 1FYACYBS5BDBA5253	Unit #: 142
Engine Make: cummings	Engine Model:	Engine Serial #:	Engine Hours:	Mileage: <u>2660</u>
Pump Make: Darley	Pump Model: PSP	Pump Serial #: 290853	Pump Hours:	Pump Capacity: 1250

Specifications: 1250 gpm @ 150 psi 1712 % rpm 882 gpm @ 200 psi % rpm 184  
626 gpm @ 250 psi 2013 % rpm

PAS

(Obtain this information from the metal or plastic tag usually located on the pump panel)

**Test Conditions:**

Dry Pump Primed in 25 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6" Temperature: Air: 57 Water: 65  
 Lift from water level to the middle of suction intake manifold on apparatus: Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: Main Station on Camino De Coronado Rd.  
 Engine Oil Pressure: 50 Engine Water Temperature: 180

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1720	150	*8	70		2 1/2	3	3"	50'
:05	1720	150	-8	70	2 1/2				
:10	1720	150	-8	70	2.5				
:15	1720	150	-8	70	2.5				
:20	1720	150	-8	70	2.5				

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1820	200	-5	34		2.25	3	3"	50'
:05	1820	200	-5	34	2.25				
:10	1820	200	-5	34	2.25				

**250 PSIG: NET PUMP PRESSURE (NPP): 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1990	250	-3	28		2	3	3"	50'
:05	1990	250	-3	28	2				
:10	1990	250	-3	28	2				

Signature \_\_\_\_\_ Date \_\_\_\_\_

# ANNUAL PUMP SERVICE TEST

Name: Rural 1 Fire District Date: 12/04/13  
Main Station on Camino De Coronado Rd. Tested By: D. Adams  
Tucumcari, NM 88401

**Apparatus Information:**

Year: 1986	Make: Ford	Model: 9000	Serial #: 1FDYK90W2GVA29014	Unit #: 144
Engine Make: cummings	Engine Model:	Engine Serial #:	Engine Hours:	Mileage: 19984
Pump Make: Darley	Pump Model: RF 750	Pump Serial #: 86m-1108	Pump Hours:	Pump Capacity: 750

Specifications: 750 gpm @ 150 psi 1995 % rpm 525 gpm @ 200 psi % rpm 1800  
375 gpm @ 250 psi 1795 % rpm

PASS

(Obtain this information from the metal or plastic tag usually located on the pump panel)

**Test Conditions:**

Dry Pump Primed in 25 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6" Temperature: Air: 72 Water: 70  
 Lift from water level to the middle of suction intake manifold on apparatus: Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: Main Station on Camino De Coronado Rd.  
 Engine Oil Pressure: 40 Engine Water Temperature: 190

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	2100	150	-4	40		2			
:05	2100	150	-4	40		2			
:10	2100	150	4	40		2			
:15	2100	150	-4	40		2			
:20	2100	150	-4	40		2	3	3"	50'

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1900	200		62		1.5			
:05	1900	200		62		1.5			
:10	1900	200		62		1.5	3	3"	50'

**250 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1800	250		32		1.5			
:05	1800	250		32		1.5			
:10	1800	250		32		1.5	3	3"	50'

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ANNUAL PUMP SERVICE TEST

PASS

Name: \_\_\_\_\_ Rural #1 \_\_\_\_\_ Date: 12/12/09  
 \_\_\_\_\_ Tested By: D. Adams  
 \_\_\_\_\_  
 \_\_\_\_\_ Tucumcari, New Mexico 88401 \_\_\_\_\_

**Apparatus Information:**

Year: 2004	Make: FRT.	Model: Smeal	Serial #:	Unit #: 141
Engine Make: cummins	Engine Model:	Engine Serial #:	Engine Hours:	Mileage: 6,087
Pump Make: waterous	Pump Model:	Pump Serial #: 119653	Pump Hours:	Pump Capacity: 1250

Specifications: 1250 gpm @ 150 psi 1700 % rpm 882 gpm @ 200 psi % rpm 1819  
627 gpm @ 250 psi 1997 % rpm

**(Obtain this information from the metal or plastic tag usually located on the pump panel)**

**Test Conditions:**

Dry Pump Primed in 15 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6" Temperature: Air: 50 Water: 70  
 Lift from water level to the middle of suction intake manifold on apparatus: Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: Tucumcari Fire Department 123 South Adams Elev: 4090  
 Engine Oil Pressure: 55 Engine Water Temperature: 185

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1750	154	15	72		2 1/4	2	3"	50'
:05	1740	150	15	70	2 1/4				
:10	1740	150	15	70	2 1/4				
:15	1740	150	15	70	2 1/4				
:20	1740	150	15	70	2 1/4				

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1870	210	2	58		2	2	3"	50'
:05	1850	200	2	56	2				
:10	1850	200	2	56	2				

**250 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	2050	250	1	28		2	2	3"	50'
:05	2020	250	1	28	2				
:10	2020	250	1	28	2				

Signature \_\_\_\_\_ Date \_\_\_\_\_

# ANNUAL PUMP SERVICE TEST

Name: \_\_\_\_\_ Rural # 1 \_\_\_\_\_ Date: 12/12/09  
 \_\_\_\_\_ Tested By: D. Adams  
 \_\_\_\_\_  
 \_\_\_\_\_ Tucumcari, NM

PASS

**Apparatus Information:**

Year: 1986	Make: Ford	Model:	Serial #:	Unit #: 144
Engine Make:	Engine Model:	Engine Serial #:	Engine Hours:	Mileage:
Pump Make: Champion	Pump Model:	Pump Serial #: 86m-1108	Pump Hours:	Pump Capacity: 1250

Specifications: 750 gpm @ 150 psi 1955 % rpm 525 gpm @ 200 psi % rpm 1890  
375 gpm @ 250 psi 1795 % rpm

(Obtain this information from the metal or plastic tag usually located on the pump panel)

**Test Conditions:**

Dry Pump Primed in 40 seconds Atmospheric Pressure: \_\_\_\_\_  
 Hard Suction Hose Size: 6-4 1/2 Temperature: \_\_\_\_\_ Air: 50 Water: 76  
 Lift from water level to the middle of suction intake manifold on apparatus: \_\_\_\_\_ Feet: 3 Inches: \_\_\_\_\_  
 Location of test site: \_\_\_\_\_ 123 N. Adams @ Tucumcari Fire Station  
 Engine Oil Pressure: \_\_\_\_\_ 48 \_\_\_\_\_ Engine Water Temperature: \_\_\_\_\_ 195

**FIRST TEST 150 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 100% TEST 20 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	2060	152	2	40		2	2	3"	50'
:05	2000	150	2	39	2				
:10	2000	150	2	39	2				
:15	2000	150	2	39	2				
:20	2000	150	2	39	2				

**SECOND TEST 200 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 70% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1900	200		20		2	2	3"	50'
:05	1900	200		20	2				
:10	1900	200		20	2				

**250 PSIG: NET PUMP PRESSURE (NPP): \_\_\_\_\_ 50% TEST 10 MINUTE DURATION**

Time	Tach. Reading	Pump PSI Reading	Pump In. Reading	Pilot Gauge Reading	Pump Mode	Tip Size	Hose Layout		
							No.	Size:	Lengths:
Start	1820	260		32		1.5	2	3"	50'
:05	1800	250		32	1.5				
:10	1800	250		32	1.5				

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION FOR FY16 FIRE PROTECTION GRANT  
Applications will be accepted from July 01, 2015 to September 01, 2015

**Eligibility**

All fire departments currently certified and funded by the New Mexico State Fire Marshal's Office are eligible to participate in the fire protection grant process.

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**Maximum Award and Matching Funds**

The maximum amount awarded to a single applicant will not exceed \$100,000.00 with a minimum matching funds commitment from the department of 20%. Costs exceeding the grant amount shall be the responsibility of the local government. State fire funds may be used for this purpose with proper approval from the New Mexico State Fire Marshal's Office.

**Signatures/Commitment of Funds**

The fire chief and the fiscal agent for the local government shall sign the application. In addition, the fiscal agent shall sign the Fiscal Agent Commitment Statement indicating a commitment of these funds for the awarded project and a commitment of the 20% matching funds.

**MINIMUM REQUIREMENTS**

**NFIRS Reporting**

All applicants shall be in compliance with the reporting requirements of the New Mexico State Fire Marshal's Office utilizing the National Fire Incident Reporting System (NFIRS) as per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Applicants with delinquent NFIRS reports for the period of July 2014 to June 2015 at the time the application period closes will not be considered.

**Pump Testing**

All rated fire pumps shall undergo annual pump tests to ensure proper function and firefighter safety; therefore, the Fire Protection Grant Council is requiring apparatus pump tests be conducted on each apparatus with rated fire pumps and documentation submitted with the application. All annual pump tests shall be in accordance with NFPA 1901 and the Insurance Service Office (ISO) requirements. Copies of the 2013, 2014, and 2015 pump test records for each rated fire pump must accompany the application. All pump test documentation must be dated and legible. Incomplete or illegible pump test records will not be accepted. Pump test documentation must include, but is not limited to the following: VIN, license plate number, test date, and pass or fail indicator.

**ADDITIONAL INFORMATION**

All of the information contained in the application is carefully reviewed and considered. In addition to general information and data provided, thorough and clear narrative responses are critical to helping reviewers understand the needs of the department relative to the request.

The department may request funding for apparatus, PPE, communication equipment or another justified critical need. All apparatus must meet NFPA Standards. Equipment/apparatus specifications are subject to review by the Fire Marshal's Office. The department must have the capability to immediately house apparatus properly. NFPA listed equipment may be included with the purchase of apparatus. Applications may be completed on the website at <http://www.nmprc.state.nm.us/state-firemarshal/fire-grant-council/index.html>.

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**SELECTION CRITERIA**

Applications will be placed in consideration categories meeting specific criteria as follows:

**Category A**

- 1) NFIRS Compliant. NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>).
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is for a Critical Need (clearly explained in the application)
- 4) Never before received a NM Fire Protection Grant

**Category B**

- 1) NFIRS Compliant. NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>).
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is for a Critical Need (clearly explained in the application)
- 4) Previous NM Fire Protection Grant recipient

**Category C**

- 1) NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>)
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is not a Critical need
- 4) Previous recipient

**Category D**

- 1) Non-compliant (will not be considered for a grant)

**CRITICAL NEEDS**

- o Fire apparatus/equipment
- o PPE (structural, wildland, SCBA)
- o Communications
- o Maintenance, training, water
- o Need that will clearly will have significant impact on ISO Classification

ACKNOWLEDGEMENT/SIGNATURES		
Name of Department/District: Quay	County: Quay	
Name of Fire Chief (please print) Gerald Hight	Signature of Fire Chief <i>Gerald Hight</i>	Date 8-23-15
Name/Title of County/Municipal Fiscal Agent (please print) <i>Richard Ramirez</i>	Signature of Fiscal Agent <i>Richard Ramirez</i>	Date 8/21/15
Mailed, Emailed, or Faxed applications <b>will not</b> be accepted.		

This application may be downloaded from the following website: <http://www.nmprc.state.nm.us/sfm.htm>

**Please answer all questions in this application.  
Incomplete applications will not be considered.**

GENERAL INFORMATION	
Fire Department ID Number (using NFIRS identifier)	37061
Fire Department Name	Quay
Insurance Services Office (ISO) Rating	8
County	Quay Rural
What kind of organization is your fire department?	Volunteer
How many stations are in your organization?	
Main	1
Substations	0
Admin	0
Type of community your organization serves Based on population density	Rural
Mailing Address	
Address	4314 Quay Road 50.4
City	Tucumcari
State	NM
Zip Code	88401
Phone number	(575) 487-2002
Email address	osteenp2000@yahoo.com
Name of Person Completing this application?	Paula O'Steen
Are you a fire department member?	Yes
How many career fire fighters do you have?	0
How many volunteer firefighters do you have?	20
If combined, how many uniformed full-time career fire fighters are at the station at all times?	0
How many are FF-I Certified?	0
How many are FF-II Certified?	0
Do your newly recruited Fire Fighters undergo an entry-level physical and receive immunizations? Describe	Not at this time / Immunizations are available upon request.

FATALITIES AND INJURIES			
Over the last three years what is the total number of fire-related incidents in your jurisdiction?			
Fire-related Civilian fatalities	Fire-related Civilian Injuries	Line-of-duty member fatalities	Line-of-duty member injuries
0	0	0	0

BUDGET INFORMATION	
What is your fire departments operating budget, including personnel costs, for your current fiscal year?(in dollars)	\$266,176.00
What is the current Protection Fire Fund distribution?	\$66,176.00
What is the approved total carryover balance, if any, of Protection Fire Funds maintained by the department?	\$184,099.00
What was the purpose of the approval carryover?	To Purchase A Tender.
What percentage of your annual operating budget is derived from:	
Taxes?	0%

Grants?	0%
State Fire Marshal Funds?	100%
Donations?	0%
Fund Drives?	0%
Fee For Service?	0%
Others?	0%
Please Explain (For 'Others')	0

**COMMUNITY INFORMATION**

Name of Community Protected? <b>Quay</b>	Number of commercial buildings protected in fire district? <b>2</b>
Number of homes protected in fire district? <b>75</b>	What is the permanent resident population of the community you serve? <b>167</b>
Do you have formal automatic aid or mutual aid agreements?: Yes	
List adjacent automatic aid fire districts (with written agreements)	
<b>S.No</b>	<b>Automatic Aide Fire Districts</b>
1	Mutual with all county departments

**RESPONSE HISTORY IN THE LAST YEAR**

What is your call volume for the past year? (from last year July 1st to this year June 30th)	0			
How many responses per category?				
Structure Fire (IT 110-118, 120-123) 0	Hazardous Condition (IT 400-482) 0	Vehicle Fire (IT 130-138) 0	Service Calls (IT 500-571) 0	Vegetation Fire (IT 140-143) 0
Good Intent Calls (IT 600-671) 0	EMS (IT 300-323) 0	False Calls (700-751) 0	Rescue (IT 331-381) 0	Other 0
Call Volume/History Support request?				

**WATER AVAILABILITY**

Community hydrant system ? <b>No</b>	Total capacity of available water storage(in gallons) <b>18,000.00</b>	Water storage tank with fire hydrant @ station <b>Yes</b>
Describe additional water source(s):		
<b>S.No</b>	<b>Source</b>	<b>Capacity(in gallons)</b>
1	Stock Tanks	100000
2	2 Porta Tanks	4000

**TRAINING**

Average # of training hours per Firefighter per year : <b>36</b>	
How many training opportunities has this department offered in the last calendar year?	
<b>Training Details</b>	<b>Supporting Document</b>
Training Spreadsheet	Fire Training.xlsx

**APPARATUS**

List class A pumper(s)

Are pump test conducted annually on apparatus?

Yes

Total number of seated positions :

14

Copies of most recent pump tests records must be attached (upto 3 years)

Type	Year	Make	Tank Capacity	Pump Capacity
Class A	2010	Freightliner	1000	250

Test Name	Date Pump tested	Pump Test Result	Pump Test Data Completed
Test 1	07/18/2015		Yes

File Name: 2015 Pump Test 2010 Freightliner.pdf

Test 2	09/16/2014	Pass	Yes
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File Name: 2014 Pump Test 2010 Freightliner.pdf

Test 3			No
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File Name:

Type	Year	Make	Tank Capacity	Pump Capacity
Class A	2004	Freightliner	1000	1002

Test Name	Date Pump tested	Pump Test Result	Pump Test Data Completed
Test 1	07/18/2015	Pass	Yes

File Name: 2015 Pump Test 2004 Freightliner.pdf

Test 2	09/16/2014	Pass	Yes
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File Name: 2014 Pump Test 2004 Freightliner.pdf

Test 3			No
--------	--	--	----

File Name:

Explain if not tested properly:

The tender has a 1942 pump that is not rated and unable to test

**COMMUNICATION EQUIPMENT**

Do you have any of the following?

Handheld radios	12
Base Stations	0
Mobile radios	6
Do you have any apparatus without a mobile radio?	No

List communication equipment by type

Describe your communication equipment and capability (type, qty, range) (if more than zero)	How Many?
HT1250 Handheld Motorola	6
SwissPhone Pagers	5
HT1550 Mobile Radios Motorola	6
Motorola Minitor IV and V Pagers	8
ICOM Handheld Radios	6

Do you have interoperability with any of the following agencies?

Law Enforcement	Yes
Emergency Medical	Yes
Other Fire Departments	Yes
Other (that could not be classified as above)	No

Describe (if 'yes' on others)

Do you have any areas in your jurisdiction which are NOT covered by a repeater?	No
Describe (if yes for above)	

**HAZARDS/THREATS**

Describe the threat to the community: (i.e., fuel storage bulk plants, railroads, high hazard occupancies, etc.)

Hazard Type	Hazard Detail
Fuel Storage Tanks	Numerous ranches have fuel storage tanks and large propane for home heating.
Grass / Grazing Land	Dry weather and lightning strikes can cause wildland fire.
Chemicals	Ranches have a tendency to use chemicals for livestock and land.
State Highway	Trucks traveling on the highway carrying different products being involved in an accident.

**CURRENT PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Are all PPE inspected annually per NFPA 1851?  
Yes

**1981 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition
15	12	Good

**1997 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition

**2002 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition

**2007 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition

Do you have your bottle filling capability? :  
No

Do you have SCBA cylinder filling capability? :  
No

Describe SCBA cylinder filling capability :

Our SCBA cylinders are taken to Tucumcari Fire Department and filled at their facility.

Pressure :  
Low

**1981 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition

**1997 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition

**2002 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition
8	11	Good

**2007 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition

**EQUIPMENT NEEDS**

List in priority order, and explain the equipment needs of your department and the total costs of fulfilling the needs.

Priority Order #	Priority Category Requesting From	Equipment Needed	Quantity	Total Cost of Equipment(\$)
1	Apparatus	Tanker/Tender	1	\$250,000.00
				Total: \$250,000.00

What (specifically) will you purchase if awarded this grant?:  
New Tender with 3,000 gallon water capacity.

Will fulfilling this need impact your organization's ISO rating?:

Yes

Please explain:  
Being able to move more water on wheels giving us the possibility of lower ins ISO.

**GRANT FUNDING JUSTIFICATION**

**Financial Need:** Give us a financial snapshot of your area. Tell us why you need assistance and describe your department/organization's current funding issues.

Quay Fire Department is a rural department in the middle of a totally agriculture area. We are 100% volunteer and the only money available is through our yearly state fire funds.

**Request:** Provide a brief description of what the request does, how the dollars will be, spent and explain the need.

This grant, if awarded, will enable Quay Fire Department to upgrade / replace current tender. Our current tender is NFPA 1972 non-compliant, parts are extremely hard to find if at all possible to find. The pump is not rated and cannot be tested.

**Problem:** Provide a brief description of the problem your department/district is addressing with this grant application.

Will be able to provide more water and a more user friendly vehicle that all volunteers will be able to operate including personnel from other county departments when mutual aid is activated, and be able to pump test a new tender.

**Analysis of Benefits:** Provide a brief description of how the department/district this performance will be improved and how this compares to the proposed expenditure.

This grant will enable the department to purchase a newer vehicle with better equipment that all personnel will be able to operate. The current vehicle is difficult to operate and limited as to who can drive the vehicle.

**Community and Your Organization's Relationship:** Provide a description of your department/organization's role and relationship within the community and what impact this request will have.

Nearly everyone in the community is on the Quay Fire Department, excluding the elderly who are unable to get out and around to help. This is a neighbor helping neighbor fire department.

**Consequences:** Provide a brief description of consequences of not funding this grant request. If your department does not receive the requested grant, what will the department do?.

If we do not receive this grant, the department will continue to volunteer to serve those in need and make do with what is available. We will continue to operate to the best of our ability with the existing equipment and the restricted ability to operate the existing tender.

**PROJECT BUDGET SHEET**

Priority Order #	Priority Category Requesting From	Equipment Needed	Quantity	Total Cost of Equipment(\$)
1	Apparatus	Tanker/Tender	1	\$250,000.00
				Total: \$250,000.00

Total amount	\$250,000.00
Less matching amount (minimum 20% of the Total amount)	\$50,000.00
SubTotal	\$200,000.00
Grant amount requested (maximum request \$100,000.00)	\$100,000.00
Department is responsible for the amount in excess of \$100,000.00	\$100,000.00
Total amount the Department is responsible for	\$150,000.00

**FISCAL AGENT COMMITMENT STATEMENT**

I, as fiscal agent for the \_\_\_\_\_ department, certify that a minimum of 20% in matching funds are committed to the project for which this application is submitted.

Richard Primrose MANAGER  
Name of County/Municipal Fiscal Agent (please print) Title

Richard D. Primrose 8/21/15  
Signature of County/Municipal Fiscal Agent Date

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- 4) Previous NM Fire Protection Grant recipient

**Category C**

- 1) NFIRS Compliant (per 59A-52 NMSA 1978 and Title 10 Chapter 25 Part 10 of the NMAC. Each certified fire department shall complete the reporting requirement by the 10<sup>th</sup> day of each month following the month for which the report is prepared. (e.g., the report of January is due by February 10<sup>th</sup>)
- 2) Pump Test compliant (in accordance with NFPA 1901 and ISO requirements).
- 3) Request is not a Critical need
- 4) Previous recipient

**Category D**

- 1) Non-compliant (will not be considered for a grant)

**CRITICAL NEEDS**

- o Fire apparatus/equipment
- o PPE (structural, wildland, SCBA)
- o Communications
- o Maintenance, training, water
- o Need that will clearly will have significant impact on ISO Classification

ACKNOWLEDGEMENT/SIGNATURES		
Name of Department/District: Bard-Endee	County: Quay	
Name of Fire Chief (please print) Donald Adams	Signature of Fire Chief 	Date 8/21/15
Name/Title of County/Municipal Fiscal Agent (please print) Richard Primrose	Signature of Fiscal Agent 	Date 8/21/15
Mailed, Emailed, or Faxed applications <b>will not</b> be accepted.		

This application may be downloaded from the following website: <http://www.nmprc.state.nm.us/sfm.htm>

**Please answer all questions in this application.  
Incomplete applications will not be considered.**

GENERAL INFORMATION	
Fire Department ID Number (using NFIRS identifier)	37007
Fire Department Name	Bard-Endee
Insurance Services Office (ISO) Rating	8
County	Quay Rural
What kind of organization is your fire department?	Volunteer
How many stations are in your organization?	
Main	2
Substations	1
Admin	0
Type of community your organization serves Based on population density	Rural
Mailing Address	
Address	1097 Rt. 66
City	Bard
State	NM
Zip Code	88411
Phone number	(575) 576-2233
Email address	bardendee@yahoo.com
Name of Person Completing this application?	Donald Adams
Are you a fire department member?	Yes
How many career fire fighters do you have?	0
How many volunteer firefighters do you have?	24
If combined, how many uniformed full-time career fire fighters are at the station at all times?	0
How many are FF-I Certified?	6
How many are FF-II Certified?	2
Do your newly recruited Fire Fighters undergo an entry-level physical and receive immunizations? Describe	Not at this time

FATALITIES AND INJURIES			
Over the last three years what is the total number of fire-related incidents in your jurisdiction?			
Fire-related Civilian fatalities	Fire-related Civilian Injuries	Line-of-duty member fatalities	Line-of-duty member injuries
0	0	0	0

BUDGET INFORMATION	
What is your fire departments operating budget, including personnel costs, for your current fiscal year?(in dollars)	\$155,710.00
What is the current Protection Fire Fund distribution?	\$155,710.00
What is the approved total carryover balance, if any, of Protection Fire Funds maintained by the department?	\$14,117.00
What was the purpose of the approval carryover?	To Be Used In Case Of And Emergency And Then Save To Buy A Initial Attack
What percentage of your annual operating budget is derived from:	
Taxes?	0%

Grants?	0%
State Fire Marshal Funds?	100%
Donations?	0%
Fund Drives?	0%
Fee For Service?	0%
Others?	0%
Please Explain (For 'Others')	0

**COMMUNITY INFORMATION**

Name of Community Protected? <b>Bard,Endee,Frost,Glenrio</b>	Number of commercial buildings protected in fire district? <b>10</b>
Number of homes protected in fire district? <b>120</b>	What is the permanent resident population of the community you serve? <b>255</b>
Do you have formal automatic aid or mutual aid agreements? Yes	
List adjacent automatic aid fire districts (with written agreements)	

**RESPONSE HISTORY IN THE LAST YEAR**

What is your call volume for the past year? (from last year July 1st to this year June 30th)	16			
How many responses per category?				
Structure Fire (IT 110-118, 120-123) 01	Hazardous Condition (IT 400-482) 0	Vehicle Fire (IT 130-138) 05	Service Calls (IT 500-571) 0	Vegetation Fire (IT 140-143) 03
Good Intent Calls (IT 600-671) 0	EMS (IT 300-323) 03	False Calls (700-751) 0	Rescue (IT 331-381) 04	Other 0
Call Volume/History Support request?				

**WATER AVAILABILITY**

Community hydrant system ? <b>No</b>	Total capacity of available water storage(in gallons) <b>21,000.00</b>	Water storage tank with fire hydrant @ station <b>Yes</b>
Describe additional water source(s):		
S.No	Source	Capacity(in gallons)
1	Area stock tanks at various farms and ranches	100000

**TRAINING**

Average # of training hours per Firefighter per year : <b>36</b>	
How many training opportunities has this department offered in the last calendar year?	
Training Details	Supporting Document
Various for all mwmbers	training for 2014,2015.docx

**APPARATUS**

List class A pumper(s)
Are pump test conducted annually on apparatus? Yes

Total number of seated positions :

7

Copies of most recent pump tests records must be attached (upto 3 years)

Type	Year	Make	Tank Capacity	Pump Capacity
Class A	2010	IHC/Pierce	1000	1250
Test Name	Date Pump tested	Pump Test Result	Pump Test Data Completed	
Test 1	06/21/2013	Pass	Yes	
File Name:	Truck E-13.pdf			
Test 2	04/12/2014	Pass	Yes	
File Name:	Truck E-13.pdf			
Test 3	05/23/2015	Pass	Yes	
File Name:	Truck E-13.pdf			
Class A	2008	Pete/Smeal	1500	1250
Test Name	Date Pump tested	Pump Test Result	Pump Test Data Completed	
Test 1	06/21/2013	Pass	Yes	
File Name:	Truck E-12.pdf			
Test 2	04/12/2014	Pass	Yes	
File Name:	Truck E-12.pdf			
Test 3	05/23/2015	Pass	Yes	
File Name:	Truck E-12.pdf			
Class A	1988	GMC/FMC	1000	1000
Test Name	Date Pump tested	Pump Test Result	Pump Test Data Completed	
Test 1	06/21/2013	Pass	Yes	
File Name:	Truck E-2.pdf			
Test 2	04/12/2014	Pass	Yes	
File Name:	Truck E-2.pdf			
Test 3	05/23/2015	Pass	Yes	
File Name:	Truck E-2.pdf			

Explain if not tested properly:

All 3 Engines are tested year and have always passed, We do this as a training excises for all members

**COMMUNICATION EQUIPMENT**

Do you have any of the following?

Handheld radios	15
Base Stations	2
Mobile radios	15
Do you have any apparatus without a mobile radio?	No

List communication equipment by type

Describe your communication equipment and capability (type, qty, range) (if more than zero)	How Many?
Motorola 1250,1550 mobile and hand helds.	30

Do you have interoperability with any of the following agencies?

Law Enforcement	Yes
Emergency Medical	Yes
Other Fire Departments	Yes
Other (that could not be classified as above)	Yes

Describe (if 'yes' on others)	Private Farms and Ranches in our District
Do you have any areas in your jurisdiction which are NOT covered by a repeater?	No
Describe (if yes for above)	

**HAZARDS/THREATS**

Describe the threat to the community: (i.e., fuel storage bulk plants, railroads, high hazard occupancies, etc.)

Hazard Type	Hazard Detail
I-40 Interstate	We have 13.5 miles of the busiest Interstate in the world going right thru the middle of district. Trucks are carrying every type of Haz-Mat, Nuclear, Fuels of every type, and some stuff that would scare the hell out of you if you knew what it was.
Caprock	We have 15 miles of rugged caprock terrain that is impossible to get too in some places incase of fires or rescue by firetrucks.
Truck Stop	We have a large truck stop with large Fuel storage capacity and limited water. Its fills up almost every night with 200 or more trucks. It has a large Museum with 20 cars in it and tire shop full of truck tires.
Candian River	Hard to access river in case of fire along banks or rescue if needed. Over 15 miles thru our district.

**CURRENT PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Are all PPE inspected annually per NFPA 1851?  
Yes

**1981 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition
3	15	Good

**1997 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition
2	14	Good

**2002 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition
4	12	Good

**2007 STANDARD COMPLIANT PPE**

Qty	Age (years)	Condition
8	2	Good

Do you have your bottle filling capability? :  
Yes

Do you have SCBA cylinder filling capability? :  
Yes

Describe SCBA cylinder filling capability :  
Bauer 4 bottle cascade 6,000 PSI air compressor 5 years old. with a 4 bottle fill for low or high fill system. A trailer with 5 bottles cascade and fill station, that travels to all structure fires or vehicle fires when needed.  
Pressure :  
Low

**1981 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition
2	20	Fair

**1997 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition
4	16	Good

**2002 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition
4	12	Good

**2007 STANDARD COMPLIANT SCBA**

Qty	Age (years)	Condition

4	6	Good
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**EQUIPMENT NEEDS**

List in **priority order**, and explain the equipment needs of your department and the total costs of fulfilling the needs.

Priority Order #	Priority Category Requesting From	Equipment Needed	Quantity	Total Cost of Equipment(\$)
1	Dedicated Fire Suppression Water Supply		6	\$90,000.00
				Total: \$90,000.00

What (specifically) will you purchase if awarded this grant?  
 We will build 36,000 gallons water systems at all 3 station. They will have hydrants and or dry hydrants systems on 6" lines where trucks can draft and be able to fill in a short amount of time

Will fulfilling this need impact your organization's ISO rating?  
 Yes

Please explain:  
 We have done a pre survey with ISO rep and he's saying that all we need to lower our ISO is water storage systems at all 3 stations. We have all our trucks equipped and ready as well as training and pre plans are ready to go.

**GRANT FUNDING JUSTIFICATION**

**Financial Need:** Give us a financial snapshot of your area. Tell us why you need assistance and describe your department/organization's current funding issues.

Our Department has over \$50,000 in Loans to NM finance that we have to meet every year. Water Storage is very important to us to lower our ISO. But at the same time we need more room for our trucks and equipment. So we really have 2 priority's and just enough monies to do one right, so we are adding on to our station a 35'x75' bay areas. So there no excess for the water systems.

**Request:** Provide a brief description of what the request does, how the dollars will be, spent and explain the need.

We will build 36,000 gallons water storage systems at all 3 stations. They will have hydrants' and or dry hydrants on 6" lines where trucks can draft and be able to fill in a short period of time.

**Problem:** Provide a brief description of the problem your department/district is addressing with this grant application.

It will enable us to lower our ISO. We have done a pre-survey with our ISO rep and he is saying that we need to have around 35,000 gallons water systems at all 3 stations to lower our ISO. All our trucks are fully equipped and ready as well as training and pre-plans are done.

**Analysis of Benefits:** Provide a brief description of how the department/district this performance will be improved and how this comparesto the proposed expenditure.

We are applying for \$72,00 grant with a \$18,000 match from us for a total of \$90,000 to build the water systems at all 3 stations. This will be the tools we need to lower our ISO. If our ISO is lower it help the department as well as helping lower our insurance fro ourselves and our neighbors.

**Community and Your Organization's Relationship:** Provide a description of your department/organization's role and relationship withinthe community and what impact this request will have.

Our department is neighbors helping neighbors and the traveling public and backing up our fellow department with mutual aid. We have close relationship with the business and people in our area. We due CPR training at the Major truck stop in the area for there employees. And provide help with there annual car show, which bring in over a 1,000 people there that day.

**Consequences:** Provide a brief description of consequences of not funding this grant request. If your department does not receive therequested grant, what will the department do?.

It will probably take 2 to 3 years longer to build the water storage systems and lower our ISO. We will start saving up our monies to build the water systems on our own.

**PROJECT BUDGET SHEET**

Priority Order #	Priority Category Requesting From	Equipment Needed	Quantity	Total Cost of Equipment(\$)
1	Dedicated Fire Suppression Water Supply		6	\$90,000.00
				Total: \$90,000.00

Total amount	\$90,000.00
Less matching amount (minimum 20% of the Total amount)	\$18,000.00
SubTotal	\$72,000.00
Grant amount requested (maximum request \$100,000.00)	\$72,000.00
Department is responsible for the amount in excess of \$100,000.00	\$0.00
Total amount the Department is responsible for	\$18,000.00

**FISCAL AGENT COMMITMENT STATEMENT**

I, as fiscal agent for the Bard-Endee department, certify that a minimum of 20% in matching funds are committed to the

project for which this application is submitted.

Richard Primrose MANAGER  
Name of County/Municipal Fiscal Agent (please print) Title  
Paul D. Rine 8/21/15  
Signature of County/Municipal Fiscal Agent Date

**2015-2016  
QUAY COUNTY  
RESOLUTION NO. 3**

**SUPPORTING QUAY COUNTY'S GREATER TUCUMCARI ECONOMIC  
DEVELOPMENT'S APPLICATION FOR ACT'S CERTIFIED WORK READY  
COMMUNITIES PROGRAM**

**WHEREAS**, the Greater Tucumcari Economic Development Board is comprised of members of both the private and public sector of Quay County, local private industry, local municipal and county leaders, and has a mission to give Quay County's workforce a competitive advantage to support and grow existing businesses and attract new businesses by becoming a certified Work Ready Community; and

**WHEREAS**, ACT, Inc. has developed a Certified Work Ready Communities pilot program for the county level of government for which they are accepting applications; and

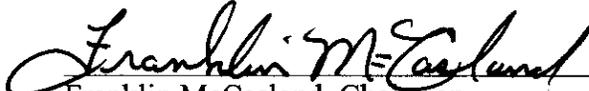
**WHEREAS**, the Greater Tucumcari Economic Development Board has indicated that they are submitting an application to join ACT's Certified Work Ready Communities program to be able to provide and implement programs to improve Quay County's workforce; support and enhance existing area businesses, and recruit new businesses to Quay County; and

**WHEREAS**, said program will provide many benefits to Quay County residents and businesses;

**NOW THEREFORE BE IT RESOLVED** that the Board of Quay County Commissioners does hereby support the Greater Tucumcari Economic Development Board's application to ACT for the Certified Work Ready Communities pilot.

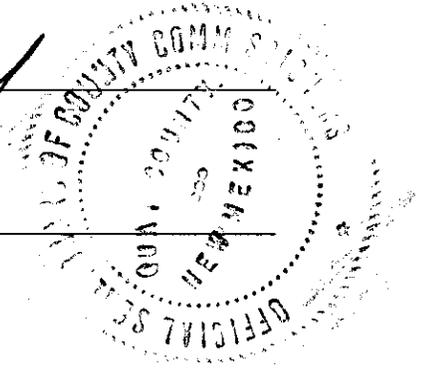
**PASSED, ADOPTED, SIGNED AND APPROVED** by the Quay County Board of Commissioners in regular session, this 21 day of August, 2015.

**BOARD OF QUAY COUNTY COMMISSIONERS**

  
Franklin McCasland, Chairman

  
Sue Dowell, Member

  
Mike Cherry, Member



ATTEST:

  
Veronica Marez, Quay County Clerk



# QUAY COUNTY GOVERNMENT

FISCAL YEAR 2015-2016

## RESOLUTION NO. 4

### A RESOLUTION ADOPTING AN INFRASTRUCTURE CAPITAL IMPROVEMENTS PLAN (ICIP)

**WHEREAS,** The County of Quay recognizes that the financing of capital projects has become a major concern in New Mexico and nationally; and

**WHEREAS,** in time of scarce resources, it is necessary to find new financing mechanisms and maximize the use of existing resources; and

**WHEREAS,** a systematic capital improvements planning is an effective tool for communities to define their development needs, establish priorities and pursue concrete actions and strategies to achieve necessary project development; and

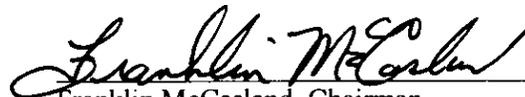
**WHEREAS,** this process contributes to local and regional efforts to project identification and selection in short and long range capital planning efforts.

#### **NOW, THEREFORE, BE IT RESOLVED AND ORDERED:**

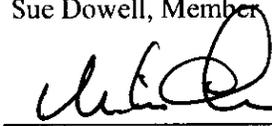
1. The county has adopted the attached Infrastructure Capital Improvements Plan, and
2. It is intended that the plan be a working document and is the first of many steps towards improving rational, long-range capital planning and budgeting for New Mexico's infrastructure.
3. This resolution supersedes Resolution No. 8 for FY 2014-2015

**PASSED, APPROVED AND ADOPTED** by governing body at its meeting of August 21, 2015.

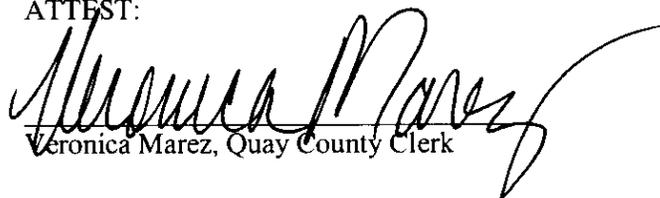
#### QUAY COUNTY COMMISSION

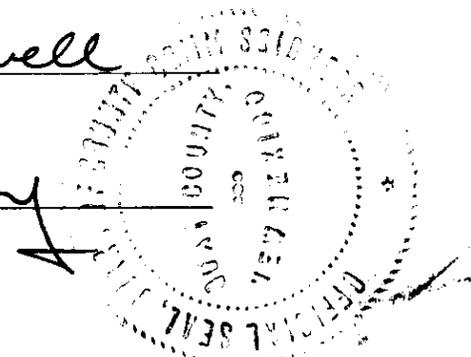
  
Franklin McCasland, Chairman

  
Sue Dowell, Member

  
Mike Cherry, Member

ATTEST:

  
Veronica Marez, Quay County Clerk



## PROFESSIONAL MEDICAL SERVICE AGREEMENT

This agreement is made the 21 day of August, 2015 between Quay County, New Mexico, hereinafter referred to as "County", and Presbyterian Medical Services, hereinafter referred to as "Contractor".

WHEREAS, Contractor is qualified to provide certain health care services to Quay County Detention Center adults and,

WHEREAS, the County does not have sufficient existing staff to provide such services, and

WHEREAS, it would be in furtherance of the public security and welfare for the Contractor to provide the services as set forth herein.

NOW, THEREFORE, it is agreed as follows:

1. **Services.** Contractor shall provide basic medical assessments and evaluations for detainees at the Quay County Detention Center. Contractor shall make referrals as necessary.
2. **Payment.** Payment of the County of the Contractor's compensation shall be paid monthly upon receipt of invoice. Contract will be reviewed and/or approved on a yearly basis by both parties.  
See Attachment.
3. **Status and Term.** Contractor shall perform services as an independent Contractor and is not authorized to act as an agent of Quay County. Contractor will not be entitled to any fringe benefits available to employees of Quay County. Contractor will be obligated to pay all taxes on compensation received pursuant to this agreement. Services shall be coordinated with the Quay County Detention Administrator. This agreement shall be terminated by either party upon 30-day written notice. However, Quay County reserves the right to terminate this contract prior to its stated termination date if determined that the Medical Service Provider's services are unacceptable. This determination is at the sole discretion of the Quay County Board of Commissioners. Termination on these grounds require no advance notice. Quay County will indemnify and hold harmless the Contractor from all claims, losses and liabilities arising out of this agreement except those resulting from the Contractor's own negligence/intentional acts or omissions.

This agreement shall remain in full force and effective for a period of two (2) years beginning thirty days from approval.

4. **Employees of Contractor.** All persons retained by the Contractor to render the services required by this agreement shall be employees of the Contractor and shall be

solely responsible for their acts, their compensation and all taxes associated with their employment of the Contractor.

5. **Confidentiality**. Any confidential information to or developed by the Contractor in the performance of this agreement shall be kept confidential and shall not be made available to any individual or organization, except when required by law, without the prior written approval of Quay County or the detainee as the case may be.
6. **Assignment or Transfer**. Contractor shall not assign or transfer any interest in this agreement or assign any claims for money due under this agreement without prior written approval of the County. Contractor may, with the approval of the Quay County Detention Administrator, assign another medical professional to provide services if the Contractor is unavailable.
7. **Deliverables**. Attachment to contract is a list of deliverables from both parties 'County' and 'Contractor'.
8. **Entire Agreement**. This contract contains the entire agreement between both parties and shall not be modified in any manner except by an instrument in writing by the parties hereto their respective successors in interest.
9. **Governing Law**. The contract shall be governed by the laws of New Mexico. In the event legal proceedings are instituted to enforce its terms, the prevailing party shall be entitled to reasonable attorney fees and costs.



## PROFESSIONAL MEDICAL SERVICE AGREEMENT ATTACHMENT

### 1. Deliverables.

#### “County”

- “County” will assign one medically trained staff member to train Detention staff on proper administration of medication to detainees.
- “County” will provide any necessary examination area and incidental supplies necessary for the examination to perform this agreement.
- Same staff member will ensure all County staff are following proper HIPAA guidelines.
- “County” will provide a medical liaison officer to assist in communicating with the Contractor.
- Only trained Detention staff will be allowed to assist “Contractor” with detainee appointments.
- Transportation to all offsite medical appointments are the responsibility of the “County”
- The appropriate trained Detention staff member will coordinate all visits from the provider.
- Only appropriately trained Detention staff have the authority to dispense medication to detainee population.
- “County” is responsible for keeping all documents of medically trained Detention staff and responsible for all updates.
- “County” is responsible for all first aid kits being up to date and in compliance. These kits should be audited once a month by authorized Detention staff. It is the responsibility of the Detention staff to ensure that the “Contractor” approves all first aid kits once a year. Detention staff will keep on file all proper documentation in reference to the first aid kits.
- “County” will ensure that all after hour admittance have a proper clearance with the appropriate documentation on file for each resident.
- “County” is responsible for the proper disposal of biohazard materials.

#### “Contractor”

- “Contractor” will provide and supervise non-emergency care for the residents.
- “Contractor” will provide emergency treatment in his place of business during office hours on a priority basis. This will be billed and paid under **#2 Payment**.
- “Contractor” will provide two (2) visits to the Detention Center per week to render medical services by licensed staff, including physical examination, nursing and records supervision, and medical treatment to be scheduled in a manner, which meets the requirements of the facilities and the professional and business obligations of the provider.

- “Contractor” will make referrals to the specialist and make appointments when specialized care is necessary as indicated from the medical exam by provider. Any referral will be managed for travel and payment by the County.
- “Contractor” will consult and provide assistance by telephone when requested as an on call noted under **#2 Payment**.
- “Contractor” will administer immunizations or treatment for exposure to contagious diseases to the Detention staff as required by law or regulation. The cost to be borne by Quay County.
- “Contractor” shall provide basic medical assessments and evaluations for detainees at the Detention Center. Such services shall be within 72 hours of incarceration, and make referrals as necessary.
- “Contractor” must provide proof of New Mexico License.
- “Contractor” will not treat any mental health patients without proper written release from the authorized mental health provider unless in an emergency.
- “Contractor” will provide his/her own transportation.
- “Contractor” will provide their own liability insurance covering all doctors and medical staff for at least one million dollars (\$1,000,000) and name Quay County as a co-insured. Provide the county with a copy of the certificate.

Any confidential information provided to or developed by the service provider in the performance of this agreement shall be kept confidential and shall not be made available to any individual or organization without the prior written approval of the County or resident as the case may be.

Any additional services will be considered and should be made part of the proposal.

### **“Billings and Payment”**

- Payment of the County of the Contractor’s compensation shall be paid monthly upon receipt of an invoice.
- Payment #1 Two (2), one (1) hour visits a week at \$200 a visit for 52 weeks as needed. Contractor agrees if they are contacted 2 hours in advance, not to come for visit as there are no patients, Contractor will not bill for that visit. Cost cap up to \$20,800 per year.
- Payment #2 Contractor will provide for four (4) hours a month of on call outside of office hours at the rate of \$180 per hour. Contractor will provide cell number for these calls, however the provider will not have set hours for calls. Contractor will not invoice if no calls taken. Cost cap up to \$8,640 per year.
- Contract payment total of \$58,880 invoiced monthly in 24 payments by 5<sup>th</sup> of each month and reviewed monthly for approval by County for payment.
- All medication and any other services not outlined in this agreement will be at the “County” expense.