



QUAY COUNTY GOVERNMENT
300 South Third Street
P.O. Box 1246
Tucumcari, NM 88401
Phone: (575) 461-2112
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AGENDA
REGULAR SESSION
QUAY COUNTY BOARD OF COMMISSIONERS
January 11, 2016

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session December 14, 2015

Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

I. Quay County Board of Commissioners

- Election of Chairman
- Request Approval of **2016 Reorganization of the Board Appointments and Sub-Committees**
- Distribution of **Financial Interest Disclosure Forms**
- Approval of **FY 2015-16 Resolution No. 21** Adopting Procedures for Compliance in Accordance with NMSA 10-17; Miscellaneous Provisions that Documents that Annual Audits, Summary Minutes, Monthly Budget, Financial Reports, and Monthly Warrants List are Public Information and Establishes Method of Compliance with Revenue and Expenditure Requirements

II. Pat Vanderpool, Executive Director, Greater Tucumcari EDC

- **Quarterly Report – July-September 2015**
- **Quarterly Report – October-December 2015**

III. Karen Alarcon & Russell Braziel, Rawhide Days Committee

- Request Sponsorship Funding for the **1st Annual Tucumcari Rawhide Days**

IV. Timothy L. Rose, Quay County District Attorney

- Request Approval to **Dedicate and name County Building as the Victor C. Breen Building**
- Request Approval for **Quay County to Act as Fiscal Agent for Fundraising**

V. Donald Adams, Quay County Fire Marshal

- Request Approval of **Bard Garage Construction RFP Recommendation**
- Request Approval for the **Bard Garage Construction Agreement**
- Request Approval for **Fire District 1 EMS Fund Act FY 2017 Application**
- Request Approval for **Quay Fire EMS Fund Act FY 2017 Application**
- Request Approval for **Forrest Fire EMS Fund Act FY 2017 Application**
- Request Approval for **Bard-Endee Fire EMS Fund Act FY 2017 Application**



DOC #CM-00383
01/27/2016 11:01 AM Doc Type: COCOM
Fee: (No FieldTag Finance.TotalFees found)
Pages: 103
Veronica Narez, County Clerk
Quay County, NM

VI. Patsy Gresham, Quay County Treasurer

- Request Approval of **Finance Board Appointees**

VII. Russell Shafer, Quay County Sheriff

- **Sheriff's Report**

VIII. Larry Moore, Quay County Road Superintendent

- Road Update

IX. Curtis Simpson, Quay County Emergency Manager

- Request Approval of **FY 2015-2016 Resolution No. 19 - Declaration of Emergency/Disaster**

X. Richard Primrose, Quay County Manager

- Request Approval of **FY 2015-2016 Resolution No. 17 & 18 - Budget Adjustments**
- Request Approval of **FY 2015-2016 Resolution No. 20 – Budgetary Increase Fire Department Budgets (407, 408, 409, 410, 411, 412, 413, 415, 418 and 420)**
- Request Approval of **FY 2015-2016 Resolution No. 22 – Budgetary Increase to General Fund Administration (401-12) and Sheriff's Department (401-82)**
- Correspondence

XI. Indigent Claims Board

- Call Meeting to Order
- Request Approval of Indigent Minutes for the November 23, 2015 Meeting
- Review December Claims Prepared by Sheryl Chambers
- Adjourn

XII. Request Approval of Accounts Payable

- **12/10/2015 – 12/22/2015**
- **12/23/2015 – 01/07/2016**

XIII. Request for Closed Executive Session

- Pursuant to Section 10-15-1(H) 7. The New Mexico Open Meetings Act Pertaining to Threatened or Pending Litigation

XIV. 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

January 11, 2016

9:00 a.m.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 11th day of January, 2016 at 9:00 a.m. at the Commission Chamber, Tucumcari, New Mexico, for the purpose of taking care of any business that may come before them.

PRESENT & PRESIDING:

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

OTHERS PRESENT:

Larry Moore, Quay County Road Superintendent
Cheryl Simpson, Quay County Manager's Office
Donald Adams, Quay County Fire Marshall
Russell Shafer, Quay County Sheriff
Pat Vanderpool, Executive Director, Greater Tucumcari EDC
Karen Alarcon, Rawhide Days Committee
Russell Braziel, KTNM Radio
Timothy L Rose, Quay County District Attorney
Matt Montoya, Quay County District Attorney Office
Bill Curry, Quay County Resident
Becky Wallace, Quay County Medical Clinic Administrator
Patsy Gresham, Quay County Treasurer
Curtis Simpson, Quay County Emergency Manager
Vic Baum, Quay County Assessor
Ellen White, Quay County Chief Deputy Clerk
Chipper Breen, Quay County Resident
Gail Houser, Tucumcari Mainstreet Director

Commissioner McCasland called the meeting to order. Bill Curry led the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the December 14, 2015 regular commission meeting. MOTION carried. A copy of the minutes is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

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

Commissioners Vote:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

PUBLIC COMMENT: Thomas Garcia, Quay County Sun informed the Commissioners that Curtis Simpson, Quay County Emergency Manger did an outstanding job during the blizzard we had in December. He spent many hours out at the Convention Center helping stranded travelers and giving information to travelers on the conditions on I-40. Commissioner Dowell thanked all the citizens of Quay County, county workers, Thomas Garcia and Russell Braziel for helping with getting food for stranded travelers announcing on the radio where shelters were set up. She was very impressed with citizens helping each other and people helping people. It brought out the best in Quay County.

ONGOING BUSINESS: None

NEW BUSINESS:

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

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

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

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

According to NMSA 4-44-23-25 each January for elected officials or at the beginning of employment for employees of the county, a disclosure statement must be filed with the County Clerk disclosing the precise nature and value of such financial interests which an employee or elected official believes may be affected by the actions of the County. This information on the disclosure shall be made available by the County Clerk for inspection by the public while the

valuation shall be kept confidential except for official removal proceedings. Quay County Clerk, Veronica Marez informed the Commissioners distribution of the forms will take place.

Approval of 2015-2016 Resolution No. 21 Adopting Procedures for Compliance with NMSA 10-17: miscellaneous provisions that documents that annual audits, summary minutes, monthly budget, financial reports, and monthly warrants list are public information and establishes methods of compliance with revenue and expenditure requirements. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve Resolution No. 21. MOTION carried. A copy of the Resolution No. 21 is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

Pat Vanderpool, Executive Director, Greater Tucumcari EDC presented the July-September 2015 and October-December 2015 quarterly report. A copy of the quarterly reports are attached and made a part of these minutes.

Karen Alarcon and Russell Braziel, Rawhide Days Committee requested sponsorship funding for the 1st Annual Tucumcari Rawhide Days. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to table sponsorship funding until they discuss finances. MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

Nola Hendrickson, Quay County resident joined the meeting. Time noted 9:35 a.m.

Timothy L Rose, Quay County District Attorney requested approval to dedicate and name County building on 1110 E High as the Victor C Breen Office of the District Attorney. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve dedication of building. MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

Rose requested approval for Quay County to act as Fiscal Agent for funds received for Victor C Breen Memorial. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve Quay County to act as Fiscal Agent. MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry –“YES”

Bill Curry stated to the Commissioners that he truly appreciates what the County has done by approving the dedication to Victor C Breen. Curry felt honored and thanked the Breen family, Tim Rose and Matt Montoya for including him in the dedication.

Donald Adams, Quay County Fire Marshal, requested approval Bard Garage Construction RFP with contractor Western Plains Construction LLC. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve recommendation. MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Adams requested approval for the Bard Garage Construction Agreement between Quay County and Western Plains Construction LLC. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve agreement. MOTION carried. A copy of the agreement is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Adams requested approval for Fire District 1 EMS Fund Act FY 2017 application. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve application. MOTION carried. A copy of the application is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Adams requested approval for Quay Fire EMS Fund Act FY 2017 application. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve application. MOTION carried. A copy of the application is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Adams requested approval for Forrest Fire EMS Fund Act FY 2017 application. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve application. MOTION carried. A copy of the application is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Adams requested approval for Bard-Endee Fire EMS Fund Act FY 2017 application. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve application. MOTION carried. A copy of the application is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Patsy Gresham, Quay County Treasurer requested approval of Finance Board appointees. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve that 3 commissioners, Quay County Clerk, County Manager, County Finance Director, and County Treasurer as appointees. MOTION carried. A copy of the board is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Russell Shafer, Quay County Sheriff presented the sheriff activity report. A copy of the report is attached and made a part of these minutes.

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

1. Presented the blade report.
2. December 27 City dispatch called and said a man that was diabetic called and he needed to get out and Moore called Mark Alderete to bust the road to get the man out.
3. Crews helped get emergency vehicles out from being stuck.
4. Crews helped City blade roads.
5. Crews helped State Highway Department on State Hwy. 156 clear road.
6. Crews cleared Quay Rd. H so Farmers Electric could get through to get electricity to residents.
7. Crews helped on State Hwy. 252.
8. Worked Saturday cleaning up roads.
9. Ragland patrol thanked Quay County Road Department for helping them out.
10. Annual Certify Maintained Mileage report is due April 1.

Commissioner Cherry thanked Moore and his crew for a tremendous job.

Commissioner Dowell thanked Moore and his crew and informed Moore that she received calls from several residents that they appreciate the Road Department for clearing the roads.

Curtis Simpson, Quay County Emergency Manager requested approval of FY 2015-2016 Resolution No. 19- Declaration of Emergency/Disaster. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve applications. MOTION carried. A copy of the application is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Simpson thanked Larry Moore, Sheriff, Deputies, Tucumcari Police Department and volunteers that helped with food during the blizzard.

Commissioner Dowell thanked Simpson for job well done during the blizzard.

Commissioner Cherry informed Simpson he did a tremendous job with making sure shelters were set up in a timely matter.

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

County Manager, Richard Primrose gave the following report:

Primrose Requested Approval of 2015-2016 Resolution No. 17 and No. 18 Budget Adjustments. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve Resolution No. 17 and No. 18. MOTION carried. A copy of Resolution 17 and 18 are attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Primrose Requested Approval of 2015-2016 Resolution No. 20 Budget Increase for 407-413, 415,418 and 420. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve Resolution No. 20. MOTION carried. A copy of the Resolution is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Primrose Requested Approval of 2015-2016 Resolution No. 22 Budget Increase to Administration/General Fund 402-12 and Sheriff's Department 401-82. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve Resolution No. 22. MOTION carried. A copy of the Resolution is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

CORRESPONDENCE

1. Presented the monthly RPHCA report.
2. Presented the December Gross Receipt Tax Report
3. NMAC Conference will be held January 20-21 in Santa Fe.
4. Received Christmas greetings from several businesses. Primrose also received thank you cards from 4-H for week for work done on poultry barn.
5. Received a memo from NMAC informing Quay County received an Audit Accountability award for Small County.
6. Thanked road crew, Sheriff, Curtis and the maintenance crew for their hard work during the blizzard. Primrose said we have a great bunch of employees and department heads that stepped up during this time.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to go into session as the Indigent Claim Board. MOTION carried. Time noted 11:00 a.m.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

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

Return to regular session. Time noted 11:05 a.m.

CHECKS WERE REVIEWED. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve payments for December 10, 2015 thru January 7, 2016. MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell, to go into executive session pursuant to the Open Meetings Act 10-15-1(H)7. The New Mexico Open Meetings Act Pertaining to Threatened or Pending Litigation. MOTION carried. Time noted 11:10 am.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

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

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell that only pending litigation was discussed during Executive Session and no action was taken. MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Return to regular session. Time noted 12:10 p.m.

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

There being no further business, a MOTION was made by Mike Cherry, SECONDED by Sue Dowell to adjourn the regular meeting of the Board of Quay County Commissioners until the next regular meeting set for Monday, January 25, 2016 at 9:00 a.m. unless sooner called.

The Commissioners announced they would be having lunch at the Corner Stone Deli and all those in attendance were invited. MOTION carried. Time noted 12:15 p.m.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

BOARD OF QUAY COUNTY COMMISSIONERS

Sue Dowell

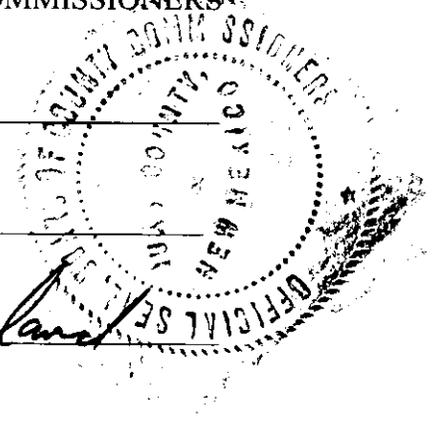
Sue Dowell, Member

Mike Cherry

Mike Cherry, Member

Franklin McCasland

Franklin McCasland, Chairman



ATTEST:

Veronica Marez

Veronica Marez, County Clerk

BOARD APPOINTMENTS
January 11, 2016

NMAC Multi-Line PoolMike Cherry/Richard Primrose Alternate

NMAC Board of Directors MemberMike Cherry

NMAC Workers Comp Pool.....Mike Cherry/Richard Primrose Alternate

Tucumcari Economic Development BoardFranklin McCasland/Mike Cherry, Alternate

City of Tucumcari Library BoardJudy Ross

Llano Estacado RC&DFranklin McCasland/Sue Dowell, Alternate

Northeast Regional TransportationLarry Moore/Richard Primrose, Alternate

E-911 County CoordinatorCurtis Simpson/Ellen White, Alternate

Quay County Fair Board.....Sue Dowell/Franklin McCasland, Alternate

MCCH Council Liaison.....Russell Shafer/Dennis Garcia, Alternate

Ute Reservoir Water CommissionRichard Primrose/Franklin McCasland Alternate

Natural Resources CommitteeBill Humphries

TQCRWARichard Primrose/Franklin McCasland, Alternate

EPCOGRichard Primrose/Mike Cherry, Alternate

Tucumcari/Quay County
Regional Emergency Communication CenterRichard Primrose/Mike Cherry, Alternate

Quay County Finance Committee.....Ex Officio Members:
Franklin McCasland
Mike Cherry
Sue Dowell
Veronica Marez
Richard Primrose/Patsy Gresham/Cheryl Simpson



Fiscal Year 2015-2016

Resolution No. 21

A RESOLUTION ADOPTING PROCEDURES FOR COMPLIANCE

IN ACCORDANCE WITH NMSA 10-17; MISCELLANEOUS PROVISIONS

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

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

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

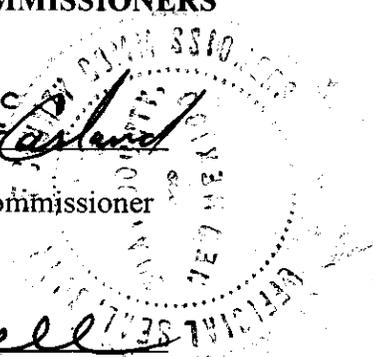
WHEREAS, annual audits, the monthly budget and financial reports including the monthly list of checks shall be made available to the public, establishing the method of compliance with revenue and expenditure requirements.

NOW THEREFORE, BE IT RESOLVED AND ORDERED:

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

PASSED, APPROVED AND ADOPTED by the governing body at its meeting on January 11, 2016.

QUAY COUNTY COMMISSIONERS



Franklin McCasland, Commissioner

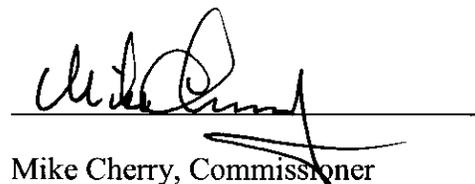


Sue Dowell, Commissioner

Attest:



Veronica Marez, County Clerk



Mike Cherry, Commissioner

TUCUMCARI

NEW MEXICO

— *Tap Into A Natural Resource* —

GREATER TUCUMCARI ECONOMIC DEVELOPMENT CORPORATION
P.O. BOX 1392
TUCUMCARI, NM 88401
(575) 461-4079

QUARTERLY REPORT
JULY-SEPTEMBER, 2015

HIGHLIGHTS

PROVIDING SUPPORT FOR 9 NEW BUSINESS DEVELOPMENT PROJECTS

RETAIL ACTIVITY – 3 MAJOR DEVELOPMENT PROJECTS

PARTICIPATION IN ACT'S WORK READY COMMUNITIES INITIATIVE

PROSPECTIVE PROJECTS

These projects are likely candidates for LEDA, and are ranked by commonly accepted standards (Leads, Suspects, Prospects, or Deals):

1. 10 person technical call center (Prospect) – the client is looking for a suitable building and screened workers able to respond to technical questions. Access to fiber optics and a secure location are critical components.
2. Insect repellent manufacturer (Prospect) – the client is working in partnership with NMSU Arrowhead Center to secure EPA certification. Final product is complete, and first production run has been completed. Key considerations are manufacturing space and assembly workers.
3. Grain storage facility (Suspect) – the client needs a facility with scales and large storage containers. He would employ a bookkeeper, truck drivers, and loaders. Project costs have not been completed as of this date.
4. Winery/vineyard (Prospect) – the client needs financing for equipment and inventory. Research has been done to insure the climate and weather are conducive to the project. Financing would include both traditional lenders and LEDA.
5. Aquaponics greenhouse (Prospect) – the client has completed his pro formas, has secured land for the project, and is completing several items I asked him to provide which will be needed for a complete application.
6. Motel restaurant (Prospect) – the client has asked for assistance to reopen a restaurant on his property. We are looking at options, including food processing that would make his project eligible for assistance.
7. Retail operation (Prospect) – the client has identified a location for a department store, has conducted environmental assessments, and has asked for assistance with site preparation and possible tax abatements. We are working with his attorney on possible options.

8. ALCO property (Prospect) – we are continuing to market the property for the owner through the NM Partnership and to businesses which ask us for possible locations.
9. Restaurant franchise (Prospect) – the client owns property in Tucumcari which is under lease and is considering locating additional business on his adjacent property. He has visited and done considerable research on the demographics, market, and costs of doing business. We are continuing to provide additional information as it is requested.

CURRENT PROJECTS

These projects are existing LEDA projects:

1. Mariposa Herbs – currently in operation at 2101 S. 1st St. and on schedule per their PPA. He has moved his storefront from Las Vegas to Tucumcari. He is maintaining his Internet sales in Las Vegas. He has made significant improvements to his building (his contribution) and added signage. He has indicated that he is very satisfied with his location.
2. Rugged Industries – maker of “Firelight” survival flashlight currently on schedule per PPA and marketing their product. They are in full production and have marketed their product through their website and at various exhibitions and trade shows. They have drawn the attention of various media outlets. They currently have 4 employees with additional help as needed.
3. Buena Vista Labs – maker of eyeglasses, currently selling both wholesale and retail, they’ve met their hiring goals per PPA. They’ve added lens making equipment, tinting equipment, and significantly improved the retail sales property. Traffic is steady and word of mouth advertising has reached well into west Texas.
4. Tucumcari Mountain Cheese – under construction for their new offices and Ricotta room, and working with engineers on their wastewater treatment system. They’ve completed excavation work on their wastewater system, and continue to work on the purchase of their new production equipment. They will have a cheese store as part of their new addition.
5. Infigen Solar – continuing to work with legislators and the administration on New Mexico’s Renewable Energy Production Tax Credit.
6. Ute Lake Ranch – working with the developer to identify funding sources for water distribution system.

LEDA PROJECT ACCOUNTS

1. Tucumcari Mountain Cheese – Balance: \$141,830.00
 - a. % expended: 17%
 - b. 10,880.85 engineering; 13546,88 plumbing
2. Rugged Industries – Balance: \$12,604.92
 - a. % expended: 75%
 - b. 3,046 legal/patents; 34,349.08 parts
3. Mariposa Herbs – Balance: \$6,000.00
 - a. % expended: 40%
 - b. 4,000 rent
4. Buena Vista Labs – Balance: \$7,502.93
 - a. % expended: 89%
 - b. 62,497.07 equipment, parts, inventory

CLOSING PROJECTS

None

County Contract Income/Expense Statement

	1st Quarter
Income	12.500
Expense:	
- 8500 (corporate liability insurance)	464.61
- 7200 (payroll and insurance expense)	12,035.39

CURRENT PROPERTIES

1. Grandview 2nd Block, Lot 6 (Washington between 9th and 10th)
2. 102 E. Smith
3. 92 acres, NW corner of Cemetery Rd and County Rd AP (leased to Mesalands College Foundation)

QUARTERLY ACTIVITY REPORT

July:

1. Ongoing discussions with ALCO building owner
2. USDA Rural Business Development Grant Application 7/15
3. ACT Work Ready Communities Program application and acceptance 7/15-20
4. Introductory conversations with major retail developer
5. Inquiry from an additional retail developer
6. Meeting with President and CEO of New Mexico Partnership 7/1
7. Meeting with Quay County Gaming Authority

August:

1. 2nd Meeting with Quay County Gaming Authority
2. Completion of documents for ACT WRC participation
3. ACT Work Ready Communities Academy – Atlanta 8/17-20

September:

1. Meeting with retail developer in Tucumcari 8/31-9/2
2. Legislative Jobs Council preparations – ABQ – 9/2

Jobs by Industry, First Quarter 2015--Quay County

Rank	Industry sector	Number of establishments	Number of employees
1	Accommodation and Food Services	30	434
2	Education Services	6	423
3	Retail Trade (44 & 45)	35	379
4	Health Care and Social Assistance	42	359
5	Public Administration	31	221
6	Construction	24	172
7	Transportation and Warehousing (48 & 49)	23	108
8	Finance and Insurance	15	95
9	Other Services (except Public Admin.)	24	87
10	Utilities	10	59
11	Wholesale Trade	8	48
12	Professional, Scientific & Technical Svc	13	44
13	Admin., Support, Waste Mgmt, Remediation	14	42
14	Agriculture, Forestry, Fishing & Hunting	8	38
15	Manufacturing (31-33)	3	31
16	Information	6	15
17	Real Estate and Rental and Leasing	7	11
	Total		2566

Jobs in industries likely to have impact beyond Quay County

1	Accommodation and Food Services	30	434
7	Transportation and Warehousing (48 & 49)	23	108
11	Wholesale Trade	8	48
14	Agriculture, Forestry, Fishing & Hunting	8	38
15	Manufacturing (31-33)	3	31
	TOTAL ECONOMIC JOBS		659

RETENTION/EXPANSION OF EXISTING BUSINESS

1. Medical service provider – continuing to work on project costs and potential funders -meet regularly to determine gap between cost of rebuilding and coverage provided by insurance.
2. Restaurant/caterer – potential LEDA project for the purchase of catering vehicle – would allow business to provide additional services and meet required codes.
3. Retail store – this business is looking to add new products to their current offerings. The new products would be food processing in nature and would qualify for LEDA funding.

WORKFORCE DEVELOPMENT

1. Applied for and received acceptance into the ACT Certified Work Ready Communities Program.
2. Completed and submitted required documents for participation in the program.
3. Attended the first of four required ACT Work Ready Communities Academies where the North Star Vision was drafted. It states: "By November 2016 we will have signed up 10 employers for the program and completed 200 NCRCs. We will implement a soft skills and employability skills program to fill any gaps that are identified as well as implement a training program to improve the NCRC scores for those tested."
4. Worked with the City Manager as Co-Lead to assemble the County Team and establish twice monthly team meetings.
5. Worked with City Manager to organize the first Stakeholder's meeting (held in October)

STATE LEVEL ACTIVITIES

Serving on the NM Association of Counties Economic Development and Infrastructure Policy Committee.

TOURISM ACTIVITIES

1. Currently assisting with Winery/entertainment venue development. Listed under Prospective Projects.
2. Lobbying for transportation/tourism corridor improvements. Ongoing discussions with State Transportation Commission Chairman and House Speaker's Chief of Staff.
3. Attending monthly tourism committee meetings as schedule permits.

TUCUMCARI

NEW MEXICO

— Tap Into A Natural Resource —

GREATER TUCUMCARI ECONOMIC DEVELOPMENT CORPORATION
P.O. BOX 1392
TUCUMCARI, NM 88401
(575) 461-4079

QUARTERLY REPORT
October-December, 2015

HIGHLIGHTS

MEETINGS WITH LENDERS RE: LOCAL DEVELOPMENT PROJECTS

ENGAGING EMPLOYERS IN THE CERTIFIED WORK READY COMMUNITIES PROGRAM

PARTICIPATION IN LEGISLATIVE JOBS COUNCIL AND NMAC ECONOMIC DEVELOPMENT AND
INFRASTRUCTURE POLICY COMMITTEE

DEVELOPED LEGISLATIVE AGENDA AND HOSTED LEGISLATIVE RECEPTION

PROSPECTIVE PROJECTS

These projects are likely candidates for LEDA, and are ranked by commonly accepted standards (Leads, Suspects, Prospects, or Deals):

1. 10 person technical call center (Prospect) – the client is looking for a suitable building and screened workers able to respond to technical questions. Access to fiber optics and a secure location are critical components.
2. Insect repellent manufacturer (Prospect) – the client is working in partnership with NMSU Arrowhead Center to secure EPA certification. Final product is complete, and first production run has been completed. Key considerations are manufacturing space and assembly workers.
3. Grain storage facility (**moved from Suspect to Prospect**) – the client needs a facility with scales and large storage containers. He would employ a bookkeeper, truck drivers, and loaders. Project costs have not been completed as of this date.
4. Winery/vineyard (Prospect) – the client needs financing for equipment and inventory. Research has been done to insure the climate and weather are conducive to the project. Financing would include both traditional lenders and LEDA. **A primary lender has been identified. Loan guarantees are being sought.**
5. Aquaponics greenhouse (Prospect) – the client has completed his pro formas, has secured land for the project, and is completing several items I asked him to provide which will be needed for a complete application.
6. Motel restaurant (Prospect) – the client has asked for assistance to reopen a restaurant on his property. We are looking at options, including food processing that would make his project eligible for assistance. **(Will not qualify for LEDA.)**

7. Retail operation (Prospect) – the client has identified a location for a department store, has conducted environmental assessments, and has asked for assistance with site preparation and possible tax abatements. **We are recommending a LOGRT expenditure of \$86,239 for infrastructure improvements to the site at the upcoming commission meeting on the 14th.**
8. ALCO property (Prospect) – we are continuing to market the property for the owner through the NM Partnership and to businesses which ask us for possible locations.
9. Restaurant franchise (Prospect) – the client owns property in Tucumcari which is under lease and is considering locating additional business on his adjacent property. He has visited and done considerable research on the demographics, market, and costs of doing business. We are continuing to provide additional information as it is requested.

CURRENT PROJECTS

These projects are existing LEDA projects:

1. Mariposa Herbs – currently in operation at 2101 S. 1st St. and on schedule per their PPA. He has moved his storefront from Las Vegas to Tucumcari. He is maintaining his Internet sales in Las Vegas. He has made significant improvements to his building (his contribution) and added signage. He has indicated that he is very satisfied with his location.
2. Rugged Industries – maker of “Firelight” survival flashlight currently on schedule per PPA and marketing their product. They are in full production and have marketed their product through their website and at various exhibitions and trade shows. They have drawn the attention of various media outlets. **We are planning a public broadcast of their product on a recognized tv show in February. We have also met with two potential funders for Phase 2 funding.**
3. Buena Vista Labs – maker of eyeglasses, currently selling both wholesale and retail, they’ve met their hiring goals per PPA. They’ve added lens making equipment, tinting equipment, and significantly improved the retail sales property. Traffic is steady and word of mouth advertising has reached well into west Texas.
4. Tucumcari Mountain Cheese – under construction for their new offices and Ricotta room, and working with engineers on their wastewater treatment system. They’ve completed excavation work on their wastewater system, and continue to work on the purchase of their new production equipment. They will have a cheese store as part of their new addition. **Their LEDA project should be completed within several weeks.**
5. Duke Energy Solar – continuing to work with legislators and the administration on New Mexico’s Renewable Energy Production Tax Credit. **The Governor has put this on her agenda for this legislative session.**
6. Ute Lake Ranch – working with the developer to identify funding sources for water distribution system.

LEDA PROJECT ACCOUNTS

1. Tucumcari Mountain Cheese – Balance: \$78,917.16
 - a. % expended: 56%
 - b. 15,730.63 engineering; 47,182.21 plumbing
2. Rugged Industries – Balance: \$12,604.92
 - a. % expended: 75%

- b. 3,046 legal/patents; 34,349.08 parts
- 3. Mariposa Herbs – Balance: \$4,800
 - a. % expended: 52%
 - b. 5,200 rent
- 4. Buena Vista Labs – Balance: \$0
 - a. % expended: 100%
 - b. \$70,000 equipment, parts, inventory

CLOSING PROJECTS

None

County Contract Income/Expense Statement

	2nd Quarter
Income	12.500
Expense:	
- 8500 (corporate liability insurance)	960.39
- 7200 (payroll and insurance expense)	11,048.76
- 8170 (marketing: Nielson and radio)	490.85

CURRENT PROPERTIES

1. Grandview 2nd Block, Lot 6 (Washington between 9th and 10th)
2. 102 E. Smith
3. 92 acres, NW corner of Cemetery Rd and County Rd AP (leased to Mesalands College Foundation)

QUARTERLY ACTIVITY REPORT

October:

1. Participated in portions of IEDC Annual Conference via webinar 10/5-6
2. NMAC Economic Development and Infrastructure Policy Committee meeting 10/7
3. ACT Work Ready Communities County Team meeting 10/13

November:

1. ACT Work Ready Communities Academy – Chattanooga – 11/3-6
2. ACT Work Ready Communities County Team meeting – 11/10
3. Legislative Jobs Council, Santa Fe – 11/16

December:

1. NMAC Economic Development and Infrastructure Policy Committee 12/2
2. Quay County/EPCOG Legislative Reception – 12/7
3. ACT Stakeholders meeting – 12/8
4. International EDC Education-Certification Committee meeting 12/14

Jobs by Industry, Second Quarter 2015--Quay County

Rank	Industry sector	Number of establishments	Number of employees
1	Accommodation and Food Services	30	467
2	Education Services	6	395
3	Retail Trade (44 & 45)	36	368
4	Health Care and Social Assistance	43	361
5	Public Administration	29	220
6	Construction	25	177
7	Transportation and Warehousing (48 & 49)	22	103
8	Finance and Insurance	15	92
9	Other Services (except Public Admin.)	23	89
10	Utilities	10	59
11	Admin., Support, Waste Mgmt, Remediation	14	50
12	Arts, Entertainment, and Recreation	7	47
13	Professional Scientific & Technical Svc	13	44
14	Agriculture, Forestry, Fishing & Hunting	9	41
15	Manufacturing (31-33)	3	35
16	Wholesale Trade	8	35
17	Information	6	1
18	Real Estate and Rental and Leasing	7	11
	Total		2595

Jobs in industries likely to have impact beyond Quay County

1	Accommodation and Food Services	30	467
7	Transportation and Warehousing (48 & 49)	22	103
11	Wholesale Trade	8	35
14	Agriculture, Forestry, Fishing & Hunting	9	41
15	Manufacturing (31-33)	3	35
	TOTAL ECONOMIC JOBS		681

RETENTION/EXPANSION OF EXISTING BUSINESS

1. Medical service provider – continuing to work on project costs and potential funders -meet regularly to determine gap between cost of rebuilding and coverage provided by insurance.
2. Restaurant/caterer – potential LEDA project for the purchase of catering vehicle – would allow business to provide additional services and meet required codes.
3. Retail store – this business is looking to add new products to their current offerings. The new products would be food processing in nature and would qualify for LEDA funding.
4. Fitness center – owner is seeking funding to repair her roof.

WORKFORCE DEVELOPMENT

1. Participated in second of our academies conducted by ACT Certified Work Ready Communities Program.
2. Conducted first and second Community Stakeholders meetings, engaging employers in their support of and participation in the Work Ready Communities Program. Confirmed the North Star Vision which states: "By November 2016 we will have signed up 10 employers for the program and completed 200 NCRCs. We will implement a soft skills and employability skills program to fill any gaps that are identified as well as implement a training program to improve the NCRC scores for those tested."
3. Worked with New Mexico Workforce Connection and Buena Vista Labs to conduct the first WorkKeys Assessments and present National Career Readiness Certificates.
4. Worked with the Workforce Connection to establish monthly outreach services to veterans.
5. Met once or twice monthly with County Team to review progress and establish next steps.
6. Worked with Workforce Connection to conduct the first Community public assessments.

STATE LEVEL ACTIVITIES

Serving on the NM Association of Counties Economic Development and Infrastructure Policy Committee. Helping to draft an economic development education initiative for county officials and staff. Helping analyze public policy and legislative initiatives.

Prepared a proposal to work with the Northeast Economic Development Organization (NEEDO-NM) in expanding the ACT Certified Work Ready Communities program, establish and conduct a regional marketing and business attraction effort, and identify key projects in various communities in need of assistance in deal structuring.

TOURISM ACTIVITIES

1. Currently assisting with Winery/entertainment venue development. Listed under Prospective Projects.
2. Lobbying for transportation/tourism corridor improvements. Ongoing discussions with State Transportation Commission Chairman and House Speaker's Chief of Staff.
3. Attending monthly tourism committee meetings as schedule permits.

Notice of Award

Date: 12/28/2015

PROJECT: GARAGE FOR FIRE SUBSTATION AT 1097 Rt 66, Bard, NM	
Owner: Quay County	Owner's Contract No.: 16-01
Contract: Construction Contract	Engineer's Project No.:
Bidder: Western Plains Construction, LLC	
Bidder's Address: <i>[send Notice of Award Certified Mail, Return Receipt Requested]</i>	
111 West Center St.	
Tucumcari, NM 88401	

You are notified that your Bid dated 12/16/2015 for the above Contract has been considered. You are the Successful Bidder and are awarded a Contract for the garage for the fire substation.

Base Bid Only

[Indicate total Work, alternates, or sections of Work awarded.]

The Contract Price of your Contract is \$80,000.00 Dollars (\$). (Includes GRT)

[Insert appropriate data if unit prices are used. Change language for cost-plus contracts.]

3 copies of the proposed Contract Documents (except Drawings) accompany this Notice of Award.

 sets of the Drawings will be delivered separately or otherwise made available to you immediately.

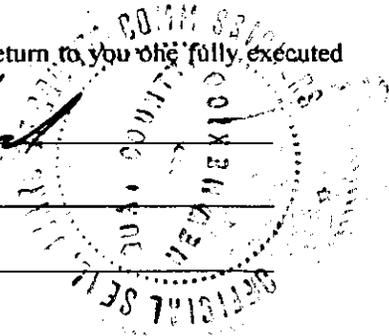
You must comply with the following conditions precedent within [15] days of the date you receive this Notice of Award.

1. Deliver to the Owner [2] fully executed counterparts of the Contract Documents.
2. Deliver with the executed Contract Documents the Contract security [Bonds] as specified in the Instructions to Bidders (Article 19), General Conditions (Paragraph 5.01).
3. Other conditions precedent:

Failure to comply with these conditions within the time specified will entitle Owner to consider you in default, annul this Notice of Award, and declare your Bid security forfeited.

Within ten days after you comply with the above conditions, Owner will return to you the fully executed counterpart of the Contract Documents.


Owner
By: Franklin McCasland
Authorized Signature
Commission Chair
Title



**AGREEMENT
BETWEEN OWNER AND CONTRACTOR
FOR CONSTRUCTION CONTRACT**

THIS AGREEMENT is by and between Quay County ("Owner") and
Western Plains Construction, LLC ("Contractor").

Owner and Contractor hereby agree as follows:

ARTICLE 1 – WORK

- 1.01 Contractor shall complete all Work as specified or indicated in the Contract Documents. The Work is generally described as follows: Constructing a garage for the Fire Substation at 1097 Route 66 in Bard New Mexico 88411.

ARTICLE 2 – THE PROJECT

- 2.01 The Project for which the Work under the Contract Documents may be the whole or only a part is generally described as follows: Construction of the building foundation, erecting a pre-engineered metal building, installing electrical and mechanical components associated with the garage.

ARTICLE 3 – CONTRACT TIMES

3.01 *Time of the Essence*

- A. All time limits for milestones, if any, Substantial Completion, and completion and readiness for final payment as stated in the Contract Documents are of the essence of the Contract.

3.02 *Days to Achieve Substantial Completion and Final Payment*

- A. The Work will be substantially completed within 120 days after the date when the Contract Times commence to run as provided in Paragraph 2.03 of the General Conditions, and completed and ready for final payment in accordance with Paragraph 12.05 of the General Conditions within 140 days after the date when the Contract Times commence to run.

4.03 *Liquidated Damages*

- A. Contractor and Owner recognize that time is of the essence as stated in Paragraph 4.01 above and that Owner will suffer financial loss if the Work is not completed within the times specified in Paragraph 4.02 above, plus any extensions thereof allowed in accordance with Article 10 of the General Conditions. The parties also recognize the delays, expense, and difficulties involved in proving in a legal or arbitration proceeding the actual loss suffered by Owner if the Work is not completed on time. Accordingly, instead of requiring any such proof, Owner and Contractor agree that as liquidated damages for delay (but not as a penalty), Contractor shall pay Owner \$100 for each day that expires after the time specified in Paragraph 4.02 above for Substantial Completion until the Work is substantially complete. After Substantial Completion, if Contractor shall neglect, refuse, or fail to complete the remaining Work within the Contract Time or any proper extension thereof granted by Owner, Contractor shall pay Owner \$100 for each day that expires after the time specified in Paragraph 4.02 above for completion and readiness for final payment until the Work is completed and ready for final payment.

ARTICLE 5 – CONTRACT PRICE

- 5.01 Owner shall pay Contractor for completion of the Work in accordance with the Contract Documents an amount in current funds equal to the sum of the amounts determined pursuant to Paragraphs 5.01.A:

- A. For all Work, at the prices stated in ~~Contractor's Bid, attached.~~ Bid Award, Attached.

ARTICLE 6 – PAYMENT PROCEDURES

6.01 *Submittal and Processing of Payments*

- A. Contractor shall submit Applications for Payment in accordance with Article 12 of the General Conditions. Applications for Payment will be processed by Engineer as provided in the General Conditions.

6.02 *Progress Payments; Retainage*

- A. Owner shall make progress payments three times during the Contract Times indicated in Paragraph 4.02 above.
1. First payment will be for 1/3 the Contract price after the Engineer's rebar inspection.
 2. Second payment will be for 1/3 of the Contract Price after the Engineer's structural frame inspection

6.03 *Final Payment*

- A. Upon final completion and acceptance of the Work in accordance with Paragraph 12.05A of the General Conditions, Owner shall pay the remainder of the Contract Price as recommended by Engineer as provided in said Paragraph 12.05.

ARTICLE 7 – INTEREST

7.01 All moneys not paid when due as provided in Article 12 of the General Conditions shall bear interest at the maximum legal rate.

ARTICLE 8 – CONTRACTOR'S REPRESENTATIONS

8.01 In order to induce Owner to enter into this Agreement, Contractor makes the following representations:

- A. Contractor has examined and carefully studied the Contract Documents and the other related data identified in the Bidding Documents.
- B. Contractor has visited the Site and become familiar with and is satisfied as to the general, local, and Site conditions that may affect cost, progress, and performance of the Work.
- C. Contractor is familiar with and is satisfied as to all federal, state, and local Laws and Regulations that may affect cost, progress, and performance of the Work.
- D. Contractor has considered the information known to Contractor; information commonly known to contractors doing business in the locality of the Site; information and observations obtained from visits to the Site; the Contract Documents; and the Site-related reports and drawings identified in the Contract Documents, with respect to the effect of such information, observations, and documents on (1) the cost, progress, and performance of the Work; (2) the means, methods, techniques, sequences, and procedures of construction to be employed by Contractor, including any specific means, methods, techniques, sequences, and procedures of construction expressly required by the Contract Documents; and (3) Contractor's safety precautions and programs.
- E. Based on the information and observations referred to in Paragraph 8.01.D above, Contractor does not consider that further examinations, investigations, explorations, tests, studies, or data are necessary for the performance of the Work at the Contract Price, within the Contract Times, and in accordance with the other terms and conditions of the Contract Documents.
- F. Contractor is aware of the general nature of work to be performed by Owner and others at the Site that relates to the Work as indicated in the Contract Documents.
- G. Contractor has given Engineer written notice of all conflicts, errors, ambiguities, or discrepancies that Contractor has discovered in the Contract Documents, and the written resolution thereof by Engineer is acceptable to Contractor.
- H. The Contract Documents are generally sufficient to indicate and convey understanding of all terms and conditions for performance and furnishing of the Work.

ARTICLE 9 – CONTRACT DOCUMENTS

9.01 *Contents*

- A. The Contract Documents consist of the following:

1. Advertisement for Bids
 2. Information for Bidders
 3. Bid
 4. Bid Bond
 5. Notice of Award
 6. Agreement
 7. General Conditions
 8. Performance Bond
 9. Payment Bond
 10. Notice to Proceed
 11. Change Order
 12. Wage Rates
 13. Supplemental Conditions
 14. Technical Specifications
 15. Drawings prepared by Byrd's I Engineering, LLC
- B. The documents listed in Paragraph 9.01.A are attached to this Agreement (except as expressly noted otherwise above).
- C. There are no Contract Documents other than those listed above in this Article 9.
- D. The Contract Documents may only be amended, modified, or supplemented as provided in Paragraph 3.04 of the General Conditions.

ARTICLE 10 – MISCELLANEOUS

10.01 Terms

- A. Terms used in this Agreement will have the meanings stated in the General Conditions and the Supplementary Conditions.

10.02 Assignment of Contract

- A. No assignment by a party hereto of any rights under or interests in the Contract will be binding on another party hereto without the written consent of the party sought to be bound; and, specifically but without limitation, moneys that may become due and moneys that are due may

not be assigned without such consent (except to the extent that the effect of this restriction may be limited by law), and unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under the Contract Documents.

10.03 *Successors and Assigns*

A. Owner and Contractor each binds itself, its partners, successors, assigns, and legal representatives to the other party hereto, its partners, successors, assigns, and legal representatives in respect to all covenants, agreements, and obligations contained in the Contract Documents.

10.04 *Severability*

A. Any provision or part of the Contract Documents held to be void or unenforceable under any Law or Regulation shall be deemed stricken, and all remaining provisions shall continue to be valid and binding upon Owner and Contractor, who agree that the Contract Documents shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

10.05 *Contractor's Certifications*

A. Contractor certifies that it has not engaged in corrupt, fraudulent, collusive, or coercive practices in competing for or in executing the Contract. For the purposes of this Paragraph 10.05:

1. "corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value likely to influence the action of a public official in the bidding process or in the Contract execution;
2. "fraudulent practice" means an intentional misrepresentation of facts made (a) to influence the bidding process or the execution of the Contract to the detriment of Owner, (b) to establish Bid or Contract prices at artificial non-competitive levels, or (c) to deprive Owner of the benefits of free and open competition;
3. "collusive practice" means a scheme or arrangement between two or more Bidders, with or without the knowledge of Owner, a purpose of which is to establish Bid prices at artificial, non-competitive levels; and
4. "coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the bidding process or affect the execution of the Contract.

IN WITNESS WHEREOF, Owner and Contractor have signed this Agreement. Counterparts have been delivered to Owner and Contractor. All portions of the Contract Documents have been signed or have been identified by Owner and Contractor or on their behalf.

This Agreement will be effective on 4/11/10 (which is the Effective Date of the Agreement).

OWNER: Quay County

CONTRACTOR Western Plains Construction

By: Franklin McCasland

By: _____

Title: Commission Chair

Title: _____

(If Contractor is a corporation, a partnership, or a joint venture, attach evidence of authority to sign.)

Attest: Therese Mary

Attest: _____

Title: Quay County Clerk

Title: _____

Address for giving notices:

Address for giving notices:

Quay County

P. O. Box 1246

Tucumcari, NM 88401

License No.: _____

(If Owner is a corporation, attach evidence of authority to sign. If Owner is a public body, attach evidence of authority to sign and resolution or other documents authorizing execution of this Agreement.)

Agent for service of process:

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- B. Contractor has visited the Site and become familiar with and is satisfied as to the general, local, and Site conditions that may affect cost, progress, and performance of the Work.
- C. Contractor is familiar with and is satisfied as to all federal, state, and local Laws and Regulations that may affect cost, progress, and performance of the Work.
- D. Contractor has considered the information known to Contractor; information commonly known to contractors doing business in the locality of the Site; information and observations obtained from visits to the Site; the Contract Documents; and the Site-related reports and drawings identified in the Contract Documents, with respect to the effect of such information, observations, and documents on (1) the cost, progress, and performance of the Work; (2) the means, methods, techniques, sequences, and procedures of construction to be employed by Contractor, including any specific means, methods, techniques, sequences, and procedures of construction expressly required by the Contract Documents; and (3) Contractor’s safety precautions and programs.
- E. Based on the information and observations referred to in Paragraph 8.01.D above, Contractor does not consider that further examinations, investigations, explorations, tests, studies, or data are necessary for the performance of the Work at the Contract Price, within the Contract Times, and in accordance with the other terms and conditions of the Contract Documents.
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 13. Supplemental Conditions
 14. Technical Specifications
 15. Drawings
- B. The documents listed in Paragraph 9.01.A are attached to this Agreement (except as expressly noted otherwise above).
- C. There are no Contract Documents other than those listed above in this Article 9.
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not be assigned without such consent (except to the extent that the effect of this restriction may be limited by law), and unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under the Contract Documents.

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- A. Owner and Contractor each binds itself, its partners, successors, assigns, and legal representatives to the other party hereto, its partners, successors, assigns, and legal representatives in respect to all covenants, agreements, and obligations contained in the Contract Documents.

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- A. Any provision or part of the Contract Documents held to be void or unenforceable under any Law or Regulation shall be deemed stricken, and all remaining provisions shall continue to be valid and binding upon Owner and Contractor, who agree that the Contract Documents shall be reformed to replace such stricken provision or part thereof with a valid and enforceable provision that comes as close as possible to expressing the intention of the stricken provision.

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 - 1. "corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value likely to influence the action of a public official in the bidding process or in the Contract execution;
 - 2. "fraudulent practice" means an intentional misrepresentation of facts made (a) to influence the bidding process or the execution of the Contract to the detriment of Owner, (b) to establish Bid or Contract prices at artificial non-competitive levels, or (c) to deprive Owner of the benefits of free and open competition;
 - 3. "collusive practice" means a scheme or arrangement between two or more Bidders, with or without the knowledge of Owner, a purpose of which is to establish Bid prices at artificial, non-competitive levels; and
 - 4. "coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the bidding process or affect the execution of the Contract.

IN WITNESS WHEREOF, Owner and Contractor have signed this Agreement. Counterparts have been delivered to Owner and Contractor. All portions of the Contract Documents have been signed or have been identified by Owner and Contractor or on their behalf.

January 11, 2016

This Agreement will be effective on _____ (which is the Effective Date of the Agreement).



OWNER: Quay County

Franklin McCasland

By: Franklin McCasland

Title: Commission Chair

Attest:

Veronica Perez

Title: Quay County Clerk

Address for giving notices:

Quay County

P. O. Box 1246

Tucumcari, NM 88401

CONTRACTOR Western Plains Construction

By: _____

Title: _____

(If Contractor is a corporation, a partnership, or a joint venture, attach evidence of authority to sign.)

Attest: _____

Title: _____

Address for giving notices:

License No.: _____

(If Owner is a corporation, attach evidence of authority to sign. If Owner is a public body, attach evidence of authority to sign and resolution or other documents authorizing execution of this Agreement.)

Agent for service of process:



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2017**

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

Due Date: January 22, 2016

To All Potential Applicants:

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

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 23, 2016**. Please adhere to the following instructions, **as incomplete applications will not be processed:** ٢٠١٦

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

Local Recipient:	Conservancy Fire District #1			0321353	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	P.O. Box 725		Tucumcari		NM 88401
	<i>(Street/Mailing Address)</i>		<i>(City)</i>		<i>(State) (Zip)</i>
	1	2	x	3	575-403-8807
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>		<i>(Emergency Phone #)</i>
Contact Person:	Michelle Jaynes		Sec/Treas		Michelle.jaynes5@gmail.com
	<i>(Name)</i>		<i>(Title)</i>		<i>(E-mail Address)</i>

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

EMS AGENCY FUNDING INFORMATION

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

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
<input checked="" type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input checked="" type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
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<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
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			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
Training:		
1	Continuing Education Training and CE's	1000.00
Mileage & Per Diem:		
2	Mileage and Per Diem to Conference to obtain CE's	500.00
Supplies (Items Under \$500):		
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		\$1500.00

* Do not make all items Priority No. 1.

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

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

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

SERVICE NAME: Conservancy District 1

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

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

Mayor OR Chairman, Board of Commissioners

Municipality County

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

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

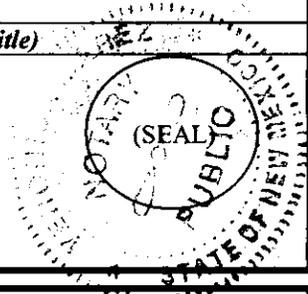
Franklin M. Castano
Signature of Official Named Above

(Title)

The above was sworn and subscribed to before this 11 day of January, 2016

Notary Public: *Veronica Pappas*

My commission expires: 12/14/2017



PERSON COMPLETING FORM

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

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

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

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	200	Helmet with Face Shield	10
Eye Protection	10	N-95 mask (or > particulate mask)	2
Gloves (Leather or heavy duty)	10	Safety Vest/Jacket/(ANSI 2008 Compliant)	10
Hearing Protection		Splash Protection (disposable)	
Other: (Specify)			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1		
End Title CO2 monitoring device (optional)	0	Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	2	Thermometer (Patient)	2
Other: (Specify)			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

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

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



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2017**

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

Due Date: January 22, 2016

To All Potential Applicants:

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

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 22, 2016**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

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

Local Recipient:	QUAY FIRE DEPARTMENT			0321359	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	PO Box 643		Tucumcari		NM 88401
	<i>(Street/Mailing Address)</i>		<i>(City)</i>		<i>(State) (Zip)</i>
Contact Person:	1	2	X	3	(575) 487-2002
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>		(575) 760-7961
	<i>(Name)</i>		<i>(Title)</i>		<i>(Fax Phone #)</i>
	Paula O'Steen		EMS Director		osteenp2000@yahoo.com
	<i>(Name)</i>		<i>(Title)</i>		<i>(E-mail Address)</i>

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

EMS AGENCY FUNDING INFORMATION

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

Medical-Rescue Service Entry Level (\$1,500)	Medical-Rescue Service First Responder (\$3,000)	Medical-Rescue Service/Ambulance Basic Level (\$5,000)	Medical-Rescue Service/Ambulance Advance Level (\$7,000)
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LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

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

* Do not make all items Priority No. 1.

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

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

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

JUSTIFICATION OF TOP PRIORITIES

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

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

SERVICE NAME: Quay Fire Department

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

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

Mayor OR Chairman, Board of Commissioners

Municipality Quay County Quay

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

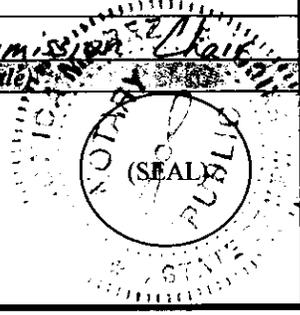
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- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political subdivision.
- That accountability and reporting of these funds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

Frankie McCaskey
Signature of Official Named Above
Commissioner
(Title)

The above was sworn and subscribed to before this 11 day of January 2016

Notary Public: Monica May

My commission expires: 12/16/2017



PERSON COMPLETING FORM

Name:	Paula O'Steen		EMS Director	
	(Name)		(Title)	
Address:	P.O. Box 643			
	Tucumcari	NM	88401	
	(City)	(State)	(Zip)	(+4)
575-487-2002		575-760-7961	Osteenp2000@yahoo.com	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<u>Paula O'Steen</u>			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Equipment Inventory Report

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

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

Communications Equipment

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

Personal Protective Equipment

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

Diagnostic Equipment

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

Patient Compartment Equipment – If Applicable (Interior or Exterior)

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

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



EMS ANNUAL SERVICE REPORT
Fiscal Year 2017
 Due Date: January 22, 2016

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

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

Mailing Address:	PO Box 643			
	<i>(Mailing Address)</i>			
	Tucumcari	NM	88401	0643
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Paula O'Steen		EMS Director	
	<i>(Name)</i>		<i>(Title)</i>	
	(575) 487-2002	(575) 760-7961	osteep2000@yahoo.com	
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
Administration:	QUAY COUNTY			
	<i>(County or Municipality)</i>			
	PO Box 1246			
	<i>(Mailing Address)</i>			
Contact Person:	Richard Primrose		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	(575) 461-2112	(575) 461-6208	richard.primrose@quaycounty-nm.gov	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
EMS Region:	Region I	Region II	Region III	X

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

Service Name:	QUAY FIRE DEPARTMENT <i>(EMS Service)</i>
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SERVICE INFORMATION					
Type of Service <i>(Must Check Only One)</i>		Affiliation Type <i>(Mark Primary Affiliation Only)</i>			
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit		
<input type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit		
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based		
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based		
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based		
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based		
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based		
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based		
<input type="checkbox"/>	PRC Certification #	<input type="checkbox"/>	Tribal		
<input type="checkbox"/>	Medical Rescue Certification #	321359	Other (Please Specify):		
# of Years In Operation		26			
EMS Calls		Local Receiving Hospital(s)			
Received By <i>(Mark One)</i>	Dispatched By <i>(Mark One)</i>		DAN C TRIGG HOSPITAL		
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service	<input checked="" type="checkbox"/>	Central Dispatch
<input checked="" type="checkbox"/>	Enhanced 911	<input type="checkbox"/>	Fire Department	Location of Dispatch:	
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Law Enforcement		

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

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

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Hampton, Teresa	FR		03/31/2017	12/09/2015	Volunteer
Nunez, Jennifer	EMT-I		03/31/2016	12/09/2015	Volunteer
O'Steen, Paula	EMT-I		03/31/2016	12/09/2015	Volunteer
Blair, Eric	NREMT-P		03/31/2017	12/09/2015	Volunteer

Service Name:

QUAY FIRE DEPARTMENT

(EMS Service)

This section is a Mandatory Survey please fill out appropriately
(Failure to fill out will result in an incomplete application)

EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT

Career and Paid Agencies

Volunteer Agencies*

	Number of Paid Staff	Additional Needed for Adequate Staffing		Number of Volunteer staff	Additional Needed for Adequate Response and Staffing
Non - EMS Personnel (Drivers and/or CPR & First Aid only)					
Licensed EMS First Responder				1	0
Licensed EMT Basic					1
Licensed EMT Intermediate				2	0
Licensed EMT Paramedic				1	0
Total:				4	1

This survey's goal is to determine the number of currently responding licensed caregivers, and *especially* the number of additional licensed First Responders, EMT Basics, EMT Intermediates, and Paramedics needed throughout the state. This information will help with the formulation of a plan to address this need.

***Note:**

- **Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per - run or other non-salary reimbursement.

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

1. Do you have a Vehicle Preventive Maintenance Program in place? Yes No

If "Yes", please attach a copy of your program.

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

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

OPERATIONS PLAN

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan? Yes No

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

3. What was the effective date of your Operations Plan? **January 2013**

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

QUAY FIRE DEPARTMENT

PROCEDURES

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

VEHICLE INSPECTION

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

TRUCK SUPPLIES, DRUGS AND EQUIPMENT

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

RUN REPORTS

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

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

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

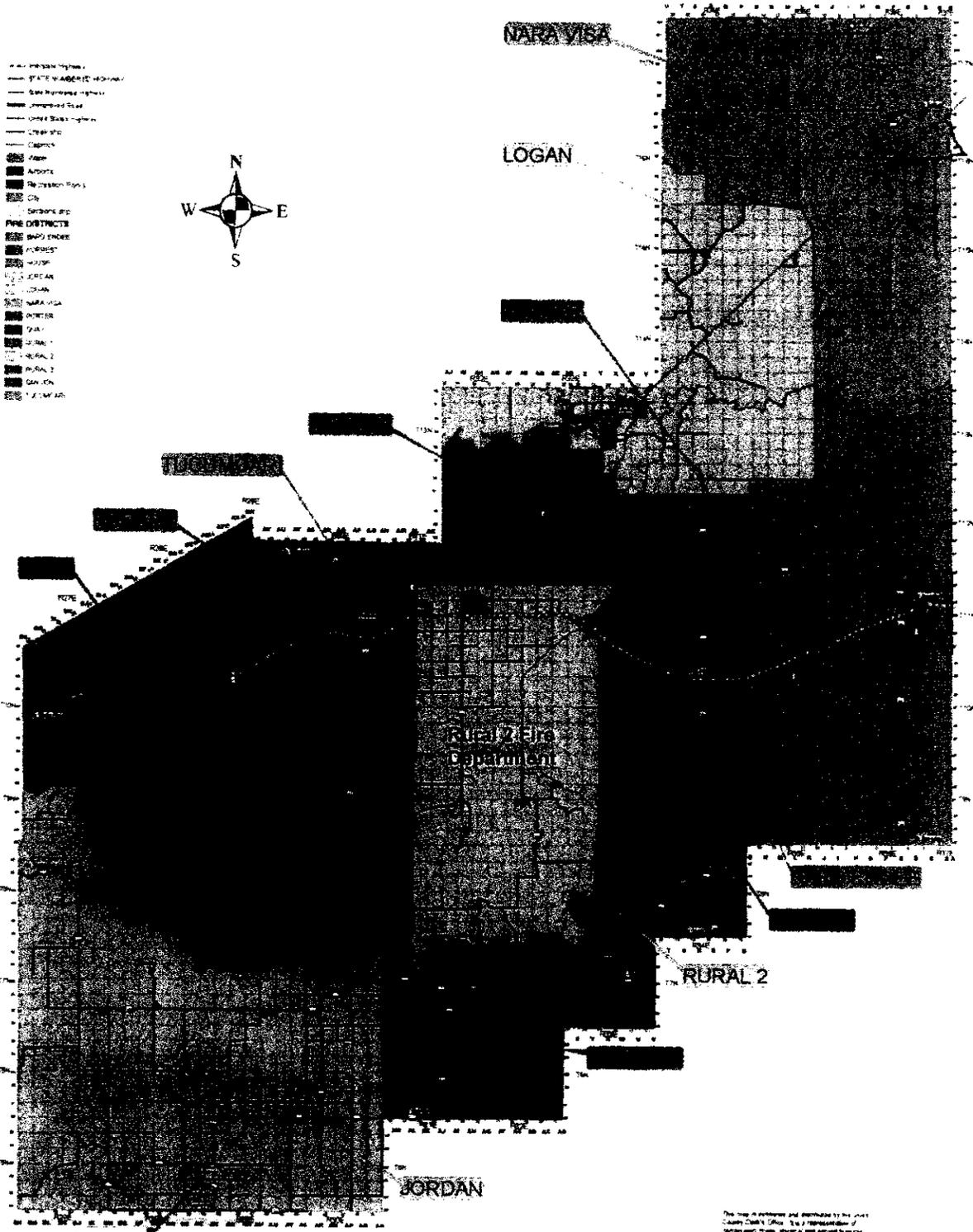
- Complete list of all supplies used
- Completed drug use record

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

QUAY COUNTY

© permission for Quay Co.

- State Highways
- State Major Highways
- State Numbered Highways
- Unimproved Road
- United States Highway
- City and Town
- County
- Water
- Airports
- Recreation Parks
- City
- Distances and
- PINE DISTRICTS
- MAPLE GROVE
- FOREST
- WILSON
- JORDAN
- LOGAN
- NAPA VISA
- WINTER
- YALE
- RURAL 1
- RURAL 2
- RURAL 3
- GANON
- WELLSFARL



This map is prepared and distributed by the Quay County Clerk's Office. It is a representation of the current status of the physical and natural resources existing in Quay County. The County of Quay is in agreement and of liability regarding the accuracy of the map and is not responsible for any reproduction of the map without the permission of the County Clerk's Office.

Service Name:	QUAY FIRE DEPARTMENT <i>(EMS Service)</i>
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QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input checked="" type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
12/31/2015				

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

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

SERVICE TRAINING COORDINATOR				
Name:	Paula O'Steen	Director	00012649	EMT-I
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>	<i>(Level)</i>
Address:	PO Box 643	Tucumcari	NM	88401
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
N/A	(575) 403-7961	(575) 760-7961	osteemp2000@yahoo.com	
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(E-mail Address)</i>	
Signature:	<i>Paula O'Steen</i>			

Service Name:	QUAY FIRE DEPARTMENT <i>(EMS Service)</i>
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PERSON COMPLETING FORM				
Name:	Paula O'Steen <i>(Name)</i>		EMS Director <i>(Title)</i>	
Address:	PO Box 643 <i>(Street/Mailing)</i>		Tucumcari <i>(City)</i>	NM 88401 <i>(State) (Zip)</i>
N/A <i>(Work Phone)</i>	(575) 403-7961 <i>(Home Phone #)</i>	 <i>(Pager #)</i>	(575) 760-7961 <i>(Cellular Phone #)</i>	osteenp2000@yahoo.com <i>(E-mail Address)</i>
Signature:	<i>Paula O'Steen</i>			

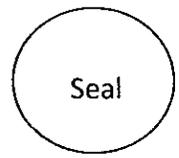


OFFICIAL SEAL
 MICHELLE D. JAYNES
 NOTARY PUBLIC - State of New Mexico
 My Commission Expires 2/24/2018

The above was sworn and subscribed to before this 5th Day of January, 2016

Michelle D. Jaynes
 Notary Public

February 24, 2018
 My Commission Expires



**** Notary is for the person completing form



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2017
Due Date: January 22, 2016**

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

To All Potential Applicants:

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

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 22, 2016**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

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

Local Recipient:	Forrest			0321329	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
Mailing Address:	3298 Quay road 37		Melrose	NM	88124
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	1	2 X	3	575-309-9065	
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
Contact Person:	Joe Garrett		Chief	Pappyjoe63.jg@gmail.com	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

Applicant:	Quay County				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
Mailing Address:	PO Box 1246		Tucumaneri	NM	88401
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
Contact Person:	Richard Primrose		County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	575-461-2112	575-461-6208	richardquay@plateautel.net		

EMS AGENCY FUNDING INFORMATION

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

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

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
1	Safety items, and maintenance on rescue	1500.00
2	Life pak 12 annual service	1200.00
Training:		
1	Trainers brought into department for weekend training	600.00
2	Cost to attend training held at other departments	600.00
Mileage & Per Diem:		
1	Cost to travel to and return for testing and training	1000.00
Supplies (Items Under \$500):		
1	1 time use supplies	450.00
2	Expired supplies	400.00
3	Disinfectant and cleaning supplies	400.00
**Capital Outlay (Items Over \$500):		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		6,150.00

* Do not make all items Priority No. 1.

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

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

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

JUSTIFICATION OF TOP PRIORITIES

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

Repair and maintenance are a must for the rescue, due to safety being number 1.

Life pak service is also a must for accurate readings of vitals', and life saving use's

We must have training thru out the year to maintain a quality service, and to keep up with changing time's, as well as needed for License renewal

We are a volunteer service, every one's time is valuable, monies can not be used for salaries, but I feel it is important to at least reimburse EMS personal's mileage for training and testing.

Supplies are a necessity

SERVICE NAME: Forrest

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

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

Mayor OR Chairman, Board of Commissioners

Municipality County

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

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

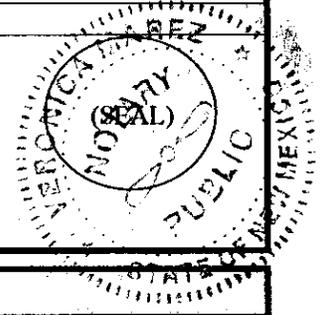
Signature of Official Named Above

(Title)

The above was sworn and subscribed to before this 11 day of January, 2016

Notary Public: *Veronica Mares*

My commission expires: 12/16/2017



PERSON COMPLETING FORM

Name:	Joe Garrett	Chief		
	(Name)	(Title)		
Address:	3298 Quay road 37			
	Melrose	NM	88124	
	(City)	(State)	(Zip)	(+4)
575-309-9065	605			
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<i>Joe Garrett</i>			

FOR BUREAU USE ONLY

Reviewer: _____

Date Reviewed: _____

Approved: Yes No

Final Award: _____

Comments/Problem:

Date Corrected:

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 11b)	3	Siren	1
Flashlight	4	Spare Tire	1
Fuses (appropriate sizes)		Star of Life Displayed	4
Jack and Handle		Tool Box	
Lug Wrench		Triage Tags for MCI's	3
Maps or Navigational equipment	2	U.S. DOT Emergency Response Guidebook	2
Patient Care Reports or Reporting System	20	Vehicle Registration	1
Roadway warning devices	9	Vehicle Spotlight or auxiliary lighting	1
Service Specific Protocols and guidelines	1	Warning Lights	1
Other: (Specify)			

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	4 boxes	Helmet with Face Shield	2
Eye Protection	2	N-95 mask (or > particulate mask)	1 Box
Gloves (Leather or heavy duty)		Safety Vest/Jacket/(ANSI 2008 Compliant)	3
Hearing Protection		Splash Protection (disposable)	2 sets
Other: (Specify)			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1		
End Title CO2 monitoring device (optional)	1	Pulse Oximeter	3
Glucose Monitoring Instrument	3	Stethoscope	4
Penlights	4	Thermometer (Patient)	2
Other: (Specify)			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	4	Oxygen Delivery Devices(Adult, Child and Infant Sizes)	2EA
		Oxygen Supply Tubing	
Bag Valve Mask Devices (Adult, Child and Infant)	2EA	Patient Restraints	1
Band-Aids (Assorted Sizes)	2	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	2	Pediatric Restraint device/car seat	1
Biohazard Waste bags	6	Pillows	3
Blankets	4	Portable Oxygen Equipment	4
Body Bags	1	Portable Suction Unit	
Cervical Collars - Rigid (Adult, Child and Infant)	4	Seated Spinal Immobilization Device	2
Cervical Immobilization Devices		Semi-Automatic Defibrillator with Pads	2
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack	6	Sharps Container	2
Cold Weather Warming Devices	4	Sheets	6
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	12	Shoulder/chest/extremity straps	6
Emesis Basin	2	Spinal Immobilization device/backboard	4
Field Stretcher (Scoop, Collapsible, Vacuum)	1	Splints, Extremity (Rigid, Air, Vacuum)	10
Foil Blanket	2	Sterile Burn Sheets	2
Hand Sanitizer	2	Sterile Gloves (Assorted Sizes)	4 box
Heat Pack	6	Sterile Water	4
Inhalation Therapy Equipment	4	Stokes Basket	1
Installed Oxygen System	1	Suction Catheters (Soft & Rigid)	2
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	4	Supraglottic Airway Devices	
Long Backboard	4	Multi-lumen Airway Devices	3
Multi-level Stretcher	1	Laryngeal Airway Devices	1
Multi-Lumen Airways	1	Towels	6
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	2
Nasopharyngeal Airways	Set	Trauma Dressings	10
Occlusive Dressings	4	Trauma Shears	3
On-Board Suction System	1	Triangular Bandages	6
On-Board Oxygen Supply	1	Urinal (Male and Female)	1
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)			
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Circle) Yes No

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

EMS ANNUAL SERVICE REPORT
Fiscal Year 2017
 Due Date: January 22, 2016

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

Service Name:	Forrest Fire and EMS			
	<i>(EMS Service)</i>			
Mailing Address:	3298 Quay Road 37			
	<i>(Mailing Address)</i>			
	Melrose	NM	88124	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Joe A. Garrett		Fire Chief / EMS Coordinator	
	<i>(Name)</i>		<i>(Title)</i>	
	575-309-9065	575-309-9066	Pappyjoe63.jg@gmail.com	
	<i>(Business Phone)</i>	<i>(Emergency Phone)</i>	<i>(Fax)</i>	<i>(E-mail Address)</i>
Administration:	Quay County			
	<i>(County or Municipality)</i>			
	PO Box 1246			
	<i>(Mailing Address)</i>			
	McAlister	NM	88427	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
Contact Person:	Richard Primrose		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	575-461-2112	575-461-6208	richardquay@plateautel.net	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	
EMS Region:	Region I	Region II	Region III	<input checked="" type="checkbox"/>

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

Service Name:	Forrest Fire and EMS <i>(EMS Service)</i>
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SERVICE INFORMATION				
Type of Service (Must Check Only One)			Affiliation Type (Mark Primary Affiliation Only)	
<input type="checkbox"/>	Certified PRC Ambulance		Private for-profit	
<input type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)		Private non-profit	
<input type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)		x Fire Dept.-based	
<input type="checkbox"/>	Emergency Medical Dispatch Agency		Law Enforcement or Department of Public Safety-based	
<input type="checkbox"/>	Special Event(s) Agency		Clinic-based	
<input type="checkbox"/>	Air Ambulance		Hospital-based	
<input checked="" type="checkbox"/>	Other (Please Specify):	Transportable rescue	County-based	
<input type="checkbox"/>			Municipality-based	
<input type="checkbox"/>	PRC Certification #		Tribal	
<input type="checkbox"/>	Medical Rescue Certification #		Other (Please Specify) :	
# of Years In Operation				
EMS Calls			Local Receiving Hospital(s)	
Received By (Mark One)		Dispatched By (Mark One)		Dr. Dan C Trigg
<input checked="" type="checkbox"/>	Basic 911	Ambulance Service	<input checked="" type="checkbox"/>	Central Dispatch
<input type="checkbox"/>	Enhanced 911	Fire Department	Location of Dispatch:	
<input type="checkbox"/>	Local Phone	Law Enforcement	PRMC Clovis	

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		5	Emergency Medical Dispatch Instructor		
EMT Basic		2	Nurse		1
EMT Intermediate		1	Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other		

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

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Joe A. Garrett	EMT Basic		3/31/2015	7/2014	Volunteer
Joe Lavender	EMT Basic		3/31/2015	7/2014	Volunteer
Judy Rush	FR		3/31/2016	7/2014	Volunteer
Diana Rush	FR		3/31/2015	7/2014	Volunteer
Jerri Rush	FR		3/31/2016	7/2014	Volunteer
David Rush	FR		3/31/2015	7/2014	Volunteer

Service Name:	Forrest Fire and EMS <i>(EMS Service)</i>
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For Ground Ambulance/Medical Rescue Services Only

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

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

Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Joe A. Garrett		7/2013	A-CDL	ACLS provider
Joe Lavender		7/2013	A-CDL	
Judy Rush		7/2013	D	
Diana Rush		7/2013	D	
Jerri Rush		7/2013	E	
David Rush		7/2013	E	
Galen Hutchins		7/2013	E	RN
Rick Mitchell			A-CDL	EMS Instructor

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

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

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

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMS/COM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
2002	Ford	E-350	G-82317	Forrest Unit 7	Feb-2002	2	2	204970	7/2015

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

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

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

OPERATIONS PLAN			
Please provide information on the Operations Plan for your service.			
1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
3. What was the effective date of your Operations Plan?	1/2015		
4. Please provide a map of the coverage area for your service.			

QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please attach description.				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted:	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
	<input checked="" type="checkbox"/>	Annually		
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
12/31/2014				

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

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

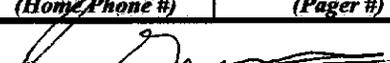
SERVICE MEDICAL DIRECTOR

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

SERVICE TRAINING COORDINATOR

Name:	Joe A. Garrett	EMS coordinator	10001526	Basic
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>	<i>(Level)</i>
Address:	3298 Quay Road 37	Melrose	NM	88124
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
575-309-9065	575-458-9103	575-309-9065	Pappyjoe63.jg@gmail.com	
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

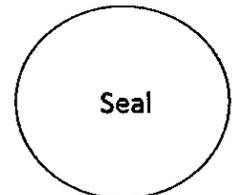
PERSON COMPLETING FORM

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

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

Notary Public

My Commission Expires



**** Notary is for the person completing form



**EMS FUND ACT
LOCAL FUNDING PROGRAM
APPLICATION
FISCAL YEAR 2017**

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

Due Date: January 22, 2016

To All Potential Applicants:

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

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 22, 2016**. Please adhere to the following instructions, **as incomplete applications will not be processed**:

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

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

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

EMS AGENCY FUNDING INFORMATION

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

(All responses are subject to review and verification).

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

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
Repair and Maintenance:		
10	Monies will be spent for general repairs, such as flats, oil changes and fuel	700
Training:		
1	Training through conferences	1,000
2	Paramedic Training	1,000
3	EMT Training	1,000
Mileage & Per Diem:		
4	Conference and training	1,000
5	Paramedic Training	1,000
6	EMT Training	1,000
Supplies (Items Under \$500):		
7	Disposable supplies under \$500	1000
**Capital Outlay (Items Over \$500):		
8	(1) Pelican Scene Light	800
9	(2) Handheld Radios	1,500
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		10,000

* Do not make all items Priority No. 1.

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

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

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

SERVICE NAME: Bard-Endee Fire District

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

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

Franklin McCasland, Chairman

Mayor

OR

Chairman, Board of Commissioners

Quay County

Municipality

County

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

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

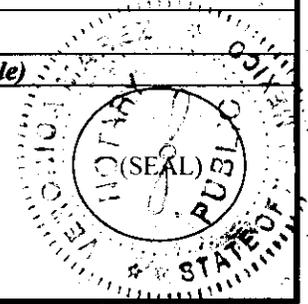
Franklin McCasland
Signature of Official Named Above

(Title)

The above was sworn and subscribed to before this 11 day of January, 2016

Notary Public: *Veronica Gomez*

My commission expires: 12/16/2017



PERSON COMPLETING FORM

Name:	Kelly Boney		EMS Director	
	(Name)		(Title)	
Address:	1097 Route 66			
	Bard	NM	88411	
	(City)	(State)	(Zip)	(+4)
	575-602-5888			Kellyboney_79@yahoo.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 11lb)	2	Siren	1
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)	5	Star of Life Displayed	
Jack and Handle	2	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	20
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	2
Patient Care Reports or Reporting System	10	Vehicle Registration	1
Roadway warning devices	6	Vehicle Spotlight or auxiliary lighting	2
Service Specific Protocols and guidelines	1	Warning Lights	6
Other: <i>(Specify)</i>			

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	3 BOXES	Helmet with Face Shield	2
Eye Protection	2	N-95 mask (or > particulate mask)	6
Gloves (Leather or heavy duty)	3 SETS	Safety Vest/Jacket/(ANSI 2008 Compliant)	2
Hearing Protection	6	Splash Protection (disposable)	YES
Other: <i>(Specify)</i>			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	4		
End Title CO2 monitoring device (optional)		Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	4
Penlights	3	Thermometer (Patient)	2
Other: <i>(Specify)</i>			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

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



**EMS ANNUAL SERVICE REPORT
Fiscal Year 2017**

Due Date: January 22, 2016

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

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

Mailing Address:	1097 Route 66 <i>(Mailing Address)</i>			
	Bard <i>(City)</i>	NM <i>(State)</i>	88411 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	Kelly Boney <i>(Name)</i>		EMS Director <i>(Title)</i>	
	575-602-5888 <i>(Business Phone)</i>	 <i>(Emergency Phone)</i>	 <i>(Fax)</i>	bardendee@yahoo.com <i>(E-mail Address)</i>
Administration:	Quay County <i>(County or Municipality)</i>			
	P.O. Box 1246 <i>(Mailing Address)</i>			
	Tucumcari <i>(City)</i>	NM <i>(State)</i>	88401 <i>(Zip)</i>	 <i>(+4)</i>
Contact Person:	Richard Primrose <i>(Name)</i>		County Manager <i>(Title)</i>	
	575-461-2112 <i>(Telephone #)</i>	575-461-6208 <i>(Fax Phone #)</i>	Richard.primrose@quaycounty-nm.gov <i>(E-mail Address)</i>	
EMS Region:	Region I	Region II	Region III	<input checked="" type="checkbox"/>

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Bard Station			
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:	1097 Route 66			
	Bard <i>(City)</i>	NM <i>(State)</i>	88411 <i>(Zip)</i>	 <i>(+4)</i>
#2				
Name of Facility:				
	<i>Latitude</i>		<i>Longitude</i>	
Street Address:				
	 <i>(City)</i>	 <i>(State)</i>	 <i>(Zip)</i>	 <i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

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

SERVICE INFORMATION			
Type of Service (Must Check Only One)		Affiliation Type (Mark Primary Affiliation Only)	
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit
<input type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based
<input type="checkbox"/>		<input type="checkbox"/>	Tribal
PRC Certification #		Other (Please Specify) :	
Medical Rescue Certification #	321340		
# of Years In Operation		33	
EMS Calls		Local Receiving Hospital(s)	
Received By (Mark One)		Dispatched By (Mark One)	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service
<input checked="" type="checkbox"/>	Enhanced 911	<input type="checkbox"/>	Central Dispatch
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Fire Department
		<input type="checkbox"/>	Law Enforcement
			Location of Dispatch:

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder			Emergency Medical Dispatch Instructor		
EMT Basic			Nurse		
EMT Intermediate		2	Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other		15

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

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Kelly Boney	EMT-I		03/31/2017	2014	Volunteer
Kalon Lafferty	EMT-I		03/31/2018		Volunteer

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

For Ground Ambulance/Medical Rescue Services Only

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

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

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

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

Type I:		Type IV:	
Type II:		Medical/Rescue:	1
Type III:		Other – Explain:	

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

(Use additional pages as necessary)

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
1979	IHC-S1600	Utility Box	G63259		1979	2	0	6930	2015

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

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

This section is a Mandatory Survey please fill out appropriately
(Failure to fill out will result in an incomplete application)

EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT					
Career and Paid Agencies			Volunteer Agencies*		
	Number of Paid Staff	Additional Needed for Adequate Staffing		Number of Volunteer staff	Additional Needed for Adequate Response and Staffing
Non - EMS Personnel (Drivers and/or CPR & First Aid only)				15	
Licensed EMS First Responder					
Licensed EMT Basic					
Licensed EMT Intermediate				2	
Licensed EMT Paramedic					
Total:				17	

This survey's goal is to determine the number of currently responding licensed caregivers, and *especially* the number of additional licensed First Responders, EMT Basics, EMT – Intermediates, and Paramedics **needed** throughout the state. This information will help with the formulation of a plan to address this need.

***Note:**

- Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per – run or other non-salary reimbursement.

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

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

OPERATIONS PLAN

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are operational and medical protocols included in the Operations Plan?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. What was the effective date of your Operations Plan?	12/2014			
4. Please provide a map of the coverage area for your service.				

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

QUALITY ASSURANCE REVIEW							
1. Do you have an internal quality assurance/improvement mechanism in place?				X	Yes	No	
If "Yes", please attach description.							
2. Indicate the dates of this year's quality assurance review activities.							
Reviews are conducted:		Daily	Weekly	Monthly	Quarterly	X	Annually
DATES OF REVIEW							
DATE	DATE	DATE	DATE	DATE			
2015 November							

SERVICE DIRECTOR/CHIEF				
Name:	Kelly Boney		EMS Director	
	(Name)		(Title)	
Address:	1097 Route 66		Bard	NM 88411
	(Street/Mailing)		(City)	(State) (Zip)
	575-602-5888			bardendee@yahoo.com
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

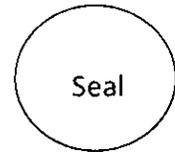
SERVICE MEDICAL DIRECTOR				
Name:	Dr. George Evetts		Medical Director	60-36 NM
	(Name)		(Title)	(License #)
Address:	916 Escuela		Tucumcari	NM 88401
	(Street/Mailing)		(City)	(State) (Zip)
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
<i>*In signing this application I am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

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

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

PERSON COMPLETING FORM				
Name:	Kelly Boney		EMS Director	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	1097 Route 66	Bard	NM	88411
	<i>(Street/Mailing)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
		575-602-5888	Kellyboney_79@yahoo.com	
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
Signature:				

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



Notary Public

My Commission Expires

**** Notary is for the person completing form

December 17, 2015

Quay County Commissioners:

Please take action to appoint a Quay County Board of Finance as a part of the business during your January 11, 2016 meeting.

My recommendation is as follows: 3 Quay County Commissioners as ex officio members; the Quay County Clerk as ex officio member; County Manager, County Finance Director, County Treasurer.

Thank you,
Patsy Gresham
Quay County Treasurer



QUAY COUNTY
SHERIFF'S OFFICE
SHERIFF RUSSELL SHAFER
CHIEF DEPUTY DENNIS GARCIA



Quay County Sheriff's Office Monthly Activity Report

November 19- December 22, 2015

Total Calls for Service Responded to: 281

Total Civil Process: 148

Total Transports: In State: 8 Out of State: 1

Total Citations: 5

Total Arrests/Warrants Served: 8



**Fiscal Year 2015-2016
Quay County
Resolution No. 19**

**A RESOLUTION ADOPTING EMERGENCY DECLARATION FOR QUAY
COUNTY**

WHEREAS, Quay County has suffered severe damage caused by a blizzard on the 26th day of December, 2015; and

WHEREAS, extensive damage was caused to public property such as streets, roads, and equipment, and to private businesses and industry such as equipment, inventory, facilities, land, and homes; and

WHEREAS, the damage has resulted in undue human suffering and hardship and threatens the safety, health, welfare, and well-being of citizens and economic function of Quay County; and

WHEREAS, all locally available public and private resources and forces committed to mitigate and alleviate the damage are deemed insufficient to cope with the resulting situation, initiate repairs, and meet restoration requirements;

NOW, THEREFORE, I, Curtis Simpson, Quay County Emergency Coordinator, by virtue of the authority provided by the New Mexico Civil Emergency Preparedness Act (NMSA 1978, 12-10-1 through 12-10-10) do hereby declare Quay County an emergency area for the purposes of exercising necessary emergency powers and expenditure of available resources, and requesting aid, assistance and relief programs, and funds available from the State of New Mexico.

PASSED, APPROVED AND ADOPTED by the governing body at its meeting on the 11th day of January, 2016.

**QUAY COUNTY, NEW MEXICO
BOARD OF COMMISSIONERS**

By: Franklin McCasland
Franklin McCasland, Commissioner

By: Sue Dowell
Sue Dowell, Commissioner

By: Mike Cherry
Mike Cherry, Commissioner

(SEAL)

ATTEST:

By: Veronica Marez
Veronica Marez, County Clerk

**QUAY COUNTY
FISCAL YEAR 2015-2016
RESOLUTION No. 17**

Authorization of Budgetary Increase to **Road Fund (402)**

WHEREAS, at meeting of the Board of Quay County Commissioners on January 11, 2016 the following was among the proceedings;

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

State Fund 204 Budgetary Increase		<u>CREDIT</u>
	<u>DEBIT</u>	
402-00-37030 State-Arterial Project		\$26,019.00
402-00-37050 State Co-Op (SHTD)		\$10,115.00
402-00-37160 Intergovernmental/Grants	\$15,193.00	
Revenue Net Increase		\$20,941.00
402-12-45051 State-Arterial (CAP)2016	\$26,019.00	
402-12-45052 State-School Bus 2016	\$29,795.00	
402-12-45053 State-Co-Op 2016	\$ 6,178.00	
402-12-45054 State-Arterial 2015		\$16,831.00
402-12-45055 State-School Bus 2015		\$14,765.00
402-12-45056 State-Co-Op 2015		\$29,823.00
Expenditure Net Increase	\$ 573.00	

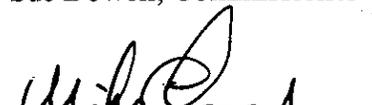
WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Request for Match Waiver Funds Approved**

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

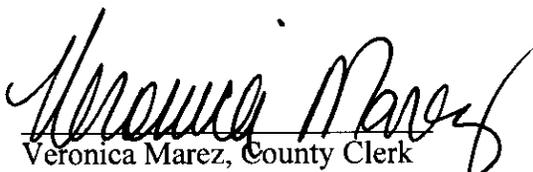
DONE at Tucumcari, County of Quay, New Mexico this 11th day of January, 2016.


Franklin McCasland, Commissioner


Sue Dowell, Commissioner


Mike Cherry, Commissioner

ATTEST:


Veronica Marez, County Clerk

**QUAY COUNTY
FISCAL YEAR 2015-2016
RESOLUTION No. 18**

Authorization of Budgetary Increase to **DWI Grant Fund (624)**

WHEREAS, at meeting of the Board of Quay County Commissioners on January 11, 2016 the following was among the proceedings;

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

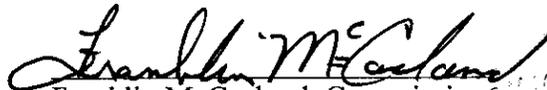
**State Fund 223
Budgetary Increase**

	<u>DEBIT</u>	<u>CREDIT</u>
624-00-37230 Intergovernmental Grant		\$27,410.00
624-12-41020 Full Time Salaries	\$15,200.00	
624-12-42010 FICA – Social Security	\$ 942.00	
624-12-42020 FICA – Medicare	\$ 220.00	
624-12-42030 P.E.R.A	\$ 1,452.00	
624-12-42050 Health/Life/Disability Ins.	\$ 50.00	
624-12-45050 Contractual Services	\$ 9,500.00	
624-12-46010 Office Supplies	\$ 46.00	

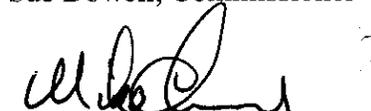
WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Budgeting for Compliance Auditor and Support Staff**

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

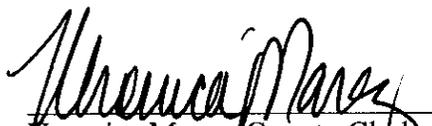
DONE at Tucumcari, County of Quay, New Mexico this 11th day of January, 2016.

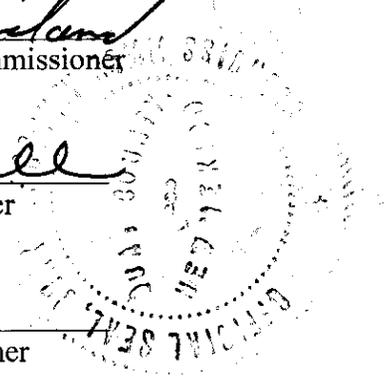

Franklin McCasland, Commissioner


Sue Dowell, Commissioner


Mike Cherry, Commissioner

ATTEST:


Veronica Marez, County Clerk



**QUAY COUNTY
FISCAL YEAR 2015-2016
RESOLUTION No. 20**

Authorization of Budgetary Increase to **Fire Department Budgets 407, 408, 409, 410, 411, 412, 413, 415, 418 and 420**

WHEREAS, at meeting of the Board of Quay County Commissioners on January 11, 2016 the following was among the proceedings;

WHEREAS, the Board of Quay County Commissioners deems it necessary to request these Budgetary Increases:

State Fund 209 Budgetary Increases	<u>DEBIT</u>	<u>CREDIT</u>
Rural I		
407-12-47060 Property & Casualty Insurance	\$500.00	
Rural II		
408-12-47060 Property & Casualty Insurance	\$500.00	
Rural III		
409-12-47060 Property & Casualty Insurance	\$500.00	
Nara Visa		
410-12-47060 Property & Casualty Insurance	\$500.00	
Forrest		
411-12-47060 Property & Casualty Insurance	\$500.00	
Jordan		
412-12-47060 Property & Casualty Insurance	\$500.00	
Bard Endee		
413-00-37234 NM Fire Protection Grant		\$72,000.00
413-12-47060 Property & Casualty Insurance	\$500.00	
413-12-48900 Capital Outlay	\$20000.00	
Quay Valley		
415-12-47060 Property & Casualty Insurance	\$500.00	
Porter		
418-12-47060 Property & Casualty Insurance	\$500.00	
Fire Marshal		
420-12-47060 Property & Casualty Insurance	\$1000.00	

WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Increase to 2016 Insurance Premium**

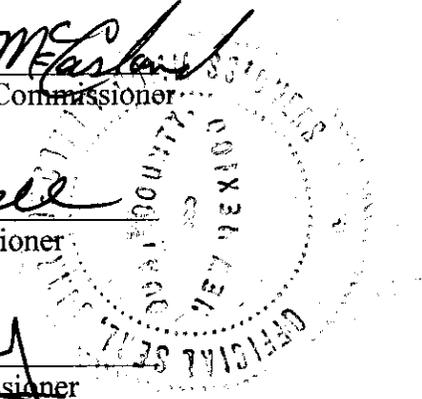
NOW THEREFORE, BE IT RESOLVED that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Increase be made.

DONE at Tucumcari, County of Quay, New Mexico this 11th day of January, 2016.

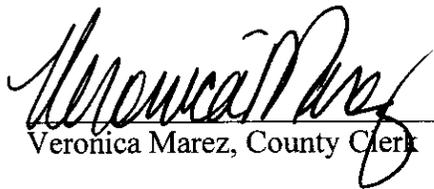

Franklin McCasland, Commissioner


Sue Dowell, Commissioner


Mike Cherry, Commissioner



ATTEST:


Veronica Marez, County Clerk

**QUAY COUNTY
FISCAL YEAR 2015-2016
RESOLUTION No. 22**

Authorization of Budgetary Increase to **General Fund Administration (401-12) and Sheriff's Department (401-82)**

WHEREAS, at meeting of the Board of Quay County Commissioners on January 11, 2016 the following was among the proceedings;

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

State Fund 201 Budgetary Increases	<u>DEBIT</u>	<u>CREDIT</u>
Administration		
401-12-47060 Property & Casualty Insurance	\$18,685.00	
Sheriff's Department		
401-82-47060 Property & Casualty Insurance	\$12,515.00	

WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Increase to 2016 Insurance Premium**

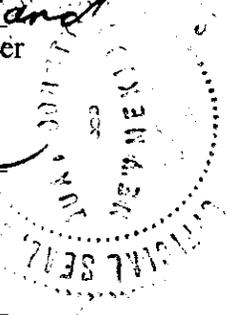
NOW THEREFORE, BE IT RESOLVED that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Increase be made.

DONE at Tucumcari, County of Quay, New Mexico this 11th day of January, 2016.


Franklin McCasland, Commissioner


Sue Dowell, Commissioner


Mike Cherry, Commissioner



ATTEST:


Veronica Marez, County Clerk



NEW MEXICO COUNTY INSURANCE AUTHORITY
Administered by New Mexico Association of Counties

December 31, 2015

Richard Primrose (Richard.primrose@quaycounty-nm.gov)
County Manager, Quay County
300 S Third St
Tucumcari, NM 88401

Dear Richard:

The Multi-Line Pool Board of Directors approved contributions and coverage option amounts for the Multi-Line and Law Enforcement Pools for 2016 at its December Board meeting in Santa Fe. As you have likely heard, both pools have experienced considerable losses during the past several years, and this has eroded our fund balance significantly. Additionally, due to our increased losses, as well as nationwide societal trends (detention center claims for failure to provide adequate medical and mental health care to inmates), reinsurance costs for 2016 have dramatically increased.

To address the situation, all counties are being required to take a higher deductible in 2016 than they had in 2015, in both the Multi-Line and Law Enforcement Pools. In an effort to provide each county manager with some flexibility, the Board approved offering several different deductible options for each county. You will see the options offered for your county on the options authorization document attached, and you will need to choose the deductible that you want for your county for both the Multi-Line and Law Enforcement Pools. Just like any other insurance, the larger the deductible you choose, the lower your contribution will be. Please keep in mind, however, that you will have to pay this deductible on each and every claim.

Quay County is seeing an increase in the Law Enforcement Pool due to the increasing cost of re-insurance. Over the last five years Quay County has an 93% loss ratio in the law enforcement pool. Quay County's claims have not penetrated the re-insurance layer of the pool in the last five years.

Quay County is seeing an increase in the Multi-Line Pool due to the increasing cost of re-insurance and a high loss ratio. In the last five years Quay County has a 404% loss ratio in the multi-line pool. Quay County's claims have penetrated the re-insurance layer of the pool in the last five years in the amount of \$999,783.

Multi-Line Pool

In the Multi-Line Pool, the Board voted on an overall increase of approximately 22% in contributions, assuming the same deductible levels as existed in 2015. In many cases the 2016 contribution is less than 2015 because the minimum deductible level has gone up.

Please indicate on the attached options authorization document what Multi-Line liability deductible you choose for 2016 for your county. Note that property deductibles have been adjusted in some cases, but typically are remaining at the same level as in 2015. Please also choose whether you want to accept the optional coverages listed on your options authorization document. **Please return the attached Multi-Line options authorization document to me by January 15.**

The Multi-Line Board voted to purchase a package of cyber liability coverage that includes coverage for all counties for 2016. Counties that have purchased cyber liability as a stand-alone product in the past will find, in most cases, that their cost for this has been reduced dramatically, since we are able to procure this coverage as a package. For all counties, the limits of coverage have been increased dramatically. The cost to your county for this coverage is shown on the options authorization document.

Law Enforcement Pool

In the Law Enforcement Pool, the Board voted on an overall increase of approximately 41% in contributions, assuming the same deductible levels as existed in 2015. This large increase was driven primarily by the increased reinsurance costs, and the fact that to even get reinsurance this year the Pool's Self Insured Retention increased by \$250,000 to \$1,000,000 per claim.

Please indicate on the attached options authorization document what Law Enforcement liability deductible you choose for 2016 for your county. If applicable, please also verify that the number of cross commissioned officers we have listed on the authorization document is accurate, because this information is being used to calculate the amount your county is invoiced for this additional liability for 2016. **Please return the attached Law Enforcement options authorization document to me by January 15.**

If you have any questions regarding your County's coverage please feel free to give me a call at 505-820-8127 (Santa Fe office).

Sincerely,

Taylor Horst
Risk Management Director

Encl.

Quay County 2016 Multi-Line Pool
Deductible and Coverage Option Authorization

(NOTE: Return completed Form by January 15, 2016, or the DEFAULT choices will be made for your County)

Per Claim Liability Deductibles

Multi-Line Liability (2015 deductible: \$3,000)

Circle one: **\$5,000** **(\$136,975 contribution)**
 \$10,000 (\$120,117 contribution)
 \$25,000 (\$105,334 contribution)
 \$50,000 (\$94,752 contribution)
 \$75,000 (\$84,169 contribution)
 \$100,000 (\$76,958 contribution)

Quay County's current property deductible is \$2,500 and its first party automobile deductible is \$2,500 and will remain the same in 2016.

Voluntary Coverages*

Boiler & Machinery

2016 Pricing: \$812

Choose one:

I accept this coverage for 2016 I decline this coverage for 2016

*** Additional Voluntary Coverages:**

Public Official Bonds

This three-year policy will renew on January 1, 2018 and has been paid in full.

Pollution Coverage for Fuel Tanks

This three-year policy will renew on January 1, 2017 and has been paid in full.

Additional Coverage

Cyber Liability

At its December 16, 2015 meeting, the Multi-Line Pool Board of Directors voted to purchase a single policy for all Pool members. Quay County's pricing is as follows:

2016 Pricing: \$892

Authorized By:

Printed Name

Signature

Date

(NOTE: Return completed Form by January 15, 2016, or the DEFAULT choices will be made for your County)

