



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 25, 2016

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session January 11, 2016

Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

- I. Bryan Rinestine, Quay County DWI Coordinator**
 - 2nd Quarterly Report
- II. Ellen White, Quay County Deputy Clerk**
 - First Occupational License 2016 Notice
- III. Curtis Simpson, Quay County Emergency Coordinator**
 - Request Approval of FY2015-2016 Per Diem Grant Agreement
- IV. Larry Moore, Quay County Road Superintendent**
 - Road Update
- V. Richard Primrose, Quay County Manager**
 - Request Approval of the 2nd DWI Quarterly Reports (3)
 - Request Approval of the 2nd Quarter DFA Financial Report
 - Request Approval of FY 2015-16 Resolution 23 in Support of NMAC Healthcare Policy Committee
 - Correspondence



VI. Indigent Claims Board

- Call Meeting to Order
- Request Approval of Indigent Minutes for the January 11, 2016 Meeting
- Review January Claims Prepared by Sheryl Chambers
- Adjourn

VII. Request Approval of Accounts Payable

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

Adjourn

Lunch-Time and Location to be Announced

1:00 p.m. - Quay County Financial Committee Board Meeting

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

January 25, 2016

9:00 a.m.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 25th day of January, 2016 at 9:00 a.m. at the Quay County Commission Room, Tucumcari, New Mexico, for the purpose of taking care of any business that may come before them.

PRESENT & PRESIDING:

Franklin McCasland, Chairman
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
Thomas Garcia, Quay County Sun
Russell Braziel, KTNM Radio Station
Janie Hoffman, Quay County Chief Deputy Assessor
Vic Baum, Quay County Assessor
Ellen White, Quay County Chief Deputy Clerk
Bryan Rinstine, Quay County DWI Coordinator
Curtis Simpson, Quay County Emergency Coordinator
Pat Vanderpool, Executive Director, Greater Tucumcari EDC
Patsy Gresham, Quay County Treasurer
Gail Houser, Tucumcari Mainstreet Director

Chairman Franklin McCasland called the meeting to order. Russell Braziel led the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the January 11, 2016 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”

Commissioner McCasland requested a change on agenda on Ellen White, Quay County Chief Deputy Clerk presented second Occupational License 2016 notice not the first. Also removed from agenda was the Finance Board Meeting following the meeting. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the agenda with changes. MOTION carried. ". A copy of the agenda is attached and made a part of these minutes.

Commissioners Voted:

McCasland – "YES"

Dowell – "YES"

Cherry – "YES"

PUBLIC COMMENT: Chairman McCasland recognized Quay County Employees for their recent achievements regarding graduation from the NMSU NM Edge County College Program. Janie Hoffman received her second designation as a Certified Public Official, having already obtained her Certified Assessor Certification.

Ellen White also graduated with the completion of both the Certified Public Official designation and as a Certified County Clerk. Ellen was also appointed and serves on the Accreditation Team for the NMSU NM Edge County College Program and was an instructor at this year's program having developed the curriculum and instructed the CL 100 Class for Roles and Responsibilities of County Clerks.

On Wednesday, January 20 the Greater Tucumcari EDC hosted Quay Day in Santa Fe to recognize the efforts of Senator Woods and Representative Roch. Both Roch and Woods updated those attending regarding the Capital Outlay Funding and Legislative Items of interest to Quay County. It was a great success with members of the Tucumcari Chamber of Commerce attending, along with City Commissioners and City Manager, Mesalands President, Trigg Hospital Administrator, Department of Education Cabinet Secretary, Eastern Plains Council of Government, current and past Representatives and Senators as well as the District 4 DOT Engineer. The sponsors that helped with making Quay Day a success were Mesalands, Xcel Energy and Souder Miller. McCasland also thanked the Tucumcari Chamber of Commerce for delivering baskets to all of the Legislators at the round house on Quay Day.

A special recognition was made by PRC Commissioner Patrick Lyons during the event. Lyons stated that Larry Moore and the Quay County Road Department Employees should be highly commended for their dedication and outstanding job performance to ensure the public safety of the residents of Quay County and traveling public during the Snow Storm. Lyons stated not only did they clear the County Roads, the State of New Mexico Department of Transportation had also offered thanks and recognition to Larry Moore for assisting on the State Highways in the Southern portion of the County. Lyons stated that he personally witnessed four blades and a front end loader working long hours for many days including weekends and holidays clearing roads.

On Thursday morning, there was a joint affiliate meeting held with all of the County Commissioners, Managers and Public Works Department. We had two gentlemen, Bill Humphries and Tom Sidwell from Quay County speak to the group concerning the financial impact that the Endangered Species Act and Water of the U.S. would have on every county in our state. It was very informative and well received by the entire group. I am proud that these two gentlemen were able to share their knowledge and expertise with this large group.

At the Closing Awards Ceremony on Thursday, Quay County received one of the most prestigious accountability awards for the second time. State Auditor, Tim Keller presented the Audit Accountability Award for this past year to Quay County. This awards exemplifies the outstanding financial accountability and transparency that Quay County Government has to their taxpayers and public. Although Mike Cherry and McCasland were on hand to receive this award on behalf of Quay County, the true recognition belongs to Richard Primrose and Cheryl Simpson. With the dedication and leadership of Richard and Cheryl our team of Elected Officials and Department Heads worked throughout the year together to achieve this award. It is with great pleasure that we share this award with everyone at Quay County.

McCasland was honored and privileged to attend these events where so many Quay County Employees were recognized for their dedicated commitment to serve the Citizens of Quay County.

ONGOING BUSINESS:

NEW BUSINESS:

Bryan Rinstine, Quay County DWI Coordinator presented the DWI quarterly report. A copy of the report is attached and made a part of these minutes.

Ellen White, Quay County Chief Deputy Clerk presented the second Occupation License 2016 notice.

White also informed Commissioners of important City Election Dates.

Curtis Simpson, Quay County Emergency Coordinator requested approval of FY2015-2016 Per Diem Grant Agreement. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the agenda. MOTION carried. A copy of the agreement is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

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

1. Crews bladed roads and finished fixing the remainder of the roads from the snow storm.
2. All blades are back in their areas and some of the equipment needed repairs.

3. Moore took pickup to D & A Auto for maintenance.
4. Moore, Richard and Darla met with DFA while in Santa Fe and everything is still on schedule with the CDBG Project.
5. Moore was voted in as Public Works Chairman and Darla Munsell as Secretary/Treasurer for Public Works Affiliate.
6. Moore had Bill Humphries and Tom Sidwell speak at Public Works meeting and they were very informative.

County Manager, Richard Primrose gave the following report:

Primrose presented the DWI Financial quarterly report. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the report. MOTION carried. A copy of the report is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES” Dowell – “YES” Cherry –“YES”

Primrose requested approval of DFA Quarterly Financial report. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the report. MOTION carried. A copy of the report is attached and made a part of these minutes.

Commissioners Voted:

McCasland – “YES” Dowell – “YES” Cherry –“YES”

Primrose requested approval of FY 2015-2016 Resolution 23 in support of NMAC Healthcare Policy Committee. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the resolution. 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 January Gross Receipt Tax Report.
2. Primrose thanked Cheryl Simpson and Julie Lafferty for being the Financial Director and doing a great job at winning the Audit Award.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to go into session as the Indigent Claim Board. MOTION carried.

Commissioners Voted:

McCasland – “YES”

Dowell – “YES”

Cherry – “YES”

Time noted 9:40 a.m.

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

Return to regular session. Time noted 9:43 a.m.

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

Commissioners Voted:

McCasland – “YES”

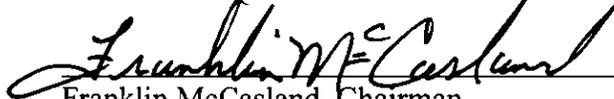
Dowell – “YES”

Cherry – “YES”

Other Quay County Business That May Arise During the Commission Meeting and /or Comments from the Commissioners. NONE

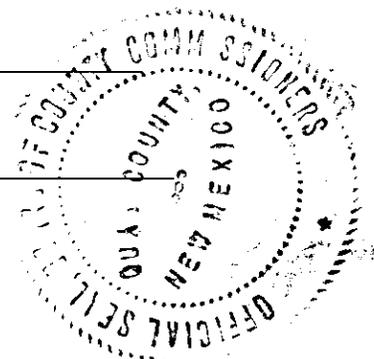
There being no further business, a MOTION was made by Mike Cherry, SECONDED by Sue Dowell to adjourn the regular meeting of the Board of Quay County Commissioners until the next regular meeting set for Monday, February 8, 2016 at 9:00 a.m. unless sooner called. MOTION carried. Time noted 9:45 a.m.

BOARD OF QUAY COUNTY COMMISSIONERS


Franklin McCasland, Chairman


Sue Dowell, Member


Mike Cherry, Member



ATTEST:


Veronica Marez, County Clerk

QUAY COUNTY DWI PROGRAM

STATISTICS

2nd Quarter Report

October 2015 thru December 2015

Total Number of Arrests: 15

DWI 1st: 13

DWI 2nd:

DWI 3rd:

DWI 4th: 1

DWI 5th or Subsequent: 1

Aggravated DWIs: 7

Average BAC: 0.28

Minimum: 0.23

Maximum: 0.31

Blood Draws: 7

Refusals: 2

Average Age: 33

Youngest: 18

Oldest: 61

Sex of Offenders

Male: 10

Female: 5

Accidents: 2

Fatalities: 0

Arrests by Agency:

New Mexico State Police: 8

Tucumcari Police Department: 7

Quay County Sheriff's Department:

Logan Police Department:

Ute Lake State Park:

Monthly Arrests

October: 5

November: 3

December: 7

FROM FINAL COURT DATES:

Number of Cases Completed: 14

Number of Convictions/Pleas: 12

Number of Dismissals: 2

Number of Offenders Placed on DWI Compliance: 12

DWI 1st: 11

DWI 2nd: 1

DWI 3rd:

DWI 4th:

DWI 5th of Subsequent:

Number of Offenders who Successfully Completed DWI Compliance: 6

Number of Offenders who Unsuccessfully Completed DWI Compliance: 2

Number of Community Service Hours Ordered: 264

Number of DWI Offenders Being Supervised: 48

Number of Misdemeanor Offenders Being Supervised: 72



**NEW MEXICO DEPARTMENT OF HOMELAND SECURITY
& EMERGENCY MANAGEMENT
Sub-Grant Agreement**

2015 Emergency Management Performance Grant Program
2015 Federal Grant No. EMW-2015-EP-00066-S01 CFDA No. 97.042

1. Sub-Grant No. EMW-2015-EP-00066-S01- Quay County	2. Recipient Quay County	3. FIDUCIARY Quay County	4. DFA VENDOR NUMBER/DUNS NUMBER 54395 / 040927808
5. Recipient Address Quay County P.O. Box 1246 Tucumcari, New Mexico 88401		6. Issuing Office and Address NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND HOMELAND SECURITY AND EMERGENCY MANAGEMENT PO BOX 27111 SANTA FE, NM 87502	
7. Effective Date of This Action October 1, 2015	8. DHSEM Grant Specialist: Merrill Miller		Phone: 505-476-0627 Fax: 505-476-9695 Email: dhsem.grants@state.nm.us
9. Termination Date August 31, 2016			
10. Funding: Total Federal Awarded Amount: \$1,000.00 Total Jurisdiction Matching Amount: \$1,000.00			
11. Grant Requirements, Assurances and Agreements: (see Grant Requirements, Assurances and Agreements) <i>The acceptance of a grant from the United States creates a legal duty on the part of the grantee to use the funds or property made available in accordance with the conditions of the grant through the State.</i>			
12. Special Conditions: Grant funds cannot be expended until these conditions have been met.			
<ol style="list-style-type: none"> 1. Award Amount is a funding allocation, and is not to be construed as expenditure authorizations or approvals. Grant program guidelines and Federal, State, and local contracting and procurement compliance requirements apply. 2. Quarterly financial and programmatic reports must be current in order for DHSEM to process requests for reimbursement. All expenses related to time, on both the quarterly financial report and the request for reimbursement must correlate to the specific performance period of the sub-grant agreement. 3. All EMPG sub-grantees must be NIMS compliant and must undergo a yearly NIMS site visit and complete their jurisdictions NIMS assessment on or before September 30, 2015. 4. All EMPG sub-grantees are required to develop a Multi-Year Training and Exercise Plan (TEP) and update it annually. 5. Local EOP's must be current within 2 - 3 years. 6. Local THIRA must be updated and submitted to DHSEM by May 30, 2016 7. <u>No backfill, overtime or meals will be reimbursed under this grant.</u> 			

13. Recipient is required to sign and return the original of this document, as well as the signed and accepted grant requirements, assurances and agreements to the Issuing Address in block 6, within 30 days from the date of issuance.

14. Signature of Jurisdiction Grant Specialist/Program Manager

Date: _____
 Phone: _____
 Fax: _____
 Email: _____

Printed Name:

15. Signature of Jurisdiction Chief Financial Officer

Date: _____
 Phone: _____
 Fax: _____
 Email: _____

Printed Name:

16. Signature of Jurisdiction Signatory Official

Date: _____
 Phone: _____
 Fax: _____
 Email: _____

Printed Name and Title:

17. DHSEM Signatory Official (Name and Title)

Date: _____

M. Jay Mitchell, DHSEM Cabinet Secretary

Grant Terms and Conditions

Quay County has been awarded \$1,000.00 which shall be used to support activities essential to the ability of states, territories, and urban areas to prepare for, prevent, and respond to terrorist attacks and other all-hazards events. The matching amount required for this grant is \$1,000.00.

The scope of work is as follows:

Project 1: Emergency Management – Per Diem

The performance period of this grant award is October 1, 2015 through August 31, 2016. Quay County cannot sub-grant any part of this award to any other entity or organization. All awards require confirmation within the first reporting quarter that expenditures in the budget category toward projects will be made, or DHSEM will execute de-obligation of the funds.

(A) Changes to Award: All change requests must be submitted in writing, or electronically to the DHSEM Grant Specialist, accompanied by a justification narrative and budget/spending plan, for review and approval. Changes must be consistent with the scope of the project and grant guidelines. Requests for changes will be considered only if the reporting requirements are current, and if terms and conditions have been met at the time the request. Changes in the programmatic activities, or purpose of the project, changes in key personnel specified on the grant award, contractual services for activities central to the purposes of the award, requests for additional funding, change in project site, or release of special conditions will result in an amendment to this award.

(B) NEPA/EHP Compliance; The recipient must provide information to DHSEM to assist with the legally-required environmental planning and historic preservation (EHP) review and to ensure compliance with the applicable EHP laws and Executive Orders (EO). These EHP requirements include but are not limited to National Environmental Policy Act, National Historic Preservation Act, Endangered Species Act, E 11988 Floodplain Management, EO 11990 Protection of Wetlands, and EO 12898 Environmental Justice. The recipient must comply with all Federal, State and Local EHP requirements and obtain applicable permits and clearances. Recipients shall not undertake any activity from the project that would result in ground disturbance, facility modification, or relates to the use of sonar equipment without the prior approval of FEMA. These include but are not limited to communications towers, physical security enhancements involving ground disturbance, new construction, and modifications to buildings that are 50 years old or older. Recipient must comply with all mitigation or treatment measures required for the project as the result of FEMA's EHP review. Any change to an approved project description will require re-evaluation for compliance with EHP requirements before the project can proceed. If ground disturbing activities occur during project implementation, the recipient must ensure monitoring of ground disturbance and if any potential archeological resources are discovered, the recipient will immediately cease construction in that area and notify FEMA and the appropriate State Historic Preservation Office. Initiation of these activities prior to completion of FEMA's EHP review will result in a non-compliance finding and may result in ineligibility of grant funding.

(C) Reporting Requirements: Quay County shall submit timely quarterly *Financial Progress Reports* to the Grant Specialist at DHSEM. For grant awards, the sub-recipient is required to submit a quarterly Performance Report to the Program Specialist within the Preparedness Bureau. Blank forms are located electronically at www.nmdhsem.org, and may be reproduced. Jurisdictions must check the web site quarterly for most current forms. **Use of outdated forms will not be accepted.** Quarterly reports are due: January 30, April 30, July 30, and October 30 for each calendar year the grant is open. The final report is due the following quarter after all funds have been reimbursed to the jurisdiction. *Financial Progress Reports* shall describe the status of the funds, show encumbrances, and receipts of program income, cash or in-kind contributions to the project, whether or not a local match is required. The *Final Narrative Report* is a summary report, evaluating project activities and measuring performance against project goals and objectives for the entire performance period, and is required *in addition* to the last quarterly report.

(D) Additional Reporting Requirements: The applicant must immediately report in writing to the DHSEM Grant Specialist any alleged acts or allegations of fraud or misappropriation of funds for work authorized under this Sub-Grant Agreement. This extends to reporting any legal action, lawsuit, bankruptcy, or other action that may jeopardize the successful completion of any authorized project.

(E) Reimbursements: Submission of a request for reimbursement must be accompanied by a financial report form. Reimbursement shall be based upon authorized and allowable expenditures consistent with project narrative and grant guidelines, and submission of timely *Financial Progress Reports*. Payments may be withheld pending correction of deficiencies. Reimbursement of expenditures may be requested at any time within the performance period. Expenditures must be supported with source documentation (e.g. copies of invoices, receipts, timesheets with name/wage/hours, cost allocation, warrants, etc.). Grant staff will not process reimbursement, until performance/fiscal quarterly reports are submitted.

- **Personnel Costs:** **FOR EMPG GRANTS ONLY – All time reported must correlate with the specific term of the sub-grant agreement. Payroll reports signed and certified by the chief financial officer that capture the employee name, position, coded allocation to the project, amount paid, are acceptable. Staff may not self-certify their own time and wages. The sub-recipient shall retain all supporting payroll records, including time and attendance records signed by the employee and supervisor and copies of warrants as per the recordkeeping requirements.**
- **Contracts:** All sole-source procurements, single vendor response to a competitive bid, and contracts over \$100,000 require DHSEM pre-approval prior to implementation. Requests for reimbursement for contractual services must be accompanied by the relevant contract.
- **Local Match:** Local matching funds must clearly support the source, the amount, and the timing of all matching contributions.
- **Equipment:** Allowable equipment categories are listed on the web-based Authorized Equipment List (AEL) on the Responder Knowledge Base (RKB) at www.rkb.mipt.org. Documentation required per instructions attached to DHSEM quarterly reports.
- **Travel:** **All reimbursable travel must be pre-approved by DHSEM 30 days prior to travel date.**
- **Per Diem:** Reimbursements for local jurisdictions cannot exceed the rates of the New Mexico Mileage and Per Diem Act.
- **Training:** Requires DHSEM pre-approval 30 days prior to registering or participating in training opportunities.
- **Exercise:** Requires submission of an After-Action Report/Improvement Plan within 30 days after conduct of the exercise.
- **Food and Beverages:** Per National Preparedness Directorate (NPD) allowances, food and/or beverage expenses provided by recipients are allowable costs if:
 - (1) The food and/or beverages are provided to participants at training sessions, meetings, or conferences that are allowable activities under the NPD program guidelines; and
 - (2) Expenses incurred for food and/or beverages, and provided at training sessions, meetings, or conferences, satisfy the following tests:
 - (a) The cost of the food and/or beverages provided is considered to be reasonable;
 - (b) The food and/or beverages provided are subject of a work-related event and work continues after meals are served;
 - (c) Participation by all participants is mandatory; and
 - (d) The food and/or beverages provided are not related directly to amusement and/or social event. **(Any event where alcohol is being served is considered a social event; therefore, costs associated with the event are not allowed).**

(F) Non-reimbursable Expenses:

- Transfer of funds between any programs (SHSP, LETPP, CCP, MMRS)
- Contracts, single vendor response to a competitive bid, and procurements > \$100,000 not pre-approved by DHSEM
- Sole source contracts and procurements not pre-approved by DHSEM
- Training and related travel costs not pre-approved by DHSEM
- Construction and renovation
- Indirect costs (p. 5, Financial Progress Report)
- Supplanting (using federal funds to purchase items previously budgeted for with state or local funds)
- Maintenance and/or wear and tear costs of general use vehicles and emergency response apparatus.
- Equipment purchased for an exercise cannot be used for permanent installation and/or beyond the scope of an exercise.
- Hiring of sworn public safety officers to fill traditional public safety duties or to supplant traditional public safety positions and responsibilities
- Weapons and ammunition
- Entertainment and sporting events
- Personal items such as laundry, personal hygiene items, magazines, in-room movies, personal travel, personal phone calls
- Travel insurance, visa, and passport charges
- Lodging costs in excess of State per diem, as appropriate
- Lunch when travel is wholly within a single day
- Stand-alone working meals
- Bar charges, alcoholic beverages
- Finance, late fees, or interest charges
- Lobbying, political contributions, legislative liaison activities
- Organized fund-raising, including salaries of persons while engaged in these activities
- Land acquisition
- Expenditures not supported with appropriate documentation when submitted for reimbursement. Only properly documented expenditures will be processed for payment. Unsupported expenditures will be returned to the jurisdiction for resubmission.

(G) Property and Equipment Management: The sub-recipient shall maintain an effective property management system; safeguards to prevent loss, damage or theft; maintenance procedures to keep equipment in good condition; and disposition procedures. A *Property Inventory Report* is available at www.nmdhsem.org and shall be submitted to DHSEM annually each **January 30** with the *Financial Progress Report* during the performance period, and continued submission is required annually until final disposition of the equipment. The sub-recipient shall, when practical, prominently display the following on any equipment purchased with award funds: ***Purchased with funds provided by the U.S. Department of Homeland Security.*** No equipment purchased with these grant funds may be assigned to other entities or organizations without the expressed approval in writing from DHSEM, prior to the jurisdiction's encumbrance or expenditure for that equipment.

(H) Procurement: Procurement shall comply with local procurement policies and procedures, and conform to applicable State and Federal law and the standards identified in the Procurement Standards Sections of *28 CFR Parts 66 and 70, and 2 CFR Part 215 "Uniform Administrative Requirements for Grants and Cooperative Agreements with State and Local Governments."* Contractors that develop or draft specifications, requirements, Statements of Work, and/or Requests for Proposals (RFP) for a proposed procurement shall be excluded from bidding or submitting a proposal to compete for the award of such procurement. Local bidder's preference is not allowed for federally funded procurements. Procurement transactions shall be conducted to provide maximum open and free competition. **Each sole-source procurement, single vendor response to a competitive bid, and all purchases require prior approval of DHSEM.**

(I) Contracts: Any contract entered into during this grant period shall comply with local, State and Federal government contracting regulations. Contracts for professional and consultant services must include local, State and Federal government required contract language, a project budget, and require pre-approval by DHSEM prior to implementation. Contract deliverables must meet the intent of the grant application and grant requirements. Justification is required for compensation for individual consultant services, which must be reasonable and consistent with the amount paid for similar services in the market place. Detailed invoices and time and effort reports are required for consultants.

(J) Publications: Publications created with funding under this grant shall prominently contain the following statement: *This Document was prepared under a sub-grant from the U.S. Department of Homeland Security, and the New Mexico Department of Homeland Security and Emergency Management. Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Homeland Security or the State of New Mexico.*

(K) Audit Requirements: As the Federal grant recipient, the State of New Mexico requires a sub-recipient expending \$750,000 or more in Federal funds in the organization's fiscal year to conduct an organization-wide audit in accordance with *OMB Circular A-133*. **Quay County** will permit the State of New Mexico Grant and Program officials and auditors to have access to the sub-recipient's and third-party contractors' records and financial statements as necessary for the State of New Mexico to comply with *OMB Circular A-133*. Copies of audit findings must be submitted to DHSEM within 30 days after **Quay County** receives its audit report, or within a 9-month period of the grant closeout date, whichever is earlier, in accordance with 2 AAC 45.010. Include the Federal agency name, program, grant number, and year; the CFDA title and number; and the name of the pass-through agency.

(L) Recordkeeping Requirements: Grant financial and administrative records shall be maintained for a period of three (3) years following the date of the closure of the grant award, or audit if required. Time and effort, personnel and payroll records for all individuals reimbursed under the award must be maintained. Property and equipment records shall be maintained for a period of three (3) years following the final disposition, replacement or transfer of the property and equipment.

(M) Performance Measures: Quarterly *Progress Reports* shall demonstrate performance and progress relative to: Acceptable performance on applicable critical tasks in Exercises using approved scenarios

1. Progress in achieving project timelines and milestones
2. Percent measurable progress toward completion of project
3. How funds have been expended during reporting period, and explains expenditures related to the project

(N) Sub-recipient Monitoring Policy: Periodic monitoring is required to ensure that program goals, objectives, timelines, budgets and other related program criteria are being met. DHSEM reserves the right to periodically monitor, review and conduct analysis of the financial, programmatic and administrative policies and procedures such as, accounting for receipts and expenditures, cash management, maintaining adequate financial records, means of allocating and tracking costs, contracting and procurement policies and records, payroll records and means of allocating staff costs, property/equipment management system(s), progress of project activities, etc. This may include desk and field audits. Technical assistance is available from DHSEM staff.

(O) Penalty for Non-Compliance: For the reasons listed below, special conditions may be imposed, reimbursements may be partially or wholly withheld, the award may be wholly or partly suspended or terminated, or future awards, reimbursements and award modifications may be withheld. DHSEM may institute the following, but is not limited to, withholding authority to proceed to the next phase of a project, requiring additional or more detailed financial reports, additional project monitoring, and/or establish additional prior approvals. DHSEM shall notify the sub-recipient of its decision in writing stating the nature and the reason for imposing the conditions/restrictions, the corrective action required and timeline to remove them, and the method of requesting reconsideration of the imposed conditions/restrictions. The sub-recipient must respond within 5 days of receipt of notification.

- a. Unwillingness or inability to attain project goals
- b. Unwillingness or inability to adhere to Special Conditions listed in Block 12
- c. Failure or inability to adhere to grant guidelines and federal compliance requirements
- d. Improper procedures regarding contracts and procurements
- e. Inability to submit reliable and/or timely reports
- f. Management systems which do not meet federal required management standards

(P) Termination for Cause: If performance is not occurring as agreed, the award may be reduced or terminated without compensation for reduction or termination costs. DHSEM will provide 5 days notice to the sub-recipient stating the reasons for the action, steps taken to correct the problems, and the commencement date of the reduction or termination. DHSEM will reimburse the sub-recipient only for acceptable work or deliverables, necessary and allowable costs incurred through the date of reduction or termination. Final payment may be withheld at the discretion of DHSEM until completion of a final DHSEM review. Any equipment purchased under a terminated grant may revert to DHSEM at the option of DHSEM.

(Q) Termination for Convenience: This Agreement may be terminated without cause by either of the parties upon written notice delivered to the other party at least 30 days prior to the intended date of termination. A termination pursuant to this provision does not nullify a party's obligations for performance or liabilities for failure to perform already incurred prior to the date of termination. Any project may be terminated upon convenience, in whole or in part, for the convenience of the Government. The U.S. Department of Homeland Security (USDHS) and the DHSEM, by written notice, may terminate this grant, in whole or in part, when it is in the Government's interest. Allowable costs obligated and/or incurred through the date of termination shall be reimbursed. Any equipment purchased under a terminated grant may revert to DHSEM at the option of DHSEM.

(R) Project Implementation: Due to the competitiveness of the Homeland Security grant program, approved projects shall be ready-to-go. Project implementation shall begin within the first reporting quarter.

- a. If a project cannot be operational within the first reporting quarter of the approved award date, the sub-grantee must submit a written statement signed by the signatory officials to DHSEM, justifying the implementation delay, expected starting date, and a formal request to extend the project start date past the first reporting quarter. At the discretion of DHSEM, the grant award is subject to cancellation and funds may be de-obligated and reallocated to other projects.

Grant Requirements, Assurances and Agreements (continued from Section 11 of the Award)

(A) The performance period for this grant award is **October 1, 2015 through August 31, 2016**. Monies may not be obligated outside of this time period. An obligation occurs when funds are encumbered, as with a purchase order and/or commitment of salaries and benefits. All obligated and encumbered funds must be liquidated within 45 days of the end of the performance period when the *Final Progress Reports* are due.

(B) The sub-recipient shall comply with the requirements and restrictions of the 2014 State Emergency Management Performance Grant Guidance and State Guidelines. By signing this obligating award document, the sub-recipient certifies it has read, understood and accepted these documents as binding.

(C) The signature of the signatory officials on this award certifies that all financial expenditures, including all supporting documentation submitted for reimbursement, have been incurred by the jurisdiction, and are eligible and allowable expenditures consistent with the grant guidelines for this project. The sub-recipient shall follow the financial management requirements imposed on them by DHSEM, which includes the requirements of U.S. Department of Homeland Security.

(D) The signature of the signatory officials on this award attests to understanding, acceptance, and compliance with **Lobbying; Debarment, Suspension and other responsibility matters; Drug-free Workplace; Conflict of Interest, and Non-Supplanting certifications. Federal funds will not be used to supplant State or local funds. Federal funds must be used to supplement existing funds to augment program activities, and not replace those funds which have been appropriated in the budget for the same purpose. Potential supplanting may be the subject of application and pre-award, post-award monitoring, and audit.**

(E) Jurisdiction shall ensure the accounting system used allows for separation of fund sources. These grant funds cannot be commingled with funds from other federal, state or local agencies, and each award is accounted for separately.

(F) Jurisdiction shall comply with Federal Civil Rights Laws and Regulations: *Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, Age Discrimination Act of 1975, Americans with Disabilities Act of 1991*. Jurisdiction will take reasonable steps to ensure Limited English Proficient (LEP) persons have meaningful access to its programs and activities. *Executive Order 13347 Individuals with Disabilities in Emergency Preparedness* requires government to support safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism.

(G) Jurisdiction certifies that it has an Affirmative Action Plan/Equal Employment Opportunity Plan (for USDHS/DOJ grants). An EEO is not required for recipients of less than \$25,000.00 or fewer than 50 employees.

(H) Jurisdiction certifies that its employees are eligible to work in the U.S. as verified by Form I-9, Immigration & Naturalization Service Employment Eligibility.

- (I)** It is the responsibility of Jurisdiction as the recipient of these federal funds to fully understand and comply with the requirements of:
- a. Office of Management and Budget (OMB) Circular A-102, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments (also known as the "A-102 Common Rule"). These A-102 requirements are also located within DHS regulations at Title 44, Code of Federal Regulations (CFR) Part 13.
 - b. OMB Circular A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations, relocated to 2 CFR Part 215.

The cost principles that apply to DHS award recipients through a grant cooperative agreement originate from one of the following sources:

- c. OMB Circular A-21, Cost Principles for Educational Institutions, relocated to 2 CFR Part 220.
- d. OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal
- e. Governments, relocated to 2 CFR Part 225.
- f. OMB Circular A-122, Cost Principles for Non-Profit Organizations, relocated to 2 CFR Part 230.

The audit requirements for State, Local and Tribal recipients of DHS awards originate from:

- g. OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations.

The above requirements are found at: www.whitehouse.gov/omb/circulars/index.html

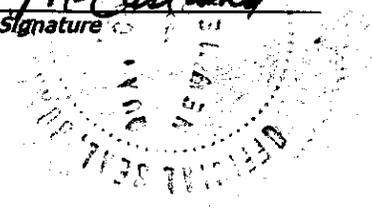
- h. OGO *Financial Guide* www.dhs.gov/dhspublic/interweb/assetlibrary/Grants_FinancialManagementGuide.pdf
- i. New Mexico State Procurement Code <http://www.conwaygreene.com/nmsu/lpext.dll?f=templates&fn=main-h.htm&2.0>
- j. New Mexico Administrative Code Title 2 – Public Finance <http://www.nmcpr.state.nm.us/NMAC/title02/title02.htm>

We certify we have read, understood, and accept the Grant Terms and Conditions, the Grant Requirements, and Assurances and Agreements, in accordance with this Award.

Grant Specialist's/Program Manager's Signature

Michael D. Smith
Chief Financial Officer's Signature

Franklin McCustand
Signatory Official's Signature



LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report

Payment Request No.: **2**

I. A. Grantee: Quay County
 B. Address: P.O. Box 1246
 Tucuman, N.M. 86401
 C. Telephone No.: (505) 461-2112
 D. Grant No.: 16-D-J-G-21 Amendment #1

32940.28

Budget Categories	Approved Budget			Expenditures Year to Date			Expenditures This Request		
	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Expenditures
ADMINISTRATIVE*									
Personnel Services			0.00	979.66	0.00	979.66			489.83
Employee Benefits			0.00	0.00	0.00	0.00			0.00
Travel	0.00	0.00	0.00	0.00	0.00	0.00			0.00
Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00			0.00
Operating Expenses	0.00	0.00	0.00	0.00	0.00	0.00			0.00
PROGRAM									
Personnel Services	26,650.00		26,650.00	6,843.45	2,691.91	9,535.36	4,338.93	1,576.66	5,915.59
Employee Benefits	8,478.00	0.00	8,478.00	2,515.29	1,094.57	3,609.86	1,489.68	649.48	2,139.16
Travel (In-State)			0.00	0.00	0.00	0.00			0.00
Travel (Out-of-State)	0.00	0.00	0.00	0.00	0.00	0.00			0.00
Supplies	46.00	4,469.00	4,515.00	0.00	480.19	480.19		52.65	52.65
Operating Costs			0.00	0.00	0.00	0.00			0.00
Contractual Services	9,500.00		9,500.00	2,374.98	0.00	2,374.98	2,374.98		2,374.98
Minor Equipment		0.00	0.00	0.00	0.00	0.00			0.00
Capital Outlay*	0.00	0.00	0.00	0.00	0.00	0.00			0.00
TOTAL EXPENDITURES	44,674.00	4,469.00	49,143.00	11,733.72	5,246.33	16,980.05	8,203.59	2,768.62	10,972.21

10,972.21

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

Tax ID No.: **85-6000238**

[Signature]
 Grantee Fiscal Officer
 Date: **1-15-16**

[Signature]
 Grantee Representative
 Date: **1/15/16**

(DFA) Local Government Division Use Only

Division Fiscal Officer _____ Date _____
 Division Project Representative _____ Date _____

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

Grantee: Quay County
 Project No.: 16-D-J-G-21 Amendment #1
 Request No. 2

Total Grant Funds Requested This Request: 8,203.59
 Total Matching Funds Reported This Request: 2,768.62
 Total Expenditures Reported This Request: 10,972.21

Grant Expenditures:

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Prevention	26,764.00	6,736.27	10,266.40
Enforcement			0.00
Screening			0.00
Domestic Violence			0.00
Treatment: Outpatient/Jailbased		0.00	0.00
Compliance Monitoring/Tracking	17,910.00	1,467.32	1,467.32
Coordination, Planning & Evaluation			0.00
Alternative Sentencing			0.00
Totals:	<u>44,674.00</u>	<u>8,203.59</u>	<u>11,733.72</u>

In-Kind/Match Expenditures:

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Prevention	2,677.00	2,278.79	4,756.50
Enforcement			0.00
Screening			0.00
Domestic Violence			0.00
Treatment: Outpatient/Jailbased			0.00
Compliance Monitoring/Tracking	1,792.00	489.83	489.83
Coordination, Planning & Evaluation			0.00
Alternative Sentencing			0.00
Totals:	<u>4,469.00</u>	<u>2,768.62</u>	<u>5,246.33</u>

Total Expenditures This Reimbursement: 10,972.21 10972.21
 Total Expenditures Year to Date: 16,980.05 16980.05

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

Shirley A. Paris
 Name

Manager
 Title

11/15/16
 Date

Exhibit G

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Quay County
Project No.: 16-D-J-G-21
Request No.: 2

Total Grant Funds Requested This Request: 8,203.59
Total Matching Funds Reported This Request: 2,768.62
Total Expenditures Reported This Request: 10,972.21

Grant or Distribution Expenditures:

ADMINISTRATIVE

Administrative expenses are not allowed.

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Date of Check</u>	<u>Amount</u>	<u>Explanation</u>
9/20/15-10/3/15	Susan Lease	Preventionist	Direct Deposit	10/8/2015	436.99	
10/4/15-10/17/15	Susan Lease	Preventionist	Direct Deposit	10/22/2015	436.99	
10/18/15-10/31/15	Susan Lease	Preventionist	Direct Deposit	11/5/2015	436.99	
11/1/15-11/14/15	Susan Lease	Preventionist	Direct Deposit	11/19/2015	436.99	
11/15/15-11/28/15	Susan Lease	Preventionist	Direct Deposit	12/3/2015	466.99	
11/29/15-12/12/15	Susan Lease	Preventionist	Direct Deposit	12/17/2015	436.99	
12/13/15-12/26/15	Susan Lease	Preventionist	Direct Deposit	12/31/2015	436.99	
11/29/15-12/12/15	Andrea Shafer	Admin Assistant	Direct Deposit	12/17/2015	480.00	
12/13/15-12/26/15	Andrea Shafer	Admin Assistant	Direct Deposit	12/31/2015	770.00	
Total Personnel Services:					<u>4,338.93</u>	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Date of Check</u>	<u>Amount</u>	<u>Explanation</u>
9/20/15-10/3/15	Susan Lease	Preventionist	Direct Deposit	10/8/2015	199.06	
10/4/15-10/17/15	Susan Lease	Preventionist	Direct Deposit	10/22/2015	199.06	
10/18/15-10/31/15	Susan Lease	Preventionist	Direct Deposit	11/5/2015	199.06	
11/1/15-11/14/15	Susan Lease	Preventionist	Direct Deposit	11/19/2015	199.06	
11/15/15-11/28/15	Susan Lease	Preventionist	Direct Deposit	12/3/2015	201.35	
11/29/15-12/12/15	Susan Lease	Preventionist	Direct Deposit	12/17/2015	199.06	
12/13/15-12/26/15	Susan Lease	Preventionist	Direct Deposit	12/31/2015	75.71	
11/29/15-12/12/15	Andrea Shafer	Admin Assistant	Direct Deposit	12/17/2015	84.87	
12/13/15-12/26/15	Andrea Shafer	Admin Assistant	Direct Deposit	12/31/2015	132.45	
Total Employee Benefits:					<u>1,489.68</u>	

Travel (In-State)

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

Travel (Out-of-State)

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

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

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>

Exhibit G

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Quay County
Project No.: 16-D-J-G-21
Request No.: 2

Total Grant Funds Requested This Request: 8,203.59
Total Matching Funds Reported This Request: 2,768.62
Total Expenditures Reported This Request: 10,972.21

In-Kind/Match Expenditures:

ADMINISTRATIVE expenses are allowed for in-Kind Match only.

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Oct, Nov, Dec	Richard Primrose	Reporting		263.05	
Oct, Nov, Dec	Cheryl Simpson	Bookkeeping		115.90	
Oct, Nov, Dec	Sheryl Chambers	Bookkeeping		110.88	
Total Personnel Services:				<u>489.83</u>	

Employee Benefits

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

Travel

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

Contractual Services

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

Operating Costs

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

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
9/20/15-10/3/15	Susan Lease	Preventionist	Direct Deposit	223.05	NMDOT Grant 25%
10/4/15-10/17/15	Susan Lease	Preventionist	Direct Deposit	223.05	NMDOT Grant 25%
10/18/15-10/31/15	Susan Lease	Preventionist	Direct Deposit	223.05	NMDOT Grant 25%
11/1/15-11/14/15	Susan Lease	Preventionist	Direct Deposit	223.05	NMDOT Grant 25%
11/15/15-11/28/15	Susan Lease	Preventionist	Direct Deposit	238.36	NMDOT Grant 25%
11/29/15-12/12/15	Susan Lease	Preventionist	Direct Deposit	223.05	NMDOT Grant 25%
12/13/15-12/26/15	Susan Lease	Preventionist	Direct Deposit	223.05	NMDOT Grant 25%
Total Personnel Services:				<u>1,576.66</u>	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
9/20/15-10/3/15	Susan Lease	Preventionist	Direct Deposit	101.61	NMDOT Grant 25%
10/4/15-10/17/15	Susan Lease	Preventionist	Direct Deposit	101.61	NMDOT Grant 25%
10/18/15-10/31/15	Susan Lease	Preventionist	Direct Deposit	101.61	NMDOT Grant 25%

11/1/15-11/14/15	Susan Lease	Preventionist	Direct Deposit	NMDOT Grant 25%	<u>101.61</u>
11/15/15-11/28/15	Susan Lease	Preventionist	Direct Deposit	NMDOT Grant 25%	<u>102.78</u>
11/29/15-12/12/15	Susan Lease	Preventionist	Direct Deposit	NMDOT Grant 25%	<u>101.89</u>
12/13/15-12/26/15	Susan Lease	Preventionist	Direct Deposit	NMDOT Grant 25%	<u>38.37</u>

Total Employee Benefits: 649.48

Travel (In-State)

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

Travel (Out-of-State)

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

Supplies

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
NMDOT Grant	9/25/2015	Shiple Systems	Student Supplies	177	<u>34.75</u>	
NMDOT Grant	9/19/2015	USPO	Postage	183	<u>17.90</u>	
					<u>0.00</u>	
Total Supplies:					<u>52.65</u>	

Operating Costs

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

Contractual Services

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

Minor Equipment

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

Capital Outlay

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

Total In-Kind/ Matching Reimbursement Request: 2,768.62

Check: 2768.62

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required / matching funds have been spent / obligated in the reported amount, and that copies of all required documentation I certify that the items listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program. I certify that all payment requests listed are not funded by any other funding source and that the service provider shall not bill this grant/distribution fund and any other funding source for the same service provided to the same client at the same time.

Paul D. Smith
Name

MANAGER
Title

Exhibit G - Page 3
in-Kind/Match
Date
11/15/16

**EXHIBIT E
Fees Collected Summary**

Grantee:	Quay County
Address:	P. O. Box 1246
	Tucumcari, NM 88401

Component	FY16	Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	Quarter Ending Balance
	Beginning Balance (From FY15 Ending Balance)			
Prevention				\$ -
Enforcement				\$ -
Screening	\$ 5,431.30	\$ 639.76	\$ 1,438.87	\$ 4,632.19
Domestic Violence				\$ -
Treatment	\$ 3,972.82	\$ 8.25		\$ 3,981.07
Compliance Monitoring/Tracking	\$ 12,059.62	\$ 3,254.23	\$ 4,732.93	\$ 10,580.92
Coordination, Planning & Evaluation	\$ 5,972.14	\$ 691.10		\$ 6,663.24
Alternative Sentencing				\$ -
Totals	\$ 27,435.88	\$ 4,593.34	\$ 6,171.80	\$ 25,857.42

Component	Q1 Ending Balance	Q2		Quarter Ending Balance
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	
Prevention	\$ -			\$ -
Enforcement	\$ -			\$ -
Screening	\$ 4,632.19	\$ 550.15	\$ 30.00	\$ 5,152.34
Domestic Violence	\$ -			\$ -
Treatment	\$ 3,981.07	\$ 8.39		\$ 3,989.46
Compliance Monitoring/Tracking	\$ 10,580.92	\$ 4,118.94	\$ 3,733.30	\$ 10,966.56
Coordination, Planning & Evaluation	\$ 6,663.24	\$ 407.43		\$ 7,070.67
Alternative Sentencing	\$ -			\$ -
Totals	\$ 25,857.42	\$ 5,084.91	\$ 3,763.30	\$ 27,179.03

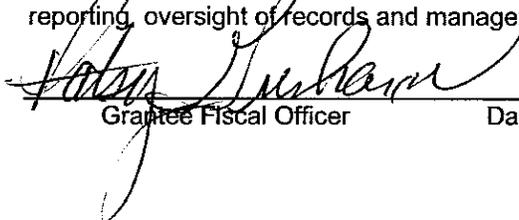
Component	Q2 Ending Balance	Q3		Quarter Ending Balance
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	
Prevention	\$ -			\$ -
Enforcement	\$ -			\$ -
Screening	\$ 5,152.34			\$ 5,152.34
Domestic Violence	\$ -			\$ -
Treatment	\$ 3,989.46			\$ 3,989.46
Compliance Monitoring/Tracking	\$ 10,966.56			\$ 10,966.56
Coordination, Planning & Evaluation	\$ 7,070.67			\$ 7,070.67
Alternative Sentencing	\$ -			\$ -
Totals	\$ 27,179.03	\$ -	\$ -	\$ 27,179.03

--	--	--	--	--

Component	Q3 Ending Balance	Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	Quarter Ending Balance
Prevention	\$ -			\$ -
Enforcement	\$ -			\$ -
Screening	\$ 5,152.34			\$ 5,152.34
Domestic Violence	\$ -			\$ -
Treatment	\$ 3,989.46			\$ 3,989.46
Compliance Monitoring/Tracking	\$ 10,966.56			\$ 10,966.56
Coordination, Planning & Evaluation	\$ 7,070.67			\$ 7,070.67
Alternative Sentencing	\$ -			\$ -
Totals	\$ 27,179.03	\$ -	\$ -	\$ 27,179.03

Component	FY16 Beginning Balance (From FY15 Ending Balance)	Total Fee Summary and Re-Kind		
		Dollar Amt Collected in Fees	Dollar Amt of Fees Spent for DWI	Fiscal Year Fee Ending Balance
Prevention	\$ -	\$ -	\$ -	\$ -
Enforcement	\$ -	\$ -	\$ -	\$ -
Screening	\$ 5,431.30	\$ 1,189.91	\$ 1,468.87	\$ 5,152.34
Domestic Violence	\$ -	\$ -	\$ -	\$ -
Treatment	\$ 3,972.82	\$ 16.64	\$ -	\$ 3,989.46
Compliance Monitoring/Tracking	\$ 12,059.62	\$ 7,373.17	\$ 8,466.23	\$ 10,966.56
Coordination, Planning & Evaluation	\$ 5,972.14	\$ 1,098.53	\$ -	\$ 7,070.67
Alternative Sentencing	\$ -	\$ -	\$ -	\$ -
Totals	\$ 27,435.88	\$ 9,678.25	\$ 9,935.10	\$ 27,179.03

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


 Grantee Fiscal Officer Date 1-15-16


 Grantee Representative

Distribution Fund Financial Status Report
Local DWI Grant Fund

Financial Status Report No.: 2

I. Program Name: Quay County	II. Distribution Computation:	III. Distribution Balance Computation:
B. Address: P.O. Box 1246 Tucuman, N.M. 88401	A. September: 23,483.72	A. Current Yr. Distribution Year To Date: \$42,812.33
C. Telephone No.: (575) 461-2112	B. December: 19,328.61	B. Current Yr. Expenditures To Date: \$37,550.92
D. Grant No.: 16-D-J-D-21	C. March: 0.00	C. Current Expenditures This Period: \$19,355.19
	D. June: 0.00	D. Distribution Balance: \$5,261.41
	E. Total Year To Date: 42,812.33	IV. Report Period Ending: 31-Dec-15

5281.41

Budget Categories	Approved Budget		Expenditures Year to Date		Expenditures This Request		
	Distribution Funds	In/Kind Match	Total Budget	In/Kind Match	Distribution Funds	In/Kind Match	Total Expenditures
ADMINISTRATIVE*							
Personnel Services	51,524.00	5,066.00	56,590.00	9,256.28	13,942.05	4,879.99	18,822.04
Employee Benefits	13,050.00	0.00	13,050.00	3,597.04	3,224.56	1,948.45	5,173.01
Travel (In-State)	2,000.00	0.00	2,000.00	1,430.31	370.67		370.67
Contractual Services	0.00	0.00	0.00	0.00	0.00		0.00
Operating Expenses	0.00	0.00	0.00	0.00	30.87		30.87
PROGRAM							
Personnel Services	1,000.00	0.00	1,000.00	92.03	8,791.48	2,263.30	4,050.34
Employee Benefits	5,840.00	11,389.00	17,229.00	3,912.91	1,787.04	1,500.00	1,500.00
Travel (In-State)	0.00	0.00	0.00	0.00	0.00		0.00
Supplies	0.00	0.00	0.00	0.00	0.00		0.00
Operating Costs	0.00	3,600.00	3,600.00	5,003.32	0.00		0.00
Contractual Services	2,586.00	0.00	2,586.00	0.00	0.00		0.00
Minor Equipment	0.00	0.00	0.00	0.00	0.00		0.00
Capital Outlay*	0.00	0.00	0.00	0.00	0.00		0.00
TOTAL EXPENDITURES	76,000.00	22,700.00	98,700.00	23,038.65	37,550.92	11,226.29	30,581.48
			60,589.57		19,355.19		30,581.48

Per. Serv. 634.55
Empl. Ben. 0.00
Travel In 0.00
Contract 0.00
Operating 0.00

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

[Signature] 1-15-16
Date

[Signature] 1/15/16
Date

Tax ID No.: 85-6000238

Grantee Fiscal Officer

Grantee Representative

Local Government Division Fiscal Officer _____ Date _____
Local Government Division Project Representative _____ Date _____

LOCAL DWI GRANT FUND
Distribution Fund Financial Status Report
Breakdown By Program Component Expenditures F(1)

Program: Quay County
 Project No.: 16-D-JD-21
 Report No. 2

Total Distribution Funds Reported This Period 19,355.19
 Total Matching Expenditures Reported This Period 11,226.29
 Total Expenditures Reported This Period 30,581.48

Distribution Expenditures:

Prevention	<u>Budget</u>	<u>YTD</u>
Enforcement	17,481.00	9,104.97
Screening	0.00	0.00
Domestic Violence	0.00	0.00
Treatment:Outpatient/Jailbased	0.00	0.00
Compliance Monitoring/Tracking	42,301.00	21,193.42
Coor, Plan & Eval	16,218.00	7,252.53
Alternative Sentencing	0.00	0.00
Totals:	<u>76,000.00</u>	<u>37,550.92</u>

In-Kind/Match Expenditures:

Prevention	<u>Budget</u>	<u>YTD</u>
Enforcement	0.00	0.00
Screening	0.00	0.00
Domestic Violence	0.00	0.00
Treatment:Outpatient/Jailbased	0.00	0.00
Compliance Monitoring/Tracking	22,700.00	23,038.65
Coor, Plan & Eval	0.00	0.00
Alternative Sentencing	0.00	0.00
Totals:	<u>22,700.00</u>	<u>23,038.65</u>

Total Expenditures This Reimbursement: 30,581.48
 Total Expenditures Year to Date: 60,589.57

Checks:

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

Shirley A. Stone
 Name

M. A. Mays
 Title

11/15/16
 Date

Exhibit G

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Quay County
Project No.: 16-D-J-D-21
Request No.: 2

Total Grant Funds Requested This Request: 19,355.19
Total Matching Funds Reported This Request: 11,226.29
Total Expenditures Reported This Request: 30,581.48

Grant or Distribution Expenditures:

ADMINISTRATIVE

Administrative expenses are not allowed.

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Date of Check</u>	<u>Amount</u>	<u>Explanation</u>
9/20/15-10/3/15	Bryan Riestine	DWI Coordinator	Direct Deposit	10/8/2015	1,481.71	
10/4/15-10/17/15	Bryan Riestine	DWI Coordinator	Direct Deposit	10/22/2015	1,481.71	
10/18/15-10/31/15	Bryan Riestine	DWI Coordinator	Direct Deposit	11/5/2015	1,481.71	
11/1/15-11/14/15	Bryan Riestine	DWI Coordinator	Direct Deposit	11/19/2015	1,481.70	
11/15/15-11/28/15	Bryan Riestine	DWI Coordinator	Direct Deposit	12/3/2015	1,576.71	
11/29/15-12/12/15	Bryan Riestine	DWI Coordinator	Direct Deposit	12/17/2015	1,481.71	
12/13/15-12/26/15	Bryan Riestine	DWI Coordinator	Direct Deposit	12/31/2015	1,481.71	
9/20/15-10/3/15	Susan Lease	Preventionist	Direct Deposit	10/8/2015	491.62	
10/4/15-10/17/15	Susan Lease	Preventionist	Direct Deposit	10/22/2015	491.62	
10/18/15-10/31/15	Susan Lease	Preventionist	Direct Deposit	11/5/2015	491.62	
11/1/15-11/14/15	Susan Lease	Preventionist	Direct Deposit	11/19/2015	491.62	
11/15/15-11/28/15	Susan Lease	Preventionist	Direct Deposit	12/3/2015	525.37	
11/29/15-12/12/15	Susan Lease	Preventionist	Direct Deposit	12/17/2015	491.62	
12/13/15-12/26/15	Susan Lease	Preventionist	Direct Deposit	12/31/2015	491.62	
Total Personnel Services:					<u>13,942.05</u>	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Date of Check</u>	<u>Amount</u>	<u>Explanation</u>
9/20/15-10/3/15	Bryan Riestine	DWI Coordinator	Direct Deposit	10/8/2015	254.86	
10/4/15-10/17/15	Bryan Riestine	DWI Coordinator	Direct Deposit	10/22/2015	254.86	
10/18/15-10/31/15	Bryan Riestine	DWI Coordinator	Direct Deposit	11/5/2015	254.86	
11/1/15-11/14/15	Bryan Riestine	DWI Coordinator	Direct Deposit	11/19/2015	254.86	
11/15/15-11/28/15	Bryan Riestine	DWI Coordinator	Direct Deposit	12/3/2015	262.13	
11/29/15-12/12/15	Bryan Riestine	DWI Coordinator	Direct Deposit	12/17/2015	256.61	
12/13/15-12/26/15	Bryan Riestine	DWI Coordinator	Direct Deposit	12/31/2015	254.86	
9/20/15-10/3/15	Susan Lease	Preventionist	Direct Deposit	10/8/2015	223.96	
10/4/15-10/17/15	Susan Lease	Preventionist	Direct Deposit	10/22/2015	223.96	
10/18/15-10/31/15	Susan Lease	Preventionist	Direct Deposit	11/5/2015	223.96	
11/1/15-11/14/15	Susan Lease	Preventionist	Direct Deposit	11/19/2015	223.96	
11/15/15-11/28/15	Susan Lease	Preventionist	Direct Deposit	12/3/2015	226.54	
11/29/15-12/12/15	Susan Lease	Preventionist	Direct Deposit	12/17/2015	224.58	
12/13/15-12/26/15	Susan Lease	Preventionist	Direct Deposit	12/31/2015	84.56	
Total Employee Benefits:					<u>3,224.56</u>	

Travel (In-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
10/20 Santa Fe	Grant Council	10/20/2015	Bryan Riestine	323	168.67	Mileage
11/5 Logan	6 & 7 Grades	11/5/2015	Susan Lease	131	25.25	Mileage
11/9-12 Logan	6, 7 & 8 Grades	11/30/2015	Susan Lease	394	101.00	Mileage
11/16-19 Logan	6, 7 & 8 Grades	11/30/2015	Susan Lease	395	75.75	Mileage

Total Travel (In-State): 370.67

Travel (Out-of-State)

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

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

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
	12/15/2015	Tucumcari Lumber	Supplies	285	<u>30.87</u>	
Total Supplies:					<u>30.87</u>	

*Prevention Giveaways/Promotional Items

Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
October	10/1/2015	Xerox	Copier	98	<u>43.58</u>	
October	10/1/2015	Neopost USA		374	<u>14.29</u>	
November	11/1/2015	Xerox	Copier	86	<u>12.72</u>	
November	11/18/2015	Quill Corp		109	<u>643.74</u>	
December	12/1/2015	Xerox	Copier	289	<u>12.72</u>	
October	10/15/2015	NMAC	Training	290	<u>175.00</u>	
October	10/1/2015	USPO	Postage	82	<u>88.00</u>	
October	10/14/2015	Mail Finance	Postage	346	<u>59.51</u>	
October	10/28/2015	Clovis Media	Advertising	313	<u>79.49</u>	
November	11/30/2015	Clovis Media	Advertising	227	<u>79.49</u>	
October	10/2/2015	Xcel Energy	Electricity	199	<u>101.94</u>	
November	11/2/2015	Xcel Energy	Electricity	212	<u>62.75</u>	
December	12/3/2015	Xcel Energy	Electricity	135	<u>55.09</u>	
October	12/15/2015	NM Gas	Gas	331	<u>58.00</u>	
November	11/13/2015	NM Gas	Gas	419	<u>58.00</u>	
December	12/11/2015	NM Gas	Gas	403	<u>58.00</u>	
October	10/1/2015	City of Tucumcari	Water	15	<u>92.36</u>	
November	11/24/2015	City of Tucumcari	Water	9	<u>92.36</u>	
Total Operating Costs:					<u>1,787.04</u>	

Contractual Services

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

Minor Equipment

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

Capital Outlay

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

Total Grant Fund Reimbursement Request: 19,355.19

Check: 19355.19

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented,
required / matching funds have been spent / obligated in the reported amount, and that copies of all required documentation
attached or on file for review. The documentation for this payment is true and reflects correct copies of the originals.
I certify that the items listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program.
I certify that all payment requests listed are not funded by any other funding source and that the service provider shall not bill this
grant/distribution fund and any other funding source for the same service provided to the same client at the same time.


Name


Title


Date

Exhibit G

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Quay County
 Project No.: 16-D-J-D-21
 Request No.: 2

Total Grant Funds Requested This Request: 19,355.19
 Total Matching Funds Reported This Request: 11,226.29
 Total Expenditures Reported This Request: 30,581.48

In-Kind/Match Expenditures:

ADMINISTRATIVE expenses are allowed for in-Kind Match only.

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Oct, Nov, Dec	Richard Primrose	Reporting		368.27	
Oct, Nov, Dec	Cheryl Simpson	Finance Director		139.08	
Oct, Nov, Dec	Sheryl Chambers	Bookkeeping		127.20	
Total Personnel Services:				<u>634.55</u>	

Employee Benefits

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

Travel

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

Contractual Services

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

Operating Costs

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

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
October	DWI Council		3	75.00	
November	DWI Council		0	0.00	
December	DWI Council		3	75.00	
9/20/15-10/3/15	Susan Lease	Preventionist	Direct Deposit	669.15	NMDOT Grant 75%
10/4/15-10/17/15	Susan Lease	Preventionist	Direct Deposit	669.15	NMDOT Grant 75%
10/18/15-10/31/15	Susan Lease	Preventionist	Direct Deposit	669.15	NMDOT Grant 75%
11/1/15-11/14/15	Susan Lease	Preventionist	Direct Deposit	669.15	NMDOT Grant 75%
11/15/15-11/28/15	Susan Lease	Preventionist	Direct Deposit	715.09	NMDOT Grant 75%
11/29/15-12/12/15	Susan Lease	Preventionist	Direct Deposit	669.15	NMDOT Grant 75%
12/13/15-12/26/15	Susan Lease	Preventionist	Direct Deposit	669.15	NMDOT Grant 75%

Total Personnel Services: 4,879.99

Total In-Kind/ Matching Reimbursement Request:

Check: 11226.29

11,226.29 Exhibit G - Page 3
In-Kind/Match

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required / matching funds have been spent / obligated in the reported amount, and that copies of all required documentation I certify that the items listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program. I certify that all payment requests listed are not funded by any other funding source and that the service provider shall not bill this grant/distribution fund and any other funding source for the same service provided to the same client at the same time.

Paul D. Rennie
Name

MANAGER
Title

1/15/16
Date

**FY 2015-2016
QUAY COUNTY
RESOLUTION NO. 23**

In Support of NMAC Healthcare Policy Committee

WHEREAS, New Mexico counties care greatly about health care for their local citizens and value their local hospitals, particularly in rural areas; and

WHEREAS, counties have long played an integral role in providing health care services for their indigent residents; and

WHEREAS, for nearly 20 years counties have worked collaboratively with their local community hospitals in helping fund the Sole Community Provider program and in coordinating health care for their local citizens; and

WHEREAS, the Sole Community Provider program has now been replaced by the Safety Net Care Pool (SNCP), which provides funding for community hospitals for Medicaid base rate increases and uncompensated care; and

WHEREAS, the counties' role under the SNCP has been significantly diminished and their financial contribution to the SNCP no longer has any relationship to the funds disseminated by the Human Services Department (HSD) to the counties' respective community hospitals; and

WHEREAS, finding a solution to funding the SNCP requires communication and cooperation among the various stakeholders—counties, hospitals, and the state, in both the legislative and executive branches.

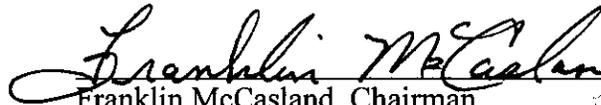
NOW THEREFORE BE IT RESOLVED THAT the Quay County Board of Commissioners along with the New Mexico Association of Counties strongly opposes any legislation that imposes a further financial obligation for counties to fund the SNCP and hospitals; and

BE IT FURTHER RESOLVED THAT the Quay County Board of Commissioners along with the New Mexico Association of Counties will endorse and support legislation which protects Counties' autonomy and discretion over the use of County imposed Indigent Health Care gross receipts tax revenues; and

BE IT FURTHER RESOLVED THAT the Quay County Board of Commissioners along with the New Mexico Association of Counties supports mandatory County participation as a critical stakeholder and primary funding source in all discussions and planning with the New Mexico Human Services Department regarding any and all funding methods to secure the future of safety net care pool for local hospitals both public and private.

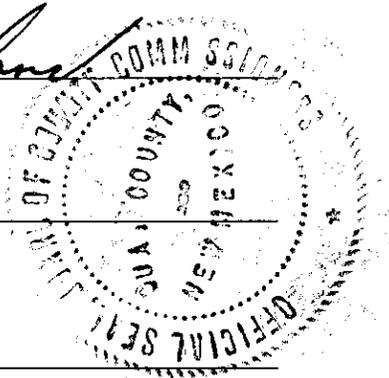
PASSED, ADOPTED, SIGNED AND APPROVED by the Quay County Board of Commissioners in regular session, this 25th day of January, 2016.

BOARD OF QUAY COUNTY COMMISSIONERS


Franklin McCasland, Chairman


Sue Dowell, Member


Mike Cherry, Member



ATTEST:


Veronica Marez, Quay County Clerk