



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

AGENDA
REGULAR SESSION
QUAY COUNTY BOARD OF COMMISSIONERS
OCTOBER 22, 2018

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session October 8, 2018

Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

- I. **C. Renee Hayoz, Presbyterian Medical Services, Administrator**
 - Presentation of **Monthly RPHCA Reports**
- II. **Andrea Shafer, DWI Coordinator**
 - Request Approval of **DWI Program Statistics – 1st Quarterly Report**
- III. **Larry Moore, Quay County Road Superintendent**
 - Request Approval for **FY 2018-2019 Resolution No. 9 – Participation in Local Government Road Fund Program Administered by NMDOT**
 - **Road Update**
- IV. **Cheryl Simpson, Quay County Finance Director**
 - Request Approval of the **Quarterly DFA Report**
 - Request Approval of the **Quarterly DWI Distribution Financial Report**
 - Request Approval of the **Quarterly DWI Grant Financial Report**
- V. **Richard Primrose, Quay County Manager**
 - **Correspondence**



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Quay County, NM Ellen White - County Clerk, County Cle



VI. Indigent Claims Board

- Call Meeting to Order
- Request Approval of Indigent Minutes for the September 24, 2018 Meeting
- Request Approval October 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

IX. 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
- Pursuant to Section 10-15-1(H) 8. Discussion of the Purchase, Acquisition or Disposal of Real Property or Water Rights

X. Franklin McCasland, Quay County Commission Chairman

- Proposed action, if any, from Executive Session

Adjourn

Lunch-Time and Location to be Announced

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

October 22, 2018

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 22nd day of October, 2018 at 9:00 a.m. in the Quay County Commission Chambers, 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
Ellen L. White, County Clerk
Richard Primrose, County Manager

OTHERS PRESENT:

Larry Moore, Quay County Road Superintendent
Janic Hoffman, Quay County Assessor-Elect
Daniel Zamora, Quay County Emergency Management
Andrea Shafer, Quay County DWI Coordinator
Renee Hayoz, Presbyterian Medical Services Administrator; Angie Coburn; PMS
Director of Services; Myla Mirdo, PMS Provider
Ron Warnick, Quay County Sun
Cheryl Simpson, Quay County Manager's Office

Chairman Franklin McCasland called the meeting to order. Daniel Zamora led the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the October 8, 2018 regular session as presented. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye"

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the agenda as presented. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye".

PUBLIC COMMENTS: None

ONGOING BUSINESS: NONE

NEW BUSINESS:

Renee Hayoz, PMS Administrator presented the monthly RPHCA Reports for the month of September. A copy of this Report is attached and made a part of the minutes.

In attendance with Hayoz was Angie Coburn, PMS Director and the new provider at the local clinic, Myla Mirdo. The Commissioners welcomed Mirdo to Quay County.

Andrea Shafer, DWI Coordinator presented the 1st Quarterly Report for July, 2018 through September 2018. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the Report. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy is attached to these minutes.

Larry Moore, Quay County Road Superintendent requested approval of Resolution No. 9; Request for extension of Project No. SB-7731(957)18. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve Resolution No. 9. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy is attached to these minutes.

Moore presented the following road updates for Quay County:

1. Quay Road AI will be closed a portion of two days this week or next for the fog seal treatment and striping.
2. Waiting for letter of donation regarding the millings for the San Jon area projects, from the NM Department of Transportation.
3. Crews are blading following the recent rainfall.

Commissioner Dowell stated the cattle guard on Quay Road AF in the State Highway R-O-W has been repaired by someone. Primrose responded by stating he brought the issue up at the recent EPCOG meeting and they too are interested in a solution. Several counties represented said they are constantly at odds with the State over this issue.

Dowell requested the County continue to pursue a solution to this problem through the legislative process, EPCOG and NM Counties.

Dowell asked Moore and/or Primrose to contact Ted and Judy Rush regarding the condition of Quay Road AG and AB near their residence.

Chairman McCasland passed on a thank you to the road crews from James Vance for recent work on the roads in his area.

Cheryl Simpson, Quay County Finance Director requested approval of the following:

1. First Quarter DFA Report
2. First Quarter DWI Distribution Financial Report
3. First Quarter DWI Grant Financial Report

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the above described Reports. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy of these Reports is attached to these minutes.

Richard Primrose, Quay County Manager presented the following correspondence:

1. Presented the monthly Gross Receipts Tax Report for October.
2. Provided a flyer regarding the Burning Ring of Fire Cast Iron Exhibit from Tucumcari on display at the Amarillo Art Institute.
3. Next Board of Commissioners meeting will be on Friday, November 9 to allow for canvassing of the General Election.

Chairman McCasland called the Indigent Claims Board meeting to order. Time noted 9:35 a.m.

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

Return to regular session. 9:40 a.m.

ACCOUNTS PAYABLE:

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the expenditures included in the Accounts Payable Report ending October 18, 2018. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye".

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

Chairman McCasland requested a ten minute break. Time noted 9:45-9:55 a.m.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to go into Executive Session pursuant to the Open Meetings Act pursuant to Section 10-15-1(H)7 to discuss Threatened or Pending Litigation; Section 10-15-1(H)8 to discuss the Purchase, Acquisition or Disposal of Real Property or Water Rights. MOTION carried with Cherry voting "aye", McCasland voting "aye" and Dowell voting "aye".

Time noted 9:56 a.m.

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

Return to regular session. Time noted 10:30 a.m.

A MOTION was made by Mike Cherry, SECONDED by Sue Dowell stating only Threatened or Pending Litigation was discussed during Executive Session. MOTION carried with Cherry voting "aye", McCasland voting "aye" and Dowell voting "aye".

NO ACTION WAS TAKEN FOLLOWING EXECUTIVE SESSION.

There being no further business, a MOTION was made by Mike Cherry SECONDED by Sue Dowell to adjourn. MOTION carried with Cherry voting "aye", McCasland voting "aye" and Dowell voting "aye". Time noted 10:35 a.m.

Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS



Franklin McCasland

Sue Dowell

Sue Dowell

Mike Cherry

Mike Cherry

ATTEST:

Ellen L. White

Ellen L. White, County Clerk

Clinic/Program Name: Quay County Family Health Center
Month Reported: September 2018

Monthly RPHCA Narrative Report

Please provide brief but detailed information for the following questions. Answer all questions or mark N/A.

- 1. Please describe any changes in the types of services provided during the month reported. Describe any discussions about adding new services**

The clinic has been working with inter agency locums to provide assistance during the credentialing process for our new NP.

- 2. Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties?**

QCFHC is still utilizing inter agency locums to provide assistance in coverage.

- 3. Were there any changes in the encounters (+ or - 10%) from the previous month reported? Please explain any causes for the changes.**

Encounters have been averaging in the same area since operating with only one NP.

- 4. Please describe any changes in the staffing pattern (regardless of the position or the change in FTE).**

None.

- 5. Please describe recruitment efforts for any positions. Which positions? What actions have been taken?**

All positions have been filled. NP Myla Mirdo has been scheduled to start employment with PMS on 10/15/18.

- 6. Were there any changes to the hours? Explain.**

No changes were made. Hours continue to be 7:00 AM – 5:30 PM, Monday through Friday.

- 7. What efforts did you make to collaborate with local and statewide entities?**

-Administrator attended the Quay Co Commissioner Meeting on 09/24.

-The Senior Centers in the communities of House, San Jon and Tucumcari were visited and senior services were provided.

-Quay County Health Council meetings have resumed after the summer break. The meeting was attended on 09/13 by the Administrator.

- Meeting was held on 9/18 with local and only dentist in Quay County. Efforts are being made to collaborate services with his office, PMS and our patients. This meeting was attended by Administrator and Region Director.

-Staff attended and operated a booth at the annual Fired Up! Event on 09/29 in Tucumcari. The event was visited by over 1200 people.

8. Please describe any methods for increasing clinic utilization that your program and staff are engaging in.

Site continues to provide care at the Quay County Detention Center.

9. Please describe the outreach activities your program and staff provided to the community during the month reported.

- Health Council Meeting was attended; Administrator asked to be a 'Member at Large' meaning she would be an executive on the board.
- QCFHC has agreed to sponsor a water station for the 5K/10K Annual Walking event on October 6.
- QCFHC has been asked to participate in the Harding Co Wellness Fair on October 17.
- Membership was made to the Tucumcari Rattler Booster Club to support the Tucumcari Schools.
- Discussion was held with Asst Principal Burns in Logan to sponsor a banner that shows support for the Logan Longhorn student body.
- Donation was given to the Mesalands Community College. This donation will be used for the Annual Rodeo.
- San Jon activities director contacted PMS and asked for sponsorship for a Christmas Project to help the needy. This project is student body lead.
- House Schools have been contacted in regards to PMS supporting and promoting their schools. Return call has yet to be made.
- Membership dues were paid to the Tucumcari/Quay Co Chamber of Commerce.
- Flu Clinic was held at Quay Co Courthouse and Tucumcari Sr Center.
- Meeting was held with QuitNowNM to help with smoking cessation and utilizing promotions during community events.

10. Have you received any new funding? Are you aware of any new funding opportunities? Please describe any new initiatives or projects that have been implemented.

None at this time.

Please note the date of the last advisory board meeting AND THE AGENDA ITEMS DISCUSSED.

Meeting was held on **September 18, 2018**

PMS Board Report
Recruitment of New Members
Regional Goals
Clinic Update
Home Visiting Update

**RPHCA Program
Monthly Level of Operations Form**

revised 7/7/15

Organization Name: Presbyterian Medical Services		Contract #	18774	
Reporting Site: Quay County Family Health Center		Report Month/Year:	09/01/18	
Action Plan Item		Actual Monthly Level		
Level of Operations	Total Number of Primary Care Encounters		283	
	By Provider Type:			
	Physician Encounters		14	
	Midlevel Practitioner Encounters		198	
	Dentist Encounters			
	Dental Hygienist Encounters			
	Behavioral Health Encounters			
	All Other Licensed/Certified Provider Encounters		71	
	By Payment Source:			
	Sliding Fee Encounters - Medical/Behavioral Health		20	
	Sliding Fee Encounters - Dental			
	Medicaid Encounters - Medical/Behavioral Health		101	
	Medicaid Encounters - Dental			
	County Indigent Encounters			
Other 3 rd Party Encounters		63		
Medicare Encounters		97		
100% Self Pay (non-discounted/non-3 rd party) Encounters		2		
Unduplicated Number of Users	Total # of unduplicated users		116	
	At or Below Poverty		84	
	Between Poverty and 200% of Poverty		29	
	Above 200% of Poverty		3	
Staffing Level	Administrative Staff		3.2	
		Clinical FTEs	Admin FTEs	
	Physicians		0.05	0.15
	Certified Nurse Practitioners		1	
	Physician Assistants			
	Certified Nurse Midwives			
	Dentists			
	Dental Hygienists			
	Behavioral Health Professionals			
	Community Health Workers			
	Clinical Support Staff		2.2	
All Other Staff		0.5		
Prior Month's Primary Care Financial Information	Please enter the month being reported: June			
	Total Primary Care Revenues - all sources		65,003	
	Sliding Fee Revenues - Medical		2,915	
	Sliding Fee Revenues - Dental		0	
	Medicaid Revenues - Medical		20,330	
	Medicaid Revenues - Dental		0	
	County Indigent Fund Revenues		0	
	Other 3 rd Party Revenues		10,928	
	Medicare Revenues		7,916	
	100% Self Pay (non-discounted/non-3 rd party) Patient Revenues		153	
	Contracts/Grants Revenues (including RPHCA)		22,761	
	Total Primary Care Expenditures		61,701	
Total Primary Care Charges		59,798		
Sliding Fee Discounts- Medical		7,318		
Sliding Fee Discounts - Dental		0		
Prepared by: C Renee Hayoz		10/8/2018		

QUAY COUNTY DWI PROGRAM

STATISTICS

1st Quarter Report

July 2018 thru September 2018

Total Number of Arrests: 11

DWI 1st: 9

DWI 2nd: 0

DWI 3rd: 2

DWI 4th: 0

DWI 5th or Subsequent: 0

Aggravated DWIs: 8

Average BAC: .115

Minimum: .11

Maximum: .2

Blood Draws: 2

Refusals: 6

Average Age: 46

Youngest: 20

Oldest: 72

Sex of Offenders

Male: 9

Female: 2

Accidents: 2

Fatalities: 0

Arrests by Agency:

New Mexico State Police: 4

Tucumcari Police Department: 5

Quay County Sheriff's Department: 1

Logan Police Department: 0

Ute Lake State Park: 1

Monthly Arrests

July: 4

August: 3

September: 4

FROM FINAL COURT DATES:

Number of Cases Completed: 5
Number of Convictions/Pleas: 6
Number of Dismissals: 0

Number of Offenders Placed on DWI Compliance: 6

DWI 1st: 5
DWI 2nd: 0
DWI 3rd: 1
DWI 4th: 0
DWI 5th of Subsequent: 0

Number of Offenders who Successfully Completed DWI Compliance: 6
Number of Offenders who Unsuccessfully Completed DWI Compliance: 3
Number of Community Service Hours Ordered:168

Number of DWI Offenders Being Supervised: 29

Number of Misdemeanor Offenders Being Supervised: 43



QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

October 23, 2018

Mr. John Herrera
New Mexico Department of Transportation
PO Box 10
Las Vegas, NM, 87701

Dear Mr. Herrera,

Please accept this letter on behalf of Quay County requesting an extension on School Bus Project Agreement SB-7731(957)18. Quay County needs to extend this project until December 31, 2019 due to road and weather issues.

Attached is the formal resolution. I have included the dollar amount that each entity is responsible for. If you have any questions please feel free to contact me at 575-461-2112.

State share	\$ 99,136.00
County share	\$ 33,045.00
Total Project Amount	\$132,181.00

Sincerely,

Richard Primrose
County Manager



QUAY COUNTY GOVERNMENT

FISCAL YEAR 2018-2019

RESOLUTION NO. 9

PARTICIPATION IN LOCAL GOVERNMENT ROAD FUND PROGRAM
ADMINISTERED
BY NEW MEXICO DEPARTMENT OF TRANSPORTATION

WHEREAS, the Governing Body of Quay County has met in a Regular Meeting and proposes to approve and support a request for 1 year extension to jointly coordinated grant administered by the New Mexico Department of Transportation.

WHEREAS, Quay County and the New Mexico Department of Transportation have entered into a joint coordinated effort, and

WHEREAS, the Governing Body of Quay County does provide authorization and approval for an extension request of 1 year to 2019, Project No. SB-7731(957)18, Control No. L400328, Contract No. D15617, due to road and weather delays.

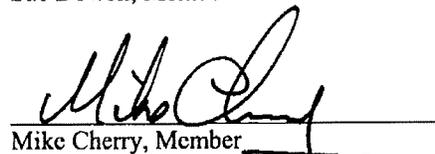
NOW, THEREFORE, it is respectfully requested that authorization be given of said request to the New Mexico Department of Transportation District 4 office for approval of said request.

Done this 22nd of October 2018, at Quay County.

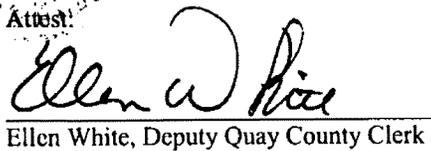
APPROVED AND ATTESTED:


Franklin McCasland, Chairman


Sue Dowell, Member


Mike Cherry, Member




Ellen White, Deputy Quay County Clerk

Contract No.	D15617
Vendor No.	54395
Project No.	SB-7731(957)18
Control No.	L400328

**FIRST AMENDMENT TO
LOCAL GOVERNMENT ROAD FUND
SCHOOL BUS ROUTE PROGRAM
COOPERATIVE AGREEMENT**

This **First Amendment** is to the Agreement entered into between the New Mexico Department of Transportation (Department) and the **Quay County** (Public Entity). This Amendment is effective as of the date of the last party to sign on the signature page.

RECITALS

Whereas, the Department and the Public Entity entered into an Agreement, Contract No. **D15617**, on **August 23, 2017**; and,

Whereas, Section 19 allows for modification of the Agreement by an instrument in writing executed by the parties; and,

Whereas, the Department and the Public Entity want to extend the term of the Agreement to allow for Project completion; and,

Whereas, the State Transportation Commission approved the Project changes on **May 18, 2017**; and,

Whereas, the parties agree to modify this Agreement.

Now, therefore, the Department and the Public Entity agree as follows:

6. Term.

This Agreement becomes effective upon signature of all parties. The effective date is the date when the last party signed the Agreement on the signature page below. This Agreement terminates on **December 31, 2019**. In the event an extension to the term is needed, the Public Entity shall provide written notice along with detailed justification to the Department sixty (60) days prior to the expiration date to ensure timely processing of an Amendment.

All other obligations set forth in the Original Agreement shall remain in full force and effect unless expressly amended or modified by this **First Amendment**.

In Witness Whereof, each party is signing this Agreement on the date stated opposite that party's signature.

New Mexico Department of Transportation

By: _____
Cabinet Secretary or Designee

Date: _____

Approved as to form and legal sufficiency by the New Mexico Department of Transportation's Office of General Counsel

By: _____
Assistant General Counsel

Date: _____

Quay County

By: Richard D. Primrose

Date: 10/24/2018

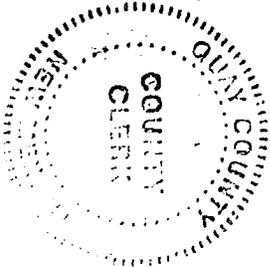
Name: Richard D Primrose

Title: County Manager

ATTEST:

By: Ellen L White
County Clerk

Date: 10/24/18



QUAY COUNTY
FISCAL YEAR: 2018-19
REPORT PERIOD: 09/18

FUND NUMBER AND TITLE	BEGINNING CASH BALANCE	REVENUES	TRANSFERS	EXPENDITURES	CHANGE IN BALANCE SHEET	ENDING CASH BALANCE
401 GENERAL FUND	919,701.49	278,035.11	(230,000.00)	495,037.61	1,681.92	474,380.91
402 ROAD FUND	285,364.48	152,856.17	(37,939.01)	224,036.57	6,798.01	183,043.08
403 FARM & RANGE FUND	307.87	.00	.00	.00	.00	307.87
406 HEALTH CARE ASSISTANCE FUND	187,660.88	91,870.86	.00	55,661.24	22,924.40	248,794.89
407 FIRE DISTRICT NO 1 FUND	30,015.20	92,175.98	(25,131.00)	9,805.51	.00	57,454.87
408 FIRE DISTRICT NO 2 FUND	136,595.84	38,960.01	(13,764.00)	3,488.99	.00	156,302.86
409 FIRE DISTRICT NO 3 FUND	165,094.01	42,128.40	(18,715.00)	2,884.13	.00	185,621.28
410 NARA VISA FIRE FUND	71,065.05	29,935.71	(13,343.00)	1,242.81	101.37	88,516.32
411 FORREST FIRE FUND	145,217.74	34,838.70	(8,619.00)	11,803.38	2,155.63	181,987.59
412 JORDAN FIRE FUND	118,327.20	81,497.48	(17,138.00)	1,318.49	41.38	181,409.55
413 BARD ENDEE FIRE FUND	172,511.45	83,187.66	(22,263.00)	1,996.26	83.44	231,503.29
414 EMERGENCY MEDICAL SERVS FUND	10,824.69	26,014.00	.00	2,818.87	5.68	34,025.50
415 QUAY FIRE DIST FUND	54,152.23	40,080.75	(18,463.00)	1,589.01	.00	74,200.97
418 FORRESTRY FIRE FUNDS	144,189.92	10,659.81	.00	9,977.23	.00	144,872.50
418 PORTER FIRE DEPT.	41,968.33	32,188.41	(12,346.00)	588.10	40.82	61,283.46
419 QUAY COUNTY EMERGENCY MANAG	4,178.90	10,684.91	.00	10,146.44	.00	4,715.37
420 QUAY COUNTY FIRE MARSHALL	63,961.88	28,498.83	.00	2,234.73	90.75	81,316.33
421 DETENTION CENTER	43,632.83	117,473.88	230,000.00	339,798.08	438.75	51,747.38
430 SAFETY NET CARE POOL FUND	.00	.00	30,565.87	30,565.87	.00	.00
431 COUNTY EMERGENCY COMMUNICAT	551,558.09	182,930.75	.00	87,894.43	.00	626,794.41
499 REAPPRAISAL FUND	81,754.55	4,271.01	.00	13,383.02	.00	72,642.54
501 HOSPITAL FUND	882,019.64	319,823.84	(30,565.87)	255,542.15	77.26	915,812.72
503 RURAL ADDRESSING FUND	73,110.34	420.63	.00	7,354.97	.00	66,176.00
516 ASAP - OTHER CHARGES	7,288.37	193.38	.00	.00	.00	7,481.73
520 TUC. DOMESTIC VIOLENCE PROGRA	12,027.93	970.28	.00	1,556.66	39.89	11,461.52
562 DEBT SERVICE	.00	.00	187,711.01	187,711.01	.00	.00
801 SEIZURE FUND	58.86	.23	.00	.00	.00	57.09
802 CONFISCATED/SEIZURE FUND	102.90	.00	.00	.00	.00	102.90
803 DRUG ENFORCEMENT FUND	357.97	1.41	.00	.00	.00	359.38
807 LAW ENFORCEMENT PROTECTION F	.00	23,800.00	.00	.00	.00	23,800.00
810 JUVENILE DET OFFICER FUND	49,599.07	.00	.00	2,921.28	.00	46,677.79
813 PRIMARY CARE CLINIC	146,042.04	36,995.92	.00	35,865.41	(5,775.00)	141,597.55
821 CLERK'S EQUIP REC FUND	22,582.40	2,895.17	.00	.00	.00	25,447.57
822 DWI DISTRIBUTION	8,205.47	25,115.75	.00	31,165.87	.00	2,155.35
823 ENVIRONMENTAL GROSS REC FUND	128,067.81	20,382.21	.00	.00	.00	146,450.02
824 DWI GRANT FUND	2,422.80	4,343.94	.00	1,517.80	.00	5,248.94
826 UNDERAGE DRINKING PREVENTION	817.80	10,182.40	.00	5,371.65	.00	5,628.35
828 MISDEMEANOR COURT COMPLIANCE	37,097.75	3,563.13	.00	3,828.96	.00	36,831.92
831 DWI PROBATION FEES	21,210.35	4,284.96	.00	4,180.69	.00	21,334.62
832 DWI SCREENING FEES	6,369.98	494.90	.00	.00	.00	6,864.88
833 DWI TREATMENT FEES	1,450.83	13.94	.00	.00	.00	1,464.77
834 DWI UA FEES	11,546.45	421.97	.00	25.00	.00	11,942.42
839 WILDLIFE SERVICES	4,721.03	.00	.00	.00	.00	4,721.03
849 COUNTY IMPROVEMENTS	2,098,253.19	4,345.68	.00	36,375.08	.00	2,064,223.69
850 ROAD EQUIPMENT FUND	189,433.74	.00	.00	.00	.00	189,433.74
855 CDBG - QUAY COUNTY	32,899.34	.00	.00	239.54	.00	32,859.80
856 CDBG PLANNING GRANT	288.82	19,810.41	.00	4,112.73	.00	15,987.50
GRAND TOTAL	6,950,033.11	1,787,124.23	.00	1,883,199.47	28,704.18	6,882,662.05

Amended

**State of New Mexico
Local Government Budget Management System (LGBMS)
Report Recap - Fiscal Year 2018-2019 - Quay County - FY2019 Q1**

Printed from LGBMS on 2018-10-17 16:19:25

Fund	Cash	Investments	Revenues	Transfers	Expenditures	Adjustments	Balance	Reserves	Adjusted Balance
11000 General Operating Fund	918,702.00	0.00	278,035.11	-230,000.00	495,037.61	0.00	472,699.50	0.00	472,699.50
20200 Environmental	126,068.00	0.00	20,382.21	0.00	0.00	0.00	146,450.21	0.00	146,450.21
20300 County Property Valuation	81,755.00	0.00	4,271.01	0.00	13,383.02	0.00	72,642.99	0.00	72,642.99
20400 County Road	285,365.00	0.00	152,856.17	-37,939.01	224,036.57	0.00	176,245.59	0.00	176,245.59
20600 Emergency Medical Services	10,825.00	0.00	25,014.00	0.00	2,818.87	0.00	34,020.13	0.00	34,020.13
20800 Farm & Range	306.00	0.00	0.00	0.00	0.00	0.00	308.00	0.00	308.00
20900 Fire Protection	988,909.00	0.00	454,477.73	-149,772.00	36,531.41	0.00	1,257,083.32	0.00	1,257,083.32
21100 Law Enforcement Protection	0.00	0.00	29,600.00	0.00	0.00	0.00	23,600.00	0.00	23,600.00
21800 Intergovernmental Grants	4,955.00	0.00	20,867.31	0.00	15,518.09	0.00	10,344.22	0.00	10,344.22
22000 Indigent Fund	187,661.00	0.00	91,870.85	0.00	55,661.24	0.00	223,870.61	0.00	223,870.61
22100 Hospital Gross Receipts Tax	882,020.00	0.00	319,823.84	(30,565.87)	255,542.15	0.00	946,301.69	0.00	946,301.69
22300 DWI Fund	10,629.00	0.00	29,459.89	0.00	32,683.67	0.00	7,405.02	0.00	7,405.02
22500 Clerks Recording & Filing Fund	22,563.00	0.00	2,885.17	0.00	0.00	0.00	25,448.17	0.00	25,448.17
22600 Jail - Detention	93,232.00	0.00	117,473.88	230,000.00	342,719.36	0.00	97,986.52	0.00	97,986.52
22700 County Emergency Communications and Medical & Behavioral Health GRT	551,559.00	0.00	162,930.75	0.00	87,694.43	0.00	626,795.32	0.00	626,795.32
29900 Other Special Revenue	465,573.00	0.00	58,020.52	+30,565.87	93,134.69	0.00	430,458.83	0.00	430,458.83
30200 CDBG (HUD) Project	33,190.00	0.00	19,810.41	0.00	4,352.27	0.00	48,648.14	0.00	48,648.14
30400 Road/Street Projects	189,434.00	0.00	0.00	0.00	0.00	0.00	189,434.00	0.00	189,434.00

915,735.82

461,014.70

39900 Other Capital Projects	2,096,254.00	0.00	4,345.58	0.00	36,375.08	0.00	2,064,224.50	0.00	2,064,224.50
40400 NMFA Loan Debt Service	0.00	0.00	0.00	187,711.01	187,711.01	0.00	0.00	0.00	0.00
Totals	6,950,042.00	0.00	1,787,124.23	0.00	1,863,199.47	0.00	6,853,966.76	0.00	6,853,966.76

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Distribution Fund Financial Status Report

Local DWI Program

Exhibit F

Financial Status Report No.: 1
 Distribution Balance: 1,750.13

A. Program Name: Quip County
B. Address: P.O. Box 1246
 P.O. Box 1246
 P.O. Box 1246
 P.O. Box 1246
C. Telephone No.: (578) 461-2132
D. Grant No.: 19-D-D-21

E. Distributions: Compensation
 A. September: 25,115.75
 B. December: 0.00
 C. March: 0.00
 D. June: 0.00
E. Total Year To Date: 25,115.75

F. Distributions: Other
 A. Current Yr. Distribution Year To Date: \$25,115.75
 B. Current Yr. Expenditures To Date: \$23,385.62
 C. Current Expenditures This Period: \$1,730.13
 D. Distribution Balance: \$1,730.13

Budget Categories	Approved Budget			Expenditures Year to Date			Expenditures This Period		
	Distribution Funds	In/Kind Match	Total Budget	Distribution Funds	In/Kind Match	Total Budget	Distribution Funds	In/Kind Match	Total Expenditures
ADMINISTRATIVE*									
Personnel Services	60,571.00	17,102.00	77,673.00	14,841.28	5,416.53	20,257.81	14,841.28	5,416.53	20,257.81
Employee Benefits	15,881.00	2,790.00	18,671.00	4,232.20	981.06	5,213.26	4,232.20	981.06	5,213.26
Travel (In-State)	4,000.00	0.00	4,000.00	627.39	0.00	627.39	627.39	0.00	627.39
Travel (Out-of-State)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Supplies	0.00	2,000.00	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Costs	4,873.00	6,000.00	10,873.00	3,684.75	1,500.00	5,184.75	3,684.75	1,500.00	5,184.75
Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Minor Equipment	0.00	0.00	0.00	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	0.00	0.00
TOTAL EXPENDITURES	85,325.00	33,918.00	119,243.00	23,385.62	9,356.84	32,741.46	23,385.62	9,356.84	32,741.46

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 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.

Cheryl Simpson
 Cheryl Simpson, Financial Director
 Program Fiscal Officer (Printed Name and Title)
 10/18/18
 Cheryl Simpson
 Program Fiscal Officer (Signature)

Richard Peimess
 Richard Peimess, County Manager
 Program Representative (Printed Name and Title)
 10/18/2018
 Richard Peimess
 Program Representative (Signature)

LOCAL DWI GRANT FUND

Distribution Fund Financial Status Report

Breakdown By Program Component Expenditures F(1)

Program: Quev County
 Project No 19-D-D-21
 Report No. 1

Total Distribution Reported This Quarter 23,385.62
 Total In-Kind/Match This Quarter 9,355.84
 Total Expenditures Reported This Quarter 32,741.46

Distribution Expenditures:

	Budget	This Request	YTD
Prevention	26,813.00	8,185.58	8,185.58
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	36,441.00	9,387.43	9,387.43
Coor, Plan & Eval	18,814.00	5,812.61	5,812.61
Alternative Sentencing	3,257.00		0.00
Totals:	85,325.00	23,385.62	23,385.62

In-Kind/Match Expenditures:

	Budget	This Request	YTD	Additional In-Kind/Match
Prevention	5,500.00	3,156.53	3,156.53	
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	21,046.00	4,086.02	4,086.02	
Coor, Plan & Eval	7,372.00	2,113.29	2,113.29	
Alternative Sentencing	0.00		0.00	
Totals:	33,918.00	9,355.84	9,355.84	0

Checks:
 Total Expenditures This Period 32,741.46
 Total Expenditures Year to Date: 32,741.46
 Total Additional In-Kind Match Year to Date: 0.00

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.

Cheryl Simpson
 Name

Finance Director
 Title

10/18/18
 Date

Exhibit G - Distribution
Detailed Breakdown By Budget Category
LOCAL DWI PROGRAM

Grantee: Quay County
 Project No.: 19-D-J-D-21
 Request No.: 1

Total Distribution This Quarter: 23,385.62
 Total In-Kind/Match This Quarter: 9,355.84
 Total Expenditures Reported This Request: 32,741.46

Distribution Expenditures:

ADMINISTRATIVE

Administrative expenses are not allowed.

PROGRAM

Personnel Services

Pay Period	Name	Job Title	Check Number	Amount	Component
7/1/2018-7/7/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 7/12/2018	450.00	Coordination
7/8/2018-7/21/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 7/28/2018	900.00	Coordination
7/22/2018-8/4/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 8/9/2018	900.00	Coordination
8/5/2018-8/18/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 8/23/2018	900.00	Coordination
8/19/2018-9/1/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 9/6/2018	900.00	Coordination
9/2/2018-9/15/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 9/20/2018	900.00	Coordination
7/1/2018-7/7/2018	Susan Lease	Preventionist	Direct Deposit 7/12/2018	922.40	Prevention
7/8/2018-7/21/2018	Susan Lease	Preventionist	Direct Deposit 7/28/2018	1,844.80	Prevention
7/22/2018-8/4/2018	Susan Lease	Preventionist	Direct Deposit 8/9/2018	701.02	Prevention
8/5/2018-8/18/2018	Susan Lease	Preventionist	Direct Deposit 8/23/2018	701.02	Prevention
8/19/2018-9/1/2018	Susan Lease	Preventionist	Direct Deposit 9/6/2018	701.02	Prevention
9/2/2018-9/15/2018	Susan Lease	Preventionist	Direct Deposit 9/20/2018	701.02	Prevention
7/1/2018-7/7/2018	Richard Marano	Compliance Officer	Direct Deposit 7/12/2018	480.00	Compliance
7/8/2018-7/21/2018	Richard Marano	Compliance Officer	Direct Deposit 7/28/2018	960.00	Compliance
7/22/2018-8/4/2018	Richard Marano	Compliance Officer	Direct Deposit 8/9/2018	720.00	Compliance
8/5/2018-8/18/2018	Richard Marano	Compliance Officer	Direct Deposit 8/23/2018	720.00	Compliance
8/19/2018-9/1/2018	Richard Marano	Compliance Officer	Direct Deposit 9/6/2018	720.00	Compliance
9/2/2018-9/15/2018	Richard Marano	Compliance Officer	Direct Deposit 9/20/2018	720.00	Compliance

Total Personnel Services: 14,841.28

Employee Benefits

Pay Period	Name	Job Title	Check Number	Amount	Component
7/1/2018-7/7/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 7/12/2018	78.98	Coordination
7/8/2018-7/21/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 7/28/2018	158.38	Coordination
7/22/2018-8/4/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 8/9/2018	158.38	Coordination
8/5/2018-8/18/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 8/23/2018	158.38	Coordination
8/19/2018-9/1/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 9/6/2018	158.38	Coordination
9/2/2018-9/15/2018	Andrea Shafer	DWI Coordinator	Direct Deposit 9/20/2018	158.11	Coordination
7/1/2018-7/7/2018	Susan Lease	Preventionist	Direct Deposit 7/12/2018	433.57	Prevention
7/8/2018-7/21/2018	Susan Lease	Preventionist	Direct Deposit 7/28/2018	866.02	Prevention
7/22/2018-8/4/2018	Susan Lease	Preventionist	Direct Deposit 8/9/2018	328.71	Prevention
8/5/2018-8/18/2018	Susan Lease	Preventionist	Direct Deposit 8/23/2018	328.71	Prevention
8/19/2018-9/1/2018	Susan Lease	Preventionist	Direct Deposit 9/6/2018	328.71	Prevention
9/2/2018-9/15/2018	Susan Lease	Preventionist	Direct Deposit 9/20/2018	328.88	Prevention
7/1/2018-7/7/2018	Richard Marano	Compliance Officer	Direct Deposit 7/12/2018	84.68	Compliance
7/8/2018-7/21/2018	Richard Marano	Compliance Officer	Direct Deposit 7/28/2018	167.22	Compliance
7/22/2018-8/4/2018	Richard Marano	Compliance Officer	Direct Deposit 8/9/2018	125.42	Compliance
8/5/2018-8/18/2018	Richard Marano	Compliance Officer	Direct Deposit 8/23/2018	125.42	Compliance
8/19/2018-9/1/2018	Richard Marano	Compliance Officer	Direct Deposit 9/6/2018	125.42	Compliance
9/2/2018-9/15/2018	Richard Marano	Compliance Officer	Direct Deposit 9/20/2018	127.15	Compliance

Total Employee Benefits: 4,232.20

Travel (In-State)

Date of Travel/Location	Purpose of Travel	Check Date	Name	Check Number	Amount	Component
7/31/2018 Santa Fe	Creating Substance	7/19/2018	Susan Lease	36531	242.13	Compliance

7/31/2018 Santa Fe Abuse Policy	8/9/2018	Susan Lease	36635	60.53	Compliance
9/4/2018 Alb Neurology of Drug	8/21/2018	Susan Lease	36700	259.78	Compliance
9/4/2018 Alb Training	9/6/2018	Susan Lease	36788	64.95	Compliance
Total Travel (In-State):				627.39	

<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>Component</u>
Total Travel (Out-of-State):						0.00

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Component</u>
*Prevention Giveaways/Promotional Items						
Total Supplies:						0.00

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Component</u>
July	7/19/2018	Xcel Energy	Electricity	36464	139.60	Compliance
August	8/9/2018	Xcel Energy	Electricity	36572	155.56	Compliance
September	9/14/2018	Xcel Energy	Electricity	36818	148.81	Compliance
July	7/19/2018	City of Tucumcari	Water	36399	97.14	Compliance
August	8/9/2018	City of Tucumcari	Water	36567	99.66	Compliance
September	9/14/2018	City of Tucumcari	Water	36724	99.66	Compliance
July	7/19/2018	New Mexico Gas Co.	Heating Fuel	36499	61.00	Compliance
August	8/9/2018	New Mexico Gas Co.	Heating Fuel	36686	61.00	Compliance
September	9/20/2018	New Mexico Gas Co.	Heating Fuel	36863	51.00	Compliance
Annual Premium	8/9/2018	NM County Ins Authority	Workers Comp	36622	1,898.97	Compliance
8/21/2018	9/6/2018	Franklin Jackson dba Jackson Glass	Building Repair	36754	874.35	Compliance
Total Operating Costs:						3,684.75

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

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

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

Total Distribution Expenditures for the Quarter: 23,385.62
 Check: 23385.62

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 are 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 DWM 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.

Cheryl Simpson
 Name

Finance Director
 Title

10/18/18
 Date

Exhibit G - Distribution In-Kind/Match

Detailed Breakdown By Budget Category LOCAL DWI PROGRAM

Grantee: Quay County
 Project No.: 19-D-J-D-21
 Request No.: 1

Total Distribution This Quarter: 23,386.62
 Total In-Kind/Match This Quarter: 9,355.84
 Total Expenditures Reported This Quarter: 32,741.46

In-Kind/Match Expenditures:

ADMINISTRATIVE

Personnel Services

Pay Period	Name	Job Title	Check Number	Amount	Component
July, Aug, Sept	Cheryl Simpson	Finance Director		887.15	
July, Aug, Sept	Sheryl Chambers	Bookkeeping		491.10	
September	Council Meeting	4		100.00	
Total Personnel Services:				1,458.25	

Employee Benefits

Pay Period	Name	Job Title	Check Number	Amount	Component
					Total Employee Benefits: 0.00

Travel

Date of Travel/Location	Purpose of Travel	Check Date	Name	Check Number	Amount	Component
					Total Travel: 0.00	

Contractual Services

Period Covered	Check Date	Vendor	Description	Check Number	Amount	Component
					Total Contractual Services: 0.00	

Operating Costs

Period Covered	Check Date	Vendor/Item	Description	Check Number	Amount	Component
					Total Operating Costs: 0.00	

PROGRAM

Personnel Services

Pay Period	Name	Job Title	Check Number	Amount	Component	
7/22/2018-8/4/2018	Susan Lease	Preventionist	Direct Deposit	8/9/2018	885.51	Prevention
8/5/2018-8/18/2018	Susan Lease	Preventionist	Direct Deposit	8/23/2018	885.51	Prevention
8/19/2018-9/1/2018	Susan Lease	Preventionist	Direct Deposit	9/6/2018	885.51	Prevention
7/22/2018-8/4/2018	Richard Marano	Compliance Officer	Direct Deposit	8/9/2018	240.00	Compliance
8/5/2018-8/18/2018	Richard Marano	Compliance Officer	Direct Deposit	8/23/2018	240.00	Compliance
8/19/2018-9/1/2018	Richard Marano	Compliance Officer	Direct Deposit	9/6/2018	240.00	Compliance
9/2/2018-9/15/2018	Richard Marano	Compliance Officer	Direct Deposit	9/20/2018	240.00	Compliance
7/1/2018-7/17/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	7/12/2018	300.00	Coordination
7/18/2018-7/21/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	7/26/2018	300.00	Coordination
7/22/2018-8/4/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	8/9/2018	300.00	Coordination
8/5/2018-8/18/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	8/23/2018	300.00	Coordination
8/19/2018-9/1/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	9/6/2018	300.00	Coordination
9/2/2018-9/15/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	9/20/2018	300.00	Coordination
Total Personnel Services:				5,416.53		

Employee Benefits

Pay Period	Name	Job Title	Check Number	Amount	Component	
7/22/2018-8/4/2018	Susan Lease	Preventionist	Direct Deposit	8/9/2018	415.21	Prevention
8/5/2018-8/18/2018	Susan Lease	Preventionist	Direct Deposit	8/23/2018	64.79	Prevention
7/22/2018-8/4/2018	Richard Marano	Compliance Officer	Direct Deposit	8/9/2018	41.80	Compliance

8/5/2018-8/18/2018	Richard Marano	Compliance Officer	Direct Deposit	8/23/2018	41.80	Compliance
8/19/2018-9/1/2018	Richard Marano	Compliance Officer	Direct Deposit	9/8/2018	41.80	Compliance
9/2/2018-9/15/2018	Richard Marano	Compliance Officer	Direct Deposit	9/20/2018	42.37	Compliance
7/1/2018-7/7/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	7/12/2018	52.12	Coordination
7/8/2018-7/21/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	7/26/2018	52.12	Coordination
7/22/2018-8/4/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	8/9/2018	52.12	Coordination
8/6/2018-8/18/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	8/23/2018	52.12	Coordination
8/19/2018-9/1/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	9/6/2018	52.12	Coordination
9/2/2018-9/15/2018	Andrea Shafer	DWI Coordinator	Direct Deposit	9/20/2018	52.89	Coordination
Total Employee Benefits:						981.06

Travel (In-State)

Date of Travel/Location	Purpose of Travel	Check Date	Name	Check Numbr	Amount	Component
Total Travel (In-State):						0.00

Travel (Out-of-State)

Date of Travel/Location	Purpose of Travel	Check Date	Name	Check Numbr	Amount	Component
Total Travel (Out-of-State):						0.00

Supplies

Date of Order	Check Date	Vendor/Item	Description	Check Numbr	Amount	Component
Total Supplies:						0.00

Operating Costs

Period Covered	Check Date	Vendor/Item	Description	Check Numbr	Amount	Component
July	7/19/2018	Quay County	Rent	38619	500.00	Compliance
August	8/9/2018	Quay County	Rent	38628	500.00	Compliance
September	9/8/2018	Quay County	Rent	38760	500.00	Compliance
Total Operating Costs:						1,500.00

Contractual Services

Period Covered	Check Date	Vendor	Description	Check Numbr	Amount	Component
Total Contractual Services:						0.00

Minor Equipment

Date of Order	Check Date	Vendor/Item	Description	Check Numbr	Amount	Component
Total Minor Equipment:						0.00

Capital Outlay

Date of Order	Check Date	Vendor/Item	Description	Check Numbr	Amount	Component
Total Capital Outlay:						0.00

Total In-Kind/ Match: 9,355.84

Check: 9355.84

<u>Additional In-Kind/Match</u>	<u>Total Amount</u>	<u>Fee Amount & Conditional Sources</u>
Prevention		
Enforcement		
Screening		
Domestic Violence		
Treatment: Outpatient/Jail based		
Compliance Monitoring/Tracking		
Coordination, Planning, & Evaluation		
Alternative Sentencing		

<u>Fees Collected Summary</u>	<u>All fees collect this reporting period</u>	<u>All fees spent this reporting period</u>
Prevention		
Enforcement		
Screening	\$ 494.90	
Domestic Violence		
Treatment: Outpatient/Jail based	\$ 13.94	
Compliance Monitoring/Tracking	\$ 4,284.96	\$ 4,160.09
Coordination, Planning, & Evaluation	\$ 421.97	\$ 25.00
Alternative Sentencing		

<u>To Be Completed First Quarter</u>	
<u>FY19 Beginning Fee Balance (Must Match Treasu)</u>	
Prevention	
Enforcement	
Screening	\$ 6,369.98
Domestic Violence	
Treatment: Outpatient/Jail	\$ 1,450.83
Compliance Monitoring/Tr	\$ 21,210.35
Coordination, Planning, &	\$ 11,845.45
Alternative Sentencing	\$

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 DWM 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.

Cheryl Simpson
Name

Finance Director
Title

10/18/18
Date

LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report

Exhibit D

Payment Request No.: 1

A. Grantee: Clay County
 B. Address: P.O. Box 1246
 Piquette, MI 48864
 C. Telephone No.: (517) 461-2113
 D. Grant No.: 19-D-G-21

Requested Compensation: \$10,000.00
 A. Grant Award: \$0.00
 B. Funds Received To Date: \$1,517.80
 C. Amount Requested This Payment: \$8,482.20
 D. Credit Balance: 30-Sep-18

8,482.20

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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	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	0.00	0.00
Contractual Services	0.00	0.00	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	0.00	0.00
PROGRAM									
Personnel Services	6,860.00	1,000.00	7,860.00	1,033.08	885.51	1,918.59	1,033.08	885.51	1,918.59
Employee Benefits	3,140.00	0.00	3,140.00	484.72	0.00	484.72	484.72	0.00	484.72
Travel (In-State)	0.00	0.00	0.00	0.00	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	0.00	0.00
Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Costs	0.00	0.00	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	0.00	0.00
Minor Equipment	0.00	0.00	0.00	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	0.00	0.00
TOTAL EXPENDITURES	10,000.00	1,000.00	11,000.00	1,517.80	885.51	2,403.31	1,517.80	885.51	2,403.31

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.

Cheyl Simpson
 Grantee Fiscal Officer (Printed Name and Title)
 Date: 10/18/18

Rubee Pelmore
 Grantee Representative (Printed Name and Title)
 Date: 10/18/2018

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

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

Exhibit D (1)

Grantee: Quay County
Project No.: 19-D-G-21
Request No. 1

Total Grant Funds Requested This Request: 1,517.80
Total In-Kind/Match This Request: 885.51
Total Expenditures Reported This Request: 2,403.31

Grant Expenditures:

	Budget
Prevention	10,000.00
Enforcement	0.00
Screening	0.00
Domestic Violence	0.00
Treatment: Outpatient/Jailbased	0.00
Compliance Monitoring/Tracking	0.00
Coordination, Planning & Evaluation	0.00
Alternative Sentencing	0.00
Totals:	10,000.00

	This Request	YTD
	1,517.80	1,517.80
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
Totals:	1,517.80	1,517.80

In-Kind/Match Expenditures:

	Budget
Prevention	1,000.00
Enforcement	0.00
Screening	0.00
Domestic Violence	0.00
Treatment: Outpatient/Jailbased	0.00
Compliance Monitoring/Tracking	0.00
Coordination, Planning & Evaluation	0.00
Alternative Sentencing	0.00
Totals:	1,000.00

	This Request	YTD	Additional In-Kind/Match
	885.51	885.51	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
Totals:	885.51	885.51	0.00

Total Expenditures This Reimbursement: 2,403.31
Total Expenditures Year to Date: 2,403.31
Total Additional In-Kind Match Year to Date: 0.00

Check
2,403.31
2,403.31

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.

Cheryl Simpson
Name

Finance Director
Title

10/18/18
Date

Exhibit G - Grant
Detailed Breakdown By Budget Category
LOCAL DWI GRANT PROGRAM

Grantee: Quay County
 Project No.: 19-D-J-G-21
 Request No.: 1

Total Grant Funds Requested This Request: 1,517.80
 Total In-Kind/Match This Request: 886.51
 Total Expenditures Reported This Request: 2,403.31

Grant 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>Amount</u>	<u>Component</u>
7/22/2018-8/4/2018	Susan Lease	Preventionist	Direct Deposit	8/9/2018 258.27	Prevention
8/5/2018-8/18/2018	Susan Lease	Preventionist	Direct Deposit	8/23/2018 258.27	Prevention
8/19/2018-9/1/2018	Susan Lease	Preventionist	Direct Deposit	9/6/2018 258.27	Prevention
9/2/2018-9/15/2018	Susan Lease	Preventionist	Direct Deposit	9/20/2018 258.27	Prevention
Total Personnel Services:					1,033.08

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Component</u>
7/22/2018-8/4/2018	Susan Lease	Preventionist	Direct Deposit	8/9/2018 121.10	Prevention
8/5/2018-8/18/2018	Susan Lease	Preventionist	Direct Deposit	8/23/2018 121.10	Prevention
8/19/2018-9/1/2018	Susan Lease	Preventionist	Direct Deposit	9/6/2018 121.10	Prevention
9/2/2018-9/15/2018	Susan Lease	Preventionist	Direct Deposit	9/20/2018 121.42	Prevention
Total Employee Benefits:					484.72

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>Component</u>
Total Travel (In-State):						0.00

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>Component</u>
Total Travel (Out-of-State):						0.00

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>Component</u>
*Prevention Giveaways/Promotional Items						
Total Supplies:						0.00

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>Component</u>
Total Operating Costs:						0.00

Contractual Services

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Component</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>Component</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>Component</u>
					Total Capital Outlay:	<u>0.00</u>

Total Grant Fund Reimbursement Request: 1,517.80
Check: 1517.80

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 are 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.

Cheryl Simpson
Name

Finance Director
Title

10/18/18
Date

Exhibit G - Grant In-Kind/Match

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Quay County
 Project No.: 19-D-J-G-21
 Request No.: 1

Total Grant Funds Requested This Request: 1,517.80
 Total In-Kind/Match This Request: 885.51
 Total Expenditures Reported This Request: 2,403.31

In-Kind/Match Expenditures:

ADMINISTRATIVE

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Component</u>
9/22/2018-9/15/2018	Susan Lease	Preventionist	Direct Deposit	885.51	Prevention
Total Personnel Services:					885.51

Employee Benefits

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

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>Component</u>
Total Travel:						0.00

Contractual Services

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

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>Component</u>
Total Operating Costs:						0.00

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Component</u>
Total Personnel Services:					0.00

Employee Benefits

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

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>Component</u>
Total Travel (In-State):						0.00

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>Component</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>Component</u>
					Total Supplies:	<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>Component</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>Component</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>Component</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>Component</u>
					Total Capital Outlay:	<u>0.00</u>

Total In-Kind/ Match: 885.51
 Check: 885.51

<u>Additional In-Kind/Match</u>	<u>Total Amount</u>	<u>Fee Amount & Source</u>	<u>Additional Sources</u>
Prevention			
Enforcement			
Screening			
Domestic Violence			
Treatment: Outpatient/Jail based			
Compliance Monitoring/Tracking			
Coordination, Planning, & Evaluation			
Alternative Sentencing			

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.

Cheryl Simpson
 Name

Finance Director
 Title

10/18/18
 Date