



QUAY COUNTY GOVERNMENT
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AGENDA
REGULAR SESSION
QUAY COUNTY BOARD OF COMMISSIONERS
February 27, 2017

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session February 13, 2017

Public Comment

Ongoing Business

New Business

- I. Vincent DiFranco, Dan C. Trigg Memorial Hospital Administrator**
 - Request Approval for 3rd & 4th Quarter Mill Levy and GRT Payments

- II. Bryan Rinstine, Quay County DWI Coordinator**
 - Request Approval of FY 2016-2017 Resolution No. 36
 - Request Approval of a Statement of Assurance
 - Request Approval of a Memorandum of Understanding
 - Request Approval of Dept of Health Assurances and Cooperative Agreement
 - Request Approval of FY 2017-2018 DWI Grant/Distribution Funding Application

- III. Donald Adams, Quay County Fire Marshall**
 - Request Approval for Fire Department PERA Applications

- IV. Larry Moore, Quay County Road Superintendent**
 - Road Update

- V. Richard Primrose, Quay County Manager**
 - Correspondence



VI. Indigent Claims Board

- Call Meeting to Order
- Request Approval of Indigent Minutes for the January 30, 2017 Meeting
- Review February Claims Prepared by Sheryl Chambers
- Adjourn

VII. Request Approval of Accounts Payable

VIII. 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

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

Adjourn

Lunch-Time and Location to be Announced

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

February 27, 2017

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 27th day of February, 2017 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
Vic Baum, Quay County Assessor
Susan Lease, Quay County DWI Preventions
Bryan Rinestine, Quay County DWI Coordinator
Vincent DiFranco, Trigg Memorial Hospital Administrator
Will Cantrell, Trigg Memorial Hospital Board Member
Donald Adams, Quay County Fire Marshall
Patsy Gresham, Quay County Treasurer
Steve Hansen, Quay County Sun

Chairman Franklin McCasland called the meeting to order. Will Cantrell led the audience in the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the February 13, 2017 regular session as printed. MOTION carried with Cherry voting "aye", McCasland voting "aye", and Dowell 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", McCasland voting "aye".

PUBLIC COMMENTS:

Chairman McCasland stated the Board of Commissioners may recess at 9:45 to attend a funeral if the regular session has not ended by that time.

Chairman McCasland announced that HB 490 was tabled last week during the Session. McCasland said if this Bill had made it through the session, the impact on Quay County would have been devastating to the County budget. Passage would have required the County to pay an additional 1/16% of the local Gross Receipts Tax to the State for Medicaid expenses. McCasland stated due to the extraordinary efforts of Lobbyist Clint Harden, the Bill was tabled in committee.

ONGOING BUSINESS: NONE

NEW BUSINESS:

Will Cantrell, Trigg Memorial Hospital Administrator introduced Vincent DiFranco as the new Administrator for both Trigg Memorial and Clovis Regional Hospital. DiFranco gave a brief history of his professional career and said he was excited to be serving this community and looked forward to the challenge. DiFranco requested approval for the 3rd and 4th quarter payments of the Mill Levy funds and the Gross Receipts Tax to the hospital. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the fund distribution. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye".

Chairman McCasland asked DiFranco to please keep the Commissioners informed on plans and progress at the hospital so they can share those efforts with their constituents.

Commissioner Cherry wished DiFranco the best of luck in his new venture of administering both hospitals. Cherry said he has some concerns regarding Trigg Memorial not having a full time Administrator. He said this hospital had a part time Administrator at one time that did not work out well. DiFranco agreed with Commissioner Cherry regarding this challenge. DiFranco replied he intended to utilize a lot of resources available to advocate on behalf of the hospital and oversee things remotely.

Commissioner Dowell echoed Cherry's concerns. Dowell said it was great of DiFranco to thank the County for their continued support of the hospital. Dowell said she wanted him to understand it's the citizens who continually support the tax elections that makes the funding possible. Dowell informed DiFranco the citizens have contributed a lot of money, from a very poor community, to that facility to ensure its stability. Commissioner Dowell stressed the importance of keeping good communications between DiFranco and the dedicated staff at the hospital. Dowell said much of the staff has dedicated their lives to this community and their citizens and when they have a concern, it's usually a valid one that doesn't need to be dismissed. Dowell asked DiFranco to please come frequently to the Board of Commission meetings to keep them informed of items of interest.

DiFranco thanked the Commissioners for their comments and concerns. He said he has met at length with each Department Head and much of the staff to identify challenges, strengths and critical needs. DiFranco agreed that his particular staff absolutely knows the needs in this community and he is looking forward to assisting them in providing the best health care possible for Quay County.

Bryan Rinestine, DWI Coordinator presented and requested approval of the following items

1. Resolution No. 36; Authorizing Quay County to submit an application to the Department of Finance and Administration, Local Government Division to participate in the Local DWI Grant and Distribution Program. A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve Resolution No. 36. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye". A copy is attached and made a part of these minutes.
2. DWI Grant Program Statement of Assurances; Memorandum of Understanding; Department of Health Assurances and Cooperative Agreement; DWI Grant/Distribution Funding Application. A MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve all the above mentioned documents. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". Copies are attached and made a part of these minutes.

Donald Adams, Quay County Fire Marshall requested approval of the PERA Applications for the following Quay County Fire Departments:

1. Rural Conservancy District 2
2. Rural Conservancy District 3
3. Bard/Endee Conservancy District
4. Porter Conservancy District.

A MOTION was made by Mike Cherry, SECONDED by Franklin McCasland to approve the Applications as presented. MOTION carried with Cherry voting "aye", McCasland voting "aye" and Dowell "Abstained". Copies are attached and made a part of these minutes.

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

1. Quay Road 63 is nearly complete. Contractors have sealed the asphalt and completed striping. Clean up and seeding is being completed currently. A meeting is scheduled for Wednesday, March 1 at 9:30 a.m. with the Contractor and Engineers, Inc. to begin the closeout process.
2. Crews have started blading and shaping of North Rock Island Street. A 60 ft. culvert will be installed to assist with water drainage. An issue has been recognized when Moore was notified that Darryl Baker has disconnected the main water line to the residence at the end of that road due to several water leaks. The line to the property was in the center of that roadway. Moore is in contact with Baker to determine if a new line is scheduled to be installed and the placement of that line.

Commissioner Dowell asked who owned Cherokee Road. Moore responded it is in a subdivision owned by the developers which were the Pacheco family.

Richard Primrose, Quay County Manager presented the following items of correspondence:

1. Letter from Senator Pete Campos regarding items of interest from the legislative session.
2. Monthly GRT Report for time period ending in February.
3. The next SET meeting is scheduled for Tuesday, February 28 in Moriarty.
4. There will be a joint work session of the City and County Commissioners in the City Chambers on Thursday, March 2 at 5:30 p.m. One of the items of interest for discussion will be the possibility of a 4 day work week. Primrose stated numerous Counties and Cities are exploring

the possibilities of a shorter work week, yet provided extended daily hours to better serve working citizens. As well, EMS and Public Library concerns will be discussed.

5. David Jones with the Caprock Solar Project informed Primrose the PILOT payments should be distributed in the next couple of weeks.

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

-----INDIGENT CLAIMS-----

Return to regular session. Time noted 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 Reports ending February 23, 2017. 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 table the Executive Session until the next meeting. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye".

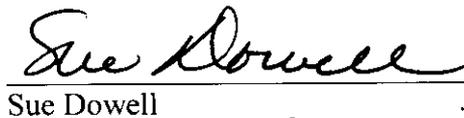
Other Quay County Business That May Arise During the Commission Meeting and/or Comments from the Commissioners: NONE

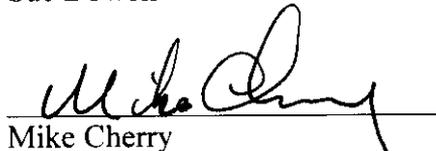
There being no further business, a MOTION was made by Sue Dowell, SECONDED by Mike Cherry to adjourn. MOTION carried with Cherry voting "aye", McCasland voting "aye" and Dowell voting "aye". Time noted 9:45 a.m.

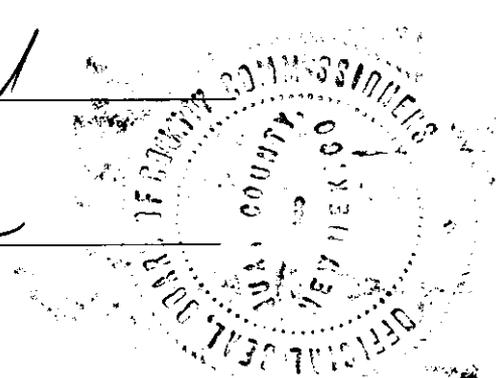
Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS


Franklin McCasland


Sue Dowell


Mike Cherry



ATTEST:


Ellen L. White, Quay County Clerk

FY2016-2017
QUAY COUNTY
RESOLUTION NO. 36

A RESOLUTION AUTHORIZING THE COUNTY TO SUBMIT AN APPLICATION TO THE DEPARTMENT OF FINANCE AND ADMINISTRATION, LOCAL GOVERNMENT DIVISION TO PARTICIPATE IN THE LOCAL DWI GRANT AND DISTRIBUTION PROGRAM.

WHEREAS, the Legislature enacted Section 11-6A-1 through 11-6A-6 NMSA 1978 as amended to address the serious problems of Driving While Intoxicated in the State; and

WHEREAS, a program is established to make grant and distribution funding available to counties and municipalities for new, innovative or model programs, services or activities to prevent or reduce the incidence domestic abuse related to DWI, DWI, alcoholism and alcohol abuse; and

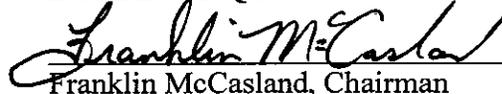
WHEREAS, the county DWI planning council and other governmental entities approval must be received in order to apply for grant and distribution funding; and

WHEREAS, the County along with participating agencies is making application to the Department of Finance and Administration, Local Government Division for program funding.

NOW THEREFORE, BE IT RESOLVED by the governing body of Quay County that the County Chairperson on behalf of the County and all participating entities is authorized to submit an application for the Distribution and Grant FY18 program funding under the regulations established by the Local Government Division.

PASSED, APPROVED AND ADOPTED this 27th day of February, 2017.

BOARD OF QUAY COUNTY COMMISSIONERS


Franklin McCasland, Chairman

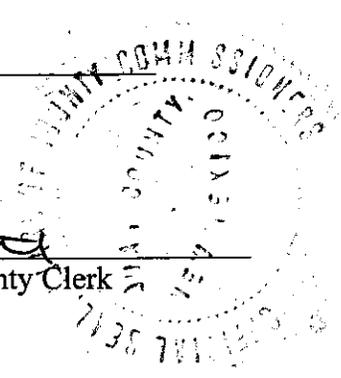

Sue Dowell, Member


Mike Cherry, Member

ATTEST:


Ellen White, Quay County Clerk

DWI Planning Council Representative



STATEMENT OF ASSURANCES
Local DWI Grant and Distribution Program
Project Year FY18: July 1, 2017 – June 30, 2018

The applicant hereby assures and certifies compliance with the following statutes, rules, regulations, and guidelines associated with the acceptance and use of funds under the New Mexico Local DWI Grant and Distribution Program:

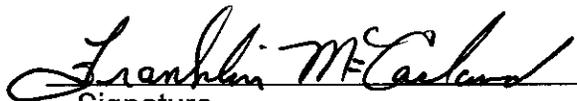
1. Compliance with the provisions of the New Mexico Local DWI Grant Program Act, Sections 11-6A-1 through 11-6A-6 NMSA 1978 as amended, the regulations, and the approved LDWI Guidelines.
2. The applicant has the responsibility and legal authority to receive and expend funds as described in the grant and distribution project description, as well as to finance the grantee share (if any) of costs of the project, including all project overruns.
3. Compliance with the State Procurement Code, with the exception of Home Ruled Governments, and submission of all related procurement documents to the Local Government Division for administrative review and approval, prior to execution, including, but not limited to: requests for professional services (RFPs); advertisements; minutes of pertinent meetings; contract selection and award criteria. All project-related services, activities or programs done through a service provider must be implemented through a professional services contract. Any project-related contract, subcontract, or agreement and related amendments, providing services to the grant or distribution program, must be submitted for administrative review by the Division prior to execution.
4. Adherence to all financial, accounting, and reporting requirements of the Department of Finance and Administration. Distribution programs will include with each quarterly narrative progress report the Grant Fund Agreement Exhibit F, The Local DWI Distribution Program Financial Status Report. Grant programs will include with each quarterly narrative progress report the Local DWI Program Request for Payment/Financial Status Report, Exhibit D. The said reports shall contain narrative and/or bulleted highlights of accomplishments and/or problems and delays encountered to date, a detailed budget breakdown of expenditures to date, a summary of any fees collected and/or expended, the Managerial Data Set, Planning Council meeting agendas and minutes, and such other information following the objectives of the county's evaluation as may be of assistance to the Division in its evaluation.
5. Compliance with the requirement to not budget, nor expend, any of the grant amount awarded or the amount distributed for **indirect administrative costs** incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall document all direct program administrative expenditures and in-kind/match administrative expenditures.

6. Compliance with the requirement to not budget, nor expend, greater than **ten percent** of the grant amount awarded or the amount distributed for **capital outlay** incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall specify all capital outlay expenditures. **The ten percent cap for capital outlay does not exist with detoxification funding grants.**
 7. Compliance with all required reports, including but not limited to: the first quarter narrative and fiscal reports due on the last working day of October; the second quarter narrative and fiscal reports due on the last working day of January; and the third quarter narrative and fiscal reports due on the last working day of April; the fourth and the final quarter narrative and fiscal reports for the fiscal year due the 15th of July; required screening, treatment, and compliance monitoring protocols; required evaluation plans; required fiscal reports; required screening and tracking managerial data reports; and required annual reports.
 8. Compliance with the current Local DWI Grant Program Screening Guidelines. To avoid any conflict of interest, or appearance of conflict of interest, screeners should not be affiliated with any contracted treatment agency. Clients will be given options for treatment and will not be *mandated* to treatment with the same agency that does the screening.
 9. If applicable to the applicant, compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Health and Human Services regulation entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
 10. Any distribution program under run amount for the fiscal year must be returned to the Local DWI Grant Fund by September 30 of the following fiscal year. Failure to remit an under run to the Local DWI Grant Fund will cause suspension of grant reimbursements and/or future distributions until the remittance is made.
 11. Grant program under runs revert to the Local DWI Grant Fund.
 12. Compliance with all applicable conditions and requirements prescribed by the Division in relation to receipt/accountability of state General Funds.
 13. The grant applicant will follow the scope of work for the grant program, as negotiated with the Local Government Division, and in accordance with the local planning council's approved plan. The applicant will submit any proposed modifications/amendments to the scope of work to the Division for its approval, prior to execution.
 14. The distribution program applicant will follow the local planning council's application as approved by DWI Grant Council in the application review process. The applicant
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will submit any proposed modifications/amendments to this proposal to the Division for its written approval, prior to execution of changes to programs.

15. Compliance with conflict of interest prohibitions whereby no member, officer, or employee of the grant or the distribution program, or its designee or agents, no voting member of the local planning council or of the governing body of the locality in which the program is situated, and no other public official of such locality who exercises any functions or responsibilities with respect to the program during his/her tenure (or for one year thereafter) shall have any interest, direct or indirect, in any contract or subcontract for work to be performed in the program. The grant and/or the distribution program shall incorporate, in all such contracts or subcontracts, a provision prohibiting such interest pursuant to the purposes of these stated provisions.
16. Compliance with the maintenance of records as will fully disclose the amount and disposition of the total funds from all sources budgeted for the grant or distribution agreement period, the purpose of undertaking for which such funds were used and the amount and nature of all contributions from other sources, and such other records as the Division shall prescribe. Such records shall be preserved for a period of not less than seven (7) years following completion of all the conditions of the grant agreement and the distribution program administrative guidelines.
17. The applicant will provide access to authorized State officials and representatives of all books, accounts, records, reports, files, and other papers, things, or property pertaining to the project in order to make audits, examinations, excerpts and transcripts.
18. The applicant will provide DFA's auditor and evaluator timely access to all program records and information. Additionally, the applicant will assure that records of subcontractors working for the applicant are retained and made available to DFA's auditor and evaluator.

Franklin McCasland
Quay County Commission Chairperson


Signature

2/27/28
Date

MEMORANDUM OF UNDERSTANDING

The County of Quay County DWI Program (hereinafter referred to as the "Program") and the New Mexico Department of Finance and Administration/Local Government Division/Driving While Intoxicated Program (hereinafter referred to as "Agency") hereby exchange the following assurances and enter into the following Memorandum of Understanding (MOU):

The Agency assures:

1. That Agency is in full compliance with the provisions concerning research activities in Section 2.52 of the Federal Confidentiality of Alcohol & Drug Abuse Patient Records regulations, 42 CFR Part 2, including Section 2.16.
2. That client identifying information will not be re-disclosed except back to the Program from which the information was obtained, or according to the terms of this MOU.
3. That in receiving, storing, processing, or otherwise dealing with any information from the Program about the clients in the Program, the Agency acknowledges it is bound by the provisions of the Federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations, 42 CFR Part 2.
4. That the Agency shall undertake to resist any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in the Federal Confidentiality of Alcohol & Drug Abuse Patient Records regulations, 42 CFR Part 2.
5. That the Agency is not a "covered entity" as defined by the Department of Health and Human Services Regulations entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA); (the HIPAA Regulations).
6. That the Agency shall never possess treatment or maintain any "individually identifiable health information" or transmit "protected health information" as defined by the HIPAA Regulations and in the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

The Program agrees to:

1. Upon request, provide the Agency or other parties authorized with client records for those clients provided services through the Local Government Division DWI Grant Program, for the purpose of conducting outcome monitoring research activities, and evaluation of LDWI Program interventions.

2. If applicable, comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) and the Department of Health and Human Services Regulation entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
3. Report or transmit data to the Agency that deletes and contains no "individually identifiable health information" or "protected health information" as defined by the HIPAA Regulations and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

Executed this 27th day of February 2017.

Rick Lopez, Director
Department of Finance & Administration
Local Government Division
DWI Program
Bataan Memorial Building, Suite 203
Santa Fe, New Mexico 87501


Quay County Commission Chairman,
Franklin McCasland

February 27, 2017
Date



DOH ASSURANCES AND COOPERATIVE AGREEMENT

The Quay County DWI Program referred to as the "Program" and the New Mexico Department of Health (DOH), Epidemiology and Response Division hereby receives the following assurances and enters into the following cooperative agreement, to carry out the requirements of the evaluation MOU between DOH and DFA:

The DOH:

1. Acknowledges that it is in full compliance with the provisions concerning research activities in Section 2.52 of Federal confidentiality regulations, 42 CFR Part 2, including:
 - a. That a research protocol is maintained in accordance with the security requirements of § 2.16 of 42 CFR Part 2; and
 - b. That client identifying information will not be re-disclosed except back to the Program from which the information was obtained; and no individual client will be identified in any report resulting from any epidemiologic research; and
 - c. That the Epidemiology and Response Division has provided a satisfactory written statement that a group of three or more individuals who are independent of the research project has reviewed the protocol and determined that:
 - (i) The rights and welfare of clients will be adequately protected; and
 - (ii) The risks in disclosing client identifying information are outweighed by the potential benefits of the research.
2. Acknowledges that in receiving, storing, processing, or otherwise dealing with any information from the Program about the clients in the Program, the Epidemiology and Response Division is fully bound by the provisions of the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2: and
3. Undertakes to resist in judicial proceedings any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in the Federal confidentiality regulations, 42 CFR Part 2.

The Program:

1. Agrees to allow the Epidemiology and Response Division access to client records from the web based client screening and tracking system for those clients provided services through the Local Government Division DWI Grant Program, for the purpose of conducting outcome monitoring research activities.

2. If applicable, comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) and the Department of Health and Human Services Regulation entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
3. Report or transmit data to the Agency that deletes and contains no "individually identifiable health information" or "protected health information" as defined by the HIPAA Regulations and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

Executed this 27th day of February 2017.

Rick Lopez, Director
Department of Finance & Administration
Local Government Division
DWI Program
Bataan Memorial Building, Suite 203
Santa Fe, New Mexico 87501


Franklin McCasland
Quay County Commission Chairman

February 27, 2017
Date



Please complete and attach an updated Logic Model for FY18. This logic model will outline your DWI program for FY18.

The Logic Model has been attached. The goals and objectives will not change in FY18. The implementation of the Evidence-Based Curriculum – Project Northland (Middle School and High School Students) will be the main focus of prevention efforts in Quay County. The Quay County DWI Program will also implement initiatives that will increase collaboration and coordination among stakeholders to collectively address and reduce underage drinking, underage binge drinking and DWI among youth and adults.

Statistical Analysis/Reason for Component Selection

Using all of the most recent statistical data available to you, please explain the DWI trends and the extent of the DWI problem in your county:

Per Tucumcari Magistrate Court records, in Quay County in FY 16, there were 62 DWI arrests. 45 cases were completed, with 40 convictions. Arrests have been flat for the past 5 years. +

Per New Mexico DWI Offender Characteristics and Recidivism Report 2003-2013, Quay County had a re-arrest rate of 18.6%, being the 10th lowest in the state.

Per New Mexico Substance Abuse Epidemiology Profile, Quay County is either high or low in the county rankings. In Alcohol Related Deaths, Quay County had 36, or a rate of 70.9 per 100,000 (NM 54.0), which ranks as the 6th highest. In Alcohol Related Injury Deaths, Quay County had 15 or a rate of 34.4 per 100,000 (NM 27.5), ranking 10th highest. In Alcohol Related Motor Vehicle Traffic Crash Deaths, Quay County had 1 or a rate of 2.3 per 100,000 (NM 5.1) ranking 4th lowest county in the state.

Per New Mexico Youth Risk and Resiliency Survey 2015, Quay County showed Current Drinking (9-12 grade) at 28.4% compared to NM at 26.1%. This is a drop from 48.3% in 2007, 41.9% in 2009, 33.5% in 2011, and 28.9% in 2013. Binge Drinking at 17% compared to 14.65 in NM. This is a drop from 32.2% in 2007, 25.2% in 2009, 23.4% in 2011, and 17.1% in 2013. First Drink Before 13 at 28% compared to 20.1% in NM. This has dropped from 38.1% in 2007, 37.0% in 2009, 31.7% in 2011, and 27.1% in 2013. There was a slight rise in the last survey. Drinking and Driving at 7.5% compared to 7.4% in NM. This has dropped from 16% in 2007, 14.5% in 2009, 7.9% in 2011, and 8.9% in 2013.

Using the ADE database, please explain the demographic profile of the DWI offender in your county:

In calendar year 2016, Quay County screened 48 clients. The average age was 40, with 70% between 21 and 50 years of age. 37% were between the ages of 26 and 35. 87% of the clients were male. 52% were white and 29% were Hispanic. 12% had less than 11 years of education, and 75% had a high school diploma. 37% earned less than \$10,000 per year and 22% earned between \$10,001 and \$20,000. 18% did not work in the last year and 61% worked less than 9 months.

Substance abuse problems include 45% having a severe problem and 27% having an established problem. 4% had no apparent alcohol problem.

87% had no history of out-patient treatment.

91% reported using alcohol as a drug and 18% reported their first monthly used between the years of 16 and 18.

Gaps, Needs, and Community Participation

Please describe local gaps and needs.

Quay County is very blessed at this time, to have most of the large gaps filled. LDWI funds Prevention, Compliance, and Coordination and Planning. We also provide compliance for Domestic Violence offenders. They receive the Batters Intervention from Hartley House. We do not fund Treatment, but have 4 agencies that do provide out-patient counseling. Two of the agencies have a sliding fee scale and one has a Spanish speaking therapist. The City of Tucumcari applies for CDWI funds to provide roadblocks and saturation patrols. Screening is self-funded. The Quay County Detention Center has ankle bracelet monitoring when needed. We don't provide everything for everyone, but have the large gaps filled.

The Quay County DWI Program under the Prevention component needs an evaluator to conduct program monitoring. Program fidelity is maintained through comparison of actual services and activities delivered to those in the handbooks and training manuals of the programs. Attendance records of participants at all activities is maintained and used to provide dosage data (including frequency and duration of encounters and type of activity). Fidelity is further maintained by review of the activities and dosage information by the evaluator at monthly site visits and through at least weekly phone calls to staff to discuss program implementation. Site visits also permit observations of program delivery by the evaluation team (where appropriate).

Explain how your FY18 application differs from your FY17 application

The application is very close to the same in FY18 as the FY 17 application. The plan is to return the Coordinator back to a full-time position.

Please explain how your DWI program provides services to all areas of your county, including rural and tribal areas.

The Quay County Program provides service in all areas of the county. We consist of several small communities, Nara Visa, Logan, San Jon, and House, and one larger, Tucumcari. Although the office is in Tucumcari, services are provided in all communities, with Prevention being done in Logan, Tucumcari and San Jon schools. We participate in community events in all of the communities.

Please describe the involvement your local DWI Planning Council had in developing your application and component selection. Include in your description how your planning council represents your community. Is there community participation in developing your application?

The Quay County DWI Planning Council discussed what is currently being provided and what is needed, and compared it to what is also available in the community. Although this is done monthly, the application is the major point of discussion in the December and January meetings.

Do you have tribal/pueblo representation on your planning council (either as a voting member or as an attendee)? No

If “no”, please explain why you do not have tribal/pueblo representation. If “yes”, please describe their representation and the extent to which they are involved in funding recommendations.

Quay County has no tribal lands.

Please explain any collaboration efforts you have with other agencies/organizations in your county, including rural and tribal entities.

We work with Quay County Health Council, Red Ribbon Committee, and Quay County School Districts to reduce DWI and Under Age Drinking in Quay County. We also assist Mesalands Community College during student Orientation in the Fall and Spring by providing education about the dangers of underage drinking, Laws and Penalties of underage drinking, Maze of Life and other school activities.

Please discuss the relationship you have with each of the Courts (District, Metro, Magistrate, Municipal or Tribal) in the county and the services the local DWI Program provides for the Court(s).

In Quay County, Tucumcari Municipal Court does not handle DWIs. District Court only handles the felony cases with a DWI involved, 4th of subsequent DWIs and appeals of DWI cases. Tucumcari Magistrate Court handles the bulk of the DWI cases. A DWI Compliance Officer attends all DWI hearings in Magistrate Court and any that we get notification on in District Court. We have a good relationship with Magistrate Court, including the Chief Clerk on the Planning Council. The QCDWI Program provides court compliance and screening to both District and Magistrate Courts.

Please list the names of the relevant organizations/associations of which you, your program, or your program staff are members (i.e. New Mexico Prevention Network, Behavioral Health Local Collaborative, Teen Court Association, etc.):

Quay County DWI Council, Quay County Health Council, Red Ribbon Committee, NMAC DWI Coordinators Affiliate, Quay County School Districts, (Tucumcari, Logan, House, and San Jon) and Mesalands Community College. New Mexico Prevention Network. New Mexico/DOT Traffic Safety Bureau.

Please include three to five signed letters of support from local county entities, Native American communities, associations, consumers, etc. (please no letters from contractors being paid out of these funds) to show public participation in the planned implementation of the program’s efforts.

Additional Program Narrative

Please briefly describe the strategies that you use to educate community members including, county/city officials, legislators, stakeholders, about the services provided by the Local DWI Program.

We meet with the County Commissioners on at least quarterly basis and the Tucumcari City Commission several times per year. I have met with our local representative many times. I am in Magistrate Court weekly and District about once a month. We also participate in the Quay County Wellness Fair and other public information projects to keep the community informed with the activities of the program.

Provide a (one) specific example of a success story due to the efforts of your program.

"EK" is a 58 year old self employed man, convicted for DWI III. His last one was approximately ten years ago. At the time of his arrest, he was drinking a 1.75 liter of rum every 3 days and a 30 pack of beer every 5 days. After his conviction, he self-detoxed at home, having a mini-stroke. He was placed on probation for three years and ordered to outpatient treatment. He completed the outpatient program, and has not drank in four years. He had an interlock for 3 years, and there were no violations. His family had pulled away from him, and now, they have started including him in family activities again. He is sober and proud of it.

Describe any barriers you may have had in the past to implement any of your programs/components and any plans you have to overcome them. Discuss any changes to the programs/components as a result of this outcome.

Working with District Court is still somewhat of a problem. District Court will not notify us of DWI hearings and occasionally does not order the screening, or orders it and does not notify us. The second problem has been the huge budget cuts taken. The coordinator/compliance officer position has been cut to half-time, doing almost no compliance work. Hopefully funding will be restored and the position will be made full-time again.

Evaluation

Please describe the status of your current evaluation plan. Include the components you are evaluating.

Components being evaluated: Prevention is the only component being evaluated in FY 17 and proposed in FY18.

Status of Evaluation Plan. The FY17 Evaluation Plan submitted to DFA and the state evaluators in October 2016 and was recently approved. The current Evaluation Plan and Logic Model were developed in July 2016 are being implemented in FY17. Indicators for measuring the goals and objectives were identified and being used to assess the success of the program. Evaluation tools and processes for evaluation were identified and are currently being implemented (Strategies for Success Modules A and D, Sign in Sheets, Attendance Logs, Student Master Lists, Parent Permission Forms, Data Cover Sheets, etc.).

The following evaluation tasks leading to the implementation of the evaluation plan have been completed: A needs assessment has been developed outlining patterns and trends for underage drinking, underage binge drinking, DWI among adults and youth, alcohol related death, alcohol related injury death, alcohol related motor vehicle traffic crash death, adult binge drinking and adult heavy drinking.

An evaluation documentation system has been developed and updated that includes an Evaluation annual consisting of 4 parts; Programmatic Information, Evaluation Tools, Program Documentation, and Administrative Information to ensure that program staff have all the necessary tools to implement the program, ensure quality evaluation processes are maintained, and prepare for LDWI site visits, audits, and reports. The evaluator has provided feedback, technical assistance, and support to staff in the evaluation meetings sponsored by DFA to plan for the development of an evaluation plan, development of evaluation process, development of evaluation tools, and to define evaluation expectations set forth by DFA.

The 2017 Strategies for Success High School Program at Quay County DWI Program consisted of a pretest cohort of 17 students. After data cleaning a matched-pairs sample of 17 all students were available for analysis. Seventeen students (17) in the high school are currently participated in the Evidence-Based Curriculum Project

Northland (Class Action) and they have completed the Strategies for Success (SFS) Module A and Module D pretests. Of the seventeen students, all 17 have graduated from the program and have submitted the post tests.

The 2017 Strategies for Success Middle School Program consisted of a pretest cohort of 149 students. After data cleaning a matched-pairs sample of 149 students was available for analysis. One hundred-forty-nine (149) students in the middle school are currently participating in the Evidence-Based Curriculum Project Northland and they have completed the Strategies for Success (SFS) Module A and Module D pretests. Of the 149 students, all 149 have graduated for the program and have submitted the post tests.

The Strategies for Success (SFS) Module A measures self-reported 30 day use of alcohol, perception of risk of harm and attitude and beliefs regarding alcohol use. Module D measures whether youth increased social skills including decision making, cooperation and communication, self-efficacy, empathy, problem solving, self-awareness and goals and aspirations.

Collaboration and coordination with community members, agencies, organizations, law enforcement, government and other stakeholders is completed monthly. A list of participating community members, organizations and agencies is kept on file. To determine the extent of community members' participation in the prevention efforts, sign in sheets and minutes are maintained in the program office. A partnership/Coalition Effectiveness Assessment Tool may be administered to determine the extent to which the collaboration has increased between members.

Quay County DWI program is in compliance with the timelines identified in the FY17 Evaluation Plan. Pre-and Post-tests have been completed by the students participating in the Project Northland evidence-based curriculum. Data has already been entered in the Statistical Program for Social Science (SPSS) data input files, cleaned, and filtered in preparation for analysis. The indicators for each goal and objectives have been identified and measured for success using the Strategies for Success (SFS) Modules A and D. The results of the program's success will be reported in the FY17 Final Report due July 31, 2017.

Please identify your evaluator:

The Evaluator for the Prevention Component of this Program is: Concha Montaña
1724 Tierra Del Oso, NW
Albuquerque, NM 87120
e-mail address: cmontanol@comcast.net
Cell Phone Number : (505) – 239-9787

Grant/Distribution Funding Application Cover Sheet
Local DWI Grant Program
Local Government Division - DFA

County/Municipality: Quay County

Application Date: 2/27/2017

Project Contact Person	
Name:	Bryan Rinestone
Address:	300 S. Third St.
City, Zip:	Tucumcari, 88401
Telephone:	575-461-6096
Email:	quaydwi@plateautel.net
Fax:	

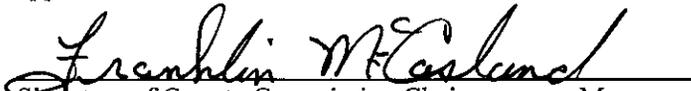
Fiscal Agent	
Contact Person:	Richard Primrose
Mailing Address:	P. O. Box 1246
City, Zip:	Tucumcari, 88401
Telephone:	575-461-2112
Email:	richard.primrose@quaycounty-nm.gov
Fax:	575-461-6208

Categories of Program Areas to be Addressed by Proposed Project
[Indicate amounts budgeted for each program area.]

Category	Grant	Distribution	Component Total
Prevention	\$26,765.00	\$17,780.00	\$44,545.00
Enforcement			\$0.00
Screening			\$0.00
Domestic Abuse			\$0.00
Treatment			\$0.00
Compl. Mtr./track		\$45,594.00	\$45,594.00
Coord/Plan& Eval.		\$20,305.00	\$20,305.00
Alt. Sentencing			\$0.00
Total	\$26,765.00	\$83,679.00	\$110,444.00

Certification:

The attached resolution adopted by the governing body of Quay County on February 27, 2017 authorizes the applicant to file this application for assistance from the State of New Mexico. To the best of my knowledge, the information presented in this application is true and correct.


 Signature of County Commission Chairperson or Mayor



Prevention

Prevention Budget Justification- LDWI Funds:

Amount

Personnel	Number of FTE:	1	\$	12,727.00
Employee benefits	Number of FTE:	1	\$	5,053.00
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ 17,780.00

Prevention Budget Justification- In-Kind Funds:

(check all that apply):

County: Fees: City: Other:

List:

Amount

Administrative	Type of expenses:		\$	-
Personnel	Number of FTE:	1	\$	1,067.00
Employee benefits	Number of FTE:	1	\$	711.00
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:	office supplies	\$	2,000.00
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ 3,778.00

Prevention

Prevention Budget Justification- LDWI Funds:**Amount**

Personnel	Number of FTE:	1	\$	11,450.00
Employee benefits	Number of FTE:	1	\$	5,815.00
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:	evaluator	\$	9,500.00
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ 26,765.00**Prevention Budget Justification- In-Kind Funds:**

(check all that apply):

County: Fees: City: Other:

List:

Amount

Administrative	Type of expenses:		\$	-
Personnel	Number of FTE:	1	\$	2,700.00
Employee benefits	Number of FTE:	1	\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ 2,700.00

Budget Justification Narrative: Attach the FY18 goals report from the MDS (report in the ADE Database). If not funding, explain how this need is met in your county. Include a description of the roles and responsibilities of prevention personnel. Please separate Grant from Distribution. Provide a list of contracts with the services to be provided.

In Quay County LDWI currently funds the prevention program full-time employees to provide prevention education to Quay County School Districts. It is imperative for Quay County DWI Program to receive this funding to secure services to the schools. The DWI Program is the only agency that delivers and provides Prevention Education in Quay County Schools. We also received other funding from Department of Transportation and Underage Drinking Prevention Program to fully supplement the Drug Prevention Education in Quay County.

The Prevention Specialist oversees the entire substance abuse prevention projects for the DWI Program, and will be working closely with the DWI Coordinator. She manages the implementation of various Prevention projects, and facilitates the day-to-day operations. She assures that activities and planning are completed in a timely manner, and as needed, delivers direct prevention services. She will continue as Prevention Specialist in this project at 1.0 FTE.

She will be responsible for providing facilitation of the Project Northland Curriculum, a Science-based program in Quay County Schools.

The staff who facilitates this program travels 50 miles round trip to Logan and San Jon Municipal School to implement this program, and 20 miles round trip to Tucumcari Public Schools. Primary prevention activities are those directed at individuals who do not require treatment for substance abuse. In implementing the comprehensive primary prevention program, the Quay County DWI Program will use a two (2) strategies listed below.

(1) Information

Dissemination: This strategy provides awareness and knowledge of the nature of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of the activities conducted and methods used for this strategy include (but are not limited to) the following: Clearinghouse/information resource center(s); Resource directories; Media Campaigns; Brochures; Radio/TV Public Service Announcement (PSA); Speaking engagement; Health fairs/health promotion; and information.

(2) Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorder. Activities in this strategy include organizing, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: Community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/official training; Systematic planning; Multi-agency coordination and collaboration; Accessing services and funding; and Community team-building.

Enforcement

Enforcement Budget Justification- LDWI Funds:

Amount

Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Enforcement Budget Justification- In-Kind Funds:

(check all that apply):

County:

Fees:

City:

Other:

List:

Amount

Administrative	Type of expenses:		\$	-
Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Budget Justification Narrative: If not funding, explain how this need is met in your county. Please separate Grant from Distribution.

Quay County DWI Program does not fund enforcement. The City of Tucumcari applies for and receives CDWI funding that it uses with NMSP, TPD, LPD, and QCSO for saturation patrols and DWI Checkpoints.

CDWI/LDWI Coordination

If eligible, do you plan to request CDWI funds from the Traffic Safety Bureau (TSB)? If so, please describe how you plan to use those funds, and how they would supplement Local DWI enforcement funding.

Quay County DWI Program applies for and has received CDWI funding that is used for Prevention. The City Of Tucumcari applies for and has received funds from CDWI that is used for Enforcement in the county.

Screening

Should be self-funded to the fullest extent possible

Screening Budget Justification- LDWI Funds:

Amount

Personnel	Number of FTE:		\$ -
Employee benefits	Number of FTE:		\$ -
Travel (in-state)	Purpose of travel:		\$ -
Travel (out-of-state)	Purpose of travel:		\$ -
Supplies	Type of expenses:		\$ -
Operating costs	Type of expenses:		\$ -
Contractual services	Type of expenses:		\$ -
Minor equipment	Type of expenses:		\$ -
Capital outlay	Type of expenses:		\$ -

Total Dollar Amount: \$ -

Screening Budget Justification- In-Kind Funds:

(check all that apply):

County:

Fees:

City:

Other:

List:

Amount

Administrative	Type of expenses:		\$ -
Personnel	Number of FTE:		\$ -
Employee benefits	Number of FTE:		\$ -
Travel (in-state)	Purpose of travel:		\$ -
Travel (out-of-state)	Purpose of travel:		\$ -
Supplies	Type of expenses:		\$ -
Operating costs	Type of expenses:		\$ -
Contractual services	Type of expenses:		\$ -
Minor equipment	Type of expenses:		\$ -
Capital outlay	Type of expenses:		\$ -

Total Dollar Amount: \$ -

Budget Justification Narrative: Include a description of the roles and responsibilities of screening personnel. Please separate Grant from Distribution. Provide a list of contracts with the services to be provided.

In Quay County, Screening is 100% self funded. Compliance does the screening with the client as soon as possible after court and as part of the intake process. The compliance officer who does the screening is responsible for entering the screening. There are no contractors.

Domestic Violence

Domestic Violence Budget Justification- LDWI Funds:

Amount

Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Domestic Violence Budget Justification- In-Kind Funds:

(check all that apply):

County:

Fees:

City:

Other:

List:

Amount

Administrative	Type of expenses:		\$	-
Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Budget Justification Narrative: Please separate Grant from Distribution. If not funding, explain how this need is met in your county. Include a description of the roles and responsibilities of domestic violence personnel. Provide a list of contracts with the services to be provided.

IN Quay County, Domestic Violence is not funded by LDWI funds. Batters Intervention is funded through Hartley House of Clovis, NM. Court Compliance supervision is provided by MCCO's and funded by probaiton fees.

Outpatient/Jail-Based Treatment

Treatment Budget Justification- LDWI Funds:

Amount

Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Treatment Budget Justification- In-Kind Funds:

(check all that apply):

County:

Fees:

City:

Other:

List:

Amount

Administrative	Type of expenses:		\$	-
Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Budget Justification Narrative: Please separate Grant from Distribution. If not funding, explain how this need is met in your county. Please describe roles and responsibilities of treatment personnel.

In Quay County, the DWI Program does not fund treatment. There are four outpatient providers. Two have sliding fee scales, all accept insurance and Medicaid. One has Spanish speaking therapists.

Compliance Monitoring/Tracking

Compliance Monitoring/Tracking Budget Justification- LDWI Funds:**Amount**

Personnel	Number of FTE:	2	\$	19,102.00
Employee benefits	Number of FTE:	2	\$	3,277.00
Travel (in-state)	Purpose of travel:	training/DFA meetings	\$	4,000.00
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:	office suppliles	\$	3,603.00
Operating costs	Type of expenses:	utilities	\$	7,112.00
Contractual services	Type of expenses:	rent	\$	6,000.00
Minor equipment	Type of expenses:	upgrade computers	\$	2,500.00
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ 45,594.00**Compliance Monitoring/Tracking Budget Justification- In-Kind Funds:**

(check all that apply):

County: Fees: City: Other:

List:

Amount

Administrative	Type of expenses:		\$	4,259.00
Personnel	Number of FTE:	2	\$	1,400.00
Employee benefits	Number of FTE:	2	\$	931.00
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:	utilities, insurance, reapiers	\$	12,757.00
Contractual services	Type of expenses:	Internet/ cell phones	\$	6,000.00
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ 25,347.00

Budget Justification Narrative: Please separate Grant from Distribution. If not funding, explain how this need is met in your county. Include a description of the roles and responsibilities of compliance personnel or contractors.

In Quay County, LDWI funds are used for Compliance. We provide Compliance supervision for all misdemeanor DWI offenders in Quay County. Compliance officers also provided screening and tracking for felony and juvenile DWI offenders. Tracking begins at arrest. The compliance officer attends all DWI court hearings. Convicted offenders are screened as soon as possible after court and intake probation paperwork is completed. This includes signing probation agreements, restitution plans, community service referrals, and DWI School referrals. Screenings are entered and treatment referrals are sent to the judge. All offenders report weekly, in county offenders report in person, out of county offenders report telephonically. ADE is updated. Probation Violation Reports are filed with the District Attorney's Office. MCCO testifies at probation violation hearings and makes recommendations for sentencing of probation violations.

Coordination, Planning and Evaluation

Coordination, Planning and Evaluation Budget Justification- LDWI Funds:

Amount

Personnel	Number of FTE:	1	\$	17,301.00
Employee benefits	Number of FTE:	1	\$	3,004.00
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ 20,305.00

Coordination, Planning and Evaluation Budget Justification- In-Kind Funds:

(check all that apply):

County: Fees:

City: Other: List:

Amount

Administrative	Type of expenses:		\$	-
Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Budget Justification Narrative: Please separate Grant from Distribution. If not funding, explain how this need is met in your county. Include a description of the roles and responsibilities of coordination personnel. Provide a list of contracts with the services to be provided.

As coordinator, I coordinate all aspects of the DWI program. I submit all quarterly and annual reports. We work with all courts and local law enforcement agencies to reduce DWI in Quay County. We also provide Prevention to grades 6-12 in the three largest of the Quay County schools.

Alternative Sentencing

Alternative Sentencing Budget Justification- LDWI Funds:**Amount**

Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Alternative Sentencing Budget Justification- In-Kind Funds:

(check all that apply):

County: Fees: City: Other:

List:

Amount

Administrative	Type of expenses:		\$	-
Personnel	Number of FTE:		\$	-
Employee benefits	Number of FTE:		\$	-
Travel (in-state)	Purpose of travel:		\$	-
Travel (out-of-state)	Purpose of travel:		\$	-
Supplies	Type of expenses:		\$	-
Operating costs	Type of expenses:		\$	-
Contractual services	Type of expenses:		\$	-
Minor equipment	Type of expenses:		\$	-
Capital outlay	Type of expenses:		\$	-

Total Dollar Amount: \$ -

Budget Justification Narrative: Please separate Grant from Distribution. If not funding, explain how this need is met in your county. How many teens will be served by Teen Court? Who provides referrals to Teen Court? How many clients are anticipated to be placed on Electronic Monitoring devices? Include a description of the roles and responsibilities of alternative sentencing personnel. Provide a list of contracts with the services to be provided.

In Quay County, LDWI funds are not used to provide Alternative Sentencing. The Quay County Detention Center has an electronic bracelet program. Quay County does not have Teen Court.

Contingency Program/Capital Outlay Plan

Please describe any capital outlay purchases you wish to make during fiscal year 2018. Please include a description and approximate dollar amount (capital outlay purchases are limited to 10% of the total fiscal year budget).

We have no plans for capital outlay in FY 18.

Please describe any capital outlay purchases you wish to make during fiscal year 2018. Please include a description and approximate dollar amount (capital outlay purchases are limited to 10% of the total fiscal year budget).

Local DWI Program Personnel

<p>Coordination, Planning and Evaluation: Name: Bryan Rinestine Title: DWI Coordinator Address: PO Box 1011, Tucumcari, NM 88401 Phone: 575-461-6096 Cell #: 575-403-6623 Fax: 575-461-0645 Email: quaydwi@plateautel.net</p>	<p>Court Monitoring: Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Prevention: Name: Susan Lease Title: Preventionist Address: PO Box 1011, Tucumcari, NM 88401 Phone: 575-461-6096 Fax: 575-461-0645 Email: susan.lease@quaycounty-nm.gov</p>	<p>Other (Identify Component): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Enforcement: Name: Title/Organization: Address: Phone: Fax: Email:</p>	<p>Other (Identify Component): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Screening: Name: Bryan Rinestine Title/Organization: DWI Coordinator Address: PO Box 1011, Tucumcari, NM 88401 Phone: 575-461-6096 Fax: 575-461-0645 Email: quaydwi@plateautel.net</p>	<p>Other (Identify Component): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Treatment: Name: Title/Organization: Address: Phone: Fax: Email:</p>	<p>Other (Identify Component): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Compliance Monitor: Name: Andrea Shafer Title/Organization: MCCO Address: PO Box 1011, Tucumcari, NM 88401 Phone: 575-461-6096 Fax: 575-461-0645 Email: andrea.shafer@quaycounty-nm.gov</p>	<p>Other (Identify Component): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Alternative Sentencing: Name: Title/Organization: Address: Phone: Fax: Email:</p>	<p>Other (Identify Component): Name: Title/Organization: Address: Phone: Fax: Email:</p>

County/City Personnel

<p>County/City Manager: Name: Richard Primrose Title: Quay County Manager Address: : PO Box 1246, Tucumcari NM 88401 Phone: 575-461-2112 Cell #: Fax: 575-461-6208 Email: richard.primrose@quaycounty-nm.gov</p>	<p>Other (Identify): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Finance: Name: Cheryl Simpson Title: Finance officer Address: : PO Box 1246, Tucumcari NM 88401 Phone: 575-461-2112 Fax: 575-461-6208 Email:</p>	<p>Other (Identify): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>County/City Treasurer: Name: Patsy Gresham Title: Quay County Treasurer Address: PO Box 1226, Tucumcari, NM 88401 Phone: 575-461-0470 Fax: Email: patsy.gresham@quaycounty-nm.gov</p>	<p>Other (Identify): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>County Commission Chair: Name: Title: Address: : PO Box 1246, Tucumcari NM 88401 Phone: 575-461-2112 Fax: Email:</p>	<p>Other (Identify): Name: Title/Organization: Address: Phone: Fax: Email:</p>
<p>Other (Identify): Name: Title: Address: Phone: Fax: Email:</p>	<p>Other (Identify): Name: Title: Address: Phone: Fax: Email:</p>
<p>Other (Identify): Name: Title: Address: Phone: Fax: Email:</p>	<p>Other (Identify): Name: Title: Address: Phone: Fax: Email:</p>

Local DWI Planning Council Members – Voting Members

<p>Chair: Name: Paula Chacon Organization: Tucumcari Magistrate Court Address: PO Box 1301, Tucumcari, NM 88401 Phone: 575-461-1700 Email:</p>	<p>Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Voting Member: Name: Kacee Benford Organization: Mesalands Community College Address: 911 S 10th, Tucumcari, NM 88401 Phone: 575-461-7842 Email:</p>	<p>Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Voting Member: Name: Russell Shafer Organization: Quay County Sheriff Address: PO Box 943, Tucumcari, NM 88401 Phone: 575-461-2720 Email:</p>	<p>Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Voting Member: Name: Judy Roybal Organization: CYFD Address: 615 S 2nd, Tucumcari, NM 88401 Phone: 575-461-0110 Email:</p>	<p>Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Voting Member: Name: Chris Birch Organization: Quay County Detention Center Address: 223 W High, Tucumcari, NM 88401 Phone: 575-461-4664 Email:</p>	<p>Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Voting Member: Name: Heidi Adams Organization: 10th District Attorneys Office Address: PO Box 1141, Tucumcari, NM 88401 Phone: 575-461-2075 Email:</p>	<p>Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Voting Member: Name: Organization: Address: Phone: Email:</p>	<p>Voting Member: Name: Organization: Address: Phone: Email:</p>

Local DWI Planning Council Members – Non-Voting Members

<p>Non-Voting Member: Name: Bryan Rinestine Organization: DWI Coordinator Address: PO Box 1011, Tucumcari, NM 88401 Phone: 575-461-6096 Email: quaydwi@plateautel.net</p>	<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Non-Voting Member: Name: Richard Primrose Organization: Quay County Manager Address: PO Box 1246, Tucumcari NM 88401 Phone: 575-461-2112 Email: richard.primrose@quaycounty-nm.gov</p>	<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Non-Voting Member: Name: Susan Lease Organization: QDWI Address: PO Box 1011, Tucumcari, NM 88401 Phone: 575-461-6096 Email: susan.lease@quaycounty-nm.gov</p>	<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Non-Voting Member: Name: Andrea Shafer Organization: QDWI Address: PO Box 1011, Tucumcari, NM 88401 Phone: 575-461-6096 Email: andrea.shafer@quaycounty-nm.gov</p>	<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>	<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>	<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>
<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>	<p>Non-Voting Member: Name: Organization: Address: Phone: Email:</p>

**LOCAL DWI GRANT AND DISTRIBUTION PROGRAM
REVENUE/EXPENDITURE SUMMARY**

Applicant/Grantee

Quay County

Project Funding: **18-D-J-D-21**

Total Funds By Category

83,679.00

REVENUES BY SOURCE	EXPENDITURE BY CATEGORY	GRANT EXPENDITURES	IN-KIND/MATCH FUNDS	TOTAL BUDGET
Local DWI Program Grant	ADMINISTRATIVE*			
Program Generated Fees	Personnel Services		4,259.00	4,259.00
Local Match (Cash or In-Kind)	Employee Benefits		-	-
County	Travel (In-State)		-	-
City	Contractual Services		-	-
Judicial/Courts	Operating Expenses		-	-
Other (list):	PROGRAM			
	Personnel Services	49,130.00	2,467.00	51,597.00
	Employee Benefits	11,334.00	1,642.00	12,976.00
	Travel (In-State)	4,000.00	-	4,000.00
	Travel (Out-of-State)	-	-	-
	Supplies	3,603.00	2,000.00	5,603.00
	Operating Costs	7,112.00	12,757.00	19,869.00
	Contractual Services	6,000.00	6,000.00	12,000.00
	Minor Equipment	2,500.00	-	2,500.00
	Capital Outlay*	-	-	-
TOTAL REVENUES	TOTALS:	83,679.00	29,125.00	112,804.00
			TOTAL EXPENDITURES	112,804.00

*(1) Capital Outlay cannot exceed 10% of total grant or distribution funds.

10%-

8,367.90

*(2) Administrative is allowed only as In-Kind Match

**LOCAL DWI GRANT AND DISTRIBUTION PROGRAM
REVENUE/EXPENDITURE SUMMARY**

Applicant/Grantee

Quay County

Prevention

Project Funding **18-D-J-D-21**

17,780.00

REVENUES BY SOURCE	EXPENDITURE BY CATEGORY	GRANT EXPENDITURES	IN-KIND/MATCH FUNDS	TOTAL BUDGET
	ADMINISTRATIVE*			
Local DWI Program Grant	Personnel Services		-	-
Program Generated Fees	Employee Benefits		-	-
	Travel (In-State)		-	-
Local Match (Cash or In-Kind)	Contractual Services		-	-
County	Operating Expenses		-	-
City				
Judicial/Courts	PROGRAM			
Other (list):	Personnel Services	12,727.00	1,067.00	13,794.00
	Employee Benefits	5,053.00	711.00	5,764.00
	Travel (In-State)	-	-	-
	Travel (Out-of-State)	-	-	-
	Supplies	-	2,000.00	2,000.00
	Operating Costs	-	-	-
	Contractual Services	-	-	-
	Minor Equipment	-	-	-
	Capital Outlay*	-	-	-
	TOTALS:	17,780.00	3,778.00	21,558.00
TOTAL REVENUES			TOTAL EXPENDITURES	21,558.00

* Administrative is allowed only as In-Kind Match

**LOCAL DWI GRANT AND DISTRIBUTION PROGRAM
REVENUE/EXPENDITURE SUMMARY**

Applicant/Grantee

Quay County

Screening

Project Funding **18-D-J-D-21**

REVENUES BY SOURCE	EXPENDITURE BY CATEGORY	GRANT EXPENDITURES	IN-KIND/MATCH FUNDS	TOTAL BUDGET
	ADMINISTRATIVE*			
Local DWI Program Grant	Personnel Services		-	-
Program Generated Fees	Employee Benefits		-	-
	Travel (In-State)		-	-
Local Match (Cash or In-Kind)	Contractual Services		-	-
County	Operating Expenses		-	-
City				
Judicial/Courts	PROGRAM			
Other (list):	Personnel Services		-	-
	Employee Benefits		-	-
	Travel (In-State)		-	-
	Travel (Out-of-State)		-	-
	Supplies		-	-
	Operating Costs		-	-
	Contractual Services		-	-
	Minor Equipment		-	-
	Capital Outlay*		-	-
	TOTALS:		-	-
TOTAL REVENUES			TOTAL EXPENDITURES	-

*Administrative is allowed only as In-Kind Match

**LOCAL DWI GRANT AND DISTRIBUTION PROGRAM
REVENUE/EXPENDITURE SUMMARY**

Applicant/Grantee

Quay County

Compliance Monitoring/Tracking

Project Funding **18-D-J-D-21**

45,594.00

REVENUES BY SOURCE	REVENUE	EXPENDITURE BY CATEGORY	GRANT EXPENDITURES	IN-KIND/MATCH FUNDS	TOTAL BUDGET
Local DWI Program Grant	45,594.00	ADMINISTRATIVE*		4,259.00	4,259.00
Program Generated Fees	18,757.00	Personnel Services		-	-
Local Match (Cash or In-Kind)		Employee Benefits		-	-
County	6,590.00	Travel (In-State)		-	-
City	-	Contractual Services		-	-
Judicial/Courts	-	Operating Expenses		-	-
Other (list):	-	PROGRAM		-	-
	-	Personnel Services	19,102.00	1,400.00	20,502.00
	-	Employee Benefits	3,277.00	931.00	4,208.00
	-	Travel (In-State)	4,000.00	-	4,000.00
	-	Travel (Out-of-State)	-	-	-
	-	Supplies	3,603.00	-	3,603.00
	-	Operating Costs	7,112.00	12,757.00	19,869.00
	-	Contractual Services	6,000.00	6,000.00	12,000.00
	-	Minor Equipment	2,500.00	-	2,500.00
	-	Capital Outlay*	-	-	-
	-	TOTALS:	45,594.00	25,347.00	70,941.00
TOTAL REVENUES	70,941.00			TOTAL EXPENDITURES	70,941.00

*Administrative is allowed only as In-Kind Match

**LOCAL DWI GRANT AND DISTRIBUTION PROGRAM
REVENUE/EXPENDITURE SUMMARY**

Applicant/Grantee
Quay County

Coordination, Planning and Evaluation

Project Funding **18-D-J-D-21**

20,305.00

REVENUES BY SOURCE		EXPENDITURE BY CATEGORY	GRANT EXPENDITURES	IN-KIND/MATCH FUNDS	TOTAL BUDGET
		ADMINISTRATIVE*			
Local DWI Program Grant	20,305.00	Personnel Services			-
Program Generated Fees	-	Employee Benefits			-
Local Match (Cash or In-Kind)		Travel (In-State)			-
County	-	Contractual Services			-
City	-	Operating Expenses			-
Judicial/Courts	-	PROGRAM			
Other (list):		Personnel Services	17,301.00		17,301.00
		Employee Benefits	3,004.00		3,004.00
		Travel (In-State)			-
		Travel (Out-of-State)			-
		Supplies			-
		Operating Costs	-		-
		Contractual Services	-		-
		Minor Equipment			-
		Capital Outlay*			-
		TOTALS:	20,305.00		
TOTAL REVENUES	20,305.00			TOTAL EXPENDITURES	20,305.00

*Administrative is allowed only as In-Kind Match

**LOCAL DWI GRANT AND DISTRIBUTION PROGRAM
REVENUE/EXPENDITURE SUMMARY**

Applicant/Grantee

Quay County

Project Funding: **18-D-J-G-21**

Total Funds By Category

26,765.00

REVENUES BY SOURCE	EXPENDITURE BY CATEGORY	GRANT EXPENDITURES	IN-KIND/MATCH FUNDS	TOTAL BUDGET
Local DWI Program Grant	ADMINISTRATIVE*			
Program Generated Fees	Personnel Services		-	-
	Employee Benefits		-	-
	Travel (In-State)		-	-
	Contractual Services		-	-
	Operating Expenses		-	-
Local Match (Cash or In-Kind)				
County				
City				
Judicial/Courts				
Other (list):				
	PROGRAM			
	Personnel Services	11,450.00	2,700.00	14,150.00
	Employee Benefits	5,815.00	-	5,815.00
	Travel (In-State)	-	-	-
	Travel (Out-of-State)	-	-	-
	Supplies	-	-	-
	Operating Costs	-	-	-
	Contractual Services	9,500.00	-	9,500.00
	Minor Equipment	-	-	-
	Capital Outlay*	-	-	-
	TOTALS:	26,765.00	2,700.00	29,465.00
TOTAL REVENUES			TOTAL EXPENDITURES	29,465.00

*(1) Capital Outlay cannot exceed 10% of total grant or distribution funds.

10% =

2,676.50

*(2) Administrative is allowed only as In-Kind Match

**LOCAL DWI GRANT AND DISTRIBUTION PROGRAM
REVENUE/EXPENDITURE SUMMARY**

Applicant/Grantee
Quay County

Project Funding **18-D-J-G-21**

Prevention

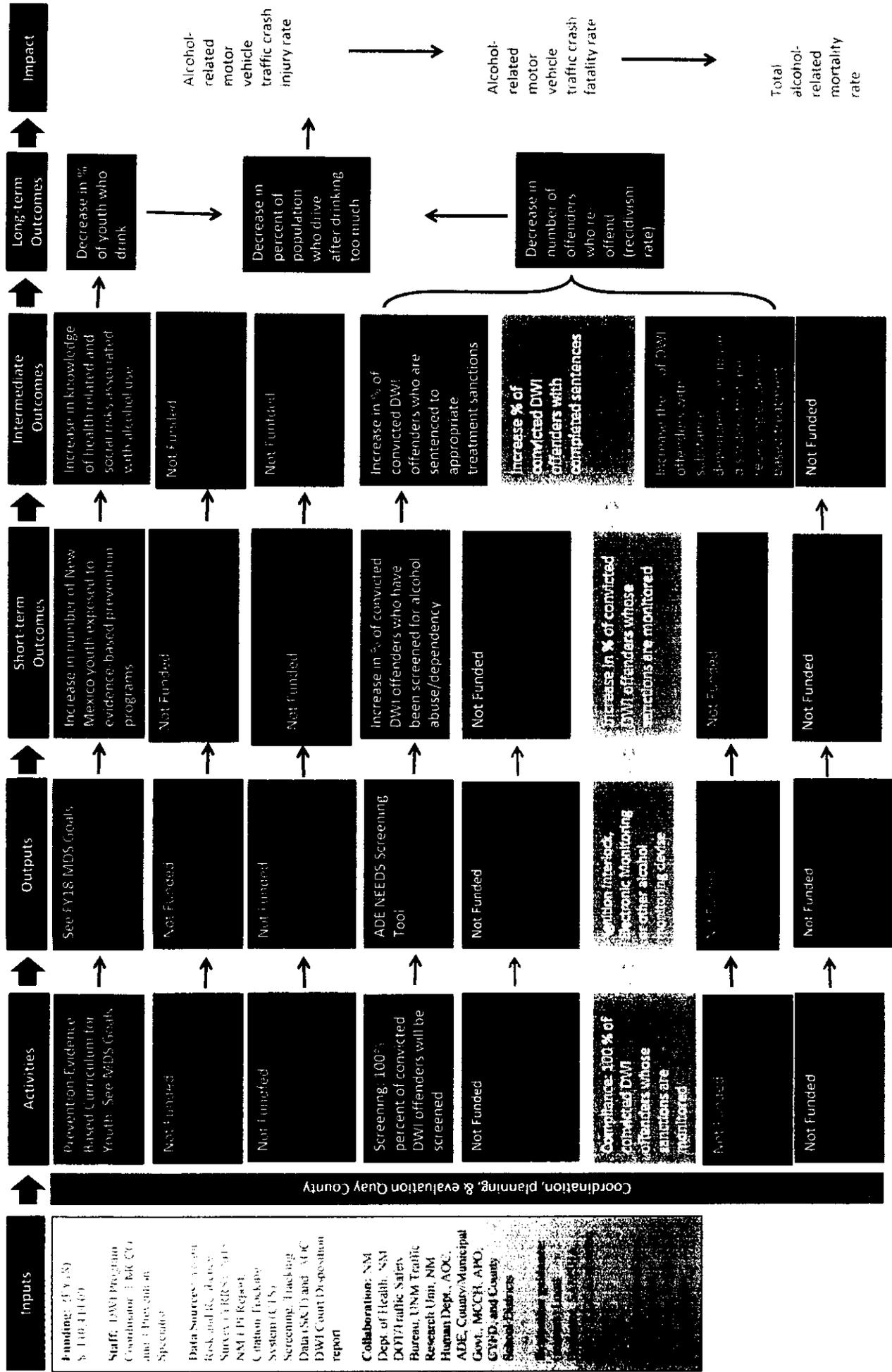
26,765.00

REVENUES BY SOURCE	EXPENDITURE BY CATEGORY	GRANT EXPENDITURES	IN-KIND/MATCH FUNDS	TOTAL BUDGET
	ADMINISTRATIVE*			
Local DWI Program Grant	Personnel Services			-
Program Generated Fees	Employee Benefits		-	-
Local Match (Cash or In-Kind)	Travel (In-State)		-	-
County	Contractual Services		-	-
City	Operating Expenses		-	-
Judicial/Courts				
Other (list):	PROGRAM			
	Personnel Services	11,450.00	2,700.00	14,150.00
	Employee Benefits	5,815.00	-	5,815.00
	Travel (In-State)	-	-	-
	Travel (Out-of-State)	-	-	-
	Supplies	-	-	-
	Operating Costs	-	-	-
	Contractual Services	9,500.00	-	9,500.00
	Minor Equipment	-	-	-
	Capital Outlay*	-	-	-
	TOTALS:	26,765.00	2,700.00	
TOTAL REVENUES			TOTAL EXPENDITURES	29,465.00

* Administrative is allowed only as In-Kind Match

Logic Model: Quay County DWI and Prevention Program

JMK6



Continued & External Factors: Policy, Funding, Community Safety, etc.



PERA

Public Employees
Retirement Association
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507
(505) 476-9401 fax (505) 476-9300 voice
(800) 342-3422 Toll-Free
www.nmpera.org

Volunteer Firefighters Annual Reporting Form

SECTION A - VOLUNTEER FIREFIGHTER DEPARTMENT - GENERAL INFORMATION

- Department Name: CONSERVANCY QUAY FIRE DISTRICT # 3
- Department Mailing Address: P.O. BOX 1248
City, State: TUCUMCARI, NEW MEXICO Zip Code: 88401
- PERA Number: 09638
- Fire Chief: DEL CHOATE Email Address: RURAL3@PLATEAUTEL.NET
- Phone (work): (575) 403-7391 (home) (575) 576-2307

SECTION B - DEPARTMENT TOTALS

1.	New Member enrollments (Applications for Membership enclosed):	0
2.	Member with prior service reported this year:	17
3.	Total number of volunteer firefighters reported this year:	17

SECTION C - CERTIFICATION

I, DEL Choate, fire chief of CONSERVANCY QUAY FIRE DISTRICT 3
Volunteer Firefighter Department, affirm that the records submitted to PERA are true and correct.

Del Choate, chief
Signature of Fire Chief

Feb 20, 2017
Date

Franklin McCasland
Municipal Mayor or Chairman of County Commission

2-27-17
Date

State of New Mexico)
County of Dolan) SS:

Subscribed and sworn to before me by Franklin McCasland on this the 27 day of February 2017.

My Commission Expires Feb 3-21-17 Notary Public Telephone No: 575-401-0510

Notary Signature Elle Cubice

Return this Summary and the Qualification Record form on or before March 31 of each calendar year to the Public Employees Retirement Association. All Records must be entered online by the department. **Reports can only be entered until March 31. After that date, the reports become Read Only.** Keep copies for your records.



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**Volunteer Firefighter Service Credit
Qualification Record Form**

Instructions: Please print or type in black. Check one box to indicate whether or not member met minimum qualifications for service credit for the year indicated. Attach a completed Member Enrollment form for any volunteer not previously reported.

Fire Department Name: CONSERVANCY QUAY FIRE DISTRICT # 3

PERA Number (5 digit number): 09638 Report Year: 2016

Vol. No.	Social Security Number (must be provided or no service will be credited)	Full Name of Volunteer (Provide address for each member)	New Member Y/N	Age of Vol.	Service Credit	
					Yes	No
1.	[REDACTED]	BEVERLY CHOATE	N	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	[REDACTED]	DEBORAH KANAPILLY	N	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	[REDACTED]	JAMES D MCEWEN	N	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	[REDACTED]	R. DEL CHOATE	N	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	[REDACTED]	PHILLIP GRIGGS	N	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	[REDACTED]	DUSTIN NIALS	N	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	[REDACTED]	TRESSIE CURTIS	N	73	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	[REDACTED]	DAVID PEACOCK	N	70	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	[REDACTED]	JOHN GRIFFITH	N	67	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	[REDACTED]	JUSTIN KNIGHT	N	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Volunteer Firefighter Department Certification

(to be completed by the department fire chief or authorized person)

Signature: Del Choate Title: Chief Date: 2/20/17



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**Volunteer Firefighter Service Credit
Qualification Record Form**

Instructions: Please print or type in black. Check one box to indicate whether or not member met minimum qualifications for service credit for the year indicated. Attach a completed Member Enrollment form for any volunteer not previously reported.

Fire Department Name: CONSERVANCY QUAY FIRE DISTRICT # 3

PERA Number (5 digit number): 09638 Report Year: 2016

Vol. No.	Social Security Number (must be provided or no service will be credited)	Full Name of Volunteer (Provide address for each member)	New Member Y/N	Age of Vol.	Service Credit	
					Yes	No
1.	[REDACTED]	SUE DOWELL	N	67	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	[REDACTED]	DESMOND GRIGGS	N	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	[REDACTED]	J. DEVIN KANAPILLY	N	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	[REDACTED]	RELISSA NIALS	N	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	[REDACTED]	JEREMY CADE FERNANDEZ	N	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	[REDACTED]	SHELBY BALDRIDGE	N	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	[REDACTED]	ROLAND CHOATE	N	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Firefighter Department Certification

(to be completed by the department fire chief or authorized person)

Signature: *D. Choate* Title: CHIEF Date: 02/20/2016



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Volunteer Firefighters Annual Reporting Form

SECTION A - VOLUNTEER FIREFIGHTER DEPARTMENT - GENERAL INFORMATION

1. Department Name: Conservancy #2 VF
2. Department Mailing Address: 2599 Quay Road 51
City, State: Grady, New Mexico Zip Code: 88120
3. PERA Number: 09637
4. Fire Chief: Danny Wallace Email Address: rndwallace@yahoo.com
5. Phone (work): (575) 7607794 (home) ()

SECTION B - DEPARTMENT TOTALS

1.	New Member enrollments (Applications for Membership enclosed):	1
2.	Member with prior service reported this year:	9
3.	Total number of volunteer firefighters reported this year:	10

SECTION C - CERTIFICATION

I, DANNY WALLACE, fire chief of Conservancy Dist #2
Volunteer Firefighter Department, affirm that the records submitted to PERA are true and correct.

Danny Wallace Signature of Fire Chief Date 2-13-17

Franklin McCasland Municipal Mayor or Chairman of County Commission Date 2-27-17

State of New Mexico)
County of Quay) SS:

Subscribed and sworn to before me by Franklin McCasland on this the 27 day of Feb 2017.

My Commission Expires 3-21-19 Notary Public Telephone No: 575-441-0510

Notary Signature Ellen Lubitz

Return this Summary and the Qualification Record form on or before March 31 of each calendar year to the Public Employees Retirement Association. All records must be entered online by the department. **Reports can only be entered until March 31. After that date, the reports become Read Only.** Keep copies for your records.



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123
(505) 827-4670 fax (505) 827-4700 voice
www.pera.state.nm.us

MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS

Instructions: Please print or type in black. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

SECTION A - MEMBER INFORMATION		PLEASE PRINT CLEARLY	
SOCIAL SECURITY NUMBER 541-33-9154			
FIRST NAME Forest	MI T	LAST NAME Pivrotto	
Previous Last Name		Previous First Name	
ADDRESS TYPE <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING		HOME TELEPHONE NO.	
ADDRESS 3537 OR 58		BUSINESS TELEPHONE NO.	
CITY Tucuman	STATE NM	ZIP 99401	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH 3-27-90	CITY OF BIRTH Portland	STATE OF BIRTH OR	
HAVE YOU EVER BEEN A PERA MEMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS ForestPivrotto@gmail.com	
ARE YOU OR HAVE YOU BEEN A MEMBER OF ANY OTHER NEW MEXICO RETIREMENT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, PLEASE CHECK WHICH PLAN(S): <input type="checkbox"/> JUDICIAL <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> VOLUNTEER FIREFIGHTER <input type="checkbox"/> LEGISLATIVE			
ARE YOU RECEIVING A PENSION FROM ANY OF THESE PLANS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
MARITAL INFORMATION			
CURRENT MARITAL STATUS (Check One)			
<input checked="" type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
SPOUSE'S NAME		SSN	DATE OF BIRTH (mm/dd/ccyy)
MEMBER CERTIFICATION			
I hereby declare that all the above information is true and complete to the best of my knowledge.			
SIGNATURE OF VOLUNTEER FIREFIGHTER [Signature]			DATE 1-11-16
SECTION B - VOLUNTEER FIREFIGHTER DEPARTMENT CERTIFICATION			
MUST BE COMPLETED BY THE FIRE CHIEF			
Please copy the completed application for the district's file and for the volunteer. Return only the original for to PERA immediately upon completion.			
NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT Rural 2			
PERA FIREFIGHTER DEPARTMENT NUMBER		START DATE 4-13-16	
I certify that the above-named individual is a volunteer of this department as of the above date.			
SIGNATURE OF CHIEF [Signature]		DATE OF SIGNATURE (mm/dd/ccyy) 4-13-16	
TITLE Chief		BUSINESS TELEPHONE NO. 575-760 7794	



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**Volunteer Firefighter Service Credit
Qualification Record Form**

Instructions: Please print or type in black. Check one box to indicate whether or not member met minimum qualifications for service credit for the year indicated. Attach a completed Member Enrollment form for any volunteer not previously reported.

Fire Department Name: Conservancy #2 VF

PERA Number (5 digit number): 09637 Report Year: 2016

Vol. No.	Social Security Number (must be provided or no service will be credited)	Full Name of Volunteer (Provide address for each member)	New Member Y/N	Age of Vol.	Service Credit	
					Yes	No
1.	[REDACTED]	Johnny Marshall	N	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	[REDACTED]	Carlos Valverde	N	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	[REDACTED]	Gary Massey	N	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	[REDACTED]	April Shipley	N	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	[REDACTED]	Forest Pivrotto	Y	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	[REDACTED]	Robert Jennings	N	58	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	[REDACTED]	Kyle Evetts	N	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	[REDACTED]	Mark Preciado	N	42	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	[REDACTED]	Robert Evans	N	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	[REDACTED]	Noel Acosta	N	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Volunteer Firefighter Department Certification

(to be completed by the department fire chief or authorized person)

Signature: Danny Walker Title: Chief Date: 2-13-17



Public Employees Retirement Association
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This Page shows the reported records for pay period ending Dec 31, 2016

SSN	FirstName	MidName	LastName	Period End Date	Status	Plan Code	Hours	Wages	Employee Contribution	Employer Contribution
[REDACTED]	JOHNNY	T	MARSHALL	12/31/2016	00	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	CARLOS	E	VALVERDE	12/31/2016	03	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	GARY	G	MASSEY	12/31/2016	00	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	April	M	Shpley	12/31/2016	00	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	FOREST	T	PIVIROTTO	12/31/2016	03	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	Robert	S	Jennings	12/31/2016	00	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	KYLE	H	EVETTS	12/31/2016	00	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	Mark	A	Preciado	12/31/2016	03	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	ROBERT	C	EVANS	12/31/2016	00	VFF1	0.00	0.00	0.00	0.00
[REDACTED]	Noel		Acosta	12/31/2016	00	VFF1	0.00	0.00	0.00	0.00



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www.nmpera.org

Volunteer Firefighters Annual Reporting Form

SECTION A – VOLUNTEER FIREFIGHTER DEPARTMENT – GENERAL INFORMATION

1. Department Name: Bard-Endee Fire District
2. Department Mailing Address: 1097 Route 66
City, State: Bard, NM Zip Code: 88411
3. PERA Number: 09602
4. Fire Chief: Donald Adams Email Address: Quaycofm@yahoo.com
5. Phone (work): (575) 403 7911 (home) (575) 576 2210

SECTION B – DEPARTMENT TOTALS

1.	New Member enrollments (Applications for Membership enclosed):	1
2.	Member with prior service reported this year:	17
3.	Total number of volunteer firefighters reported this year:	18

SECTION C - CERTIFICATION

I, Donald Adams, fire chief of Bard-Endee Fire Dist.

Volunteer Firefighter Department, affirm that the records submitted to PERA are true and correct.

Donald Adams 2-27-17
Signature of Fire Chief Date

Franklin McCasland 2-27-17
Municipal Mayor or Chairman of County Commission Date

State of New Mexico)
County of Quay) SS:

Subscribed and sworn to before me by Franklin McCasland this the 27 day of February, 2017

My Commission Expires 3-31-19 Notary Public Telephone No: 575-461-0510

Notary Signature Elle White

Return this Summary and the Qualification Record form on or before March 31 of each calendar year to the Public Employees Retirement Association. All Records must be entered online by the department. Reports can only be entered until March 31. After that date, the reports become Read Only. Keep copies for your records.



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**Volunteer Firefighter Service Credit Qualification
Record Form**

Instructions: Please print or type in black. Check one box to indicate whether or not member met minimum qualifications for service credit for the year indicated. Attach a completed Member Enrollment form for any volunteer not previously reported.

Fire Department Name: Bard-Endee Fire District

PERA Number (5 digit number): 09602 Report Year: 2016

Vol. No.	Social Security Number (must be provided or no service will be credited)	Full Name of Volunteer (Provide address for each member)	New Member Y/N	Age of Vol.	Service Credit	
					Yes	No
1.		Austin Gibson	N	27	X	
2.		Rana Gibson	N	27		X
3.		Kelly L Boney	N	55	X	
4.		Jennifer Carter	N	28	X	
5.		Steven Carter	N	27	X	
6.		Kalon Lafferty	N	34	X	
7.		Franklin Gibson	N	50	X	
8.		Alice Gibson	N	23		X
9.		Melissa Johnson	N	45	X	
10		Wade Lane	N	50	X	

Volunteer Firefighter Department Certification

(to be completed by the department fire chief or authorized person)



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**Volunteer Firefighter Service Credit Qualification
Record Form**

Instructions: Please print or type in black. Check one box to indicate whether or not member met minimum qualifications for service credit for the year indicated. Attach a completed Member Enrollment form for any volunteer not previously reported.

Fire Department Name: Bard-Endee Fire District

PERA Number (5 digit number): 09602 Report Year: 2016

Vol. No.	Social Security Number (must be provided or no service will be credited)	Full Name of Volunteer (Provide address for each member)	New Member Y/N	Age of Vol.	Service Credit	
					Yes	No
11.		Jackson Glenn Carter	N	32	X	
12.		Barton Bone	N	25	X	
13.		Benjamin Bone	N	25	X	
14.		Ellen Y. Bone	N	60	X	
15.		Debra Carter	N	61	X	
16.		Heidi Adams	N	36	X	
17.		Casey Adams	N	31	X	
18.		Aeren C Young	Y	21		X
9.						
10						

Volunteer Firefighter Department Certification

(to be completed by the department fire chief or authorized person)

Signature: Donald Adams Title: Chief Date: 2-27-17

September 2015



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

Charlotte Young

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123
(505) 476-9401 fax (505) 476-9300 voice (800) 342-3422 Toll-Free in New Mexico
www.pera.state.nm.us

MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in BOLD ITALICS

MEMBER INFORMATION PLEASE PRINT CLEARLY

SOCIAL SECURITY NUMBER or PERA ID NUMBER 648-09-6989
FIRST NAME Aeren MI C LAST NAME Young
Previous First Name Previous Last Name
ADDRESS TYPE [X] PERMANENT [] TEMPORARY [] MAILING HOME TELEPHONE NO. Cell 800-609-1195
STREET ADDRESS 11960 S. Western Apt - A BUSINESS TELEPHONE NO.
CITY Amarillo STATE Tx ZIP 79118 GENDER [] MALE [X] FEMALE
DATE OF BIRTH 03/15/1996 CITY OF BIRTH Roswell STATE OF BIRTH NM
HAVE YOU EVER BEEN A PERA MEMBER? [] YES [X] NO EMAIL ADDRESS a102514@icloud.com

MARITAL INFORMATION

CURRENT MARITAL STATUS (Check One)
[X] NEVER BEEN MARRIED [] MARRIED [] DIVORCED [] WIDOWED
SPOUSE'S NAME SSN DATE OF BIRTH (mm/dd/ccyy)

MEMBER CERTIFICATION

I hereby declare that all the above information is true and complete to the best of my knowledge.
SIGNATURE OF VOLUNTEER FIREFIGHTER Aeren Charlotte Young DATE 2/28/15

VOLUNTEER FIREFIGHTER DEPARTMENT CERTIFICATION

MUST BE COMPLETED BY THE FIRE CHIEF

Please copy the completed application for the district's file and for the volunteer. Return the original form to PERA immediately upon completion.

NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT BARD-ENDEE Fire District

PERA FIREFIGHTER DEPARTMENT NUMBER 09602 START DATE (mm/dd/ccyy) 02-28-15

I certify that the above-named individual is a volunteer of this department as of the above date.

SIGNATURE OF CHIEF Donald Adlan DATE OF SIGNATURE (mm/dd/ccyy) 02-28-15

EMAIL ADDRESS bardende@yaho.com BUSINESS TELEPHONE NO. 575-576-2233



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Volunteer Firefighters Annual Reporting Form

SECTION A - VOLUNTEER FIREFIGHTER DEPARTMENT - GENERAL INFORMATION

- Department Name: PORTER VOLUNTEER FIRE DEPARTMENT
- Department Mailing Address: P.O. Box 91
City, State: SAN JON NM Zip Code: 88434
- PERA Number: 09961
- Fire Chief: AUSTIN GIBSON Email Address: austingibson199008@yahoo.com
- Phone (work): (575) 403-6570 (home) (575) 403 5081

SECTION B - DEPARTMENT TOTALS

1.	New Member enrollments (Applications for Membership enclosed):	
2.	Member with prior service reported this year:	
3.	Total number of volunteer firefighters reported this year:	<u>14</u>

SECTION C - CERTIFICATION

I, Austin Gibson, fire chief of Porter Fire ~~dep.~~ dep.

Volunteer Firefighter Department, affirm that the records submitted to PERA are true and correct.

Austin Gibson
Signature of Fire Chief

2-12-17
Date

Franklin McCasland
Municipal Mayor or Chairman of County Commission

2-27-17
Date

State of New Mexico)
County of Quay) SS:

Subscribed and sworn to before me by Franklin McCasland on this the 27 day of February, 2017.

My Commission Expires 3-21-19 Notary Public Telephone No: 575-441-0510

Notary Signature [Signature]

Return this Summary and the Qualification Record form on or before March 31 of each calendar year to the Public Employees Retirement Association. All Records must be entered online by the department. Reports can only be entered until March 31. After that date, the reports become Read Only. Keep copies for your records.



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Volunteer Firefighter Service Credit

Qualification Record

Instructions: Please print or type in black. Check one box to indicate whether or not member met minimum qualifications for service credit for the year indicated. Attach a completed Member Enrollment form for any volunteer not previously reported.

Fire Department: Porter Volunteer

PERA Number: 09961

Report Year: 2016

Vol. No.	Social Security Number (must be provided or no service will be credited)	Full Name of Volunteer	Age of Volunteer	Service Credit	
				Yes	No
1.	[REDACTED]	Steve Kent	43	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	[REDACTED]	Corby Mackey	32	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	[REDACTED]	Chad Becerra	35	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	[REDACTED]	Diane Becerra	35	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	[REDACTED]	John Stacy	72	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	[REDACTED]	Dusty Leonard	41	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	[REDACTED]	Franklin Gibson	48 60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	[REDACTED]	Michael Thrasher	59	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	[REDACTED]	Michael Erwin	38	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10.	[REDACTED]	Austin Gibson	20 26	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	[REDACTED]	Alice Gibson	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	[REDACTED]	Carolyn Gibson	78	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	[REDACTED]	Paul Gibson	78	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14.	[REDACTED]	Rana Gibson	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.				<input type="checkbox"/>	<input type="checkbox"/>
16.				<input type="checkbox"/>	<input type="checkbox"/>
17.				<input type="checkbox"/>	<input type="checkbox"/>
18.				<input type="checkbox"/>	<input type="checkbox"/>
19.				<input type="checkbox"/>	<input type="checkbox"/>
20.				<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Firefighter Department Certification

(to be completed by the department fire chief or authorized person)

Signature: [Handwritten Signature]

Title: Chief

Date: 2-12-17



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MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION		PLEASE PRINT CLEARLY	
SOCIAL SECURITY NUMBER or PERA ID NUMBER			
FIRST NAME Carolyn	MI J	LAST NAME Gibson	
Previous First Name		Previous Last Name Parish	
MAILING ADDRESS 6245 Quay Rd 15		HOME or CELL TELEPHONE NO.	
		BUSINESS TELEPHONE NO.	
CITY Bard	STATE NM	ZIP 88411	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
DATE OF BIRTH 9-23-1938	CITY OF BIRTH Plainview	STATE OF BIRTH Texas	
HAVE YOU EVER BEEN A PERA MEMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	
MARITAL INFORMATION			
CURRENT MARITAL STATUS (Check One) <input type="checkbox"/> NEVER BEEN MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
SPOUSE'S NAME Paul Gibson	SSN [REDACTED]	DATE OF BIRTH (mm/dd/ccyy) [REDACTED]	
MEMBER CERTIFICATION			
I hereby declare that all the above information is true and complete to the best of my knowledge.			
SIGNATURE OF VOLUNTEER FIREFIGHTER Carolyn J. Gibson		DATE 2-22-2017	
VOLUNTEER FIREFIGHTER DEPARTMENT CERTIFICATION MUST BE COMPLETED BY THE FIRE CHIEF			
Please copy the completed application for the district's file and for the volunteer. Return the original form to PERA immediately upon completion.			
NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT		Porter fire dept	
PERA FIREFIGHTER DEPARTMENT NUMBER	09961	START DATE (mm/dd/ccyy)	01-01-16
I certify that the above-named individual is a volunteer of this department as of the above date.			
SIGNATURE OF CHIEF [Signature]		DATE OF SIGNATURE (mm/dd/ccyy) 02-22-17	
EMAIL ADDRESS Carolyn.Gibson@pera.org		BUSINESS or CELL TELEPHONE NO. 575-403-5081	



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MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION		PLEASE PRINT CLEARLY	
SOCIAL SECURITY NUMBER or PERA ID NUMBER 525-99-0479			
FIRST NAME Alice	MI M	LAST NAME Gibson	
Previous First Name Alice	Previous Last Name Pack		
MAILING ADDRESS PO BOX 233		HOME or CELL TELEPHONE NO. 575-403-7066	
		BUSINESS TELEPHONE NO.	
CITY San Jon	STATE NM	ZIP 88434	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
DATE OF BIRTH 02-16-93	CITY OF BIRTH Durango	STATE OF BIRTH Colorado	
HAVE YOU EVER BEEN A PERA MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EMAIL ADDRESS <i>alicegibson2015@yahoo.co</i>	
MARITAL INFORMATION			
CURRENT MARITAL STATUS (Check One) <input type="checkbox"/> NEVER BEEN MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
SPOUSE'S NAME Austin Gibson	SSN [REDACTED]	DATE OF BIRTH (mm/dd/ccyy) [REDACTED]	
MEMBER CERTIFICATION			
I hereby declare that all the above information is true and complete to the best of my knowledge.			
SIGNATURE OF VOLUNTEER FIREFIGHTER <i>Alice Gibson</i>			DATE 02-18-17
VOLUNTEER FIREFIGHTER DEPARTMENT CERTIFICATION MUST BE COMPLETED BY THE FIRE CHIEF			
Please copy the completed application for the district's file and for the volunteer. Return the original form to PERA immediately upon completion.			
NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT		<i>Porter Fire Dept.</i>	
PERA FIREFIGHTER DEPARTMENT NUMBER	START DATE (mm/dd/ccyy) 01-01-16		
I certify that the above-named individual is a volunteer of this department as of the above date.			
SIGNATURE OF CHIEF <i>[Signature]</i>		DATE OF SIGNATURE (mm/dd/ccyy) 02-22-17	
EMAIL ADDRESS <i>Austin.Gibson@porterfire.com</i>		BUSINESS or CELL TELEPHONE NO. 575-403-5001	