QUAY COUNTY GOVERNMENT
300 South Third Street
P.O. Box 1246
Tucumcari, NM 88401
Phone: (575) 461-2112
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AGENDA
REGULAR SESSION
QUAY COUNTY BOARD OF COMMISSIONERS
JANUARY 8, 2018

9:00 A.M. Call Meeting to Order
Pledge of Allegiance
Approval of Minutes-Regular Session December 11, 2017
Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

I. **Quay County Board of Commissioners**
   A. Distribution of **Financial Interest Disclosure Forms**
   B. Request Approval of **FY 2017-2018 Resolution No. 20**
      1. **Adopting Procedures for Compliance in Accordance with NMSA 10-17; and**
      2. **Miscellaneous Provisions that Documents that Annual Audits, Summary Minutes, Monthly Budget, Financial Reports, and Monthly Warrants List are Public Information and Establishes Method of Compliance with Revenue and Expenditure Requirements**
   C. **Approval of District Judge's Security Request**
   D. **Approval of Quay County Courthouse Security**
   E. **Approval of Quay County Safety Manual (E.1.6)**

II. **Karen Alarcon, Tucumcari Rawhide Days (TRD)**
   A. Request Approval to **Waive all Fees for TRD Events**
   B. Request Approval for **Donation for TRD Ranch Rodeo**

III. **Andrea Shafer, DWI Coordinator**
   A. Request Approval of **FY 2017-2018 Resolution No. 19 to submit an application for DWI Grant and Distribution Funds**
   B. Request Approval of **Assurance of DWI Grant and Distribution**
   C. Request Approval of **MOU for DWI Grant and Distribution**
   D. Request Approval of **DOH Assurances and Cooperative Agreement.**

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IV. Pat Vanderpool, Executive Director, Greater Tucumcari EDC
- **2nd Quarterly Report: October-December 2017**

V. Donald Adams, Quay County Fire Marshal
- **A.** Request Approval of **EMS Fund Act FY 2019 Application - Fire District 1**
- **B.** Request Approval of **EMS Fund Act FY 2019 Application - Quay Fire**
- **C.** Request Approval of **EMS Fund Act FY 2019 Application - Forrest Fire**
- **D.** Request Approval of **EMS Fund Act FY 2019 Application - Bard-Endee Fire**
- **E.** Request Approval of **FY 2017-2018 Resolution No. 21 - Authorizing Submission of NMFA Loan Application for Forrest Fire to Purchase a Wildland Truck**

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

VII. Richard Primrose, Quay County Manager
- **A.** Request Approval of **Professional Services Agreement – Clinton D. Harden & Associates**
- **B.** Request Approval of the **Quay County Web Site Design**
- **C. Correspondence**

VIII. Request Approval of Accounts Payable

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

X. 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**

XI. Franklin McCasland, Quay County Commission Chairman
- Proposed action, if any, from Executive Session

Adjourn

Lunch-Time and Location to be Announced

1:00 P.M. <u>Work Session</u>

Discussion of Computer Guideline and Drug-Free Workplace Policies

FY 2017-2018
QUAY COUNTY
RESOLUTION NO. 20

A RESOLUTION ADOPTING PROCEDURES FOR COMPLIANCE IN ACCORDANCE WITH NMSA 10-17; MISCELLANEOUS PROVISIONS

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED AND ORDERED:

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

PASSED, APPROVED AND ADOPTED by the governing body at its meeting on January 8, 2018.

QUAY COUNTY COMMISSIONERS:

Franklin McCasland, Commissioner

Sue Dowell, Commissioner

Mike Cherry, Commissioner

(Seal)

Attest:

Ellen White, County Clerk

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

January 8, 2018

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 8th day of January, 2018 at 9:00 a.m. in the Quay County Commission Chambers, Tucumcari, New Mexico, for the purpose of taking care of any business that may come before them.

PRESENT & PRESIDING:

Franklin McCasland, Chairman
Mike Cherry, Member
Sue Dowell, Member
Ellen L. White, County Clerk
Richard Primrose, County Manager

OTHERS PRESENT:

Larry Moore, Quay County Road Superintendent
Vic Baum, Quay County Assessor
Gail Houser, Tucumcari Mainstreet Director
Daniel Zamora, Quay County Rural Addressing
Karen Alarcon and Cynthia Lathrom, Tucumcari Rawhide Days
Patrick Vanderpool, Executive Director, Greater Tucumcari EDC
Paula O'Steen, Quay Fire/EMS
Donald Adams, Quay County Fire Marshal
Andrea Shafer, Quay County DWI Coordinator
Patsy Gresham, Quay County Treasurer
Cheryl Simpson, Quay County Manager's Office
Thomas Garcia, Quay County Sun

Chairman Franklin McCasland called the meeting to order. Vic Baum led the Pledge of Allegiance.

A MOTION was made by Sue Dowell, SECONDED by Mike Cherry to approve the minutes from the December 11, 2017 regular session as presented. 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. MOTION carried with Cherry voting "aye", Dowell voting "aye", and McCasland voting "aye".

PUBLIC COMMENTS:

Chairman McCasland stated he had attended a meeting on December 19 in Albuquerque regarding the possibility of upcoming legislation that could potentially pose a risk of increased taxes to certain taxpayers and school districts in Quay County. McCasland said in 2017, SB 350 was introduced to change the percentage of evaluations regarding conservation lands from 30% to 5%. McCasland said if this legislation is introduced again, the remaining taxpayers will have to make up the difference. McCasland noted that he, along with Quay County residents Bill Humphries, Tom Sidwell and Phil Bidegain attended this meeting. McCasland said he has spoken to Vic Baum and Janie Hoffman from the Assessor's Office and is urging them and the other Commissioners to stay informed regarding this issue.

ONGOING BUSINESS: NONE

NEW BUSINESS:

County Clerk Ellen White reported notices regarding Financial Statements, as required by law, have been distributed to all Elected Officials and Quay County Government Staff.

Chairman McCasland presented Resolution No. 20; Adopting Procedures for Compliance in Accordance with NMSA 10-17; and Miscellaneous Provisions that documents that Annual Audits, Summary Minutes, Monthly Budget, Financial Reports and Monthly Warrant Lists are Public Information and Establishes Method of Compliance with Revenue Expenditure. A MOTION was made Mike Cherry and SECONDED by Sue Dowell to approve Resolution No. 20 as presented. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy of said Resolution is attached and made a part of these minutes.

Chairman McCasland addressed the letter of request from Judge Mitchell regarding a Sheriff Deputy being posted at the doors of the Courthouse during the lunch hour to accommodate the attorneys and clients who have court hearings at 1:00 p.m. McCasland noted the Courthouse is currently being locked during the lunch hour at the request of the Judge for added security for the building. McCasland stated, the Board of Commissioners cannot dictate to another elected official the job duties or requirements of their personal staff.

Commissioner Cherry said he completely agrees with the Chairman and that this is an issue of the Courts regarding their docket schedule.

Commissioner Dowell stated she is very pleased the building is being locked during the lunch hour but absolutely agrees with McCasland and Cherry regarding controlling those decisions of the Sheriff or any other Elected Official. Dowell mentioned the Judge has a security officer hired and perhaps he would be the one to allow their clients access during the lunch hour.

Chairman McCasland summed up the discussion saying this is obviously a District Court scheduling issue and not a Quay County problem. No further action was taken.

In addition to this new request of the Judge, Chairman McCasland said the Commissioners had tabled action regarding additional security at the Courthouse pending further information.

McCasland provided a spread sheet of all 33 Counties in New Mexico and it provided information regarding security in Courthouses that housed both county government offices and Courtrooms. In addition, it also noted government offices that are not in a location with their court systems with their respective security. The spreadsheet is attached and made a part of these minutes.

McCasland made the following statement and submitted the following for the record:

We initially tabled this until we had time to do some research. I'm not sure if any of the other commissioners or anyone from District Court has additional information from researching, but I have reached out to all other 32 counties in this State and from the spreadsheet I have provided, it's obvious that we are no different from any other courthouses in NM that have District Court in the same building with their administrative government offices. I believe this is likely due to the Early Voting issues and concerns of accessibility to their citizens.

- *This commission has a statutory obligation to provide un-restricted access for voters into this building without the perception of intimidation.*
- *Our law abiding, tax paying citizens do not deserve to be required to go through "airport security" when they come to pay property taxes, file a deed or register to vote or any other business they have in this building.*
- *I don't believe utilizing law enforcement personnel and public funds to provide security at 1 building in Quay County is in the best interest of every citizen when we have schools, gyms and other public buildings throughout this County, and events that deserve to have law enforcement available to them as well.*

With this said I will not be in support of restricting access to the north end of this building and requiring screening of citizens upon entering on any floor except the 2nd floor into the Court Room.

However, I am not opposed to making additional security advances in our administrative offices for their protection. Many of the counties have panic alarms in their offices and some have security panels between staff and public.

Commissioners Cherry and Dowell thanked McCasland for providing the spread sheet and valuable information. A MOTION was made by Chairman McCasland, SECONDED by Commissioner Mike Cherry to not pursue additional security measures as previously requested by the District Court Judge. In addition, Cherry asked Primrose to work with the Elected Officials regarding their possible requests for additional security office by office. MOTION carried with Cherry voting "aye" Dowell voting "aye" and McCasland voting "aye".

Richard Primrose, Quay County Manager presented the updated 2018 Safety Manual for approval. A MOTION was made Mike Cherry, SECONDED by Sue Dowell to approve the Safety Manual as presented. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy of this manual is available in the Manager's Office.

Karen Alarcon, coordinator of Tucumcari Rawhide Days requested the facility use fee for the Quay County Fairgrounds/Building be waived for their event scheduled for May 3-7, 2018. A

MOTION was made by Mike Cherry, SECONDED by Sue Dowell to approve the waiver of fees. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye".

Alarcon, on behalf of Jaree Sours requested a donation of $850.00 to purchase prizes and buckles for the Ranch Rodeo being held in conjunction with Tucumcari Rawhide Days.

Commissioner Cherry asked if the funds allocated for in the budget had already been distributed to Rawhide Days. Primrose said the $3,000.00 for the event has been made. Alarcon stated the request now is specifically for the Rodeo held in conjunction with the event, but is a separate event.

Commissioner Dowell asked if they were asking other entities and persons to contribute funds for buckles and prizes as typically several businesses and individuals sponsor a buckle or saddle for rodeos. Alarcon replied saying she did not believe that they had asked anyone else and the $850.00 would be the total amount needed for prizes.

Commissioner Cherry stated he really admired all the efforts of both groups but believes it's illegal for the County to donate because of the anti-donation laws. Primrose asked Alarcon if the Rodeo group had established a separate 501(c)3. Alarcon said they had not and asked if it would be considered if she requested the funds under their status. Chairman McCasland said the County has already made their contribution based on the budget and so at this time, they would not be able to assist.

The Commissioners thanked Alarcon for her efforts to bring this wonderful event to our community. McCasland stated the entire Board supports their projects but they have strict guidelines when using public funds. He urged Alarcon to have the volunteers contact any of the Commissioners for ideas for additional funding.

Andrea Shafer, DWI Coordinator requested approval of the following items:

1. Resolution No. 19; Approval to submit application for DWI Grant and Distribution Funds.
2. Assurance of DWI Grant and Distribution.
3. MOU and DWO Grant and Distribution Agreements between Quay County DWI and NM Department of Finance and Administration.
4. DOH Assurances and Cooperative Agreement.

A MOTION was made by Commissioner Dowell, SECONDED by Commissioner Cherry to approve all four items as described above. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye". Copies are attached and made a part of these minutes.

Patrick Vanderpool, Greater Tucumcari EDC Executive Director presented the 2nd Quarter Report. The following items were highlighted during the report:

- Kmart is closing in April.
- NM Area on Aging is closing.
- Quay Day will be on January 17, 2018 at the Inn at Loretto in Santa Fe at 6:30 a.m.
- Members of the NM Tourism Board will be in Tucumcari the 8th and 9th of January. The County Commissioners have an 11:00 a.m. appointment in the Liberty Room on the 9th to meet with representatives.
- Update on US Department of Interior National Park Service re-development plan of Tucumcari Five Mile Park.
- ACT Work Ready Communities progress.
- Update on Truck terminal and corridor redevelopment project with Brownfield.

Commissioner Dowell asked the following questions of Vanderpool:

- Regarding the LEADS grant for customer service, has the skills training portion of this grant started? Vanderpool stated it had not as they have recently hired a new trainer and that work should begin soon. Dowell suggested working on the gap in communication between local people and employers and utilizing personnel at Mesalands as a liaison to assist with these efforts.
- Concern regarding the 40 plus people who will be without employment due to recent closures. Vanderpool stated they are working feverishly to pursue other business and also create the Solo-Work Center.
- Ongoing concerns included the desperate need for retail and child care.

Quay County Fire Marshal, Donald Adams requested approval of the FY 2019 EMS Fund ACT Applications for the following departments:

- Fire District 1
- Quay Fire (Paula O'Steen was present representing Quay Fire)
- Forrest Fire
- Bard-Endee Fire

Commissioner Cherry stated that Fire District 1 has submitted an incomplete application; however he realizes they have time to complete it and get it turned in before the deadline as long as the Commission approves it today. Cherry stated he would like to get the message to all departments that the Board of Commissioners will not approve incomplete applications going forward. With that said, a MOTION was made by Cherry, SECONDED by Dowell to approve

the EMS Fund ACT Applications. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". Copies are attached to these minutes.
Adams requested approval of Resolution No. 21; Authorizing Submission of NMFA Loan Application for Forrest Fire Department to purchase a Wildland Truck. A MOTION was made by Cherry, SECONDED by Dowell to approve Resolution No. 21. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye". A copy of said Resolution is attached to these minutes.

Adams informed the Commissioners that on the Saturday prior to Christmas, a vehicle coming west from Texas along I-40 was sparking fires. Numerous engines responded to the fire calls. Adams said he called the Dispatch Center and asked for law enforcement to assist and stop the vehicle. Adams was told the Sheriff's Department reported they did not have an officer available and State Police refused to respond. Adams said the volunteers respond regardless of the holidays and severity of the issue and it is bad business when our law enforcement refuses to assist.

Chairman McCasland, along with Commissioners Cherry and Dowell agreed and thanked Adams for his report and urged him to continue to call and ask for assistance when needed.

Chairman McCasland called for a break. Time noted 10:15 a.m.

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

Larry Moore, Quay County Road Superintendent, gave the following update on projects:

1. Provided the blade mileage report totaling 33.98 miles.
2. Extension Agreements for the CAP and COOP Projects are approved.
3. Quay Road R, of the CAP Project, is nearing completion.
4. The 2018 Road Certification will be due in March.
5. The LGRF Environmental clearances have been approved for all upcoming projects in 2018.
6. The request for millings is still pending approval.
7. The 2017-18 Match Waiver documents have been executed by John Herrera.
8. The "Notice to Proceed" work order for the drawdowns on the 2018 projects is being prepared.
9. The concerns of Jimmy Ray, Mark Runyan and Phillip Runyan have been addressed in the House area.

Commissioner Dowell thanked Moore for his attentiveness to Quay Road AI, stating the issue of the surface deteriorating continues to worsen both north and south of the bridge. Moore stated they will continue to patch the roadway until the 2018 projects begin and that road will be a priority.

Richard Primrose, Quay County Manager presented the following items for approval:

1. Professional Services Agreement between Quay County and Clinton Harden & Associates for lobbying services. Commissioner Dowell asked that Harden be requested to submit a report of the services he provides to Quay County during the session so we can see his efforts. Chairman McCasland stated he receives emails and texts throughout the session and year when items of interest come to his attention that could affect Quay County. County Clerk, Ellen White and Primrose also stated they stay in close contact with Harden throughout the year. McCasland agreed that a report from Harden would be beneficial. A MOTION was made by Cherry, SECONDED by McCasland to approve the Agreement. MOTION carried with Cherry voting "aye", Dowell voting "aye" and McCasland voting "aye". A copy is attached.
2. Presented four quotes for website designs and maintenance thereof. After reviewing all quotes, a MOTION was made by Sue Dowell, SECONDED by Mike Cherry to award the bid to RC Web for an initial cost of $3,870.00 with a monthly maintenance fee of $100.00. MOTION carried with Dowell voting "aye", McCasland voting "aye" and Cherry voting "aye".

Primrose presented the following correspondence:

1. Presented the GRT Report for December.
2. Presented a letter of thanks from Tucumcari Elementary School music teacher, Andrew Kesten for the donation from the employees during the annual appreciation dinner.
3. Information regarding the New Mexico True Grant awarded to the communities of Belen, Las Vegas, Raton and Tucumcari.
4. New Mexico Tourism members will be in Tucumcari on January 8th and 9th.
5. January 29th is the next County Commission meeting.
6. A planning meeting for the Quay County Comprehensive Plan will be held on January 29, 2018 at 6:30 p.m. in the Quay County Commission Room.
7. Legislative Conference is the week of January 15 in Santa Fe.
8. Quay Day is at 6:30 a.m. in Santa Fe at the Inn of Loretto on January 17.
9. 29 employees have successfully completed a defensive driving course. Another course will be available in late February.

ACCOUNTS PAYABLE: Commissioner Dowell requested the per diem she requested for the Legislative Conference be voided and she will turn in a new request after the conference to ensure the credit cards are charged appropriately for her stay. A MOTION was made by Sue Dowell. SECONDED by Mike Cherry to approve the expenditures included in the Accounts Payable Report ending January 4, 2018 with the removal of Dowell's reimbursement. MOTION carried with Dowell voting "aye", Cherry voting "aye" and McCasland voting "aye".

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

Commissioner Cherry congratulated Primrose and Cheryl Simpson on the Audit Accountability Award.

Chairman McCasland thanked everyone for their efforts in making the annual Employee Appreciation Dinner a success.

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

Time noted 11:05 a.m.

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

Return to regular session. Time noted 11:30 a.m.

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 11:35 a.m.

It was noted the Commissioners will conduct a review of policies in a Work Session beginning at 1:00 p.m.

Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS

Franklin McCasland

Sue Dowell

Mike Cherry

ATTEST:

Ellen L. White, County Clerk

COUNTY	CLASSIFICATION	COUNTY ADMIN W/DIST COURT	DISTRICT COURT SECURITY LEVEL	COUNTY ADMIN IN A SEPERATE BLDG	COURTHOUSE SECURITY FOR ADMIN OFFICES
BERNALILLO	A	NO		YES	PRESENCE
DONA ANA	A	NO		YES	PRESENCE
SAN JUAN	A	NO		YES	NO
SANDOVAL	A	NO		YES	NO
SANTA FE	A	NO		YES	NO
CHAVES	B-OVER	NO		YES	NO
CIBOLA	B-OVER	YES	COURTROOM ONLY	NO	NO
COLFAX	B-OVER	NO		YES	NO
CURRY	B-OVER	NO		YES	NO
EDDY	B-OVER	NO		YES	NO
GRANT	B-OVER	NO		YES	NO
LEA	B-OVER	YES	COURTROOM ONLY	NO	NO
LINCOLN	B-OVER	YES	COURTROOM ONLY	NO	NO
LUNA	B-OVER	NO		YES	NO
MCKINLEY	B-OVER	YES	COURTROOM ONLY	NO	NO
OTERO	B-OVER	NO		YES	NO
RIO ARRIBA	B-OVER	NO		YES	NO
ROOSEVELT	B-OVER	YES	COURTROOM ONLY	NO	NO
SAN MIGUEL	B-OVER	NO		YES	NO
TAOS	B-OVER	YES	COURTROOM ONLY	NO	NO
TORRANCE	B-OVER	NO		YES	NO
VALENCIA	B-OVER	NO		YES	NO
CATRON	B-UNDER	YES	COURTROOM ONLY	NO	NO
GUADALUPE	B-UNDER	YES	COURTROOM ONLY	NO	NO
HARDING	B-UNDER	YES	NONE	NO	NO
HIDALGO	B-UNDER	YES	COURTROOM ONLY	NO	NO
MORA	B-UNDER	NO		YES	NO
QUAY	B-UNDER	YES	COURTROOM ONLY	NO	NO
SIERRA	B-UNDER	NO		YES	NO
SOCORRO	B-UNDER	YES	COURTROOM ONLY	NO	NO
UNION	B-UNDER	YES	NONE	NO	NO
DE BACA	C	YES	COURTROOM ONLY	NO	NO
LOS ALAMOS	H	NO		YES	NO

RESOLUTION FOR COUNTY AS FISCAL AGENT
FY 2017-2018
COUNTY OF Quay
Resolution No. 19

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 (DWI) 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 the County of Quay that the County Chairperson on behalf of the County and all participating entities is authorized to submit an application for Distribution and/or Grant FY19 program funding under the regulations established by the Local Government Division.

APPROVED AND ADOPTED by the governing body at its meeting of January 8, 2018.

Franklin McCasland
County Commission Chairperson, Franklin McCasland

Attest:

Ellen L White
County Clerk (SEAL) Ellen White

DWI Planning Council Representative

STATEMENT OF ASSURANCES
Local DWI Grant and Distribution Program

Project Year FY19: July 1, 2018 – June 30, 2019

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 expenditures** 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 expenditures 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 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 six (6) 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

County Commission Chairperson (or Municipal Mayor) (Please Print)

Franklin McCasland

Franklin McCasland

Signature

1-8-18

Date

MEMORANDUM OF UNDERSTANDING

The County/City of Quay 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 "Division") hereby exchange the following assurances and enter into the following Memorandum of Understanding (MOU):

The Division assures:

1. That the Division is in full compliance with the provisions concerning research activities in accordance with Federal confidentiality regulations, 42 CFR 2.16 and 2.25.

2. That the 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 Division acknowledges it is bound by the provisions of the Federal confidentiality regulations, 42 CFR Part 2.

4. That the Division shall undertake to resist 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.

5. That the Division 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 Division shall not keep treatment information 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 Division 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 Division 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).

Franklin McCasland

County Commission Chairperson (or Municipal Mayor) (Please Print)

Franklin McCasland

Franklin McCasland

Signature

1-8-18

Date

Executed this _____ day of _____ 2018.

_____

Rick Lopez, Director
Local Government Division

DOH ASSURANCES AND COOPERATIVE AGREEMENT

The Quay County/City 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 the Department of Finance and Administration:

The DOH:

1. Acknowledges that it is in full compliance with the provisions concerning research activities in in accordance with Federal confidentiality regulations, 42 CFR 2.16 and 2.25, including:

    a. That a research protocol is maintained in accordance with the security requirements of 42 CFR 2.16; 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 confidentiality regulations, 42 CFR Part 2: and

3. Resists 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.

This agreement will become effective on July 1, 2018.
This agreement will expire on June 30, 2019.

Franklin McCasland, Quay County Commission Chairman
County Manager or other authorized official (Please Print)

Signature

January 8, 2018
Date

Michael Landen, MD, MPH,
State Epidemiologist and
Director Epidemiology and Response Division
New Mexico Department of Health
Harold Runnels Building
1190 St. Francis Drive
Santa Fe, NM 87502

Date

NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2019

Due Date: January 19, 2018

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

To All Potential Applicants:

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

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

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 19, 2018.** Please adhere to the following instructions, **as incomplete applications will not be processed:**

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

Local Recipient:	Conservancy Fire District #1		0321353	
	(EMS Service that will benefit)		*(EMS Service #)*	
Mailing Address:	P.O. Box 725	Tucumcari	NM	88401
	(Street/Mailing Address)	*(City)*	*(State)*	*(Zip)*
	1 2 3 ✓		575-461-2351	
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	Michelle Jaynes	Secretary/Treasurer	michelle.jaynes5@gmail.com	
	(Name)	*(Title)*	*(E-mail Address)*	

Applicant:	Quay County - Conservancy Fire District 1			
	(County or Municipality serving as Fiscal Agent)			
Mailing Address:	P.O. Box 1246	Tucumcari	NM	88401
	(Mailing Address)	*(City)*	*(State)*	*(Zip)*
Fiscal Agent Contact Person:	Cheryl Simpson	Financial Secretary		
	(Name)	*(Title)*		
	575-461-2112	575-461-6208	cheryl.simpson@quaycounty-nm.gov	
	(Telephone #)	*(Fax Phone #)*	*(E-mail Address)*	

EMS AGENCY FUNDING INFORMATION

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

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

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items *(Please list in appropriate category and provide adequate detail on each priority item)*	Estimated Cost ($)
Repair and Maintenance:		
1	Supplies Needed for Rescue including Splint, Long Spine Board	3500.00
Training:		
2	Continuing Education for 3 EMTs	500.00
Mileage & Per Diem:		
3	Mileage and Per Diem to conference to obtain CE's	1000.00
Supplies (Items Under $500):		
****Capital Outlay (Items Over $500):**		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		$5000.00

* **Do not make all items Priority No. 1.**

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

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

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

JUSTIFICATION OF TOP PRIORITIES

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

District 1 priority is on training and to maintain EMS status with CE's for the Medics on staff. Educational upkeep of an EMT is expensive and without this expense we would not have EMT's to maintain the service. We also have plans to purchase some of the required equipment that we were not able to purchase brand new. Traction Splints and spine boards are needed

SERVICE NAME:	Conservancy District 1 Quay County

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

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

Franklin McCasland

Mayor **OR** **Chairman, Board of Commissioners**

Quay

Municipality **County**

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

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

Franklin McCasland

Signature of Official Named Above *(Title)*

The above was sworn and subscribed to before this 8 **day of** Jan **,** 2018

Notary Public: Ella Pulliter

My commission expires: 3-21-18

(SEAL)

PERSON COMPLETING FORM

Name:	Michelle Jaynes			
	(Name)		*(Title)*	
Address:	4205 Quay Road 63 (personal)			
	Tucumcari	NM	88401	
	(City)	*(State)*	*(Zip)*	*(+4)*
575-461-2351	575-461-4765		575-815-9015	michelle.jaynes5@gmail.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:	Michelle D Jaynes			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

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

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	2	Spare Batteries/charger system	2
EMSCOM (UHF) Radio	0		
Other: *(Specify)*			

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	200+	Helmet with Face Shield	10
Eye Protection	10	N-95 mask (or > particulate mask)	2
Gloves (Leather or heavy duty)	10	Safety Vest/Jacket/(ANSI 2008 Compliant)	10
Hearing Protection	4	Splash Protection (disposable)	2
Other: *(Specify)*			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	4		
End Title C02 monitoring device (optional)	0	Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	4
Penlights	10	Thermometer (Patient)	2
Other: *(Specify)*			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

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

Other: *(Specify)*			
Advance Level			
Alcohol and Betadine Prep Pads	0	IV Fluid (Normal Saline, D5W, LR)	0
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	0	Laryngoscope Blades – Adult	0
Chest Decompression Catheters	0	Laryngoscope Blades –Peds	0
Cricothyroidotomy Kit	0	Laryngoscope Handle	0
EKG Monitor Electrodes	0	Magill Forceps	0
Electrode Defib Pads	0	Needles (Assorted Gauges)	0
End Tidal CO2 Detector	0	Pediatric Fluid Control Device	0
Endotracheal Tubes (Assorted)	0	Scalpels	0
Ext. Cardiac Pacing Pads	0	Syringes (1cc, 3cc, 5cc, 10cc)	0
Infusion Pumps	0	Toomey Syringe (60cc)	0
Inhalation Therapy Equipment	0	Tubes, Blood Drawing (Assorted Sizes and Types)	0
Intraosseous Needles	0	Tubing, IV Administration (60gtts)	0
IV Catheters	0	Tubing, IV Administration Set (10gtts – 20gtts)	0
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Check) Yes ☐ No ✓
Other: *(Specify)*			

NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2019

Due Date: January 19, 2018

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

To All Potential Applicants:

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- **NO SPECIAL BINDING** (*one staple in the left top corner only- NO PAPERCLIPS or BINDERS*)
- **Be sure to have necessary SIGNATURES and NOTARY.**

Local Recipient:	QUAY FIRE DEPARTMENT		0321359	
	(EMS Service that will benefit)		*(EMS Service #)*	
Mailing Address:	PO Box 643	Tucumcari	NM	88401
	(Street/Mailing Address)	*(City)*	*(State)*	*(Zip)*
	1 2 X 3	(575) 760-7961	(575) 403-7961	
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	Paula O'Steen	EMS Director	osteenp2000@yahoo.com	
	(Name)	*(Title)*	*(E-mail Address)*	

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

EMS AGENCY FUNDING INFORMATION

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

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

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

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

* **Do not make all items Priority No. 1.**

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

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

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

JUSTIFICATION OF TOP PRIORITIES

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

1) Pharmacy Licenses to include clinical and controlled substance licenses renew yearly – you must have these licenses to carry, purchase, and administer medications. Replace expired and used medical supplies. Annual registration of medical rescue unit per New Mexico EMS Bureau / Regulations requirements.

2) Repair / Maintenance of vehicle as needed and annual inspection as required by New Mexico EMS Bureau.

3) Refreshers / Continuing Education for Volunteers to maintain licensure.

4) Per Diem to help volunteers with travel expenses for continuing education, training, and conferences.

SERVICE NAME:	QUAY FIRE DEPARTMENT

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF QUAY

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

Franklin McCasland

Mayor **OR** **Chairman, Board of Commissioners**

QUAY

Municipality **County**

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

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

Franklin McCasland

Signature of Official Named Above *(Title)* Chairman

The above was sworn and subscribed to before this 8 **day of** January, 20 18

Notary Public: Ellen L White

My commission expires: 3-21-2019

ELLEN L WHITE NOTARY PUBLIC (SEAL)

PERSON COMPLETING FORM

Name:	Paula O'Steen		EMS Director	
	(Name)		*(Title)*	
Address:	PO Box 643			
	Tucumcari	NM	88401	0643
	(City)	*(State)*	*(Zip)*	*(+4)*
(575) 760-7961	N/A		(575) 403-7961	osteenp2000@yahoo.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:	Paula O'Steen			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	2	Siren	Yes
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)		Star of Life Displayed	Yes
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	Yes
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	Yes
Patient Care Reports or Reporting System	Yes	Vehicle Registration	Yes
Roadway warning devices	8	Vehicle Spotlight or auxiliary lighting	Yes
Service Specific Protocols and guidelines	Yes	Warning Lights	Yes
Other: *(Specify)*			

Communications Equipment

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

Personal Protective Equipment

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

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1 Set		
End Title C02 monitoring device (optional)		Pulse Oximeter	2
Glucose Monitoring Instrument	2	Stethoscope	4
Penlights	4	Thermometer (Patient)	1
Other: *(Specify)*			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

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

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

MUTUAL AID AGREEMENT

THIS MUTUAL AID AGREEMENT made and entered into this 25th day of August, 2014, by and between the Fire Departments and EMS Services listed hereinafter, and by signature of the Director of each service, this agreement will be by and between each service listed and signed for.

That for and in consideration of the mutual covenants and agreements hereinafter contained, IT IS AGREED as follows:

1.) **Definitions:**
Calling Fire Department / EMS Service requesting Mutual Aid
Aiding Fire Department / EMS Service offering Mutual Aid
Director: The elected or appointed service director or his/her subordinate officer.

In order to provide continuity of this agreement, future officers will be bound by this Agreement unless amendments are agreed to in writing.

If at any time after signing; a service elects not to be a part of this agreement, then a letter stating this fact will be delivered to the chairperson of the Association.

2.) **Purpose:**
The purpose of this Agreement will be to set down in writing the agreements for operations at emergencies at which two or more departments participate.

3.) **Method of Call:**
When the chief officer of the calling department recognizes the need for additional help at the scene of a fire / medical emergency or for area coverage due to full utilization of the calling department's equipment, a telephone call or radio call will be placed to the dispatcher's office of the aiding department. This call must describe the situation, exact location of the emergency, and specify the exact type of aid the calling department is requesting.

4.) **Equipment and Personnel Response:**
The chief officer of the aiding department will assess the coverage in his/her district, and will then provide fire / ambulance(s) and personnel to the extent needed and reasonably available to assist

the calling department without undermining the aiding department's ability to respond to calls in its own district.

5.) **Command**
The calling department will retain command authority over personnel and department(s) responding from the aiding department. The aiding department reserves the right to recall personnel and equipment in the event of need in the aiding fire district.

6.) **Reporting Losses:**
The aiding services will be responsible for their own vehicles, equipment, and personnel. The aiding department will record the call as per their own Standard Operating Guidelines.

FOR THE AGREEING PARTIES:

Tucumcari Ambulance Service — EMS Dr. Officer

Tucumcari Fire Department — Chief Officer

Logan Fire Department — Chief Officer

Logan Ambulance Service — Director Officer

San Jon Fire Department — Chief Officer

San Jon Ambulance Service — assist director Officer

House Fire Department — Officer

Arch Hurley Conservancy District One — Chief Officer

Arch Hurley Conservancy District Two — assist. chief Officer

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

Arch Hurley Conservancy District Three

_____ Officer

Quay Fire Department (four)

Gerald Hight
Chief Officer

Quay Fire Dept Medical Rescue

Gerald Hight
Chief Officer

Nara Visa Fire Department

Gary Girard
chief Officer

Bard-Endee Fire Department

Donaeie Adams
Chief Officer

Jordan Fire Department

Bill Roland
Chief Officer

Forrest Fire Department

Chief Officer

Porter Fire Department

Chief Officer

Conchas Dam Fire Department

Chief Officer

STATE OF NEW MEXICO)

) ss

COUNTY OF QUAY)

The foregoing instrument was acknowledged before me this 25th day of August, 2014, by the Director / Chief of the listed Ambulance Services and Fire Departments.

Paula O'Steen
Notary Public

(SEAL)

My commission expires: 08/27/2017

EAST CENTRAL FIRE AND EMS ASSOCIATION
MUTAL AID AGREEMENT

ATTACHMENT

ADDITION OF ADDITIONAL DEPARTMENTS:

Rosebud Fire and Rescue

Robert L Cook
Chief Officer

STATE OF NEW MEXICO)
)ss
COUNTY OF QUAY)

The foregoing instrument was acknowledged before me this 14th day of October, 2014, by the Director / Chief of the listed Ambulance Services and Fire Departments.

Paula O'Steen
Notary Public

(SEAL)

My Commission Expires: 08/27/2017

NEW MEXICO DEPARTMENT OF HEALTH

EMS ANNUAL SERVICE REPORT
Fiscal Year 2019
Due Date: January 19, 2018

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

Service Name:	Quay Fire Department (EMS Service)

Mailing Address:	PO Box 643 (Mailing Address)			
	Tucumcari (City)	NM (State)	88401 (Zip)	0643 (+4)
Contact Person:	Paula O'Steen (Name)	EMS Director (Title)		
	(575) 760-7961 (Business Phone)	(575) 403-7961 (Emergency Phone)	(Fax)	osteenp2000@yahoo.com (E-mail Address)
Administration:	Quay County (County or Municipality)			
	PO Box 1246 (Mailing Address)			
	Tucumcari (City)	NM (State)	88401 (Zip)	1246 (+4)
Contact Person:	Richard Primrose (Name)	County Manager (Title)		
	(575) 461-2112 (Telephone #)	(575) 461-6208 (Fax Phone #)	richard.primrose@quaycounty-nm.gov (E-mail Address)	
EMS Region:	**Region I**	**Region II**	**Region III** X	

Physical Location of Ambulance/Medical Rescue Facilities

#1				
Name of Facility:	Quay Fire Department			
	N34°55.448 (Latitude)	W103°45.710 (Longitude)		
Street Address:	4209 Quay Road 46			
	Tucumcari (City)	NM (State)	88401 (Zip)	(+4)
#2				
Name of Facility:				
	(Latitude)	(Longitude)		
Street Address:				
	(City)	(State)	(Zip)	(+4)

(Use additional pages as necessary)

Service Name:	Quay Fire Department
	(EMS Service)

SERVICE INFORMATION

	Type of Service *(Must Check Only One)*		Affiliation Type *(Mark Primary Affiliation Only)*
	Certified PRC Ambulance		Private for-profit
	Certified Medical/Rescue Service (Non-transport)		Private non-profit
X	Certified Medical/Rescue Service (Transport Capable)	X	Fire Dept.-based
	Emergency Medical Dispatch Agency		Law Enforcement or Department of Public Safety-based
	Special Event(s) Agency		Clinic-based
	Air Ambulance		Hospital-based
	Other (Please Specify):		County-based
			Municipality-based
	PRC Certification #		Tribal
	Medical Rescue Certification # 321359		Other (Please Specify):

# of Years in Operation	28

EMS Calls						Local Receiving Hospital(s)
Received By *(Mark One)*		Dispatched by *(Mark One)*				Dan C Trigg Hospital
	Basic 911		Ambulance Service	X	Central Dispatch	
X	Enhanced 911		Fire Department		Location of Dispatch:	
	Local Phone		Law Enforcement			

EMERGENCY MEDICAL SERVICES PERSONNEL

LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL

	Paid (Indicate Part Time/Full Time	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		1	Emergency Medical Dispatch Instructor		
EMT Basic			Nurse		
EMT Intermediate		2	Physician		
EMT Paramedic		1	Driver		
Emergency Medical Dispatcher			Other		

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

LICENSED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. ***(Use additional pages as necessary.)***

Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Hampton, Teresa	FR	00020895	03/31/2019	12/09/2015	Volunteer
Nunez, Jennifer	EMT-I	00020467	03/31/2018	12/09/2015	Volunteer
O'Steen, Paula	EMT-I	00012649	03/31/2018	12/09/2015	Volunteer
Blair, Eric	EMT-P	02000150	03/31/2019	12/09/2015	Volunteer

Service Name:	**Quay Fire Department**
	(EMS Service)

Service Name:	Quay Fire Department
	(EMS Service)

For Ground Ambulance/Medical Rescue Services Only

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

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

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

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

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

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

(Use additional pages as necessary)

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
1988	Ford E350	II	G-71924	2794	1988	2	2	88,910	09/29/2017
2003	Freightliner	Class A	G-57657		2003	4	0	42,383	
2010	Freightliner	QA	G-79866		2010	4	0	3,381	
1996	Dodge	Brush	G-31070		1996	4	0	5,597	
2004	Chevy	Brush	G-88484		2004	4	0	168,955	
2016	Dodge	Brush	G-98172		2016	4	0	1,788	
2016	Freightliner	Tender	G-98171		2016	4	0	1,594	

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

Service Name:	Quay Fire Department
	(EMS Service)

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

EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT

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

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

*Note:

- **Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per – run or other non-salary reimbursement.
- If your volunteer organization doesn't require a specific licensure level but needs additional licensed personnel, please select the lowest level of licensure that will meet your staffing needs. i.e don't list Paramedic when an EMT –Basic would suffice. Or, don't list First Responder if you really need EMTs.

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

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

OPERATIONS PLAN

Please provide information on the Operations Plan for your service.				
1. Do you have an Operations Plan?	X	Yes		No
2. Are operational and medical protocols included in the Operations Plan?	X	Yes		No
3. What was the effective date of your Operations Plan?	**January 2017**			
4. **Please provide a map of the coverage area for your service.**				

Service Name:	Quay Fire Department
	(EMS Service)

QUALITY ASSURANCE REVIEW

1. Do you have an internal quality assurance/improvement mechanism in place? | X | Yes | | No

If "Yes", please attach description.

2. Indicate the dates of this year's quality assurance review activities.

Reviews are conducted:		Daily		Weekly		Monthly		Quarterly	X	Annually

DATES OF REVIEW

DATE	DATE	DATE	DATE	DATE
12/31/2017				

SERVICE DIRECTOR/CHIEF

Name:	Gerald Hight		Chief	
	(Name)		*(Title)*	
Address:	4314 Quay Road 50.4		Tucumcari	NM	88401
	(Street/Mailing)		*(City)*	*(State)*	*(Zip)*
(575) 487-2002	(575) 487-9514			ghight@plateautel.net
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:	Gerald Hight			

SERVICE MEDICAL DIRECTOR

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

SERVICE TRAINING COORDINATOR

Name:	Paula O'Steen	EMS Director	00012649	EMT-I
	(Name)	*(Title)*	*(License #)*	*(Level)*
Address:	PO Box 643	Tucumcari	NM	88401
	(Street/Mailing	*(City)*	*(State)*	*(Zip)*
(575) 487-2002	(575) 403-7961		(575) 760-7961	osteenp2000@yahoo.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
***Signature:**	Paula O'Steen			

Service Name:	Quay Fire Department
	(EMS Service)

PERSON COMPLETING FORM					
Name:	Paula O'Steen		EMS Director		
	(Name)		*(Title)*		
Address:	PO Box 643		Tucumcari	NM	88401
	(Street/Mailing		*(City)*	*(State)*	*(Zip)*
(575) 487-2002	(575) 403-7961		(575) 760-7961	osteenp2000@yahoo.com	
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	
Signature:	Paula O'Steen				

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

The above was sworn and subscribed to before this 7th Day of December, 2017

Michelle D. Jaynes
Notary Public

February 24, 2018
My Commission Expires

Seal

****** Notary is for the person completing form**

MR46 - 1988 Medical Rescue
Vin #1FDJE34MOJHA83688

QUAY FIRE DEPARTMENT
VEHICLE CHECK LIST

License Plate G-71924
Patient Capacity - 2

DATE: January , 2018

ITEM CHECKED		ITEM CHECKED	
Mileage		Unit Washed	
Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		Washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

DATE: February , 2018

ITEM CHECKED		ITEM CHECKED	
Mileage		Unit Washed	
Tire Condition		Parking Brake	
Tire Pressure		Horn	
Spare Tire		Windshield Wipers	
Headlights, High		Clean All Glass	
Turn Signals		Fire Extinguishers	
Tail Lights		Engine Oil	
Brake Lights		Brake Fluid	
Back-up Alarm		Radiator Fluid	
Siren / PA		Washer Fluid	
Light Bar		Battery Terminals	
Rear Warning Lights		Battery Water	
Flood Lights		Engine Belts	
Rear Work Lights		Engine Hoses	
Radio Check		Power Steering Fluid	
Run Reports		Heater / A/C	
Hazard Flasher		Spotlight	
Throttle		Dome Light	
Seat Belts Operational		Tools	

UNITS CHECKED BY: _____

On Board O2 _____

Portable O2 _____

QUAY FIRE DEPARTMENT

OPERATION / PROCEDURES

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

VEHICLE INSPECTION

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

TRUCK SUPPLIES, DRUGS AND EQUIPMENT

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

RUN REPORTS

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

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

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

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

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

QUALITY ASSURANCE

1. All EMS responses will have a corresponding NM EMS Service Report or the equivalent completed as soon as possible after the incident. A designated member or committee and/or the system Medical Director must review these reports at least once a month. The purpose of the review is to ensure that appropriate medical care is being provided.

2. Standards that will be evaluated during QA activities are:

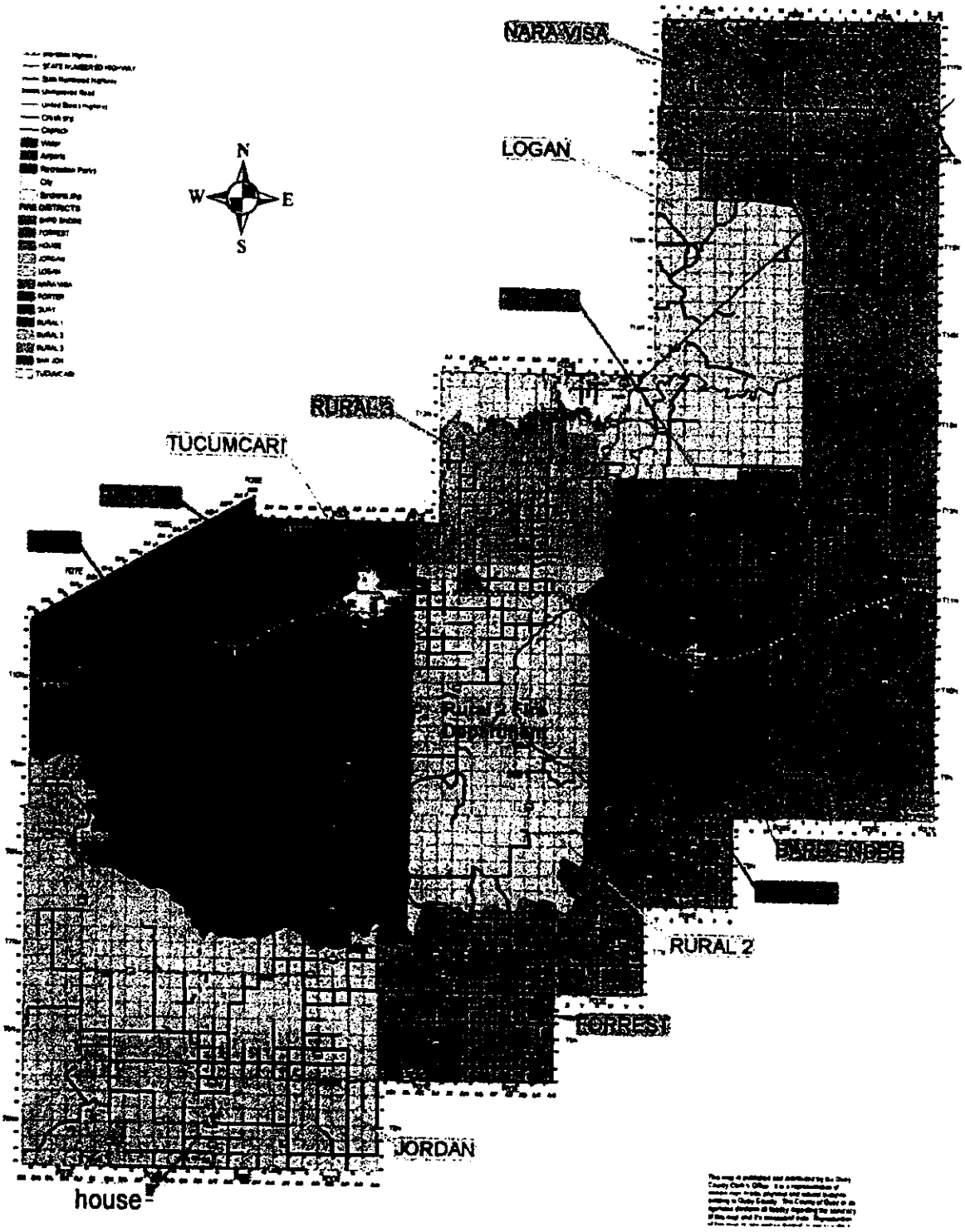
   a. Appropriate medical assessments.
   b. Compliance with service protocol.
   c. Appropriate medical control.
   d. Treatment in compliance with the New Mexico EMS Scope of Practice.

3. A written report of the problem and corrective action will be provided to the service Medical Director.

4. The Medical Director and/or a designee will address problems and discuss any necessary training and counseling.

5. A written report of any disciplinary action and sugggested solutions will be provided to personnel involved with the run, if applicable.

QUAY COUNTY


NARAVISA
LOGAN
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RURAL 3
TUCUMCARI
RURAL 2
FORREST
JORDAN
house

NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2019

Due Date: January 19, 2018

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

To All Potential Applicants:

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

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

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 19, 2018.** Please adhere to the following instructions, **as incomplete applications will not be processed:**

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

Local Recipient:	Forrest		321329	
	(EMS Service that will benefit)		*(EMS Service #)*	
Mailing Address:	3298 Quay Road 37	Melrose	NM	88124
	(Street/Mailing Address)	*(City)*	*(State)*	*(Zip)*
	1 2 3 ✔ 575-309-9065	575-309-9065		
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	Joe Garrett	Chief	pappyjoe63.jg@gmail.com	
	(Name)	*(Title)*	*(E-mail Address)*	

Applicant:	Quay County			
	(County or Municipality serving as Fiscal Agent)			
Mailing Address:	Po Box1246	Tucumcari	NM	88124
	(Mailing Address)	*(City)*	*(State)*	*(Zip)*
Fiscal Agent Contact Person:	Richard Primrose	Quay County Manager		
	(Name)	*(Title)*		
	575-461-2112	575-461-6208	richardquay@plateautel.net	
	(Telephone #)	*(Fax Phone #)*	*(E-mail Address)*	

EMS AGENCY FUNDING INFORMATION

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

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

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items *(Please list in appropriate category and provide adequate detail on each priority item)*	Estimated Cost ($)
Repair and Maintenance:		
1	Maintenance and service on rescue unit	2000
2	Calabration and service on life pak	800
Training:		
1	Cost to attend and hold training sesions with in the department	1000
Mileage & Per Diem:		
1	miliage reimburstmenbt to attened trainings held outside the department	1000
Supplies (Items Under $500):		
1	1 Time use supplies	200
2	replace expired supplies	200
3	Cleaning and disenfectants	100
****Capital Outlay (Items Over $500):**		
1	Have unit re stencilled from clovis to Forrest	1000
Other Operational Costs:		
1	O2	100
2	phrmacist	300
3	Fuel	500
TOTAL AMOUNT OF REQUEST:		7200

* **Do not make all items Priority No. 1.**

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

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

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

JUSTIFICATION OF TOP PRIORITIES

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

Maintenance and service are a must so that the department can respond to any service with in are scope in a safe and efficient manner

The life pak must be serviced and calabrated to remain with in our Standard of operation

Training is a must to refresh our skills and to learn new standartds as they become available to us

Reimburstment of miliage is need so as not to put a finacial strian on our volunteers attending training outside our department

We have had the previalge once again of recieving a used ambulance from the city of clovis, we need to have the lettering removed from the unit that identifies Clovis and have the Forrest identification put into place

The rst will be utilizedon normal operations as needed to remain in service at our level of operation, and to remain in safe operaton stanards

SERVICE NAME:	Forrest

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

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

		Franklin McCasland, Chairman, Board of Commissioners
Mayor	**OR**	**Chairman, Board of Commissioners**
		Quay County
Municipality		**County**

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

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

Franklin McCasland

Signature of Official Named Above *(Title)*

The above was sworn and subscribed to before this 8th day of January, 2018

Notary Public: Ella Lubin

My commission expires: 3-21-19

(SEAL)

PERSON COMPLETING FORM

Name:	Joe A. Garrett		Chief	
	(Name)		*(Title)*	
Address:	3298 Quay Road 37			
	Melrose	New Mexico	88124	
	(City)	*(State)*	*(Zip)*	*(+4)*
575-309-9065	575-309-9065	605	575-309-9065	pappyjoe63.jg@gmail.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:				

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	4	Siren	1
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)	10	Star of Life Displayed	4
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	2
Maps or Navigational equipment	2	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	10	Vehicle Registration	1
Roadway warning devices	10	Vehicle Spotlight or auxiliary lighting	1
Service Specific Protocols and guidelines	1	Warning Lights	1
Other: *(Specify)*			

Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	2	Spare Batteries/charger system	
EMSCOM (UHF) Radio	1		
Other: *(Specify)*			

Personal Protective Equipment

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

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1		
End Title C02 monitoring device (optional)	1	Pulse Oximeter	3
Glucose Monitoring Instrument	3	Stethoscope	4
Penlights	4	Thermometer (Patient)	2
Other: *(Specify)*			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

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

Other: *(Specify)*			
Advance Level			
Alcohol and Betadine Prep Pads	1box	IV Fluid (Normal Saline, D5W, LR)	2
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	1	Laryngoscope Blades – Adult	
Chest Decompression Catheters		Laryngoscope Blades –Peds	
Cricothyroidotomy Kit		Laryngoscope Handle	
EKG Monitor Electrodes	2paks	Magill Forceps	
Electrode Defib Pads	2	Needles (Assorted Gauges)	2
End Tidal CO2 Detector	1	Pediatric Fluid Control Device	1
Endotracheal Tubes (Assorted)		Scalpels	
Ext. Cardiac Pacing Pads		Syringes (1cc, 3cc, 5cc, 10cc)	2
Infusion Pumps		Toomey Syringe (60cc)	
Inhalation Therapy Equipment	4	Tubes, Blood Drawing (Assorted Sizes and Types)	4
Intraosseous Needles	2	Tubing, IV Administration (60gtts)	2
IV Catheters	2	Tubing, IV Administration Set (10gtts – 20gtts)	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Check) Yes ☐ No ☐
Other: *(Specify)*			

NEW MEXICO DEPARTMENT OF HEALTH

EMS ANNUAL SERVICE REPORT Fiscal Year 2019
Due Date: January 19, 2018

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

Service Name:	Forrest
	(EMS Service)

Mailing Address:	3298 Quay Road			
	(Mailing Address)			
	Melrose	NM	88124	
	(City)	*(State)*	*(Zip)*	*(+4)*
Contact Person:	Joe A. Garrett	Chief/EMS Cordinator		
	(Name)	*(Title)*		
	575-309-9065	575-309-9065		pappyjoe63.jg@gmail.com
	(Business Phone)	*(Emergency Phone)*	*(Fax)*	*(E-mail Address)*
Administration:	Quay County			
	(County or Municipality)			
	PO Box 1246			
	(Mailing Address)			
	Tucumcari	NM	88124	
	(City)	*(State)*	*(Zip)*	*(+4)*
Contact Person:	Richard Primrose	County Manager		
	(Name)	*(Title)*		
	575-461-2112	575-461-6208	richardquay@plateautel.net	
	(Telephone #)	*(Fax Phone #)*	*(E-mail Address)*	
EMS Region:	**Region I** ☐	**Region II** ☐	**Region III** ✔	

Physical Location of Ambulance/Medical Rescue Facilities				
#1				
Name of Facility:	Forrest Fire and EMS			
	34.794682	-103.601018		
	Latitude	*Longitude*		
Street Address:	209 NM State Hwy 210			
	McAlister	NM	88427	
	(City)	*(State)*	*(Zip)*	*(+4)*
#2				
Name of Facility:				
	Latitude	*Longitude*		
Street Address:				
	(City)	*(State)*	*(Zip)*	*(+4)*
(Use additional pages as necessary)				

Service Name:	Forrest *(EMS Service)*

SERVICE INFORMATION

Type of Service *(Must Check Only One)*		Affiliation Type *(Mark Primary Affiliation Only)*	
	Certified PRC Ambulance		Private for-profit
	Certified Medical/Rescue Service (Non-transport)		Private non-profit
	Certified Medical/Rescue Service (Transport Capable)		Fire Dept.-based
	Emergency Medical Dispatch Agency		Law Enforcement or Department of Public Safety-based
	Special Event(s) Agency		Clinic-based
	Air Ambulance		Hospital-based
	Other (Please Specify):		County-based
			Municipality-based
PRC Certification #			Tribal
Medical Rescue Certification #	321329		Other (Please Specify):

# of Years in Operation	8

EMS Calls								Local Receiving Hospital(s)
Received By *(Mark One)*			Dispatched by *(Mark One)*					Dan C, Trigg
	Basic 911			Ambulance Service			Central Dispatch	PRMC Clovis
	Enhanced 911			Fire Department			Location of Dispatch:	
	Local Phone			Law Enforcement				

EMERGENCY MEDICAL SERVICES PERSONNEL

LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL

	Paid (Indicate Part Time/Full Time	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		4	Emergency Medical Dispatch Instructor		
EMT Basic		3	Nurse		
EMT Intermediate		1	Physician		
EMT Paramedic			Driver		
Emergency Medical Dispatcher			Other		

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

LICENSED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. *(Use additional pages as necessary.)*

Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Rick Mitchell	EMT-I	00025805	03/31/2018	7/2017	Volunteer
Joe A. Garrett	EMT-B	10001526	03/31/2019	7/2014	Volunteer
Joe Lavender	EMT-B	10001459	03/31/2019	7/2014	Volunteer
Denise Runyan	EMT-B		03/31/2018	4/2016	Volunteer
Judy Rush	EMT-FR	00021880	03/31/2019	7/2014	Volunteer
Diana Rush	EMT-FR	00021881	03/31/2019	7/2014	Volunteer

Service Name:	Forrest *(EMS Service)*

Jerri Rush	EMT-FR	00017372	03/31/2019	7/2014	Volunteer
David Rush	EMT-FR	00024736	03/31/2019	7/2014	Volunteer

Service Name:	Forrest *(EMS Service)*

For Ground Ambulance/Medical Rescue Services Only

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

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

Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Joe Garrett	126951329	7/2014	A-CDL	
Joe Lavendr	121243750	7/2014	A-CDL	
Denise Runyan	004681215	7/2014	B-CDL	
Rick Mitchel	013186120	7/2014	A-CDL	
Judy Rush	009588451	7/2014	E	
Diana Ruh	000795526	7/2014	E	
Davis Rush	052638208	7/2014	E	
Jerri Rush	054375808	7/2014	E	

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

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

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

(Use additional pages as necessary)

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
2009	Chevy Kodiak	TW	01867G	Forrest Unit 27	Jan 2009	2WD	2	231078	6/2017

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

Service Name:	Forrest *(EMS Service)*

This section is a Mandatory Survey please fill out appropriately
(Failure to fill out will result in an incomplete application) *(2nd yr. of 3)*

EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT

	Career and Paid Agencies			Volunteer Agencies*	
	Number of Actual Paid Staff	Additional Needed for Adequate or Optimal Staffing		Number of Volunteer staff	Additional Needed for Adequate Response and Staffing
Non - EMS Personnel (Drivers and/or CPR & First Aid only)				18	
Licensed EMS First Responder				4	
Licensed EMT Basic				3	
Licensed EMT Intermediate				1	
Licensed EMT Paramedic					
Total:				26	

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

*Note:

- **Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per – run or other non-salary reimbursement.
- If your volunteer organization doesn't require a specific licensure level but needs additional licensed personnel, please select the lowest level of licensure that will meet your staffing needs. i.e don't list Paramedic when an EMT –Basic would suffice. Or, don't list First Responder if you really need EMTs.

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

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

OPERATIONS PLAN

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan?	✔	Yes		No
2. Are operational and medical protocols included in the Operations Plan?	✔	Yes		No
3. What was the effective date of your Operations Plan?	12/2010			
4. **Please provide a map of the coverage area for your service.**				

Service Name:	Forrest
	(EMS Service)

QUALITY ASSURANCE REVIEW

1. Do you have an internal quality assurance/improvement mechanism in place? ✓ Yes ☐ No

If "Yes", please attach description.

2. Indicate the dates of this year's quality assurance review activities.

Reviews are conducted: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ✓ Annually

DATES OF REVIEW

DATE	DATE	DATE	DATE	DATE
July 2016				

SERVICE DIRECTOR/CHIEF

Name:	Joe Garrett		Chief	
	(Name)		*(Title)*	
Address:	3298 Quay Road 37		Melrose	NM	88124
	(Street/Mailing)		*(City)*	*(State)*	*(Zip)*
	575-309-9065		575-309-9065	pappyjoe63.jg@gmail.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:				

SERVICE MEDICAL DIRECTOR

Name:	George Evetts		Medical Director	NM 60-36
	(Name)		*(Title)*	*(License #)*
Address:	po box 1128		Tucumcari	NM	88401
	(Street/Mailing)		*(City)*	*(State)*	*(Zip)*
	575-461-0591			
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*

***In signing this application I am certifying that I am actively providing medical direction for this EMS Service.**

***Signature:**	

SERVICE TRAINING COORDINATOR

Name:	Joe Garrett		Chief	10001526	EMT - Basic
	(Name)		*(Title)*	*(License #)*	*(Level)*
Address:	3298 quay Road 37		Melrose	NM	88124
	(Street/Mailing		*(City)*	*(State)*	*(Zip)*
	575-309-9065		575-309-9065	pappyjoe63.jg@gmail.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:				

Service Name:	Forrest *(EMS Service)*

PERSON COMPLETING FORM					
Name:	Joe A. Garrett		Chief		
	(Name)		*(Title)*		
Address:	3298 Quay Road 37		Melrose	NM	88124
	(Street/Mailing		*(City)*	*(State)*	*(Zip)*
575-309-9065	575-458-9103	605	575-309-9065	pappyjoe63.jg@gmail.com	
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	
Signature:					

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

Seal

Notary Public **My Commission Expires**

****** Notary is for the person completing form**

SUSANA MARTINEZ, GOVERNOR

NEW MEXICO DEPARTMENT OF HEALTH

LYNN GALLAGHER, SECRETARY DESIGNATE

January 5, 2017

Forrest Fire Department
209 State Hwy 210
McAlister, NM 88427

ATTN: Joe Garrett
Fire Chief

Chief Garrett:

Congratulations on your certification of an emergency medical agency in the state of New Mexico, per DOH Rule NMAC 7.27.10. The new certification is effective as of 1/05/2017 and will expire on 1/05/2019; your certification number is the same as your service identification number, #321329 and two new certificates are enclosed for your use.

Please note if your service includes the use of vehicles, that the EMS Bureau has not ordered individual decals for service vehicles at this time. The department is evaluating the use of stickers and will make a determination regarding the ordering of those decals at a later time.

Again, congratulations on your certification in New Mexico. Thank you for your service to the community. Please contact me at 505-476-8246, should you have any questions.

Sincerely,

Charles Schroeder
EMS Program Manager
New Mexico EMS Bureau

xc: file

EMERGENCY MEDICAL SYSTEMS BUREAU

1301 Siler Rd., Bldg. E • Santa Fe, New Mexico • 87507

ACCREDITED HEALTH DEPARTMENT • PUBLIC HEALTH ACCREDITATION BOARD • PHAB

The

New Mexico Department of Health

hereby certifies that

Forrest Fire Department

of

McAlister, New Mexico

Has been approved for Full Certification in
Emergency Medical Operations in the
State of New Mexico

This certification expires on 01/5/2019

NEW MEXICO
DEPARTMENT OF
HEALTH

Charles Schroeder, EMS Program Manager
NM EMS Bureau
Certification Number: #321329
Issue date: 01/05/2017

MUTUAL AID AGREEMENT

THIS MUTUAL AID AGREEMENT made and entered into this 25th day of August, 2014, by and between the Fire Departments and EMS Services listed hereinafter, and by signature of the Director of each service, this agreement will be by and between each service listed and signed for.

That for and in consideration of the mutual covenants and agreements hereinafter contained, IT IS AGREED as follows:

1.) **Definitions:**
Calling Fire Department / EMS Service requesting Mutual Aid
Aiding Fire Department / EMS Service offering Mutual Aid
Director: The elected or appointed service director or his/her subordinate officer.

In order to provide continuity of this agreement, future officers will be bound by this Agreement unless amendments are agreed to in writing.

If at any time after signing; a service elects not to be a part of this agreement, then a letter stating this fact will be delivered to the chairperson of the Association.

2.) **Purpose:**
The purpose of this Agreement will be to set down in writing the agreements for operations at emergencies at which two or more departments participate.

3.) **Method of Call:**
When the chief officer of the calling department recognizes the need for additional help at the scene of a fire / medical emergency or for area coverage due to full utilization of the calling department's equipment, a telephone call or radio call will be placed to the dispatcher's office of the aiding department. This call must describe the situation, exact location of the emergency, and specify the exact type of aid the calling department is requesting.

4.) **Equipment and Personnel Response:**
The chief officer of the aiding department will assess the coverage in his/her district, and will then provide fire / ambulance(s) and personnel to the extent needed and reasonably available to assist

EAST CENTRAL FIRE AND EMS ASSOCIATION MUTUAL AID AGREEMENT

Arch Hurley Conservancy District Three _____ Officer

Quay Fire Department (four) Gerald Hight Chief Officer

Quay Fire Dept Medical Rescue Gerald Hight Chief Officer

Nara Visa Fire Department Gary Girard chief Officer

Bard-Endee Fire Department Donald Adams Chief Officer

Jordan Fire Department Bill Roland CHIEF Officer

Forrest Fire Department [illegible] Chief Officer

Porter Fire Department [illegible] Chief Officer

Conchas Dam Fire Department [illegible] Chief Officer

STATE OF NEW MEXICO)
) ss
COUNTY OF QUAY)

The foregoing instrument was acknowledged before me this 25th day of August, 2014, by the Director / Chief of the listed Ambulance Services and Fire Departments.

Paula O'Steen
Notary Public

(SEAL)

My commission expires: 08/27/2017

CURRY COUNTY FIRE AND EMS
MUTUAL AID AGREEMENT

11. Equipment and supplies of parties to this agreement will at all times when utilized in the execution of this agreement remain the sole property and responsibility of the owner, and use and commitment will be in accordance with accepted fire suppression or emergency health related practices. Responding jurisdictions' personnel will ensure commitment of resources under their control is consistent with accepted professional practices.

12. Each party to this agreement agrees to comply with the spirit and intent of all applicable statues and regulations of the State of New Mexico concerning the provisions of fire suppression and emergency medical service. This includes ensuring that only properly trained and certified/registered personnel, and appropriate equipment meeting contemporary standards are utilized to respond in accordance with this agreement at all times.

13. Mutual aid for ambulance services shall be provided first by certificated agencies serving the same NMPRC approved emergency response area. Additional ambulances or other EMS resources shall be obtained from adjacent service areas as needed if all resources are overwhelmed and have been expended for that geographic area, of if the providing agency is activated and requires aid to make the call for the service.

14. Each party to this agreement is solely liable for the conduct of its personnel and equipment in response to mutual aid provisions contained in this agreement. Each party to this agreement shall maintain appropriate insurance coverage for its resources and response capabilities.

15. Expendable supplies and equipment as well as damage to equipment continues to be the responsibility and liability of its owner during any activity under provision of this agreement.

In showing witness to this agreement on dates incited, all organizations and entities do hereby agree to all terms and conditions specified above.

IN WITNESS WHEREOF, the parties have affixed their hands and seals by their duly authorized representatives.

THE CITY OF CLOVIS

Michael Nolen — Fire Chief

3/22/16 — Date

THE VILLAGE OF GRADY

Fire Chief

3/22/16 — Date

THE VILLAGE OF MELROSE

Fire Chief

3-22-16 — Date

THE CITY OF TEXICO

Lewis Cooper — Fire Chief

3/22/16 — Date

CURRY COUNTY FIRE AND EMS
MUTUAL AID AGREEMENT

THE COMMUNITY OF BROADVIEW

Quentin Wood — 3-22-16

Fire Chief — Date

THE COMMUNITY OF FIELDS

Cody Moberly — 3-22-16

Fire Chief — Date

THE COMMUNITY OF PLEASANT HILL

[illegible] — 3-22-16

Fire Chief — Date

THE COMMUNITY OF FORREST

[illegible] — 3-22-2016

Fire Chief — Date

QUALITY ASSURANCE

1. All EMS responses will have a corresponding NM EMS Service Report or the equivalent filled out as soon as possible after the incident. A designated member or committee and/or the system Medical Director must review these reports at least once a month. The purpose of the review is to ensure that appropriate medical care is being provided.

2. Standards that will be evaluated during QA activities are:

   a. Appropriate medical assessments.
   b. Compliance with service protocol
   c. Appropriate medical control
   d. Treatment within the New Mexico Scope of Practice

3. A written report of the problem and corrective action will be provided to the service Medical Director.

4. The Medical Director and/or a designee will address problems and discuss any necessary training and counseling.

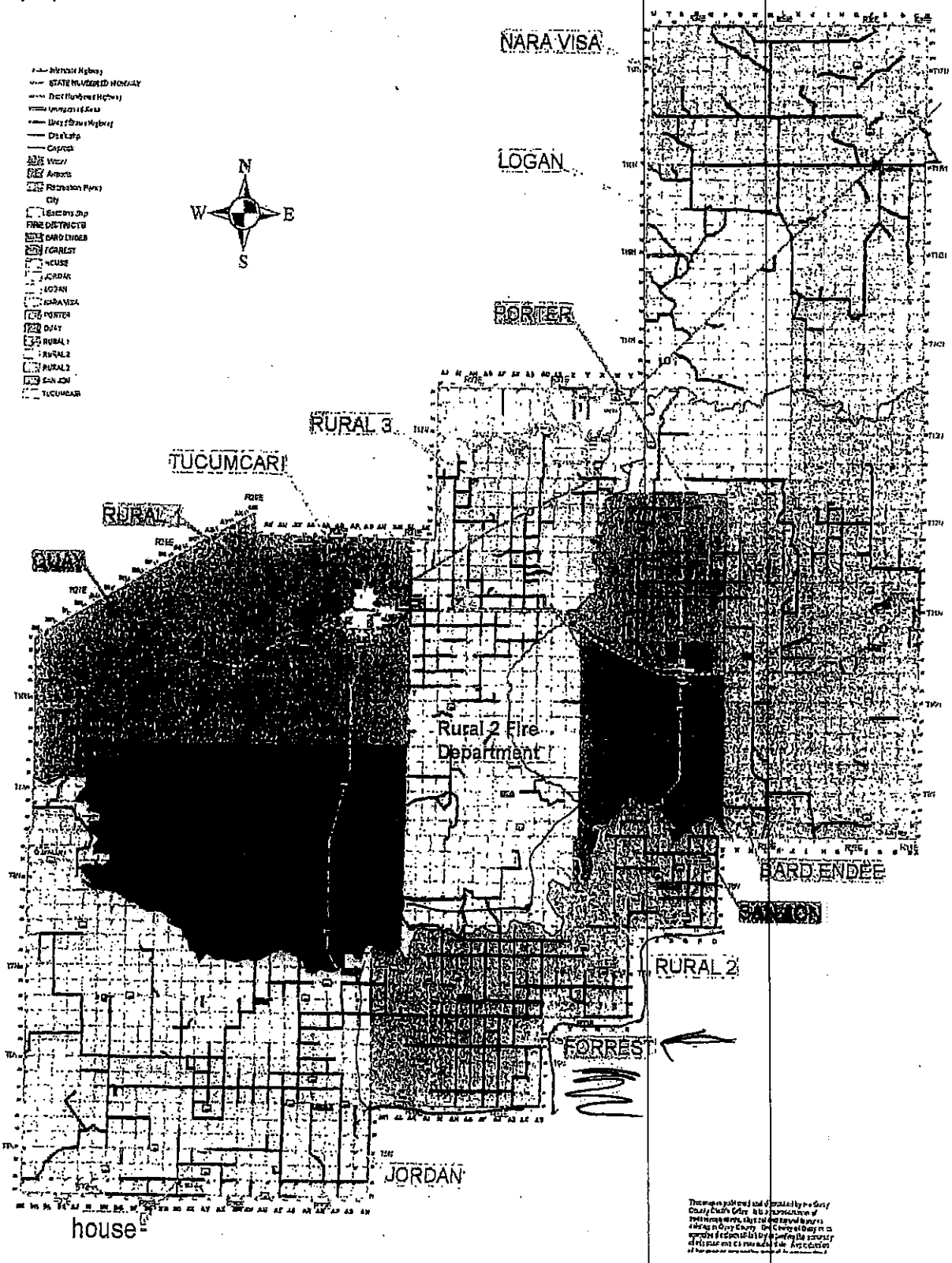
5. A written report of any disciplinary action and suggested solutions will be provided to personnel involved with the run, if applicable.

VEHICLE CHECK LIST

ITEM CHECKED	7,1	7,2	8,1	8,2	9,1	9,2	10,1	10,2	11,1	11,2	12,1	12,2
TIRE CONDITION												
TIRE PRESSURE												
HEADLIGHTS, HIGH												
HEADLIGHT, LOW												
TURN SIGNALS												
TAIL LIGHTS												
BRAKE LIGHTS												
REAR STEP LIGHTS												
BACK-UP ALARM												
SIREN/PA												
LIGHT BAR												
REAR WARNING LIGHTS												
FLOOD LIGHTS												
REAR WORK LIGHTS												
RADIO CHECK												
RUN REPORTS												
HAZARD FLASHER												
THROTTLE												
NOZZLES												
HOSE												
GENERATOR												
UNIT_____												

ITEM CHECKED	7,1	7,2	8,1	8,2	9,1	9,2	10,1	10,2	11,1	11,2	12,1	12,2
SEAT BELTS OPERATIONAL												
PARKING BRAKE												
HORN												
WINDSHIELD WIPERS												
CLEAN ALL GLASS												
FIRE EXTINGUISHERS												
ENGINE OIL												
BRAKE FLUID												
RADIATOR FLUID												
WASHER FLUID												
BATTERY TERMINALS												
BATTERY WATER												
ENGINE BELTS												
ENGINE HOSES												
POWER STEERING FLUID												
HEATER/AC												
SPOTLIGHT												
DOME LIGHT												
TOOLS												
PUMP PANEL(operate valves)												
PUMP(S) OIL												

QUAY COUNTY


NARA VISA
LOGAN
PORTER
RURAL 3
TUCUMCARI
RURAL 1
QUAY
Rural 2 Fire Department
BARD ENDEE
SANTON
RURAL 2
FORREST
JORDAN
house
N
S
E
W

NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2019

Due Date: January 19, 2018

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

To All Potential Applicants:

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

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

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 19, 2018.** Please adhere to the following instructions, **as incomplete applications will not be processed:**

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

Local Recipient:	Bard-Endee Fire District		321340	
	(EMS Service that will benefit)		*(EMS Service #)*	
Mailing Address:	1097 Route 66	Bard	NM	88411
	(Street/Mailing Address)	*City)*	*(State)*	*(Zip)*
	1 2 3 ✓			
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	Kelly Boney	EMS Service Director	bardendee@yahoo.com	
	(Name)	*(Title)*	*(E-mail Address)*	

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

EMS AGENCY FUNDING INFORMATION

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

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

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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

*Priority (Rank Order)	Description of Items *(Please list in appropriate category and provide adequate detail on each priority item)*	Estimated Cost ($)
Repair and Maintenance:		
2	Monies will be spent for general repairs,flat,oil changes & fuels	$1,000.00
	batteries, tires	
Training:		
1	Training through conferences	$800.00
Mileage & Per Diem:		
3	going to conferences, retract meeting, training	$1,100.00
Supplies (Items Under $500):		
4	Disposable supplies under $500.00	$1,500.00
	jump kits,flashlights	
	safety vests	
****Capital Outlay (Items Over $500):**		
5	Vehicle Stabilization Kit	$2,500.00
Other Operational Costs:		
6	Medical rescue recertification	$100.00
TOTAL AMOUNT OF REQUEST:		$7,000.00

* **Do not make all items Priority No. 1.**

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

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

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

JUSTIFICATION OF TOP PRIORITIES

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

1 Training to keep skills up and get CE 's for certification

2 Monies for tires , batteries ,oil changes fuel

3 Monies for mileage, per diem meeting and training

4 Supplies that are expendable

#5 Vehicle Stabilization Kit

6 Monies for Medical rescue rectification

SERVICE NAME:	

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF Quay

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

Franklin McCasland

Mayor **OR** **Chairman, Board of Commissioners**

Quay

Municipality **County**

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

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

Franklin McCasland

Signature of Official Named Above *(Title)*

The above was sworn and subscribed to before this 8th **day of** January, 2018

Notary Public: Ella Lubine

My commission expires: 3-21-18

(SEAL)

PERSON COMPLETING FORM

Name:	Kelly Boney		EMS Director	
	(Name)		*(Title)*	
Address:	1097 Route 66			
	Bard	NM	88411	
	(City)	*(State)*	*(Zip)*	*(+4)*
			575.602.5888	kellyboney_79@yahoo.com
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*
Signature:	Kelly Boney			

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem:

Date Corrected:

Equipment Inventory Report

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

Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	2	Siren	1
Flashlight	4	Spare Tire	1
Fuses (appropriate sizes)	Misc.	Star of Life Displayed	Yes
Jack and Handle	1	Tool Box	Several
Lug Wrench	1	Triage Tags for MCI's	Multiple
Maps or Navigational equipment	2	U.S. DOT Emergency Response Guidebook	2
Patient Care Reports or Reporting System	10	Vehicle Registration	1
Roadway warning devices	Multiple	Vehicle Spotlight or auxiliary lighting	Multiple
Service Specific Protocols and guidelines	1	Warning Lights	Multiple
Other: *(Specify)*			

Communications Equipment

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

Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	3 Boxes	Helmet with Face Shield	3
Eye Protection	5	N-95 mask (or > particulate mask)	3
Gloves (Leather or heavy duty)	6 pair	Safety Vest/Jacket/(ANSI 2008 Compliant)	4
Hearing Protection	1 bag	Splash Protection (disposable)	5
Other: *(Specify)*			

Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	2		
End Title C02 monitoring device (optional)	0	Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	3
Penlights	4	Thermometer (Patient)	1
Other: *(Specify)*			

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	**On Hand**	**Item Description**	**On Hand**
Adhesive Tape 1" and 2"	3 rolls of each	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	3 of each size
Auto Ventilator Devices (ATV/MTV)	0	Oxygen Supply Tubing	9
Bag Valve Mask Devices (Adult, Child and Infant)	1 each size	Patient Restraints	4
Band-Aids (Assorted Sizes)	2 Boxes	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	2	Pediatric Restraint device/car seat	0
Biohazard Waste bags	20	Pillows	1
Blankets	10	Portable Oxygen Equipment	1
Body Bags	2	Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	6	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	6	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher	1	Semi-Automatic Defibrillator Batteries	1
Cold Pack	5	Sharps Container	1
Cold Weather Warming Devices	5	Sheets	3
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	Multiple	Shoulder/chest/extremity straps	6
Emesis Basin	2	Spinal Immobilization device/backboard	3
Field Stretcher (Scoop, Collapsible, Vacuum)	3	Splints, Extremity (Rigid, Air, Vacuum)	6
Foil Blanket	3	Sterile Burn Sheets	6
Hand Sanitizer	1	Sterile Gloves (Assorted Sizes)	1
Heat Pack	4	Sterile Water	4
Inhalation Therapy Equipment	0	Stokes Basket	1
Installed Oxygen System	0	Suction Catheters (Soft & Rigid)	3
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	1 of each size	Supraglottic Airway Devices	3
Long Backboard	3	Multi-lumen Airway Devices	0
Multi-level Stretcher	0	Laryngeal Airway Devices	0
Multi-Lumen Airways	0	Towels	6
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	2	Traction Splint	1
Nasopharyngeal Airways	1 Set	Trauma Dressings	5
Occlusive Dressings	4	Trauma Shears	5
On-Board Suction System	0	Triangular Bandages	3
On-Board Oxygen Supply	0	Urinal (Male and Female)	1
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	1 Set		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Check) Yes ☐ No ☐

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

NEW MEXICO DEPARTMENT OF HEALTH

EMS ANNUAL SERVICE REPORT Fiscal Year 2019
Due Date: January 19, 2018

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

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

Mailing Address:	1097 Route 66 *(Mailing Address)*			
	Bard *(City)*	NM *(State)*	88411 *(Zip)*	*(+4)*
Contact Person:	Kelly Boney *(Name)*	EMS Director *(Title)*		
	575-602-5888 *(Business Phone)*	*(Emergency Phone)*	*(Fax)*	Kellyboney_79@yahoo.com *(E-mail Address)*
Administration:	Quay County *(County or Municipality)*			
	P.O. Box 1246 *(Mailing Address)*			
	Tucumcari *(City)*	NM *(State)*	88401 *(Zip)*	*(+4)*
Contact Person:	Richard Primrose *(Name)*	Quay County Manager *(Title)*		
	575-461-2112 *(Telephone #)*	575-461-6208 *(Fax Phone #)*	Richard.primrose@quaycounty-NM.gov *(E-mail Address)*	
EMS Region:	**Region I** ☐	**Region II** ☐	**Region III** ✓	

Physical Location of Ambulance/Medical Rescue Facilities

#1				
Name of Facility:	Bard-Endee Fire District Bard Station			
	N35.114394 *Latitude*	W 103.207606 *Longitude*		
Street Address:	1097 Route 66			
	Bard *(City)*	NM *(State)*	88411 *(Zip)*	*(+4)*
#2				
Name of Facility:	Bard-Endee Fire District Endee Station			
	N 35-164762 *Latitude*	W 103-104268 *Longitude*		
Street Address:	325 State Hwy 392			
	Bard *(City)*	NM *(State)*	88411 *(Zip)*	*(+4)*

(Use additional pages as necessary)

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

SERVICE INFORMATION

Type of Service *(Must Check Only One)*		Affiliation Type *(Mark Primary Affiliation Only)*	
	Certified PRC Ambulance		Private for-profit
X	Certified Medical/Rescue Service (Non-transport)		Private non-profit
	Certified Medical/Rescue Service (Transport Capable)	X	Fire Dept.-based
	Emergency Medical Dispatch Agency		Law Enforcement or Department of Public Safety-based
	Special Event(s) Agency		Clinic-based
	Air Ambulance		Hospital-based
	Other (Please Specify):		County-based
			Municipality-based
PRC Certification #			Tribal
Medical Rescue Certification #	321340		Other (Please Specify):

# of Years in Operation

EMS Calls						Local Receiving Hospital(s)
Received By *(Mark One)*		Dispatched by *(Mark One)*				Dan C. Trigg Tucumcari, NM
Basic 911		Ambulance Service		Central Dispatch		
Enhanced 911	✓	Fire Department		Location of Dispatch:		
Local Phone		Law Enforcement				

EMERGENCY MEDICAL SERVICES PERSONNEL

LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL

	Paid (Indicate Part Time/Full Time	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder	0	0	Emergency Medical Dispatch Instructor	0	0
EMT Basic	0	0	Nurse	0	1
EMT Intermediate	0	2	Physician	0	0
EMT Paramedic	0	0	Driver	0	
Emergency Medical Dispatcher	0	0	Other		

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

LICENSED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. *(Use additional pages as necessary.)*

Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Kalon Lafferty	Intermediate	00017611	3-31-2018	2000	Volunteer
Kelly L Boney	Intermediate	14000126	3-31-2019	2014	Volunteer

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

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

For Ground Ambulance/Medical Rescue Services Only

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

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

Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Don McCoy	006289614	2000	CDL	past emt
Donald Carter	001180649	2000	CDL	past emt
Wade Lane	051306554	2000	E	past emt
Donald Adams	00574503	2000	E	past emt
Ausrin Gibson	503782413	2000	E	first -aid /cpr

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

Type I:	0	Type IV:	0
Type II:	0	Medical/Rescue:	1
Type III:	0	Other – Explain:	0

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

(Use additional pages as necessary)

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
1996	Ford	Brush Truck	G24015	#4	11-96	4WD	0	11151	2017
1979	IHC	Rescue	G63259	#8	2-1979	2WD	0	7018	2017
2007	Ford	Brush Truck	G71893	#10	3-2007	4WD	0	7180	2017
2008	Peterbuilt	Engine	G75110	#12	1-7-2008	4WD	0	3736	2017
2010	IHC	Engine	G81419	#13	3-2010	4WD	0	3759	2017

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

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

This section is a Mandatory Survey please fill out appropriately
(Failure to fill out will result in an incomplete application) *(2nd yr. of 3)*

EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT

	Career and Paid Agencies			Volunteer Agencies*	
	Number of Actual Paid Staff	Additional Needed for Adequate or Optimal Staffing		Number of Volunteer staff	Additional Needed for Adequate Response and Staffing
Non - EMS Personnel (Drivers and/or CPR & First Aid only)	0			5	
Licensed EMS First Responder	0			0	2
Licensed EMT Basic	0			0	4
Licensed EMT Intermediate	0			2	2
Licensed EMT Paramedic	0			0	1
Total:	0			7	9

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

***Note:**

- **Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per – run or other non-salary reimbursement.
- If your volunteer organization doesn't require a specific licensure level but needs additional licensed personnel, please select the lowest level of licensure that will meet your staffing needs. i.e don't list Paramedic when an EMT –Basic would suffice. Or, don't list First Responder if you really need EMTs.

VEHICLE PREVENTIVE MAINTENANCE PROGRAM

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

OPERATIONS PLAN

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan?	✓	Yes		No
2. Are operational and medical protocols included in the Operations Plan?	✓	Yes		No
3. What was the effective date of your Operations Plan?	updated 6-6-15			
4. **Please provide a map of the coverage area for your service.**				

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

QUALITY ASSURANCE REVIEW

1. Do you have an internal quality assurance/improvement mechanism in place? ✓ Yes ☐ No

If "Yes", please attach description.

2. Indicate the dates of this year's quality assurance review activities.

Reviews are conducted: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ✓ Annually

DATES OF REVIEW

DATE	DATE	DATE	DATE	DATE
December 15, 2017				

SERVICE DIRECTOR/CHIEF

Name:	Donald Adams		Chief		
	(Name)		*(Title)*		
Address:	1097 Rt. 66		Bard	NM	88411
	(Street/Mailing)		*(City)*	*(State)*	*(Zip)*
	575.576.2210		575-403-7911	quaycofm@yahoo.com	
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	
Signature:	Donald Adams				

SERVICE MEDICAL DIRECTOR

Name:	Dr. George Evetts		Medical Director		60-36 NM
	(Name)		*(Title)*		*(License #)*
Address:	916 Escuela		Tucumcari	N M	88401
	(Street/Mailing)		*(City)*	*(State)*	*(Zip)*
	575/461/0591				
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	

In signing this application I am certifying that I am actively providing medical direction for this EMS Service.

***Signature:**	George Evetts M.D.

SERVICE TRAINING COORDINATOR

Name:	Kelly Boney			14000126	Intermediate
	(Name)		*(Title)*	*(License #)*	*(Level)*
Address:	1097 Route 66		Bard	NM	88411
	(Street/Mailing		*(City)*	*(State)*	*(Zip)*
			575.602.5888	Kellyboney_79@yahoo.com	
(Work Phone)	*(Home Phone #)*	*(Pager #)*	*(Cellular Phone #)*	*(E-mail Address)*	
***Signature:**	Kelly Boney				

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

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

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

Seal

Notary Public **My Commission Expires**

****** Notary is for the person completing form**

2017-2018
QUAY COUNTY
RESOLUTION NO. 21

AUTHORIZING AND APPROVING SUBMISSION OF A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND PROJECT APPROVAL TO THE NEW MEXICO FINANCE AUTHORITY

WHEREAS, the Quay County ("Governmental Unit") is a qualified entity under the New Mexico Finance Authority Act, Sections 6-21-1 through 6-21-31, NMSA 1978 ("Act"), and the Quay County Board of Commissioners ("Governing Body") is authorized to borrow funds and/or issue bonds for financing of public projects for benefit of the Governmental Unit; and

WHEREAS, the New Mexico Finance Authority ("Authority") has instituted a program for financing of projects from the public project revolving fund created under the Act and has developed an application procedure whereby the Governing Body may submit an application ("Application") for financial assistance from the Authority for public projects; and

WHEREAS, the Governing Body intends to undertake acquisition, construction and improvement of Standard for Wildland Fire Suppression Apparatus, 2016 Edition with 1,200 gallon water tank and pump, hoses, equipment. ("Project") for the benefit of the Governmental Unit and its citizens; and

WHEREAS, the application prescribed by the Authority has been completed and submitted to the Governing Body and this resolution approving submission of the completed Application to the Authority for its consideration and review is required as part of the Application.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY:

Section I. That all action (not consistent with the provision hereof) heretofore taken by the Governing body and the officers and employees thereof directed toward the Application and the Project, be and the same is hereby ratified, approved and confirmed.

Section 2. That the completed Application submitted to the Governing Body, be and the same is hereby approved and confirmed.

Section 3. That the officers and employees of the Governing Body are hereby directed and requested to submit the completed Application to the Authority for its review, and are further authorized to take such other action as may be requested by the Authority in its consideration and review of the Application and to further proceed with arrangements for financing the Project.

Section 4. All acts and resolutions in conflict with this resolution are hereby rescinded, annulled and repealed.

Section 5. This resolution shall take effect immediately upon its adoption.

PASSED, APPROVED AND ADOPTED this 8th day of January, 2018.

BOARD OF QUAY COUNTY COMMISSIONERS

Franklin McCasland

Sue Dowell

Mike Cherry

(SEAL)

ATTEST:

Ellen L. White, County Clerk

DATE/17	NAME	ROAD BLADED	BLOCKS	MILES	ADDITIONAL WORK TO ROAD
4-Dec	LOUIS	QUAY ROAD 49			FIXED INTERSECTION 49/ST.HWY 93
	LOUIS	QUAY ROAD O	6300-6400	1.00	
	LOUIS	QUAY ROAD Q	6375-6500	1.25	
5-Dec	LOUIS	QUAY ROAD Q	6500-6625	1.25	
	LOUIS	QUAY ROAD 65	1800-2000	2.00	
	LOUIS	QUAY ROAD S	6400-6600	2.00	
	DONALD	QUAY ROAD 33	5600-5900	3.00	
	DONALD	QUAY ROAD AX	2400-2500	1.00	
	ARMANDO	QUAY ROAD V	4200-4400	2.00	
	ARMANDO	QUAY ROAD 42	2100-2200	1.00	
	ARMANDO	QUAY ROAD U	3900-4200	3.00	
6-Dec	LOUIS	QUAY ROAD 66	1800-2000	2.00	
	LOUIS	QUAY ROAD T	6300-6400	1.00	
	LOUIS	QUAY ROAD P	6500-6600	1.00	
	LOUIS	QUAY ROAD J	6300-6600		WORKED DITCHES
	ARMANDO	QUAY ROAD 40	2400-2700	3.00	
7-Dec	ARMANDO	QUAY ROAD AI	4800-5400	7.48	
12/21	ARMANDO	QUAY ROAD V	4200-4300	1.00	
	ARMANDO	QUAY ROAD V	4800-4900	1.00	
			Miles	**33.98**	

NEW MEXICO
FINANCE**AUTHORITY**

NMFA Use Only:	
App. #:	-PP
FA assigned:	
Legislative Authorization	

PUBLIC PROJECT REVOLVING FUND EQUIPMENT APPLICATION

I. GENERAL INFORMATION

A. APPLICANT /ENTITY

		Application Date:	1/8/2018
Applicant/Entity:	Quay County		
Address:	P. O. Box 1246 Tucumcari, NM 88401		
County	Quay	**Census Tract:**	9,586.02
Federal Employer Identification Number (EIN) as issued by the IRS:			85-6000238
Legislative District:	**Senate:** 8	**House:**	67
Phone: 575-461-2112	**Fax:** 575-461-6208	**Email Address:**	richard.primrose@quaycouny-nm.gov
Individual Completing Application:	Richard Primrose		
Address:	300 S. Third Street Tucumcari, NM 88401		
Phone: 575-461-2112	**Fax:** 575-461-6208	**Email Address:**	richard.primrose@quaycounty-nm.gov

II. PROJECT SUMMARY

A. **Project Description.** Complete the following information, using additional paper if necessary. Include any additional documents that may be useful in reviewing this project, i.e. architectural designs, feasibility studies, business plan, etc.

1. Description of Equipment:

Class-A Engine with NFPA 1906, Standard for Wildland Fire apparatus, 2016 requirement

2. When do you need NMFA funds available? July 1, 2018

B. Total Project Cost & Sources of Funds Detail.

Equipment Items	NMFA Funds Requested	Other Public Funds*	Private Funds	Total
M2 106 Freightliner 4x4	$ 150,000	$ 127,101	$	$ 277,101
	$	$	$	$
	$	$	$	$
	$	$	$	$
Total Cost:$	$ 150,000	$ 127,101	$	$ 277,101

III. FINANCING

A. Specify the revenue to be pledged as security for the NMFA loan (a revenue source must be pledged for this type of project).

- ☐ Municipal Local Option GRT – please specify: _____
- ☐ County Option GRT – please specify: _____
- ☐ Other Tax-Based Revenue: _____
- ☐ State-Shared GRT
- ☐ Law Enforcement Funds
- ☒ Fire Protection Funds
- ☐ Other Revenue: _____

B. Preferred financing term: 12 years.

C. Is any debt being repaid from the revenue source(s) referenced in A (1)? Yes ☐ No ☒

If yes, provide bond or loan documents and payment schedule for any existing debt service being paid from the same revenues that would be used to repay a NMFA loan.

IV. READINESS TO PROCEED ITEMS

A. The following items must accompany this application in order for this application to be considered complete:

- ☒ Equipment cost breakdown (if applicable)
- ☒ Three most recently completed fiscal year audit reports

- [x] Current unaudited financials
- [x] Current fiscal year budget
- [x] Equipment Application
- [x] Application Resolution
- [x] Minutes of public hearing meeting approving submission of application
- [ ] Any additional information requested by NMFA

V. CERTIFICATION

I certify that:

We have the authority to request and incur the debt described in this application and, upon award, will enter into a contract for the repayment of any NMFA loans and/or bonds.

We will comply with all applicable state and federal regulations and requirements.

To the best of my knowledge all information contained in this application is valid and accurate and the submission of this application has been authorized by the governing body of the undersigned jurisdiction.

Signature: _____ **Title:** Quay County Chairman
(highest elected official)

Jurisdiction: Quay County

Print Name: Franklin McCasland **Date:** 1/8/2018

Signature: _____ **Date:** 1/8/2018

Finance Officer/Director: Richard Primrose

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

PROFESSIONAL SERVICES CONTRACT

This contract is hereby made and entered into by and between QUAY COUNTY (hereinafter "QUAY COUNTY" or "COUNTY") and CLINTON D HARDEN & ASSOCIATES (hereinafter "CDH") on this 8th day of January 2018.

WHEREAS QUAY COUNTY has found it necessary and desirable to retain an individual or firm to provide government relation services as further described below; and

WHEREAS QUAY COUNTY desires to hire CDH to provide said services; and

WHEREAS, CDH desires to provide such services under the terms and conditions of this professional services contract.

THEREFORE, IT IS HEREBY MUTUALLY AGREED UPON by and between the parties that:

1. Scope of Work: CLINTON D HARDEN & ASSOCIATES shall:

A. Represent Quay County's interests from January 8, 2018 through March 15 2018, including during the Regular Session of the 2018 New Mexico State Legislature

B. Design and implement a campaign directed towards key state legislators, administration leadership and staff on the important issues facing Quay County including those issues adopted by the Association of Counties, when those issues are supported by the County

C. Design and implement an aggressive funding request campaign to acquire funding appropriations as approved by Quay County for substantial infrastructure improvements including landfill, water and waste water updates and economic development initiatives;

D. Represent QUAY COUNTY at public hearings, committee meetings and/or meetings with government officials; present and defend Quay County projects, scopes of work, and budgets; and assist in preparing handout materials, if appropriate, for review by interested parties.

E. Regularly consult with Quay County manager concerning any action directed by Quay County manager. Action shall be deemed authorized by the County pursuant to this contract. The County or the Town may change their designees by a majority vote of the commissioners and the trustees.

2. Terms: This contract shall be effective from January 8, 2018 through March 15, 2018

3. Compensation: Quay shall pay CDH as follows for work performed under this contract

A : A total sum of Four Thousand Five Hundred dollars ($4,500.00) plus New Mexico Gross receipts taxes ($376.87) (Total due: $4,876.87) The fee shall be paid by the County.

B. Payment shall be due on January 8, 2018.

C. CLINTON D HARDEN & ASSOCIATES will also be reimbursed for any necessary expenses which are approved in advance by the County.

D. In the event that the contract is terminated, the annual fee should be prorated to the date of termination.

E. CLINTON D HARDEN & ASSOCIATES will obtain a business license and work contracted herein will be deemed performed at Quay County, New Mexico with gross receipts taxes on the contract being paid at Tucumcari Quay County, New Mexico.

4. Termination:

A. Quay County may, with or without cause, terminate this contract. The County shall have the right to terminate this contract due to any action or publicity about CLINTON D HARDEN & ASSOCIATES, where County determines, in their sole discretion, that the actions or publicity discredits, embarrasses or puts the County in a bad light. Notice of termination shall be in writing and hand-delivered or mailed (certified mail, return receipt requested) to CDH. If notice is by mail, the notice period will begin to run three (3) calendar days from the date the notice is deposited with the United States Postal Service. if notice is hand-delivered, the notice period will begin to run as of the date of delivery to Clint Harden, agent of Clinton D Harden & Associates at their place of business, located at 1348 CR H, Clovis, New Mexico 88101

B. CLINTON D HARDEN & ASSOCIATES may terminate this contract if the County is in default in the performance of any material term, condition or covenant of this agreement and if County does not cure the default within twenty (20) business days after notice, or, if the default is of such nature that it cannot be cured completely within the twenty (20) business day period. If CLINTON D HARDEN & ASSOCIATES exercises its right of termination under this paragraph, this contract shall terminate sixty (60) days following the date written notice of termination is given, as completely as if it were the date definitely fixed for the expiration of this contract. Notice of termination shall be in writing and hand-delivered or mailed (certified mail, return receipt) to County Designee). If notice is by mail, the notice period will begin to run three (3) calendar days from the date the notice is deposited with the United States Postal Service. If notice is hand-delivered, the notice period will begin to run as of the date of delivery to the office of the County Designee.

C. In no event shall termination nullify obligations of either party prior to the effective date of the termination.

5. Status: CLINTON D HARDEN & ASSOCIATES is a New Mexico LLC, CDH acknowledges that it is an independent contractor and as such neither it, nor its employees, agents or representatives shall be considered employees or agents of COUNTY nor shall CDH be eligible to accrue sick leave, retirement benefits, or any other benefits provided County employees. CDH will provide legislative, administrative and executive advocacy on behalf of Quay COUNTY.

6. Subcontracting: CDH shall not subcontract any portion of the services to be performed under this contact, without the prior written approval of COUNTY.

7. Assignment: CDH shall not assign or transfer any interest in the contract, or assign any claims for money due, or to become due, under this contract without the prior written approval of Quay COUNTY.

8. Updates: CDH agrees that it will provide Bi-Weekly updates during the legislative and/or special session when applicable. CDH will provide written reports on interim activity Quarterly.

9. Indemnification: CLINTON D HARDEN & ASSOCIATES agrees to indemnify and hold harmless COUNTY, its elected officials, agents and employees from any and all claims, suits and causes of action which may arise from negligent or reckless performance under this contract unless specifically exempted by New Mexico law. CDH further agrees to indemnify and hold COUNTY harmless from all claims for personal injury or death sustained by CDH, its employees, agents or other representatives while engaged in the performance of this contract.

10. Release: CDH agrees that upon contract termination date and County adherence to payment plan it releases COUNTY from all liabilities, claims and/or obligations whatsoever arising from, or under this contract.

11. Non-Agency: CLINTON D HARDEN & ASSOCIATES agrees not to purport to bind COUNTY to any obligation not assumed herein by COUNTY, unless CLINTON D HARDEN & ASSOCIATES has express written approval and then only within the limits of that expressed authority.

12. Conflict of Interest: CLINTON D HARDEN & ASSOCIATES warrants that it presently has no interest or conflict of interest and shall not acquire any interest or conflict of interest which would conflict with its performance of services under this contract.

13. Non-Discrimination: CLINTON D HARDEN & ASSOCIATES agrees that it, its employee(s) and or agent(s) shall comply with all federal, state and local laws regarding equal employment opportunities, fair labor standards, and other non-discrimination and equal opportunity compliance laws, regulations and practices.

14. Entire Contract: This contract represents the entire agreement of the parties and supersedes any and all prior oral or written agreements or understandings between the parties concerning the subject matter of this contract.

15. Amendment: This contract shall not be altered, changed, modified or amended, except by instrument, in writing, executed by both parties.

16. Applicable law: This contract shall be governed by the Laws of the State of New Mexico and the ordinances, resolutions, rules and regulations of COUNTY. Venue for any dispute arising from this contract shall be the District Court located in Quay County.

17. Attorney's Fees: Should either party to this contract be obligated to seek enforcement of the terms of this contract through a court of law, the breaching party as determined by any judge or special master shall be responsible for all court costs and reasonable attorney's fees incurred by the non-breaching party as a result of the breach of this agreement.

18. Acknowledgments: CLINTON D HARDEN & ASSOCIATES acknowledges that it is aware of the Procurement code, Sections 13-1-28 through 13-1-199, NMSA (1978), as amended, imposes civil and criminal penalties for its violation. CLINTON D HARDEN & ASSOCIATES also agrees to comply with the requirements and guidelines of the New Mexico Lobbyist Registration Act. In addition, CLINTON D HARDEN & ASSOCIATES acknowledges that it is aware that New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kick-backs.

19. Work Product: All work and work product produced under this contract shall be and remain the exclusive property of Quay, and CLINTON D HARDEN & ASSOCIATES shall not use, sell, disclose or otherwise make available to anyone (individual, corporation or organization) any work and work product produced under the contract, other than to Quay COUNTY.

IN WITNESS HEREOF, the parties have executed this agreement as of the date first written above.

COUNTY OF QUAY

By:_____ Title: COUNTY MANAGER
RICHARD D PRIMROSE

BOARD OF QUAY COUNTY COMMISSIONERS

Franklin McCasland, Chairman

Sue Dowell, Member

Mike Cherry, Member

ATTEST:

Ellen White, Quay County Clerk

CLINTON D HARDEN & ASSOCIATES LLC

By:_____
CLINTON D HARDEN Date
LEAD CONSULTANT