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

AGENDA
REGULAR SESSION
QUAY COUNTY BOARD OF COMMISSIONERS
JANUARY 11, 2021

9:00 A.M. Call Meeting to Order
Pledge of Allegiance
Approval of Minutes-Regular Session December 14, 2020
Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

I. **Quay County Board of Commissioners**
- Election of Chairman
- Request Approval of **2021 Reorganization of the Board Appointments and Sub-Committees**
- Distribution of **Financial Interest Disclosure Forms**
- Request Approval of **FY 2020-2021 Resolution No. 17**
  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 Warrants List are Public Information and Establishes Method of Compliance with Revenue and Expenditure Requirements

II. **C. Renee Hayoz, Presbyterian Medical Services, Administrator**
- Presentation of **Monthly RPHCA Reports – October - December**

III. **Ellen White, Quay County Clerk**
- Presentation of the **2021 Occupation License Update**

IV. **Lucas Bugg, Quay County Fire Marshal**
- Request Approval of **EMS Fund Act FY 2022 Application - Fire District 1**
- Request Approval of **EMS Fund Act FY 2022 Application - Quay Fire**
- Request Approval of **EMS Fund Act FY 2022 Application - Forrest Fire**

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V. Larry Moore, Quay County Road Superintendent

- Request Approval of **Wagner Caterpillar Lease – Two Blades**
- **Road Update**

VI. Richard Primrose, Quay County Manager

- **Correspondence**

VII. Request Approval of Accounts Payable

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

IX. Request for Closed Executive Session

- **Pursuant to Section 10-15-1(H) 2. The New Mexico Open Meetings Act to Discuss Limited Personnel Matters**
- **Pursuant to Section 10-15-1(H) 7. The New Mexico Open Meetings Act Pertaining to Threatened or Pending Litigation**
- **Pursuant to Section 10-15-1(H) 8. Discussion of the Purchase, Acquisition or Disposal of Real Property or Water Rights**

X. Franklin McCasland, Quay County Commission Chairman

- Proposed action, if any, from Executive Session

Adjourn

Lunch-Time and Location to be Announced

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

January 11, 2021

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 11th day of January, 2021 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
Robert Lopez Member
Jerri Rush, Member
Ellen L. White, County Clerk
Richard Primrose, County Manager

OTHERS PRESENT:

Janie Hoffman, Quay County Assessor
Lucas Bugg, Quay County Fire Marshall
Nelda Burson, Quay County Probate Judge
Patsy Gresham, Quay County Treasurer
Daniel Zamora, Quay County Emergency Manager
Cheryl Simpson, Quay County Finance Director
Russell Shafer, Quay County Sheriff
Larry Moore, Quay County Road Superintendent
C. Renee Hayoz, Presbyterian Medical Services Administrator
Ron Warnick, Quay County Sun

Chairman McCasland called the meeting to order. Sheriff Shafer led the Pledge of Allegiance.

A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve the minutes from the December 14, 2020 regular session as presented. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".

A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve the Agenda as presented. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".

Public Comments: NONE

NEW BUSINESS:

Commissioner McCasland opened the floor for nominations of Chairman of the Board of Commissioners. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to nominate and elect Franklin McCasland as Chairman. MOTION carried with Lopez voting "aye", Rush voting "aye", and McCasland voting "aye".

Chairman McCasland presented the 2021 Board Appointments and Sub-Committees. Members selected representation. A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve the

Appointments. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". Attached to these minutes is the list of appointees and committees.

Ellen White, Quay County Clerk distributed the annual Financial Interest Disclosure Forms to Elected Officials and Department Heads.

White requested approval of Resolution No. 17; Adopting Procedures for Compliance in Accordance with NMSA 10-17; and Miscellaneous Provisions that documents the Annual Audits, Summary Minutes, Monthly Budget, Financial Reports, and Monthly Warrants Lists are Public Information and Establishes Method of Compliance with Revenue and Expenditure Requirements. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve Resolution No. 17. MOTION carried with Lopez voting "aye", Rush voting "aye" and McCasland voting "aye". A copy is attached to these minutes.

C. Renee Hayoz, Presbyterian Medical Services, Administrator presented the Monthly RPHCA Reports for October, November and December. Hayoz reported occurrences of 400 clients a month fell short, but numbers are expected to increase now that the holidays are over. Hayoz stated Myla Mirdo, a Provider at the Clinic, has accepted a position elsewhere. They expect to begin interviewing for that position soon.

Hayoz reported the PMS Clinic received an initial 100 doses of the Moderna Vaccine and distributed it all in a three day time frame. Hayoz has since requested additional doses and been denied. No reason for the denial was given to her. Hayoz said the Clinic has over 160 people on a waiting list. Chairman McCasland thanked Hayoz for their work in getting the vaccine to the public. Hayoz, in turn, thanked Daniel Zamora, Quay County Emergency Manager for his leadership during the process.

Quay County Clerk, Ellen White presented the annual list of Occupation Licenses issued to businesses within the County. The list detailed who had paid their Occupation License Fee and who had yet to respond. White stated the second notice will be sent to unpaid businesses on January 15. Commissioner Rush asked if this was a tax imposed on individuals to do business in the County. White stated that every business is required to obtain a license, either from the City they are located in or the County if their business is outside the limits. This is the process for businesses to obtain the needed licensure.

Lucas Bugg, Quay County Fire Marshal, requested approval of the following EMS Fund Act FY2022 Applications:

- Fire District 1 - $5,000.00
- Quay Fire District - $5,000.00
- Forrest Fire District - $7060.00

A MOTION was made by Robert Lopez, SECONDED by Franklin McCasland to approve the Applications as presented. MOTION carried with Lopez voting "aye" and McCasland voting "aye". Due to Commissioner Rush's membership on the Forrest Fire Department, she "abstained" from the vote. Copies of the Applications are attached to these minutes.

Larry Moore, Quay County Road Superintendent, requested approval of the following items and provided the road updates:

1. Requested approval of the Lease Agreement between Quay County and Wagner Equipment Company for the lease of two new Caterpillar Graders. The price agreement was secured by State Purchasing Contract. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to

approve the Lease Agreement. MOTION carried with Lopez voting "aye", Rush voting "aye" and McCasland voting "aye". The Agreement is attached to these minutes.

2. Blade Reports were distributed.
3. Crews are continuing maintenance of equipment.
4. Quay Road O, in San Jon, is currently on hold due to equipment being repaired in Albuquerque.
5. Commissioner Rush had received some concerns in the House area. Moore and Primrose drove the roads and have addressed the issues.

Commissioner Rush thanked Moore and Primrose for their timely response to the concern of a citizen in her District.

Chairman McCasland took a moment to recognize the Quay County Officials and staff in the audience during the meeting in an effort to allow the newly elected Commissioners a chance to meet them.

Quay County Manager, Richard Primrose presented the following correspondence:

1. Provided the monthly Gross Receipts Tax Report for December.
2. Reminded those in attendance of the upcoming Legislative Session set for January 19th through 21st, along with the available NM Edge classes.

A MOTION was made by Jerri Rush SECONDED by Robert Lopez to approve the expenditures included in the Accounts Payable Report ending December 23, 2020 and the second Report ending January 7, 2021. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".

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

Chairman McCasland requested a ten minute recess. Time noted: 9: 40 a.m.

Return to Regular Session. Time noted 9:50 a.m.

A MOTION was made by Robert Lopez, Seconded by Jerri Rush to go into Executive Session pursuant to the following items:

- Section 10-15-1(H)7 for discussion of Pending or Threatened Litigation.
- Section 10-15-1(H)2 for discussion of Limited Personnel Matters.
- Section 10-15-1(H)8 for discussion of the Purchase, Acquisition, or Disposal of Real Property or Water Rights.

MOTION carried with Lopez voting "aye", Rush voting "aye" and McCasland voting "aye".

Time noted 9:55 a.m.

---Executive Session---

Return to regular session. Time noted 11:50 a.m.

A MOTION was made by Jerri Rush, SECONDED by Robert Lopez that only the above described items were discussed in Executive Session. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".

Chairman McCasland presented a "Notice of Intent to Retire", presented by Richard Primrose County Manager. The Notice set Primrose's tentative retirement date for April 10, 2021. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to accept the Notice. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". A copy of the letter is attached to these minutes.

There being no further business, a MOTION was made by Robert Lopez SECONDED by Jerri Rush to adjourn. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". Time noted 11:55 a.m.

Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS

Franklin McCasland

Robert Lopez

Jerri Rush

ATTEST:

Ellen L. White, County Clerk

2021 BOARD APPOINTMENTS
DECEMBER 14, 2020

NM County Insurance Authority Member.....Richard Primrose/Robert Lopez Alternate

NMC Board of Directors Member.....Janie Hoffman

Tucumcari Economic Development Board.....Franklin McCasland/Robert Lopez, Alternate

City of Tucumcari Library Board .....Alida Brown

Llano Estacado RC&D .....Franklin McCasland/Jerri Rush, Alternate

Northeast Regional Transportation.....Larry Moore/Richard Primrose, Alternate

E-911 County Coordinator.....Daniel Zamora/ Robert McClelland, Alternate

Quay County Fair Board.....Jerri Rush/Franklin McCasland, Alternate

Quay County Tribal Health Council Liaison.....Russell Shafer/Dennis Garcia, Alternate

Ute Reservoir Water Commission .....Richard Primrose/Franklin McCasland Alternate

Natural Resources Committee .....Bill Humphries

Tucumcari Quay County Rural Water Authority.....Richard Primrose/Franklin McCasland, Alternate

Eastern Plains Council of Governments (EPCOG) .....Richard Primrose/Jerri Rush, Alternate

Tucumcari/Quay County Regional
Emergency Communication Center.....Richard Primrose/Jerri Rush, Alternate

Quay County Finance Committee.....Ex Officio Members:
Franklin McCasland
Robert Lopez
Jerri Rush
Richard Primrose
Ellen White
Patsy Gresham
Cheryl Simpson

Fiscal Year 2020-2021

Resolution No. 17

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 following the records and will be erased thereafter; and

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

NOW THEREFORE, BE IT RESOLVED AND ORDERED:

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

PASSED, APPROVED AND ADOPTED by the governing body at its meeting on **January 11, 2021**.

QUAY COUNTY COMMISSIONERS

Franklin McCasland, Member

Robert Lopez, Member

Jerri Rush, Member

Attest:

Ellen L. White, County Clerk

NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2022

Due Date: January 22, 2021

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** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 22,2021.** 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) 815-9015	(575) 403-7682	
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	Michelle Jaynes	Secretary/Treasurer	michelle.jaynes5@gmail.co	
	(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)*
Contact Person:	Cheryl Simpson	Financial Secretary		
	(Name)	*(Title)*		
	575-461-2112	575-461-6208	cheryl.simpson@quaycounty-NM.	
	(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 priority 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:		
Training:		
3	Continuing Education for 3 EMT's	$ 750.00
Mileage & Per Diem:		
4	Mileage and perdiem to obtain required CE's for renewal requirements	$ 1,000.00
Supplies (Items Under $500):		
1	Supplies Needed for Rescue to replace used supplies	$ 500.00
2	Vaccu splints, KED unit	$ 2,750.00
****Capital Outlay (Items Over $500):**		
Other Operational Costs:		
TOTAL AMOUNT OF REQUEST:		$ 5,000.00

* **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 - 5 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. (Communication is key)

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 fire department has a priority on training and maintaining EMS status with Continuing Education for the medics on staff, Educational upkeep of an EMT is expensive, and without this funding we might not have our volunteer 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. With our department having a large exposure to Interstate 40 we do a lot of rescue calls, and rescue equipment needs some additions and updates.

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 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*

Chairman — *(Title)*

The above was sworn and subscribed to before this 11 **day of** January, 2021.

Notary Public: Ellen L White

My commission expires: 3-21-2023

(SEAL)

PERSON COMPLETING FORM

Name:	Michelle Jaynes		District 1 EMS Director	
	(Name)		*(Title)*	
Address:	4205 Quay Road 63			
	Tucumcari	NM	88401	
	(City)	*(State)*	*(Zip)*	*(+4)*
(575) 815-9015	(575) 461-4765	(575) 815-9015	michelle.jaynes5@gmail.com	
(Work Phone)	*(Home Phone)*	*(Cellular Phone)*	*(Email)*	
Signature:	Michelle 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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

Front of Vehicle Cab or Optimal Location:

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

Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	✓	Other: *(Specify)*
EMSCOM (UHF) Radio	✓	
Spare Batteries/charger system	✓	

Personal Protective Equipment

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

Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	✓	Thermometer Other: *(Specify)*	✓
End Tidal C02 monitoring device (optional)			
Glucose Monitoring Instrument	✓		
Penlights	✓		
Pulse Oximeter	✓		
Stethoscope	✓		

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	**Available**	**Item Description**	**Available**
Adhesive Tape 1" and 2"	✓	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	✓
Auto Ventilator Devices (ATV/MTV)	✓		
Bag Valve Mask Devices (Adult, Child and Infant)	✓	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	✓
Band-Aids (Assorted Sizes)	✓		
Biohazard Clean-up Supplies	✓	Oxygen Supply Tubing	✓
Biohazard Waste bags	✓	Patient Restraints	✓
Blankets	✓	Pediatric Drug Dosage Tape or chart	✓
Body Bags	✓	Pediatric Restraint device/car seat	✓
Cervical Collars - Rigid (Adult, Child and Infant)	✓	Pillows	✓
Cervical Immobilization Devices	✓	Portable Oxygen Equipment	✓
Chair Stretcher		Portable Suction Unit	✓
Cold Pack	✓	Seated Spinal Immobilization Device	
Cold Weather Warming Devices	✓	Semi-Automatic Defibrillator with Pads	✓
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	✓	Semi-Automatic Defibrillator Batteries	✓
Emesis Basin	✓	Sharps Container	✓
Field Stretcher (Scoop, Collapsible, Vacuum)	✓	Sheets	✓
Foil Blanket	✓	Shoulder/chest/extremity straps	✓
Hand Sanitizer	✓	Spinal Immobilization device/backboard	✓
Heat Pack	✓	Splints, Extremity (Rigid, Air, Vacuum)	✓
Inhalation Therapy Equipment	✓	Sterile Burn Sheets	✓
Installed Oxygen System		Sterile Gloves (Assorted Sizes)	✓
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	✓	Sterile Water	✓
		Stokes Basket	
Long Backboard	✓	Suction Catheters (Soft & Rigid)	✓
Multi-level Stretcher		Supraglottic Airway Devices	✓
Multi-Lumen Airways	✓	Multi-lumen Airway Devices	✓
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	✓	Laryngeal Airway Devices	✓
		Towels	✓
Nasopharyngeal Airways	✓	Traction Splint	✓
Occlusive Dressings	✓	Trauma Dressings	✓
On-Board Suction System		Trauma Shears	✓
On-Board Oxygen Supply		Triangular Bandages	✓
		Urinal (Male and Female)	✓
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			✓

Other: *(Specify)*

We are a non parmacological, non transport unit so these supplies are NOT on our units

Advanced Level			
Item Description	**Available**	**Item Description**	**Available**
Alcohol and Betadine Prep Pads	✓	IV Fluid (Normal Saline, D5W, LR)	☐
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	✓	Laryngoscope Blades – Adult	☐
		Laryngoscope Blades – Peds	☐
Chest Decompression Catheters	☐	Laryngoscope Handle	☐
Cricothyroidotomy Kit	☐	Magill Forceps	☐
EKG Monitor Electrodes	☐	Needles (Assorted Gauges)	☐
Electrode Defib Pads	✓	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	☐		
IV Catheters	☐	Tubing, IV Administration (60gtts)	☐
		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			☐
Other: *(Specify)*			

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

NEW MEXICO DEPARTMENT OF HEALTH

EMS ANNUAL SERVICE REPORT Fiscal Year 2022

Due Date
January 22,2021

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

Service Name:	Conservancy Fire District #1 Quay County
	(EMS Service)

Mailing Address:	P.O. Box 725			
	(Mailing Address)			
	Tucumcari	NM	88401	0725
	(City)	*(State)*	*(Zip)*	*(+4)*
Contact Person:	Michelle Jaynes	Secretary/Treasurer		
	(Name)	*(Title)*		
	575-815-9015	575-815-9015		michelle.jaynes5@gmail.com
	(Business Phone)	*(Emergency Phone)*	*(Fax)*	*(Email)*
Administration:	Quay County - Richard Primrose, County Manager			
	(County or Municipality)			
	P.O. Box 1246			
	(Mailing Address)			
	Tucumcari	NM	88401	1246
	(City)	*(State)*	*(Zip)*	*(+4)*
Contact Person:	Richard Primrose	Quay County Manager		
	(Name)	*(Title)*		
	575-461-2112	575-461-6208	richard.primrose@quaycounty-NM.gov	
	(Phone)	*(Fax)*	*(Email)*	
EMS Region:	☐ **Region I**	☐ **Region II**	☑ **Region III**	

Physical Location of Ambulance/Medical Rescue Facility(s)				
Location #1				
Name of Facility:	Conservancy Fire District #1 Main Station			
	35.1690 North		-103.7474 West	
	Latitude		*Longitude*	
Street Address:	1002 S. Camino del Coronado			
	Tucumcari	NM	88401	0725
	(City)	*(State)*	*(Zip)*	*(+4)*
Location #2				
Name of Facility:	Conservancy Fire District #1 Sub Station			
	35.2229 North		-103.7735 West	
	Latitude		*Longitude*	
Street Address:	6649 Quay Road AR			
	Tucumcari	NM	88401	
	(City)	*(State)*	*(Zip)*	*(+4)*
	(use additional location sheets as needed)			

Service Name:	Conservancy Fire District #1 - Quay County *(EMS Service)*

SERVICE INFORMATION

Type of Service *(Check Only One)*	Affiliation Type *(Check Primary Affiliation Only)*
☐ Certified PRC Ambulance	☐ Private for-profit with County or Municipal contract
☐ PRC Certification #:	☐ Private non-profit with County or municipal contract
☑ Certified Medical/Rescue Service (Non-transport)	☑ Fire department based
☐ Certified Medical/Rescue Service (Transport capable)	☐ Law enforcement or Department of Public Safety based
☐ Medical Rescue Certification #:	☐ Clinic based
☐ Emergency Medical Dispatch Agency	☐ Hospital based
☐ Special Event(s) Agency	☐ County based
☐ Air Ambulance with County or Municipal contract	☐ Municipality based
☐ Other (please specify):	☐ Tribal
	☐ Other (please specify):

 # Years in Operation:

EMS Calls			Local Receiving Hospital(s)
Received By *(mark one)*	**Dispatched by** *(mark one)*		Dr. Dan C. Trigg Memorial Hospital
☐ Basic 911	☐ Ambulance Service	☑ Central Dispatch	
☑ Enhanced 911	☐ Fire Department	☐ Dispatch Location:	
☐ Local phone	☐ Law Enforcement		

EMERGENCY MEDICAL SERVICES PERSONNEL
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL

License Level	Paid Indicate # full-time and part-time employees		Volunteer*	License Level	Paid Indicate # full-time and part-time employees		Volunteer*
	FTE	*PTE*			*FTE*	*PTE*	
EMS First Responder	0	0	0	EMD Instructor	0	0	0
EMT Basic	0	0	2	Nurse	0	0	0
EMT Intermediate	0	0	1	Physician	0	0	0
Paramedic	0	0	0	Driver	0	0	12
Emergency Medical Dispatcher	0	0	0	Other:	0	0	0

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

Service Name:	Conservancy Fire District #1 - Quay County *(EMS Service)*

LICENSED EMS PERSONNEL *(use additional personnel sheets as necessary)*					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Michelle Jaynes	EMT-B	09000741	03/31/2022	12/1/2016	Volunteer
Scot Jaynes	EMT-B	09000746	03/31/2022	12/1/2016	Volunteer
Esteban Garcia	EMT-I NR	16000417	3/31/2022	12/1/2016	Volunteer

Service Name:	Conservancy Fire District #1 - Quay County *(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, indicate the date of completion of the Bureau approved vehicle operator's course, and indicate any medical training they may have completed.

(Use additional driver sheets as necessary.)

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

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

Type I:		Medical/Rescue:	Non Trans
Type II:		Other – Explain:	
Type III:			

List all ambulance/medical rescue units that are currently used by your service to provide patient transportation or first response. In addition, please provide a list of all emergency response units in your department (engines, brush trucks, etc.) *(Mandatory)*

(Use additional vehicle pages as necessary)

Year	Make and Model	Vehicle Type	License Number	State assigned EMSCOM Number	2WD or 4WD	Patient Capacity	Mileage	Annual Inspection Date
2015	Type 5	Rescue	G90968		2wd	0		12/19/2019

Service Name:	Conservancy Fire District #1 - Quay County *(EMS Service)*

VEHICLE PREVENTATIVE MAINTENANCE PROGRAM

Do you have a vehicle preventative maintenance program in place? ☑ Yes ☐ No

If yes, please attach a copy of your program

Indicate the frequency of vehicle inspections: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly

Attach a copy of your annual safety inspection for all units if you are a PRC certificated service.

OPERATIONS PLAN

Please provide information on the operations plan for your service.

Do you have an operations plan? ☑ Yes ☐ No

Are operational and medical protocols included in the operations plan? ☑ Yes ☐ No

What was the effective date of your operations plan? 12/31/2007

Please provide a map of the coverage area for your service

QUALITY ASSURANCE REVIEW

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

If yes, please attach a brief description.

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

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

DATES OF REVIEWS

DATE	DATE	DATE	DATE	DATE
12/31/11	12/31/12	12/31/13	12/31/14	12/31/15
12/31/16	12/31/17	12/31/18	12/31/19	

PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

RESPONSES TO THE FOLLOWING ARE MANDATORY. FAILURE TO ANSWER WILL RESULT IN AN INCOMPLETE REPORT

A PECC is an individual(s) who is responsible for coordinating pediatric specific activities to include education, training and equipment. NHTSA and HRSA have established benchmarks to have a PECC in 90% of EMS services by 2026.

Which one of the following statements best describes your agency?

- ☐ We have a designated PECC.
- ☐ We do not have a designated PECC.
- ☑ We do not currently have a PECC but have a plan to add this role in the next year.
- ☐ We do not currently have a PECC but would be interested in adding this role.

If you plan to add or are interested in adding a PECC, when would it be implemented:

☐ 6 months ☐ 1 year ☐ 2-3 years ☑ Undetermined

If you indicated that you have a PECC, please provide their contact information:

Name:

Email: Phone:

Service Name:	Conservancy Fire District #1 - Quay County (EMS Service)

SERVICE DIRECTOR/CHIEF

Name:	John Hinze	Chief		
	(Name)	(Title)		
Address:	P.O. Box 725, Tucumcari	NM	88401	0725
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 461-2724	(575) 403-7682	(575) 403-7682	pastorjohn@fbctuc.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:	John Hinze			

SERVICE MEDICAL DIRECTOR

Name:	Dr. George Evetts	Medical Director		
	(Name)	(Title)		
Address:	P.O. Box ~~1128~~ 1143 Tucumcari	NM	88401	1128
	(Street/Mailing)	(State)	(Zip)	(+4)
	(575) 461-0591			
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	

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:	Michelle Jaynes	Secretary/Treasurer/Bookkeeper		
	(Name)	(Title)		
Address:	P.O. Box 725 Tucumcari	NM	88401	0725
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 815-9015	(575) 815-9015	(575) 815-9015	michelle.jaynes5@gmail.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:	Michelle Jaynes			

PERSON COMPLETING FORM

Name:	Michelle Jaynes	Secretary/Bookkeeper		
	(Name)	(Title)		
Address:	P.O. Box 725 Tucumcari	NM	88401	0725
	(Street/Mailing)	(State)	(Zip)	(+4)
(575) 815-9015	(575) 815-9015		michelle.jaynes5@gmail.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:	Michelle Jaynes			

STATE OF NEW MEXICO)
)
COUNTY OF New Mexico)

This instrument was acknowledged before me on the 11 day of January, 2021
by Michelle Jaynes.
(Person completing form)

Ellen L White
Notary Public

My commission expires: 3-21-2023

NOTARY PUBLIC OF NEW

NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2022

Due Date: January 22, 2021

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** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 22,2021.** Please adhere to the following instructions, **as incomplete applications will not be processed:**

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

Local Recipient:	Quay Fire Department #4			0321359
	(EMS Service that will benefit)			***(EMS Service #)***
Mailing Address:	PO Box 643	Tucumcari	NM	88401
	(Street/Mailing Address)	***City)***	***(State)***	***(Zip)***
	☐ 1 ☐ 2 ☑ 3	(575) 487-2002	(575) 760-7961	
	(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)***		
	5754612112	5754616208	hard.primrose@quaycounty-nm.g	
	(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 priority 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 Maintence / Repairs	$ 1,500.00
Training:		
3	Conference Registrations / Contuinuing Education / Training / License Renewals	$ 1,500.00
Mileage & Per Diem:		
5	Per Diem / Mileage for travel for training and conferences	$ 1,000.00
Supplies (Items Under $500):		
1	Medical / Non-medical supplies / Upgrade Equipment	$ 875.00
****Capital Outlay (Items Over $500):**		
Other Operational Costs:		
4	Medical Director	$ 125.00
TOTAL AMOUNT OF REQUEST:		$ 5,000.00

* **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 - 5 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. (Communication is key)

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) Replace expired and used medical supplies. Annual registration of medical rescue unit per New Mexico EMS Bureau is a regulation requirement.

2) Repair / Maintenance of vehicle as needed and annual inspection.

3) Conferences / Continuing Education for volunteers to maintain licenser.

4) Medical Director fee.

5) Per Diem and mileage for volunteers to travel to trainings 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, Chair
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*

Chairman — *(Title)*

The above was sworn and subscribed to before this 11 **day of** January, 2021

Notary Public: Ellen Luhrs

My commission expires: 3-21-2023

(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) 487-2002		(575) 760-7961	osteenp2000@yahoo.com	
(Work Phone)	*(Home Phone)*	*(Cellular Phone)*	*(Email)*	
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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

Front of Vehicle Cab or Optimal Location:

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

Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	✓	Other: *(Specify)*
EMSCOM (UHF) Radio	✓	
Spare Batteries/charger system	✓	

Personal Protective Equipment

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

Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	✓	Thermometer	✓
		Other: *(Specify)*	
End Tidal C02 monitoring device (optional)			
Glucose Monitoring Instrument	✓		
Penlights	✓		
Pulse Oximeter	✓		
Stethoscope	✓		

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	**Available**	**Item Description**	**Available**
Adhesive Tape 1" and 2"	☐	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	☐
Auto Ventilator Devices (ATV/MTV)	☐		
Bag Valve Mask Devices (Adult, Child and Infant)	☐	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	☐
Band-Aids (Assorted Sizes)	☐		
Biohazard Clean-up Supplies	☐	Oxygen Supply Tubing	☐
Biohazard Waste bags	☐	Patient Restraints	☐
Blankets	☐	Pediatric Drug Dosage Tape or chart	☐
Body Bags	☐	Pediatric Restraint device/car seat	☐
Cervical Collars - Rigid (Adult, Child and Infant)	☐	Pillows	☐
Cervical Immobilization Devices	☐	Portable Oxygen Equipment	☐
Chair Stretcher	☐	Portable Suction Unit	☐
Cold Pack	☐	Seated Spinal Immobilization Device	☐
Cold Weather Warming Devices	☐	Semi-Automatic Defibrillator with Pads	☐
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	☐	Semi-Automatic Defibrillator Batteries	☐
Emesis Basin	☐	Sharps Container	☐
Field Stretcher (Scoop, Collapsible, Vacuum)	☐	Sheets	☐
Foil Blanket	☐	Shoulder/chest/extremity straps	☐
Hand Sanitizer	☐	Spinal Immobilization device/backboard	☐
Heat Pack	☐	Splints, Extremity (Rigid, Air, Vacuum)	☐
Inhalation Therapy Equipment	☐	Sterile Burn Sheets	☐
Installed Oxygen System	☐	Sterile Gloves (Assorted Sizes)	☐
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	☐	Sterile Water	☐
		Stokes Basket	☐
Long Backboard	☐	Suction Catheters (Soft & Rigid)	☐
Multi-level Stretcher	☐	Supraglottic Airway Devices	☐
Multi-Lumen Airways	☐	Multi-lumen Airway Devices	☐
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	☐	Laryngeal Airway Devices	☐
		Towels	☐
Nasopharyngeal Airways	☐	Traction Splint	☐
Occlusive Dressings	☐	Trauma Dressings	☐
On-Board Suction System	☐	Trauma Shears	☐
On-Board Oxygen Supply	☐	Triangular Bandages	☐
		Urinal (Male and Female)	☐
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			☐
Other: *(Specify)*			

Advanced Level			
Item Description	**Available**	**Item Description**	**Available**
Alcohol and Betadine Prep Pads		IV Fluid (Normal Saline, D5W, LR)	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)		Laryngoscope Blades – Adult	
		Laryngoscope Blades – Peds	
Chest Decompression Catheters		Laryngoscope Handle	
Cricothyroidotomy Kit		Magill Forceps	
EKG Monitor Electrodes		Needles (Assorted Gauges)	
Electrode Defib Pads		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			
IV Catheters		Tubing, IV Administration (60gtts)	
		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			
Other: *(Specify)*			

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

NEW MEXICO DEPARTMENT OF HEALTH

EMS FUND ACT

LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2022

Due Date: January 22, 2021

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** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRCService.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 22,2021**. 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 Volunteer Fire Department			321329
	(EMS Service that will benefit)			*(EMS Service #)*
Mailing Address:	209 State Highway 210	McAlister	NM	88427
	(Street/Mailing Address)	*City)*	*(State)*	*(Zip)*
	1 2 ✔ 3	(575) 458-6532	(575) 799-4879	
	(EMS Region)	*(Business Phone #)*	*(Emergency Phone #)*	*(Fax Phone #)*
Contact Person:	Joe Lavender	Chief	joel387@gmail.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	Quay County Manager		
	(Name)	*(Title)*		
	(575)461-2112	(575) 461 6208	richard.primrose@quaycounty-nm	
	(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 priority 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	Regular maintenance and service on Rescue Unit	$2,000.00
2	Calibration on equipment and yearly service	$1,000.00
3	Service Agreement on LifePak 15	$1,335.00
Training:		
1	Renewal and refresher training to keep up with changes	$600.00
Mileage & Per Diem:		
1	Mileage to attend training in the surrounding area	$500.00
Supplies (Items Under $500):		
1	One-time use of supplies	$400.00
2	Replace expired supplies	$300.00
2	Replace expired batteries for AEDs and Power Cot	$500.00
****Capital Outlay (Items Over $500):**		
Other Operational Costs:		
1	Pharmacist fee	$300.00
1	Medical Director Fee	$125.00
2	Fuel	$500.00
TOTAL AMOUNT OF REQUEST:		$7,060.00

* **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 - 5 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. (Communication is key)

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.)

Service of equipment and regularly scheduled maintenance is a top priority within the Forrest Volunteer Fire Department. Our goal is to be able to respond to any type of emergency in a safe and timely manner.

Our equipment needs to be serviced and calibrated for proper standards of operation.

We purchased a LifePak 15 eight months ago. It will be under warranty until June. At that time, we would like to purchase a service agreement and send it back to the company for maintenance and cleaning. This will help to keep it in tiptop condition and keep it useful for many years.

Our volunteers need to go to trainings and conferences to help them stay abreast of the changes and new ways to treat patients. They also learn from other EMTs when experiences are shared. Since all are volunteers, we do not want to put a financial strain that might keep them from attending special events for training, therefore we help pay for their training and refresher courses.

Replacing supplies that have been used up or have gone out of date need to be replaced as soon as they are needed.

A major expense is replacing batteries and AED pads. Our Stryker Power Cot is now two years old and the batteries have not held up to the test of time. One battery is $400, and a charger is $700. We are trying a different cheaper brand so we will not have to use up our funding on these expensive items. Good functional batteries are a must to save our personnel from back injuries. It is also important to have the PowerCot working smoothly to help keep our patients safe when they take a ride on one. AED pads run between $60 and $100. They need to be replaced as soon as one is used so we can be prepared for medical emergencies that require the use of AEDs.

We are not able to provide our services legally without a pharmacist, medical director, and fuel. These things are a must so we can be of service to our community.

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)

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

Municipality **County**

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

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

Franklin McCasland — Chairman

Signature of Official Named Above *(Title)*

The above was sworn and subscribed to before this 11 **day of** January, 2021

Notary Public: Ellen Perkins

My commission expires: 3-21-2023

ELLEN PERKINS NOTARY PUBLIC (SEAL)

PERSON COMPLETING FORM

Name:	Denese Runyan		EMS Coordinator	
	(Name)		*(Title)*	
Address:	4698 Quay Road 27			
	House	NM	88121	
	(City)	*(State)*	*(Zip)*	*(+4)*
575-279-7101	575-279-7101	575-799-0901	drunyan@plateautel.net	
(Work Phone)	*(Home Phone)*	*(Cellular Phone)*	*(Email)*	
Signature:	Denese Runyan			

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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

Front of Vehicle Cab or Optimal Location:

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

Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	√	Other: *(Specify)*
EMSCOM (UHF) Radio	√	
Spare Batteries/charger system	√	

Personal Protective Equipment

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

Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	√		√
End Tidal C02 monitoring device (optional)	√		
Glucose Monitoring Instrument	√		
Penlights	√		
Pulse Oximeter	√		
Stethoscope	√		

Patient Compartment Equipment – If Applicable (Interior or Exterior)

Basic Level			
Item Description	**Available**	**Item Description**	**Available**
Adhesive Tape 1" and 2"	√	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	√
Auto Ventilator Devices (ATV/MTV)	√		
Bag Valve Mask Devices (Adult, Child and Infant)	√	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	√
Band-Aids (Assorted Sizes)	√		
Biohazard Clean-up Supplies	√	Oxygen Supply Tubing	√
Biohazard Waste bags	√	Patient Restraints	√
Blankets	√	Pediatric Drug Dosage Tape or chart	√
Body Bags		Pediatric Restraint device/car seat	
Cervical Collars - Rigid (Adult, Child and Infant)	√	Pillows	√
Cervical Immobilization Devices	√	Portable Oxygen Equipment	√
Chair Stretcher	√	Portable Suction Unit	√
Cold Pack	√	Seated Spinal Immobilization Device	√
Cold Weather Warming Devices	√	Semi-Automatic Defibrillator with Pads	√
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	√	Semi-Automatic Defibrillator Batteries	√
Emesis Basin	√	Sharps Container	√
Field Stretcher (Scoop, Collapsible, Vacuum)	√	Sheets	√
Foil Blanket	√	Shoulder/chest/extremity straps	√
Hand Sanitizer	√	Spinal Immobilization device/backboard	√
Heat Pack	√	Splints, Extremity (Rigid, Air, Vacuum)	√
Inhalation Therapy Equipment	√	Sterile Burn Sheets	√
Installed Oxygen System	√	Sterile Gloves (Assorted Sizes)	√
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	√	Sterile Water	√
		Stokes Basket	
Long Backboard	√	Suction Catheters (Soft & Rigid)	√
Multi-level Stretcher	√	Supraglottic Airway Devices	√
Multi-Lumen Airways	√	Multi-lumen Airway Devices	√
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	√	Laryngeal Airway Devices	√
		Towels	√
Nasopharyngeal Airways	√	Traction Splint	√
Occlusive Dressings	√	Trauma Dressings	√
On-Board Suction System	√	Trauma Shears	√
On-Board Oxygen Supply	√	Triangular Bandages	√
		Urinal (Male and Female)	
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			√
Other: *(Specify)*			

Advanced Level							
Item Description	**Available**			**Item Description**	**Available**		
Alcohol and Betadine Prep Pads		√		IV Fluid (Normal Saline, D5W, LR)		√	
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	√			Laryngoscope Blades – Adult			
				Laryngoscope Blades – Peds			
Chest Decompression Catheters				Laryngoscope Handle			
Cricothyroidotomy Kit				Magill Forceps			
EKG Monitor Electrodes		√		Needles (Assorted Gauges)			
Electrode Defib Pads		√		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							
IV Catheters		√		Tubing, IV Administration (60gtts)		√	
				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						√	
Other: *(Specify)*							

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

Our volunteer ambulance serves a large area that is sparsely populated, and we do not get as many calls as the larger EMS companies. We do not charge our patients for runs because of our volunteer status. The only funding, we get, is through the EMS Fund Act. We decided not to carry the controlled drugs license because of the cost of the license and drugs. We do carry some of the drugs and equipment that is specific to an EMT-I, but not the ones that require a controlled substance license.

We have mutual aid agreements with Air-flight companies and larger EMS Departments, so we decided that if it deems necessary to use some of the equipment not purchased here, we will call for an intercept with the closest or appropriate services to provide mutual aid for our patients.

ATTACHMENT 1: MUTUAL AID AGREEMENT

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 Dir. 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 Ghand 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

3

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 2022
Due Date
January 22,2021

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

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

Mailing Address:	209 State Highway 210 (Village of Forrest) *(Mailing Address)*			
	McAlister *(City)*	New Mexico *(State)*	88427 *(Zip)*	 *(+4)*
Contact Person:	Joe Lavender *(Name)*	Chief *(Title)*		
	(575)- 799-4879 *(Business Phone)*	(575) 458-6312 *(Emergency Phone)*	(575) 279-7101 *(Fax)*	joegl387@gmail.com *(Email)*
Administration:	Quay County *(County or Municipality)*			
	PO Box 1246 *(Mailing Address)*			
	Tucumcari *(City)*	New Mexico *(State)*	88401 *(Zip)*	1246 *(+4)*
Contact Person:	Richard Primrose *(Name)*	County Manager *(Title)*		
	(575) 461-2112 *(Phone)*	(575) 461 6208 *(Fax)*	Richard.primrose@quaycounty-nm.gov *(Email)*	
EMS Region:	☐ Region I	☐ Region II	☑ Region III	

Physical Location of Ambulance/Medical Rescue Facility(s)				
Location #1				
Name of Facility:	Forrest Volunteer Fire Department			
	34.794682 *Latitude*		103.601018 *Longitude*	
Street Address:	209 State Highway 210 (Village of Forrest)			
	McAlister *(City)*	New Mexico *(State)*	88427 *(Zip)*	 *(+4)*
Location #2				
Name of Facility:				
	 Latitude		 *Longitude*	
Street Address:				
	 (City)	 *(State)*	 *(Zip)*	 *(+4)*
	(use additional location sheets as needed)			

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

√√√√

SERVICE INFORMATION

Type of Service *(Check Only One)*	Affiliation Type *(Check Primary Affiliation Only)*
☐ Certified PRC Ambulance	☐ Private for-profit with County or Municipal contract
☐ PRC Certification #:	☐ Private non-profit with County or municipal contract
☐ Certified Medical/Rescue Service (Non-transport)	√ Fire department based
√ Certified Medical/Rescue Service (Transport capable)	☐ Law enforcement or Department of Public Safety based
☐ Medical Rescue Certification #321329	☐ Clinic based
☐ Emergency Medical Dispatch Agency	☐ Hospital based
☐ Special Event(s) Agency	☐ County based
☐ Air Ambulance with County or Municipal contract	☐ Municipality based
☐ Other (please specify):	☐ Tribal
	☐ Other (please specify):

 # Years in Operation: 10

EMS Calls			Local Receiving Hospital(s)
Received By *(mark one)*	**Dispatched by** *(mark one)*		
☐ Basic 911	☐ Ambulance Service	√ Central Dispatch	
√ Enhanced 911	☐ Fire Department	☐ Dispatch Location:	
☐ Local phone	☐ Law Enforcement		

EMERGENCY MEDICAL SERVICES PERSONNEL
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL

License Level	Paid Indicate # full-time and part-time employees		Volunteer*	License Level	Paid Indicate # full-time and part-time employees		Volunteer*
	FTE	*PTE*			*FTE*	*PTE*	
EMS First Responder			2 1 pending	EMD Instructor			
EMT Basic			2	Nurse			
EMT Intermediate			1	Physician			
Paramedic				Driver			4
Emergency Medical Dispatcher				Other:			

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

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

LICENSED EMS PERSONNEL

(use additional personnel sheets as necessary)

Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Joe Lavender	EMT-B	10001459	03/31/2023	10/2017	Volunteer
Ricky Mitchel	EMT-I	00025805	03/31/2022	10/2017	Volunteer
Denese K Runyan	EMT-B	16000190	03/31/2022	10/2017	Volunteer
David Rush	EMT-FB	000244736	03/31/2023	10/2017	Volunteer
Jerri Rush	EMT-FB	00017372	03/31/2023	10/2017	Volunteer
Randal Rush	EMT-FB	*pending*	*Pending*		Volunteer

Service Name:	FORREST VOLUNTEER 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, indicate the date of completion of the Bureau approved vehicle operator's course, and indicate any medical training they may have completed.

(Use additional driver sheets as necessary.)

Name	Driver's License Number and State	EVOC Course Date	NMDL Class	Other Medical Training
Joe Lavender	121243750	10/2017	A	EMT-B
Rick Mitchell	013186120	10/2017	A	EMT-I
Denese Runyan	004681215	10/2017	B	EMT-B
David Rush	052638208	10/2017	E	EMT-FR
Jerri Rush	054375808	10.2017	E	EMT-FR

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES

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

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

List all ambulance/medical rescue units that are currently used by your service to provide patient transportation or first response. In addition, please provide a list of all emergency response units in your department (engines, brush trucks, etc.) *(Mandatory)*

(Use additional vehicle pages as necessary)

Year	Make and Model	Vehicle Type	License Number	State assigned EMSCOM Number	2WD or 4WD	Patient Capacity	Mileage	Annual Inspection Date
2009	Chevy Kodiak	TW	01867G	New Mexico	2WD	2	235,748	1/1/2020

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

VEHICLE PREVENTATIVE MAINTENANCE PROGRAM

Do you have a vehicle preventative maintenance program in place? ☑ Yes ☐ No

If yes, please attach a copy of your program

Indicate the frequency of vehicle inspections: ☐ Daily ☐ Weekly ☑ Monthly ☐ Quarterly

Attach a copy of your annual safety inspection for all units if you are a PRC certificated service.

OPERATIONS PLAN

Please provide information on the operations plan for your service.

Do you have an operations plan? ☑ Yes ☐ No

Are operational and medical protocols included in the operations plan? ☑ Yes ☐ No

What was the effective date of your operations plan?

Please provide a map of the coverage area for your service

QUALITY ASSURANCE REVIEW

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

If yes, please attach a brief description.

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

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

DATES OF REVIEWS

DATE	DATE	DATE	DATE	DATE
07/13/2020				

PEDIATRIC EMERGENCY CARE COORDINATOR (PECC)

RESPONSES TO THE FOLLOWING ARE MANDATORY. FAILURE TO ANSWER WILL RESULT IN AN INCOMPLETE REPORT

A PECC is an individual(s) who is responsible for coordinating pediatric specific activities to include education, training and equipment. NHTSA and HRSA have established benchmarks to have a PECC in 90% of EMS services by 2026.

Which one of the following statements best describes your agency?

- ☐ We have a designated PECC.
- ☑ We do not have a designated PECC.
- ☐ We do not currently have a PECC but have a plan to add this role in the next year.
- ☐ We do not currently have a PECC but would be interested in adding this role.

If you plan to add or are interested in adding a PECC, when would it be implemented:

☐ 6 months ☐ 1 year ☐ 2-3 years ☐ Undetermined

If you indicated that you have a PECC, please provide their contact information:

Name:

Email: Phone:

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

SERVICE DIRECTOR/CHIEF					
Name:	Joe Lavender		Chief		
	(Name)		*(Title)*		
Address:	2121 State Highway 268, Melrose		NM	88124	
	(Street/Mailing)		*(State)*	*(Zip)*	*(+4)*
(575) 799-4879	(575) 458-6312	(575) 799-4879	joegl@gmail.com		
(Work Phone)	*(Home Phone)*	*(Cellular Phone)*	*(Email)*		
Signature:					

SERVICE MEDICAL DIRECTOR					
Name:	George E. Evetts		Medical Director		
	(Name)		*(Title)*		
Address:	PO Box 1128, Tucumcari		NM	88401	
	(Street/Mailing)		*(State)*	*(Zip)*	*(+4)*
	(575) 461-0591		gevetts@sr66.com		
(Work Phone)	*(Home Phone)*	*(Cellular Phone)*	*(Email)*		
In signing this application, I am certifying that I am actively providing medical direction for this EMS service					
Signature:					

SERVICE TRAINING COORDINATOR					
Name:	Denese Runyan		EMS Coordinator		
	(Name)		*(Title)*		
Address:	4698 Quay Road 27, House		NM	88121	
	(Street/Mailing)		*(State)*	*(Zip)*	*(+4)*
(575) 279-7101	(575) 279-7101	(575) 799-0901	drunyan@plateautel.net		
(Work Phone)	*(Home Phone)*	*(Cellular Phone)*	*(Email)*		
Signature:	Denese Runyan				

PERSON COMPLETING FORM					
Name:	Denese Runyan		EMS Coordinator		
	(Name)		*(Title)*		
Address:	4698 Quay Road 27, House		NM	88121	
	(Street/Mailing)		*(State)*	*(Zip)*	*(+4)*
(575) 279-7101	(575) 279-7101	(575) 799-0901	drunyan@plateautel.net		
(Work Phone)	*(Home Phone)*	*(Cellular Phone)*	*(Email)*		
Signature:	Denese Runyan				

STATE OF NEW MEXICO)
)
COUNTY OF Quay)

This instrument was acknowledged before me on the 11 day of January, 2021
by Denese Runyan.
(Person completing form)

Ellen Luhrie
Notary Public

My commission expires: 3-21-2023

ELLEN L. LUHRIE NOTARY PUBLIC

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

Attachment 1 **- VEHICLE PREVENTATIVE AND MAINTENANCE PROGRAM**

FORREST VOLUNTEER FIRE DEPARTMENT
VEHICLE PREVENTATIVE AND MAINTENANCE PROGRAM

At the regular, monthly meetings of the Forrest Volunteer Fire Department each of the following items are checked and maintained on each truck/vehicle in the Forrest VFD barn.

1. All electrical systems
2. All fluid levels
3. All lights
4. All belts
5. All batteries
6. Air and wear and tear on each tire
7. All trucks and vehicles are started and driven 4 miles

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

Attachment 2: **Quality Assurance Mechanism**

FORREST VOLUNTEER FIRE DEPARTMENT
QUALITY ASSURANCE REVIEW

Forrest VFD has a continuous Quality Assurance Review. After each run, there is a discussion on what happened on each run, if there were any equipment malfunctions, or other problems that occurred. Successes or failures are discussed as well. In addition, at our monthly meeting in July we review our runs and make sure nothing has been overlooked.

The following insert is from our EMS System Document that is part of our Standard Operating Guidelines.

INSERT FROM SOG GUIDE:

Continuous Quality Improvement

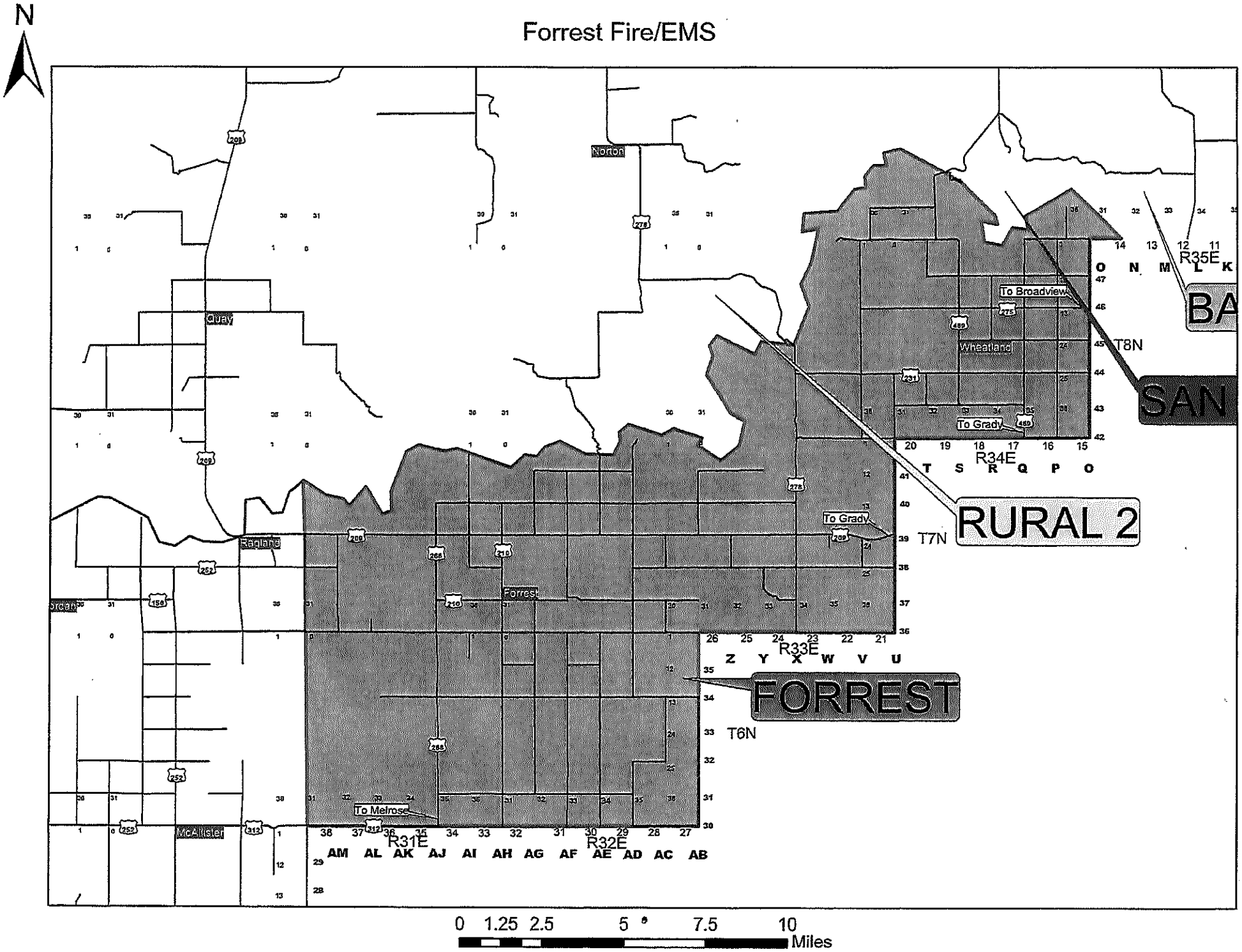
To maximize the quality of care in EMS, it is necessary to continually review all EMS activity to identify areas of excellence and potential sources of errors. This method allows optimal and continuous improvement. CQI is defined as a proactive involvement in issues and applications to constantly assess the value and direction of the EMS system. Components of CQI include: active communication, documentation, case presentations, protocol review and refinement, medical direction involvement, medical community involvement, continuing education, and reassessment of expected goals and outcomes. Participation in the CQI process is mandatory to function within the system.
The primary focus of CQI is on "system performance". Specifically, CQI focuses on the bigger picture of our system, including protocols, guidelines, equipment, training and standard operating procedures.

The EMS Medical Director may request additional documentation, typically an incident report, for the purposes of gathering information about a call, event or procedure in question. Cooperation with the CQI or quality assurance process is encouraged.

Service Name:	FORREST VOLUNTEER FIRE DEPARTMENT *(EMS Service)*

Attachment 3: MAPS

Forrest Fire/EMS



GSD PD (Rev. 01/11)

State of New Mexico
General Services Department
Purchasing Division

Price Agreement Amendment

Awarded Vendor
9 Vendors

Telephone No :

Price Agreement Number: **70-805-17-15902**

Price Agreement Amendment No.: **Five**

Term: **August 1, 2017 – July 31, 2021**

Ship To
New Mexico Department of Transportation
Agency will pick up

Invoice:
New Mexico Department of Transportation
1120 Cerrillos Road
Santa Fe, NM 87504

For questions regarding this Price Agreement please contact:
India Garcia (505) 690-7383

Procurement Specialist: **Raelynn Lujan**

Telephone No.: **(505) 827-0484**

Email: **raelynn.lujan@state.nm.us**

Title: **Motor Grader**

This Price Agreement Amendment is to be attached to the respective Price Agreement and become a part thereof.

In accordance with Price Agreement provisions, and by mutual agreement of all parties, this Price Agreement is extended from August 1, 2020 to July 31, 2021 at the same terms and conditions for (AA) (AB) (AC) 4 Rivers Equipment, (AD) Komatsu Equipment Company (AE) (AF) Century Equipment Company, (AG) (AH) (AI) Wagner Equipment Company.

The following cost increase is effective immediately:
(AD) Komatsu Equipment (Item 001):
Current Price increased from $254,769.35 to $257,317.04

The following model change are effective immediately:
(AE) Century Equipment Company (Model):
Current Model Case 865B to Case 856C

Except as modified by this amendment, the provisions of the Price Agreement shall remain in full force and effect.

Accepted for the State of New Mexico

Valerie Pacheco

New Mexico State Purchasing Agent

Date: 7/8/2020

Purchasing Division, 1100 St. Francis Drive 87505, PO Box 6850, Santa Fe, NM 87502-6850 (505) 827-0472

Caterpillar Financial Services Corporation

Finance Proposal

CUSTOMER

Name: QUAY COUNTY, NM

Address	COUNTY COURTHOUSE, P.O. BOX 1246	Good if:	
City	TUCUMCARI	Acknowledged by	Jan-10-2021
State	NM	Funded by	Jan-10-2021

DEALER

WAGNER EQUIPMENT CO.			
Sales person	Sena E250, Rick	Quote number	4129777
Dealer contact		Fax Number	
Telephone		Quote Date	11-Dec-20
		Quote Time	05:25:18 PM

FINANCE PROPOSAL

This is Caterpillar Financial Services Corporation's confirmation of the following finance proposal. This is a proposal only and is subject to credit approval, execution of documentation, and execution and approval of the application survey.

Finance Type	Cat Value Option	Quoted By	Sal Thakur
Number of Payments	84 Monthly	Report Created By	Sal Thakur
Payments	in Arrears		

	Model	ADR Code	Ann. Hours	Qty	Amount Financed	Payment	Purchase Option
New	140-15AWD	15.000	1000	1	280,105.15	2,668.86	131,250.00
New	150-15	15.000	1000	1	286,545.98	2,828.54	124,005.00
Total				2	566,651.13	5,497.40	255,255.00

Special Conditions:
140-15AWD

Serial Number - , Model Year - 2021, Standard Environment;
Major Attachments-Air Conditioning, Tires, Cab, Straight Blade, Lever; Blades/Buckets/Rippers-Push Plate, Cross Slope, Autoshift Transmission, Ripper;
Manual Configuration and Work Tools:

150-15

Serial Number - , Model Year - 2021, Standard Environment;
Major Attachments-Joystick, Air Conditioning, Tires, Cab, Straight Blade; Blades/Buckets/Rippers-Cross Slope, Autoshift Transmission, Ripper;
Manual Configuration and Work Tools:

Payment Structure – Asset
84 Monthly payment(s) 2,668.86
Payment Structure – Asset
84 Monthly payment(s) 2,828.54

	Model	Insurance	Payment w/Insurance
New	140-15AWD	309.56	2,978.42
New	150-15	317.11	3,145.65

The estimate for insurance is provided through Caterpillar Insurance Company (Provided by Westchester Insurance Company in Rhode Island) and is not an offer to contract for insurance.

CONDITIONS

Insurance: The customer must provide evidence of physical damage and liability insurance in an amount and from an insurance carrier satisfactory to CFSC. CFSC must be named on the policies, as loss payee and additional insured, as applicable, and a certificate of insurance, in form and substance acceptable to CFSC, must be provided to CFSC.

Taxes: All taxes are the responsibility of the customer and may or may not be included in the above payment amount.

Equipment: The equipment cannot be delivered until all documents are executed by CFSC. All equipment must reside in the United States at all times.

Approval: This proposal is subject to, among other things, final pricing, credit approval and document approval by CFSC.

The terms and conditions outlined herein are not all-inclusive and are based upon information provided to date. This proposal may be withdrawn or modified by Lessor at anytime. This proposal does not represent an offer or commitment by CFSC to enter into a transaction or to provide financing

and does not create any obligation for CFSC. A commitment to enter into the transaction described herein may only be extended by CFSC after this transaction has been approved by all appropriate credit and other authorities within CFSC.

Caterpillar Financial Services Corporation
2120 West End Avenue, Nashville, TN 37203
(615)-341-1000

We appreciate the opportunity to provide you a proposal for this transaction.

Proposed by:

Caterpillar Financial Services Corporation

Acknowledged by:

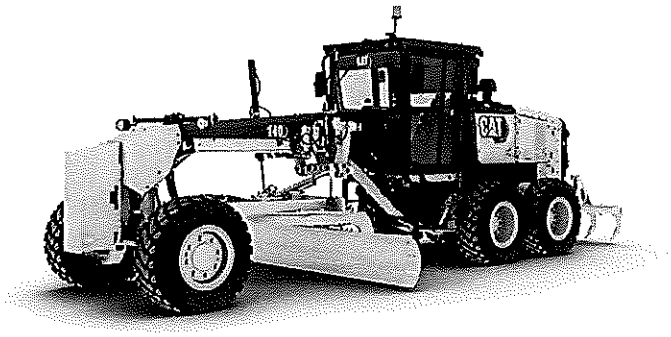
Franklin McCasland 1-11-21

QUAY COUNTY, NM Date

Quote 222522-01

December 11, 2020

QUAY COUNTY
PO BOX 1246
TUCUMCARI, New Mexico 88401



Attention: LARRY MOORE

Dear Sir,
We would like to thank you for your interest in our company and our products, and are pleased to quote the following for your consideration.

Caterpillar Model: 140LVR Motor Grader

STOCK NUMBER: **SERIAL NUMBER:** **YEAR:** **HOURS:**

We appreciate the opportunity to extend this quote. This quote is subject to availability and is valid for 30 days, after which time we reserve the right to re-quote. If there are any questions, please do not hesitate to contact me.

Regards,
Rick Sena
Sales Representative
Wagner Equipment Co.

Caterpillar Model: 140LVR Motor Grader

STANDARD EQUIPMENT

POWERTRAIN -Air cleaner, dual stage dry type radial -seal with service indicator and -automatic dust ejector -Air-to-air after cooler (ATAAC) -Belt, serpentine, automatic tensioner -Brakes, oil disc, four-wheel, hydraulic -Demand fan, hydraulic -Electronic over-speed protection -Engine, C9 with ACERT technology, diesel -with automatic engine derate and idle -control. EPA/ARB tier 4 final & EU -stage IV certified engine & -aftertreatment -Parking brake, multi-disc, sealed and -oil cooled -Sediment drain, fuel tank -Tandem drive -Transmission, 8 speed forward and -6 speed reverse, power shift, direct -drive -VHP Plus (Variable Horse Power Plus) -

ELECTRICAL -Alarm, back-up -Alternator, 150 ampere, sealed -Batteries, maintenance free, heavy -duty, 1125 CCA -Breaker panel -Electrical system, 24 volt -Lights, reversing -Starter, electric

OPERATOR ENVIRONMENT -Steering wheel -Air Conditioning with heater -Articulation -Centershift pin indicator -Display, digital speed and gear -Load sensing hydraulic controls: --Right/left blade lift --Circle drive --Center shift --Side shift --Blade tip --Front wheel lean -Doors, left and right side -Gauge, machine level -Gauges (analog) inside the cab -(includes fuel, articulation, engine -coolant temp, engine RPM and hydraulic -oil temp, DEF/AdBlue) -Lights, night time cab -Messenger Display --Meter --Hour digital -Mirror -Inside rearview, wide angle -Power port, 12V -Radio ready, entertainment -ROPS cab, 77dB(A) ISO 6394 -Storage area for cooler/lunchbox -Throttle control, electronic -Windows: laminated glass -Fixed front with intermittent wiper -windows: tempered -Left and right side wipers -Rear with intermittent wiper -Cab Storage -

SAFETY AND SECURITY -Clutch, circle drive slip -Doors, 2 engine compartment, (two left -hand, two right hand) locking -Doors, 2 service, left and right locking -Ground level engine shutdown -Hammer (emergency exit) -Horn, electric -Seat belt, retractable 3" -Secondary steering -Tandem walkway/guards

FLUIDS -Antifreeze -Extended life coolant -35C/-30F

OTHER STANDARD EQUIPMENT -Accumulators -brake -dual certified -Drawbar,6 shoe w/replaceable wear strips -Fluid check, ground level -Fuel tank, 100 gallon (378 L) -Ground level fueling -DEF/AdBlue Tank, 3.3 gallon (12.5 L) -Hydraulic lines for base functions -Pump, hydraulic, high capacity -(100cc / 6 cu in) -Radiator, cleanout access -(both sides with swing doors) -SOS ports -engine -hydraulic --transmission -coolant -fuel -Tool box -Debris guard -

MACHINE SPECIFICATIONS

140AWD CROSS SLP,ARO
LANE 3 ORDER
MOLDBOARD, 14' BASIC
RIPPER-SCARIFIER, REAR
WEATHER, STANDARD, AWD
PRECLEANER, SY-KLONE
LINK BAR, HYDRAULIC
DRAWBAR, TOP ADJUST
CROSS SLOPE AUTO
LOCK OUT, MANUAL
BASE+1 (RIP) ARO
ACCUMULATORS, WITH ARO
STARTER, EXTREME DUTY
ROADING LIGHTS W/FOLD DOWN ARM
CAB, PLUS
SEAT, CLOTH AIR SUSPENSION
MIRRORS, HEATED EXTERNAL
PRODUCT LINK, CELLULAR PLE641
TIRES, 14.0R24 BS VKT * G2 MP
COOLANT (-50C)
ANTIFREEZE WINDSHIELD WASHER
LANGUAGE, ENGLISH
DECALS, ENGLISH (US)
LOW BAR, HALOGEN, AWD
LIGHTS, WORK PLUS, HALOGEN
LIGHTS, CAB ROOF, HALOGEN
WARNING STROBE
CIRCLE SAVER
CAMERA, REAR VISION
RADIO, AM/FM, USB/BLUETOOTH
MIRROR, EXTERNAL, ISO
GUARD, TRANSMISSION
GUARD, AXLE HOSE, AWD
COVERS, UNDER CAB
HEATER, ENGINE COOLANT, 120V
PUSH PLATE, COUNTERWEIGHT
TOOTH, STRAIGHT
ROLL ON-ROLL OFF
SHANKS/TEETH, RIPPER/SCARIFIER
CAT GRADE, BASE KIT
FAN, REVERSING AWD
TRANSMISSION, AUTOSHIFT
FUEL ANTIFREEZE, -25C (-13F)
BASE+ 3 (RIP,MMS,FL) ARO
LIFT GROUP, MANUAL 1.5"
LIFT GROUP, FRONT MOUNTING

SELL PRICE	$279,705.15
SUBTOTAL	**$279,705.15**
TOTAL	**$279,705.15**

WARRANTY & COVERAGE

Standard Warranty:	12 Months Unlimited Hours, Parts and Labor (Travel Time included for the first 6 months)
Extended Coverage:	2 year / 2000 Hour PREMIER + 5 Year / 2500 Powertrain Extended Coverage Plan

F.O.B/TERMS:
Albuquerque

OPTIONS: 2020 GCI Program

Components	Ref No.	Qty	Sell
Other Components			
Vision Link Daily–3 Yr Subscription: Reports Daily Location, Hours, Fault Codes*, & Utilization*		1	$$150.00
Warranty			
GCI National Campaign - 3 Year / 5000 Hour Powertrain and Hydraulic and Technology EPP			$$5,420.00
Preventative Maintenance			
GCI National Campaign - 3 year/5000 Hour Parts Only PM Kit			$$4,369.00

DATE/20	NAME	ROAD BLADED	BLOCKS	MILES	ADDITIONAL WORK TO ROAD/COMMENTS
12/1/20	DONALD	QUAY ROAD 65	4225-4400	2.33	
	DONALD	QUAY ROAD 64.5	4225-4300	0.70	
	DONALD	QUAY ROAD AR	6200-6300	1.00	
	DONALD	QUAY ROAD 64.5	440-4100	0.64	
	DONALD	QUAY ROAD AP.5	6600-6700	1.00	
	DONALD	QUAY ROAD 66.5	4000-4150	1.64	
	QUADE	QUAY ROAD AT	2800-3000	1.00	
	LOUIS	QUAY ROAD S	6400-6800	2.00	
	TONY	QUAY ROAD M	9800-9900	1.00	
	TONY	QUAY ROAD 101	1300-1500	2.00	
	TONY	QUAY ROAD 102	1500-1600	1.00	
	TONY	QUAY ROAD M	1000-10100	1.00	
12/2/20	QUADE	QUAY ROAD AT	2400-2500	1.00	
	LOUIS	QUAY ROAD U	5980-6400	4.20	
12/3/20	QUADE	QUAY ROAD AT	2400-2700	3.00	
	LOUIS	QUAY ROAD 63	2100-2200	1.00	
	LOUIS	QUAY ROAD V	6100-6350	2.00	
	LOUIS	QUAY ROAD 61	2100-2200	1.00	
	TONY	QUAY ROAD 96	1300-1700	4.00	
	TONY	QUAY ROAD M	9900-10100	1.00	
12/7/20	QUADE	QUAY ROAD 27	4500-4800	3.00	
	QUADE	QUAY ROAD AU	2700-2800	1.00	
	QUADE	QUAY ROAD 25.5	4500-4600	0.85	
	QUADE	QUAY ROAD 25.5	3900-4100	2.00	
	QUADE	QUAY ROAD AP	2500-2700	2.00	
	LOUIS	QUAY ROAD 64	1500-1800	3.00	
	LOUIS	QUAY ROAD P	6325-640	0.66	
	LOUIS	QUAY ROAD P	6500-660	1.00	
	LOUIS	QUAY ROAD 67	1500-1600	1.00	
12/8/20	QUADE	QUAY ROAD AP	2700-3200	5.00	
	QUADE	QUAY ROAD AO	2875-3000	1.91	
	LOUIS	QUAY ROAD 72	1100-1800	6.86	
	TONY	QUAY ROAD 96	0700-1300	6.00	
12/9/20	QUADE	QUAY ROAD 25	4100-4500	4.00	
	QUADE	QUAY ROAD AQ	2500-2700	2.00	
	QUADE	QUAY ROAD AP	2400-2500	1.00	
12/10/20	QUADE	QUAY ROAD AR	2700-3000	3.00	
	QUADE	QUAY ROAD 24	4400-4500	1.00	
	QUADE	QUAY ROAD AV	3100-3200	1.00	
	QUADE	QUAY ROAD 26	5000-5200	2.00	
	QUADE	QUAY ROAD AZ	2600-2700	1.00	
	TONY	QUAY ROAD 101	0700-080	1.00	
	TONY	QUAY ROAD J	9600-9800	2.00	
12/14/20	QUADE	QUAY ROAD 26	4900-5000	1.00	
	QUADE	QUAY ROAD AX	2400-2600	2.00	
	QUADE	QUAY ROAD 25	4800-4900	1.00	
	QUADE	QUAY ROAD 25	5000-5200	2.00	

	QUADE	QUAY ROAD BC	2400-2500	1.00
12/15/20	QUADE	QUAY ROAD 25	5000-5200	2.00
	QUADE	QUAY ROAD BC	2500-2825	3.25
	QUADE	QUAY ROAD 25	5200-5400	2.00
	QUADE	QUAY ROAD BE	2400-2500	1.00
12/16/20	QUADE	QUAY ROAD BH	2700-3300	6.00
	TONY	QUAY ROAD 93	1200-1800	6.00
12/17/2020	TONY	QUAY ROAD 90	1200-1600	4.00
12/29/2020	TONY	QUAY ROAD 90	1600-1850	2.50
	TONY	QUAY ROAD Q	8900-9000	1.00
				119.54

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

January 11, 2020

Quay County Commissioners

Notice of Intent to Retire

Dear Commissioners,

I wish to submit this notice of intent to retire my position of Quay County Manager. Since the day I was hired in 2007 I have appreciated the support the Quay County Commissioners have given me and it has been an honor to work with all of the commissioners to achieve the goals they require. I was so blessed to have worked with such dedicated professionals. The citizens of Quay County are fortunate to have the commissioners they have elected.

Quay County has a great group of elected officials and staff which has made the County Managers position so much easier. They are dedicated to their department and work hard to provide the services to our citizens, I would not trade the time I have worked at Quay County for anything.

I hope you will accept this intent to retire and retirement date of April 10, 2021.

Respectively,

Richard D. Primrose
Quay County Manager