



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 10, 2022

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session December 13, 2021

Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

I. Quay County Board of Commissioners

- **Election of Chairman**
- **Request Approval of 2022 Reorganization of the Board Appointments and Sub-Committees**
- **Distribution of Financial Interest Disclosure Forms**
- **Request Approval of FY 2021-2022 Resolution No. 23 – Public Information Act**
 - **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**

III. Andrea Shafer, DWI

- **Presentation of Quarterly Report**

IV. Jamie Luaders, TQRECC Director

- **Emergency Communications Update**



DOC #CM-00524

01/24/2022 01:43 PM Doc Type: COCOM

Fee: (No FieldTag Finance.TotalFees found)

Quay County, NM

Pages: 76

Ellen White - County Clerk, County Clerk



- V. **Lucas Bugg, Quay County Fire Marshal**
- Request Approval of **Professional Services Agreement – Medical Director**
 - Request Approval of **EMS Fund Act FY 2022 Application and Annual Service Report - Forrest Fire**
 - Request Approval of **EMS Fund Act FY 2022 Application and Annual Service Report – Fire District 1**
 - Request Approval of **Fire Protection Fund Grant Purchase of Structural PPE and SCBAs – Fire District 2**
 - Request Approval of **Fire Protection Fund Grant Purchase of Structural PPE and SCBAs – Quay Fire Department 4**
 - Request Approval of **Fire Protection Fund Grant Purchase of Structural PPE – Forrest Fire**
- VI. **Larry Moore, Quay County Road Superintendent**
- **Road Update**
- VII. **Daniel Zamora, Quay County Manager**
- **Correspondence**
- VIII. **Request Approval of Accounts Payable**
- IX. **Other Quay County Business That May Arise During the Commission Meeting and/or Comments from the Commissioners**
- X. **Request for Closed Executive Session**
- **Pursuant to Section 10-15-1(H) 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**
- XI. **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 10, 2022

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 10th day January, 2022 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
Jerri Rush, Member
Robert Lopez, Member
Ellen L. White, County Clerk
Daniel Zamora, County Manager

OTHERS PRESENT:

Cheryl Simpson, Quay County Finance Director
Larry Moore, Quay County Road Superintendent
Lucas Bugg, Quay County Fire Marshal
Andrea Shafer, DWI Coordinator
Paul Lucero, Quay County Emergency Manager
Janie Hoffman, Quay County Assessor
Jamie Luaders, TQRECC Director
Russell Shafer, Quay County Sheriff
Renee Hayoz, Presbyterian Medical Services Administrator
Rodney Paris, Quay County Dispatch Board Chairman
Scot Parnell, Village of Logan Manager
Ron Warnick, Quay County Sun

Chairman McCasland called the meeting to order. Rodney Paris led the Pledge of Allegiance.

A MOTION was made by Jerri Rush SECONDED by Chairman McCasland to approve the December 13, 2021 regular session minutes. 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:

Chairman McCasland requested nominations for electing Chairman of Board for 2022. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to maintain the structure of the Board with McCasland as Chairman and Lopez as Vice-Chair. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".

County Manager, Daniel Zamora presented the current list of Board Appointments and Sub-Committees. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve the list of Appointments and Sub-Committees as presented. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". A copy is attached to these minutes.

Ellen White, Quay County Clerk reported Financial Interest Disclosure Forms have been distributed to Elected Officials and other staff with instructions and explanations of the procedures.

Daniel Zamora, County Manager, requested approval of FY2021-2022 Resolution No 23; Public Information Act Requirements. A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve Resolution No. 23. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". A copy is attached.

C. Renee Hayoz, Presbyterian Medical Services Administrator presented the monthly RPHCA Reports for the months of November and December, 2021. Hayoz provided the following Clinic updates:

- 232 vaccines were administered at the last Covid Vaccine Event held at the Fairgrounds. A subsequent event is slated for Thursday, January 13, 2022. Currently, 150 people are scheduled.
- The Clinic has secured 300 free home testing kits and will begin distribution of these to those wanting a kit at the Vaccine Event.
- The Clinic is following the updated quarantine regulations reducing the days from 10 to 5 for exposures.
- The Clinic is fully staffed with the addition of a new CMA and a Behavioral Health Interventionist

Andrea Shafer, DWI Coordinator presented the Quarterly Report for the months of October through December. A copy of this Report is attached to these minutes.

Shafer reported the DWI Office held a toy drive in November-December, in lieu of fees from offenders. Over \$1,000.00 in toys were donated and DWI distributed to CYFD.

Shafer also indicated a need and the possibility of hosting AA Meetings at their office in the future. Shafer said she would like to offer them at 7 AM and during the lunch hour for individuals that work to have the opportunity to come at that time.

Jamie Luaders, TQRECC Director provided an update of the Emergency Communications Department: (Dispatch)

- Distributed the 911 Call Reports for December with explanations of what is tracked during a call.
- Reported the Department is fully staffed with all certified personnel for the first time since 2016.

- All employees are up to date and current on their continuing education classes, as required.
- The Department dispatches for all of Quay County, Harding County and Conchas Dam in San Miguel County.
- Fire Calls are included in the EMS call logs.

Chairman McCasland, along with all the Commissioners, thanked Luaders for her work and expressed gratitude to her employees. McCasland asked what challenges she sees for 2022. Luaders reported the radios would be their main issue. Zamora chimed in, reminding the Commissioners the need for radios is Quay County's top Capital Outlay request and to express that concern to our Legislators at every opportunity.

Rodney Paris, Dispatch Chairman thanked the Commissioners for their continued support of the Dispatch Board. Paris reported the Board is actively pursuing a new Joint Powers Agreement to possibly amend the financial agreements between entities for better equity based on the call volumes. Paris said he looks forward to bringing that to the Commission at a future meeting.

Quay County Attorney Warren Frost joined the meeting. Time noted, 9:35 a.m.

Lucas Bugg, Quay County Fire Marshal, presented the following items for approval:

- Request Approval of Professional Services Agreement – Medical Director Ronald Chad Carver, M.D.

A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve the Agreement for Medical Director. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". Copies are attached.

- Request Approval of EMS Fund Act FY 2023 Application and Annual Service Report - Forrest Fire totaling \$7,060.00.

A MOTION was made by Robert Lopez, SECONDED by Chairman McCasland to approve the Application and Service Hours Report. MOTION carried with Lopez voting "aye", McCasland voting "aye" and Rush "abstained. Copies are attached.

- Request Approval of EMS Fund Act FY 2023 Application and Annual Service Report – Fire District 1 totaling \$5,000.00.

A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve the Application and Service Hours Report. MOTION carried with Lopez voting "aye", Rush voting "aye" and McCasland voting "aye". Copies are attached.

- Request Approval of Fire Protection Fund Grant Purchase of Structural PPE and SCBAs – Fire District 2 totaling \$127,488.00.

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

- Request Approval of Fire Protection Fund Grant Purchase of Structural PPE and SCBAs – Quay Fire Department 4 totaling \$96,080.00.

A MOTION was made by Jerri Rush SECONDED by Robert Lopez to approve the Grant Purchase. MOTION carried with Lopez voting “aye”, Rush voting “aye” and McCasland voting “aye”.

- Request Approval of Fire Protection Fund Grant Purchase of Structural PPE – Forrest Fire totaling \$40,921.43.

A MOTION was made by Robert Lopez SECONDED by Chairman McCasland to approve the Grant Purchase. MOTION carried with Lopez voting “aye”, McCasland voting “aye” and Rush “abstained”.

Quay County Road Superintendent, Larry Moore provided the following road updates:

- Received the Extension of the Bridge 1625 Project with a new deadline of June, 2023.
- 2022-23 Call letter for CAP, COOP and School Bus Projects has been received.
- Certified Maintained Road Mileage Report is due April 1, 2022.
- Two new blades have been delivered and the crew has been trained on their operations and they are already being used in the projects.
- Crews are in the San Jon area working on Quay Road O, 64 and S.
- Water truck has been repaired.
- Repairs are ongoing on the Reclaimer.
- Hayden Modisette is a new employee and both Modisette and Reuben Rincones are both willing to get their CDL.

Quay County Manager, Daniel Zamora presented the following items of correspondence:

- Provided a copy of the current Travel and Per Diem guidelines as set forth in State Statutes and regulated by DFA.
- Distributed the monthly GRT Report for December, reporting it is stable.

A MOTION was made by Jerri Rush, SECONDED by Chairman McCasland to approve the expenditures included in the Accounts Payable Report ending January 6, 2022. 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:

Commissioner Rush asked the employees and Elected Officials in attendance how the four-day work week was going. Employees all agreed they have one successful week behind them.

A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to go into Executive Session pursuant to the following item(s):

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

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

Time noted 9:55 a.m.

---Executive Session---

Return to regular session. Time noted 10:35 a.m.

Chairman McCasland reported No Action from Executive Session.

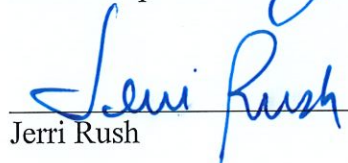
There being no further business, a MOTION was made by Jerri Rush SECONDED by Robert Lopez to adjourn. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". Time noted 10:40 a.m.

Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS

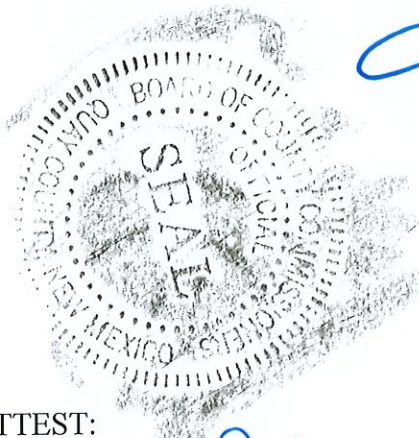

Franklin McCasland


Robert Lopez


Jerri Rush

ATTEST:


Ellen L. White, County Clerk



**2022 BOARD APPOINTMENTS
DECEMBER 13, 2021**

NM County Insurance Authority Member.....Daniel Zamora/Robert Lopez Alternate

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

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

City of Tucumcari Library BoardAlida Brown

Llano Estacado RC&DFranklin McCasland/Jerri Rush, Alternate

Northeast Regional Transportation.....Larry Moore/Daniel Zamora, Alternate

E-911 County Coordinator.....Dana Leonard/ 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 CommissionDaniel Zamora/Franklin McCasland Alternate

Natural Resources CommitteeBill Humphries

Tucumcari Quay County Rural Water Authority.....Daniel Zamora/Franklin McCasland, Alternate

Eastern Plains Council of Governments (EPCOG)Daniel Zamora/Jerri Rush, Alternate

Tucumcari/Quay County Regional
Emergency Communication Center.....Daniel Zamora/Jerri Rush, Alternate

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



FISCAL YEAR 2021-2022

RESOLUTION NO. 23

**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

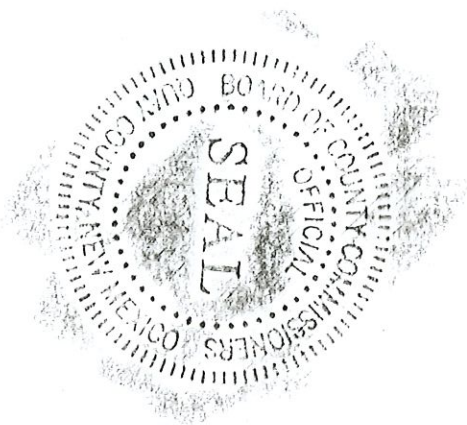
WHEREAS, annual audits, the monthly budget and financial reports including the monthly list of checks shall be made available to the public, establishing the method of compliance with revenue and expenditure requirements.

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.

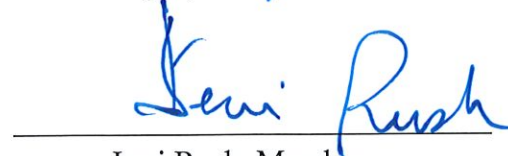
PASSED, APPROVED AND ADOPTED by the governing body at its meeting on January 10, 2022.


QUAY COUNTY COMMISSIONERS




Franklin McCasland, Chairman


Robert Lopez, Member


Jerri Rush, Member

Attest: 
Ellen L. White, County Clerk

RPHCA Program
Monthly Level of Operations Form

revised 7/7/15

Organization Name: Presbyterian Medical Services		Contract #	23169
Reporting Site: Quay County Family Health Center		Report Month/Year:	11/01/21
Action Plan Item		Actual Monthly Level	
Level of Operations	Total Number of Primary Care Encounters		569
	By Provider Type:		
	Physician Encounters		0
	Midlevel Practitioner Encounters		569
	Dentist Encounters		
	Dental Hygienist Encounters		
	Behavioral Health Encounters		
	All Other Licensed/Certified Provider Encounters		
	By Payment Source:		
	Sliding Fee Encounters - Medical/Behavioral Health		62
	Sliding Fee Encounters - Dental		
	Medicaid Encounters - Medical/Behavioral Health		143
	Medicaid Encounters - Dental		
	County Indigent Encounters		
	Other 3 rd Party Encounters		125
	Medicare Encounters		232
	100% Self Pay (non-discounted/non-3 rd party) Encounters		7
Unduplicated Number of Users	Total # of unduplicated users		269
	At or Below Poverty		142
	Between Poverty and 200% of Poverty		100
	Above 200% of Poverty		27
Staffing Level	Administrative Staff	3	
		Clinical FTEs	Admin FTEs
	Physicians		
	Certified Nurse Practitioners	2	
	Physician Assistants		
	Certified Nurse Midwives		
	Dentists		
	Dental Hygienists		
	Behavioral Health Professionals	0	
	Community Health Workers		
	Clinical Support Staff	2	
All Other Staff	0.5		
Prior Month's Primary Care Financial Information	Please enter the month being reported: June		
	Total Primary Care Revenues - all sources		80,749
	Sliding Fee Revenues - Medical		4,529
	Sliding Fee Revenues - Dental		0
	Medicaid Revenues - Medical		22,790
	Medicaid Revenues - Dental		0
	County Indigent Fund Revenues		0
	Other 3 rd Party Revenues		-66
	Medicare Revenues		4,736
	100% Self Pay (non-discounted/non-3 rd party) Patient Revenues		238
	Contracts/Grants Revenues (including RPHCA)		48,522
	Total Primary Care Expenditures		87,617
	Total Primary Care Charges		64,005
	Sliding Fee Discounts - Medical		6,401
	Sliding Fee Discounts - Dental		0
Prepared by: C Renee Hayoz		12/9/2021	

Clinic/Program Name: Quay County Family Health Center
Month Reported: November 2021

Monthly RPHCA Narrative Report

*Please provide brief but detailed information for the following questions. Answer all questions or mark N/A. **Remember: This document is used by the State to monitor your performance under the terms of our contract.***

1. **Please describe any changes in the types of services provided during the month reported. Describe any discussions about adding new services. Please comment on any changes to the following areas of service:** BH Interventionist vacancy has been posted; new applicant has been interviewed several times and is being recommended for hire.
2. **Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties?** No difficulties in providing services. BH Interventionist and MA vacancy have been posted. Several applicants for MA did not pass the interview phase. Applicant for BH is being recommended for hire.
3. **Were there any changes in the encounters (+ or - 10%) from the previous month reported? Please explain any causes for the changes.** We had an increase of 55% of encounters. This is primarily due to patients scheduled for the COVID booster vaccine.
4. **Please describe any changes in the staffing pattern (regardless of the position or the change in FTE). Note: Please keep this information CURRENT. List only current vacancies or changes in FTE. For example, if you made a change in FTE that was previously reported, there is no need to keep reiterating it.** BH Interventionist vacancy was posted on 10/14/21. MA vacancy was posted on 10/21/21.
5. **Please describe recruitment efforts for any positions. Which positions? What actions have been taken? Note: This information should be for current vacancies, or for upcoming vacancies that you are aware of. If a position remains open, you should continue to report what is being done in recruitment until the position is filled.**
Through PMS website and local FB page for job vacancies.
6. **Were there any changes to the hours? Explain.** No changes were made to schedule. Hours continue to be Monday -Friday from 7:00 AM to 5:30 PM.

7. **What efforts did you make to collaborate with local and statewide entities?**
(*Examples: discussions with other agencies, formal & informal agreements, contact with DOH, Local partners. Community Stakeholders, etc.*) **Please describe any issues or problems you may have encountered with collaboration efforts.**
We continue to provide medical services to the inmates at the Quay Co Detention Center. Administrator is also on the Executive Board with the Quay Co Health Council.
8. **Please describe any methods for increasing clinic utilization that your program and staff are engaging in.** We are providing COVID testing Monday – Friday and COVID Vaccinations on Thursdays from 2-4 PM.
9. **Please describe the outreach activities your program and staff provided to the community during the month reported.** No outreach activities were performed due to COVID + exposures with staff, quarantine and holiday leave..
10. **Have you received any new funding? Are you aware of any new funding opportunities? Please describe any new initiatives or projects that have been implemented.** No new funding has been received other then RPHCA funds.
11. **Please note the date of the last advisory board meeting AND THE AGENDA ITEMS DISCUSSED.** *Note: You do not need to send a copy of your meeting minutes, but you do need to give a brief recap of what was discussed at the last meeting. This information should stay the same until your next meeting occurs. Were there any changes of board members? What is the date of the next meeting?*

September 15, 2021

Dental Access

Advisory Board Member Engagement

Recap of PMS Board Meeting

Clinic Update

- Introduction of Patricia Stull, BH Interventionist
- Staffing Levels
- Flu Vaccine Availability
- Sophia Machine to test for rapid COVID, SAR, Flu A/B
- Flooding of Clinic
- Demand for COVID Vaccines
- Facemask requirement for all staff regardless of vaccination status
- Possible mandate for PMS employees
- 80% of PMS staff vaccinated
- Monthly Encounters increasing monthly

Home Visiting

- Enrollment Numbers dropped to 7
- Staffing Levels dropped to 50%
- Program Update

Future Meetings

Updated July 2021

- Meetings continue on Wednesdays
- Renee will send out several dates for last quarter meeting

Month: November
Site: QUAY COUNTY FAMILY HEALTH CENT

[illegible]

RPHCA Program
Monthly Level of Operations Form

revised 7/7/15

Organization Name: Presbyterian Medical Services		Contract #	23169
Reporting Site: Quay County Family Health Center		Report Month/Year:	12/01/21
Action Plan Item		Actual Monthly Level	
Level of Operations	Total Number of Primary Care Encounters		674
	By Provider Type:		
	Physician Encounters		0
	Midlevel Practitioner Encounters		674
	Dentist Encounters		
	Dental Hygienist Encounters		
	Behavioral Health Encounters		
	All Other Licensed/Certified Provider Encounters		
	By Payment Source:		
	Sliding Fee Encounters - Medical/Behavioral Health		120
	Sliding Fee Encounters - Dental		
	Medicaid Encounters - Medical/Behavioral Health		165
	Medicaid Encounters - Dental		
	County Indigent Encounters		
	Other 3 rd Party Encounters		150
Medicare Encounters		226	
100% Self Pay (non-discounted/non-3 rd party) Encounters		13	
Unduplicated Number of Users	Total # of unduplicated users		341
	At or Below Poverty		178
	Between Poverty and 200% of Poverty		130
	Above 200% of Poverty		33
Staffing Level	Administrative Staff	3	
		Clinical FTEs	Admin FTEs
	Physicians		
	Certified Nurse Practitioners	2	
	Physician Assistants		
	Certified Nurse Midwives		
	Dentists		
	Dental Hygienists		
	Behavioral Health Professionals	0	
	Community Health Workers		
Clinical Support Staff	2		
All Other Staff	0.5		
Prior Month's Primary Care Financial Information	Please enter the month being reported: June		
	Total Primary Care Revenues - all sources		85,318
	Sliding Fee Revenues - Medical		7,402
	Sliding Fee Revenues - Dental		0
	Medicaid Revenues - Medical		24,752
	Medicaid Revenues - Dental		0
	County Indigent Fund Revenues		0
	Other 3 rd Party Revenues		11,904
	Medicare Revenues		9,983
	100% Self Pay (non-discounted/non-3 rd party) Patient Revenues		390
	Contracts/Grants Revenues (including RPHCA)		30,887
	Total Primary Care Expenditures		74,854
	Total Primary Care Charges		88,901
	Sliding Fee Discounts - Medical		15,805
Sliding Fee Discounts - Dental		0	
Prepared by: C Renee Hayoz		1/7/2022	

Clinic/Program Name: Quay County Family Health Center
Month Reported: December 2021

Monthly RPHCA Narrative Report

Please provide brief but detailed information for the following questions. Answer all questions or mark N/A. Remember: This document is used by the State to monitor your performance under the terms of our contract.

1. **Please describe any changes in the types of services provided during the month reported. Describe any discussions about adding new services. Please comment on any changes to the following areas of service:** BH Interventionist candidate has been selected. Will start in January.
2. **Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties?** No difficulties in providing services. BH Interventionist and MA vacancy have been posted and candidates selected. Candidates will start on January 3, 2022
3. **Were there any changes in the encounters (+ or - 10%) from the previous month reported? Please explain any causes for the changes.** We had an increase of 19% of encounters from November to December. This is primarily due to patients scheduled for the COVID vaccine.
4. **Please describe any changes in the staffing pattern (regardless of the position or the change in FTE). Note: Please keep this information CURRENT. List only current vacancies or changes in FTE. For example, if you made a change in FTE that was previously reported, there is no need to keep reiterating it.**
BH Interventionist vacancy was posted on 10/14/21. MA vacancy was posted on 10/21/21 applicants for both positions have selected.
5. **Please describe recruitment efforts for any positions. Which positions? What actions have been taken? Note: This information should be for current vacancies, or for upcoming vacancies that you are aware of. If a position remains open, you should continue to report what is being done in recruitment until the position is filled.**
Through PMS website and local FB page for job vacancies.
6. **Were there any changes to the hours? Explain.** No changes were made to schedule. Hours continue to be Monday -Friday from 7:00 AM to 5:30 PM.
7. **What efforts did you make to collaborate with local and statewide entities? (Examples: discussions with other agencies, formal & informal agreements, contact**

with DOH, Local partners. Community Stakeholders, etc.) Please describe any issues or problems you may have encountered with collaboration efforts.

We continue to provide medical services to the inmates at the Quay Co Detention Center. Administrator is also on the Executive Board with the Quay Co Health Council.

8. **Please describe any methods for increasing clinic utilization that your program and staff are engaging in.** We are providing COVID testing Monday – Friday and COVID Vaccinations on Thursdays from 2-4 PM.
9. **Please describe the outreach activities your program and staff provided to the community during the month reported.** No outreach activities were performed due to COVID + exposures with staff, quarantine and holiday leave.
10. **Have you received any new funding? Are you aware of any new funding opportunities? Please describe any new initiatives or projects that have been implemented.** No new funding has been received other than RPHCA funds.
11. **Please note the date of the last advisory board meeting AND THE AGENDA ITEMS DISCUSSED.** *Note: You do not need to send a copy of your meeting minutes, but you do need to give a brief recap of what was discussed at the last meeting. This information should stay the same until your next meeting occurs. Were there any changes of board members? What is the date of the next meeting?*

September 15, 2021

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- Possible mandate for PMS employees
- 80% of PMS staff vaccinated
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Home Visiting

- Enrollment Numbers dropped to 7
- Staffing Levels dropped to 50%
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Future Meetings

- Meetings continue on Wednesdays
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Month: December
Site: QUAY COUNTY FAMILY HEALTH CENT

[illegible]

QUAY COUNTY DWI PROGRAM

STATISTICS

2nd Quarterly Report

October 2021-December 2021

Total Number of Arrests: 3

DWI 1st: 3

DWI 2nd: 0

DWI 3rd: 0

DWI 4th: 0

DWI 5th or Subsequent: 0

Aggravated DWIs: 2

Average BAC: .00

Minimum: .00

Maximum: .00

Blood Draws: 2

Refusals: 1

Average Age: 34

Youngest: 22

Oldest: 45

Sex of Offenders

Male: 2

Female: 1

Accidents: 3

Fatalities: 0

Arrests by Agency:

New Mexico State Police: 1

Tucumcari Police Department: 1

Quay County Sheriff's Department: 1

Logan Police Department: 0

Ute Lake State Park: 0

Monthly Arrests

October: 0

November: 0

December: 3

FROM FINAL COURT DATES:

Number of Cases Completed: 1

Number of Convictions/Pleas: 1

Number of Dismissals: 0

Number of Offenders Placed on DWI Compliance: 1

DWI 1st: 1

DWI 2nd: 0

DWI 3rd: 0

DWI 4th: 0

DWI 5th of Subsequent: 0

Number of Offenders who Successfully Completed DWI Compliance: 1

Number of Offenders who Unsuccessfully Completed DWI Compliance: 0

Number of Community Service Hours Ordered: 24

Number of DWI Offenders Being Supervised: 13

Number of Misdemeanor Offenders Being Supervised: 19

9-1-1 and Phone System Summary

9-1-1 Basics

Quay, NM

Start Date: 2021-12-01 Shift Start: 00:00 User: --

End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

Number of Answered Calls:	582	
Average Answer Time:	00:04.1	MM:SS.s
Average Call Duration:	01:35.3	MM:SS.s

Calls by Line Type

Quay, NM

Start Date: 2021-12-01 Shift Start: 00:00

End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

	9-1-1 Voice	9-1-1 Text	7-Digit Emergency	Admin	Total
Calls Presented	624	0	0	12	636
Answer Time - Average	00:04.1	00:00.0	00:00.0	00:04.5	00:04.1
Answer Time - Median	00:03.0	00:00.0	00:00.0	00:03.0	00:03.0
Answer Time - Maximum	00:55.0	00:00.0	00:00.0	00:13.0	00:55.0
Calls Abandoned	42	0	0	0	42
% Abandoned	6.73%	0.00%	0.00%	0.00%	6.60%
Calls Answered	582	0	0	12	594
Agency Goal	95% - 10SEC	95% - 10SEC	90% - 10SEC	80% - 10SEC	
Within Goal	555	0	0	11	566
% Within Goal	95.36%	0.00%	0.00%	91.67%	95.29%
Longer Than Goal	27	0	0	1	28
Average Call Duration	01:35.3	00:00.0	00:00.0	00:33.4	01:34.0

Calls Answered Within 10 Seconds

Quay, NM

Start Date: 2021-12-01 Shift Start: 00:00 User: --

End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

	9-1-1 Voice	9-1-1 Text	7-Digit Emergency	Admin
Answered Within 10	95.36%	0.00%	0.00%	91.67%
Average Answer Time	00:03.2	00:00:00	00:00:00	00:03.7
Median Answer Time	00:03.0	00:00:00	00:00:00	00:03.0
Average Call Duration	01:35.3	00:00:00	00:00:00	00:28.8
Median Call Duration	01:09.0	00:00:00	00:00:00	00:27.0

Calls by Call Type Quay, NM

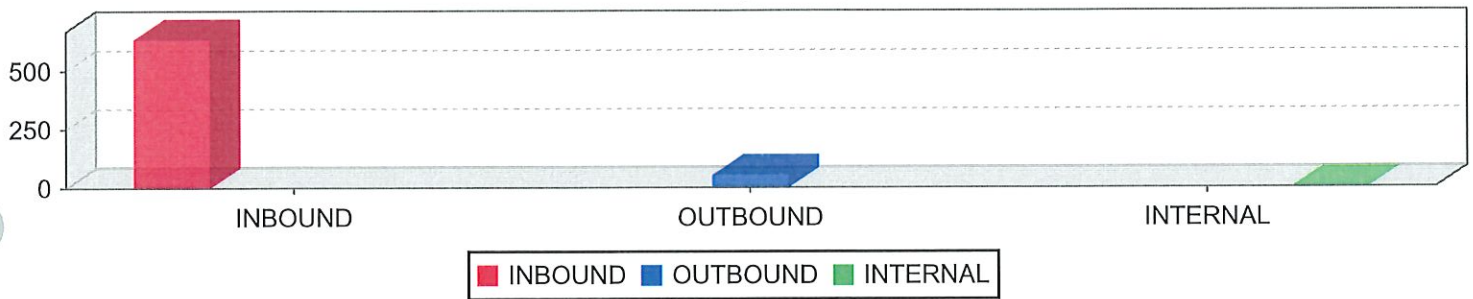
Start Date: 2021-12-01 Shift Start: 00:00 User: --

End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

	Inbound		Outbound		Internal		Total	
	Calls	Avg Call Duration	Calls	Avg Call Duration	Calls	Avg Call Duration	Calls	Avg Call Duration
9-1-1 Voice	624	01:35.3	0	00:00.0	0	00:00.0	624	01:35.3
Admin	12	00:33.4	54	00:52.6	0	00:00.0	66	00:49.0
Total	636	01:34.0	54	00:52.6	0	00:00.0	690	01:30.6

Total Calls by Call Type



Calls per Trunk and Line Type

Quay, NM

Start Date: 2021-12-01 Shift Start: 00:00

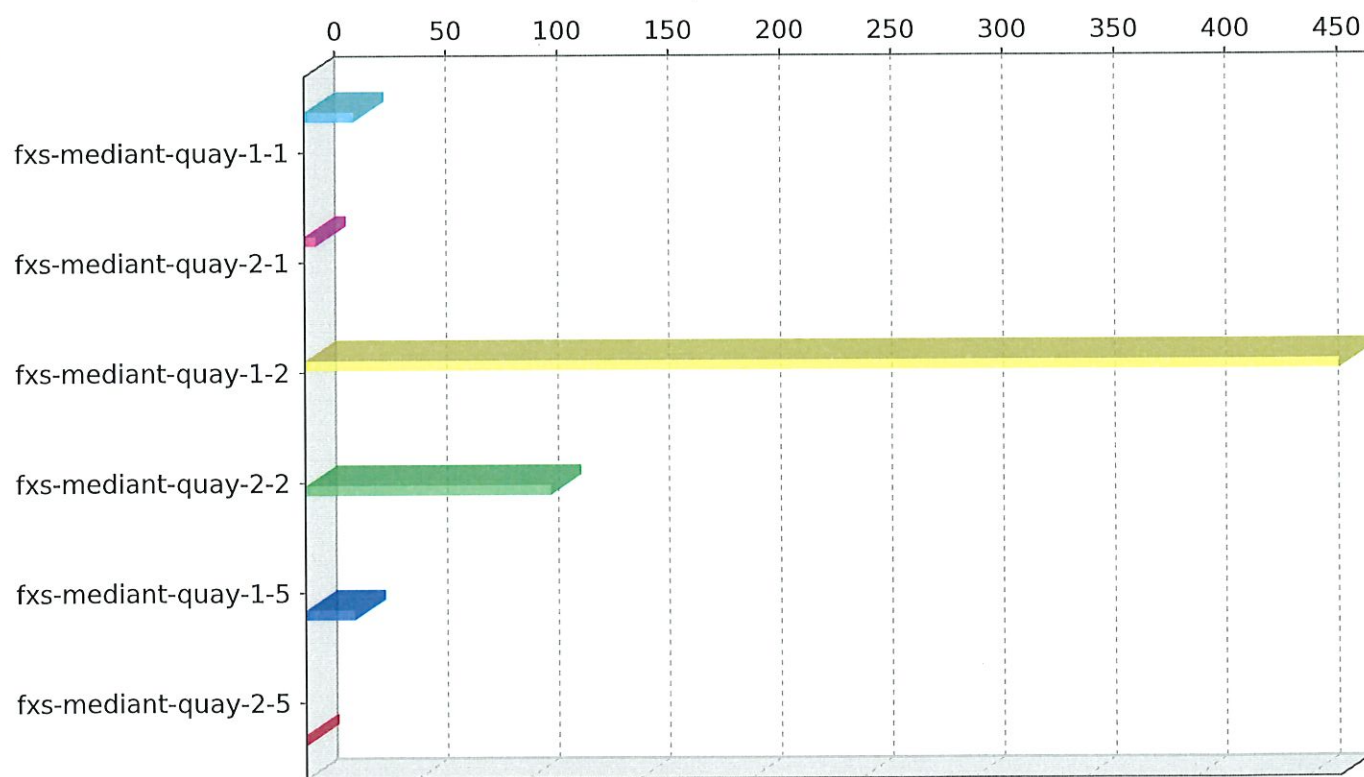
End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

9-1-1 Calls per Trunk

Trunk ID	Description	Calls	% by Trunk
1	fxs-mediante-quay-1-1	22	3.53 %
2	fxs-mediante-quay-2-1	5	0.80 %
3	fxs-mediante-quay-1-2	464	74.36 %
4	fxs-mediante-quay-2-2	110	17.63 %
5	fxs-mediante-quay-1-5	22	3.53 %
6	fxs-mediante-quay-2-5	1	0.16 %
Total		624	100.00 %

9-1-1 Calls per Trunk



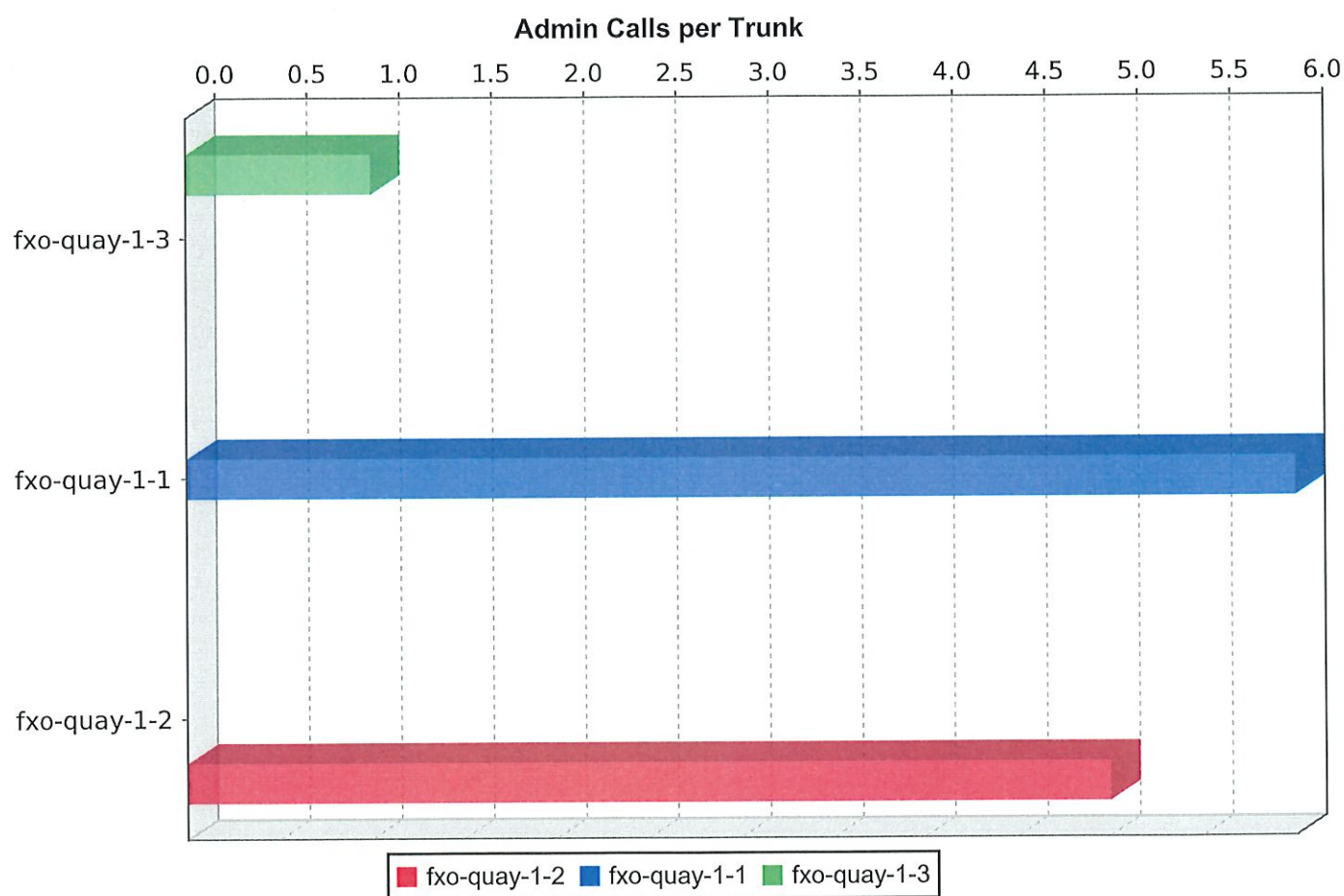
■ fxs-mediante-quay-2-5
 ■ fxs-mediante-quay-1-5
 ■ fxs-mediante-quay-2-2
 ■ fxs-mediante-quay-1-2
■ fxs-mediante-quay-2-1
 ■ fxs-mediante-quay-1-1

Calls per Trunk and Line Type

Quay, NM

Admin Calls per Trunk

Trunk ID	Description	Calls	% by Trunk
10	fxo-quay-1-3	1	8.33 %
7	fxo-quay-1-1	6	50.00 %
9	fxo-quay-1-2	5	41.67 %
Total		12	100.00 %



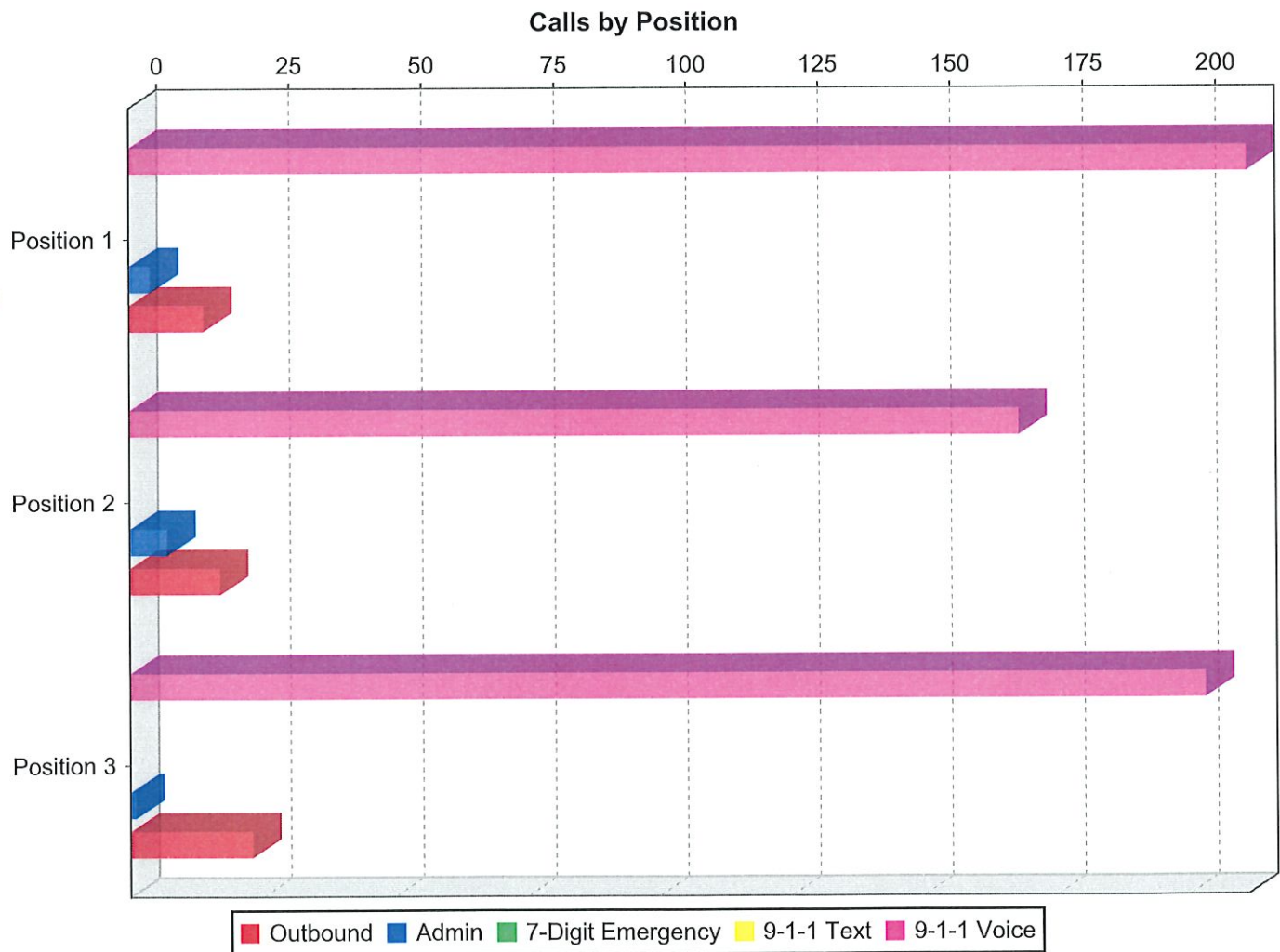
Calls by Position Quay, NM

Start Date: 2021-12-01 Shift Start: 00:00

End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

Position	9-1-1 Voice	9-1-1 Text	7-Digit	Admin	Outbound
1	211	0	0	4	14
2	168	0	0	7	17
3	203	0	0	1	23
Total	582	0	0	12	54



9-1-1 Call Answer Time

Quay, NM

Start Date: 2021-12-01 Shift Start: 00:00 User: --

End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

Answer Time (Seconds)	Calls	Sum	Percentage	Percentage
1	11	11	1.89 %	1.89 %
2	206	217	35.40 %	37.29 %
3	175	392	30.07 %	67.35 %
4	78	470	13.40 %	80.76 %
5	35	505	6.01 %	86.77 %
6	22	527	3.78 %	90.55 %
7	7	534	1.20 %	91.75 %
8	6	540	1.03 %	92.78 %
9	11	551	1.89 %	94.67 %
10	4	555	0.69 %	95.36 %
11	2	557	0.34 %	95.70 %
12	2	559	0.34 %	96.05 %
13	3	562	0.52 %	96.56 %
14	1	563	0.17 %	96.74 %
15	3	566	0.52 %	97.25 %
16	1	567	0.17 %	97.42 %
17	1	568	0.17 %	97.59 %
18	1	569	0.17 %	97.77 %
19	2	571	0.34 %	98.11 %
20	1	572	0.17 %	98.28 %
22	1	573	0.17 %	98.45 %
23	1	574	0.17 %	98.63 %
24	1	575	0.17 %	98.80 %
26	2	577	0.34 %	99.14 %
27	1	578	0.17 %	99.31 %
28	1	579	0.17 %	99.48 %
36	1	580	0.17 %	99.66 %
40	1	581	0.17 %	99.83 %

9-1-1 Call Answer Time
Quay, NM

Answer Time (Seconds)	Calls	Sum	Percentage	Percentage
55	1	582	0.17 %	100.00 %
Total	582		100.00 %	

9-1-1 Calls by Class of Service

Quay, NM

Start Date: 2021-12-01 Shift Start: 00:00

End Date: 2021-12-31 Shift End: 24:00

Dispatch Groups: quay

Class of Service	Answered Calls	Abandoned Calls	Total Calls	% of Total	% Wireless
BUSN	23	1	24	3.85%	
PBXB	3	0	3	0.48%	
RESN	12	1	13	2.08%	
Unknown	4	0	4	0.64%	
VOIP	8	0	8	1.28%	
WPH1	47	14	61	9.78%	9.78%
WPH2	485	26	511	81.89%	81.89%
Total	582	42	624	100.00%	91.67%

COUNTY OF QUAY, NEW MEXICO
PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made and entered into this 3 day of JAN., 2022, by and between the County of Quay (hereinafter "County") and Ronald Chad Carver, M.D., (hereinafter "Dr. Carver").

WHEREAS, the County has found it necessary to retain a physician to perform the duties of the Medical Director for the County's emergency medical services; and

WHEREAS, Dr. Carver has agreed to provide services as Medical Director for the County's emergency medical service; and

WHEREAS, the County desires to engage Dr. Carver to render the services of Medical Director for the emergency medical service;

IT IS HEREBY AGREED BETWEEN THE PARTIES:

1. **Scope of Work.** As Medical Director, Dr. Carver shall:
 - A. Provide advice of a clinical nature to the County's EMS departments on matters dealing with pre-hospital emergency care, primarily in the form of patient care protocols;
 - B. Provide liaison between the Quay County's Emergency Medical Services (hereinafter referred to as "EMS") and Dr. Dan C. Trigg Memorial Hospital, as necessary.
 - C. Provide on-going evaluation of EMS training programs to ensure proper on-going and specialized skills are being maintained and verification of the ability of personnel to carry out specialized tasks.
 - D. Review the monthly Quality Assurance report to assure accuracy of patient care and point out problem areas to EMS Director and/or Fire Chief.

It is understood and agreed by the parties that Dr. Carver will serve in an advisory role only and will provide no treatment whatsoever, hereunder.

2. **Term and Compensation.** The effective date of this contract shall be January 1, 2022. The term of this contract shall run from January 1, 2022 through December 31, 2022.

The County shall pay to Dr. Carver in full payment for services rendered hereunder, the amount of Five Hundred Dollars (\$500) per year per EMS department. Dr. Carver shall be responsible for any taxes due on that amount and said taxes shall not be billed to the City.

3. **Status of Contractor.** Dr. Carver, and his agents and employees, if any, are independent contractors, performing professional services for the County, and are not employees of the

County. Dr. Carver, and his agents and employees, if any, shall not accrue leave and shall not be eligible for employee benefits, including but not necessarily limited to retirement, insurance, use of County vehicles, or any other benefits afforded to employees of the County.

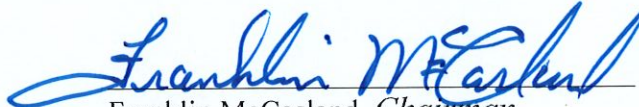
It is agreed that Dr. Carver shall have the full power to continue any outside employment or business, to employ and discharge his employees or associates as he finds desirable, and the County shall in no way interfere.

It is agreed that in the event that Dr. Carver shall be away from the County for a long enough period of time to interfere with his provision of services hereunder, that he shall have the right to choose another licensed medical doctor or doctor of osteopathy in good standing with the New Mexico Board of Medical Examiners, to stand in for him to provide the services hereunder, provided that he shall inform the EMS Director of the name of such substitute and the dates of such substitution and, further provided, that such substitute shall be paid directly by Dr. Carver for those services and such subcontract shall not result in any additional obligation for the County.

4. **Assignment.** Dr. Carver shall not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without prior written approval of the County, except as otherwise provided herein.
5. **Release.** Dr. Carver, upon final payment of the amount due for his services under this agreement shall release the County, its Commissioners, employees, agents and assigns from any and all liability, claims and obligations whatsoever arising from or under this Agreement
6. **Indemnification and Insurance.** The County agrees to indemnify Dr. Carver in regard to any claim for malpractice or for other liability incurred by him as a result of his lawful actions hereunder in an amount which shall not exceed the limits of municipal liability under the New Mexico Tort Claims Act. The County's obligation to indemnify Dr. Carver shall be limited to those claims covered by the County's general liability insurance coverage or as otherwise limited by applicable law. Dr. Carver shall be solely responsible for maintaining any additional malpractice or other insurance coverages in regard to any claims which arise as a result of his actions which are beyond the scope of this agreement. The parties agree to exchange insurance certificates establishing the insurance coverages as specified herein.
7. **Confidentiality.** Any information given to or developed by Dr. Carver in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by Dr. Carver without the prior written approval of the County.
8. **Conflict of Interest.** Dr. Carver warrants that he presently has no interest which would conflict with the performance of services required under this Agreement. In the event that any such conflict should arise, Dr. Carver agrees to bring it to the attention of the County and appropriate action acceptable to the County shall be taken with regard thereto.


9. **Amendment.** This Agreement shall not be altered, changed, or amended except by instrument in writing executed by the parties with the same formalities as this original Agreement.
10. **Scope of Agreement.** This Agreement incorporates all agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into this written agreement. No prior agreement or understanding, verbal or otherwise, of the parties or their agents, shall be valid or enforceable, unless embodied in this Agreement.
11. **Applicable Law.** This Agreement is made in the State of New Mexico and shall be governed by the Laws of the State of New Mexico.
12. **Binding Effect.** This contract shall be binding the parties and their heirs, assigns and successors in interest.
13. **Severability.** If any provision herein is found to be unenforceable, then it shall be severed from the agreement and shall not affect the enforceability of the remaining provisions of the Agreement.
14. **Titles.** Titles of sections herein are inserted only for the purpose of ease in locating material and shall not in any way be construed to modify the meaning of the various provisions herein.

IN WITNESS WHEREOF, the parties have executed this Agreement, as of the date first written above.


Franklin McCasland, *Chairman*

Attested by

Ellen L. White, County Clerk


Ronald Chad Carver, M.D.

State of New Mexico)
) §
County of Quay)

The foregoing was sworn and subscribed before me on this 19 day of JAN, 2022 by
Ronald Chad Carver, M.D.


Notary Public

My Commission Expires:

3-21-23



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EMS Local Funding Program Application Form - FY23

Application Information

Level of Funding

Certification Of Application

▼ Recipient Information



EMS FUND ACT LOCAL FUNDING PROGRAM APPLICATION FISCAL YEAR 2023 Due Date: January 21, 2022

To All Potential Fund Act Recipients:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties 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 (75) 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 of Health. 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 data submission into NMEMSTARS Data V.3 Elite, in compliance with New Mexico Medical Rescue Certification and Public Regulation Commission regulations. Your Application must be electronically submitted to the EMS Bureau by 5:00pm on January 21st. Please adhere to the following instructions, as incomplete applications will not be processed:

NOTE: If you are a new service requesting Start Up funding, please complete the EMS Agency Application prior to completing the Fund Act Application

If you need assistance in completing this application, please contact Ann Martinez at (505) 476-8233 or by email Ann.Martinez1@State.NM.US Also, general information and technical assistance is available from your EMS Regional Office:

Region I: Donnie Roberts - (505) 270-9278

Region II: Doug Campion - (575) 524-2167

Region III: Donnie Roberts - (575) 769-2639

***Is your agency a New Service requesting Start Up funding?**

☐ Yes

☒ No

The Local Recipient is the EMS Service that will benefit from the funding.

Local Recipient:

Forrest Fire Department

Service Number:

321329

***Phone:**

575

- 799

- 4879

Emergency Phone Number:

575

- 458

- 6312

***Applicant Name:**

Quay County

***Address:**

PO Box 1246

***City:**

Tucumcari

***Postal Code:**

88401

***Contact Person:**

Daniel Zamora

Contact Person Title:

County Manager

***Phone:**

575

461

2112

Fax #:

575

461

6208

***Email:**

Daniel.Zamora@QUAYCOUNTY-NM.GOV



Save



Save and Continue

Fax:

575

279

7101

***Mailing Address:**

209 State Hwy 210

***Postal Code:**

88427

 **Lookup**

City:

McAlister

State:

New Mexico



***Person Completing Form**

Runyan, Denese K (16000190)

Position:

☒ Service Director

☐ Remove

☐ Add Another

▼ Applicant Information

The Applicant is the County or Municipality serving as the Fiscal Agent.

***Fiscal Agent Type:**

☐ Municipality

☒ County

☐ Other



Welcome, Denese Runyan (/lms/public/account/profile) | Logout

EMS Local Funding Program Application Form - FY23

Application Information

Level of Funding

Certification Of Application

▼ EMS AGENCY FUNDING INFORMATION

***Please select the Level of Funding you are applying for - SELECT ONE**

- ☐ Medical Rescue Service Entry Level
- ☐ Medical Rescue Service First Responder
- ☐ Medical Rescue Service or Ambulance - Basic Level
- ☒ Medical Rescue Service or Ambulance - Advanced Level

***At least eighty percent (80%) of EMS runs were covered in the prior federal fiscal year (October 1 - September 30), by licensed EMT Intermediate or Paramedic level personnel or, if an Emergency Medical Dispatch priority reference system (EMDPRS) is utilized, at least 80% of all runs determined by dispatch to require an advance level response shall be covered by licensed EMT Intermediate or Paramedic level personnel. There shall be a least one additional licensed EMT with the service.**

- ☒ Yes
- ☐ No

***The service has at least basic, and if applicable, advanced medical supplies and equipment.**

- ☒ Yes
- ☐ No

***The service participates in the Bureau's pre-hospital data collection system as determined by the Bureau, by using the Bureau's software, web-site or by submitting compatible data.**

- ☒ Yes
- ☐ No

***The service has a designated Training Coordinator.**

- ☒ Yes
- ☐ No

***Training Coordinator**

Runyan, Denese K (16000190)

***Position:**

☒ Continuing Education/Training Coordinator

 Remove

 Add Another

***The service has at least one written Mutual Aid Agreement or other written cooperative plan with a transporting ambulance and will attach to the application a copy of the agreement(s).**

☒ Yes

☐ No

***Mutual Aid Agreement File Upload**

 Upload File

***Name**

Document Type

Select Document Type



 Remove

 Add Another

***If the Service performs procedures or administers medications that require a Medical Director, the service has a service Medical Director and appropriate BLS and/or ALS medical protocols.**

☒ Yes

☐ No

***Medical Director**

Carver MD, Chad (NM95-23)

***Position:**

☒ Medical Director

 **Add Another**

***The service complies with NM EMS Bureau Medical Rescue Certification regulations or Public Regulation Commission (PRC) Regulation 18.4.2 NMAC, if applicable; or such other regulations as may be adopted by the PRC or its successor agency regarding registered Medical Rescue and certificated ambulances. If the service is Air Medical, the service complies with certification of air ambulance services regulations.**

☒ Yes

☐ No

***The service maintains at least one transport capable vehicle, IF APPROPRIATE, within the local EMS system and 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. IF YOUR SERVICE IS A NON-TRANSPORT MEDICAL RESCUE, SELECT "YES"**

☐ Yes

☒ No

 **Save**

 **Save and Continue**

▼ Notarization

The EMS Fund Act Certification By Applicant form was emailed to you as you started the application process. If you did not receive the form, contact:

Ann Martinez - EMS Bureau Fund Act Coordinator - (505) 476-8233

Ann.Martinez1@state.nm.us

Donnie Roberts - EMS Region 1 - (505) 270-9278

droberts@emsregion3.org

Doug Campion - EMS Region 2 - (575) 524-2167

dcampion@emsregion2.org

Donnie Roberts - EMS Region 3 - (575) 769-2639

droberts@emsregion3.org

Please complete the form, have it notarized, scan it, and upload in the file upload below.

Certification Form

 **Upload File**

Name

Document Type

Select Document Type



Is your Signature Form Signed, Notorized and Uploaded?

☐ Yes

☐ No

 **Save**

 **Submit**



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EMS Local Funding Program Application Form - FY23

SERVICE NAME:	FORREST VOLUNTEER FIRE DEPARTMENT
----------------------	-----------------------------------

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF	QUAY
---------------------------------------	------

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

	Franklin McCasland	
Mayor	OR	Chairman, Board of Commissioners
	Quay 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.

<i>Signature of Official Named Above</i>	<i>(Title)</i>
--	----------------

The above was sworn and subscribed to before this ___ day of _____, 20__.

Notary Public: _____

My commission expires: _____



PERSON COMPLETING FORM

Name:	Denese Runyan		EMS Coordinator	
	<i>(Name)</i>		<i>(Title)</i>	
Address:	4698 Quay Road 27			
	House	NM	88121	9709
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
(575) 279-7101	(575) 279-7101	(575) 799-0901	drunyan@plateautel.net	
<i>(Work Phone)</i>	<i>(Home Phone)</i>	<i>(Cellular Phone)</i>	<i>(Email)</i>	

Signature:	<i>Denese Runyan</i>
-------------------	----------------------

FOR BUREAU USE ONLY

Reviewer: _____ Date Reviewed: _____

Approved: Yes No Final Award: _____

Comments/Problem: _____

Date Corrected: _____

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

SERVICE DIRECTOR/CHIEF				
Name:	Joe Lavender (Name)		EMS Chief (Title)	
Address:	2121 State Highway 268, Melrose (Street/Mailing)		NM	88124 (Zip) (+4)
(575) 799-4879 (Work Phone)	(575) 458-6312 (Home Phone)	(575) 799-4897 (Cellular Phone)	joegl387@gmail.com (Email)	
Signature:	J Lavender			

SERVICE MEDICAL DIRECTOR				
Name:	Dr. Chad Carver, MD (Name)		Medical Director (Title)	
Address:	PO Box 1233, Lovington (Street/Mailing)		NM	88260 (Zip) (+4)
(575) 704-9373 (Work Phone)	(575) 704-9373 (Home Phone)	(575) 704-9373 (Cellular Phone)	rockchalkin@hotmail.com (Email)	
In signing this application I am certifying that I am actively providing medical direction for this EMS service				
Signature:	Chad Carver MD 01/03/2022			

SERVICE TRAINING COORDINATOR				
Name:	Denese Runyan (Name)		EMS Coordinator (Forrest) (Title)	
Address:	4698 Quay Road 27, House (Street/Mailing)		NM	88121 9709 (Zip) (+4)
(575) 279-7101 (Work Phone)	(575) 279-7101 (Home Phone)	(575) 799-0901 (Cellular Phone)	drunyan@plateautel.net (Email)	
Signature:	Denese Runyan			

PERSON COMPLETING FORM				
Name:	Denese Runyan (Name)		EMS Coordinator (Forrest) (Title)	
Address:	4698 Quay Road 27, House (Street/Mailing)		NM	88121 9709 (Zip) (+4)
(575) 279-7101 (Work Phone)	(575) 799-0901 (Home Phone)	575-799-0901 (Cellular Phone)	drunyan@plateautel.net (Email)	
Signature:	Denese Runyan			

STATE OF NEW MEXICO)
COUNTY OF _____)

This instrument was acknowledged before me on the _____ day of _____, 20____
by _____,
(Person completing form)

Notary Public

My commission expires: _____



EMS FUND ACT LOCAL FUNDING PROGRAM APPLICATION

FISCAL YEAR 2023

Due Date: January 21, 2022

To All Potential Fund Act Recipients:

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties 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 (75) 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 of Health. 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).

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Region II: Doug Campion - (575) 524-2167

Region III: Donnie Roberts - (575) 769-2639

*Is your agency a New Service requesting Start Up funding?

☐ Yes

☐ No

The Local Recipient is the EMS Service that will benefit from the funding.

Local Recipient:

Service Number:

*Phone: 575 - 815 - 9015

Emergency Phone Number: 575 - 815 - 9015

Fax: - -

*Mailing Address: PO Box 725

*Postal Code: 88401

City: Tucumcari

State: New Mexico

*Person Completing Form

Jaynes, Michelle (09000741)

Position: ☒ Service Director

Applicant Information

The Applicant is the County or Municipality serving as the Fiscal Agent.

*Fiscal Agent Type: ☒ Municipality

☐ County

☐ Other

*Applicant Name: Quay County

*Address: PO Box 1246

*City: Tucumcari

*Postal Code: 88401

*Contact Person: Cheryl Simpson

Contact Person Title: Financial Secretary

*Phone: 575 - 461 - 2112

Fax #: 575 - 461 - 6208

*Email: cheryl.simpson@quaycounty-NM.com

Level of Funding

EMS AGENCY FUNDING INFORMATION

*Please select the Level of Funding you are applying for - SELECT ONE

☐ Medical Rescue Service Entry Level

☐ Medical Rescue Service First Responder

☐ Medical Rescue Service or Ambulance - Basic Level

☐ Medical Rescue Service or Ambulance - Advanced Level

*At least eighty percent (80%) of EMS runs were covered in the prior federal fiscal year (October 1 - September 30), by a licensed EMT-Basic or higher level of licensed medical personnel. The service shall continue to demonstrate that EMS response level. There shall be a minimum of at least two licensed EMT Basics with the service.

☐ Yes

☐ No

*The service has at least basic, and if applicable, advanced medical supplies and equipment.

☐ Yes

☐ No

*The service participates in the Bureau's pre-hospital data collection system as determined by the Bureau, by using the Bureau's software, web-site or by submitting compatible data.

☐ Yes

☐ No

*The service has a designated Training Coordinator.

☐ Yes

☐ No

*Training Coordinator

Jaynes, Michelle (09000741)

*Position: ☒ Continuing Education/Training Coordinator

*The service has at least one written Mutual Aid Agreement or other written cooperative plan with a transporting ambulance and will attach to the application a copy of the agreement(s).

☐ Yes

☐ No

*Mutual Aid Agreement File Upload

[Change File](#) Mutual Aid 2018 04.pdf

*Name

Mutual Aid Agreements

Document Type

Mutual Aid / MOA Agreements

*If the Service performs procedures or administers medications that require a Medical Director, the service has a service Medical Director and appropriate BLS and/or ALS medical protocols.

☒ Yes

☐ No

*Medical Director

Carver MD, Chad (NM95-23)

*Position: ☒ Medical Director

*The service complies with NM EMS Bureau Medical Rescue Certification regulations or Public Regulation Commission (PRC) Regulation 18.4.2 NMAC, if applicable; or such other regulations as may be adopted by the PRC or its successor agency regarding registered Medical Rescue and certificated ambulances. If the service is Air Medical, the service complies with certification of air ambulance services regulations.

☒ Yes

☐ No

*The service maintains at least one transport capable vehicle, IF APPROPRIATE, within the local EMS system and 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. IF YOUR SERVICE IS A NON-TRANSPORT MEDICAL RESCUE, SELECT "YES"

☒ Yes

☐ No

Equipment Inventory Report

Front of Vehicle Cab or Optimal Location:

To add equipment to your inventory list, click in the box and a list of equipment items will appear. Select each item applicable and it will insert the item into the box. To remove items, click the X in front of the item and it will remove it.

*Front of Cab:

Lug Wrench ✕	Jack and Handle ✕	Maps or Navigational equipment ✕
Fuses (appropriate sizes) ✕	Patient Care Reports or Reporting System ✕	
Roadway warning devices ✕	Fire Extinguisher (2 lb) or (2 – 1lb) ✕	Flashlight ✕
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 ✕
Vehicle Registration ✕	Vehicle Spotlight or auxiliary lighting ✕	Warning Lights ✕
<input type="text"/>		

Communications Equipment

*Communications Equipment:

Dispatch Radio UHF/VHF ✕	EMSCOM (UHF) Radio ✕	Spare Batteries/charger system ✕
<input type="text"/>		

Personal Protective Equipment

*Personal Protective Equipment:

Exam Gloves ✕	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) ✕		
<input type="text"/>			

Diagnostic Equipment

*Diagnostic Equipment:

Aneroid Sphygmomanometer with infant/pediatric/adult and obese size cuffs ✕
Glucose Monitoring Instrument ✕ Penlights ✕ Pulse Oximeter ✕ Stethoscope ✕
Thermometer ✕

Patient Compartment - Basic Level

*Patient Compartment - Basic Level:

Adhesive Tape 1" and 2" ✕ Bag Valve Mask Devices (Adult/Child and Infant) ✕
Band-Aids (Assorted Sizes) ✕ Biohazard Clean-up Supplies ✕ Biohazard Waste bags ✕
Blankets ✕ Body Bags ✕ Cervical Collars - Rigid (Adult/Child and Infant) ✕
Cervical Immobilization Devices ✕ Cold Pack ✕ Cold Weather Warming Devices ✕
Dressings Assorted (4x4/Kerlex/2x2/etc.) ✕ Emesis Basin ✕
Field Stretcher (Scoop/Collapsible/Vacuum) ✕ Foil Blanket ✕ Hand Sanitizer ✕
Heat Pack ✕ Inhalation Therapy Equipment ✕ Laryngeal Airway Devices ✕
Latex/Vinyl Gloves (Non-Sterile) Assorted Sizes ✕ Long Backboard ✕ Multi-Lumen Airways ✕
Multi-lumen Airway Devices ✕ Suction Catheters (Soft & Rigid) ✕
Supraglottic Airway Devices ✕ Sterile Water ✕ Sterile Gloves (Assorted Sizes) ✕
Sterile Burn Sheets ✕ Splints - Extremity (Rigid/Air/Vacuum) ✕ Sheets ✕
Sharps Container ✕ Semi-Automatic Defibrillator Batteries ✕
Semi-Automatic Defibrillator with Pads ✕ Portable Suction Unit ✕
Portable Oxygen Equipment ✕ Pediatric Restraint device/car seat ✕
Pediatric Drug Dosage Tape or chart ✕ Patient Restraints ✕
Oropharyngeal Airway (Sizes 0 - 5 Infant/Adult) ✕ Pillows ✕
Seated Spinal Immobilization Device ✕ Shoulder/chest/extremity straps ✕
Spinal Immobilization device/backboard ✕ EMT-Basic and the Service Medical Director ✕
Urinal (Male and Female) ✕ Triangular Bandages ✕ Trauma Shears ✕
Trauma Dressings ✕ Stokes Basket ✕ Towels ✕ Traction Splint ✕

Items Requested

Repair and Maintenance

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. **Please be realistic in your requests and estimate your total amount closest to funding that service receives every year.**

Please indicate the priority of your request with the item requested (1-10) and use the priority number only once.
Example: Generator - Priority #1

*Repair Items. If there are no Repair Items, put N/A

n/a

*Repair Item amount. If there are no Repair Items, put \$0.00

0

Mileage & Per Diem

*Mileage & Per Diem item. If there are no Mileage & Per Diem items, put N/A.

Per Diem

*Mileage & Per Diem amount. If there are no Mileage & Per Diem items, put \$0.00.

500.00

Supplies (Items Under \$500)

*Items under \$500.00. If there are no items under \$ 500.00, put N/A.

Supplies

*Items under \$ 500.00 amount. If there are no items under \$ 500.00, put \$0.00.

4500.00

Capital Outlay (Items Over \$500)

*Capital Outlay Items. If there are no Capital Outlay Items, put N/A.

n/a

*Capital Outlay Item amount. If there are no Capital Outlay items, put \$0.00

0

Other Operational Costs

*Other Operational Items. If there are no Other Operational items, Put N/A.

n/a

*Other Operational Costs amount. If there are no Other Operational costs, put \$0.00.

0

*Total Amount Requested: 5000.00

Certification Of Application

Notarization

The EMS Fund Act Certification By Applicant form was emailed to you as you started the application process. If you did not receive the form, contact:

Ann Martinez - EMS Bureau Fund Act Coordinator - (505) 476-8233

Ann.Martinez1@state.nm.us

Donnie Roberts - EMS Region 1 - (505) 270-9278

droberts@emsregion3.org

Doug Campion - EMS Region 2 - (575) 524-2167

dcampion@emsregion2.org

Donnie Roberts - EMS Region 3 - (575) 769-2639

droberts@emsregion3.org

Please complete the form, have it notarized, scan it, and upload in the file upload below.

Certification Form

[Change File](#) fund act service report.pdf

Name

Certification Form

Document Type

Supporting Documents

Is your Signature Form Signed, Notorized and Uploaded?

☒ Yes

☐ No

Acknowledgement and Signatures

Acknowledgement

I hereby certify that the information provided in this application is true to the best of my knowledge and belief. The information and documentation provided contains no willful misrepresentations and/or falsification. All documentation provided has been verified and updated within thirty (30) days prior to submission of this application.

Certification based on false information constitutes grounds for denial for funds, disciplinary action and possible criminal prosecution.

*Application Date

01/05/2022

Today

*Applicant Signature:

Signed on Jan 5, 2022 8:32:58 PM by Michelle Jaynes

SERVICE NAME:	Conservancy Fire District #1
----------------------	------------------------------

EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF	Quay
---------------------------------------	------

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

Franklin McCasland	
Mayor	OR Chairman, Board of Commissioners

Quay	
Municipality	County

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

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

Signature of Official Named Above Franklin McCasland (Title) Chairman

The above was sworn and subscribed to before this 10 day of JANUARY, 2022

Notary Public: Ellen L White

My commission expires: 3-21-23

PERSON COMPLETING FORM

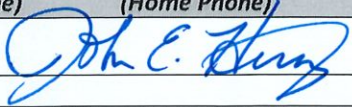
Name:	Michelle Jaynes		Secretary/ Coordinator	
	(Name)		(Title)	
Address:	PO Box 725			
	Tucumcari	NM	88401	0725
	(City)	(State)	(Zip)	(+4)
(575) 461-4765	(575) 461-4765	(575) 815-9015	michelle.jaynes5@gmail. om	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	

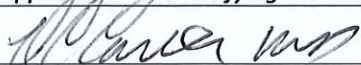
Signature: _____

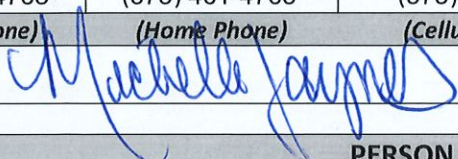
FOR BUREAU USE ONLY

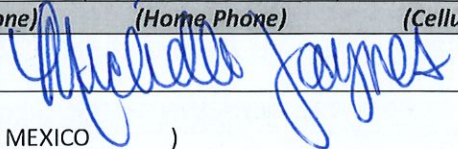
Reviewer: _____	Date Reviewed: _____
Approved: Yes No	Final Award: _____
Comments/Problem: _____	
Date Corrected: _____	

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:				

SERVICE MEDICAL DIRECTOR				
Name:	Dr. Chad Carver, MD		Medical Director	
	(Name)		(Title)	
Address:	PO Box 1233, Lovington		NM	884260
	(Street/Mailing)		(State)	(Zip) (+4)
(575) 704-9373			rockchalkin@hotmail.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:	 01-19-2022			

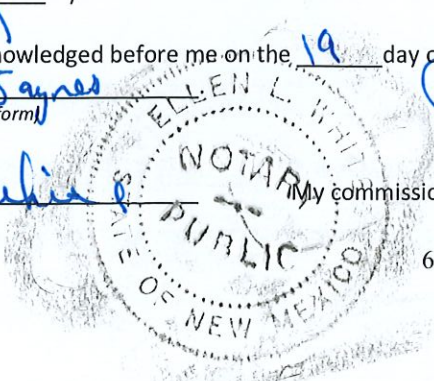
SERVICE TRAINING COORDINATOR				
Name:	Michelle Jaynes		Secretary/Bookkeeper	
	(Name)		(Title)	
Address:	PO Box 725, Tucumcari		NM	88401 0725
	(Street/Mailing)		(State)	(Zip) (+4)
(575) 461-4765	(575) 461-4765	(575) 815-9015	michelle.jaynes5@gmail.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:				

PERSON COMPLETING FORM				
Name:	Michelle Jaynes		Secretary Bookeeper	
	(Name)		(Title)	
Address:	PO box 725, Tucumcari,		NM	88401 0725
	(Street/Mailing)		(State)	(Zip) (+4)
(575) 461-4765	(575) 461-4765		michelle.jaynes5@gmail.com	
(Work Phone)	(Home Phone)	(Cellular Phone)	(Email)	
Signature:				

STATE OF NEW MEXICO)
COUNTY OF Quay)

This instrument was acknowledged before me on the 19 day of January, 2022
by Michelle Jaynes
(Person completing form)

Elle L. White
Notary Public My commission expires: 3-21-2023



DEPARTMENT OF HOMELAND SECURITY
AND EMERGENCY MANAGEMENT



Michelle Lujan Grisham
Governor

Bianca Ortiz Wertheim
Secretary Cabinet

Kelly Hamilton
Deputy Cabinet Secretary

John Kondratick
Phone (505) 470-1044
Interim State Fire Marshal

P.O. Box 2711
Santa Fe, NM 87502

October 18, 2021

Lucas Bugg, Fire Marshall
Quay County
300 S. 3rd St.,
Tucumcari, NM 88401

Mr. Bugg:

The specifications you submitted on September 10, 2021, for the Structural PPE and SCBAs have been reviewed and are approved. The Conservancy #2 Fire Department is authorized to use **Fire Protection Fund Monies and Grant Award Monies** for the purchase of the Structural PPE and SCBAs. Please be advised the local government shall follow all local and state licensing and Permitting requirements.

"This letter shall serve as approval to expend fire protection fund monies to finance the cost of the Structural PPE and SCBAs. The Conservancy #2 Fire Department is currently an ISO rating of 9 with a minimum yearly Fire Protection Fund Allocation of \$54,483.00."

If there are any major changes in the specifications that are made prior to bidding procedures, this office must approve the changes, or this authorization of expenditure shall be rendered null and void.

If you anticipate a loan, I recommend that you contact the New Mexico Finance Authority {NMFA} at 505-984-1454 to finance the Structural PPE and SCBAs loan through NMFA will be at minimal interest. This letter shall serve as authorization for you to enter into an agreement with NMFA for the commitment of fire protection fund monies.

For future references, please be reminded that all purchases shall be accomplished in accordance with the policies and guidelines of your governing body, the provisions of the Public Purchase Act, and as approved by the New Mexico Department of Finance and Administration.

If you have any question with this report, please do not hesitate to contact me at 505-819-8285.

Sincerely,

Eloy Prada
Fire Department Inspector

XC, Mr. Randy Varela, Deputy Fire Marshal
File

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	25980REV3

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
DISTRICT 2 FIRE DEPT ASST. CHIEF CODY BYRD cbbbyrd1@yahoo.com projectmgr@cityoftucumcari.com (575) 403-7127

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.		REP	FOB	TERMS	
CODY BYRD		DISTRICT 2 FD		JF	DESTINATION	Net 30	
ITEM	DESCRIPTION			QTY	EACH	Availability	TOTAL
LI-PSGQ16621-C	LI-PSGQ16621-C - LION CVBM-32 V-FORCE BI-SWING TURNOUT COAT AS PER SPEC SIZE:			12	2,200.00		26,400.00
LI-PSGQ16621-P	LI-PSGQ16621-P - LION PVLM/F V-FORCE LUMBAR TURNOUT PANT AS PER SPEC SIZE:			12	1,475.00		17,700.00
LI-LFH9120I-	LI-LFH9120I=26 LION AMERICAN LEGEND HELMET WITH INTEGRATED NFPA COMPLIANT EYE GOGGLES. BLACK NOMEX EAR COVERS, 3M LIME/YELLOW REFLECTIVE TRIM, ADJUSTABLE RATCHET DESIGN, AND BRASS EAGLE SHIELD HOLDER. COLOR:			12	395.00		4,740.00
LI-LS6I-03	LI-LS6I-03 - LION 6" LEATHER HELMET FRONT W/THREE PANEL			12	70.00		840.00
MAJ-PACIIWHITE	MAJ-PACIIWHITE Majestic Nomex PAC II White Hood			12	65.00		780.00
					TOTAL		

SIGNATURE

Artesia Fire Equipment , Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

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Quotation

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SHIPPING ADDRESS
DISTRICT 2 FIRE DEPT ASST. CHIEF CODY BYRD cbbyrd1@yahoo.com projectmgr@cityoftucumcari.com (575) 403-7127

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
CODY BYRD		DISTRICT 2 FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
LI-LPG955	LI-LPG955 Lion Primus Structural Firefighting Gloves SIZE:		12	150.00		1,800.00
THO-804-6369	THO-804-6369 - THOROGOOD/LION 14" LEATHER QR14 STRUCTURAL BOOT W/WATERPROOF FLAME AND CUT RESISTING LEATHER, SLIP RESISTANT SOLE, AND 3M SCOTCHLITE REFLECTIVE TRIM SIZE:		12	390.00		4,680.00
WSS-WLS0205	WSS-WLS0205 (OLD #WBST60Y) - CREW BOSS 6.0 OZ YELLOW NOMEX TRADITIONAL BRUSH SHIRT - STANDARD SIZES SIZE: 2X-LARGE - ADD 10% 3X-LARGE - ADD 15%		12	254.00		3,048.00
				TOTAL		

SIGNATURE

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	25980REV3

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
DISTRICT 2 FIRE DEPT ASST. CHIEF CODY BYRD cbbyrd1@yahoo.com projectmgr@cityoftucumcari.com (575) 403-7127

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
CODY BYRD		DISTRICT 2 FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
WSS-WLP0108	WSS-WLP0108, CREW BOSS 6.0 OZ SPRUCE GREEN BRUSH PANTS - STANDARD SIZES SIZE:: 2-XLARGE - ADD 10% 3X-LARGE - ADD 15%		12	406.00		4,872.00
BU-FH911HR	BU-FH911HR - WILDFIRE FULL BRIM WILDLAND HELMET WITH RACHET SUSPENSION COLOR:		12	81.50		978.00
WSS-WLF0517	WSS-WLF0517 - CREW BOSS 7.0 OZ TECASAFE PLUS EAR, NECK, AND FULL FACE PROTECTOR - YELLOW		12	54.00		648.00
ESS-740-0235	ESS-740-0235 - ESS STRIKETEAM "SJ" WILDLAND FIREFIGHTER FULLY SEALED GOGGLE FOR HEAVY SMOKE WITH WRAPAROUND STRAP AND SOFT WICKING FACE PADDING, .NFPA 1977/ANSI Z87		12	58.00		696.00
				TOTAL		

SIGNATURE

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	25980REV3

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
DISTRICT 2 FIRE DEPT ASST. CHIEF CODY BYRD cbbyrd1@yahoo.com projectmgr@cityoftucumcari.com (575) 403-7127

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
CODY BYRD		DISTRICT 2 FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
SGS-K900G4	SGS-K900G4 - STAUFFER GLOVE & SAFETY GOATSKIN DRIVERS GLOVES WITH KEVLAR LINING AND KEYSTONE THUMB SIZE:		12	32.50		390.00
HS-HS2	HS-HS2 - HOT SHIELD WILDLAND FIRE FIGHTER FACE MASK, COMPLETE		12	110.00		1,320.00
WHI-H7809	WHI-H7809 - HATHORN EXPLORER BLACK 10" WILDLAND BOOTS SIZE: ITEMS MAY BE PURCHASED UTILIZING THE ALBUQUERQUE FIRE EQUIPMENT CONTRACT NO. SHR000022403 08/03/2021 QUOTE REVISED TO UPDATE PRICING 8/5/2021 - QUOTE REVISED TO ADD WILDLAND ITEMS		12	408.00		4,896.00
				TOTAL		

SIGNATURE

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	25980REV3

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
DISTRICT 2 FIRE DEPT ASST. CHIEF CODY BYRD cbbyrd1@yahoo.com projectmgr@cityoftucumcari.com (575) 403-7127

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.		REP	FOB		TERMS	
CODY BYRD		DISTRICT 2 FD		JF	DESTINATION		Net 30	
ITEM	DESCRIPTION			QTY	EACH	Availability		TOTAL
	09/09/2021 QUOTE REVISED TO REMOVE GEAR BAGS 12/15/2021 QUOTE REVISED TO UPDATE DATE 01/03/2021 QUOTE REVISED TO UPDATE DATE							
						TOTAL		\$73,788.00

NM In-State 5% Preference -
Resident Business # L0809081264

SIGNATURE _____

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	25971REV2

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
DISTRICT 2 FIRE DEPT ASST. CHIEF CODY BYRD cbbyrd1@yahoo.com (575) 403-7127

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
CODY BYRD		DISTRICT 2 FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
SC-X8814021005303	SC-X8814021005303 Scott Air-Pak X3 Pro SCBA (2018 Edition) with CGA Cylinder Connection, 4.5, Standard Harness with Parachute Buckles, Standard Belt with No Escape Rope, Regulator with E-Z Flo Regulator with Standard Hose, No EBSS Accessory Hose, No Airline Connection, No Spare Harness Kit, Pak-Tracker, No Case, Packaged 1 SCBA Per Box (Black)		6	6,110.00		36,660.00
SC-201215-02	SC-201215-02 SCOTT AV-3000 HT FACEPIECE, MEDIUM w/KEVLAR HEADNET		6	310.00		1,860.00
SC-804722-01	SC-804722-01 SCOTT 4500 PSI, 45 MINUTE CARBON CYLINDER WITH VALVE		12	1,240.00		14,880.00
ITEMS MAY BE PURCHASED UTILIZING THE ALBUQUERQUE FIRE EQUIPMENT CONTRACT NO. SHR000022403						
08/03/2021 QUOTE REVISED TO UPDATE PRICING						
12/13/2021 QUOTE REVISED TO UPDATE PRICING						
01/03/2022 QUOTE REVISED TO UPDATE DATE						
				TOTAL \$53,400.00		

NM In-State 5% Preference -
Resident Business # L0809081264

SIGNATURE _____

DEPARTMENT OF HOMELAND SECURITY
AND EMERGENCY MANAGEMENT



Michelle Lujan Grisham
Governor

Bianca Ortiz Wertheim
Secretary Cabinet

Kelly Hamilton
Deputy Cabinet Secretary

John Kondratick
Phone (505) 470-1044
Interim State Fire Marshal

P.O. Box 2711
Santa Fe, NM 87502

October 18, 2021

Lucas Bugg, Fire Marshall
Quay County
300 S. 3rd St.,
Tucumcari, NM 88401

Mr. Bugg:

The specifications you submitted on September 15, 2021, for the Structural PPE and SCBAs have been reviewed and are approved. The Quay Fire Department is authorized to use **Fire Protection Fund Monies and Grant Award Monies** for the purchase of Structural PPE and SCBAs. **Please be advised the local government shall follow all local and state licensing and Permitting requirements.**

"This letter shall serve as approval to expend fire protection fund monies to finance the cost of the Structural PPE and SCBAs. The Quay Fire Department is currently an ISO rating of 8 with a minimum yearly Fire Protection Fund Allocation of \$52,418.00.

If there are any changes in the specifications, or waivers presented at any time during the process, this office must approve the changes. If prior approval and authorization is not obtained from this office, the expenditure shall be rendered null and void.

If you anticipate a loan, I recommend that you contact the New Mexico Finance Authority {NMFA} at 505-984-1454 to finance the Structural PPE and SCBAs loan through NMFA will be at minimal interest. This letter shall serve as authorization for you to enter into an agreement with NMFA for the commitment of fire protection fund monies.

For future references, please be reminded that all purchases shall be accomplished in accordance with the policies and guidelines of your governing body, the provisions of the Public Purchase Act, and as approved by the New Mexico Department of Finance and Administration.

If you have any question with this report, please do not hesitate to contact me at 505-819-8285.

Sincerely,

Eloy Prada
Fire Department Inspector

XC, Mr. Randy Varela, Deputy Fire Marshal
File

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	27125REV

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
QUAY FIRE DEPARTMENT ATTN: GERALD HIGHT (575) 403-8076 ghight@plateautel.net

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
LUCAS BUGG		QUAY FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
SC-X8814025305303	SC-X8814025305303 Scott Air-Pak X3 Pro SCBA (2018 Edition) with CGA Cylinder Connection, 4.5, Standard Harness with Parachute Buckles, Standard Belt with No Escape Rope, Regulator with E-Z Flo Regulator with Quick Connect Hose (Rectus fittings), Universal EBSS Accessory Hose, No Airline Connection, No Spare Harness Kit, Pak-Tracker, No Case, Packaged 1 SCBA Per Box (Black)		8	6,875.00		55,000.00
SC-201215-02	SC-201215-02 SCOTT AV-3000 HT FACEPIECE, MEDIUM w/KEVLAR HEADNET		8	305.00		2,440.00
SC-804722-01	SC-804722-01 SCOTT 4500 PSI, 45 MINUTE CARBON CYLINDER WITH VALVE		16	1,210.00		19,360.00
ITEMS MAY BE PURCHASED UTILIZING THE ALBUQUERQUE FIRE EQUIPMENT CONTRACT NO. SHR000022403 12/06/2021 QUOTE REVISED TO UPDATE PRICING 01/03/2022 QUOTE REVISED TO UPDATE DATE						
				TOTAL \$76,800.00		

NM In-State 5% Preference -
Resident Business # L0809081264

SIGNATURE _____

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	27169

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
QUAY FIRE DEPARTMENT ATTN: GERALD HIGHT (575) 403-8076 ghight@plateautel.net

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
LUKE BUGG		QUAY FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
LI-PSGQ14847A-C	GRANT APPLICATION PRICING.PLEASE CONTACT US FOR FIRM PRICING AFTER GRANT HAS BEEN AWARDED LI-PSGQ14847A-C - LION CSTM SUPER-DELUXE TRADITIONAL COAT W/FREEDOM DESIGN FEATURING BI-SWING BACK, D9 TRADITIONAL LINER, 8" OVER-THE-HAND STYLE KEVLAR/SPANDEX COAT WRISTLETS, BLACK, KHAKI, OR GOLD 6.5 OZ. ARMOR AP OUTER SHELL, SELF-FABRIC COAT CUFFS WITH 3/4" HOOK, SELF-MATERIAL BELLOWS ELBOW REINFORCEMENT- NO PADDING, SELF-FABRIC SHOULDER CAP REINFORCEMENTS, STD. 3" STORMFLAP CLOSURE SYSTEM W/2-LAYER SELF-FABRIC & THERMO PLASTIC ZIPPER AND HOOK & LOOP, 3" NYC YELLOW VENTILATED TRIPLE TRIM, (2) 9X9X2 SEMI-BELLOW AND HANDWARMER COMB. POCKET W/6" OPENING ON FROM BOTTOM- LEFT & RIGHT, AND 5X9X2" RADIO POCKET ON LEFT CHEST AS PER PSGQ14847-A (CONVERSION FROM LION EXPRESS GEAR TO CUSTOM BUILT GEAR) COAT INCLUDES THE FOLLOWING ITEMS:		8	1,655.00		13,240.00
				TOTAL		

SIGNATURE

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	27169

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
QUAY FIRE DEPARTMENT ATTN: GERALD HIGHT (575) 403-8076 ghight@plateautel.net

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
LUKE BUGG		QUAY FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
LI-MT503	LI-MT503 - LION MIC TAB ABOUT ABOVE RADIO POCKET		8			0.00
LI-MF011	LI-MF011 - Lion Utility ring, dee ring riveted to coat shell. Location: Right side, upper chest		8			0.00
LI-FLS521	LI-FLS521 - Lion Flashlight Strap, made of self fabric, with 1" x 3" Velcro fastener. Right side chest.		8			0.00
LI-LP1S	LI-LP1S - LION 4" X 18" ONE LINE LETTERING PATCH SEWN ON.		8			0.00
LI-LTSL2YNS	LI-LTSL2LYS - LION 2" LIME/YELLOW 3M SCOTCHLITE LETTERS SEWN TO LETTERING PATCH.		8			0.00
	QUAY FD					
LI-LP34	LI-LP34 - LION 5" X 18" BELOW HEM HANGING LETTER PATCH.		8			0.00
LI-LTSL2YNS	LI-LTSL2LYS - LION 2" LIME/YELLOW 3M SCOTCHLITE LETTERS SEWN TO LETTERING PATCH. (FIREFIGHTER FIRST INITIAL, LAST NAME)		8			0.00
LI-PSGQ14847F-P	LI-PSGQ14847-F- LION POLM/F RELIANT TURNOUT PANT W/LOW RISE WAIST, UNIFORM STYLE PANT FIT, TRADITIONAL LEG DESIGN, D9 TRADITIONAL LINER W/3.6 OZ. PRISM FACE CLOTH QUILTED TO 3.75 OZ.		8	755.00		6,040.00
				TOTAL		

SIGNATURE

Artesia Fire Equipment, Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	27169

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
QUAY FIRE DEPARTMENT ATTN: GERALD HIGHT (575) 403-8076 ghight@plateautel.net

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.		REP	FOB		TERMS	
LUKE BUGG		QUAY FD		JF	DESTINATION		Net 30	
ITEM	DESCRIPTION			QTY	EACH	Availability	TOTAL	
	VIRGIN 50% PARA-ARAMID/50% META ARAMID BATTING GORE RT7100 PTFE LAMINATED TO A NOON-WOVEN ARAMID, 6.5 OZ. BLACK, KHAKI, OR GOLD ARMOR AP OUTER SHELL MATERIAL, LGT000-GLD STD (2) GOLD LEATHER LEG TABS PER LEG, KP230-GLD 10X12" GOLD POLYMER COATED ARAMID KNEES W/1 LAYER OF LITE-N-DRI, PC504-GLD GOLD POLYMER COATED ARAMID PANT CUFFS AND 3X3X.5" KICK SHIELD, PLY230A STD. PANT FLY W/PJ CTECH CLOSURE THERMO PLASTIC ZIPPER AND HOOK & LOOP PANT FLY CLOSURE, TUP700A SELF-FABRIC TAKE-UP STRAPS W/FR HOOK & LOOP CLOSURE AND NICKEL LOOP, FBP579 10X10X2" FULL BELLOW POCKET ON RIGHT & LEFT THIGHS, PTC4PT3Y 3" LIME/YELLOW VENTILATED REFLECTIVE TRIPLE TRIM AROUND LEG BOTTOMS, AND EZH H-BACK QUICK ADJUST NON-STRETCH SUSPENDERS W/WIRE CLIP AS PER PSGQ14847-A (CONVERSION FROM LION EXPRESS GEAR TO CUSTOM BUILT GEAR)							
					TOTAL			

SIGNATURE

Artesia Fire Equipment , Inc.

PO Box 1367
1014 S. First St.
Artesia, NM 88210

Phone# 800-748-2076 Art. / 888-477-9055 Alb.

Quotation

DATE	Quote NO.
1/3/2022	27169

NAME / ADDRESS
QUAY COUNTY ACCOUNTS PAYABLE P.O. BOX 1246 TUCUMCARI, NM 88401

SHIPPING ADDRESS
QUAY FIRE DEPARTMENT ATTN: GERALD HIGHT (575) 403-8076 ghight@plateautel.net

PRICES MAY CHANGE AFTER: 1/28/2022

ATTENTION:		CUSTOMER REF. NO.	REP	FOB	TERMS	
LUKE BUGG		QUAY FD	JF	DESTINATION	Net 30	
ITEM	DESCRIPTION		QTY	EACH	Availability	TOTAL
	ITEMS MAY BE PURCHASED UTILIZING THE ALBUQUERQUE FIRE EQUIPMENT CONTRACT NO. SHR000022403 01/03/2022 QUOTE REVISED TO UPDATE DATE					
</						

NM In-State 5% Preference -
Resident Business # L0809081264

SIGNATURE _____

DEPARTMENT OF HOMELAND SECURITY
AND EMERGENCY MANAGEMENT



Michelle Lujan Grisham
Governor

Bianca Ortiz Wertheim
Secretary Cabinet

Kelly Hamilton
Deputy Cabinet Secretary

John Kondratick
Phone (505) 470-1044
Interim State Fire Marshal

P.O. Box 2711
Santa Fe, NM 87502

October 18, 2021

Lucas Bugg, Fire Marshall
Quay County
300 S. 3rd St.,
Tucumcari, NM 88401

Mr. Bugg:

The specifications you submitted on September 10, 2021, for the Structural PPE have been reviewed and are approved. The Forrest Fire Department is authorized to use Fire Protection Fund Monies and Grant Award Monies for the purchase of Structural PPE. Please be advised the local government shall follow all local and state licensing and Permitting requirements.

"This letter shall serve as approval to expend fire protection fund monies to finance the cost of the Structural PPE. The Forrest Fire Department is currently an ISO rating of 8 with a minimum yearly Fire Protection Fund Allocation of \$52,418.00."

If there are any changes in the specifications, or waivers presented at any time during the process, this office must approve the changes. If prior approval and authorization is not obtained from this office, the expenditure shall be rendered null and void.

If you anticipate a loan, I recommend that you contact the New Mexico Finance Authority {NMFA} at 505-984-1454 to finance the Structural PPE loan through NMFA will be at minimal interest. This letter shall serve as authorization for you to enter into an agreement with NMFA for the commitment of fire protection fund monies.

For future references, please be reminded that all purchases shall be accomplished in accordance with the policies and guidelines of your governing body, the provisions of the Public Purchase Act, and as approved by the New Mexico Department of Finance and Administration.

If you have any question with this report, please do not hesitate to contact me at 505-819-8285.

Sincerely,

Eloy Prada
Fire Department Inspector

XC, Mr. Randy Varela, Deputy Fire Marshal
File



Firefighters Serving Firefighters

PRICE QUOTE

AAA Firepro of New Mexico, Inc.

221 Schepps Blvd.
Clovis, NM 88101
575-762-2594 phone
575-762-1464 fax
kendal@aaaafirenm.com

DATE:
QUOTED BY:

January 6, 2022
Kendal Kohler
L0529117504

NM RESIDENT CERTIFICATE NUMBER

QUOTED TO: FORREST FIRE DEPT

FREIGHT / SHIPPING CHARGES	QUOTE GOOD FOR
QUOTE INCLUDES ALL FREIGHT CHARGES	30 DAYS

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
A.	12	BLACK DIAMOND X2 LEATHER STRUCTURAL BOOTS	\$ 349.00	\$ 4,188.00
B.	12	FIRE DEX 911 STRUCTURAL HELMETS - DELUXE	\$ 269.00	\$ 3,228.00

TOTAL \$ 7,416.00

Quoted By:

Date



Firefighters Serving Firefighters

PRICE QUOTE

AAA Firepro of New Mexico, Inc.

221 Schepps Blvd.
Clovis, NM 88101
575-762-2594 phone
575-762-1464 fax
kendal@aaafirenm.com

DATE: January 6, 2022
QUOTED BY: Kendal Kohler
NM RESIDENT CERTIFICATE NUMBER: E0529117504

QUOTED TO: FORREST FIRE DEPT
QUAY COUNTY FIRE MARSHAL

FREIGHT/ SHIPPING CHARGES	QUOTE GOOD FOR
QUOTE INCLUDES ALL FREIGHT CHARGES	30 DAYS

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
A.	6	SETS INNOTEX RDG 40 BUNKER GEAR (COAT/PANT) STANDARD SIZING with FORREST PD sewn between shoulders, removable name patch, and American Flag Right Shoulder - LIST PRICE/MSRP	\$ 3,319.93	\$ 19,919.58
B.	6	SETS INNOTEX RDG 40 SPEC BUNKER GEAR (COAT/PANT) CUSTOM SIZING with FORREST PD sewn between shoulders, removable name patch, and American Flag Right Shoulder - LIST PRICE/MSRP	\$ 3,647.72	\$ 21,886.32
C.	12	PAIR INNOTEX 855 STRUCTURAL FIRE GLOVES - LIST PRICE/MSRP	\$ 175.90	\$ 2,110.80
D.	12	INNOTEX 333 NOMEX HOODS - LIST PRICE/MSRP	\$ 63.10	\$ 757.20
		SUBTOTAL (LIST PRICE)		\$ 44,673.90
		DEALER PROVIDED DISCOUNT OF 25 % OFF LIST PRICE		\$ (11,168.48)
		** THIS GEAR IS AVAILABLE UNDER SOURCEWELL CONTRACT #032620. INO THAT IS VALID UNTIL 5/7/24. QUAY COUNTY IS A REGISTERED SOURCEWELL USER WITH ID#92721. IF QUOTE IS ACCEPTED, PLEASE INCLUDE CONTRACT NUMBER AND QUAY COUNTY USER ID ON PURCHASE ORDER. AAA FIREPRO AND INNOTEX WILL HANDLE ALL REQUIRED CONTRACT REPORTING TO SOURCEWELL.		

TOTAL \$ 33,505.43

5476
Quoted By:

1/6/22
Date

INNOTEX® #032620-INO

Pricing for contract #032620-INO is provided at 20% discount from MSRP price list to Sourcewell participating agencies.



Tél.: 819-826-5971
Fax: 819-826-5195

www.innotexprotection.com

Quote

Quote: QUO-60817-C4P2

TO	
Company	AAA FIREPRO, INC.
Name of the Quote	FORREST FIRE DEPT - RDG 40 - STANDARD SIZING - AUG 2021 GRANT APPLICATION
Contact	Kendal Kohler
Phone	(575) 799-4840
Mobile Phone	(575) 799-4840
Fax	

YOUR QUOTATION

USD

COAT ENERGY - INNOTEX RDG40	QTY	MSRP	SUB TOTAL
NFPA 1971-2018			
Pioneer, Aramid Blend, 6.6 osy - Gold			
Stedalr® 3000, 5.3 osy			
Defender™ M NP (Brass), 7.0 osy			
3M Scotchlite® 3" SEGMENTED (triple trim) - Yellow Grey			
INNOTEX RDG40 Coat specifications	1	\$1,829.00	\$1,829.00
Trim Pattern: NFPA Style	1		
32" STYLE - SINGLE COLOR OUTER SHELL - WITH SINGLE METABOLIC ZONE (THERMAL BARRIER)	1		
Zipper closure system (VISLON®)	1		
Semi bellows pockets (pair) - (8" x 9") - Regular	1		
Radio pocket (unit) - Regular	1		
POSITION: Radio Pocket: H: 8 x L: 4 x D: 2 - POSITION B -	1		
Standard flap with Grabber™	1		
Inside pocket (7.5" x 8") with hook & loop (1" x 3") (unit) - Regular	1		
Mic loop / P.A.S.S. loop	1		
Flashlight Holder - Clip with Hook & Loop Fastener (SL-90)	1		
Polymer coated aramid Color: BLACK	1		
POSITION: Inside pocket: Left side	1		
POSITION: Mic loop / P.A.S.S. loop: Left chest	1		
POSITION: Flashlight Holder (clip, Outer Shell tab and hook): Right chest	1		
Nomex® Spandex handguard with thumbhole	1		
PERSO: Right sleeve (E) - Nomex® Embroidered American flag / Sewn on shell	1	\$24.22	\$24.22
PERSO: Back under neck (H) - Lettering - For all units (FORREST) / Scotchlite® 3" - Lime yellow / Straight / Sewn on shell	1	\$51.39	\$51.39

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QUO-60817-C4P2

1 / 2

PERSO: Back above the reflective trim (I) - Lettering - For all units (F.D.) / Scotchlite® 3" - Lime yellow / Straight / Sewn on shell	1	\$29.36	\$29.36
PERSO: Hem of coat (M) - Lettering - Different for each unit ([2]-Name - see list) / Average 12 letters / Scotchlite® 3" - Lime yellow / Straight / Sewn on removable patch / 4" X 17" / Outer Shell	1	\$126.66	\$126.66
Limited 2-year Warranty	1		
TOTAL COAT (per coat) before discount			\$2,060.63

PANTS ENERGY - INNOTEX RDG40	QTY	MSRP	SUB TOTAL
NFPA 1971-2018			
Pioneer, Aramid Blend, 6.6 osy - Gold			
Stedair® 3000, 5.3 osy			
Defender™ M NP (Brass), 7.0 osy			
3M Scotchlite® 3" SEGMENTED (triple trim) - Yellow Grey			
INNOTEX RDG40 Pants specifications	1	\$1,259.30	\$1,259.30
Trim Pattern: Standard NFPA	1		
Regular waist - SINGLE COLOR OUTER SHELL - WITH SINGLE METABOLIC ZONE (THERMAL BARRIER)	1		
Zipper closure system (VISLON®)	1		
Semi bellows pockets (pair) - (10" X 10") - Regular	1		
EMK™ (Enhanced Mobility Knee) in polymer coated aramid - With 1 extra layer of FR felt / BLACK REINFORCEMENT	1		
DELUXE Cotton suspenders ("H style")	1		
Nomex belt (2-sides adjustment)	1		
Belt loops (6 units) (3" x 2") (Included) / 6 UNITS	1		
Polymer coated aramid Color: BLACK	1		
Limited 2-year Warranty	1		
TOTAL PANTS (per pair) before discount			\$1,259.30

BUNKER PRICING SUMMARY	MSRP	DISCOUNT %	NET PRICE	QTY	TOTAL
COAT ENERGY - INNOTEX RDG40	\$2,060.63	0.00	\$2,060.63	6	\$12,363.78
PANTS ENERGY - INNOTEX RDG40	\$1,259.30	0.00	\$1,259.30	6	\$7,555.80
TOTAL					\$19,919.58

Freight Charges	
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GRAND TOTAL	\$19,919.58
--------------------	--------------------

Because of our ongoing commitment to product quality and development, we reserve the right to change, cancel, discontinue or alter any specification, price, design or feature without prior notice and without incurring any obligation.



Tél.: 819-826-5971
Fax: 819-826-5195

www.innotexprotection.com

Quote

Quote: QUO-60819-L5P2

To	
Company	AAA FIREPRO, INC.
Name of the Quote	FORREST FD - RDG 40 CUSTOM SIZING - GRANT APPLICATION
Contact	Kendal Kohler
Phone	(575) 799-4840
Mobile Phone	(575) 799-4840
Fax	

YOUR QUOTATION

USD

COAT ENERGY - INNOTEX ENERGY™	QTY	MSRP	SUB TOTAL
NFPA 1971-2018			
32" STYLE - SINGLE COLOR OUTER SHELL - WITH SINGLE METABOLIC ZONE (THERMAL BARRIER)	1	\$1,547.31	\$1,547.31
Pioneer, Aramid Blend, 6.6 osy - Gold			
Stedair® 3000, 5.3 osy			
Defender™ M NP (Brass), 7.0 osy			
3M Scotchlite® 3" SEGMENTED (triple trim) - Yellow Grey	1	\$146.61	\$146.61
Trim Pattern: NFPA Style			
Zipper closure system (VISLON®)	1	\$37.49	\$37.49
Semi bellows pockets (pair) - (8" x 9") - Regular	1	\$185.06	\$185.06
Radio pocket (unit) - Regular	1	\$52.30	\$52.30
Standard flap with Grabber™	1	\$29.20	\$29.20
POSITION: Radio Pocket: H: 8 x L: 4 x D: 2 (dimensions in inches) - POSITION B -			
Inside pocket (7.5" x 8") with hook & loop (1" x 3") (unit) - Regular	1	\$20.81	\$20.81
Nomex® Spandex handguard with thumbhole - Black	1	\$36.59	\$36.59
Mic loop / P.A.S.S. loop / 1 UNITS / Left chest	1	\$8.86	\$8.86
Flashlight Holder - Clip with Hook & Loop Fastener (SL-90) / 1 UNITS / Right chest	1	\$28.10	\$28.10
PERSO: Right sleeve (E) - Nomex® Embroidered American flag / Sewn on shell	1	\$24.22	\$24.22
PERSO: Back under neck (H) - Lettering - For all units (FORREST) / Scotchlite® 3" - Lime yellow / Straight / Sewn on shell	1	\$51.39	\$51.39
PERSO: Back above the reflective trim (I) - Lettering - For all units (F.D.) / Scotchlite® 3" - Lime yellow / Straight / Sewn on shell	1	\$29.36	\$29.36
PERSO: Hem of coat (M) - Lettering - Different for each unit ([2]-Name - see list) / Average 12 letters / Scotchlite® 3" - Lime yellow / Straight / Sewn on removable patch / 4" X 17" / Outer Shell	1	\$126.66	\$126.66
POSITION: Inside pocket: Left side			
Limited 2-year Warranty	1		

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QUO-60819-L5P2

1 / 2

TOTAL COAT (per coat) before discount	\$2,323.96
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PANTS ENERGY - INNOTEX ENERGY™	QTY	MSRP	SUB TOTAL
NFPA 1971-2018			
Mobility - Regular waist - SINGLE COLOR OUTER SHELL - WITH SINGLE METABOLIC ZONE (THERMAL BARRIER)	1	\$1,023.42	\$1,023.42
Pioneer, Aramid Blend, 6.6 osy - Gold			
Stedair® 3000, 5.3 osy			
Defender™ M NP (Brass), 7.0 osy			
3M Scotchlite® 3" SEGMENTED (triple trim) - Yellow Grey			
Trim Pattern: Standard NFPA	1	\$43.41	\$43.41
Zipper closure system (VISLON®)	1	\$5.57	\$5.57
Semi bellows pockets (pair) - (10" X 10") - Regular	1	\$126.28	\$126.28
DELUXE Cotton suspenders ("H style")	1	\$58.86	\$58.86
Nomex belt (2-sides adjustment)	1	\$37.05	\$37.05
Belt loops (6 units) (included)-(3" x 2") / 6 UNITS	1	\$29.17	\$29.17
Limited 2-year Warranty	1		
TOTAL PANTS (per pair) before discount			\$1,323.76

BUNKER PRICING SUMMARY	MSRP	DISCOUNT %	NET PRICE	QTY	TOTAL
COAT ENERGY - INNOTEX ENERGY™	\$2,323.96	0.00	\$2,323.96	6	\$13,943.76
PANTS ENERGY - INNOTEX ENERGY™	\$1,323.76	0.00	\$1,323.76	6	\$7,942.56
TOTAL					\$21,886.32

Freight Charges	
-----------------	--

GRAND TOTAL	\$21,886.32
--------------------	--------------------

Because of our ongoing commitment to product quality and development, we reserve the right to change, cancel, discontinue or alter any specification, price, design or feature without prior notice and without incurring any obligation.



Tél.: 819-826-5971
Fax: 819-826-5195

Quote

Quote: QUO-61523-Q6C7

www.innotexprotection.com

To	
Company	AAA FIREPRO, INC.
Name of the Quote	GLOVE AND HOOD PRICING MODEL
Contact	Kendal Kohler
Phone	(575) 799-4840
Mobile Phone	(575) 799-4840
Fax	

YOUR QUOTATION

USD

ITEM	DESCRIPTION	UOM	MSRP	NET PRICE	QTY	TOTAL
G-INNOTEX855-76XW	Gloves INNOTEX855™ - Black top grain kangaroo & black Eversoft cowhide w/CROSSTECH® Insert - 76XW	PR	\$175.90	\$175.90	12	\$2,110.80
H-INNO333	Hood INNO333™ - Regular Style - 8 oz. 100% Nomex® - White	UN	\$63.10	\$63.10	12	\$757.20
TOTAL						\$2,868.00

Freight Charges

GRAND TOTAL

\$2,868.00

Because of our ongoing commitment to product quality and development, we reserve the right to change, cancel, discontinue or alter any specification, price, design or feature without prior notice and without incurring any obligation.

DATE/21	NAME	ROAD BLADED	BLOCKS	MILES	ADDITIONAL WORK TO ROAD/COMMENTS
2/2/2021	TONY	QUAY ROAD 57	3100-3400	3.00	
	TONY	QUAY ROAD AG	5700-5800	1.00	
	TONY	QUAY ROAD 57.8	3200-3230	0.30	
	TONY	QUAY ROAD 58	3200-3250	0.50	
12/6/2021	DONALD	QUAY ROAD 61	2800-3100	3.00	PULLED DITCH/BLADE/POTHOLES/WASHBOARD
	DONALD	QUAY ROAD AC	6100-6183	0.83	PULLED DITCH/BLADE/POTHOLES/WASHBOARD
	DONALD	QUAY ROAD 60	3100-3200	1.00	PULLED DITCH/BLADE/POTHOLES/WASHBOARD
	DONALD	QUAY ROAD AG	5800-6000	2.00	PULLED DITCH/BLADE/POTHOLES/WASHBOARD
			TOTAL	11.63	