



Quay County Government
300 South Third Street
Post Office Box 1246
Tucumcari, NM 88401
Phone: (575) 461-2112
Fax: (575) 461-6208

AGENDA
REGULAR SESSION
QUAY COUNTY BOARD OF COMMISSIONERS
MARCH 14, 2022

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session February 28, 2022

Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

- I. A.J. Bowers & Eric Spurlin, Carr, Riggs & Ingram**
 - **PowerPoint Presentation**
 - **Request Approval of FY 2021-2022 Resolution No. 25 – Acceptance and Approval of the FY21 Audit**
- II. Warren Frost, Attorney**
 - **Request Approval of Resolution No. 26 Declaring Opposition to the Closure of the New Mexico Bank & Trust Branch in Logan New Mexico**
- III. Charlie Zaida & Carol Keith - C.R.A.F.T.**
 - **Discussion of C.R.A.F.T. Fair**
- IV. Aric Costa, USDA Wildlife Specialist**
 - **Discussion of USDA Summary Report and Update**
- V. C. Renee Hayoz, Presbyterian Medical Services, Administrator**
 - **Presentation of Monthly RPHCA Reports**
- VI. Cindy Weehler,**
 - **PowerPoint Presentation Concerning an Increased Traffic Risk due to Department of Energy Expansion of the Waste Isolation Pilot Plant (WIPP)**



- VII. Russell Shafer, Quay County Sheriff**
- Request Approval of **Quay County Law Enforcement Protection Fund (LEPF) Application 2022-2023**
- VIII. Cheryl Simpson, Quay County Finance Director**
- Request Approval of **FY2021-2022 Resolution No. 27 Granting the Disposition of Obsolete Fixed Assets**
 - Request Approval of **FY2021-2022 Resolution No. 28 Budgetary Adjustments to General Fund**
 - Request Approval of **FY2021-2022 Resolution No. 29 Budgetary Increase to Emergency Dispatch Fund**
- IX. Lucas Bugg, Quay County Fire Marshall**
- Request Approval of the **Purchase of Apparatus for Nara Visa Fire**
 - Request Approval for **Fire Department PERA Applications**
 - **Fire District #3**
 - **Jordan Fire**
 - **Nara Visa Fire**
 - **Quay Fire**
 - **Fire District #2**
- X. Larry Moore, Quay County Road Superintendent**
- **Road Update**
- XI. Daniel Zamora, Quay County Manager**
- Request Approval of **Joint Powers Agreement – Tucumcari/Quay Regional Emergency Communications Center**
 - Request Approval of **Donation Agreement**
 - Request Approval of **New Mexico Opioid Allocation Agreement**
 - **Correspondence**
- XII. Request Approval of Accounts Payable**
- XIII. Other Quay County Business That may Arise During the Commission Meeting and/or Comments From the Commissioners**

Adjourn

Lunch-Time and Location to be Announced

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

March 14, 2022

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 14th day March, 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
Lucas Bugg, Quay County Fire Marshall
Larry Moore, Quay County Road Superintendent
Paul Lucero, Quay County Emergency Manager
Russell Shafer, Quay County Sheriff
Richard Primrose, Quay County Consultant
Warren Frost, Quay County Attorney
Charlie Zaida, C.R.A.F.T.
Aric Costa, USDA Wildlife Specialist
C. Renee Hayoz, Presbyterian Medical Services Administrator
Cindy Wheeler, Citizen against Increased Traffic due to WIPP Expansion
Ed & Patty Hughes, Nara Visa land owners, attending with Cindy Wheeler
Ron Warnick, Quay County Sun

PRESENT VIA ZOOM TELECONFERENCE:

A.J. Bowers, Accountant for Carr, Riggs & Ingram, CPA

Chairman McCasland called the meeting to order. Richard Primrose led the Pledge of Allegiance.

A MOTION was made by Jerri Rush SECONDED by Robert Lopez to approve the February 28, 2022 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:

A.J. Bowers provided a Power Point accounting review of the FY21 Audit of Quay County Government. County Manager, Daniel Zamora, requested approval of Resolution No. 25; Acceptance and Approval of the FY21 Audit. A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve the Resolution. MOTION carried with Rush voting “aye”, Lopez voting “aye” and McCasland voting “aye”. A copy of Resolution NO. 25 is attached to these minutes.

Warren Frost, Quay County Attorney and business owner in the Village of Logan, requested approval of Resolution No. 26; Declaring Opposition to the Closure of New Mexico Bank & Trust Branch in Logan, NM. Frost stated the community has supported this bank for decades, which is evident by the deposits on hand from a variety of entities. A MOTION was made by Robert Lopez, SECONDED by Franklin McCasland to approve Resolution No. 26. MOTION carried with Lopez voting “aye”, McCasland voting “aye” and Rush voting “nay”, and asked to explain her vote. Commissioner Rush stated she believes the community of Logan needs and deserves a bank, and encourages their community and stakeholders to continue to pursue keeping the branch open or hopefully finding another banking institution willing to open a branch in Logan. With all that being said, Commissioner Rush said she does not believe it is the interest of government and/or this Commission to make recommendations to a business whether it’s feasible to open or close their doors. Rush stated, she thinks this is an example government overreach. A copy of the Resolution is attached to these minutes.

Charlie Zaida, representative of the C.R.A.F.T. organization, thanked the Commissioners for their ongoing support of their organization and requested some future dialogue regarding an agreement to store the pegged backboards that belong to the C.R.A.F.T organization at the fairgrounds and respectfully asked the Commissioners to look into the purchase of additional peg boards. Zaida indicated many of the boards, both County owned and C.R.A.F.T. owned boards, are in disrepair. Chairman McCasland thanked Zaida for attending the meetings and bringing those concerns and requested Mr. Zaida get a quote to Daniel Zamora for further consideration.

Aric Costa, USDA Wildlife Specialist, provided a Summary Report and requested continued funding of those services. Chairman McCasland asked Costa, to provide Daniel Zamora with a line-item budget/revenue report for his Department so the Board of County Commissioners can analyze the additional funding request prior to the new budget. A copy of Costa’s Report is attached to these minutes.

Renee Hayoz, Presbyterian Medical Services Administrator provided a copy of the monthly RPHCA Reports for January and February. Copies are attached to these minutes. Hayoz also reported the following items of interest:

- Clinic will be hosting a “Woman’s Day Health” event. Dates and times will be forthcoming.
- The PMS Advisory Council has two openings.
- The Clinic is fully staffed.
- Marketing for their new Behavioral Health Services will begin soon.

Cindy Wheeler, New Mexico resident, provided a Power Point presentation regarding a concern of increased traffic of transport vehicle carrying nuclear waste along I-40. Stating the Department of Energy is planning an expansion of the Waste Isolation Plant in New Mexico. Along with Wheeler, Nara Visa land owner Ed Hughes spoke out against the project and urged the Commissioners to stay informed.

Quay County Sheriff, Russell Shaffer, requested approval of the Quay County Law Enforcement Protection Funds Application for 2022-2023. Funding, if awarded, would total \$45,000.00. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve submission of the Application. MOTION carried with Rush voting "aye", Lopez voting "aye", and McCasland voting "aye". A copy is attached.

Cheryl Simpson, Quay County Finance Director, presented the following Resolutions for approval:

- Resolution No. 27; Granting the Disposition of Obsolete Fixed Assets. (via Public Auction) A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve said Resolution. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".
- Resolution No. 28; Budgetary Increase to General Fund (401) A MOTION was made by Jerri Rush SECONDED by Robert Lopez to approve said Resolution. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".
- Resolution No. 29; Budgetary Increase to Emergency Dispatch Fund (431) A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve said Resolution. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".

Copies of all Resolutions described above are attached to these minutes.

Lucas Bugg, Quay County Fire Marshall, requested approval of the following items:

- Purchase of Apparatus for Nara Visa Fire Department with Fire Protection Monies, totaling \$39,058.00 for a total purchase price of \$323,930.00. (M2-106 Tanker). A MOTION was made by Jerri Rush SECONDED by Robert Lopez to approve the purchase. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye".

PERA Applications for the following Fire Departments:

- Fire District 2
- Fire District 3
- Jordan Fire
- Nara Visa Fire
- Quay Fire

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

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

1. Blade Reports were distributed and are attached.
2. The 2022-2023 projects for CAP, Co-Op and School Bus Routes that have been preliminarily selected. The CAP project will be 6.4 miles on Quay Road 96 in the Nara Visa area from Quay Road M to State Hwy 402. Moore reported caliche is readily available in that area, which is the main reason this road was chosen at this time. Totaling \$281,419.00. The Co-Op project will total \$124,661.00 and School Bus Route at \$150,289 for a grand total of all projects at \$556,369.00.
3. The Transportation Project funding will be used to finish Quay Road 63 from Quay Road AR to the Arch Hurley Canal. Stantec will begin the preliminary work for this project.
4. A pre-bid meeting was held with Stantec and potential contractors for the 1625 Bridge project. The bid opening is set for March 22 at 2:00 p.m. Six contractors were on site for the pre-bid meeting.

Quay County Manager, Daniel Zamora presented the following items for approval and additional correspondence:

1. Presented the Joint Powers Agreement for the Tucumcari/Quay Regional Emergency Communication Center. The new Agreement standardizes fees paid by all entities based on call volume and base rates. A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve the JPA. MOTION carried with Rush voting "aye", Lopez voting "aye" and McCasland voting "aye". A copy is attached.
2. Following a feasibility study on renovations to our existing hospital, and the possibility of a new structure, a Donation Agreement was submitted for approval of a donation from Country Club Development, LLC to Quay County for lands just East of the current hospital (Blocks 3 and 4 of Bunker Heights Addition). Zamora explained it is necessary to have land secured to explore funding options, both for a new facility and renovations to the current one. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve the Donation Agreement. MOTION carried with Lopez voting "aye", Rush voting "aye" and McCasland voting "aye". A copy is attached.
3. Requested approval of the New Mexico Opioid Agreement, as a result of a legal settlement agreed to by the State of New Mexico, Attorney General. The settlement amount is set by a percentage rate per capita with an estimated amount for Quay County at \$500,000.00. Use of funds can be used for training, prevention, treatment and related matters of the Opioid Crisis. A MOTION was made by Robert Lopez, SECONDED by Jerri Rush to approve the Agreement. MOTION carried with Lopez voting "aye", Rush voting "aye" and McCasland voting "aye". A copy is attached.

Items of correspondence from County Manager:

1. Zamora will be sending a letter to the current Hospital provider in Tucumcari, requesting a copy of their budget, both revenue and expenditures.
2. Zamora attended the Northeast Economic Development Corporation workshop, held at Mesalands Community College. Zamora reported the meeting was very informational and motivating.

A MOTION was made by Jerri Rush, SECONDED by Robert Lopez to approve the expenditures included in the Accounts Payable Report ending March 8, 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:


Chairman McCasland asked Zamora to provide information regarding the feasibility study of the hospital at an upcoming meeting.

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 10:45 a.m.

Respectfully submitted by Ellen White, County Clerk.

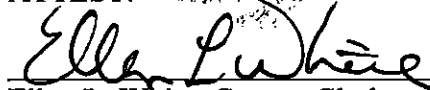
BOARD OF QUAY COUNTY COMMISSIONERS


Franklin McCasland

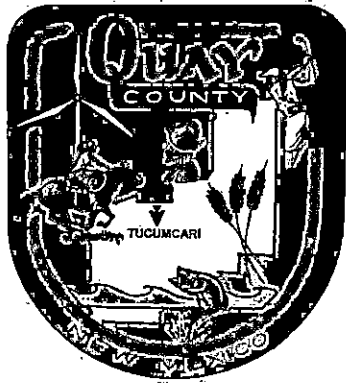

Robert Lopez


Jerri Rush

ATTEST:


Ellen L. White, County Clerk





QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

2021-2022 Resolution No. 25

ACCEPTANCE AND APPROVAL OF THE FY21 AUDIT

WHEREAS, the County of Quay is required by statute to contract with an independent auditor to perform the required annual audit or agreed upon procedures for Fiscal Year 2021; and,

WHEREAS, the Quay County Board of Commissioners has directed the accomplishment of the audit for FY21 be completed; and,

WHEREAS, this audit has been completed and presented to the Quay County Board of Commissioners per the February 4, 2022 Letter from the State Auditor authorizing release of the FY21 audit.

WHEREAS, NMAC 2.2.2.10 (M) (4) provides in pertinent part that "Once the audit report is officially released to the agency by the state auditor (by a release letter) and the required waiting period of five calendar days has passed, unless waived by the agency in writing, the audit report shall be presented by the IPA, to a quorum of the governing authority of the agency at a meeting held in accordance with the Open Meetings Act, if applicable;" and,

NOW THEREFORE, BE IT RESOLVED, that the Quay County Board of Commissioners does hereby accept and approve the completed audit report and findings as indicated within this document.

ACCEPTED AND APPROVED this 14th day of March, 2022 in regular session by the Quay County Board of Commissioners, at Tucumcari, Quay County, New Mexico.

ATTEST BY:

ELLEN WHITE, QUAY COUNTY CLERK

FRANKLIN MCCASLAND, CHAIR

JERRI RUSH, MEMBER

ROBERT LOPEZ, MEMBER

BRIAN S. COLÓN, ESQ. CFE
STATE AUDITOR



NATALIE CORDOVA, CPA
DEPUTY STATE AUDITOR

State of New Mexico
Office of the State Auditor

CONSTITUENT SERVICES
(505) 476-3821

Via: Email

2/4/2022

OSA Ref No. 5020

Daniel Zamora, Quay County Manager
daniel.zamora@quaycounty-nm.gov
Quay County

Re: Authorization to Release 2021 Quay County Audit Report

The Office of the State Auditor (Office) received the audit report for your agency on 12/1/2021. The OSA has completed the review of the audit report required by Section 12-6-14(B) NMSA 1978 and any applicable provisions of the Audit Rule. This letter is your authorization to make the final payment to the Independent Public Accountant (IPA) who contracted with your agency to perform the financial and compliance audit. In accordance with the audit contract, the IPA is required to deliver to the agency the number of copies of the report specified in the contract.

Pursuant to Section 12-6-5 NMSA 1978, the audit report does not become a public record until five days after the date of this release letter, unless your agency has already submitted a written waiver to the OSA. Once the five-day period has expired, or upon the OSA's receipt of a written waiver:

- the OSA will send the report to the Department of Finance and Administration, the Legislative Finance Committee and other relevant oversight agencies;
- the OSA will post the report on its public website; and
- the agency and the IPA shall arrange for the IPA to present the report to the governing authority of the agency, per the Audit Rule, at a meeting held in accordance with the Open Meetings Act, if applicable.

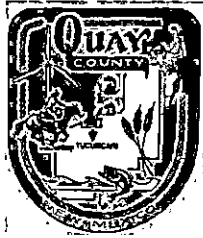
Although no findings were reported in your report, please remember it is ultimately the responsibility of the governing authority of the agency to maintain adequate internal controls over financial reporting and compliance.

Sincerely,

A handwritten signature in black ink, appearing to be "B. Colón", with a stylized flourish at the end.

Brian S. Colón, Esq. CFE
State Auditor

cc. Carr, Riggs & Ingram, LLC



QUAY COUNTY
FY2021-2022
RESOLUTION NO. 26

**A RESOLUTION DECLARING OPPOSITION TO THE CLOSURE OF THE
NEW MEXICO BANK & TRUST BRANCH IN LOGAN NEW MEXICO**

WHEREAS, Northeast Quay County, Logan and Ute Lake are a significant part of the economic prosperity of Quay County; and

WHEREAS, Logan has had a bank in the community for over 100 years serving Northeast Quay County, Southern Union County and Harding County; and

WHEREAS, A bank in Logan is not only critical to the continued economic prosperity of Northeast Quay County but Quay County as a whole; and

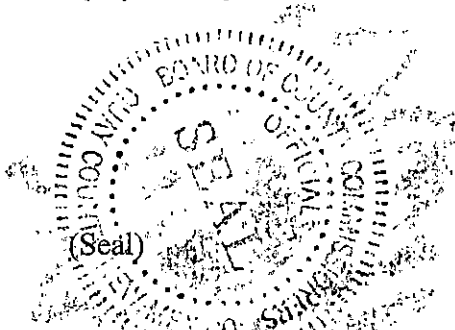
WHEREAS, HTLF dba New Mexico Bank & Trust has made the decision to close the Logan bank; and

WHEREAS, The Quay County has been a strong supporter of HTLF as demonstrated by the fact that the county currently has over 12.3 million dollars deposited in the bank; and

WHEREAS, The Quay County expects HTLF to reciprocate that community support and to follow its vision statement to “actively contribute to the vitality of the communities where we live and work”;

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Quay County Commission that it declare its opposition to HTLF closing its Logan Bank Branch and requests and expects HTLF to reconsider that decision and keep the bank open in Logan.

PASSED, APPROVED and ADOPTED on this 14th day of March, 2022, by the Quay County Commission in an open meeting.



ATTEST:

Ellen L. White

Ellen L. White, County Clerk

QUAY COUNTY

Franklin McCasland
Franklin McCasland, Chairman

Jerri Rush
Jerri Rush, Member

Robert Lopez
Robert Lopez, Member

Land Involved In This Summary

| Land Type | Uom | Total | Person-day-visits |
|--------------|--------------|---------|-------------------|
| PRIVATE LAND | ACRE | 517,909 | 139 |
| STATE LAND | ACRE | 41,327 | 60 |
| | | | |
| | Total | 559,236 | |

Agreement/Property Summary

Total Agreements/Properties Worked: 32/32

Total Person-day-visits: 139

| Agreement Common Name | Time | Person-day-visits |
|---------------------------------|---------|-------------------|
| 4v ranch (04375) | 2 : 00 | 1 |
| andrea clark (14846) | 4 : 00 | 3 |
| b&h ranch (14806) | 45 : 30 | 16 |
| boney, kelly (14808) | 2 : 00 | 1 |
| box farms (14836) | 13 : 00 | 10 |
| bruhn livestock harding (14815) | 1 : 06 | 1 |
| bruhn livestock quay | 18 : 30 | 9 |
| burns ranch (14821) | 4 : 42 | 2 |
| cain ranch (04435) | 4 : 48 | 1 |
| collins family partnership | 14 : 00 | 2 |
| cox ranch (04268) | 2 : 30 | 1 |
| dc bar (26711) | 44 : 06 | 32 |
| egerton ranch (14837) | 1 : 00 | 1 |
| f and f cattle (04459) | 5 : 24 | 3 |
| fly cattle co. (04423) | 1 : 00 | 1 |
| griffiths, john (14805) | 1 : 00 | 1 |
| helker, orville (26756) | 9 : 30 | 3 |
| jeffrey ranch (04266) | 8 : 00 | 3 |
| libby ranch (04420) | 4 : 42 | 2 |
| morrow (26612) | 1 : 00 | 1 |
| nials ranch (14812) | 4 : 00 | 3 |
| perez cattle co. (14820) | 2 : 42 | 2 |
| quay county (03700) | 5 : 00 | 0 |
| rim rock cattle co. (28026) | 0 : 48 | 1 |
| round knife cattle (14832) | 13 : 35 | 6 |
| rush ranch | 14 : 00 | 4 |
| san jon ranch (04251) | 10 : 00 | 3 |
| sanchez ranch (26611) | 0 : 48 | 1 |
| t4 (14817) | 14 : 00 | 3 |
| troutman (04226) | 71 : 00 | 17 |

| Agreement Common Name | Time | Person-day-visits |
|-----------------------|--------|-------------------|
| ward brent (14847) | 5 : 00 | 2 |
| welch, denny (04275) | 8 : 30 | 3 |

Employee Summary - Total includes converted Hobbs

| | FIELD WORK | AERIAL | OUTREACH | admin LEAVE | ADMIN | TOTAL |
|--------------|------------|--------|------------|-------------|------------|------------|
| | hrs : mins | hobbs | hrs : mins | hrs : mins | hrs : mins | hrs : mins |
| Costa, Aric | 301 : 35 | 30.6 | 5 : 00 | 241 : 00 | 211 : 30 | 789 : 41 |
| Total | 301 : 35 | 30.6 | 5 : 00 | 241 : 00 | 211 : 30 | 789 : 41 |

Take Summary

Target Intentional

| | Killed Euthanized | Transfer Custody | Relocated | Removed Destroyed | Freed Released | Dispersed | Surveyed | Immobilized | Collared | Treated |
|-----------------------------|----------------------|---------------------|-----------|----------------------|-------------------|-----------|----------|-------------|----------|---------|
| <u>Coyotes</u> | | | | | | | | | | |
| <u>firearms</u> | 2 | | | | | | | | | |
| <u>fixed wing</u> | 265 | | | | | | | | | |
| <u>m-44 cyanide capsule</u> | 2 | | | | | | | | | |
| <u>traps, foothold</u> | 1 | | | | | | | | | |
| Total | 284 | | | | | | | | | |
| Bottom Line Total | 284 | | | | | | | | | |

Target Un-Intentional

no take data of this type.

Non-Target Un-Intentional

no take data of this type.

Damage Summary

Loss Reported

| Resource | Species | Damage | WTs (Occurs) | Proj Starts | Loss | Value |
|---|--------------------------|---------------|-----------------|----------------|-------|-------|
| AGRICULTURE | | | | | | |
| Livestock | | | | | | |
| cattle adult (beef) | coyotes | damage threat | 21 | 21 | 21 in | \$0 |
| cattle adult (beef) | swine, feral | damage threat | 2 | 2 | 2 in | \$0 |
| cattle calves (beef) | coyotes | damage threat | 21 | 21 | 21 in | \$0 |
| cattle calves (beef) | swine, feral | damage threat | 2 | 2 | 2 in | \$0 |
| equine, horses (foals) | coyotes | damage threat | 1 | 1 | 1 in | \$0 |
| equine, horses (foals) | swine, feral | damage threat | 1 | 1 | 1 in | \$0 |
| fowl, chickens (other) | coyotes | damage threat | 1 | 1 | 1 in | \$0 |
| fowl, turkeys (domestic) | coyotes | damage threat | 1 | 1 | 1 in | \$0 |
| goats, z-(other adults) | coyotes | damage threat | 1 | 1 | 1 in | \$0 |
| goats, z-(other kids) | coyotes | damage threat | 1 | 1 | 1 in | \$0 |
| Livestock Sub Total | | | 52 | 52 | 52 in | \$0 |
| Range/Pasture | | | | | | |
| pasture | swine, feral | damage threat | 1 | 1 | 1 in | \$0 |
| rangeland | swine, feral | damage threat | 1 | 1 | 1 in | \$0 |
| Range/Pasture Sub Total | | | 2 | 2 | 2 in | \$0 |
| AGRICULTURE Sub Total | | | 54 | 54 | 54 in | \$0 |
| HEALTH AND SAFETY | | | | | | |
| Human Health And Safety | | | | | | |
| hlth/sfty, human (other transportation) | woodrats, white-throated | damage threat | 1 | 1 | 1 in | \$0 |
| hlth/sfty, human z-(general) | bats, brown, little | damage threat | 1 | 1 | 1 in | \$0 |
| Human Health And Safety Sub Total | | | 2 | 2 | 2 in | \$0 |
| HEALTH AND SAFETY Sub Total | | | 2 | 2 | 2 in | \$0 |
| PROPERTY | | | | | | |
| Structures | | | | | | |
| buildings, residential | bats, brown, little | damage threat | 1 | 1 | 1 in | \$0 |
| buildings, residential | woodrats, white-throated | damage threat | 1 | 1 | 1 in | \$0 |
| dikes/dams/impoundments | swine, feral | damage threat | 1 | 1 | 1 in | \$0 |
| irrigation ditch/drainage system | swine, feral | | 1 | 1 | 1 in | \$0 |

| | | | | | | |
|----------------------|--|---------------|----|----|-------|-----|
| | | damage threat | | | | |
| Structures Sub Total | | | 4 | 4 | 4 in | \$0 |
| PROPERTY Sub Total | | | 4 | 4 | 4 in | \$0 |
| | | | | | | |
| Total | | | 60 | 60 | 60 in | \$0 |

Loss Verified

no loss data of this type.

Distinct Species/Resource Conflict Counts by Form Type

Total distinct TA Species/Resource conflicts: 4

Total distinct DC (all non TA) Species/Resource conflicts: 29

Samples Summary

| Species/Disease | Sample Type | Samples |
|---|-------------|---------|
| <u>coyotes</u> nonWS Take 0 WS Take 0 Total Sampled 2 | | |
| plague | nobuto | 1 |
| tularemia | nobuto | 1 |
| Total Samples | | 2 |
| | | |
| | | |
| Total Bottom Line | | 2 |

TA/Outreach by Species Summary

| | | | | | | | | | | | | | | | | |
|---------------------------------|--|---|---|---|---|---|---|---|---|----|----|----|----|-------|---------|----------|
| | 1=consultation, personal, 2=consultation, written/telephone, 3=consultation, hotline, 4=instructional session, 5=radio/tv personal appearance, 6=radio/tv public service announcement, 7=newspaper/periodical article, 8=exhibit, 9=bait distribution program, 10=information transfer, ws, 11=info. transfer, gen. wildlife management, 12=site visit, 13=web hits | | | | | | | | | | | | | | | |
| Species | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | Total | Parties | Leaflets |
| <u>bats, brown, little</u> | 1 | | | | | | | | | | | | | 1 | 1 | |
| <u>woodrats, white-throated</u> | 1 | | | | | | | | | | | | | 1 | 1 | |
| | | | | | | | | | | | | | | | | |
| Total | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 |

*0 distinct instructional sessions (which can contain more than one species or no species indicated).

TA/Outreach by Employee Summary

| | | | | | | | | | | | | | | | | |
|-------------|--|---|---|---|---|---|---|---|---|----|----|----|----|-------|---------|----------|
| | 1=consultation, personal, 2=consultation, written/telephone, 3=consultation, hotline, 4=instructional session, 5=radio/tv personal appearance, 6=radio/tv public service announcement, 7=newspaper/periodical article, 8=exhibit, 9=bait distribution program, 10=information transfer, ws, 11=info. transfer, gen. wildlife management, 12=site visit, 13=web hits | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | Total | Parties | Leaflets |
| Costa, Aric | 1 | | | | | | | | | | | | | 1 | 1 | |
| | | | | | | | | | | | | | | | | |
| Total | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |

Chemicals Summary**CHEMICALS: EPA-REGULATED**

| Component | Reg. Num. | Use Type | Qty | Uom | WTs |
|----------------------|-----------|----------|-----|-----|-----|
| m-44 cyanide capsule | 56228-15 | fired | 13 | ea | 9 |
| m-44 cyanide capsule | 56228-15 | tested | 12 | ea | 1 |

CHEMICALS: EXPLOSIVE*no EXPLOSIVE chemical data.***CHEMICALS: I/E DRUGS***no I/E DRUGS chemical data.***CHEMICALS: NON-REGULATED***no NON-REGULATED PRDCT chemical data.***BIOLOGICS***no BIOLOGICS chemical data.***Equipment Loaned/Distributed/Sold Summary***no data.***Conflict Project Start Button Summary**

| Resource | Species | Proj Start Button | WTs (Occurs) |
|------------------------|---------------------|-------------------|--------------|
| buildings, residential | bats, brown, little | 1 | 1 |

| Resource | Species | Proj Start Button | WTs (Occurs) |
|---|--------------------------|-------------------------|-----------------|
| buildings, residential | woodrats, white-throated | 1 | 1 |
| cattle adult (beef) | coyotes | 21 | 124 |
| cattle adult (beef) | swine, feral | 2 | 11 |
| cattle calves (beef) | coyotes | 21 | 126 |
| cattle calves (beef) | swine, feral | 2 | 15 |
| dikes/dams/impoundments | swine, feral | 1 | 12 |
| equine, horses (foals) | coyotes | 1 | 2 |
| equine, horses (foals) | swine, feral | 1 | 3 |
| fowl, chickens (other) | coyotes | 1 | 17 |
| fowl, turkeys (domestic) | coyotes | 1 | 17 |
| goats, z-(other adults) | coyotes | 1 | 1 |
| goats, z-(other kids) | coyotes | 1 | 1 |
| grains, milo | swine, feral | 0 | 4 |
| grains, wheat | swine, feral | 0 | 4 |
| hayfields, mixed species | coyotes | 0 | 9 |
| hayfields, mixed species | swine, feral | 0 | 7 |
| hlth/sfty, human (other transportation) | woodrats, white-throated | 1 | 1 |
| hlth/sfty, human z-(general) | bats, brown, little | 1 | 1 |
| hlth/sfty, human z-(general) | swine, feral | 0 | 2 |
| irrigation ditch/drainage system | swine, feral | 1 | 3 |
| pasture | swine, feral | 1 | 5 |
| property (general) | swine, feral | 0 | 3 |
| rangeland | swine, feral | 1 | 10 |
| roads/bridges | swine, feral | 0 | 3 |
| sheep (adult) | coyotes | 0 | 33 |
| sheep (lambs) | coyotes | 0 | 33 |
| trees, z-fruit/nut (other) | swine, feral | 0 | 2 |
| watershed | swine, feral | 0 | 2 |

Clinic/Program Name: Quay County Family Health Center
Month Reported: January 2022

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 started on 1/3/22.
2. Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties? None
3. Were there any changes in the encounters ~~(# of = 10%)~~ from the previous month reported? Please explain any causes for the changes. We had a decrease of 37% of encounters for January. This is primarily due to nurse visits for patients scheduled for the COVID vaccine. We also had a provider that was out on quarantine.
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, CMA and Temp on Call CAR have been hired in the month of January.
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.*
We currently have no 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.** We had a COVID Vaccine Event on 1/13/22. We vaccinated over 150 community residents.
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?*

December 1, 2021

Regional Goals

- Advisory Board Engagement
- PMS Board Meeting Update
 - o Board Training
 - o CEO Report
 - o Executive VP Update
 - o CIO Update
 - o VP HR Update
 - o VP of Business Development & General Counsel Update

Clinic Update

- BH Interventionist in early stages of hiring process
- 1 MA vacancy
- Demand for COVID Booster has increased
- Vaccine Mandate in effect for all PMS employees
- Continued increase of monthly encounters

Home Visiting

- Enrollment Numbers
- Staffing Levels
- Program Update
- Ongoing Recruitment of Families
- Reengagement of services via telephone or FaceTime

Future Meetings

- Meetings continue on Wednesdays in February, May, August and November.

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: | 01/01/22 |
| Action Plan Item | | Actual Monthly Level | |
| Level of Operations | Total Number of Primary Care Encounters | | 422 |
| | By Provider Type: | | |
| | Physician Encounters | | 0 |
| | Midlevel Practitioner Encounters | | 422 |
| | Dentist Encounters | | |
| | Dental Hygienist Encounters | | |
| | Behavioral Health Encounters | | |
| | All Other Licensed/Certified Provider Encounters | | |
| | By Payment Source: | | |
| | Sliding Fee Encounters - Medical/Behavioral Health | | 53 |
| | Sliding Fee Encounters - Dental | | |
| | Medicaid Encounters - Medical/Behavioral Health | | 122 |
| | Medicaid Encounters - Dental | | |
| | County Indigent Encounters | | |
| | Other 3 rd Party Encounters | | 114 |
| Medicare Encounters | | 127 | |
| 100% Self Pay (non-discounted/non-3 rd party) Encounters | | 6 | |
| Unduplicated Number of Users | Total # of unduplicated users | | 141 |
| | At or Below Poverty | | 73 |
| | Between Poverty and 200% of Poverty | | 55 |
| | Above 200% of Poverty | | 13 |
| Staffing Level | Administrative Staff | 3.25 | |
| | | Clinical FTEs | Admin FTEs |
| | Physicians | | |
| | Certified Nurse Practitioners | 2 | |
| | Physician Assistants | | |
| | Certified Nurse Midwives | | |
| | Dentists | | |
| | Dental Hygienists | | |
| | Behavioral Health Professionals | 1 | |
| | Community Health Workers | | |
| Clinical Support Staff | 3 | | |
| 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 | | 89,997 |
| | Sliding Fee Revenues - Medical | | 7,350 |
| | Sliding Fee Revenues - Dental | | 0 |
| | Medicaid Revenues - Medical | | 29,511 |
| | Medicaid Revenues - Dental | | 0 |
| | County Indigent Fund Revenues | | 0 |
| | Other 3 rd Party Revenues | | 13,105 |
| | Medicare Revenues | | 5,251 |
| | 100% Self Pay (non-discounted/non-3 rd party) Patient Revenues | | 387 |
| | Contracts/Grants Revenues (including RPHCA) | | 34,393 |
| | Total Primary Care Expenditures | | 83,814 |
| | Total Primary Care Charges | | 86,292 |
| | Sliding Fee Discounts - Medical | | 8,044 |
| Sliding Fee Discounts - Dental | | 0 | |
| Prepared by: C Renee Hayoz | | 2/4/2022 | |

| |
|--------------------------------------|
| Month: January |
| Site: QUAY COUNTY FAMILY HEALTH CENT |

[illegible]

Clinic/Program Name: Quay County Family Health Center
Month Reported: February 2022

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:** No changes
2. **Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties?** None
3. **Were there any changes in the encounters ~~(+ or - 10%)~~ from the previous month reported? Please explain any causes for the changes.** We had a decrease in encounters for February. This is primarily due to the short month, holiday, PTO and inclement weather.
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.**
None, fully staffed.
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.**
We currently have no 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. Request for both vaccine and testing have dramatically dropped in the past month.
9. **Please describe the outreach activities your program and staff provided to the community during the month reported.** None.
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?*

February 9, 2022

Regional Goals

- Advisory Board Engagement
- PMS Board Meeting Update
- Community Assessment Survey

Clinic Update

- Staffing
- COVID Vaccination Events
- Increase in Monthly Encounters
- Mock Audit
- QCDC Contract Renewal
- Quarantine Time being reduced
- Home Test Kits

Home Visiting

- Enrollment Numbers
- Staffing Levels
- Program Update
- Ongoing Recruitment of Families
- Reengagement of services via telephone or FaceTime

Future Meetings

- Meetings continue on Wednesdays in May, August and November.

**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: | 02/01/22 |
| Action Plan Item | | Actual Monthly Level | |
| Level of Operations | Total Number of Primary Care Encounters | | 285 |
| | By Provider Type: | | |
| | Physician Encounters | | 0 |
| | Midlevel Practitioner Encounters | | 285 |
| | Dentist Encounters | | |
| | Dental Hygienist Encounters | | |
| | Behavioral Health Encounters | | |
| | All Other Licensed/Certified Provider Encounters | | |
| | By Payment Source: | | |
| | Sliding Fee Encounters - Medical/Behavioral Health | | 22 |
| | Sliding Fee Encounters - Dental | | |
| | Medicaid Encounters - Medical/Behavioral Health | | 83 |
| | Medicaid Encounters - Dental | | |
| | County Indigent Encounters | | |
| | Other 3 rd Party Encounters | | 77 |
| Medicare Encounters | | 101 | |
| 100% Self Pay (non-discounted/non-3 rd party) Encounters | | 2 | |
| Unduplicated Number of Users | Total # of unduplicated users | | 40 |
| | At or Below Poverty | | 19 |
| | Between Poverty and 200% of Poverty | | 18 |
| | Above 200% of Poverty | | 3 |
| Staffing Level | Administrative Staff | 3.25 | |
| | | Clinical FTEs | Admin FTEs |
| | Physicians | | |
| | Certified Nurse Practitioners | 2 | |
| | Physician Assistants | | |
| | Certified Nurse Midwives | | |
| | Dentists | | |
| | Dental Hygienists | | |
| | Behavioral Health Professionals | 1 | |
| | Community Health Workers | | |
| | Clinical Support Staff | 3 | |
| | 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 | | 77,037 |
| | Sliding Fee Revenues - Medical | | 3,312 |
| | Sliding Fee Revenues - Dental | | 0 |
| | Medicaid Revenues - Medical | | 24,121 |
| | Medicaid Revenues - Dental | | 0 |
| | County Indigent Fund Revenues | | 0 |
| | Other 3 rd Party Revenues | | 12,494 |
| | Medicare Revenues | | 13,090 |
| | 100% Self Pay (non-discounted/non-3 rd party) Patient Revenues | | 174 |
| | Contracts/Grants Revenues (including RPHCA) | | 23,846 |
| | Total Primary Care Expenditures | | 98,406 |
| | Total Primary Care Charges | | 85,835 |
| | Sliding Fee Discounts - Medical | | 6,878 |
| | Sliding Fee Discounts - Dental | | 0 |
| Prepared by: C Renee Hayoz | | 3/4/2022 | |

RPHCA Monthly Staffing Pattern

Month: February

Site: QUAY COUNTY FAMILY HEALTH CENT

If you are using a Locum provider, please include them in your monthly staffing with their actual FTE for the month

[illegible]

COUNTY APPLICATION FOR LAW ENFORCEMENT PROTECTION FUND (LEPF) APPLICATION FOR JULY 1, 2022 – JUNE 30, 2023 FISCAL YEAR

The purpose of the Law Enforcement Protection Fund is to provide the equitable distribution of funds to municipal police, university police, county sheriff and tribal police departments for use in maintaining and improving those departments in order to enhance the efficiency and effectiveness of law enforcement services.

quay.sheriff@gmail.com Switch account

 Draft saved

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Only the email you enter is part of your response.

* Required

Email *

quay.sheriff@quaycounty-nm.gov

First and Last Name of person completing this Application: *

Rachel Dudley

Work Telephone Number *

575-461-2720



County Applicant *

Quay County ▼

Base Rate *

☒ \$45,000

Number of Full Time Certified Officers



5 officer count; officer funding = \$5,000; TOTAL = \$50,000 ▼

Number of School Resource Officers *



0 officer count; officer funding = \$0,000

Attach copy of School Resource Officer Roster Form

[Add file](#)

One of the following documents is REQUIRED: 1) Official Roster from NM DPS Acadis Portal; **OR** 2) Copy of the executed Law Enforcement Agreement with another agency. *

[Add file](#)

If applicable attach copy of the Academy Roster Form

[Add file](#)



Estimate proposed use of LEPF distribution (if applicant is a municipality with a population of 1,500 or less OR a university, an itemized schedule must be attached)

 Add file

Apparatus & Equipment (enter amount to nearest dollar) *

40000.00

Advanced Planning & Training (enter amount to nearest dollar) *

10000.00

Match Requirements for Federal Criminal Justice Programs (enter amount to nearest dollar) *

0

No more than 50% of Replacement Salaries (enter amount to nearest dollar) *

0

Officer Retention Differential (enter amount to nearest dollar) *

0



Community-Orientated Policing (enter amount to nearest dollar) *

0

New Mexico Finance Authority Loan Intercept (enter amount to nearest dollar) *

0

Certification Signature Form *

 Add file

A copy of your responses will be emailed to the address you provided.

Submit

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Google Forms

1





Personnel

Check
Compliance
Monitor

Personnel (7)

Filters

Export All Employees



By default, only active personnel are displayed. [Show all personnel](#)

| Name ▲ | Certification # | Organization | Title/Rank | Employment Type* / Appointment Type* | Last Hired | Supervisor | Employment Status |
|----------------------|-----------------|------------------------------|--------------------------|--------------------------------------|------------|------------|-------------------|
| Burch, Rachel | | Quay County Sheriff's Office | Administrative Assistant | | 09/10/2018 | | Active (Active) |
| Cooksey, Larry | 88-0195-P | Quay County Sheriff's Office | Deputy Sheriff | Full Time Permanent | 11/13/2006 | | Active (Active) |
| Davis, Tyler E | 17-0059-P | Quay County Sheriff's Office | Deputy | Full Time Permanent | 11/04/2019 | | Active (Active) |
| Dudley, Rachel E | | Quay County Sheriff's Office | Administrative Assistant | | 09/12/2016 | | Active (Active) |
| GARCIA, DENNIS V Jr. | 04-0246-P | Quay County Sheriff's Office | Under Sheriff | Full Time Permanent | 01/01/2015 | | Active (Active) |
| Shafer, Russell D | 05-0077-P | Quay County Sheriff's Office | Sheriff | Full Time Permanent | 01/01/2015 | | Active (Active) |
| Vallejo, Rudy Jesus | 17-0249-P | Quay County Sheriff's Office | Deputy | Full Time Permanent | 02/18/2019 | | Active (Active) |

Showing 7

NEW MEXICO DEPARTMENT OF FINANCE AND ADMINISTRATION

LOCAL GOVERNMENT DIVISION

County/Municipality/School District/University




Application for Law Enforcement Protection Funds (LEPF)

For the July 1, 2022 – June 30, 2023 Fiscal Year

Name of Local Entity Applying for LEPF: Quay County

STATUTORY COMPLIANCE CERTIFICATION

Under penalty of law, I hereby certify that to the best of my knowledge and belief, my local law enforcement agency is in compliance with the statutory requirements stated below: [Police Chief or Sheriff must initial each section. Indicate "N/A" if section doesn't apply to your local law enforcement agency.]

1.  By initialing, I hereby certify that my local law enforcement agency is in compliance with **Section 29-3-11.C. NMSA 1978**: Every law enforcement agency in the state shall: (1) submit crime incident reports to the department of public safety on forms or in the format prescribed by the department; (2) submit any other crime incident information as may be required by the department of public safety; and (3) use the unique code assigned to the crime from the master charge code table distributed by the New Mexico justice information sharing council for the automated fingerprint identification system and use uniform crime incident reporting as provided by the department for all incidents and arrests.
2.  By initialing, I hereby certify that my local law enforcement agency is in compliance with **Section 29-7-7.1.B. NMSA 1978**: All certified police officers who are eligible for in-service training shall, during each twenty-four month period of employment, complete a minimum of forth hours of in-service law enforcement training in courses approved by the board. All certified police officers shall provide proof of completing in-service law enforcement training requirements to the director no later than March 1 of the year in which the requirements must be met. The director shall provide annual notice to all certified police officers regarding in-service law enforcement training requirements. Failure to complete in-service law enforcement training requirements may be grounds for suspension of a certified police officer's certification. A police officer's certification may be reinstated by the board when the police officer presents the board with evidence of satisfying in-service law enforcement training requirements.
3.  By initialing, I hereby certify that my local law enforcement agency is in compliance with **Section 29-7-7.2. NMSA 1978**: Every law enforcement agency within the state shall submit quarterly a report to the director on the status of each police officer employed by the law enforcement agency. The reports shall include the status of in-service law enforcement training. The reporting forms and submittal dates shall be prescribed by the director.

4. NA By initialing, I hereby certify that my local law enforcement agency is in compliance with Section 29-7C-7. NMSA 1978: A. In-service telecommunicator training consists of at least twenty hours of board-approved advanced training, including one hour of crisis management, including crisis intervention, confrontation de-escalation practicum and proper interaction with persons with mental impairments training, for each certified telecommunicator during each two-year period. The first training course shall commence no later than twelve months after graduation from a board-approved basic telecommunicator training program. B. A certified telecommunicator shall provide proof of completion of in-service training requirements to the director no later than March 1 of the year subsequent to the year in which the requirements are met. The director shall provide annual notice to all certified telecommunicators regarding in-service training requirements. Failure to complete in-service training requirements may be grounds for suspension of a telecommunicator's certification at the director's discretion. A telecommunicator may be reinstated at the discretion of the director when the telecommunicator presents to the director evidence the telecommunicator has satisfied the in-service training requirements. C. As used in this section, "mental impairment" includes a mental illness, developmental disability, posttraumatic stress disorder, dual diagnosis, autism, youth in crisis and traumatic brain injury.

5. NA By initialing, I hereby certify that my local law enforcement agency is in compliance with Section 29-7C-8. NMSA 1978: A. A safety agency that operates within the state shall submit a quarterly report to the director on the status of each telecommunicator. The reporting forms and submittal dates shall be prescribed by the director. B. The director shall maintain a roster of all certified telecommunicators.

APPLICATION CERTIFICATION

Under penalty of law, we hereby certify that to the best of our knowledge and belief, the information contained in this application and supporting documentation is correct, and that all expenditures of Law Enforcement Protection Fund monies will be made in accordance with Sections 29-13-7 and 29-13-9 NMSA 1978 as well as Rule 2 NMAC 110.3.

Section 1: Must be signed by Police Chief or Sheriff

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Section 2: Must be signed by Mayor, County Chairman, School Superintendent, or University Chief Financial Officer

Signature: _____

Date: _____

Printed Name: _____

Title: _____

QUAY COUNTY

2021-2022 RESOLUTION No. 27

**A RESOLUTION GRANTING THE DISPOSITION
OF OBSOLETE FIXED ASSETS**

WHEREAS, the attached list (Exhibit A), currently inventoried as fixed assets for Quay County, should be determined obsolete and, in the best interest of the County, removed from record.

WHEREAS, these assets should be submitted for public auction; and

WHEREAS, upon adoption of this resolution, this request will be submitted to the New Mexico State Auditor's Office and the New Mexico Finance & Administration Division for approval of disposition;

BE IT HEREBY RESOLVED by the Board of County Commissioners of Quay County that the attached listing of assets are obsolete and should be submitted to public auction for disposition.

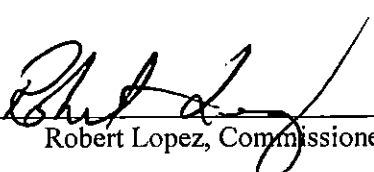
PASSED AND ADOPTED on this 14th day of March, 2022, by the Quay County Board of Commissioners in an open meeting in Tucumcari, Quay County, New Mexico.

QUAY COUNTY BOARD OF COMMISSIONERS

By: _____

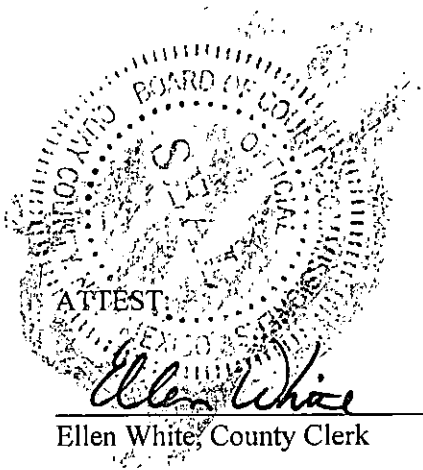

Franklin McCasland, Commissioner


Jerri Rush, Commissioner


Robert Lopez, Commissioner

ATTEST:


Ellen White, County Clerk



Report Criteria:
Report only transactions included
[Report] Disposition Date = {IS NOT NULL}

| | Classification | Asset No | Description | Cost | Prior Depr | Book value | Disp Amount | Gain/(Loss) |
|---------------|-----------------|-----------------|--------------------------------|------------|------------|------------|-------------|--|
| Junk | Total Equipment | 401.32.2235.001 | 16FTH Car Hauler Trailer w/ram | 1,430.00 | 1,429.95 | .00 | .00 | 0.00 |
| | Total Equipment | 402.12.2138.001 | 1992 IH Dump Truck | 51,000.00 | 51,000.00 | .00 | .00 | 0.00 |
| | Total Equipment | 402.12.2142.001 | 1991 IH Semi Truck | 64,594.30 | 64,594.30 | .00 | .00 | 0.00 |
| | Total Junk: | | | 117,024.30 | 117,024.25 | .00 | .00 | 0.00 |
| | | | | | | | | |
| Junk | Total Vehicles | 401.32.2128.001 | 1999 Dodge Pickup | 12,876.00 | 12,876.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 401.32.2659.001 | 1999 Dodge Ram 1500 | 4,000.00 | 1,600.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 401.82.2016.001 | 1995 Ford Van | 17,400.00 | 17,400.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 401.82.2021.001 | 2005 Chevy Blazer | 20,500.00 | 20,500.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 401.82.2022.001 | 2004 Ford Expedition | 19,406.00 | 17,545.15 | .00 | .00 | 0.00 |
| | Total Vehicles | 401.82.2273.001 | 2009 Dodge Charger RWD | 21,297.00 | 20,480.13 | .00 | .00 | 0.00 |
| | Total Vehicles | 401.82.2873.002 | 2016 Dodge Charger | 34,626.55 | 12,845.04 | 21,070.01 | .00 (| 21,070.01) Salvage Title - Ins. Recovery \$16,850. |
| | Total Vehicles | 402.12.2123.001 | 1997 Ford Pick Up | 16,668.00 | 16,468.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 402.12.2124.002 | 1997 Ford F250 | 16,468.00 | 16,468.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 402.12.2125.001 | 1997 Ford Pickup | 16,468.00 | 16,468.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 402.12.2132.001 | 2000 Chevy Pickup | 16,976.00 | 16,976.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 402.12.2133.001 | 2000 Chevy Pickup | 16,976.00 | 16,976.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 402.12.2134.001 | 2000 Chevy Pick Up | 16,976.00 | 16,976.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 402.12.2135.001 | 2003 Ford Pickup | 30,500.00 | 30,491.84 | .00 | .00 | 0.00 |
| | Total Vehicles | 407.12.2065.001 | 1977 Dodge | 1,500.00 | 1,500.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 408.12.2662.001 | 1977 Ford 900 | 500.00 | 400.00 | 7.93 | .00 (| 7.93) |
| | Total Vehicles | 411.12.2198.001 | 1986 Tarp Man 6X6 | 3,000.00 | .00 | .00 | .00 | 0.00 |
| | Total Vehicles | 421.12.1899.001 | 2004 Chevrolet Trailblazer | 21,000.00 | 21,000.00 | .00 | .00 | 0.00 |
| | Total Vehicles | 421.12.2017.001 | 2005 Dodge Van | 16,846.00 | 15,161.40 | .00 | .00 | 0.00 |
| | Total Vehicles | 607.12.2584.001 | 2014 Chevrolet Traverse | 25,979.00 | 12,915.93 | 9,005.13 | .00 (| 9,005.13) |
| | Total Vehicles | 649.12.2593.001 | 2010 Dodge Charger | 11,000.00 | 6,158.20 | 11.45 | .00 (| 11.45) |
| Total Junk: | | | | 340,962.55 | 291,205.49 | 30,094.52 | .00 (| 30,094.52) |
| Grand Totals: | | | | 457,986.85 | 408,229.74 | 30,094.52 | .00 (| 30,094.52) |

**QUAY COUNTY
FISCAL YEAR 2021-2022
RESOLUTION No. 28**

Authorization of Budgetary Increase to **General Fund (401)**

WHEREAS, at meeting of the Board of Quay County Commissioners on March 14, 2022 the following was among the proceedings;

WHEREAS, the Board of Quay County Commissioners deems it necessary to request this Budgetary Increase;

| Budgetary Increase State Fund 11000 | | <u>DEBIT</u> | <u>CREDIT</u> |
|---|-------------|---------------------|----------------------|
| 11000-0001-42400 GRT Shared – County Equalization | | | \$240,000.00 |
| 11000-0001-47150 Small Counties Assistance (DFA) | \$10,000.00 | | |
| 11000-2011-55030 Contract – Professional Services | \$40,000.00 | | |
| 11000-2011-58999 Other Capital Purchases | \$20,000.00 | | |

WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Updating and acquiring Professional Services and Equipment to safeguard IT and Software Data**


NOW THEREFORE, BE IT RESOLVED that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Adjustments be made.

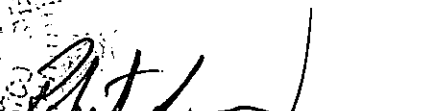
DONE at Tucumcari, County of Quay, New Mexico this 14th day of March, 2022.


Franklin McCasland, Commissioner

ATTEST:


Jerri Rush, Commissioner


Ellen White, County Clerk


Robert Lopez, Commissioner

**QUAY COUNTY
FISCAL YEAR 2021-2022
RESOLUTION No. 29**

Authorization of Budgetary Increase to **Emergency Dispatch Fund (431)**

WHEREAS, at meeting of the Board of Quay County Commissioners on March 14, 2022 the following was among the proceedings;

WHEREAS, the Board of Quay County Commissioners deems it necessary to request this Budgetary Increase;

| Budgetary Increase State Fund 22700 | <u>DEBIT</u> | <u>CREDIT</u> |
|---|------------------------|----------------------|
| 22700-0001-46050 JPA Income-Base Stations Purchase | | \$51,400.00 |
| Quay County Fire Districts (7) | \$16,276 | |
| Harding County | \$12,849 | |
| City of Tucumcari | \$ 4,283 | |
| Village of San Jon | \$ 5,140 | |
| Village of Logan | \$12,849 | |
| 22700-2002-58020 Equipment & Machinery | \$31,400.00 | |

WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Purchase of 4 Base Stations; Cost was split as to the Agencies served by each Base Station**

NOW THEREFORE, BE IT RESOLVED that after approval of the Local Government Division of the Department of Finance and Administration, the above Budgetary Adjustment be made.


DONE at Tucumcari, County of Quay, New Mexico this 14th day of March, 2022.

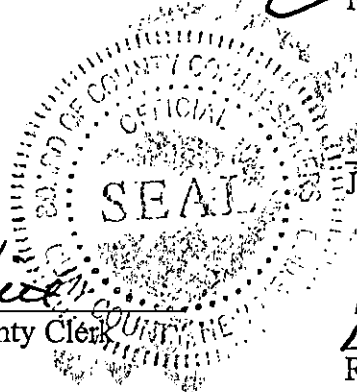

Franklin McCasland, Commissioner

ATTEST:


Ellen White, County Clerk


Jerri Rush, Commissioner


Robert Lopez, Commissioner



2021 Volunteer Firefighters Annual Reporting Form

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the appropriate Qualification Record form(s) by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1

General Information About the Volunteer Fire Department (VFD)

| | | | |
|---|--|-----------------------------------|----------|
| 09637 | Conservancy Fire District #2 | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 2599 Quay Rd 51 | Grady | NM | 88120 |
| VFD Mailing Address | City | State | Zip Code |
| Danny Wallace | 575-760-7794 | rndwallace@yahoo.com | |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov | |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |

Section 2

VFD DEPARTMENT TOTALS

| | | |
|----|---|----|
| 1. | New VFD members reported in 2021: | 3 |
| 2. | Current/returning (non-retired) VFD members reported in 2021: | 16 |
| 3. | Retired VFD members reported in 2021: | 5 |
| 4. | Total number of Volunteer Firefighters reported in 2021 (sum of members entered on lines 1 through 3): | 24 |

Section 3

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Danny Wallace, Fire Chief of the Conservancy #2 Volunteer Fire Department, affirm that the records submitted
Printed Name of VFD Fire Chief VFD Name
to PERA are true and correct and reflect 100% of my VFD's 2021 roster.

Danny Wallace 3-14-22
Signature of VFD Fire Chief Date

State of New Mexico)

County of Quay)

SS:

Signed and sworn to (or affirmed) before me by Danny Wallace on this 14 day of March 2022
VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-21-23 Notary Public Telephone Number 575-461-0510 Signature of Notary Elton Luthie

Section 4

MAYOR OR COMMISSION CERTIFICATION

Franklin McFarland 3-14-22
Signature of Municipal Mayor or Chair of County Commission Date

2021 Volunteer Fire Department Contact Information

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and return to PERA via regular mail, fax, or e-mail to pera-memberservices@state.nm.us along with the Annual Reporting form by March 31, 2022 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Information for the Volunteer Fire Department (VFD)

| | | | |
|----------------------------------|------------------------------|-------|----------|
| 09637 | Conservancy Fire District #2 | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 2599 Quay Rd 51 | Grady | NM | 88120 |
| VFD Mailing Address | City | State | Zip Code |

Information About the VFD Fire Chief

| | | |
|--|---------------------------------------|--------------------------------|
| Danny Wallace | 575-760-7794 | rndwallace@yahoo.com |
| VFD Fire Chief's Name (First and Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |

Information About the VFD Reporter

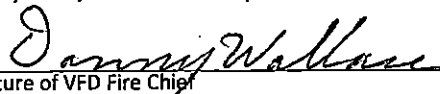
| | | |
|------------------------------------|-------------------------------------|--------------------------------|
| Ralph Lopez | 575-403-6381 | projectmgr@cityoftucumcari.com |
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc)

| | | |
|---|--|-----------------------------------|
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address |

VFD Fire Chief's Authorization

I hereby certify the information provided on this form is true and accurate to the best of my knowledge.

| | |
|---|---------|
|  | 3-14-22 |
| Signature of VFD Fire Chief | Date |



2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

| | | |
|---|----------------------------|--------|
| Information about your Volunteer Fire Department | | |
| Conservancy Fire District #2 | 09637 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

| Information about your Current Active (Non-Retired) VFD Members Only | | | | | |
|--|---|---|-------------------------------|--|--------------------------|
| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Cody Byrd Address: 3544 Quay Rd 62 Tucumcari, NM 88401 | [REDACTED]/1980 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Gary Massey Address: 5291 Quay Rd Al Tucumcari, NM 88401 | [REDACTED]/1970 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Ralph Lopez Address: 3321 State Hwy 278 Tucumcari, NM 88401 | [REDACTED]/1963 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Robert Evans Address: 6075 Quay Rd AK Tucumcari, NM 88401 | [REDACTED]/1917 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Noel Acosta Address: 423 E High St Tucumcari, NM 88401 | [REDACTED]/1976 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Bo Wallace Address: 8103 State Hwy 209 Tucumcari, NM 88401 | [REDACTED]/1983 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: Robert S Jennings Address: 3311 Quay Rd 62 Tucumcari, NM 88401 | [REDACTED]/1959 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | [REDACTED] | Name: Roxie Wallace Address: 2599 Quay Rd 51 Grady, NM 88120 | [REDACTED]/1952 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | [REDACTED] | Name: Homer T Farrow Address: 2838 State Hwy 278 Tucumcari, NM 88401 | [REDACTED]/1965 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | [REDACTED] | Name: Rebecca M Farrow Address: 2838 State Hwy 278 Tucumcari, NM 88401 | [REDACTED]/1968 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|---------------------|---------------|
| Volunteer Firefighter Department Certification | | |
| Signature: <i>Dan Wallace</i> | Title: <i>Chief</i> | Date: 3-14-22 |



2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

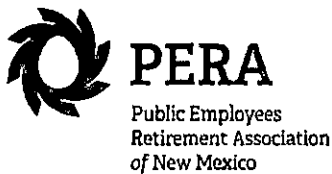
| | | |
|------------------------------|----------------------------|--------|
| Conservancy Fire District #2 | 09637 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

Information about your Current Active (Non-Retired) VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|-------------------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Kenton Perkins Address: PO Box 1021 Tucumcari, NM 88401 | [REDACTED] 1989 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Donnie Bidegain Address: 3040 Quay Rd 60 Tucumcari, NM 88401 | [REDACTED] 1977 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Johnny Marshall Address: 2920 State Hwy 278 Tucumcari, NM 88401 | [REDACTED] 1960 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Matthew Evans Address: 6485 Quay Rd P San Jon, NM 88434 | [REDACTED] 1995 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | [REDACTED] | Name: Dustin Lopez Address: 1209 S Jackson Tucumcari, NM 88401 | [REDACTED] 1987 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Donna R Massey Address: 5291 Quay Rd Al Tucumcari, NM 88401 | [REDACTED] 1968 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------------------------------|-----------------------|-----------------|
| Signature <i>Danny Wallace</i> | Title <i>Chief</i> | Date 3-14-22 |
|-----------------------------------|-----------------------|-----------------|



2021 Volunteer Firefighter Service Credit Qualification Record Retired VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.

Please keep copies for your VFD's records.

Section 1

Information about your Volunteer Fire Department

| | | |
|------------------------------|----------------------------|--------|
| Conservancy Fire District #2 | 09637 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2

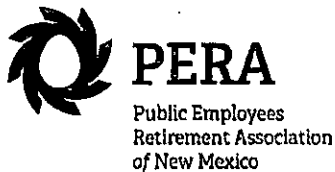
Information about your Retired VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|-------------------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Danny Wallace Address: 2599 Quay Rd 51 Grady, NM 88120 | [REDACTED]/1950 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Tommy Morris Address: 814 Mesquite Tucumcari, NM 88401 | [REDACTED]/1955 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Ray Nicoley Address: 3013 State Hwy 278 Tucumcari, NM 88401 | [REDACTED]/1947 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Tommy Wallace Address: 5195 Quay Rd C Grady, NM 88120 | [REDACTED]/1960 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Kyle Evetts Address: 3537 Quay Rd 58 Tucumcari, NM 88401 | [REDACTED]/1959 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|---------------|-----------|-----------------|
| Signature | Title | 3-14-22 Date |
|---------------|-----------|-----------------|



2021 Volunteer Firefighter Service Credit Qualification Record New VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-membersonline@state.nm.us for processing. Attach a completed Member Enrollment for Volunteer Firefighter form along with a copy of a driver's license and social security card for any Volunteer Firefighter not previously reported. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1

Information about your Volunteer Fire Department

| | | |
|------------------------------|----------------------------|--------|
| Conservancy Fire District #2 | 09637 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2

Information about your New VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Zachary Kardokus Address: 3241 Quay Rd 57 Tucumcari, NM 88401 | [REDACTED] 2002 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Tamara Lopez Address: 3321 State Hwy 278 Tucumcari, NM 88401 | [REDACTED] 1971 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Jerry Humphrey Address: 823 E Turner Ave Tucumcari, NM 88401 | [REDACTED] 1965 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|---------------|-----------|-----------------|
| Signature | Title | 3-14-22 Date |
|---------------|-----------|-----------------|

Member Enrollment for Volunteer Firefighters

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA along with the appropriate Qualification Record form(s) by March 31, 2021 via regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Information About the Volunteer Firefighter (VF)

| | | | |
|---|----------------|---|----------|
| [REDACTED] | | Zachary Q Kardokus | |
| Social Security Number or PERA ID | | Name (First, Middle Initial, Last) | |
| <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male | (317) 790-8665 | zkardokus@tds.net | |
| Gender | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address | |
| 3241 Quay Rd 57 | Tucumcari | NM | 88401 |
| Mailing Address | City | State | Zip Code |
| 07/13/2002 | Danville | Indiana | |
| Date of Birth | City of Birth | State of Birth | |
| Marital Status: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | |
| Have you ever been a PERA Member: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

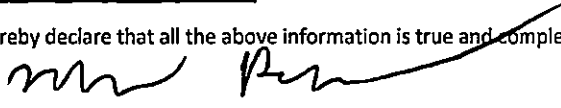
Information About the VF Member's Spouse*

*To be completed by a married VF member.

| | | | |
|---------------|--|--------------|------------------------|
| [REDACTED] | | | |
| Spouse's Name | | Spouse's SSN | Spouse's Date of Birth |

VF Member Certification

I hereby declare that all the above information is true and complete to the best of my knowledge. It is my responsibility to keep my information current with PERA.

| | |
|--|--------|
|  | 3-8-22 |
| Signature of VF Member | Date |

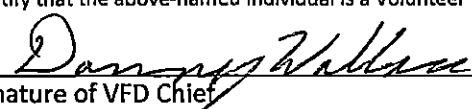
VFD Fire Chief Certification*

*To be completed by the VFD Fire Chief.

Please copy the completed application for your VFD file and for the VF member.

| | | |
|---|------------------|-------------------------|
| Conservancy Fire District #2 | 09637 | 9-14-21 |
| Name of Volunteer Fire Department (VFD) | PERA VFD Number | Start Date (mm/dd/ccyy) |
| rdwallace@yahoo.com | 575-760-7794 | |
| VFD Email Address | VFD Phone Number | |
| Danny Wallace | | |
| VFD Chief's Printed Name | | |

I certify that the above-named individual is a Volunteer Firefighter of the VFD as of the date listed above.

| | |
|--|--------|
|  | 3-8-22 |
| Signature of VFD Chief | Date |



Member Enrollment for Volunteer Firefighters

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Section 1

Information About the Volunteer Firefighter (VF)

| | | | |
|---|----------------|---|----------|
| [REDACTED] | | Jerry D Humphrey | |
| Social Security Number or PERA ID | | Name (First, Middle Initial, Last) | |
| <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male | (575) 403-6519 | dudemanjdh1965@icloud.com | |
| Gender | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address | |
| 823 E Turner Ave | Tucumcari | NM | 88401 |
| Mailing Address | City | State | Zip Code |
| 01/09/1965 | Sparta | Tennessee | |
| Date of Birth | City of Birth | State of Birth | |
| Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced | | | |
| Have you ever been a PERA Member: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

Section 2

Information About the VF Member's Spouse*

*To be completed by a married VF member.

| | | |
|---------------|--------------|------------------------|
| Spouse's Name | Spouse's SSN | Spouse's Date of Birth |
|---------------|--------------|------------------------|

Section 3

VF Member Certification

I hereby declare that all the above information is true and complete to the best of my knowledge. It is my responsibility to keep my information current with PERA.

| | |
|------------------------|--------|
| Signature of VF Member | 3/8/22 |
|------------------------|--------|

Section 4

VFD Fire Chief Certification*

*To be completed by the VFD Fire Chief.

Please copy the completed application for your VFD file and for the VF member.

| | | |
|---|------------------|-------------------------|
| Conservancy Fire District #2 | 09637 | |
| Name of Volunteer Fire Department (VFD) | PERA VFD Number | Start Date (mm/dd/ccyy) |
| rndwallace@yahoo.com | 575-760-7794 | |
| VFD Email Address | VFD Phone Number | |
| VFD Chief's Printed Name | | |

I certify that the above-named individual is a Volunteer Firefighter of the VFD as of the date listed above.

| | |
|------------------------|--------|
| Signature of VFD Chief | 3-8-22 |
|------------------------|--------|

Member Enrollment for Volunteer Firefighters

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA along with the appropriate Qualification Record form(s) by March 31, 2021 via regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1

Information About the Volunteer Firefighter (VF)

| | | | |
|---|---------------|---|----------|
| [REDACTED] | | Tamara J Lopez | |
| Social Security Number or PERA ID | | Name (First, Middle Initial, Last) | |
| <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male | | purelight2000@yahoo.com | |
| Gender | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address | |
| 3321 State Hwy 278 | | Tucumcari | NM 88401 |
| Mailing Address | City | State | Zip Code |
| 10/04/1971 | Portales | New Mexico | |
| Date of Birth | City of Birth | State of Birth | |
| Marital Status: <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | |
| Have you ever been a PERA Member: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

Section 2

Information About the VF Member's Spouse*

*To be completed by a married VF member.

| | | |
|---------------|--------------|------------------------|
| Ralph Lopez | 585-27-9276 | 11/28/1963 |
| Spouse's Name | Spouse's SSN | Spouse's Date of Birth |

Section 3

VF Member Certification

I hereby declare that all the above information is true and complete to the best of my knowledge. It is my responsibility to keep my information current with PERA.

| | |
|------------------------|--------|
| <i>Tamara J Lopez</i> | 3-8-22 |
| Signature of VF Member | Date |

Section 4

VFD Fire Chief Certification*

*To be completed by the VFD Fire Chief.

Please copy the completed application for your VFD file and for the VF member.

| | | |
|---|------------------|-------------------------|
| Conservancy Fire District #2 | 09637 | |
| Name of Volunteer Fire Department (VFD) | PERA VFD Number | Start Date (mm/dd/ccyy) |
| rndwallace@yahoo.com | 575-760-7794 | |
| VFD Email Address | VFD Phone Number | |
| Danny Wallace | | |
| VFD Chief's Printed Name | | |

I certify that the above-named individual is a Volunteer Firefighter of the VFD as of the date listed above.

| | |
|------------------------|--------|
| <i>Danny Wallace</i> | 3-8-22 |
| Signature of VFD Chief | Date |

2021 Volunteer Firefighters Annual Reporting Form

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the appropriate Qualification Record form(s) by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1

General Information About the Volunteer Fire Department (VFD)

| | | | |
|---|--|-----------------------------------|----------|
| 09638 | CONSERVANCY QUAY FIRE DISTRICT # 3 | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| PO BOX 1246 | TUCUMCARI | NM | 88401 |
| VFD Mailing Address | City | State | Zip Code |
| DEL CHOATE | 575-403-7391 | RURAL3@PLATEAUTEL.NET | |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's Email Address | |
| LUCAS BUGG | 575-403-6479 | LUCAS.BUGG@QUAYCOUNTY-NM | |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |

Section 2

VFD DEPARTMENT TOTALS

| | | |
|----|---|----|
| 1. | New VFD members reported in 2021: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2021: | 9 |
| 3. | Retired VFD members reported in 2021: | 3 |
| 4. | Total number of Volunteer Firefighters reported in 2021 (sum of members entered on lines 1 through 3): | 12 |

Section 3

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, DEL CHOATE, Fire Chief of the CONSERVANCY QUAY FIRE # 3 Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2021 roster.

Del Choate 3-8-22
Signature of VFD Fire Chief Date

State of New Mexico)
County of Quay) SS:

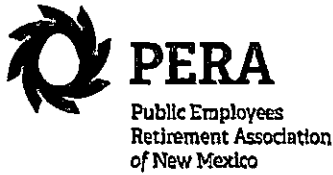
Signed and sworn to (or affirmed) before me by Del Choate on this 8 day of March, 2022
VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-21-2023 Notary Public Telephone Number 575 461 0570 Signature of Notary Ellen Z...

Section 4

MAYOR OR COMMISSION CERTIFICATION

Franklin M. Costello 3-14-22
Signature of Municipal Mayor or Chair of County Commission Date



2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Section 1

Information about your Volunteer Fire Department

| | | |
|------------------------------------|----------------------------|--------|
| CONSERVANCY QUAY FIRE DISTRICT # 3 | 09638 | QUAY |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2

Information about your Current Active (Non-Retired) VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | | Name: BEVERLY CHOATE Address: 6697 QUAY ROAD AD TUCUMARI, NM 88401 | 1958 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: JAMES D MCEWEN Address: 2801 QUAY ROAD 67 TUCUMCARI, NM 88401 | 1979 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: R. DELDHOATE Address: 6697 QUAY ROAD AD TUCUMCARI, NM 88401 | 1959 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: DAVID PEACOCK Address: 3337 QUAY ROAD 71 TUCUMCARI, NM 88401 | 1946 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: JOHN GRIFFITH Address: PO BOX 626 TUCUMCARI, NM 88401 | 1946 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: J. DEVIN KANAPILLY Address: 6676 QUAY ROAD AE TUCUMCARI, NM 88401 | 1972 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: JEREMY CADE FERNANDEZ Address: 2714 QUAY ROAD 65.5 TUCUMCARI, NM 88401 | /1987 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: SHELLEY D BALDRIDGE Address: 6350 QUAY ROAD AC TUCUMCARI, NM 88401 | /1986 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: ROLAND D CHOATE Address: 6697 QUAY ROAD AD TUCUMCARI, NM 88401 | 1990 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|--------|
| | | 3-8-22 |
| Signature | Title | Date |

2021 Volunteer Firefighter Service Credit Qualification Record Retired VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Section 1

Information about your Volunteer Fire Department

| | | |
|------------------------------------|----------------------------|--------|
| CONVERVANCY QUAY FIRE DISTRICT # 3 | 09638 | QUAY |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2

Information about your Retired VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | XXXXXXXXXX | Name: ROBERT CURTIS Address: 3478 QUAY ROAD 72 TUCUMCARI, NM 88401 | 1935 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | XXXXXXXXXX | Name: DALLAS DOWELL Address: 7090 QUAY ROAD AI TUCUMCARI, NM 88401 | 1955 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | XXXXXXXXXX | Name: DESMOND GRIGGS Address: 6983 QUAY ROAD AI TUCUMCARI, NM 88401 | 1964 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|------------------|--------------|--------|
| <i>Dan Chute</i> | <i>Chief</i> | 3-8-22 |
| Signature | Title | Date |

2021 Volunteer Fire Department Contact Information

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and return to PERA via regular mail, fax, or e-mail to pera-membervservices@state.nm.us along with the Annual Reporting form by March 31, 2022 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Information for the Volunteer Fire Department (VFD)

| | | | |
|----------------------------------|------------------------------------|-------|----------|
| 09638 | CONSERVANCY QUAY FIRE DISTRICT # 3 | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| PO BOX 1246 | TUCUMCARI | NM | 88401 |
| VFD Mailing Address | City | State | Zip Code |

Information About the VFD Fire Chief

| | | |
|--|---------------------------------------|--------------------------------|
| DEL CHOATE | 575-403-8017 | RURAL3@PLATEAUTEL.NET |
| VFD Fire Chief's Name (First and Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |

Information About the VFD Reporter


| | | |
|------------------------------------|-------------------------------------|------------------------------|
| BEVERLY CHOATE | 575-403-8017 | RURAL3@PLATEAUTEL.NETLUC |
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc)

| | | |
|---|--|-----------------------------------|
| LUCAS BUGG | 575-403-6479 | LUCAS.BUGG @QUAYCOUNTY-NM |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address |

VFD Fire Chief's Authorization

I hereby certify the information provided on this form is true and accurate to the best of my knowledge.

| | |
|---|--------|
|  | 3-8-22 |
| Signature of VFD Fire Chief | Date |

2021 Volunteer Firefighters Annual Reporting Form

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the appropriate Qualification Record form(s) by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

General Information About the Volunteer Fire Department (VFD)

| | | | |
|---|--|-----------------------------------|----------|
| 09693 | Jordan Fire District | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 4073 State Hwy 156 | Cuervo | NM | 88417 |
| VFD Mailing Address | City | State | Zip Code |
| Tedd Tatum | 575-760-5658 | tedd@plateautel.net | |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov | |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |

VFD DEPARTMENT TOTALS

| | | |
|----|---|----|
| 1. | New VFD members reported in 2021: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2021: | 26 |
| 3. | Retired VFD members reported in 2021: | 4 |
| 4. | Total number of Volunteer Firefighters reported in 2021 (sum of members entered on lines 1 through 3): | 30 |

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Tedd Tatum, Fire Chief of the Jordan Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2021 roster.

Signature of VFD Fire Chief Tedd Tatum Date 3-14-22

State of New Mexico)
County of Quay) SS:

Signed and sworn to (or affirmed) before me by Tedd Tatum on this 14 day of March 2022
VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-21-23 Notary Public Telephone Number 575-461-0510 Signature of Notary Elle L. Lisk

MAYOR OR COMMISSIONER CERTIFICATION

Signature of Municipal Mayor or Chair of County Commission Franklin McCasland Date 3-14-22

2021 Volunteer Fire Department Contact Information

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and return to PERA via regular mail, fax, or e-mail to pera-membervservices@state.nm.us along with the Annual Reporting form by March 31, 2022 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Information for the Volunteer Fire Department (VFD)

| | | | |
|----------------------------------|----------------------|-------|----------|
| 09693 | Jordan Fire District | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 4073 State Hwy 156 | Cuervo | NM | 88401 |
| VFD Mailing Address | City | State | Zip Code |

Information About the VFD Fire Chief

| | | |
|--|---------------------------------------|--------------------------------|
| Tedd Tatum | 575-760-5658 | tedd@plateautel.net |
| VFD Fire Chief's Name (First and Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |

Information About the VFD Reporter


| | | |
|------------------------------------|-------------------------------------|------------------------------|
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov |
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc)

| | | |
|---|--|-----------------------------------|
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address |

VFD Fire Chief's Authorization

I hereby certify the information provided on this form is true and accurate to the best of my knowledge.

| | |
|--|---------|
|  | 3-14-22 |
| Signature of VFD Fire Chief | Date |



2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

Jordan Fire District | 09693 | Quay
Name of VFD | PERA VFD Number (5 digits) | County

Information about your Current Active (Non-Retired) VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Brady S Mimms Address: 5123 State Hwy 156 McAlister, NM 88427 | [REDACTED] 1984 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Clay S Mimms Address: 5123 State Hwy 156 McAlister, NM 88427 | [REDACTED] 1953 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Oscar L Lerma Address: PO Box 865 House, NM 88121 | [REDACTED] 1968 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Jeffery B Montgomery Address: 1602 CR AM Melrose, NM 88124 | [REDACTED] 1978 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Patricia R Webb Address: 3219 State Hwy 252 McAlister, NM 88427 | [REDACTED] 1964 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Donnie R Sparks Address: PO Box 18 McAlister, NM 88427 | [REDACTED] 1943 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: William B Runyan Address: 4698 Quay Rd 27 House, NM 88121 | [REDACTED] 1949 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | [REDACTED] | Name: Denese K Runyan Address: 4698 Quay Rd 27 House, NM 88121 | [REDACTED] 1950 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | [REDACTED] | Name: John B Snipes Address: PO Box 645 House, NM 88121 | [REDACTED] 1969 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | [REDACTED] | Name: Valerie K Snipes Address: PO Box 645 House, NM 88121 | [REDACTED] 1972 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

Jeff J. Jarama | CHIEF | 3-14-22
Signature | Title | Date



PERA
Public Employees
Retirement Association
of New Mexico

2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Section 1

Information about your Volunteer Fire Department

| | | |
|----------------------|----------------------------|--------|
| Jordan Fire District | 09693 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2

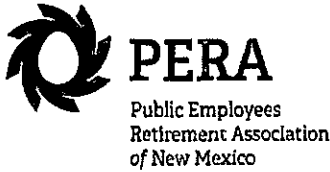
Information about your Current Active (Non-Retired) VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|-------------------------------------|
| | | | | Yes | No |
| 1. | | Name: Mitchum Rush Address: 2701 Quay Rd AN Melrose, NM 88124 | /1991 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Jimmy Joe Jester Address: 3754 Quay Rd AS McAlister, NM 88427 | /1972 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: Clyde E Moon Address: 5252 State Hwy 156 McAlister, NM 88427 | /1966 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Rachelle Moon Address: 5252 State Hwy 156 McAlister, NM 88427 | /1974 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | | Name: Phillip Runyan Address: 3542 State Hwy 252 McAlister, NM 88427 | /1957 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Stoney R Shoemaker Address: 4082 Quay Rd BE Cuervo, NM 88417 | /1980 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Terrill D Stowe Address: 2555 Quay Rd AT House, NM 88121 | /1975 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Larry Tedd Tatum Address: 4063 State Hwy 156 Cuervo, NM 88417 | /1966 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Rodney S Sawyer Address: PO Box 868 House, NM 88121 | /1965 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Cami Howl Address: HC 66 Box 28 Cuervo, NM 88417 | /1987 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|---------|
| | Chief | 3-14-22 |
| Signature | Title | Date |



2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

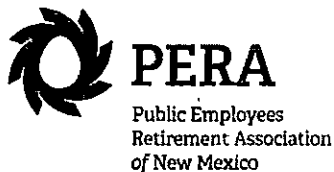
Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

| | | |
|--|----------------------------|--------|
| Section 1: Information about your Volunteer Fire Department | | |
| Jordan Fire District | 09693 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

| |
|--|
| Section 2: Information about your Current Active (Non-Retired) VFD Members Only |
|--|

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Lee Griggs Address: HC 61 Box 26 House, NM 88121 | [REDACTED] 1988 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Guy Cole Tatum Address: 3932 State Hwy 312 McAlister, NM 88427 | [REDACTED] 1990 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Thomas C Price Address: 1511 Anderson Rd Cuervo, NM 88417 | [REDACTED] 1982 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Susan M Price Address: 1511 Anderson Rd Cuervo, NM 88417 | [REDACTED] 1979 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Jacobi S Reeves Address: 2734 State Hwy 156 Cuervo, NM 88417 | [REDACTED] /1997 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Lora Jester Address: 3754 Quay Rd AS McAlister, NM 88427 | [REDACTED] 1968 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------|---------------|
| Section 3: Volunteer Firefighter Department Certification | | |
| Signature: <i>[Signature]</i> | Title: chief | Date: 3-14-22 |



2021 Volunteer Firefighter Service Credit Qualification Record Retired VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-membervservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

| | | |
|----------------------|----------------------------|--------|
| Jordan Fire District | 09693 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

Information about your Retired VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Eddy R Shoemaker Address: HC 66 Box 28 Cuervo, NM 88417 | [REDACTED] 1948 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Jack A Akin Address: 4735B Quay Rd 36 McAlister, NM 88427 | [REDACTED] 1928 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Jack R Jennings Address: 5633 State Hwy 156 McAlister, NM 88427 | [REDACTED] 1953 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Phillip R Akin Address: 4735B Quay Rd 36 McAlister, NM 88427 | [REDACTED] 1951 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|---------|
| | chief | 3-14-22 |
| Signature | Title | Date |

2021 Volunteer Firefighters Annual Reporting Form

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the appropriate Qualification Record form(s) by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1

General Information About the Volunteer Fire Department (VFD)

| | | | |
|---|--|-----------------------------------|----------|
| 09734 | Nara Visa Fire Department | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| PO Box 303 | Nara Visa | NM | 88430 |
| VFD Mailing Address | City | State | Zip Code |
| John Earle | 505-203-8986 | bandj28@live.com | |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov | |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |

Section 2

VFD DEPARTMENT TOTALS

| | | |
|----|--|----|
| 1. | New VFD members reported in 2021: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2021: | 18 |
| 3. | Retired VFD members reported in 2021: | 0 |
| 4. | Total number of Volunteer Firefighters reported in 2021 (sum of members entered on lines 1 through 3): | 18 |

Section 3

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, John Earle, Fire Chief of the Nara Visa Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2021 roster.

John Earle 3/14/2022
Signature of VFD Fire Chief Date

State of New Mexico)

County of Quay) SS:

Signed and sworn to (or affirmed) before me by John Earle on this 14 day of March 2022
VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-21-23 Notary Public Telephone Number 575 461 0510 Signature of Notary [Signature]

Section 4

MAYOR OR COMMISSION CERTIFICATION

Franklin McCarroll 3-14-22
Signature of Municipal Mayor or Chair of County Commission Date

2021 Volunteer Fire Department Contact Information

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and return to PERA via regular mail, fax, or e-mail to pera-memberservices@state.nm.us along with the Annual Reporting form by March 31, 2022 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Information for the Volunteer Fire Department (VFD)

| | | | |
|----------------------------------|---------------------------|-------|----------|
| 09734 | Nara Visa Fire Department | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| PO Box 303 | Nara Visa | NM | 88430 |
| VFD Mailing Address | City | State | Zip Code |

Information About the VFD Fire Chief

| | | |
|--|---------------------------------------|--------------------------------|
| John Earle | 505-203-8986 | bandj28@live.com |
| VFD Fire Chief's Name (First and Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |

Information About the VFD Reporter

| | | |
|------------------------------------|-------------------------------------|------------------------------|
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov |
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc)

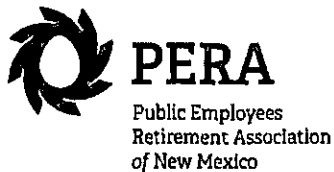
| | | |
|---|--|-----------------------------------|
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address |

VFD Fire Chief's Authorization

I hereby certify the information provided on this form is true and accurate to the best of my knowledge.


Signature of VFD Fire Chief

3/14/2022
Date



2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Please keep copies for your VFD's records.

| | | |
|---|----------------------------|--------|
| Section 1 Information about your Volunteer Fire Department | | |
| Nara Visa Fire Department | 09734 | Quay |
| Name of VFD | PERA VFD Number (5 digits) | County |

| Section 2 Information about your Current Active (Non-Retired) VFD Members Only | | | | | |
|---|---|---|-------------------------------|--|--------------------------|
| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
| | | | | Yes | No |
| 1. | XXXXXXXXXX | Name: John Earle Address: PO Box 52 Nara Visa, NM 88430 | 01/01 /1972 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | XXXXXXXXXX | Name: Beverly Earle Address: PO Box 52 Nara Visa, NM 88430 | 01/01 /1975 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | XXXXXXXXXX | Name: Michele Earle Address: PO Box 123 Nara Visa, NM 88430 | 01/01 /1979 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | XXXXXXXXXX | Name: Robert Earle Address: PO Box 123 Nara Visa, NM 88430 | 01/01 /1968 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | XXXXXXXXXX | Name: Gary Earle Address: PO Box 183 Nara Visa, NM 88430 | 01/01 /1966 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | XXXXXXXXXX | Name: Paula Earle Address: PO Box 183 Nara Visa, NM 88430 | 01/01 /1969 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | XXXXXXXXXX | Name: Delton Judd Address: 9544A Quay Rd L Nara Visa, NM 88430 | 01/01 /1950 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | XXXXXXXXXX | Name: Gary Girard Address: PO Box 12 Nara Visa, NM 88430 | 01/01 /1962 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | XXXXXXXXXX | Name: James Burns Address: 588 State Hwy 402 Nara Visa, NM 88430 | 01/01 /1959 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | XXXXXXXXXX | Name: James Valentine Address: 9562 Quay Rd L Nara Visa, NM 88430 | 01/01 /1972 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|------------|-----------|
| Section 3 Volunteer Firefighter Department Certification | | |
| <i>John Earle</i> | Fire Chief | 3/14/2022 |
| Signature | Title | Date |

2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Please keep copies for your VFD's records.

Section 1

Information about your Volunteer Fire Department

| | | |
|--|-------------------------------------|----------------|
| Name of VFD Nara Visa Fire Department | PERA VFD Number (5 digits) 09734 | County Quay |
|--|-------------------------------------|----------------|

Section 2

Information about your Current Active (Non-Retired) VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: Dallas Valentine Address: 9562 Quay Rd L Nara Visa, NM 88430 | [REDACTED] 1970 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Don James Address: PO Box 234 Nara Visa, NM 88430 | [REDACTED] 1983 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Anthony Egerton Address: PO Box 123 Nara Visa, NM 88430 | [REDACTED] 1995 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Chase Earle Address: PO Box 52 Nara Visa, NM 88430 | [REDACTED] 2000 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Jay Cammack Address: PO Box 284 Nara Visa, NM 88430 | [REDACTED] 1947 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Kohl Clemmy Address: 1674 Quay Rd 90 Nara Visa, NM 88430 | [REDACTED] 1988 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: Brook Clemmy Address: 1674 Quay Rd 90 Nara Visa, NM 88430 | [REDACTED] 2000 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | [REDACTED] | Name: Kyle Perez Address: 9767 Quay Rd O Nara Visa, NM 88430 | [REDACTED] 1982 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|--|---------------------|-------------------|
| Signature  | Title Fire Chief | Date 3/14/2022 |
|--|---------------------|-------------------|

2021 Volunteer Firefighters Annual Reporting Form

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Section 1

General Information About the Volunteer Fire Department (VFD)

| | | | |
|--|--|-----------------------------------|----------|
| 09755 | QUAY FIRE DEPARTMENT | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 4314 QR 50.4 | TUCUMCARI | NM | 88401 |
| VFD Mailing Address | City | State | Zip Code |
| GERALD HIGHT | 575-403-8076 | GHIGHT@PLATEAUTEL.NET | |
| VFD Fire Chief's Name (Firstand Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| PAULA O'STEEN | 575-403-7961 | OSTEENP2000@YAHOO.COM | |
| Alternate Contact Name (Firstand Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |

Section 2

VFD DEPARTMENT TOTALS

| | | |
|----|---|----|
| 1. | New VFD members reported in 2021: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2021: | 12 |
| 3. | Retired VFD members reported in 2021: | 5 |
| 4. | Total number of Volunteer Firefighters reported in 2021 (sum of members entered on lines 1 through 3): | 17 |

Section 3

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

GERALD HIGHT, Fire Chief of the QUAY FIRE DEPARTMENT Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2021 roster.

Gerald Hight Signature of VFD Fire Chief 2-28-22 Date

State of New Mexico

County of Quay SS:

Signed and sworn to (or affirmed) before me by Gerald Hight on this 28 day of February, 2022
VFD Chief's Name (please print, to be completed by Notary)

My Commission Expires 3-21-23 Notary Public Telephone Number 575 461 0510 Signature of Notary [Signature]

Section 4

MAYOR OR COMMISSION CERTIFICATION

Franklin McCarroll Signature of Municipal Mayor or Chair of County Commission 3-14-22 Date

2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Please keep copies for your VFD's records.

Section 1 Information about your Volunteer Fire Department

| | | |
|----------------------|----------------------------|--------|
| QUAY FIRE DEPARTMENT | 09755 | QUAY |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2 Information about your Current Active (Non-Retired) VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|-------------------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: GAMBARDILLA, SHERYL Address: 4290 QUAY RD. AR TUCUMCARI, NM 88401 | [REDACTED] 1953 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: THOMPSON, ELIZABETH Address: 4452 QUAY RD. 49 TUCUMCARI, NM 88401 | [REDACTED] 1964 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | [REDACTED] | Name: THOMPSON, RICK Address: 4452 QUAY RD. 49 TUCUMCARI, NM 88401 | [REDACTED] 1964 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: THOMPSON, CLINTON Address: 4272 QUAY RD. 54 TUCUMCARI, NM 88401 | [REDACTED] 1974 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: HUMPHRIES, WILLIAM Address: PO BOX 861 TUCUMCARI, NM 88401 | [REDACTED] 1946 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: HAMPTON, TERESA Address: 4545 QUAY RD. 45 TUCUMCARI, NM 88401 | [REDACTED] 1964 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: HIGHT, DORIS Address: 4286 QUAY RD. 42 TUCUMCARI, NM 88401 | [REDACTED] 1953 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | [REDACTED] | Name: HAMPTON, ROY Address: 4314 QUAY RD. AR TUCUMCARI, NM 88401 | [REDACTED] 1991 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | [REDACTED] | Name: HIGHT, DUSTAN Address: 4314 QUAY RD. 50.4 TUCUMCARI, NM 88401 | [REDACTED] 1991 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | [REDACTED] | Name: THOMPSON, MISTY Address: 4272 QUAY RD. 54 TUCUMCARI, NM 88401 | [REDACTED] 1983 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section 3 Volunteer Firefighter Department Certification

| | | |
|--------------|-------|---------|
| Gerald Hight | Chief | 2-28-22 |
| Signature | Title | Date |

PERAPublic Employees
Retirement Association
of New Mexico

2021 Volunteer Firefighter Service Credit Qualification Record Current Active (Non-Retired) VFD Members Only

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Please keep copies for your VFD's records.

Section 1 Information about your Volunteer Fire Department

| | | |
|----------------------|----------------------------|--------|
| QUAY FIRE DEPARTMENT | 09755 | QUAY |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2 Information about your Current Active (Non-Retired) VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|-------------------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: HIGHT, DANIEL Address: 4314 QUAY RD. 50.4 TUCUMCARI, NM 88401 | [REDACTED] 1993 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: HAMPTON, QUAY Address: 4545 QUAY RD. 45 TUCUMCARI, NM 88401 | [REDACTED] 1994 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 Volunteer Firefighter Department Certification

| | | |
|--------------|-------|----------|
| Gerald Hight | Chief | 12-28-22 |
| Signature | Title | Date |

PERAPublic Employees
Retirement Association
of New Mexico**2021 Volunteer Firefighter Service
Credit Qualification Record Retired
VFD Members Only**33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2022 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.

Please keep copies for your VFD's records.

Section 1 Information about your Volunteer Fire Department

| | | |
|----------------------|----------------------------|--------|
| QUAY FIRE DEPARTMENT | 09755 | QUAY |
| Name of VFD | PERA VFD Number (5 digits) | County |

Section 2 Information about your Retired VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|-------------------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: O'STEEN, PAULA Address: PO BOX 643 TUCUMCARI, NM 88401 | [REDACTED] 1950 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: HIGHT, PAUL Address: 4286 QUAY RD. 42 TUCUMCARI, NM 88401 | [REDACTED] 1950 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: SIDWELL, MARIE-LOIS Address: 6237 STATE HWY. 209 TUCUMCARI, NM 88401 | [REDACTED] 1957 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | [REDACTED] | Name: SIDWELL, THOMAS Address: 6237 STATE HWY. 209 TUCUMCARI, NM 88401 | [REDACTED] 1949 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | [REDACTED] | Name: HIGHT, GERALD Address: 4314 QUAY RD. 50.4 TUCUMCARI, NM 88401 | [REDACTED] 1954 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 Volunteer Firefighter Department Certification

| | | |
|---------------------|-------|---------|
| <i>Gerald Hight</i> | Chief | 2-28-22 |
| Signature | Title | Date |

October 2021

| DATE/22 | NAME | ROAD BLADED | BLOCKS | MILES | ADDITIONAL WORK TO ROAD/COMMENTS |
|----------------------------------|--------|-----------------|------------------------------|-------|---|
| 2/1/22 | TONY | | | | DROVE AND CHECKED ROADS |
| | LOUIS | QUAY ROAD 62 | 1400-1500 | 1.00 | |
| | LOUIS | QUAY ROAD 60 | 0925-1000 | 0.50 | |
| | LOUIS | QUAY ROAD M | 5500-5750 | 2.50 | |
| 2/8/22 | TONY | QUAY ROAD 67 | 4150-4250 | 1.20 | |
| | TONY | QUAY ROAD 58 | 3400-3500 | 1.00 | |
| | TONY | QUAY ROAD 62 | 3200-3600 | 4.00 | |
| | TONY | QUAY ROAD AJ | 6150-6300 | 1.50 | |
| | STAN | QUAY ROAD 80.4 | 14000-1700 | 3.00 | PULLED DITCHES |
| CATTLE GUARDS MAINTENANCE | | | | | |
| 2/7/21 | CREW | QUAY ROAD BE | 3300 | | CLEANED OUT CATTLE GUARDS |
| | | QUAY ROAD BE | 3400 | | CLEANED OUT CATTLE GUARDS |
| | | QUAY ROAD AE | 2ND ONE OF QR 31 | | CLEANED OUT CATTLE GUARDS |
| | | QUAY ROAD 38 | EAST OF QR AD | | CLEANED OUT CATTLE GUARDS |
| | | QUAY ROAD AR | 1ST GUARD SOUTH OF MCALISTER | | CLEANED AND WELDED WING ON |
| | | QUAY ROAD AV | 2 GUARDS NORTH OF QR 31 | | CLEANED OUT CATTLE GUARDS |
| | | QUAY ROAD AD/37 | ERIC RUSH. | | CLEANED OUT CATTLE GUARDS |
| | LOUIS | QUAY ROAD L | 5100-5180 | 1.00 | |
| | LOUIS | QUAY ROAD M | 5180-5500 | 4.50 | |
| | LOUIS | QUAY ROAD U | 5800-5950 | 1.50 | |
| 2/8/22 | LOUIS | QUAY ROAD H | 6600-7000 | 4.00 | |
| | LOUIS | QUAY ROAD 69 | 0500-0800 | 3.00 | |
| | LOUIS | QUAY ROAD 70 | 0700-0800 | 1.00 | |
| | LOUIS | QUAY ROAD G | 6900-7000 | 1.00 | |
| 2/9/22 | LOUIS | QUAY ROAD E | 6600-7350 | 7.40 | |
| | LOUIS | QUAY ROAD 66 | 0300-0500 | 2.00 | |
| 2/10/22 | TONY | QUAY ROAD AJ | 6300-6400 | 1.00 | |
| | TONY | QUAY ROAD 63.4 | 3630-3698 | 0.76 | |
| | TONY | QUAY ROAD 63.8 | 3600-3700 | 1.00 | |
| | TONY | QUAY ROAD 64 | 3775-3875 | 1.00 | |
| | TONY | QUAY ROAD 62 | 3100-3200 | 1.00 | |
| | STAN | QUAY ROAD W | 7730-7800 | 0.67 | PULLED DITCHES/FILLED IN 2 LOW SPOTS |
| | STAN | QUAY ROAD Y | 7600-7800 | 2.00 | PULLED DITCHES |
| | LOUIS | QUAY ROAD J | 6600-6700 | 1.00 | |
| | LOUIS | QUAY ROAD 72 | 1100-1600 | 5.00 | |
| | LOUIS | QUAY ROAD C | 6600-6750 | 1.54 | |
| 2/14/22 | LARRY | QUAY ROAD 36 | 3000-3500 | 5.00 | |
| | LARRY | QUAY ROAD AI | 3522-3600 | 0.78 | |
| | LARRY | QUAY ROAD AH | 3600-3700 | 1.00 | |
| | DONALD | QUAY ROAD 72 | 3400-3500 | 1.00 | PULL DITCHES |
| | DONALD | QUAY ROAD AI | 7200-7375 | 1.75 | |
| | DONALD | QUAY ROAD 71 | 3300-3400 | 1.00 | |
| | DONALD | QUAY ROAD AH | 7000-7100 | 1.00 | |
| | DONALD | QUAY ROAD 70 | 3300-3400 | 1.00 | |
| | DONALD | QUAY ROAD AF | 6850-6925 | 0.44 | |
| | QUADE | QUAY ROAD 28 | 5700-6000 | 3.00 | |
| | STAN | QUAY ROAD 96 | 0600-0700 | 1.00 | PULL DITCHES/BACK SLOPE/TOED DITCH BOTTOM |
| | STAN | QUAY ROAD R | 8150-8300 | 1.50 | |
| 2/15/22 | DONALD | QUAY ROAD AF | 6000-6300 | 3.00 | PULL DITCHES |
| | DONALD | QUAY ROAD 62 | 3000-3100 | 1.00 | PULL DITCHES |
| | DONALD | QUAY ROAD 65 | 3200-3300 | 1.00 | PULL DITCHES |
| | DONALD | QUAY ROAD AH | 6450-6750 | 2.86 | PULL DITCHES/FIX WASHBOARD ROAD |
| | LARRY | QUAY ROAD AH | 3100-3600 | 5.00 | |
| | LARRY | QUAY ROAD 34 | 3300-3500 | 2.00 | |
| | TONY | QUAY ROAD AC | 5100-5200 | 1.00 | |
| | TONY | QUAY ROAD 51 | 2550-2900 | 3.80 | |
| | TONY | QUAY ROAD AJ.5 | 6575-6700 | 1.15 | |
| | STAN | QUAY ROAD 96 | 0700-0800 | 1.00 | PULLED DITCHES/TOED BACK DITCH BOTTOM |
| 2/16/22 | LARRY | QUAY ROAD 34 | 2700-2900 | 2.00 | |

| | | | | |
|-----------|--------|----------------|-----------|--|
| | LARRY | QUAY ROAD AC | 3200-3400 | 2.00 |
| | LARRY | QUAY ROAD 32 | 2800-2900 | 1.00 |
| | STAN | QUAY ROAD 96 | 0800-1000 | 2.00 |
| 2/17/22 | STAN | QUAY ROAD 96 | 1000-1300 | 3.00 PULLED DITCHES/TOED BACK DITCH BOTTOMS |
| | TONY | QUAY ROAD AE | 6600-6900 | 3.00 |
| | TONY | QUAY ROAD 66 | 2800-2900 | 1.00 |
| 2/22/22 | LARRY | QUAY ROAD 34 | 2900-3300 | 4.00 1 MILE OF DITCH WORK |
| | LARRY | QUAY ROAD AE | 3400-3500 | 1.00 |
| | DONALD | QUAY ROAD 71 | 2400-2600 | 1.90 PULLED DITCH |
| | DONALD | QUAY ROAD X | 7100-7200 | 1.00 PULLED DITCH |
| | DONALD | QUAY ROAD 71.2 | 2300-2400 | 1.00 PULLED DITCH |
| | DONALD | QUAY ROAD 72 | 2200-2450 | 1.89 PULLED DITCH |
| | DONALD | QUAY ROAD Y | 7100-7125 | 0.25 GATE CLOSED |
| | LOUIS | QUAY ROAD 72 | 1600-1800 | 2.00 |
| | LOUIS | QUAY ROAD J | 7000-7200 | 2.50 |
| | TONY | QUAY ROAD 61 | 2800-3100 | 3.00 |
| | TONY | QUAY ROAD AF | 6000-6100 | 1.00 |
| | STAN | QUAY ROAD 96 | 1300-1400 | 1.00 |
| | STAN | QUAY ROAD L | 8800-8950 | 1.50 |
| 2/23/22 | STAN | QUAY ROAD 71.2 | 2300-2400 | 1.25 FILLED IN WASHOUT/REPAIR APPROACH CATTLEGUARD |
| 2/24/22 | TONY | QUAY ROAD 64 | 2900-3000 | 1.00 |
| | TONY | QUAY ROAD 65 | 2800-2900 | 1.00 |
| | TONY | QUAY ROAD 65.5 | 2700-2900 | 2.00 |
| | STAN | QUAY ROAD 71.2 | 2300-2400 | 1.00 FINISHED REPAIRING APPROACH ON CATTLEGUARD |
| | LOUIS | QUAY ROAD J | 6700-7000 | 3.00 |
| 2/28/2022 | TONY | QUAY ROAD AC | 6300-6392 | 0.92 |
| | TONY | QUAY ROAD 67 | 2900-315 | 2.50 |
| | TONY | QUAY ROAD AG | 6140-6200 | 0.60 |
| | TONY | QUAY ROAD 61 | 3400-3465 | 0.65 |
| | TONY | QUAY ROAD AG | 3400-3450 | 0.50 |
| | STAN | QUAY ROAD 96 | 1400-1500 | 1.00 PULLED DITCHES/BACK SLOPE |
| | | TOTAL | | 146.81 |

City of Tucumcari - Quay County - Village of Logan - Village of
San Jon - Village of House
Joint Powers Agreement
Governing the Tucumcari/Quay Regional Emergency
Communications Center

THIS AMENDED JOINT POWERS AGREEMENT is entered into by and between the City of Tucumcari, a New Mexico municipal corporation ("Tucumcari"), Quay County, a political subdivision of the State of New Mexico ("Quay"), the Village of Logan, a municipal corporation ("Logan"), the Village of San Jon, a municipal corporation ("San Jon") and the Village of House, a municipal corporation ("House").

RECITALS

1. It is in the best interests of Tucumcari, Quay, Logan, San Jon, and House to combine public safety communications dispatch functions in order to provide more efficient and responsive communications; and
2. Pursuant to the Joint Powers Agreements Act, NMSA 1978, Sections 11-1-1 through 11-1-7, Tucumcari, Quay, Logan, San Jon, and House are explicitly authorized to enter into a Joint Powers Agreement (hereinafter "JPA") to establish and govern a separate agency to possess and exercise common powers of the parties, which agency shall be a joint communications center known as the Tucumcari/Quay Regional Emergency Communications Center (TQRECC); and
3. Each party has agreed to make annual financial contributions as set forth in this agreement to operate TQRECC; based on the revenue from the County Emergency Communications GRT minus 10% for Capital Improvements, to be reviewed annually in the third quarter of the fiscal year. To be included is a breakdown of each entity's contributions and costs. The County will deposit and hold the County Emergency Communication GRT in a separate fund and serve as the fiscal agent.

NOW THEREFORE, in consideration of the mutual benefits that will accrue to Tucumcari, Quay, Logan, San Jon, and House and the residents thereof, the parties agree as follows:

PURPOSES

The purposes of this Joint Powers Agreement are to define the terms and conditions for operating, administering and maintaining a joint enhanced 911 Regional Emergency Communications Center; to provide emergency telephone access for the citizens of the Municipalities and County; to obtain needed emergency services including fire, EMS and law enforcement services; and to provide for the emergency communications needs of the public safety agencies of the Municipalities and County. Communications services to be provided for each party through TQRECC shall include any independent contractor retained by any party to provide emergency response services.

I. THE TQRECC BOARD. TQRECC shall be governed by a Board of Directors (hereinafter "the TQRECC Board" or the "Board").

A. Membership. The TQRECC Board shall have nine (9) voting members. The voting members will be designated yearly in January by each entity.

1. One (1) member and a designated alternate member shall be appointed by the Tucumcari City Commission.
2. One (1) member and a designated alternate member shall be appointed by the Quay County Board of Commissioners.
3. The Tucumcari Police Chief shall be a member and shall designate an alternate member.
4. The Quay County Sheriff shall be a member and shall designate an alternate member.
5. The Tucumcari Fire Chief shall be a member and shall designate an alternate member.
6. The Quay County Fire Marshal shall be a member and shall designate an alternate member.
7. One (1) member and a designated alternate shall be appointed by the Commission for the Village of Logan.
8. One (1) member and a designated alternate shall be appointed by the Commission for the Village of San Jon.
9. One (1) member and a designated alternate member shall be appointed by the Commission for Village of House.

B. Powers and Duties. The TQRECC Board shall oversee all aspects of the operation of TQRECC consistent with the requirements and limitations herein.

1. Conduct of Business.

a. Meetings. All meetings of the TQRECC Board shall be held in compliance with the New Mexico Open Meetings Act. The Board shall meet on at least a quarterly basis and shall elect at least a Chairperson and a Vice-Chairperson and issue a statement of reasonable notice in compliance with the New Mexico Open Meetings Act, on at least an annual basis.

b. Quorum. A majority of the Board, including any designated alternate member attending in the absence of a member, shall constitute a quorum and shall have the authority to conduct the business of the Board.

c. Voting. Designated alternate members shall be entitled to vote only in the absence of the primary named member; a representative of the member who is not the designated alternate shall be allowed to participate in debate in the absence of the member and designated alternate but shall not be entitled to vote as a member of the TQRECC Board. The TQRECC Chairman is a voting member of the Board.

d. By-laws. The Board shall enact By-laws, which must be approved by a 2/3 majority of a quorum of the Board after all Board members have received thirty (30) day notice of the time and place of the meeting, and that the By-laws will be considered for adoption or amendment. The TQRECC Board shall have the authority to replace the Chair or Vice-Chair upon a 2/3 vote of the quorum present. The By-laws shall address election of officers, and otherwise regulate the conduct of business of the Board and may include any provisions not inconsistent with this JPA and the Open Meetings Act.

2. Financial Management. The TQRECC Board shall assure proper management and control over the finances and property belonging to TQRECC according to DFA.

a. Annual Submittals. On an annual basis, the TQRECC Board shall approve and submit the following to each party to this JPA:

- i. A financial statement audit performed by an independent certified public accountant selected by the fiscal agent, setting forth information including but not limited to revenues received and their sources, expenditures, and obligations incurred and unpaid during the reporting period; and
- ii. An inventory of equipment, real and personal property held or owned by TQRECC; and
- iii. A recommended budget for the following fiscal year, which shall be submitted prior to the earliest budget request deadline, set by either Tucumcari or Quay for internal department budget proposals.

b. Insurance. The TQRECC Board shall assure that all appropriate insurance coverage is procured for the activities of TQRECC, and the TQRECC Board (where appropriate), including but not limited to: Workman's Compensation Insurance, General Liability Insurance, Unemployment Insurance and Property Insurance. All coverages shall comply with statutory requirements to insure all liabilities under the New Mexico Tort Claims Act, and shall also include coverage for civil rights claims.

c. Contracts. The TQRECC Board shall have the authority to authorize the TQRECC Director to sign contracts with public or private entities consistent with the actions and policies of the TQRECC Board, the approved budget for TQRECC, and applicable fiscal agent Procurement Code requirements.

3. Operations Management. The TQRECC Board shall establish rules and regulations for the conduct of business by TQRECC, including but not limited to promulgation of administrative personnel regulations. The Board shall approve and set the compensation plan for all TQRECC personnel. Employees of TQRECC shall technically be employees of the County of Quay for payroll and P.E.R.A. (Public Employee Retirement Association) purposes, they shall be subject to the County's personnel regulations and personnel regulations adopted by the TQRECC Board.

a. Supervision of the TQRECC Director. The TQRECC Board shall hire and supervise a Director of TQRECC, who shall be responsible for the day-to-day operations of TQRECC, and shall attend all TQRECC Board meetings whenever possible, and shall send an alternate when unable to attend. Members of the Board shall not be involved in the day-to-day operations of TQRECC except as outlined herein.

b. Duties of the Director. The Director of TQRECC shall oversee the day-to-day operations of TQRECC. Consistent with decisions, policies, and direction of the TQRECC Board, the Director's administrative and supervisory responsibilities shall include but not be limited to:

- i. Planning, directing and controlling the operations of TQRECC.
- ii. Hiring, training, and supervising all TQRECC personnel;
- iii. assigning and scheduling personnel;

- iv. Disciplining all personnel, including firing personnel with Board approval;
- v. Maintaining a liaison with all agencies utilizing the communications system;
- vi. Reporting to the Board on the operations of TQRECC.
- vii. Seeking out additional sources of revenue for TQRECC, and administering any grants accepted by the TQRECC Board.
- viii. The Director of TQRECC must be a certified dispatcher or acquire certification within one (1) year of assuming the position.

c. TQRECC Chair as Liaison. The Chairperson of the TQRECC Board shall be the primary liaison between the TQRECC Board and the Director of TQRECC and shall have the authority to give direction to the TQRECC Director when needed prior to the next regularly scheduled meeting of the TQRECC Board. The Chairperson and the Director shall have a duty to report to the Board at its next meeting regarding any significant issues addressed by the Chair and the Director. The Vice-Chairperson shall have such authority and duty if the Chairperson is not available when needed by the TQRECC Director.

d. Board Authority. The TQRECC Board shall have the authority to override any policy or other decisions made by the TQRECC Director, regardless of any initial direction which may have been provided by the Chairperson or Vice-Chairperson.

II. SUBCOMMITTEES. The TQRECC Board shall have the right to create subcommittees as needed from time to time to carry out the duties of the TQRECC Board, for whatever time period deemed appropriate by the Board.

III. FINANCIAL CONTRIBUTIONS. The financial contribution amounts required from the parties under this JPA shall be in addition to in-kind services to be provided under this JPA, such as fiscal agent services to be provided by Quay County or any other in-kind services or contributions the parties may choose to provide. Contributions shall be revisited on a triennial basis. Contributions shall be revisited every three (3) years to account for changes in leadership, population, and call volume. Contributions include a base rate of \$1,000, \$2,000 and \$3,000, as well as a percentage based on call volume. A base rate has been established to create buy in of all parties involved. We recognize that each party does not have the same amount of end use, so a three-tiered system was established with the smallest use having a base of \$1000, the medium use with a base of \$2000 and the largest with a base of \$3000 based off of population and call volume.

A. Tucumcari.

Tucumcari shall contribute the base rate of three thousand (\$3,000) dollars and sixty Percent (60%) of the net budget.

B. Quay County

Quay County shall contribute the base rate of two thousand (\$2,000) dollars and twenty-two Percent (22%) of the net operating budget of TQRECC for each fiscal year.

C. Logan.

The contributions to the TQRECC budget for Logan shall contribute the base rate of two thousand (\$2,000) dollars and sixteen Percent (16%) of the net operating budget of TQRECC for each fiscal year.

D. San Jon

The contributions to the TQRECC budget for San Jon shall contribute the base rate of one thousand (\$1,000) dollars and one Percent (1%) of the net operating budget of TQRECC for each fiscal year

E. House

The contributions to the TQRECC budget for House shall contribute the base rate of one thousand (\$1,000) dollars and one Percent (1%) of the net operating budget of TQRECC for each fiscal year

F. Services for Other Entities.

Any other potential contributor will be charged an amount as established by the TQRECC Board in considering the contract to provide communications services. This shall include, but not be limited to, Harding County, San Miguel County, and the New Mexico State Parks.

G. Budget Procedures.

Tucumcari and Quay shall consider the budget recommended by the TQRECC Board and shall notify the Director of TQRECC no later than May 31st if the party has not included its share of the TQRECC budget proposed by the Board in the

preliminary budget submitted by that party to the Department of Finance and Administration for the upcoming fiscal year. Neither Tucumcari nor Quay shall refuse to include its share of the budget proposed by TQRECC in its preliminary and final budgets if the proposed budget is equal to or less than the budget for TQRECC for the previous fiscal year unless the governing bodies of both Tucumcari and Quay agree to so reduce the TQRECC budget.

H. Net Operating Budget

The net operating budget will be the total operating budget minus the County Emergency Communications GRT contributions and minus contracted contributions for other entities.

I. Payment of Contributions.

Tucumcari will pay monthly 1/12th of their respective requested annual contributions the first day of each month. Quay, San Jon and House will pay annually and will be due by July 31st of each year. Logan will pay quarterly, at the end of September, December, March and June.

J. Late Payment of Contributions.

Contribution payments made thirty or more days after the due date will be subject to a late fee. The late fee will be determined by the TQRECC Board annually based on the prevailing late fee in use by the fiscal agent.

K. Use of Excess Funds.

Any excess funds at the end of the fiscal year shall be carried over to the next year as reserve unless allocated as determined by the TQRECC Board

IV. FISCAL AGENT. Quay County shall operate as the fiscal agent for TQRECC. The duties of the fiscal agent shall be as follows.

A. Financial Operations.

1. The fiscal agent shall bill and collect all revenues from the parties of this agreement for and on behalf of TQRECC at the precise times and in the amounts as determined through the procedures in Article III herein.

2. The fiscal agent will maintain separate accounting designated specifically for TQRECC revenue and operational accounts and related budgets.
3. The fiscal agent shall make all revenue or budget transfers and all disbursements for TQRECC, as directed by the TQRECC Director or his/her designee consistent with authority granted by the TQRECC Board.
4. The fiscal agent may charge monthly interest, not to exceed the highest rate allowed by law that accrues when TQRECC operations result in a negative cash position based upon completely updated transaction processing.
5. The fiscal agent shall not allow any department of the fiscal agent to charge against any account unless the department submits an invoice with supporting documentation to be approved by the TQRECC Director or Board, consistent with policies and procedures established by the TQRECC Board and the TQRECC Director and the State Procurement Code.
6. The fiscal agent shall be responsible for preparing financial reports for TQRECC on an annual basis and as may be requested by the TQRECC Board from time to time, and for presenting the reports to the TQRECC Board for review and approval.
7. The fiscal agent shall strictly account for all receipts and disbursements made pursuant to this JPA, in accordance with the State Procurement Code and all other applicable laws and regulations.
8. The fiscal agent will provide procurement services for TQRECC in accordance with the State Procurement Code, consistent with New Mexico law.
9. The fiscal agent shall account for all transactions on behalf of TQRECC, including those related to fixed assets, to provide for internal controls relating to the acquisition and disposal of fixed assets and proper recording of all liabilities.
10. The fiscal agent shall provide all necessary accounting records sufficient to facilitate a "stand alone" financial statement. The TQRECC financial statements shall be audited by an independent CPA selected by Quay County and all applicable reports shall be included in the annual audited financial statements referred to in II.B.2.a (i) "Annual Submittals". Such audits shall be performed in accordance with Governmental Audit Standards. The audit may be

performed in conjunction with the Quay County annual audit as required by Office of the State Auditor.

B. Personnel Administration.

1. The fiscal agent will house all personnel files of TQRECC employees, and TQRECC staff, and shall be responsible for providing updated personnel documentation to the County to maintain personnel files.
2. The fiscal agent will provide human resource in-processing and maintenance for TQRECC employees' payroll system, based upon the payroll data provided by the TQRECC Director.
3. The fiscal agent shall be reimbursed actual cost of administration.

C. Limitations on Duties. The fiscal agent shall only be required to provide the services described herein, which shall not include:

1. Training services;
2. Maintenance services not critical to the operations of TQRECC.

V. TQRECC FACILITIES. Tucumcari shall continue to provide space, utilities, and janitorial services for TQRECC, consistent with Tucumcari policies and procedures for providing space and services for Tucumcari entities. The City of Tucumcari will be reimbursed for the cost of providing these services.

VI. TERM OF AGREEMENT. This JPA shall be perpetual unless terminated as hereinafter provided.

A. Termination. If Tucumcari or Quay desires to terminate participation in this JPA, the party may do so only by providing written notice to the other parties at least one (1) year prior to the date of the proposed termination. If Logan, San Jon, or House desires to terminate participation in this JPA, the entity may do so by providing ninety (90) days written notice to the other parties. If Logan, San Jon, or House terminates participation in this JPA, the terms of this JPA shall continue in force as between the remaining parties. If Tucumcari or QUAY terminates participation in this JPA, the operations of TQRECC shall be discontinued upon the expiration of the termination period, unless a new JPA has been approved by the remaining parties and DFA prior to that time.

B. Ownership and Distribution of Property. All personal property previously owned by Tucumcari, Quay, Logan, San Jon or House for use in their individual dispatch centers and transferred to the possession of TQRECC shall become the personal property of TQRECC. TQRECC shall prepare a detailed inventory of all such equipment showing former ownership. This inventory shall be reviewed and approved by Tucumcari, Quay,

Logan, and San Jon or House. TQRECC shall be responsible for inventorying this property with its own identification or property number and insuring said property to the extent necessary. Upon termination of this JPA, all real or personal property contributed by the parties shall be returned to the respective party that contributed such property and any all surplus real or personal property or any surplus money accrued by TQRECC pursuant to this JPA shall be returned to Tucumcari, Quay, Logan, and San Jon or House, in proportion to the most recent budgetary contribution percentages applicable herein.

VII. SEVERABILITY OF PROVISIONS. If any provision of this JPA is held invalid, the remainder of this JPA shall not be affected thereby and such remainder would constitute the JPA and TQRECC would continue to operate under the remaining provisions, unless the provision held invalid was such as to make the fulfillment of the purpose of this JPA impossible or impracticable.

VIII. TORT CLAIMS ACT. By entering into this Agreement, Tucumcari, Quay, Logan, San Jon, or House and their "public employees" as defined in the New Mexico Tort Claims Act, NMSA 1978, "41-4-1 et seq., do not waive sovereign immunity, or any defense or limitation of liability pursuant to law. No provision in this JPA modifies or waives any provision of the New Mexico Tort Claims Act.

IX. EFFECTIVE DATE AND AMENDMENTS. This Agreement shall not be effective until approved by the Board of Commissioners for Quay County, the City Commission for the City of Tucumcari, the Board of Commissioners for the Village of Logan, the Board of Commissioners for the Village of San Jon, the Board of Commissioners for the Village of House, and the Department of Finance and Administration of the State of New Mexico (DFA). This Agreement cannot be amended except in writing signed by all of the parties to this JPA and approved by DFA.

X. EXECUTION. This JPA shall be executed in six (6) originals.

XII. ENTIRE AGREEMENT AND REPEAL. This agreement contains the entire understanding of the parties and no oral promise or agreement made by any party hereto is valid and binding unless incorporated herein. Any and all agreements made by any of the parties prior to this JPA relating to TQRECC be and the same are hereby repealed and held for naught.

XIII. LIABILITY PROVISION. No party to this JPA shall be responsible for liability incurred as a result of any other party's acts or omissions in connection with this JPA. Any liability incurred in connection with this JPA is subject to the immunities and limitations of the New Mexico Tort Claims Act. Each party shall be solely responsible for any liability as a result of its own willful acts, gross negligence, or negligence, or that of its officers, directors, agents, employees, servants, representatives, consultants, or contractors, subject to the immunities and limitations of the New Mexico Tort Claims Act.

IN WITNESS WHEREOF the parties have executed this Agreement as the dates documented below.

CITY OF TUCUMCARI:

MAYOR

DATE: _____

ATTEST:

CITY CLERK

VILLAGE OF LOGAN:

MAYOR

DATE: _____

ATTEST:

VILLAGE CLERK

VILLAGE OF HOUSE:

MAYOR

DATE: _____

ATTEST:

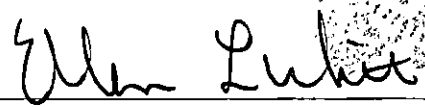
VILLAGE CLERK

QUAY COUNTY:


CHAIR COUNTY COMMISSION

DATE: 3-14-22

ATTEST:


COUNTY CLERK

VILLAGE OF SAN JON:

MAYOR

DATE: _____

ATTEST:

VILLAGE CLERK

APPROVED AS TO FORM:

COUNTY ATTORNEY

THIS AGREEMENT HAS BEEN
APPROVED BY:

STATE OF NEW MEXICO
DEPARTMENT OF
FINANCE & ADMINISTRATION

BY:_____

DATE:_____

NEW MEXICO OPIOID ALLOCATION AGREEMENT

A. Definitions

As used in this New Mexico Opioid Allocation Agreement (“NMOAA”):

1. “Local Government” shall mean every litigating county and city, each county regardless of population, each city with a population exceeding 10,000, and any Special District as that term is defined in the Master Settlement Agreements within the geographic boundaries of the State of New Mexico.¹ For avoidance of doubt, Local Governments within this definition are identified on Exhibit A hereto.
2. “Opioid Funds” shall mean monetary amounts obtained through a Settlement as defined in this NMOAA.
3. “Opioid Related Expenditure” shall mean an expenditure consistent with the categories enumerated in Exhibit E to the Distributor Master Settlement Agreement and the J&J Master Settlement Agreement found at <https://nationalopioidsettlement.com/> and attached hereto as Exhibit B.
4. “Parties” shall mean the State of New Mexico and Participating Local Governments.
5. “Pharmaceutical Supply Chain Participant” shall mean any entity that engages in or has engaged in the manufacture, marketing, promotion, distribution or dispensing of an opioid analgesic, including but not limited to those persons or entities identified as Defendants in the matter captioned *In re: Opioid Litigation*, MDL 2804 pending in the United States District Court for the Northern District of Ohio.
6. “Participating Local Government” is any Local Government that agrees to be bound by a Settlement by Participation Agreement necessary to effectuate that Settlement or other similar document.
7. “Settlement” shall mean the settlement reached with the Distributor Opioid Defendants, namely McKesson Corporation, AmerisourceBergen Corporation, and Cardinal Health, Inc. (each a “Settling Distributor”) and the settlement reached with Janssen (“J&J”)² (referenced as “National Distributor Settlement” and “J&J Settlement”) with certain states and local government entities that the State of New Mexico and its Local Governments have the option to join. For avoidance of doubt, a Settlement shall not include the resolution of any other legal or equitable claims alleged against any other Supply Chain Participant other than the Settling Distributors and J&J.

¹ The population figures contained in this NMOAA shall be derived from the published U.S. Census Bureau’s population estimates for July 1, 2019, released May 2020 as set forth in the Master Settlement Agreements.

² “Janssen” means Johnson & Johnson, Janssen Pharmaceuticals, Inc., OrthoMcNeil-Janssen Pharmaceuticals, Inc., and Janssen Pharmaceuticals, Inc.

8. “Master Settlement Agreements” shall mean the agreements documenting a Settlement. For the purposes of this NMOAA the Distributor Master Settlement Agreement and the J&J Master Settlement Agreement found at <https://nationalopioidsettlement.com/> are Master Settlement Agreements under the meaning of this NMOAA.
9. “State” shall mean the State of New Mexico.

B. Allocation of the Opioid Settlement Proceeds

1. The Parties shall in good faith negotiate to identify an appropriate settlement administrator to receive and distribute Opioid Funds pursuant to this NMOAA (“Settlement Administrator”). The costs of the Settlement Administrator shall be paid jointly by the Parties prior to the distribution of Opioid Funds under this NMOAA with the State bearing 50% of those costs and the Local Governments bearing 50% of those costs.
2. Opioid Funds shall not be considered funds of the State or any Local Government unless and until such time as an allocation is made to the State or any Local Government pursuant to this Section.
3. If each and every Local Government as defined in Section A.1 joins the Master Settlements Agreements no later than March 7, 2022, after paying the costs of the Settlement Administrator, the Settlement Administrator shall allocate the remainder of the Opioid Funds as follows: (i) 45% to the State of New Mexico (“State Share”) and (ii) 55% to the Local Governments (the “LG Share”); provided, however, that the Settlement Administrator shall set aside the portion of the LG Share into the Attorney Fee Backstop Fund as provided in Section D below.
4. The LG Share will be divided into regions, each of which will be referred to as a “Region” and will consist of either: (1) a single Participating County that does not have any Participating Cities as listed on Exhibit C, (2) a single Participating County and all of its Participating Cities as listed on Exhibit C beneath the Participating County, or (3) a single Participating City. Two or more Regions may at their discretion form a group (“Multicounty Region”). Regions that do not choose to form a Multicounty Region will be their own Region.
5. The LG Share will be distributed to each Region as set forth in Exhibit C. In Regions with more than one member, members of the Region may agree to have the funds allocated to the Region suballocated amongst themselves in any manner they collectively choose or to have all funds allocated to the Region distributed to a single member of the Region. By July 1, 2022, each Region with more than one member shall communicate to the Settlement Administrator how the Region’s portion of the LG Share shall be distributed to the Region or that the members of the Region have agreed to extend the deadline to reach agreement. Absent a different agreement timely being reached among the members of the Region, the default allocation to members of a Region with more than one member is the formula from Exhibit G to the Master

Settlement Agreements. The Settlement Administrator shall make all distributions to Regions with more than one member or their members in accordance with instructions received or the default allocation described in the previous sentence; provided, however, that the Settlement Administrator shall not make any distributions to a Region with more than one member prior to July 1, 2022, or such later deadline to reach an agreement agreed to by the members of a Region and timely communicated to the Settlement Administrator.

6. Except as provided herein or as provided by court order, 100% of the State Share and the LG Share, regardless of allocation, shall be utilized only for Opioid Related Expenditures.

C. Compliance Reporting and Accountability

1. Every Participating Local Government shall create a separate fund or project on its financial books and records that is designated for the receipt and expenditure of each entity's portion of the LG Share, called the "LG Abatement Fund." Funds in an LG Abatement Fund shall not be commingled with any other money or funds of the Local Government. A Local Government may invest LG Abatement Fund funds consistent with the investment of other funds of a Local Government.
2. Funds in a LG Abatement Fund may be expended by a Local Government only for Opioid Related Expenditures. For avoidance of doubt, funds in a LG Abatement Fund may not be expended for costs, disbursements, or payments made or incurred prior to the Settlement.
3. As part of the State or a Participating Local Government's annual audit pursuant to the State Audit Act, NMSA 1978, Chapter 12, Article 6, both the State fund and each LG Abatement Fund shall be audited to provide reasonable assurances that the LG Abatement Fund disbursements are consistent with the terms of this NMOAA. If any such audit reveals an expenditure inconsistent with the terms of this NMOAA, the State or the Local Government shall immediately redirect an amount equal to the funds associated with the inconsistent expenditure from another revenue source that may permissibly be expended for such purposes to an Opioid Related Expenditure. Either the State or the Participating Local Government who has been found to have expended funds inconsistently with this NMOAA will be ineligible to receive further distributions of the LG Share unless and until such a redirection is accomplished and confirmed by the State Auditor. The Settlement Administrator shall be instructed to hold either the State or that Local Government's future portion of the LG Share in escrow until instructed to release those funds by the State Auditor.
4. Local Governments may combine their respective portion of the LG Share with other Local Governments or the State.

D. Payment of Counsel and Opioid Litigation Expenses

1. Each of the Litigating Local Governments has contracted with outside counsel (“Counsel”) for representation in the Litigation. In consideration for Counsel’s representation, each of the Litigating Local Governments contracted with its Counsel for a contingency fee applied to each Litigating Local Government’s recovery.³
2. The Master Settlement Agreements provide for the payment of attorney’s fees and legal expenses owed by States and Participating Local Governments to outside counsel retained for Opioid Litigation. To effectuate this, the Court in the MDL Litigation has established a fund to compensate attorneys for services rendered and expenses incurred that have benefitted plaintiffs generally in the litigation (the “National Attorney Fee Fund”). The National Attorney Fee Fund is subdivided into sub-funds, including the Contingency Fee Sub-fund.
3. Because there is uncertainty regarding what Counsel will recover as compensation from the National Attorney Fee Fund, the Parties agree that the Participating Local Governments will create a New Mexico attorney’s fees and costs fund (the “New Mexico Backstop Fund”) to compensate Counsel only in the event Counsel does not recover an amount equal to a 15% contingent fee from of the Contingency Fee Sub-fund of the National Attorney Fee Fund. For the avoidance of doubt, collectively, Counsel is limited to being paid, at most, and assuming adequate funds are available under the Contingency Fee Sub-fund of the National Attorneys Fee Fund and the New Mexico Backstop Fund, attorney’s fees totaling fifteen percent (15%) of the LG Share.
4. Counsel must first seek recovery from the Contingency Fee Sub-fund of the National Attorney Fee Fund before applying to the New Mexico Backstop Fund and may not recover from the New Mexico Backstop Fund any amounts recovered from the Contingency Fee Sub-fund of the National Attorney Fee Fund. Counsel need only make a single application to the Contingency Fee Sub-fund of the National Attorney Fee Fund before applying to the New Mexico Backstop Fund.
5. After paying the LG Share of the costs of the Settlement Administrator, the Administrator shall deposit in the New Mexico Backstop Fund an amount equal to 15% of the LG Share and distribute the remainder of the funds allocated to Local Governments as set forth in Section B.5 above. No funds from the State Share shall be used to pay Local Governments’ attorneys’ fees and no funds from the State Share shall be paid to the New Mexico Backstop Fund.
6. To ensure that all Counsel for Litigating Local Governments receive compensation, if there is only one Litigating Local Government in a Region, then that counsel will apply for its contingency fee based on the Region’s recovery. If there is more than one

³ For purposes of this NMOAA, the parties agree not to dispute that such contingency fee agreements are permissible under the State Procurement Code, NMSA 1978 Sections 13-1-28 to -199. However, nothing in this NMOAA should be construed to indicate that the State agrees that such contingency fee agreements are permissible under the State Procurement Code.

Litigating Local Government in a Region, then the Counsel will apply for its contingency fee based on Exhibit G to the Master Settlement Agreements unless the Local Government receives an alternative, negotiated amount in which case the fifteen percent maximum recovery shall be based on that recovery amount.

7. Payments to Counsel shall be made from the New Mexico Backstop Fund in the same percentages and over the same period as the Contingency Fee Fund for each National Settlement as set forth in Exhibit R §(II)(S)(1) of the Distributor Settlement Agreement and Exhibit R §(II)(A)(1) of the Janssen Settlement Agreement.
8. Any funds remaining in the New Mexico Backstop Fund in excess of the amounts needed to cover the deficiency in attorney's fees as provided in this Section shall be distributed as follows. A Litigating Local Government whose Counsel did not need to recover their entire fifteen percent contingent fee from the New Mexico Backstop Fund will receive a direct allocation from the New Mexico Backstop Fund calculated by subtracting from the amount calculated in accordance with Section D.6 the amount distributed to the Local Government's counsel from the New Mexico Backstop Fund.
9. If, after making the distributions provided for in Section D.8, there remains any funds in the New Mexico Backstop fund, those funds will be distributed to Regions in accordance with Exhibit C and Section B.5.

E. Other Terms

1. The Parties agree to make such amendments as necessary to implement the intent of this NMOAA. After this NMOAA becomes effective, amendments may only be made to this NMOAA if approved in writing by the Office of the Attorney General and at least two-thirds of the Participating Local Governments. Amendments to the amount or timing of the distribution of funds to the Participating Local Governments require participation of one hundred percent (100%) of the Participating Local Governments that would be impacted by the amendment.
2. This NMOAA shall be governed by and construed under the laws of the State of New Mexico using New Mexico law. Any action related to the provisions of this NMOAA, except as otherwise provided in the Master Settlement Agreements, must be adjudicated by the New Mexico state courts of Santa Fe County in the State of New Mexico.
3. This NMOAA does not supersede or alter the terms of the Master Settlement Agreements except to the extent those terms allow for a State-Subdivision Agreement to do so.
4. If any part of this NMOAA is declared invalid or becomes inoperative for any reason, such invalidity or failure shall not affect the validity and enforceability of any other provision.

5. This NMOAA may be executed in counterparts, each of which shall be deemed an original and all of which together shall be considered one and the same agreement. A signature transmitted by facsimile or electronic image shall be deemed an original signature for purposes of executing this NMOAA.
6. Each person signing this NMOAA represents that he or she is fully authorized to enter into the terms and conditions of, and to execute, this NMOAA on behalf of the named governmental entity.

SIGNATURE BLOCKS TO BE INSERTED

IN WITNESS WHEREOF, the parties hereby execute the NMOAA as of the date set forth below.

ON BEHALF OF THE LOCAL GOVERNMENTS:

_____ Date: _____
Albuquerque Public School District
Printed: _____

_____ Date: _____
Bernalillo County
Printed: _____

_____ Date: _____
Catron County
Printed: _____

_____ Date: _____
Chaves County
Printed: _____

_____ Date: _____
Cibola County
Printed: _____

_____ Date: _____
City of Alamogordo
Printed: _____

_____ Date: _____
City of Albuquerque
Printed: _____

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City of Artesia

Printed: _____

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City of Carlsbad

Printed: _____

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City of Clovis

Printed: _____

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City of Deming

Printed: _____

_____ Date: _____

City of Española

Printed: _____

_____ Date: _____

City of Farmington

Printed: _____

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City of Gallup

Printed: _____

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City of Hobbs

Printed: _____

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City of Las Cruces

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City of Las Vegas
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City of Lovington
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City of Portales
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City of Rio Rancho
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City of Roswell
Printed: _____

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City of Santa Fe
Printed: _____

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City of Sunland Park
Printed: _____

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Colfax County
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Curry County

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De Baca County

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Doña Ana County

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Eddy County

Printed: _____

_____ Date: _____

Grant County

Printed: _____

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Guadalupe County

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Harding County

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Hidalgo County

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Lea County

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Lincoln County
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Los Alamos County
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Luna County
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McKinley County
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Mora County
Printed: _____

_____ Date: _____
Otero County
Printed: _____

Franklin McCasland Date: 3-14-2022
Quay County
Printed: Franklin McCasland

_____ Date: _____
Rio Arriba County
Printed: _____



_____ Date: _____
Roosevelt County
Printed: _____

_____ Date: _____
San Juan County
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San Miguel County
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Sandoval County
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Santa Fe County
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Sierra County
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Socorro County
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Taos County
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_____ Date: _____
Torrance County

Printed: _____

_____ Date: _____

Town of Bernalillo

Printed: _____

_____ Date: _____

Union County

Printed: _____

_____ Date: _____

Valencia County

Printed: _____

_____ Date: _____

Village of Los Lunas

Printed: _____

ON BEHALF OF THE STATE OF NEW MEXICO:

Brian McMath Digitally signed by Brian McMath
Date: 2022.03.08 17:04:09 -0700 Date: March 7, 2022

Office of the Attorney General

State of New Mexico

Printed: Brian E. McMath

Exhibit A
NM Subdivisions Required to Participate in Both Opioid Deals
To Assure 100% Payment

| | |
|-------------------|------------------------------------|
| Bernalillo County | City of Albuquerque |
| Catron County | City of Alamogordo |
| Chaves County | City of Artesia |
| Cibola County | City of Carlsbad |
| Colfax County | City of Clovis |
| Curry County | City of Deming |
| De Baca County | City of Española |
| Doña Ana County | City of Farmington |
| Eddy County | City of Gallup |
| Grant County | City of Hobbs |
| Guadalupe County | City of Las Cruces |
| Harding County | City of Las Vegas |
| Hidalgo County | City of Lovington |
| Lea County | City of Portales |
| Lincoln County | City of Rio Rancho |
| Los Alamos County | City of Roswell |
| Luna County | City of Santa Fe |
| McKinley County | City of Sunland Park |
| Mora County | Town of Bernalillo |
| Otero County | Village of Los Lunas |
| Quay County | |
| Rio Arriba County | |
| Roosevelt County | Albuquerque Public School District |
| San Juan County | |
| San Miguel County | |
| Sandoval County | |
| Santa Fe County | |
| Sierra County | |
| Socorro County | |
| Taos County | |
| Torrance County | |
| Union County | |
| Valencia County | |

EXHIBIT E

List of Opioid Remediation Uses

**Schedule A
Core Strategies**

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).¹⁴

**A. NALOXONE OR OTHER FDA-APPROVED DRUG TO
REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

**B. MEDICATION-ASSISTED TREATMENT (“MAT”)
DISTRIBUTION AND OTHER OPIOID-RELATED
TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

¹⁴ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”) / Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“*NAS*”)**

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

| |
|---------------------|
| PART ONE: TREATMENT |
|---------------------|

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:¹⁵

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“*MAT*”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹⁵ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

| |
|----------------------|
| PART TWO: PREVENTION |
|----------------------|

**F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE
PRESCRIBING AND DISPENSING OF OPIOIDS**

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

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| PART THREE: OTHER STRATEGIES |
|------------------------------|

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“*ADAM*”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

| Region | Percentage |
|--------------------------|----------------|
| Albuquerque City | 22.7540246633% |
| Bernalillo County | 18.6169292699% |
| Catron County | 0.1129940051% |
| Chaves County | 2.5358877708% |
| Roswell City | |
| Cibola County | 0.7723148257% |
| Colfax County | 0.7448541610% |
| Curry County | 1.4056466248% |
| Clovis City | |
| De Baca County | 0.0650725663% |
| Dona Ana County | 7.0811945176% |
| Las Cruces City | |
| Sunland Park City | |
| Eddy County | 2.5979985848% |
| Artesia City | |
| Carlsbad City | |
| Grant County | 1.8057321396% |
| Guadalupe County | 0.1869187026% |
| Harding County | 0.0102668257% |
| Hidalgo County | 0.1965507765% |
| Lea County | 2.0400522723% |
| Hobbs City | |
| Lovington City | |
| Lincoln County | 1.2208675842% |
| Los Alamos County | 0.5915454490% |
| Luna County | 0.8374453274% |
| Deming City | |
| McKinley County | 1.0214669791% |
| Gallup City | |
| Mora County | 0.1903934157% |
| Otero County | 2.5746166552% |
| Alamogordo City | |
| Quay County | 0.4733520608% |
| Rio Arriba County | 4.5982959101% |
| Española City | |
| Roosevelt County | 0.3148139409% |
| Portales City | |
| San Juan County | 3.8184895185% |
| Farmington City | |
| San Miguel County | 1.6661207044% |
| Las Vegas City | |
| Sandoval County | 4.5573671729% |
| Bernalillo Town | |

| | |
|------------------------|---------------|
| Rio Rancho City | |
| Santa Fe City | 4.5408953413% |
| Santa Fe County | 3.5143193357% |
| Sierra County | 1.0308488455% |
| Socorro County | 0.7363065077% |
| Taos County | 1.7429125688% |
| Torrance County | 0.7071523256% |
| Union County | 0.1108929666% |
| Valencia County | 3.8283030105% |
| Los Lunas Village | |

DONATION AGREEMENT

THIS AGREEMENT made this 14th day of **March 2022**, by and between **COUNTRY CLUB DEVELOPMENT LLC** (herein after “Country Club”) and **QUAY COUNTY**, a political subdivision of the State of New Mexico (herein after referred to as “Quay County”).

RECITALS

- A. Country Club is the current owner of Blocks three (3) and four (4) of the Bunker Heights Addition to the City of Tucumcari which lays directly south of the current Dan C. Trigg Memorial Hospital in Tucumcari.
- B. Quay County which currently owns the Dan C. Trigg Memorial Hospital is exploring the possible construction of a new hospital facility to replace or work in conjunction with the current hospital facility to provide health care services in Quay County.
- C. Country Club wishes to donate Blocks three (3) and four (4) of the Bunker Heights Addition to Quay County provided that the donated property is used for the construction of a new hospital facility.

NOW THEREFORE in consideration of the mutual promises contrary herein the parties agree as follows:

1. Country Club agrees that upon approval of this Donation Agreement by the Quay County Commission that it will proceed to execute a warranty deed to the County of Quay for Blocks three (3) and four (4) of the Bunker Heights Addition to the City of Tucumcari.

2. Quay County has obtained an appraisal on the property being donated and agrees the fair market value of the property is Nine Hundred Thousand and 0/100 dollars (\$900,000.00).

3. Country Club agrees to provide title insurance showing that it has marketable title to the property. All closing costs associated with the transfer including the cost of the title insurance shall be paid by Quay County. Closings will take place on or before April 1, 2022 and shall be handled through First Title Services of Tucumcari, New Mexico.

4. In the event that Quay County fails to use the property being donated herein for a hospital facility within ten (10) years from the date of execution of the Warranty Deed, the property shall revert to Country Club. In that event Quay County shall provide whatever documents necessary to restore the property back to Country Club. For the purposes of this Agreement "Hospital" shall be defined as a healthcare facility that provides inpatient care.

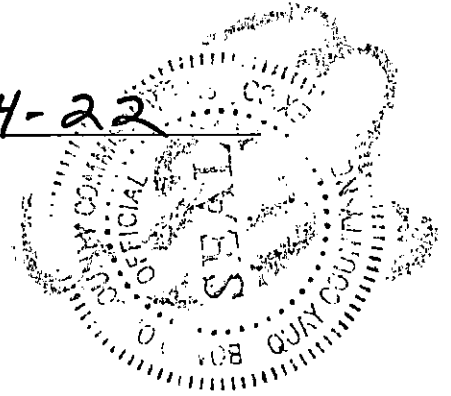
5. The reversion portion of this Agreement shall be considered complied with provided that Quay County has broken ground on a new hospital on the subject property by the expiration of the ten (10) year period and that such facility will be completed and operating as an inpatient facility within twenty-four (24) months of the expiration of the ten (10) year period.

6. Upon the opening of new hospital on this site, the reversion provisions of this agreement shall be considered satisfied and Quay County and the property shall be released from any further burden concerning this Agreement.

QUAY COUNTY

Franklin McCasland
Chairman, County Commission

3-14-22
Date



COUNTRY CLUB DEVELOPMENT LLC.

Phillip H. Bidegain
Phillip H. Bidegain, Managing Member

21 March 22
Date

State of New Mexico County of Quay
Subscribed and sworn to before me this 14
day of March, 2022 by Franklin McCasland
Ellen L. White Notary Public
My Commission Expires 3-21-23



State of New Mexico County of Quay
Subscribed and sworn to before me this 21
day of March, 2022 by Phillip H. Bidegain
Ellen L. White Notary Public
My Commission Expires 3-21-23

