

Quay County Government

300 South Third Street, Tucumcari, NM 88401

Post Office Box 1246

Phone: (575)461-2112 Fax: (575) 461-6208

AGENDA REGULAR SESSION QUAY COUNTY BOARD OF COMMISSIONERS March 13, 2023

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes-Regular Session February 27, 2022

Approval/Amendment of Agenda

Public Comment

Ongoing Business

New Business

- I. **Doyle Rush, Quay County Resident**
 - Discussion of Quay Road 41
- II. **Larry Moore, Quay County Road Superintendent**
 - Request Approval of QR 63 LGRF Project
 - Request Approval of QR AF LGRF Project
 - Request Approval of QR AR LGRF Project
 - Road Update
- III. **Renee Hayoz, PMS ADMINISTRATOR**
 - Presentation of RPHCA Report
 - Request Approval of Resolution No. 34 to Submit FY 2024 RPHCA Application
- IV. **Eric, Spurlin, CPA, CITP, Carr, Riggs & Ingram**
 - Presentation of FY 22 Audit Exit Conference
 - Request Approval of Resolution No. 32 Acceptance and Approval of the FY22 Audit
- V. **Pat Vanderpool, Executive Director, Greater Tucumcari EDC**
 - Presentation of EAWDB Executive Committee Appointee Duties
 - Request Approval of EAWDB Executive Committee Appointee



DOC #CM-00552

03/27/2023 11:41 AM Doc Type: COCOM

Fee: (No FieldTag Finance.TotalFees found)

Quay County, NM Ellen White - County Clerk, County Cle



Pages: 101

- VI. Dennis Garcia, Quay County Sheriff**
- Request Approval of Quay County 2023-2024 LEPP Application
- VII. Lucas Bugg, Quay County Fire Marshall**
- Request Approval of District 1 PERA Application
 - Request Approval of District 2 PERA Application
 - Request Approval of Bard Endee PERA Application
 - Request Approval of Porter PERA Application
 - Request Approval of Quay PERA Application
 - Request Approval of Equipment Purchase for QCFM
 - Request Approval of Apparatus Purchase for District 1
- VIII. Andrea Shafer, DWI Coordinator**
- Request Approval of Resolution 31 to Submit FY24 Local DWI Program Distribution and Grant Funding Application
- IX. Daniel Zamora, Quay County Manager**
- Request Approval of Resolution 33 Opposing the Listing of the Lesser Prairie Chicken as an Endangered Species
 - Presentation of FY24 Congressionally Directed Spending Request Form
 - Presentation of the Annual Quay County Safety Inspection
 - Request Approval of WCA Affidavit of Annual Safety Inspection
- X. Approval of Accounts Payable**
- XI. Request a Closed Executive Session**
- Pursuant to Section 10-15-1(H) 2. The New Mexico Open Meeting Act to Discuss Limited Personnel Matters Regarding Appointment of Quay County Assessor
- XII. Any Proposed Action from Executive Session**
- Appointment of Quay County Assessor
- XIII. Commissioner Comments**

Adjourn

,REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

March 13, 2023

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 13th day March, 2023 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:

Robert Lopez, Chairman
Jerri Rush, Member
Brian Fortner, Member
Ellen L. White, County Clerk
Daniel Zamora, County Manager

OTHERS PRESENT:

Cheryl Simpson, Quay County Finance Director
Janie Hoffman, Quay County Assessor
Lucas Bugg, Quay County Fire Marshal
Dennis Garcia, Quay County Sheriff
Dana Leonard, Quay County GIS
Samantha Salas, Administrative Assistant to County Manager
Larry Moore, Quay County Road Superintendent
Stephen Salas, Quay County Road Department
Andrea Shafer, Quay County DWI Coordinator
Richard (Rico) Marano, Quay County DWI Department
Patrick Vanderpool, Executive Director, Greater Tucumcari EDC
Mr. & Mrs. Doyle Rush, Quay County residents
Renee Hayoz, PMS Administrator
Ron Warnick, Quay County Sun

PRESENT VIA ZOOM:

Eric Spurlin, CPA, Carr, Riggs & Ingram

Chairman Lopez called the meeting to order. Sheriff Garcia led the Pledge of Allegiance.

A MOTION was made by Jerri Rush SECONDED by Brian Fortner to approve the February 27, 2023 regular session minutes. MOTION carried with Rush voting “aye”, Lopez voting “aye” and Fortner voting “aye”.

Manager Zamora, requested part two of Item No. 3; Resolution No. 34, be removed from the Agenda. A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the

agenda with amendment. MOTION carried with Rush voting “aye”, Lopez voting “aye” and Fortner voting “aye”.

Public Comments: None

NEW BUSINESS:

Doyle Rush, Quay County resident and land owner, requested opening of a portion of Quay Road 41 between Quay Roads AB and AD, which was previously closed in 2013. Attached is a letter from Mr. Rush. Chairman Lopez recommended the County Manager seek legal counsel to determine what steps the County should take to proceed.

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

- Introduced Stephen Salas, who will be the new Superintendent when Larry Moore retires later this year.
- Requested approval of the following 2023/2024 NMDOT Local Government Road Fund Projects:
 - Cooperative Agreement will be Evans Street (Blocks 700-1000) .40 miles and Quay Road AR (Blocks 6300-6424) 1.24 miles. Projected cost \$117,661.16.
 - School Bus Route Agreement will be Quay Road 63 (Blocks 3600-3700) 1 mile. Projected cost \$122,965.90.
 - CAP Agreement will be Quay Road AF (Blocks 6000-6300) 2.99 miles and Quay Road AR (Blocks 6300-6424) 1.24 miles. Projected cost \$327,694.85.

A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve submission of the Road Fund Projects. MOTION carried with Fortner voting “aye”, Rush voting “aye” and Lopez voting “aye”. Copies are attached.

- Blade Reports were distributed.
- Crews are hauling millings on Quay Road AL
- Driving lane on the north side of the low water crossing should be complete this week.
- The continued drought is keeping the blading of roadways to a minimum. As residents call for assistance, the crew will respond.

Renee Hayoz, PMS Administrator provided the monthly RPHCA Report for February. A copy is attached. Hayoz reported the funding applications for RPHCA monies are on hold until further notice.

Eric Spurlin, CPA for Carr, Riggs & Ingram presented a slide show detailing the FY22 Audit and requested approval of Resolution No. 32; Acceptance and Approval of the FY 22 Audit. A MOTION was made Jerri Rush, SECONDED by Brian Fortner to accept the audit and Resolution No. 32. MOTION carried with Rush voting “aye”, Fortner voting “aye” and Lopez voting “aye”. A copy of said Resolution is attached to these minutes.

Patrick Vanderpool, Executive Director for Greater Tucumcari EDC, presented an overview of the EAWDB Executive Committee Appointee duties and requested the Commission appoint Chairman, Robert Lopez to serve in that capacity. A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to appoint Lopez to serve. MOTION carried with Fortner voting "aye", Rush voting "aye" and Lopez voting "aye".

Quay County Sheriff, Dennis Garcia, requested approval of the Law Enforcement Protection Grant Funds totaling \$105,500.00. A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the Application. MOTION carried with Fortner voting "aye", Rush voting "aye" and Lopez voting "aye". A copy is attached.

Lucas Bugg, Quay County Fire Marshall, presented the following PERA Applications for approval:

- District 1
- District 2
- Bard Endee
- Porter
- Quay

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the PERA Applications. MOTION carried with Rush voting "aye", Fortner voting "aye" and Lopez voting "aye". Copies are attached.

Fire Marshall, Bugg also requested approval of the following items:

- Purchase of Fill Station for Fire Marshall from Artesia Fire Equipment, Inc. totaling \$12,585.00.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the purchase as presented. MOTION carried with Rush voting "aye", Fortner voting "aye" and Lopez voting "aye". Invoice copy attached.

- HGAC Contract for District 1 to purchase a 3000-gallon Tanker in the amount of \$420,000.00.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the Contract MOTION carried with Rush voting "aye", Fortner voting "aye" and Lopez voting "aye". A copy is attached.

Andrea Shafer, Quay County DWI Coordinator, requested approval of Resolution No. 31; Submission of Local DWI Program Distribution and Grant Funding Application. A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve all documents required. MOTION carried with Rush voting "aye", Fortner voting "aye" and Lopez voting "aye". Copies are attached.

Shafer announced she was resigning as the DWI Coordinator, effective March 23, 2023. Shafer introduced Richard (Rico) Marano, her assistant.

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

- Approval of Resolution No. 33; Opposing the listing of the Lesser Prairie Chicken as an Endangered Species.

A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve the Resolution. MOTION carried with Fortner voting “aye”, Rush voting “aye” and Lopez voting “aye”. A copy is attached.

- Approval of FY24 Congressionally Directed Spending Request Form. Zamora explained this form is an opportunity to request funding at a Federal level that could be used for the new Hospital proposed project. The total requested is \$32,293,655.57.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the submission requesting funding. MOTION carried with Rush voting “aye”, Fortner voting “aye” and Lopez voting “aye”. A copy is attached.

- Presented the recent finding of the NMC Safety Inspection of all County owned facilities and requested approval of the Affidavit of Annual Safety Inspection form.

A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve the Affidavit. MOTION carried with Fortner voting “aye”, Rush voting “aye” and Lopez voting “aye”. A copy is attached to these minutes.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the expenditures included in the Accounts Payable Report ending March 8, 2023. MOTION carried with Rush voting “aye”, Lopez voting “aye” and Fortner voting “aye”.

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

- Section 10-15-1(H)2; Limited Personnel Matters regarding the appointment of Quay County Assessor.

THE MOTION carried with Rush voting “aye”, Fortner voting “aye” and Lopez voting “aye”.

Time noted 10:05 a.m.

---Executive Session---

*Lunch Break noted 12:00 noon to 1:00 p.m.

Return to regular session. Time noted 3:35 p.m.

Chairman Lopez called the regular session meeting back to order. A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to appoint Dana Leonard as the Quay County Assessor, beginning July 1, 2023, at the time Janie Hoffman retires from that position. MOTION carried with Fortner voting "aye", Rush voting "aye" and Lopez voting "aye".

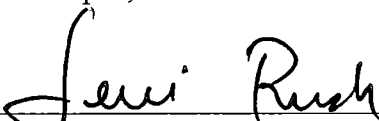
Other Quay County Business That May Arise during the Commission Meeting and/or comments from the Commissioners: NONE

There being no further business, a MOTION was made by Jerri Rush SECONDED by Brian Fortner to adjourn. MOTION carried with Rush voting "aye", Fortner voting "aye" and Lopez voting "aye". Time noted 3:40 p.m.

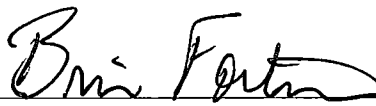
Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS

Robert Lopez, Chairman




Jerri Rush, Member

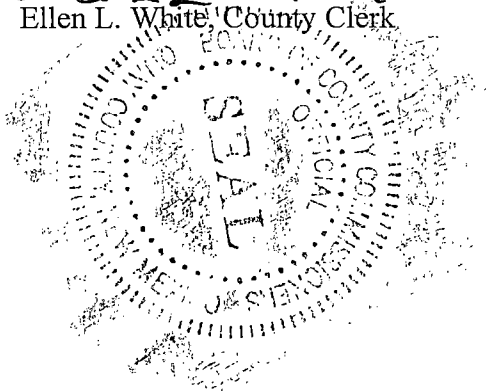


Brian Fortner, Member

ATTEST:



Ellen L. White, County Clerk



SALLY RUSH EDUCATIONAL TRUST

5545 STATE HIGHWAY 209

MCALISTER, NM 88427-9747

DOYLE CELL (575) 799-0236

Good morning,

My name is Doyle Rush, I am the Trustee for the Sally Rush Educational Trust. The issue:

- Quay Road 41 between AB and AD has been closed which denies access to the farmland held by the Trust.
- The closure, I have been told was January 01, 2013

Mrs. Rush, Mr. Moore, and Mr. Zamora have all been to the location. I have spoken at length with Mr. Fortner and Mr. Lopez. I have talked to each of you at great length regarding this issue, so I won't waste your time or mine by repeating myself.

I am here today to get Quay Road 41 from AB to AD opened to access the land held in the Sally Rush Educational Trust.

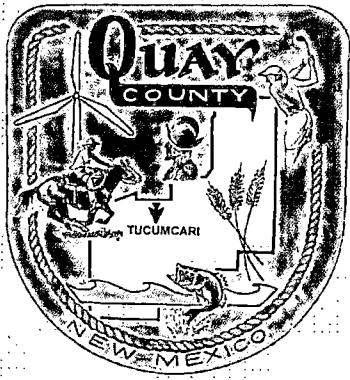
On the next page I have provided a portion of a Commissioners Meeting in which Resolution No. 24 was approved. I believe this information is sufficient for this meeting.

I do not believe the landowners were notified as required. The road was improperly closed. A time line (10 years) cannot be applied when NM Statutes governing closure were not followed; therefore, the road closure is VOID.

I have exhausted all avenues I can on my own by appearing here today.

I appreciate you allowing me to speak here today.

Doyle Rush; Trustee Sally Rush Educational Trust



QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

March 13th, 2023

Ms. Samantha Sandoval
New Mexico Department of Transportation
PO Box 10
Las Vegas, NM, 87701

Dear Ms. Sandoval,

Quay County is requesting participation in the **2023/2024** NMDOT Local Government Road Fund Program.

At this time, Quay County is requesting **\$117,661.16** for roadway improvements. If granted the requested amount Quay County has designated **Evans Street (Blocks 0700-1000) .40 miles and Quay Road AR (Blocks 6300-6424) 1.24 miles** as a priority for roadway improvements.

Enclosed is the estimated summary cost, proposed scope of work, and a map for your review. If you have any questions or concerns you may contact Larry Moore at 575-403-7735.

Sincerely,

Daniel Zamora
Quay County Manager

Enc.

Quay County

2023-24 Proposed Cooperative Agreement Program (SP)

January 2023

- **No**, we do not wish to request participation in the 2023-24 Cooperative Agreement Program
- ✕ **Yes**, we do wish to participate in the 2023-24 Cooperative Agreement Program in the proposed amount of \$ 117,661.16 . Attached please find the requested information.

Requested information is as follows:

- A. The location of the proposed project, including a map detailing the Street or parking areas, certification that it is a municipal street or school parking area(s).
- B. Scope of the proposed work including estimated quantities and funding amounts.
- C. The justification that the proposed project is necessary for the public's good and convenience.
- D. Source of matching funds including letter of intent from your local governing body assuring that the proposed matching funds are available for participation on proposed project.

As in the past, it is anticipated that the funding will be limited thus making it imperative that you comply with the above requested information. The District will utilize all information to determine priorities. Submittals after the deadline may result in exclusion from the program.

It is imperative that you supply information on the type of work you intend to undertake with the funding in order to avoid delays in the finalization of the paperwork.



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Dear Ms. Sandoval,

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At this time, Quay County is requesting **\$122,965.90** for roadway improvements. If granted the requested amount Quay County has designated **Quay Road 63 (Blocks 3600-3700) 1 mile** as a priority for roadway improvements.

Enclosed is the estimated summary cost, proposed scope of work, and a map for your review. If you have any questions or concerns, you may contact Larry Moore at 575-403-7735.

Sincerely,

Daniel Zamora
Quay County Manager

Enc.

Quay County

2023-24 Proposed Cooperative Agreement Program (SB)

January 2023

- **No**, we do not wish to request participation in the 2023-24 Cooperative Agreement Program
- ✕ **Yes**, we do wish to participate in the 2023-24 Cooperative Agreement Program in the proposed amount of \$ 122,965.90. Attached please find the requested information.

Requested information is as follows:

- A. The location of the proposed project, including a map detailing the Street or parking areas, certification that it is a municipal street or school parking area(s).
- B. Scope of the proposed work including estimated quantities and funding amounts.
- C. The justification that the proposed project is necessary for the public's good and convenience.
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AS BUILT SUMMARY COSTS & QUANTITIES

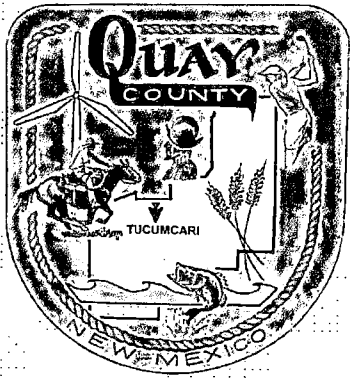
ENTITY: Quay County Road Department DO: _____ CN: _____

PROJECT #: SB 2023-2024

TERMINI: Quay Road 63 (Blocks 3600-3700) 1 mile

SCOPE OF WORK: Pavement Rehabilitation/Improvements, Drainage Improvements, Blading and Shaping, Miscellaneous to Various County Roads.

| ITEM NO. | ITEM DESCRIPTION | UNIT | ESTIMATED QUANTITY | Final Quantity | UNIT COST | FINAL COST |
|----------|-----------------------------|------|--------------------|----------------|-----------|--------------|
| 1. | Blading, Shaping & Drainage | SY | 14,080 | | 2.00 | 28,160.00 |
| | | | | | | |
| 2. | Calich | Ton | 3,456 | | 8.25 | 28,512.00 |
| 3. | Tax | % | 28,512.00 | | 6.5625 | 1,871.10 |
| | | | | | | |
| 4. | ½ inch chips (Double Pen) | Ton | 433.66 | | 30.00 | 13,009.80 |
| 5. | Tax | % | 13,009.80 | | 6.5625 | 853.77 |
| | | | | | | |
| | HFE – 90 | Ton | 46.93 | | 552.21 | 25,915.22 |
| 7. | Tax | % | 25,915.22 | | 6.5625 | 2,138.01 |
| | | | | | | |
| 8. | Chip Seal Double Pen | SY | 28,160 | | .75 | 21,120.00 |
| 9. | Tax | % | 21,120.00 | | 6.5625 | 1,386.00 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | Subtotal | | \$116,717.02 |
| | | | | Tax | | 6,248.88 |
| | | | | | TOTAL | \$122,965.90 |



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At this time, Quay County is requesting **\$327,694.85** for roadway improvements. If granted the requested amount Quay County has designated **Quay Road AF (Blocks 6000-6300) 2.99 miles and Quay Road AR (Blocks 6300-6424) 1.24 miles** as a priority for roadway improvements.

Enclosed is the estimated summary cost, proposed scope of work, and a map for your review. If you have any questions or concerns you may contact Larry Moore at 575-403-7735.

Sincerely,

Daniel Zamora
Quay County Manager

Enc.

Quay County

2023-24 Proposed Cooperative Agreement Program (CAP)

January 2023

- ☐ **No**, we do not wish to request participation in the 2023-24 Cooperative Agreement Program
- ☒ **Yes**, we do wish to participate in the 2023-24 Cooperative Agreement Program in the proposed amount of \$ 327,694.85. Attached please find the requested information.

Requested information is as follows:

- A. The location of the proposed project, including a map detailing the Street or parking areas, certification that it is a municipal street or school parking area(s).
- B. Scope of the proposed work including estimated quantities and funding amounts.
- C. The justification that the proposed project is necessary for the public's good and convenience.
- D. Source of matching funds including letter of intent from your local governing body assuring that the proposed matching funds are available for participation on proposed project.

As in the past, it is anticipated that the funding will be limited thus making it imperative that you comply with the above requested information. The District will utilize all information to determine priorities. Submittals after the deadline may result in exclusion from the program.

It is imperative that you supply information on the type of work you intend to undertake with the funding in order to avoid delays in the finalization of the paperwork.

PROJECT #: CAP 2023-2024

TERMINI: Quay Road AF (Blocks 6000- 6300) 2.99 miles

Quay Road AR (Blocks 6300-6424) 1.24 miles

SCOPE OF WORK: Pavement Rehabilitation/Improvements, Drainage Improvements, Blading and Shaping, Miscellaneous to Various County Roads.

[illegible]

Clinic/Program Name: Quay County Family Health Center
Month Reported: February 2023

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 have been made in the changes we are providing.
2. **Please describe any difficulties encountered in providing services during the month reported. What were the causes of the difficulties?** CME, PTO and Holidays.
3. **Were there any changes in the encounters (+ or - 10%) from the previous month reported? Please explain any causes for the changes.** Encounters for the month of February were 398 which is short of our budgeted goal of 438. 1 provider met their goals, 1 was 8 short and the last provider is new and is ramping up her patient base. She was 57 short of meeting her goal.
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.***
No changes.
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 do not have any 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 Cl.

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 every other Wednesdays from 7-9 AM. COVID Home Test Kits are being given to patients upon checkout.
9. **Please describe the outreach activities your program and staff provided to the community during the month reported.** Health Council attendance by Admin and SBIRT.
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 3, 2023

Introduction/Welcome

- Introduction of all members
- Community Feedback

2022 Goals

- Continued development of BH services with Real Presence for Rio Rancho patients. SBIRT has a small case of 2 patients for therapy.
- Discussion of expanding Dental Services in Tucumcari. Quay County was unable to move forward with seeking funds for the dental program. Currently they are pursuing funding for the hospital and seeking funds for the dental program would cancel out any funds for the hospital.
- Board Member Engagement. QCFHC has the most active guidance council in Central Region.
- Engagement Survey – Central Regions lowest score in the survey was around communication and action. Collectively each site has put forth together a plan to address these low scoring areas.

Clinic Update

- Staffing
- Monthly Encounters budgeted for the month is 437 for medical and 67 for SBIRT.
- Tucumcari will be hosting the Central Region Admin Meeting in April

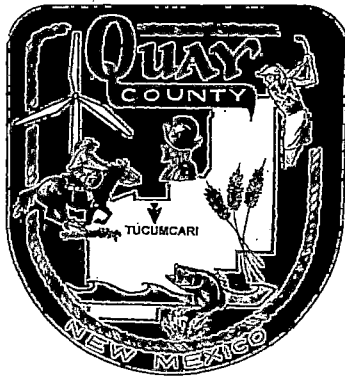
Home Visiting

- Vacancy hiring for P/T employee, no applications have been received.
- Enrollment Numbers. New home visitor has ramped up her patient case to 15.
- Outreach will begin now that the pandemic restrictions have been lifted.

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: | 02/01/23 |
| Action Plan Item | | Actual Monthly Level | |
| Level of Operations | Total Number of Primary Care Encounters | | |
| | By Provider Type: | | |
| | Physician Encounters | | 398 |
| | Midlevel Practitioner Encounters | | |
| | Dentist Encounters | | |
| | Dental Hygienist Encounters | | |
| | Behavioral Health Encounters | | 36 |
| | All Other Licensed/Certified Provider Encounters | | |
| | By Payment Source: | | |
| | Sliding Fee Encounters - Medical/Behavioral Health | | 32 |
| | Sliding Fee Encounters - Dental | | |
| | Medicaid Encounters - Medical/Behavioral Health | | 166 |
| | Medicaid Encounters - Dental | | |
| | County Indigent Encounters | | |
| | Other 3 rd Party Encounters | | 112 |
| | Medicare Encounters | | 115 |
| 100% Self Pay (non-discounted/non-3 rd party) Encounters | | 9 | |
| Unduplicated Number of Users | Total # of unduplicated users | | 121 |
| | At or Below Poverty | | 59 |
| | Between Poverty and 200% of Poverty | | 46 |
| | Above 200% of Poverty | | 16 |
| Staffing Level | Administrative Staff | 3.2 | |
| | | Clinical FTEs | Admin FTEs |
| | Physicians | | |
| | Certified Nurse Practitioners | 3 | |
| | 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 | | 98,271 |
| | Sliding Fee Revenues - Medical | | 5,624 |
| | Sliding Fee Revenues - Dental | | 0 |
| | Medicaid Revenues - Medical | | 29,209 |
| | Medicaid Revenues - Dental | | 0 |
| | County Indigent Fund Revenues | | 0 |
| | Other 3 rd Party Revenues | | 14,785 |
| | Medicare Revenues | | 9,768 |
| | 100% Self Pay (non-discounted/non-3 rd party) Patient Revenues | | 296 |
| | Contracts/Grants Revenues (including RPHCA) | | 38,589 |
| | Total Primary Care Expenditures | | 103,611 |
| | Total Primary Care Charges | | 81,000 |
| | Sliding Fee Discounts - Medical | | 5,677 |
| | Sliding Fee Discounts - Dental | | 0 |
| Prepared by: C Renee Hayoz | | 3/7/2023 | |



QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

2022-2023 Resolution No. 32

ACCEPTANCE AND APPROVAL OF THE FY22 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 2022; and,

WHEREAS, the Quay County Board of Commissioners has directed the accomplishment of the audit for FY22 be completed; and,

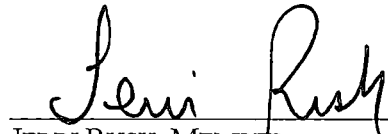
WHEREAS, this audit has been completed and presented to the Quay County Board of Commissioners per the February 14, 2023 Letter from the State Auditor authorizing release of the FY22 audit.

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 13th day of March, 2023 in regular session by the Quay County Board of Commissioners, at Tucumcari, Quay County, New Mexico.


ROBERT LOPEZ, CHAIR


JERRI RUSH, MEMBER

ATTEST BY:


ELLEN WHITE, QUAY COUNTY CLERK


BRIAN FORTNER, MEMBER



NEW MEXICO DEPARTMENT OF FINANCE AND ADMINISTRATION

LOCAL GOVERNMENT DIVISION

County/Municipality/School District/University


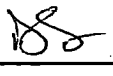
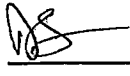
Application for Law Enforcement Protection Funds (LEPF)

For the July 1, 2023 – June 30, 2024 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 four 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.

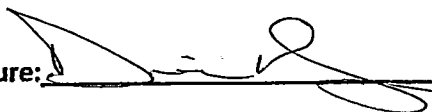
4. DS By initialing, I hereby certify that my local law enforcement agency is in compliance with Section 29-7C-7. NMSA 1978: A. In-service telecommunicator training consists of at least twenty hours of board-approved advanced training, including one hour of crisis management, including crisis intervention, 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. DS 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: 3-13-2023

Printed Name: Dennis Garcia Title: Sheriff

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

Signature:  Date: 3/13/2023

Printed Name: Cheryl Simpson Title: Finance Director

2022 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, 2023 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)

| | | | |
|-----------------------------------------|------------------------------------------|-----------------------------------|----------|
| 09636 | Conservancy Fire District 1 Quay County | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| P.O. Box 725 | Tucumcari | NM | 88401 |
| VFD Mailing Address | City | State | Zip Code |
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov | |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Michelle Jaynes | 575-815-9015 | michelle.jaynes5@gmail.com | |
| 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 2022: | 2 |
| 2. | Current/returning (non-retired) VFD members reported in 2022: | 10 |
| 3. | Retired VFD members reported in 2022: | 2 |
| 4. | Total number of Volunteer Firefighters reported in 2022 (sum of members entered on lines 1 through 3): | 14 |

Section 3

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Lucas Bugg, Fire Chief of the Conservancy Fire District 1 Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2022 roster.

Signature of VFD Fire Chief [Signature] Date 03/06/2023

State of New Mexico)
County of Quay) SS:

Signed and sworn to (or affirmed) before me by Lucas Bugg on this 6 day of March, 2023.

My Commission Expires 3-21-23 Notary Public Telephone Number 575 961-0510 Signature of Notary [Signature]

Section 4

MAYOR OR COMMISSION CERTIFICATION

Signature of Municipal Mayor or Chair of County Commission [Signature] Date 3-13-23

State of New Mexico
Notary Public
ELLEN L. WHITE
Commission# 1006761
My Comm. Exp. 3-21-2023

**2022 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

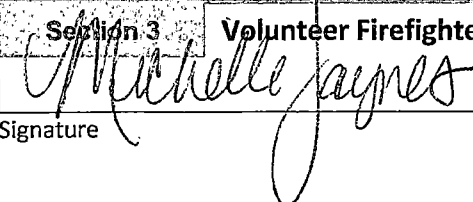
Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned in hard copy and electronic copy format to PERA along with the Annual Reporting form by March 31, 2023 via R/O and by regular mail, fax, or e-mail to peramemberservices@state.nm.us for processing. 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 1 Quay County | 09636 | 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: John Hinze Address: 6291 Quay Road AQ, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Reyes Gonzales Address: 4267 Quay Road 62.9, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Scot Jaynes Address: 4205 QR 63, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Misty Smith Address: 623 S. 1st Street, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Michelle Jaynes Address: 4205 QR 63, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Mark Preciado Address: 2714 S. 3rd Street, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: Todd Smith Address: 623 S. 1st Street, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | [REDACTED] | Name: Lucas Bugg Address: 4518 State Highway 66, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | [REDACTED] | Name: Estephani Garcia Address: 623 S. 1st Street, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | [REDACTED] | Name: Daniel Zamora Address: 2409 S. 3rd Street, Tucumcari, NM 88401 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | |
|--------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Section 3 Volunteer Firefighter Department Certification | | |
|  Signature | Secretary Title | 2/12/2023 Date |

**PERA**Public Employees
Retirement Association
of New Mexico**2022 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, 2023 via RIO and by regular mail, fax, or e-mail to peramemberservices@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 1 Quay County | 09363 | 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: Chase Waters Address: | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Dustin Lopez Address: 1209 S. Jackson, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input 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**

| | | |
|------------------------|-----------|-----------|
| <i>Michelle Jaymes</i> | Secretary | 2/12/2023 |
| Signature | Title | Date |

October 2022

**PERA**Public Employees
Retirement Association
of New Mexico**2022 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, 2023 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 1 Quay County | 09636 | 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: John Bugg Address: P.O. Box 625, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Mike Cherry Address: 1910 S. 8th, Tucumcari, NM | [REDACTED] | <input checked="" type="checkbox"/> | <input 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

| | | |
|-----------------------|-----------|-----------|
| <i>Mitchell James</i> | Secretary | 2/12/2023 |
| Signature | Title | Date |

2022 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, 2023 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Section 1

Information About the Volunteer Fire Department (VFD)

| | | | |
|----------------------------------|-----------------------------|-------|----------|
| 09636 | Conservancy Fire District 1 | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| PO Box 725 | Tucumcari | NM | 88401 |
| VFD Mailing Address | City | State | Zip Code |

Section 2

Information About the VFD Fire Chief

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

Section 3

Information About the VFD Reporter

| | | |
|------------------------------------|-------------------------------------|------------------------------|
| Michelle Jaynes | 575-815-9015 | michelle.jaynes5@gmail.com |
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

Section 4

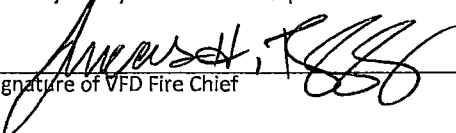
Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc.)

| | | |
|-----------------------------------------|------------------------------------------|-----------------------------------|
| Lucas Bugg County Fire Marshal | 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 5

VFD Fire Chief's Authorization

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

| | |
|------------------------------------------------------------------------------------|------------|
|  | 03/06/2023 |
| Signature of VFD Fire 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

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)

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|-------------------|
| 634-26-7937 | | Chase Waters | |
| Social Security Number or PERA ID | | Name (First, Middle Initial, Last) | |
| <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male - | | | |
| Gender | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address | |
| Mailing Address | | City | State Zip Code |
| 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 type="checkbox"/> No | | | |

Section 2

Information About the VF Member's Spouse*

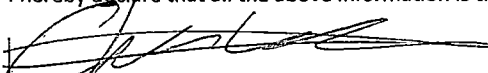
*To be completed by a married VF member.

| | | |
|---------------|--------------|------------------------|
| 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 | 2/28/23 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 1 | 09636 | 04/21/2022 |
| Name of Volunteer Fire Department (VFD) | PERA VFD Number | Start Date (mm/dd/ccyy) |
| district1fire@outlook.com | (575) 815-9015 | |
| VFD Email Address | VFD Phone Number | |
| Lucas Bugg 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 | 03/06/2023 Date |
|--------------------------------------------------------------------------------------------------------------|--------------------|

2022 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, 2023 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)

| | | | |
|-----------------------------------------|------------------------------------------|-----------------------------------|----------|
| 09755 | QUAY FIRE DEPARTMENT | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 4314 QUAY RD. 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 (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| LUCAS BUGG | 575-403-6479 | lucasbugg @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 2022: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2022: | 10 |
| 3. | Retired VFD members reported in 2022: | 3 |
| 4. | Total number of Volunteer Firefighters reported in 2022 (sum of members entered on lines 1 through 3): | 13 |

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 2022 roster.

Gerald Hight Signature of VFD Fire Chief, 03/01/2023 Date

State of New Mexico

County of Quay SS:

Signed and sworn to (or affirmed) before me by Gerald Hight on this 1 day of March, 2023.
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 Ellen L. White

Section 4

MAYOR OR COMMISSION CERTIFICATION

[Signature] Signature of Municipal Mayor or Chair of County Commission 3-13-23 Date

State of New Mexico
Notary Public
ELLEN L. WHITE
Commission# 1006761
My Comm. Exp. 3-21-2023

October 2022

**PERA**Public Employees
Retirement Association
of New Mexico

2022 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, 2023 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Section 1**Information About the Volunteer Fire Department (VFD)**

09755

PERA VFD Number (5 digit number)

Quay Fire Department

VFD Name

4314 Quay Road 50.4

VFD Mailing Address

Tucumcari

City

NM

State

88401

Zip Code

Section 2**Information About the VFD Fire Chief**

Gerald Hight

VFD Fire Chief's Name (First and Last)

575-403-8076

VFD Fire Chief's Daytime Phone Number

ghight@plateautel.net.

VFD Fire Chief's Email Address

Section 3**Information About the VFD Reporter**

Gerald Hight

VFD Reporter Name (First and Last)

575-403-8076

VFD Reporter's Daytime Phone Number

ghight@plateautel.net

VFD Reporter's Email Address

Section 4**Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc.)**

Lucas Bugg

Alternate Contact Name (First and Last)

575-403-6479

Alternate Contact's Daytime Phone Number

lucasbugg@quaycounty-nm.gov

Alternate Contact's Email Address

Section 5**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

3-1-2023

Date

**PERA**Public Employees
Retirement Association
of New Mexico**2022 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.orgInstructions: 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, 2023 via RIO and by regular mail, fax, or e-mail to 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 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: GAMBARDILLA, SHERYL Address: 4290 QUAY RD. AR TUCUMCARI, NM 88401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: THOMPSON, ELIZABETH Address: 4452 QUAY RD. 49 TUCUMCARI, NM 88401 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | | Name: THOMPSON, RICK Address: 4452 QUAY RD. 49 TUCUMCARI, NM 88401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: HAMPTON, TERSA Address: 4545 QUAY RD. 45 TUCUMCARI, NM 8401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: HIGHT, DORIS Address: 4286 QUAY RD. 42 TUCUMCARI, NM 88401 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | | Name: HAMPTON, ROY Address: 4313 QUAY RD. AR TUCUMCARI NM 88401 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | | Name: HIGHT, DUSTAN Address: 4314 QUAY RD. 50.4 TUCUMCARI, NM 88401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: DANIEL, HIGHT Address: 4314 QUAY RD. 50.4 TUCUMCARI, NM 88401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: HUMPHRIES, WILLIAM Address: PO BOX 861 TUCUMCARI, NM 88401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: THOMPSON, CLINTON Address: 4272 QUAY RD 54 TUCUMCARI NM | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section 3**Volunteer Firefighter Department Certification**

Gerald Hight

Signature

Chief

Title

3-1-23

Date

**PERA**Public Employees
Retirement Association
of New Mexico**2022 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, 2023 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: HIGHT, PAUL Address: 4286 QUAY RD. 42 TUCUMCARI, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: O'STEEN, PAULA Address: PO BOX 643 TUCUMCARI, NM 88401 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | [REDACTED] | Name: GERALD, HIGHT Address: 4314 QUAY RD. 50.4 TUCUMCARI, NM 88401 | [REDACTED] | <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>Gerald Hight</i> | Chief | 3-1-23 |
| Signature | Title | Date |

2022 Volunteer Firefighters Annual Reporting Form

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, 2023 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 Road 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 2022: | 6 |
| 2. | Current/returning (non-retired) VFD members reported in 2022: | 12 |
| 3. | Retired VFD members reported in 2022: | 4 |
| 4. | Total number of Volunteer Firefighters reported in 2022 (sum of members entered on lines 1 through 3): | 22 |

Section 3

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Danny Wallace, Fire Chief of the Conservancy Fire Dist. 2 Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect **100%** of my VFD's 2022 roster.

Danny Wallace 3-8-23
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 8th day of March, 2023.
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 Ellen L White

Section 4

MAYOR OR COMMISSION CERTIFICATION

Ellen L White 3-13-23
Signature of Municipal Mayor or Chair of County Commission Date

State of New Mexico
Notary Public
ELLEN L. WHITE
Commission# 1006761
My Comm. Exp. 3-21-2023

2022 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, 2023 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Information About the Volunteer Fire Department (VFD)

| | | | |
|----------------------------------|-----------------------------|-------|----------|
| 09637 | Conservancy Fire District 2 | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 2599 Quay Road 51 | Grady | NM | 88401 |
| 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 | cowhand63@gmail.com |
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

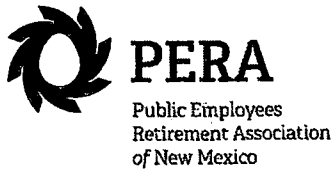
Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc.)

| | | |
|-----------------------------------------|------------------------------------------|-----------------------------------|
| 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.

| | |
|-------------------------------------------------------------------------------------|--------|
|  | 3-8-23 |
| Signature of VFD Fire Chief | Date |



**2022 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, 2023 via RIO and by regular mail, fax, or e-mail to 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

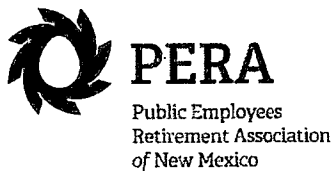
Information about your Current Active (Non-Retired) VFD Members Only

| 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 Road 62, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Gary Massey Address: 5291 Quay Road Al, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Ralph Lopez Address: 3321 State Highway 278, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Noel Acosta Address: 423 East High Street, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Kenton Perkins Address: P.O. Box 1021, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Donna R Massey Address: 5291 Quay Road Al, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: Tammy Lopez Address: 3321 State Highway 278, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | [REDACTED] | Name: Zachary Kardokus Address: 3241 Quay Road 57, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | [REDACTED] | Name: Bo Wallace Address: 8103 State Highway 209, Tucumcari, NM 88401 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. | [REDACTED] | Name: Roxie Wallace Address: 2599 Quay Road 51, Grady NM 88120 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|---------------|-----------|----------------|
| Signature | Title | 3-8-23 Date |
|---------------|-----------|----------------|



**2022 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, 2023 via RIO and by regular mail, fax, or e-mail to 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 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: Rebecca M Farrow Address: 2838 State Highway 278, Tucumcari, NM 88401 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | | Name: Tim Farrow Address: 2838 State Highway 278, Tucumcari, NM 88401 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | | Name: Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | | Name: Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Section 3

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|--------|
| | | 3-8-23 |
| Signature | Title | Date |



**2022 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, 2023 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 |

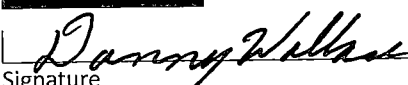
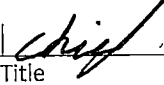
Section 2

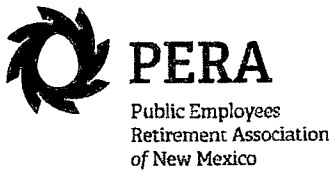
Information about your Retired VFD Members Only

| 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 Road 51, Grady NM 88120 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Ray Nicoley Address: 3013 State Highway 278, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Tommy Wallace Address: 5195 Quay Road C, Grady NM 88120 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | [REDACTED] | Name: Kyle Evetts Address: 3537 Quay Road 58, Tucumcari, NM 88401 | [REDACTED] | <input type="checkbox"/> | <input checked="" 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

| | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------|
|  |  | 3-8-23 |
| Signature | Title | Date |



2022 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, 2023 via RIO and by regular mail, fax, or e-mail to pera-memberservices@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: Casey Mackey Address: 1421 Sunburst Dr, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Jerry Humphry Address: Tucumcari, NM 88401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Marty Martinez Address: 1701 South 5th Street, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Scott Payn Address: 3449 Quay Road 60, Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Jared Collins Address: 424 South Rock Island Tucumcari, NM 88401 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Clifford Kardokus Address: 3241 Quay Road 57, Tucumcari, NM 88401 | [REDACTED] | <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

| | | |
|-----------|-------|--------|
| | | 3-8-23 |
| Signature | Title | 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)

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------|----------------|
| 462-67-2492 | | Clifford W Kardukos | |
| Social Security Number or PERA ID | | Name (First, Middle Initial, Last) | |
| <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male | (575) 576-5006 | bkardukos@gmail.com | |
| Gender | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address | |
| 3241 Quay Road 57 | | Tucumcari | NM 88401 |
| Mailing Address | | City | State Zip Code |
| 10/20/1971 | Dalhart | Texas | |
| 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 | | | |

Information About the VF Member's Spouse*

*To be completed by a married VF member.

| | | |
|------------------|--------------|------------------------|
| Suzanna Kardukos | | 11/17/1968 |
| 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.

| | |
|------------------------|------|
| | |
| 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 | |
| Name of Volunteer Fire Department (VFD) | PERA VFD Number | Start Date (mm/dd/ccyy) |
| <i>rnd wallace@yahoo.com</i> | <i>575-760-7794</i> | |
| VFD Email Address | VFD Phone Number | |

| |
|--------------------------|
| <i>Danny Wallace</i> |
| 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> | <i>3-8-23</i> |
| Signature of VFD Chief | Date |

2022 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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General Information About the Volunteer Fire Department (VFD)

| | | | |
|-----------------------------------------|------------------------------------------|-----------------------------------|----------|
| 09602 | Bard-Endee Fire District | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 1097 Route 66 | Bard | NM | 88411 |
| VFD Mailing Address | City | State | Zip Code |
| Donald Adams | 575-403-7911 | adamsfarms@yahoo.com | |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Aeren Carter | 806-679-1195 | bardendee@yahoo.com | |
| 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 2022: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2022: | 12 |
| 3. | Retired VFD members reported in 2022: | 8 |
| 4. | Total number of Volunteer Firefighters reported in 2022 (sum of members entered on lines 1 through 3): | 20 |

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Donald Adams, Fire Chief of the Bard-Endee 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 2022 roster.

Donald Adams 03/06/2023
Signature of VFD Fire Chief Date

State of New Mexico)

County of Quay) SS:

Signed and sworn to (or affirmed) before me by Donald Adams on this 6 day of March, 2023.
VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-21-23 Notary Public Telephone Number 575-401-0510 Signature of Notary Ellen L. White

MAYOR OR COMMISSION CERTIFICATION

Robert L. White 3-13-23
Signature of Municipal Mayor or Chair of County Commission Date

State of New Mexico
Notary Public
ELLEN L. WHITE
Commission# 1006761
My Comm. Exp. 3-21-2023

**PERA**Public Employees
Retirement Association
of New Mexico

2022 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, 2023 for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep a copy for your VFD's records.

Section 1**Information About the Volunteer Fire Department (VFD)**

| | | | |
|----------------------------------|--------------------------|-------|----------|
| 09602 | Bard-Endee Fiew District | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| 1097 Route 66 | Bard | N.M. | 88411 |
| VFD Mailing Address | City | State | Zip Code |

Section 2**Information About the VFD Fire Chief**

| | | |
|---------------------------------------|---------------------------------------|--------------------------------|
| Donald Adams | 575.403.7911 | adamsfarms@yahoo.com |
| VFD Fire Chief's Name (Firstand Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |

Section 3**Information About the VFD Reporter**

| | | |
|-----------------------------------|-------------------------------------|------------------------------|
| Aeren Carter | 806.679.1195 | bardendee@yahoo.com |
| VFD Reporter Name (Firstand Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

Section 4**Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc.)**

| | | |
|----------------------------------------|------------------------------------------|-----------------------------------|
| Lucas Bugg | 575.403.6479 | lucas.bugg@quaycounty-nm.gov |
| Alternate Contact Name (Firstand Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address |

Section 5**VFD Fire Chief's Authorization**

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

Donald Adams
Signature of VFD Fire Chief

02/06/2023
Date

**PERA**Public Employees
Retirement Association
of New Mexico**2022 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, 2023 via RIO and by regular mail, fax, or e-mail to peramemberservices@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**

| | | |
|--------------------------|----------------------------|--------|
| Bard-Endee Fire District | 09602 | 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: Steven Carter Address: 102 Rogers Logan NM 88426 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Aeren C. Carter Address: 102 Rogers Logan NM 88426 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | [REDACTED] | Name: Jackson Glenn Carter Address: 1916 Quay Road 66 San Jon NM 88434 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Jennifer Carter Address: 1916 Quay Road 66 San Jon NM 88434 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | [REDACTED] | Name: Kalon Lafferty Address: 6003 Quay Road M Bard NM 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Wade Lane Address: 502 Oak Ave San Jon NM 88434 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: Benjamin Bone Address: 6752 Quay Road O Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | [REDACTED] | Name: Barton Bone Address: 6725 Quay Road O Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | [REDACTED] | Name: Casey R Adams Address: 5913 Quay Road K Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. | [REDACTED] | Name: Heidi L. Adams Address: 6074 Quay Road AK Tucumcari NM 88401 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Section 3**Volunteer Firefighter Department Certification**

Donald Adams
Signature

Chief
Title

02/06/2023
Date



PERA
Public Employees
Retirement Association
of New Mexico

**2022 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, 2023 via RIO and by regular mail, fax, or e-mail to 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

| | | |
|--------------------------|----------------------------|--------|
| Bard-Endee Fire District | 09602 | 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: Melissa L Johnson Address: 599 St. Hwy 392 Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | [REDACTED] | Name: Lenny Reed Address: 6658 Quay Road N Bard NM 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input 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

| | | |
|---------------|-------|------------|
| Donnae Coloma | Chief | 02/06/2023 |
| Signature | Title | Date |

**PERA**Public Employees
Retirement Association
of New Mexico**2022 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, 2023 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**

Bard-Endee Fire District | 09602 | 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: Donald R. Adams Address: 5913 Quay Road K Bard NM 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | [REDACTED] | Name: Linda Adams Address: 5913 Quay Road K Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | [REDACTED] | Name: Donald H McCoy Address: 5936 Quay Road G Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | [REDACTED] | Name: Leslie Dale Bone Address: 6452 Quay Road O Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | [REDACTED] | Name: Jimmie Ray Johnson Address: 599 St. Hwy 392 Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | [REDACTED] | Name: Louis Glen Brown Address: 626 Route 66 Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | [REDACTED] | Name: Donald Edwin Carter Address: 1916 Quay Road 66 San Jon NM 88434 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | [REDACTED] | Name: Ellen Yvonne Bone Address: 6552 Quay Road O Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" 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**

Donald Adams | Chief | 02/06/2023
Signature | Title | Date

2022 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, 2023 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)

| | | | |
|-----------------------------------------|------------------------------------------|-----------------------------------|----------|
| 09961 | Porter VFD | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| Po Box 91 | San Jon | nm | 88434 |
| VFD Mailing Address | City | State | Zip Code |
| Austin Gibson | 575-403-5081 | austingibson199008@yahoo.com | |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Lucas Bugg | 575-461-3645 | 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 2022: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2022: | 7 |
| 3. | Retired VFD members reported in 2022: | 0 |
| 4. | Total number of Volunteer Firefighters reported in 2022 (sum of members entered on lines 1 through 3): | 7 |

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Austin Gibson, Fire Chief of the Porter VFD 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 2022 roster.

[Signature] 3-6-23
Signature of VFD Fire Chief Date

State of New Mexico)
County of Quay) SS:

Signed and sworn to (or affirmed) before me by Austin Gibson on this 6th day of March, 2023
VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-21-23 Notary Public Telephone Number 575-461-0570 Signature of Notary [Signature]

MAYOR OR COMMISSION CERTIFICATION

[Signature] 3-13-23
Signature of Municipal Mayor or Chair of County Commission Date

State of New Mexico
Notary Public
ELLEN L. WHITE
Commission# 1006761
My Comm. Exp. 3-21-2023

2022 Volunteer Fire Department Contact Information

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

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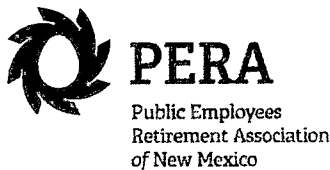
| Section 1 Information About the Volunteer Fire Department (VFD) | | | |
|-----------------------------------------------------------------|------------|-------|----------|
| 09961 | Porter VFD | | |
| PERA VFD Number (5 digit number) | VFD Name | | |
| Po Box 91 | San Jon | NM | 88434 |
| VFD Mailing Address | City | State | Zip Code |

| Section 2 Information About the VFD Fire Chief | | |
|------------------------------------------------|---------------------------------------|--------------------------------|
| Austin Gibson | 575-403-5081 | austingibson199008@yahoo.com |
| VFD Fire Chief's Name (First and Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |

| Section 3 Information About the VFD Reporter | | |
|----------------------------------------------|-------------------------------------|------------------------------|
| Austin Gibson | 575-403-5081 | austingibson19908@yahoo.com |
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |

| Section 4 Information About An Alternate Contact (County Fire Marshal, EMS Coordinator, etc.) | | |
|-----------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------|
| Lucas Bugg | 575-461-3645 | lucas.bugg@quaycounty-nm.gov |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address |

| Section 5 VFD Fire Chief's Authorization | |
|----------------------------------------------------------------------------------------------------------|---------|
| I hereby certify the information provided on this form is true and accurate to the best of my knowledge. | |
| Austin Gibosn | 2/15/23 |
| Signature of VFD Fire Chief | Date |



**2022 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, 2023 via RIO and by regular mail, fax, or e-mail to peramemberservices@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**

| | | |
|-------------|----------------------------|--------|
| Porter VFD | 09961 | 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: Jerney Allen Address: 6256 Quay road o Bard NM 88411 | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | [REDACTED] | Name: Rana Allen Address: 6256 Quay road O Bard NM 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | [REDACTED] | Name: Paul Gibson Address: 6245 Quay Road O Bard NM 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | [REDACTED] | Name: Carolyn Gibson Address: 6245 Quay Road O Bard NN 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | [REDACTED] | Name: Franklin Gibson Address: 6754 Quay Road C Bard NM 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | [REDACTED] | Name: Alice Gibson Address: 328 Quay Road 66 Bard NM 88411 | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | [REDACTED] | Name: Austin Gibson Address: 328 Quay Road 66 Bard NM 88411 | [REDACTED] | <input checked="" 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] | Chief | |
| Signature | Title | Date |

Artesia Fire Equipment , Inc.

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

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

Quotation

| DATE | Quote NO. |
|----------|-----------|
| 3/7/2023 | 28507REV2 |

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

| SHIPPING ADDRESS |
|----------------------------------------------------------------------------------------|
| QUAY COUNTY FIRE MARSHAL ATTN: LUKE BUGG 300 S. 3RD STRET TUCUMCARI, NM 88401 |

PRICES MAY CHANGE AFTER: 4/7/2023

| | | | | | | |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|-------------------|--------------|-----------|
| ATTENTION: | | CUSTOMER REF. NO. | REP | FOB | TERMS | |
| LUKE BUGG | | FMO | JF | SHIP POINT | Net 30 | |
| ITEM | DESCRIPTION | | QTY | EACH | Availability | TOTAL |
| BA-CFS5.5-2S | CFS5.5-2S BAUER TWO POSITION CONTAINED FILL STATION EQUIPPED WITH INLET PRESSURE GAUGE ADJUSTABLE REGULATOR, REGULATED PRESSURE GAUGE, FILL CONTROL VALVE AND FILL PRESSURE GAUGES | | 1 | 10,985.00 | | 10,985.00 |
| FREIGHT | Shipping | | 1 | 1,600.00 | | 1,600.00 |
| | ALBUQUERQUE FIRE EQUIPMENT CONTRACT NO: SHR000022403 | | | | | |
| | 08/29/2022 QUOTE REVISED TO UPDATE PRICING | | | | | |
| | 3/7/2023 QUOTE UPDATED WITH NEW PRICING | | | | | |
| | | | | TOTAL \$12,585.00 | | |

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

SIGNATURE _____



CONTRACT PRICING WORKSHEET

For MOTOR VEHICLES Only

Contract
No.:

HT06-20

Date
Prepared:

2/23/2023

This Worksheet is prepared by Contractor and given to End User. If a PO is issued, both documents **MUST** be faxed to H-GAC @ 713-993-4548. Therefore please type or print legibly.

| | | | |
|-----------------|------------------------------|--------------|----------------------------------------------|
| Buying Agency: | Quay County, NM | Contractor: | Houston Freightliner |
| Contact Person: | Lucas Bugg | Prepared By: | Adam Neuse |
| Phone: | 575-403-6479 | Phone: | 713-580-8148 |
| Fax: | | Fax: | 713-955-6282 |
| Email: | Lucas.bugg@quaycounty-nm.gov | Email: | adam.neuse@strhouston.com |
| Product Code: | D3 | Description: | 114SD, Conventional Cab, SFFA, TRA (PRL-20D) |

A. Product Item Base Unit Price Per Contractor's H-GAC Contract:

98009

B. Published Options - Itemize below - Attach additional sheet(s) if necessary - Include Option Code in description if applicable.

(Note: Published Options are options which were submitted and priced in Contractor's bid.)

| Description | Cost | Description | Cost |
|----------------------------------------|------|------------------------------------|--------|
| DA-F-16.0-5 16,000 LB FRONT AXLE | 1399 | | |
| 16,000 LB TAPERLEAF FRONT SUSPENSION | 863 | | |
| TUFTRAC GEN2 40,000 LB REAR SUSPENSION | 2558 | | |
| 218" Wheelbase | 835 | | |
| 11/32x3-1/2x10-15/16" Frame 120KSI | 464 | | |
| 1/4" Inner Frame Reinforcement | 775 | | |
| 30 Gallon Fuel Tank | 131 | | |
| 315/80R22.5 20 Ply FR Tires | 552 | | |
| Air Cab Mounts | 91 | | |
| Basic High Back Air Driver Seat | 159 | Special Steel Fire Apparatus Body | 287474 |
| | | Subtotal From Additional Sheet(s): | |
| | | Subtotal B: | 295301 |

C. Unpublished Options - Itemize below / attach additional sheet(s) if necessary.

(Note: Unpublished options are items which were not submitted and priced in Contractor's bid.)

| Description | Cost | Description | Cost |
|---------------------------------------------|-------|------------------------------------|-------|
| CUMMINS X12 500EV HP / 1700 LB-FT | 1808 | | |
| 4000 EVS AUTOMATIC TRANSMISSION | 14097 | Subtotal From Additional Sheet(s): | 0 |
| RT-40-160 40,000# R-SERIES TANDEM REAR AXLE | 4122 | Subtotal C: | 20027 |

Check: Total cost of Unpublished Options (C) cannot exceed 25% of the total of the Base Unit Price plus Published Options (A+B).

For this transaction the percentage is:

5%

D. Total Cost Before Any Applicable Trade-In / Other Allowances / Discounts (A+B+C)

| | | | | | | |
|--------------------------------------------------------------|---|--------------------------|--------|---|-------------|--------|
| Quantity Ordered: | 1 | X Subtotal of A + B + C: | 413337 | = | Subtotal D: | 413337 |
| E. H-GAC Order Processing Charge (Amount Per Current Policy) | | | | | Subtotal E: | 1000 |

F. Trade-Ins / Special Discounts / Other Allowances / Freight / Installation / Miscellaneous Charges

| Description | Cost | Description | Cost |
|------------------------------------------|-------|-----------------------------|------|
| Freightliner Standard Destination Charge | 3375 | 24MY/23CY Pricing Surcharge | 3750 |
| Discount | -1462 | | |
| | | Subtotal F: | 5663 |

Delivery Date:

G. Total Purchase Price (D+E+F):

420000

STEELE FIRE APPARATUS
Haskell Texas
1-800-687-7639



3000 Gallon Tanker

Quay County NM

Proposal

We are pleased to submit the following specifications.

Steele Fire Apparatus, LLC, a solely owned company, is a custom fire apparatus manufacturer specializing in Brush-Wildland fire fighting vehicles. Our 20,000 - square foot manufacturing facility located in Haskell, Texas.

Chassis (Chassis Specifications Emailed Separately)

2024 Freightliner 114 SD

Standard Make Ready Chassis Items

The following items shall be installed on the commercial chassis in preparation for fire apparatus applications:

Battery Master Disconnect - A battery disconnect system shall be installed to control the 12-volt power supply from the battery system to the body and cab final stage manufacturer installed equipment.

Back-Up Alarm - An electronic back up alarm shall be installed.

Rear Mud Flaps - The chassis shall be supplied with mud flaps. The mud flaps shall be installed behind the rear wheels.

Custom Fabricated Console and Switch Panel

A custom fabricated electrical console and enclosure shall be located between the driver's and passenger's seats. The top face shall be designed for installation of a switch panel, emergency light switches, cup holder's (standard), communication system, tank level gauges, dual control panel systems, nozzle controls, and auxiliary equipment.

Cab & Chassis (Specs Attached Separately Build Dates 2nd Quarter 2023)
Model Year 2024 Freightliner

*There shall be a permanently affixed high-visibility label installed in a location visible to the driver while seated. The label shall show the height of the completed unequipped fire apparatus in feet and inches (meters), the length of the completed fire apparatus in feet and inches (meters), and GVWR in tons (metric tons).

**There shall be a permanent label installed in the driving compartment specifying the quantity and type of the fluids used in the vehicle and tire information.

***There shall be a label installed that states the number of personnel the vehicle is designed to carry installed in an area visible to the driver.

****Two solid bottom wheel chocks shall be mounted in a readily accessible location, each designed to hold the apparatus, when loaded to its GVWR, on a 15 percent grade with the transmission in neutral and the parking brake released.

*****Safety sign FAMA07, which warns of the importance of seat belt use, shall be installed in a visible location from each seat that is intended to be occupied while the vehicle is in motion.

*****Safety sign FAMA43, which warns not to wear helmets while the vehicle is in motion, shall be installed in a visible location from each seat that is intended to be occupied while the vehicle is in motion.

*****Cab Equipment Mounting. Safety sign FAMA10, which warns of the need to secure items in the cab, shall be installed in a visible location inside the cab.

Front Bumper

The factory bumper shall be removed and replaced with a custom fabricated bumper assembly. The bumper shall extend approximately 24".

There shall be a 2.5" pre-connect with storage compartment to accommodate 50' of 2.5" flat hose installed on the front bumper.

Body

The body will be custom fabricated and constructed out of aluminum. The body shall be approximately 204" long x 102" wide. The body will be specifically designed for off-road wildland firefighting.

Body Cross-Member Sub-Structure

The body shall have 4" x 1.75" structural aluminum frame rails.

Body Structure

The cross member sub-structure will be covered with .187" aluminum sheet metal. The .187" sheets will be formed to cover the top of the body and bent down to form the sides of the body.

Body Sub-Structure and Mounting

The body shall have (2) 2" x 4" x .250" structural aluminum tubing main rails mounted to the frame in (16) locations utilizing .500" aluminum cross frame brackets, (8) .750" x

6" Grade (16) bolts, and (16) multi-directional isolators. The flexible mounting system shall allow the body/chassis to flex during extreme off-road conditions.

Rear Tailboard Panel

A vertical body panel with 10" entry platform shall be installed at the rear of the body constructed utilizing 2" x 2" x .187" aluminum square tubing as the sub-structure and .125" aluminum sheet metal as the top covering. The panel shall house the stop/turn/taillights and warning lights. The body panel will be constructed to allow for a 30-degree angle of departure.

Rear Receiver

The rear of the chassis shall be equipped with a 2" square steel tube receiver assembly for high or low angle rescue, trailer use, and winch applications. It shall be the same size as a Class III trailer hitch and shall be attached to the chassis frame assembly. The receiver assembly shall be equipped with (2) heavy duty rear tow loops.

Rear Mud Flaps

The chassis shall be supplied with mud flaps. The mud flaps shall be installed behind the rear wheels.

Body Skirting

There will be 1/8" sheet metal skirting formed around the wheel wells between the under-body compartments on both sides of the body.

Under Body Compartments, Front Driver's Side

(1) under-body equipment storage compartment shall be installed under the body surface on the driver's side of the apparatus in front of the front axle. The dimensions shall be approximately 36" long x 22" tall x 22" deep. The compartment shall be constructed of 2" x 2" x .105" aluminum square tubing and .105" aluminum sheet metal on all exterior surfaces. The compartment shall be equipped with a .187" aluminum sheet metal drop-down hinged door supported by 5/16" steel chains with chrome plated D-Ring lockable slam latch installed. The floor of the compartment will be a sweep-out design.

There shall be a (2) drawer slide-out installed.

Under Body Compartments, Front Passenger's Side

(1) under-body equipment storage compartment shall be installed under the body surface on the passenger's side of the apparatus in front of the front axle. The dimensions shall be approximately 36" long x 22" tall x 22" deep. The compartment shall be constructed of 2" x 2" x .105" aluminum square tubing and .105" aluminum sheet metal on all exterior surfaces. The compartment shall be equipped with a .187" aluminum sheet metal drop-down hinged door supported by 5/16" steel chains with chrome plated D-Ring lockable slam latch installed. The floor of the compartment will be a sweep-out design.

Under Body Compartment, Rear Driver's Side

(1) under-body equipment storage compartment shall be installed under the body surface on the driver's side of the apparatus in rear of the rear axle. The dimensions shall be approximately 28" long x 22" tall x 22" deep. The compartment shall be constructed of 2" x 2" x .105" aluminum square tubing and .105" aluminum sheet metal on all exterior surfaces. The compartment shall be equipped with a .187" aluminum sheet metal drop-down hinged door supported by 5/16" steel chains with

chrome plated D-Ring lockable slam latch installed. The floor of the compartment will be a sweep-out design.

Under Body Compartment, Passenger's Side

(1) under-body equipment storage compartment shall be installed under the body surface on the passenger's side of the apparatus in rear of the rear axle. The dimensions shall be approximately 28" long x 22" tall x 22" deep. The compartment shall be constructed of 2" x 2" x .105" aluminum square tubing and .105" aluminum sheet metal on all exterior surfaces. The compartment shall be equipped with a .187" aluminum sheet metal drop-down hinged door supported by 5/16" steel chains with chrome plated D-Ring lockable slam latch installed. The floor of the compartment will be a sweep-out design.

Compartment Lighting (LED)

All under body equipment storage compartments shall be equipped with (1) 24" LED horizontal light strip.

Automatic Compartment Door Light Switches

Each exterior compartment light shall be automatically controlled by a door activated switch.

Door Ajar Light/Buzzer

A "Door Ajar" and equipment operation buzzer shall be installed in the custom console. The LED light shall be red, and the buzzer will activate once the truck is removed from park.

Water Tank

A 3000-gallon water tank made by Plas-Mac will be installed on the truck. The approximate dimensions of the tank will be 62" wide x 204" long x 55" tall. The tank will be made of 3/4" poly and will be baffled to meet NFPA standards. There will be a 10" x 18" water fill without vent on top of the tank with a 3" overflow installed on the bottom of the tank.

The top of the tank will have a 6" tall extension installed configured as a hose bed with holes cut so that water can drain out.

There will be a 10" dump valve provision installed at the rear of the tank.

Ladder installed to assist with top of tank entry.

Fold-A-Tank with Roller at Rear of Body

There shall be (1) 3000 Gallon Aluminum Frame Fold-A-Tank installed in an enclosed compartment in the driver's side of the tank.

Driver's Side (Hose Bed Storage)

There shall be a hose storage system installed in an enclosed compartment on the driver's side of the tank.

Dump Valve

There will be a 10" Manual Stainless-Steel Newton Dump valve w/Swivel and Telescoping Chute installed on the rear of the tank.

Direct Fill

There shall be (1) 2.5" direct fill valve and (1) 3" Valve with a 4" Storz adapter installed on the rear tailboard of the apparatus.

Pump Hale RSD 1250

PUMP ASSEMBLY

1. The pump shall be of a size and design to mount on the chassis rails of commercial and custom truck chassis and have the capacity of 1250 gallons per minute (U.S. GPM), NFPA-1901 rated performance.
2. The entire pump shall be assembled and tested at the pump manufacturer's factory.
3. The pump shall be driven by the truck transmission mounted PTO. The engine shall provide sufficient horsepower and RPM to enable pump to meet and exceed its rated performance within the torque rating of the PTO, truck transmission and drive line components.
4. The entire pump shall be hydrostatically tested to a pressure of 500 PSI. The pump shall be fully tested at the pump manufacturer's factory to the performance spots as outlined by the latest NFPA Pamphlet No. 1901. Pump shall be free from objectionable pulsation and vibration.
5. The pump body and related parts shall be of fine grain alloy cast iron, with a minimum tensile strength of 30,000 PSI (2069 bar). All metal moving parts in contact with water shall be of high-quality bronze or stainless steel. Pump utilizing castings made of lower tensile strength cast iron not acceptable.
6. Pump body shall be vertically split on a single plane for easy removal of entire impeller assembly including clearance rings.
7. Pump shaft to be rigidly supported by two bearings for minimum deflection. The bearings shall be heavy-duty, deep groove ball bearings in the gearbox, and they shall be splash lubricated.
8. The pump impeller shall be hard, fine grain bronze of the mixed flow design; accurately machines, hand-ground and individually balanced. The vanes of the impeller intake eye shall be hand ground and polished to a sharp edge, and be of sufficient size and design to provide ample reserve capacity utilizing minimum horsepower.
9. Impeller clearance rings shall be bronze, easily renewable without replacing impeller or pump volute body.
10. The pump shaft shall be heat-treated, electric furnace, corrosion resistant stainless steel. Pump shaft must be sealed with double-lip oil seal to keep road dirt and water out of gearbox.

Gearbox

1. Pump gearbox shall be of sufficient size to withstand the torque of the engine system. The drive unit shall be designed of ample capacity for lubrication reserve and to maintain the proper operating temperature.
2. The gearbox drive shafts shall be of heat-treated chrome nickel steel and at least 1-3/4 inches in diameter.
3. All three gears shall be of highest quality electric furnace chrome nickel steel. Bores shall be ground to size and teeth integrated and hardened, to give an extremely accurate gear for long life, smooth, quiet running, and higher load carrying capability. An accurately cut helical design shall be provided. (No exceptions.)
4. The pump ratio shall be selected by the apparatus manufacturer to give maximum performance with the engine and transmission selected

Department requests optional ability to engage from panel. This is an add on option.

CERTIFICATION

The pump will perform and meet the following tests:

100% of rated capacity @150 PSI net pump press.

100% of rated capacity @ 165 PSI net pumps press.

70% of rated capacity @ 200 PSI net pump press.

50% of rated capacity @ 250 PSI net pump press.

Pump shall be tested at manufacturer under full NFPA suction conditions.

PRIMING PUMP

The priming pump shall be a positive displacement, oil-less rotary vane electric motor driven pump conforming to NFPA-1901 rated performance requirements. The pump body shall be manufactured of heat-treated anodized aluminum for wear and corrosion resistance.

The pump shall be capable of producing a minimum of 24 Hg vacuum at 2,000 feet (609.6m) above sea level. The electric motor shall be a 12 VDC totally enclosed unit. The priming pump shall not require lubrication. The priming pump shall operate by a single pull control valve mounted on the pump operator's panel. The control valve shall be manufactured of bronze construction.

6" STEAMER INLETS

Two 6" Storz (15.24cm) steamer inlets will be provided, one (1) on the left side and one (1) on the right side. Both inlets shall have long handle chrome vented caps and a screen.

RELIEF VALVE

There shall be one (1) suction side stainless steel relief pump valve provided on the pump system.

PUMP MODULE BODY

The pump module body shall be a self-supported structure mounted independently from the body and chassis cab. The pump module shall be constructed entirely of extrusions and aluminum plate. The framework shall be formed from beveled aluminum alloy extrusions and shall be electrically seam welded at each joint using 5356 aluminum alloy welding wire. The main framework to be 3.00 x 3.00 x 0.18, or 3.00 x 1.5 webbed 0.25, 6063-T5 aluminum extrusion. The pump module design must allow normal frame deflection through isolation mounts without imposing stress on the pump module structure or side running boards. The pump module shall consist of a welded framework, properly braced to withstand chassis frame flexing. The pump module support shall be bolted to the frame rails of the chassis.

PUMP MODULE PANELS

The pump module panels shall be 14 gauge brushed stainless steel. The panels shall be an integral part of the module.

PUMP CERTIFICATION TEST PLATE

A permanently affixed plate shall be installed at the pump operators' position that will provide the rated discharge and pressures together with the speed of the engine as determined by the certification test for each unit, the position of the parallel/series pump used and the no load governed speed of the engine as stated by the engine manufacturer on a certified brake horsepower curve.

DISCHARGE VALVES

The valves including the ball shall be constructed of 304 stainless-steel. The valves shall be bi-directional with full flow capability. The valves shall be of fixed pivot ball design with a flow pressure rating to meet NFPA-1901 standards. The valve shall have a single piece seat and seal design and shall have an operating pressure of 400 psi. All 3.0" (7.62cm) discharge valves shall be supplied with a true slow close mechanism per NFPA specifications. The valve shall be warranted for a period of ten (10) years on all stainless-steel components, against defects in design and manufacturing processes.

PIPING AND MANIFOLDS

All the plumbing and/or piping in the pump module shall be of 304 stainless steel or flexible piping for long life. All stainless-steel castings shall be a minimum of schedule 40. All NPT pipe thread connections larger than ¾" connections shall be avoided in the construction of the plumbing system. The following valves shall have groove connection: rear discharge, tank fill, all 2" and 2-½" (5.08 and 6.35cm) pre-connect valves.

The flexible piping shall be black SBR synthetic rubber hose with 300 working pounds and 1200 pounds burst pressure for sizes 1.5 through 4". Sizes ¾", 1" and 5" are rated at 250-pound working and 1000-pound burst pressure. All sizes are rated at 30 HG vacuum. Reinforcement consists of two plies of high tensile strength tire cord for all sizes and helix wire installed in sizes 1 through 5" for maximum performance in tight bend applications. The material has a temperature rating of -40 degrees F to 210 degrees F. Full flow couplings are precision machined from high tensile strength stainless steel. All female couplings are brass. ¾" and 1" male and Victaulic couplings are brass.

PUMP COOLER and ENGINE COOLER VALVES

An engine cooler and pump cooler valve shall be installed in the instrument panel. The valves shall be a 1/4" multi-turn valve installed thru the instrument panel and labeled.

MASTER PUMP DRAIN

The pump shall be equipped with a Class 1 Master Pump drain to allow draining of the lower pump cavities, volute and selected water carrying lines and accessories. The drain shall have an all-brass body with a stainless-steel return spring.

U.L. TEST POINTS

Two (2) U.L. test points shall be mounted on the pump panel for testing of the vacuum and pressures. The test points shall be a single piece with individual ports for suction and discharge.

VALVE CONTROLS

Class 1 locking push pull controls shall be provided for valve actuation. The chrome plated zinc handles shall have a recessed area for 1" x 3" (2.54 x 12.70cm) identification tags. The controls shall be locked in any position.

DISCHARGE GAUGES

Individual Class 1 2-½" (6.35cm) line gauges for each 2" (5.08cm) or larger discharge shall be provided and mounted adjacent to the discharge valve control handle. The gauges shall indicate pressure from 0 to 400 PSI. The pressure gauge shall be fully filled with pulse and vibration dampening Interlube® to lubricate the internal mechanisms to prevent lens condensation and to ensure proper operation to minus 40 degrees F. To prevent internal freezing and to keep contaminants from entering the gauge, the stem and Bourdon tube shall be filled with low temperature material and be sealed from the water system using an isolating Sub Z diaphragm located in the stem. A colored bezel shall be supplied for resistance to corrosion and to protect the lens and case from damage.

INDIVIDUAL DRAINS

All 2" (5.08cm) or larger discharge outlets shall be equipped with a ¾" ball valve drain valve or larger.

WIRING HARNESS

The Class 1 electrical wiring harness shall be manufactured using GXL wire as SAE-J1128 rated performance requirements. The electrical wiring harness shall be covered by a black split convoluted loom, rated at a minimum of 275° F. All terminals shall meet the minimum pull test as required by the manufacturers pull test and crimp measurement data. All splices shall be manufactured using the ultra-sonic splice process. The harness shall be 100% connected to a Dynalab® circuit tester to ensure continuity and correct assembly.

LEFT SIDE FRONT DISCHARGE

One (1) 2-½" (6.35cm) discharge with a stainless-steel valve shall be located on the left side panel. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The 2-½" (6.35cm) outlet shall be equipped with an integral, stainless steel, 30-degree elbow terminating with 2-½" (6.35cm) MNST threads. A chrome vented cap and chain shall also be supplied. The valve shall be controlled at the side panel with a push pull control. There shall be a Class 1 2 ½" pressure gauge mounted on the panel near the control to indicate pressure. The discharge shall also come equipped with a quarter-turn ¾" drain valve. The discharge must be capable of flowing 700 GPM or greater.

LEFT SIDE REAR DISCHARGE

One (1) 2-½" (6.35cm) discharge with a stainless-steel valve shall be located on the left side panel. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The 2-½" (6.35cm) outlet shall be equipped with an integral, stainless steel, 30-degree elbow terminating with 2-½" (6.35cm) MNST threads. A chrome vented cap and chain shall also be supplied. The valve shall be controlled at the side panel with a push pull control. There shall be a Class 1 2 ½" pressure gauge mounted on the panel near the control to indicate pressure. The discharge shall also come equipped with a quarter-turn ¾" drain valve. The discharge must be capable of flowing 700 GPM or greater.

LEFT SIDE AUXILLARY SUCTION

One (1) 2-½" (6.35cm) intake with a stainless-steel valve shall be located on the left side panel. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The valve shall be controlled at the side pump panel with a swing handle. The valve shall come equipped with a chrome plug, chain, inlet strainer, 2-½ (6.35 cm) NST chrome inlet swivel and ¾" drain valve.

RIGHT SIDE FRONT DISCHARGE

One (1) 2-½" (6.35cm) discharge with a stainless-steel valve shall be located on the right-side panel. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The 2-½" (6.35cm) outlet shall be equipped with an integral, stainless steel, 30-degree elbow terminating with 2-½" (6.35cm) MNST threads. A chrome vented cap and chain shall also be supplied. The valve shall be controlled with a chrome-plated push/pull locking "T" handle mounted on the pump panel. There shall be a Class 1 2 ½" pressure gauge mounted on the panel near the control to indicate pressure. The discharge shall also come equipped with a quarter-turn ¾" drain valve. The discharge must be capable of flowing 700 GPM or greater.

RIGHT SIDE REAR DISCHARGE

One (1) 2-½" (6.35cm) discharge with a stainless-steel valve shall be located on the right-side panel. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The 2-½" (6.35cm) outlet shall be equipped with an integral, stainless steel, 30-degree elbow terminating with 2-½" (6.35cm) MNST threads. A chrome vented cap and chain shall also be supplied. The valve shall be controlled with a chrome-plated push/pull locking "T" handle mounted on the pump panel. There shall be a Class 1 2 ½" pressure gauge mounted on the panel near the control to indicate pressure. The discharge shall also come equipped with a quarter-turn ¾" drain valve. The discharge must be capable of flowing 700 GPM or greater.

DECK GUN DISCHARGE

One (1) 3" (7.62cm) discharge with a stainless-steel valve shall be located on the top of the pump. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The 3" (7.62cm) outlet shall be equipped with an integral, stainless-steel flange terminating with 3"(7.62cm) Victaulic. The discharge shall be plumbed to the top of the module using 3" (7.62cm) schedule 10 stainless steel pipe. The pipe shall terminate in a 3" (7.62cm) MNPT thread. The pipe shall be held in place by a 2-piece stainless steel bracket. The valve shall be of the slow-close design so as not to allow the valve to open or close in less than 3 seconds. The valve shall be controlled with a chrome-plated push/pull locking "T" handle mounted on the pump panel. There shall be a Class 1 2 ½" pressure gauge mounted on the panel near the control to indicate pressure. The discharge shall also come equipped with a ¾" automatic drain valve. The discharge must be capable of flowing 1500 GPM or greater.

TANK FILL

One (1) 2"(5.08cm) discharge with a stainless-steel valve shall be plumbed to the tank. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The 2"(5.08cm) valve outlet terminates with 2"(5.08cm) grooved connection. Valve shall be controlled at the side panel with a chrome-plated push/pull locking "T" handle mounted on the pump panel.

(1) CROSSLAY 1 3/4" and (1) 2.5" CROSSLAY

One double cross lay shall be installed on apparatus. The sections of the cross lay shall hold 200' of 1 1/2" and 100' of 2-1/2" double jacket fire hose. A 2" and 2.5" mechanical swivel hose connector shall be used in cross lay to provide access of hose in either direction. The cross lays shall have one (1) 2" and (1) 2.5" stainless steel valve. The valve shall be a quarter turn ball type and fixed pivot design to allow easy operation at all pump pressures. The 1" and 2.5" valve outlets terminate with 1-3/4" and 2.5" grooved connection. The discharge shall be plumbed to the cross lay trays using 2" and 2.5" schedule 10 stainless steel pipe. The pipe shall terminate in a stainless-steel swivel with 1-3/4" and 2.5" NH thread. The swivel shall allow the hose to be pulled from either side of the apparatus. The pipe shall be held in place by a 2-piece stainless steel bracket. Each valve shall be controlled with a chrome-plated push/pull locking "T" handle mounted on the pump panel. There shall be a Class 1 2 1/2" pressure gauge mounted on the panel near each control to indicate pressure. Each discharge shall also come equipped with a quarter-turn 3/4" drain valve. Each discharge shall be foam capable. Each discharge must be capable of flowing 180 GPM or greater.

TANK TO PUMP

One (1) 3" (7.62cm) stainless steel valve shall be installed between the water tank and the pump. The valve shall be a quarter turn ball type. The valve shall be controlled with a chrome-plated push/pull locking "T" handle mounted on the pump panel.

MASTER GAUGES

Class 1 4-1/2" (11.43cm) gauges shall be provided. The master discharge gauge shall indicate pressure from 0 to 600 PSI. The master intake gauge shall indicate pressure from -30hg to 600 PSI. The gauges shall be Interlube filled pressure gauges and handle pressures from 0 to 400 PSI. The pressure gauge shall be fully filled with pulse and vibration dampening Interlube® to lubricate the internal mechanisms to prevent lens condensation and to ensure proper operation to minus 40 degrees F. To prevent internal freezing and to keep contaminants from entering the gauge, the stem and Bourdon tube shall be filled with low temperature material and be sealed from the water system using an insulating Sub Z diaphragm located in the stem.

TOTAL PRESSURE GOVERNOR (TPG)

Apparatus shall be equipped with a Class 1 "Total Pressure Governor" (TPG) that is connected to the Electronic Control Module (ECM) mounted on the engine. The "TPG" will operate as a pressure sensor (regulating) governor (PSG) utilizing the engine's J1939 datalink for optimal resolution and response provided that J1939 is supported by the engine manufacturer. If J-1939 engine control is not supported, then analog remote throttle control shall be provided by the TPG, subject to J1939 RPM data availability. The TPG shall utilize control algorithms that minimize pressure spikes during low or erratic water supply situations and display operational status messages to the operator under certain circumstances. The TPG shall be backwards compatible to any engine that supplies J1939 RPM, Temperature and Oil Pressure information providing the ability to maintain consistent fleet fire-fighting capability. TPG shall incorporate the ability to use either a 300 PSI or a 600 PSI transducer for best operation. PSG system diagnostics shall be built in and accessible by service technicians. Programmable presets for RPM and Pressure settings shall be easily configurable. The TPG shall incorporate configurable parameters in the menu structure accessed through a diagnostic password. The "TPG" shall also include indication of engine RPM, system voltage, engine oil pressure and engine temperature with audible alarm output for all. The "TPG" uses the J1939 data bus for engine information,

requiring no additional sensors to be installed. The TPG shall use J1939 broadcast warnings for the alarm points as a standard.

TRV-L

A thermal protection device shall be included on the pump that monitors pump water temperature and opens to relieve water to cool the pump. The thermal protection device shall be set to relieve water when the temperature of the pump water exceeds 120o F (49 C). The components of the thermal protection device shall be manufactured of brass and stainless steel and be compatible with most foam concentrates. The thermal protection device shall have 1-1/4-inch NPT threads for easy adaptability to existing pump discharge openings. The discharge line shall be 3/8-inch diameter tubing vented to atmosphere or back to the booster tank. The thermal protection device shall have a hydrostatic test rating of 600 PSIG.

ANODE PRO

The Fire Pump shall be equipped with replaceable anodes. These anodes shall be constructed with alloy meeting MIL-A-24779 (no exceptions). The pump shall have one anode on each intake section and one anode on the discharge section of the Fire Pump.

The anodes shall have a central stainless-steel core to prevent anode breakage that can lead to clogged nozzles (no exceptions). Each anode shall have an internal probe that detects when the anode has worn to the point where the anode no longer provides adequate protection for the pump. The internal probe shall be connected to a monitoring box via a single wire and a sealed weatherpak connection. Each anode shall have an NPT thread to allow replacement and proper sealing and removal for replacement. A monitor box shall be provided and mounted in a protected space such as the engineers' compartment or behind the pump panel to indicate the status of the anodes. The monitor box itself shall have three individual LEDs that monitor the anodes every 4-5 seconds and indicates the status on the box panel. A clearly labeled monitor panel shall have a separate indicator LED for each anode. The LEDs shall indicate green when the anode is still working and shall flash red when the individual anode needs replacement. The monitor box housing shall be constructed of a non-metallic material and shall utilize a sealed pass-thru connector to prevent leakage contaminants into the anode monitor box. The circuit board for the monitor box shall be conformal coated to resist corrosion. The monitor box (AnodePro) shall operate on 12VDC and shall be wired to battery on or ignition switches. The power connection shall be a two pin weatherpak sealed connector. The AnodePro shall be grounded directly to the Fire Pump body. The anode connections shall be color coded and all wiring shall conform to NFPA 1901 requirements.

Manual Monitor with Extend-A-Gun

There shall be (1) TFT Hurricane Manual Monitor (XFI-PLNJ), (1) TFT Extend-A-Gun (XG18PL-PL), (1) TFT Mount (XGB-13), and (1) TFT Manual Nozzle (M-RS1000-NJ) installed.

Electrical Harness and Wiring

All wiring shall be hidden, enclosed, or protected under the body in protective material, or within the apparatus body components. In addition, split loom conduits shall be installed and enclosed, suitably secured and protected against heat and physical damage.

Battery Master Disconnect

A battery disconnect system shall be installed to control the 12-volt power supply from the battery system to the body and cab final stage manufacturer installed equipment.

Electrical Harness and Wiring

All wiring shall be hidden, enclosed, or protected under the body in protective material, or within the apparatus body components. In addition, split loom conduits shall be installed and enclosed, suitably secured and protected against heat and physical damage.

Charging System

There shall be a Kussmaul Auto Charge 1500 charging system with inverter installed on the truck with a super auto eject and a battery indicator installed by the driver's door of the truck. Power plug shall be "ejected" when the chassis' engine starter is engaged, and the receptacle shall be wired to any 120-volt A/C equipment requiring shore power.

*The condition of the low voltage electrical system shall be monitored by a warning system that provides both an audible and a visual signal to persons on, in, or near the apparatus of an impending electrical system failure caused by the excessive discharge of the battery set.

Battery Master Disconnect

A battery disconnect system shall be installed to control the 12-volt power supply from the battery system to the body and cab final stage manufacturer installed equipment.

Backup Camera

There will be a Rosco backup camera system with 7" LCD monitor installed, and **camera installed for viewing of tank fill tower.**

DOT Identification Lights

All LED identification lights shall be installed on the vehicle as required by applicable highway regulations.

License Plate Mounting

An LED license plate lights shall be installed on the rear vertical wall of the body.

Brake, Turn, Taillights

(2) 2" x 6" brake, turn, taillights with grommets shall be provided. The warning lights shall incorporate Liner Super-LED Smart-LED technology. The light-heads configuration shall consist of 14 red Super-LEDs and clear optic polycarbonate lens.

Back-Up Lights

Two (2) 2" x 6" rear LED back-up lights shall be installed.

Back-Up Alarm

One (1) back up alarm shall be installed.

Beacons

(2) Fenix LED Beacons shall be installed on the top rear of the tank.
(1) Red and (1) Amber

Scene Lights

(5) Feniex Down Lux (9" x 7") scene lights shall be installed.

Location: (2) on each side of tank and (1) at the rear of the tank.

Arrow Stick (Traffic Advisor)

There shall be (1) Feniex Quad 800 HD LED Arrow stick installed.

Electronic Siren

One (1) Feniex 4200 Data Link Siren Controller and (1) Feniex Storm Pro 200w Remote Siren with microphone and PA.

Siren Speaker

(1) Feniex Triton 100w siren speaker shall be provided with bracket.

Location shall be: Front Bumper

Emergency Light Bar

Feniex Fusion 60" LED (ALL RED) full size lightbar.

Warning Lights

There shall be (12) Feniex Wide-Lux 7x3 (Red) with clear lens installed.

Front Bumper Warning Lights

(2) Feniex Wide-Lux 7x3 (Red)

Front Bumper Intersection Lights

(2) Feniex Wide-Lux 7x3 (Red)

Side Body Warning Lights (Passenger's side and Driver's side)

(3) Feniex Wide-Lux 7x3 (Red)

Lower Rear Warning Lights

(2) Feniex Wide-Lux 7x3 (Red)

Paint

The body and compartments will be sandblasted and primed with an Epoxy Primer and then painted with a **Yellow** Polyurethane Enamel paint made by PPG.

The inside of the compartments shall be primed and painted with Zola tone.

Coating

The top of the bed, tailboard, and cab steps of the truck will be sprayed with a **Black** spray on bed liner made by Toff coatings that will give a protective coating and a non-slip surface.

Custom Graphics/Reflective Lettering

The apparatus shall be provided with (2) custom designed sign graphics, emblems, or seals. The installation shall be designed primarily with letters and numbers as specified. The purchaser shall approve of the design graphics prior to installation.

Unit # (i.e., 30") on rear and smaller Unit # on front bumper

Cab and Body Striping

The cab shall have a straight 4" Scotch-lite reflective stripe applied horizontally. The stripe shall be 4" minimum in width and be applied horizontally around the cab. The body shall have a 4" Scotch-lite reflective stripe applied horizontally in accordance with NFPA standards.

Rear Chevron Striping

There will be alternating chevron striping installed on the rear vertical body panel. The chevron striping shall consist of 4" diamond grade striping on the following colors:

The first color shall be Red Diamond Grade.

The second color shall be Lemon Yellow Diamond Grade.

*The retroreflective stripe (s) shall be affixed to all of the following:

- (1) The side of the apparatus, covering at least 50 percent of the cab and 50 percent of the body on each side, excluding the pump panel areas.
- (2) At least 25 percent of the width of the front of the apparatus, (measured at the front of the vehicle, not including mirrors or other protrusions).
- (3) At least 50 percent of the width of the rear-facing vertical surfaces of the apparatus calculated by considering any vertical surface within 36 in. (91cm) forward of the rear bumper, visible from the rear of the apparatus, excluding any pump panel areas not covered by a door.

Each stripe shall be 4 in. (150 mm) in width.

Equipment

- (2) NFPA Solid Bottom Wheels Chocks
- (2) Stream Light Vulcan Rechargeable LED lantern
- (2) 6" Storz Long Handle Female and Rocker Lug Male X 10' PVC Suction Hose
- (2) Style 146 Holder and (2) Style 101 Spanner Wrenches

Body Warranty

We warrant each new motorized body manufactured by Steele Fire Apparatus, LLC for a period of TEN YEARS from the date of delivery.

Under this warranty we agree to furnish any parts to replace those that have failed due to defective material or workmanship where there is no indication of abuse, neglect, unusual or other than normal service providing that such parts are, at the option of Steele Fire Apparatus, LLC, made available for our inspection at our request, returned to our factory or other location designated by us with transportation prepaid within thirty days after the date of failure or within one year from the date of delivery of the

apparatus to the original purchaser, whichever occurs first, and inspection indicates the failure was attributed to defective material or workmanship.

The warranty on the components, storage batteries, generators, electrical lamps, and other devices subject to deterioration is limited to the warranty of the manufacturer thereof and adjustments for the same are to be made directly with the manufacturer by the customer.

This warranty will not apply to any fire apparatus bodies that have been repaired or altered outside our factory in any way, which in our opinion might affect its stability or reliability.

This warranty shall not apply to those items that are usually considered normal maintenance and upkeep services: including, but not limited to, normal lubrication or proper adjustment of minor auxiliary pumps or reels.

This warranty is in lieu of all other warranties, expressed or implied, and all other obligations or liabilities on our part. We neither assume nor authorize any person to assume for us any liability in connection with the sales of our apparatus unless made in writing by Steele Fire Apparatus, LLC.

Warranty

We warrant each new motorized fire apparatus manufactured by Steele Fire Apparatus, LLC for a period of ONE YEAR from the date of delivery, except for chassis and other components noted herein.

Under this warranty we agree to furnish any parts to replace those that have failed due to defective material or workmanship where there is no indication of abuse, neglect, unusual or other than normal service providing that such parts are, at the option of Steele Fire Apparatus, LLC, made available for our inspection at our request, returned to our factory or other location designated by us with transportation prepaid within thirty days after the date of failure or within one year from the date of delivery of the apparatus to the original purchaser, whichever occurs first, and inspection indicates the failure was attributed to defective material or workmanship.

The warranty on the chassis and chassis supplied components, storage batteries, generators, electrical lamps, and other devices subject to deterioration is limited to the warranty of the manufacturer thereof and adjustments for the same are to be made directly with the manufacturer by the customer.

This warranty will not apply to any fire apparatus that has been repaired or altered outside our factory in any way, which in our opinion might affect its stability or reliability.

This warranty shall not apply to those items that are usually considered normal maintenance and upkeep services: including, but not limited to, normal lubrication or proper adjustment of minor auxiliary pumps or reels.

This warranty is in lieu of all other warranties, expressed or implied, and all other obligations or liabilities on our part. We neither assume nor authorize any person to assume for us any liability in connection with the sales of our apparatus unless made in writing by Steele Fire Apparatus, LLC.

Steele Fire Apparatus, LLC. Stainless Steel Plumbing Warranty

Subject to the provisions, limitations, and conditions set forth in this warranty, Steele Fire Apparatus, LLC. (Hereby referred to as "seller"), hereby warrants to each original purchaser only that stainless steel plumbing components and ancillary brass fittings used in the construction of the water/foam plumbing system shall be warranted for a period of ten (10) years. This covers structural failures caused by defective design or workmanship, or perforation caused by corrosion, provided the apparatus is used in a normal and reasonable manner. This warranty is extended only to the original purchaser for a period of ten years from the date of the delivery and shall terminate upon the transfer of possession or ownership by original purchaser.

This warranty is conditioned upon normal use and reasonable maintenance of such plumbing; prompt written notice of all defects to seller or one of the seller's then authorized dealers in the area; no repair or additions there to except by seller or authorized by it; said defect not resulting from misuse, negligence, accident, remount, overloading beyond applicable weight rating by customer or third parties. If any such conditions are not complied with, this warranty shall become void and unenforceable.

Should repairs become necessary under the terms of the warranty, the extent of the repair shall be determined solely by the seller and shall be performed solely at Steele Fire Apparatus, LLC., or a repair facility designated by the seller. The expense of any transportation to or from such repair facility shall be that of the purchaser and is not an item covered by this warranty.

Seller reserves the unrestricted right at any time from time to time to make changes in the design of and/or improvements on its products without thereby imposing any obligation on itself to make corresponding changes or improvements in or on its products therefore manufactured.

EXCLUSIONS AND LIMITATIONS: THIS MANUFACTURER'S WARRANTY IS PROVIDED IN PLACE OF ANY AND ALL OTHER REPRESENTATIONS OR IMPLIED WARRANTIES. NO PERSON IS AUTHORIZED TO MAKE AND REPRESENTATIONS OR WARRANTY ON BEHALF OF STEELE FIRE APPARATUS, LLC. OR ANY OF ITS DISTRIBUTORS OTHER THAN SET FORTH IN THE MANUFACTURER'S WARRANTY. YOUR RIGHT TO SERVICE AND REPLACEMENT OF PARTS ON THE TERMS EXPRESSLY SET FORTH HEREIN ARE EXCLUSIVE REMEDIES AND NEITHER THE MANUFACTURER NOR ANY OF ITS DISTRIBUTORS SHALL BE LIABLE FOR DAMAGES, WHETHER ORDINARY, INCIDENTAL, OR CONSEQUENTIAL.

Water Tank Warranty

Manufacturer Limited Warranty and Notice of Disclaimer of Express and Implied Warranties. Manufacturer issues this limited warranty to the customer who is the original retail purchaser ("Customer") of a polypropylene tank (the "Tank") (10 to 4000) gallon. 10-year warranty applies.

Fire Pump Warranty

Warranty products of its manufacture to be free from defects in material and workmanship, under normal use and service, for a period of three (3) years. This limited warranty is effective only if the equipment or apparatus is used as directed, is not subjected to misuse, negligence, or accident, and is not altered, treated, or repaired by someone other than Hale or its designee. Items not manufactured by Hale shall bear only the limited warranties offered by their respective manufacturers.

Factory Fire Pump Test

The pump shall undergo a full in factory fire pump test, which shall be witnessed and certified test by the factory engineer, prior to delivery of the completed apparatus. The factory test acceptance certified shall be furnished with the apparatus on delivery.

Road Test

A road test will be conducted with the apparatus fully loaded and a continuous run of no less than ten (10) miles. During that time, the apparatus will show no loss of power nor will it overheat. The transmission drive shaft or shafts and the axles will run quietly and be free of abnormal vibration or noise.

Final Assembly and Apparatus Finishing Prep Specifications

The apparatus shall be assembled in a high quality and controlled environment. The fit, form, and finish of the body shall be the highest-level fire apparatus manufacturing standards. On completion, the apparatus shall be ready for final inspection and road testing as required by the general requirement section of this specified vehicle.

Chassis Preparation

The chassis cab shall be "prepped" for fire apparatus production as follows:

- a) Wash and clean chassis
- b) Weigh chassis for NFPA records
- c) Quality control check in

Changes

Any changes to this proposal during the build process may result in an additional charge and could affect the delivery date.

Final Inspection (Manufacturing Plant)

Representatives from the purchaser shall be present at Steele Fire Apparatus's manufacturing facility in Haskell, Tx for final inspection of the apparatus.

Delivery Requirements

The apparatus shall be picked up at the manufacturer's plant by the purchaser unless otherwise stated in this proposal. The estimated delivery time for the completed apparatus, is to be made 180 days after receipt of the cab and chassis and required equipment. The quoted delivery time is based upon our receipt of the specified materials required to produce the apparatus in a timely manner. The company cannot be held responsible for delays due to Acts of God, Labor Strikes, or Changes in Government Regulations that result in delayed delivery to our manufacturing facility of these specified materials.

Operation Manuals

The chassis manufacturer shall provide (1) operational manual.

A Fire Pump service, instruction, and operational manual shall be supplied.

A foam system service, instruction, and operational manual shall be supplied.

*Note The manuals may be supplied together in a notebook type binder or a compact disk (CD)

Compliance to Standards

The fire apparatus shall be built to the purchaser's requirements in compliance to all State, Local, and Federal highway safety requirements. The purchaser assumes all liability and full responsibility for this vehicle specification, and inclusion or exclusion of NFPA provisions or equipment on the vehicle.

Terms of Payment

Terms of payment are only cash or equivalent **ON DELIVERY**, unless otherwise stated. Failure to do so may result in interest being applied to the amount owed.

Due to the daily rise of cost in materials this proposal shall expire unless accepted within 25 days after the date set above. This expiration date may be extended, in writing, at the discretion of Steele Fire Apparatus.

Automotive Manufacturer Price Increases and Vendor Surcharges

Due to continuous frequent price increases and delayed deliveries, buyer will be made aware of any necessary price increases due to change in model year of chassis, materials and equipment surcharges, or any unforeseen related vendor price increases during the procurement of the specified equipment and materials listed in this proposal.

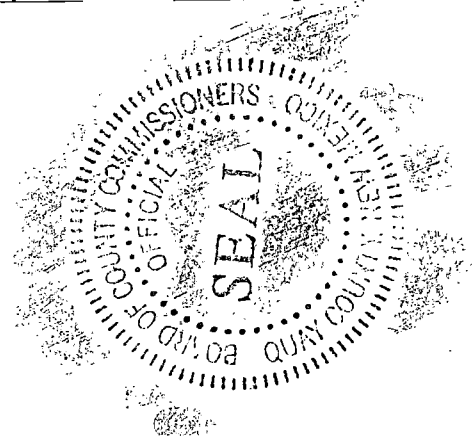
Total Cost for Chassis, Body, and Equipment – \$420,000.00

Buyer

We accept the above proposal and enter contract with signature below:

Dealer Rep: _____ Title: _____ Date: _____

Customer Rep: Porter Title: Chairman Date: 3-13-23



Prepared for:
Tommie Isbell
STEELE FIRE APPARATUS BB
806 N 1ST ST
E
HASKELL, TX 79521
Phone: 940-864-2208

Prepared by:
Jason Alford
LONESTAR TRUCK GROUP
ABILENE
502 W OVERLAND TRAIL
ABILENE, TX 79601
Phone: 325-677-8187

A proposal for
STEELE FIRE APPARATUS BB

Prepared by
LONESTAR TRUCK GROUP ABILENE
Jason Alford

Feb 21, 2023

Freightliner 114SD

Components shown may not reflect all spec'd options and are not to scale

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SPECIFICATION PROPOSAL

| Description | Weight Front | Weight Rear |
|-------------------------------------------------------------------------------------------|-----------------|----------------|
| Price Level | | |
| SD PRL-27D (EFF:MY24 ORDERS) | | |
| Data Version | | |
| SPECPRO21 DATA RELEASE VER 021 | | |
| Vehicle Configuration | | |
| 114SD CONVENTIONAL CHASSIS | 7,934 | 6,476 |
| 2024 MODEL YEAR SPECIFIED | | |
| SET BACK AXLE - TRUCK | 480 | -480 |
| STRAIGHT TRUCK PROVISION | | |
| LH PRIMARY STEERING LOCATION | | |
| General Service | | |
| TRUCK CONFIGURATION | | |
| DOMICILED, USA 50 STATES (INCLUDING CALIFORNIA AND CARB OPT-IN STATES) | | |
| FIRE SERVICE | | |
| EMERGENCY VEHICLES BUSINESS SEGMENT | | |
| DRY BULK COMMODITY | | |
| TERRAIN/DUTY: 100% (ALL) OF THE TIME, IN TRANSIT, IS SPENT ON PAVED ROADS | | |
| MAXIMUM 8% EXPECTED GRADE | | |
| SMOOTH CONCRETE OR ASPHALT PAVEMENT - MOST SEVERE IN-TRANSIT (BETWEEN SITES) ROAD SURFACE | | |
| FREIGHTLINER LEVEL I WARRANTY | | |
| EXPECTED FRONT AXLE(S) LOAD : 16000.0 lbs | | |
| EXPECTED REAR DRIVE AXLE(S) LOAD : 40000.0 lbs | | |
| EXPECTED PUSHER AXLE(S) LOAD : 0.0 lbs | | |
| EXPECTED GROSS VEHICLE WEIGHT CAPACITY : 56000.0 lbs | | |
| Truck Service | | |

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| Description | Weight Front | Weight Rear |
|--------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| TANK BODY | | |
| CREW SERVICES | | |
| Engine | | |
| CUM X12 500EV HP @ 1900 RPM, 1700 LB-FT @ 1000 RPM, 2000 GOV RPM, R/F/E | -390 | -45 |
| Electronic Parameters | | |
| 58 MPH ROAD SPEED LIMIT | | |
| CRUISE CONTROL SPEED LIMIT SAME AS ROAD SPEED LIMIT | | |
| PTO MODE ENGINE RPM LIMIT - 900 RPM | | |
| PTO MODE BRAKE OVERRIDE - SERVICE BRAKE APPLIED | | |
| PTO RPM WITH CRUISE SET SWITCH - 900 RPM | | |
| PTO RPM WITH CRUISE RESUME SWITCH - 900 RPM | | |
| PTO MODE CANCEL VEHICLE SPEED - 5 MPH | | |
| PTO GOVERNOR RAMP RATE - 50 RPM PER SECOND | | |
| PTO MINIMUM RPM - 700 | | |
| REGEN INHIBIT SPEED THRESHOLD - 5 MPH | | |
| Engine Equipment | | |
| 2010 EPA/CARB/GHG21 CONFIGURATION | | |
| 2008 CARB EMISSION CERTIFICATION - EXEMPTED VEHICLE; NO CLEAN IDLE LABEL REQUIRED | | |
| STANDARD OIL PAN | | |
| ENGINE MOUNTED OIL CHECK AND FILL | | |
| SIDE OF HOOD AIR INTAKE WITH DONALDSON HIGH CAPACITY AIR CLEANER WITH SAFETY ELEMENT, FIREWALL MOUNTED | | |
| DR 12V 160 AMP 28-SI QUADRAMOUNT PAD ALTERNATOR WITH REMOTE BATTERY VOLT SENSE | | |
| (3) DTNA GENUINE, FLOODED STARTING, MIN 3000CCA, 555RC, THREADED STUD BATTERIES | | |
| BATTERY BOX FRAME MOUNTED | | |
| STANDARD BATTERY JUMPERS | | |
| SINGLE BATTERY BOX FRAME MOUNTED LH SIDE BACK OF CAB | | |
| WIRE GROUND RETURN FOR BATTERY CABLES WITH ADDITIONAL FRAME GROUND RETURN | | |

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| Description | Weight Front | Weight Rear |
|--------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| NON-POLISHED BATTERY BOX COVER | | |
| CUMMINS NATURALLY ASPIRATED 25.9 CFM AIR COMPRESSOR WITH INTERNAL SAFETY VALVE | | |
| GVG, FIRE AND EMERGENCY SERVICE VEHICLES ENGINE WARNING | | |
| CUMMINS INTEBRAKE BRAKE WITH HIGH MED LOW BRAKE | | |
| RH OUTBOARD UNDER STEP MOUNTED HORIZONTAL AFTERTREATMENT SYSTEM ASSEMBLY WITH RH HORIZONTAL TAILPIPE | | |
| ENGINE AFTERTREATMENT DEVICE, AUTOMATIC OVER THE ROAD REGENERATION AND DASH MOUNTED REGENERATION REQUEST SWITCH | | |
| STANDARD EXHAUST SYSTEM LENGTH | | |
| RH STANDARD HORIZONTAL TAILPIPE | | |
| 13 GALLON DIESEL EXHAUST FLUID TANK | | |
| 100 PERCENT DIESEL EXHAUST FLUID FILL | | |
| STANDARD DIESEL EXHAUST FLUID PUMP MOUNTING | | |
| LH MEDIUM DUTY STANDARD DIESEL EXHAUST FLUID TANK LOCATION | | |
| STANDARD DIESEL EXHAUST FLUID TANK CAP | | |
| * BORG WARNER (KYSOR) REAR AIR ON/OFF ENGINE FAN CLUTCH | | |
| AUTOMATIC FAN CONTROL WITHOUT DASH SWITCH, NON ENGINE MOUNTED | | |
| CUMMINS SPIN ON FUEL FILTER | | |
| COMBINATION FULL FLOW/BYPASS OIL FILTER | | |
| * 1500 SQUARE INCH ALUMINUM RADIATOR | | |
| ANTIFREEZE TO -34F, OAT (NITRITE AND SILICATE FREE) EXTENDED LIFE COOLANT | | |
| GATES BLUE STRIPE COOLANT HOSES OR EQUIVALENT | | |
| CONSTANT TENSION HOSE CLAMPS FOR COOLANT HOSES | | |
| RADIATOR DRAIN VALVE | | |
| DELCO 12V 39MT HD/OCP STARTER WITH THERMAL PROTECTION AND INTEGRATED MAGNETIC SWITCH | -45 | |

Transmission

Prepared for:
Tommie Isbell
STEELE FIRE APPARATUS BB
806 N 1ST ST
E
HASKELL, TX 79521
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Prepared by:
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ABILENE
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| Description | Weight Front | Weight Rear |
|---------------------------------------------------------------|-----------------|----------------|
| ALLISON 4000 EVS AUTOMATIC TRANSMISSION WITH PTO PROVISION | 260 | 100 |

Transmission Equipment

ALLISON VOCATIONAL PACKAGE 198 -
AVAILABLE ON 3000/4000 PRODUCT FAMILIES
WITH VOCATIONAL MODEL EVS

ALLISON VOCATIONAL RATING FOR FIRE
TRUCK/EMERGENCY VEHICLE APPLICATIONS
AVAILABLE WITH ALL PRODUCT FAMILIES

PRIMARY MODE GEARS, LOWEST GEAR 1,
START GEAR 1, HIGHEST GEAR 6, AVAILABLE
FOR 3000/4000 PRODUCT FAMILIES ONLY

SECONDARY MODE GEARS, LOWEST GEAR 1,
START GEAR 1, HIGHEST GEAR 6, AVAILABLE
FOR 3000/4000 PRODUCT FAMILIES ONLY

PRIMARY SHIFT SCHEDULE RECOMMENDED BY
DTNA AND ALLISON, THIS DEFINED BY ENGINE
AND VOCATIONAL USAGE

SECONDARY SHIFT SCHEDULE
RECOMMENDED BY DTNA AND ALLISON, THIS
DEFINED BY ENGINE AND VOCATIONAL USAGE

PRIMARY SHIFT SPEED RECOMMENDED BY
DTNA AND ALLISON, THIS DEFINED BY ENGINE
AND VOCATIONAL USAGE

SECONDARY SHIFT SPEED RECOMMENDED BY
DTNA AND ALLISON, THIS DEFINED BY ENGINE
AND VOCATIONAL USAGE

FUEL SENSE 2.0 DISABLED - PERFORMANCE -
TABLE BASED

DRIVER SWITCH INPUT - DEFAULT - NO
SWITCHES

DIRECTION CHANGE ENABLED WITH
MULTIPLEXED SERVICE BRAKES - ALLISON 5TH
GEN TRANSMISSIONS

MAGNETIC PLUGS, ENGINE DRAIN,
TRANSMISSION DRAIN, AXLE(S) FILL AND
DRAIN

PUSH BUTTON ELECTRONIC SHIFT CONTROL,
DASH MOUNTED

TRANSMISSION PROGNOSTICS - ENABLED 2013

WATER TO OIL TRANSMISSION COOLER,
FRAME MOUNTED

TRANSMISSION OIL CHECK AND FILL WITH
ELECTRONIC OIL LEVEL CHECK

Prepared for:
Tommie Isbell
STEELE FIRE APPARATUS BB
806 N 1ST ST
E
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Phone: 940-864-2208

Prepared by:
Jason Alford
LONESTAR TRUCK GROUP
ABILENE
502 W OVERLAND TRAIL
ABILENE, TX 79601
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| Description | Weight Front | Weight Rear |
|---------------------------------------------------------------------------------------|-----------------|----------------|
| SYNTHETIC TRANSMISSION FLUID (TES-295 COMPLIANT) | | |
| Front Axle and Equipment | | |
| DETROIT DA-F-16.0-5 16,000# FL1 71.0 KPI/3.74 DROP SINGLE FRONT AXLE | 190 | |
| MERITOR 16.5X6 Q+ CAST SPIDER CAM FRONT BRAKES, DOUBLE ANCHOR, FABRICATED SHOES | 10 | |
| FIRE AND EMERGENCY SEVERE SERVICE, NON-ASBESTOS FRONT LINING | | |
| CAST IRON OUTBOARD FRONT BRAKE DRUMS | | |
| FRONT OIL SEALS | | |
| VENTED FRONT HUB CAPS WITH WINDOW, CENTER AND SIDE PLUGS - OIL | | |
| STANDARD SPINDLE NUTS FOR ALL AXLES | | |
| MERITOR AUTOMATIC FRONT SLACK ADJUSTERS | | |
| STANDARD KING PIN BUSHINGS | | |
| TRW TAS-85 POWER STEERING | 40 | |
| POWER STEERING PUMP | | |
| 2 QUART SEE THROUGH POWER STEERING RESERVOIR | | |
| MINERAL SAE 80/90 FRONT AXLE LUBE | | |
| Front Suspension | | |
| 16,000# FLAT LEAF FRONT SUSPENSION | 260 | |
| GRAPHITE BRONZE BUSHINGS WITH SEALS - FRONT SUSPENSION | | |
| NO FRONT SHOCK ABSORBERS | -30 | |
| Rear Axle and Equipment | | |
| RT-40-160 40,000# R-SERIES TANDEM REAR AXLE | | 370 |
| 4.30 REAR AXLE RATIO | | |
| IRON REAR AXLE CARRIER WITH STANDARD AXLE HOUSING | | |
| MXL 18T MERITOR EXTENDED LUBE MAIN DRIVELINE WITH HALF ROUND YOKES | -10 | -10 |
| MXL 17T MERITOR EXTENDED LUBE INTERAXLE DRIVELINE WITH HALF ROUND YOKES | | |
| (1) INTERAXLE LOCK VALVE FOR TANDEM OR TRIDEM DRIVE AXLES | | |

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| Description | Weight Front | Weight Rear |
|-------------------------------------------------------------------------------------------|-----------------|----------------|
| BLINKING LAMP WITH EACH INTERAXLE LOCK SWITCH, INTERAXLE UNLOCK DEFAULT WITH IGNITION OFF | | |
| MERITOR 16.5X7 Q+ CAST SPIDER CAM REAR BRAKES, DOUBLE ANCHOR, FABRICATED SHOES | | |
| FIRE AND EMERGENCY SEVERE SERVICE NON-ASBESTOS REAR BRAKE LINING | | |
| BRAKE CAMS AND CHAMBERS ON FORWARD SIDE OF DRIVE AXLE(S) | | |
| CAST IRON OUTBOARD REAR BRAKE DRUMS | | |
| REAR OIL SEALS | | |
| WABCO TRISTOP D LONGSTROKE 2-DRIVE AXLE SPRING PARKING CHAMBERS | | |
| HALDEX AUTOMATIC REAR SLACK ADJUSTERS | | |
| CURRENT AVAILABLE SYNTHETIC 75W-90 REAR AXLE LUBE | | |
| STANDARD REAR AXLE BREATHER(S) | | |

Rear Suspension

| | |
|--------------------------------------------------------------|-----|
| TUFTRAC GEN2 46,000# REAR SPRING SUSPENSION | 490 |
| 9.5 INCH NOMINAL RIDE HEIGHT (460MM GLOBAL REFERENCE HEIGHT) | |
| AXLE CLAMPING GROUP | |
| 55 INCH AXLE SPACING | |
| FORE/AFT AND TRANSVERSE CONTROL RODS | |
| REAR SHOCK ABSORBERS - ONE AXLE | |

Brake System

WABCO 4S/4M ABS
REINFORCED NYLON, FABRIC BRAID AND WIRE BRAID CHASSIS AIR LINES
FIBER BRAID PARKING BRAKE HOSE
STANDARD BRAKE SYSTEM VALVES
STANDARD AIR SYSTEM PRESSURE PROTECTION SYSTEM
STD U.S. FRONT BRAKE VALVE
RELAY VALVE WITH 5-8 PSI CRACK PRESSURE, NO REAR PROPORTIONING VALVE
WABCO SYSTEM SAVER HP WITH INTEGRAL AIR GOVERNOR AND HEATER
AIR DRYER FRAME MOUNTED

Prepared for:
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| Description | Weight Front | Weight Rear |
|-----------------------------------------------------------------------------------|-----------------|----------------|
| STEEL AIR BRAKE RESERVOIRS | | |
| PULL CABLE ON WET TANK, PETCOCK DRAIN | | |
| VALVES ON ALL OTHER AIR TANKS | | |
| Trailer Connections | | |
| UPGRADED CHASSIS MULTIPLEXING UNIT | | |
| Wheelbase & Frame | | |
| 5525MM (218 INCH) WHEELBASE | | |
| 11/32X3-1/2X10-15/16 INCH STEEL FRAME (8.73MMX277.8MM/0.344X10.94 INCH) 120KSI | 360 | -50 |
| 1/4 INCH (6.35MM) C-CHANNEL INNER FRAME REINFORCEMENT | 200 | 390 |
| 1600MM (63 INCH) REAR FRAME OVERHANG | | |
| FRAME OVERHANG RANGE: 61 INCH TO 70 INCH | | |
| CALC'D BACK OF CAB TO REAR SUSP C/L (CA) : 151.97 in | | |
| CALCULATED EFFECTIVE BACK OF CAB TO REAR SUSPENSION C/L (CA) : 148.97 in | | |
| CALC'D FRAME LENGTH - OVERALL : 310.63 in | | |
| CALCULATED FRAME SPACE LH SIDE : 72.76 in | | |
| CALCULATED FRAME SPACE RH SIDE : 58.05 in | | |
| SQUARE END OF FRAME | | |
| FRONT CLOSING CROSSMEMBER | | |
| STANDARD WEIGHT ENGINE CROSSMEMBER | | |
| STANDARD MIDSHIP #1 CROSSMEMBER(S) | | |
| STANDARD REARMOST CROSSMEMBER | | |
| HEAVY DUTY SUSPENSION CROSSMEMBER | | 30 |
| Chassis Equipment | | |
| 14 INCH CHROMED STEEL BUMPER | | |
| BUMPER MOUNTING FOR SINGLE LICENSE PLATE | | |
| GRADE 8 THREADED HEX HEADED FRAME FASTENERS | | |
| Fuel Tanks | | |
| 60 GALLON/227 LITER ALUMINUM FUEL TANK - LH | | |
| 25 INCH DIAMETER FUEL TANK(S) | | |
| PLAIN ALUMINUM/PAINTED STEEL FUEL/HYDRAULIC TANK(S) WITH PAINTED BANDS | | |

Prepared for:
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| | Description | Weight Front | Weight Rear |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| | FUEL TANK(S) FORWARD PLAIN STEP FINISH FUEL TANK CAP(S) ALLIANCE FUEL FILTER/WATER SEPARATOR EQUIFLO INBOARD FUEL SYSTEM HIGH TEMPERATURE REINFORCED NYLON FUEL LINE | 15 | |
| Tires | | | |
| * | CONTINENTAL HSR2SA 315/80R22.5 20 PLY RADIAL FRONT TIRES | 42 | |
| | CONTINENTAL HDR2+ 11R22.5 14 PLY RADIAL REAR TIRES | | 184 |
| Hubs | | | |
| | CONMET PRESET PLUS PREMIUM IRON FRONT HUBS CONMET PRESET PLUS PREMIUM IRON REAR HUBS | | |
| Wheels | | | |
| | ALCOA ULTRA ONE 89U64X 22.5X9.00 10-HUB PILOT 5.99 INSET ALUMINUM FRONT WHEELS | -28 | |
| | ALCOA ULA18X 22.5X8.25 10-HUB PILOT ALUMINUM DISC REAR WHEELS | | -248 |
| | POLISHED FRONT WHEELS; OUTSIDE ONLY POLISHED REAR WHEELS; OUTSIDE OF OUTER WHEELS ONLY FRONT WHEEL MOUNTING NUTS REAR WHEEL MOUNTING NUTS | | |
| Cab Exterior | | | |
| | 114 INCH BBC FLAT ROOF ALUMINUM CONVENTIONAL CAB AIR CAB MOUNTING NONREMOVABLE BUGSCREEN MOUNTED BEHIND GRILLE FRONT FENDERS SET-BACK AXLE LH AND RH GRAB HANDLES STATIONARY BLACK GRILLE BLACK HOOD MOUNTED AIR INTAKE GRILLE FIBERGLASS HOOD TUNNEL/FIREWALL LINER | | |

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| Description | Weight Front | Weight Rear |
|-----------------------------------------------------------------------------------------------|-----------------|----------------|
| SINGLE 14 INCH ROUND POLISHED AIR HORN ROOF MOUNTED | | |
| SINGLE ELECTRIC HORN | | |
| SINGLE HORN SHIELD | | |
| REAR LICENSE PLATE MOUNT END OF FRAME | | |
| HALOGEN COMPOSITE HEADLAMPS WITH BLACK BEZELS | | |
| (5) AMBER MARKER LIGHTS | | |
| INTEGRAL STOP/TAIL/BACKUP LIGHTS | | |
| STANDARD FRONT TURN SIGNAL LAMPS | | |
| DUAL WEST COAST MOLDED-IN COLOR MIRRORS | | |
| DOOR MOUNTED MIRRORS | | |
| 102 INCH EQUIPMENT WIDTH | | |
| STANDARD SIDE/REAR REFLECTORS | | |
| RH AFTERTREATMENT SYSTEM CAB ACCESS WITH PLAIN SHIELDING | | |
| 63X14 INCH TINTED REAR WINDOW | | |
| TINTED DOOR GLASS LH AND RH WITH TINTED OPERATING WING WINDOWS | | |
| MANUAL DOOR WINDOW REGULATORS | | |
| 1-PIECE SOLAR GREEN GLASS WINDSHIELD | | |
| 8 LITER (2 GAL) WINDSHIELD WASHER RESERVOIR, CAB MOUNTED, WITHOUT FLUID LEVEL INDICATOR | | |
| Cab Interior | | |
| OPAL GRAY VINYL INTERIOR | | |
| MOLDED PLASTIC DOOR PANEL | | |
| MOLDED PLASTIC DOOR PANEL | | |
| BLACK MATS WITH SINGLE INSULATION | | |
| DASH MOUNTED ASH TRAY(S) WITHOUT LIGHTER | | |
| FORWARD ROOF MOUNTED CONSOLE WITH UPPER STORAGE COMPARTMENTS WITHOUT NETTING | | |
| (2) CUP HOLDERS LH AND RH DASH | | |
| GRAY/CHARCOAL WING DASH | | |
| HEATER, DEFROSTER AND AIR CONDITIONER | | |
| STANDARD HVAC DUCTING | | |

Prepared for:
Tommie Isbell
STEELE FIRE APPARATUS BB
806 N 1ST ST
E
HASKELL, TX 79521
Phone: 940-864-2208

Prepared by:
Jason Alford
LONESTAR TRUCK GROUP
ABILENE
502 W OVERLAND TRAIL
ABILENE, TX 79601
Phone: 325-677-8187

| Description | Weight Front | Weight Rear |
|------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| MAIN HVAC CONTROLS WITH RECIRCULATION SWITCH | | |
| STANDARD HEATER PLUMBING | | |
| VALEO HEAVY DUTY A/C REFRIGERANT COMPRESSOR | | |
| BINARY CONTROL, R-134A | | |
| STANDARD INSULATION | | |
| SOLID-STATE CIRCUIT PROTECTION AND FUSES | | |
| 12V NEGATIVE GROUND ELECTRICAL SYSTEM | | |
| DOME DOOR ACTIVATED LH AND RH, DUAL READING LIGHTS, FORWARD CAB ROOF | | |
| DOOR LOCKS AND IGNITION SWITCH KEYED THE SAME | | |
| KEY QUANTITY OF 2 | | |
| CAB DOOR LATCHES WITH MANUAL DOOR LOCKS | | |
| (1) 12 VOLT POWER SUPPLY IN DASH | | |
| BASIC ISRINGHAUSEN HIGH BACK AIR SUSPENSION DRIVERS SEAT WITH MECHANICAL LUMBAR AND INTEGRATED CUSHION EXTENSION | 30 | |
| BASIC ISRI HIGH BACK NON SUSPENSION PASSENGER SEAT | | |
| LH AND RH INTEGRAL DOOR PANEL ARMRESTS | | |
| VINYL WITH VINYL INSERT DRIVER SEAT | | |
| VINYL WITH VINYL INSERT PASSENGER SEAT | | |
| BLACK SEAT BELTS | | |
| FIXED STEERING COLUMN | | |
| 4-SPOKE 18 INCH (450MM) STEERING WHEEL | | |
| DRIVER AND PASSENGER INTERIOR SUN VISORS | | |
| Instruments & Controls | | |
| GRAY DRIVER INSTRUMENT PANEL | | |
| GRAY CENTER INSTRUMENT PANEL | | |
| BLACK GAUGE BEZELS | | |
| LOW AIR PRESSURE INDICATOR LIGHT AND AUDIBLE ALARM | | |
| 2 INCH PRIMARY AND SECONDARY AIR PRESSURE GAUGES | | |

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| Description | Weight Front | Weight Rear |
|--------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| INTAKE MOUNTED AIR RESTRICTION INDICATOR WITHOUT GRADUATIONS | | |
| ELECTRONIC CRUISE CONTROL WITH SWITCHES ON AUXILIARY GAUGE PANEL (B DASH PANEL) | | |
| KEY OPERATED IGNITION SWITCH AND INTEGRAL START POSITION; 4 POSITION OFF/RUN/START/ACCESSORY | | |
| ICU3S, 132X48 DISPLAY WITH DIAGNOSTICS, 28 LED WARNING LAMPS AND DATA LINKED | | |
| HEAVY DUTY ONBOARD DIAGNOSTICS INTERFACE CONNECTOR LOCATED BELOW LH DASH | | |
| 2 INCH ELECTRIC FUEL GAUGE | | |
| PROGRAMMABLE RPM CONTROL - ELECTRONIC ENGINE | | |
| ELECTRICAL ENGINE COOLANT TEMPERATURE GAUGE | | |
| 2 INCH TRANSMISSION OIL TEMPERATURE GAUGE | | |
| ENGINE AND TRIP HOUR METERS INTEGRAL WITHIN DRIVER DISPLAY | | |
| ELECTRIC ENGINE OIL PRESSURE GAUGE | | |
| OVERHEAD INSTRUMENT PANEL | | |
| ELECTRONIC MPH SPEEDOMETER WITH SECONDARY KPH SCALE, WITHOUT ODOMETER | | |
| STANDARD VEHICLE SPEED SENSOR | | |
| ELECTRONIC 3000 RPM TACHOMETER | | |
| NO VEHICLE PERFORMANCE MONITOR | -5 | |
| (2) TMC RP 1226 ACCESSORY CONNECTORS: (1) LOCATED BEHIND DASH B PANEL AND (1) LOCATED PASSENGER SIDE OF DASH | | |
| IGNITION SWITCH CONTROLLED ENGINE STOP | | |
| DIGITAL VOLTAGE DISPLAY INTEGRAL WITH DRIVER DISPLAY | | |
| SINGLE ELECTRIC WINDSHIELD WIPER MOTOR WITH DELAY | | |
| MARKER LIGHT SWITCH INTEGRAL WITH HEADLIGHT SWITCH | | |
| ONE VALVE PARKING BRAKE SYSTEM WITH WARNING INDICATOR | | |

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| | Description | Weight Front | Weight Rear |
|--|----------------------------------------------------------------------------------------|-----------------|----------------|
| | SELF CANCELING TURN SIGNAL SWITCH WITH DIMMER, WASHER/WIPER AND HAZARD IN HANDLE | | |
| | INTEGRAL ELECTRONIC TURN SIGNAL FLASHER WITH HAZARD LAMPS OVERRIDING STOP LAMPS | | |

Design

PAINT: ONE SOLID COLOR

Color

CAB COLOR A: L2842EY BRIGHT YELLOW ELITE
EY
BLACK, HIGH SOLIDS POLYURETHANE CHASSIS
PAINT
STANDARD E COAT/UNDERCOATING

Certification / Compliance

U.S. FMVSS CERTIFICATION, EXCEPT SALES
CABS AND GLIDER KITS

Secondary Factory Options

* GEN 2, DEDICATED PATHWAY, ROUTING AND
CLIPPING

Sales Programs

NO SALES PROGRAMS HAVE BEEN SELECTED

TOTAL VEHICLE SUMMARY

Weight Summary

| | Weight Front | Weight Rear | Total Weight |
|-----------------------------|-----------------|----------------|-----------------|
| Factory Weight ⁺ | 9313 lbs | 7207 lbs | 16520 lbs |
| Total Weight ⁺ | 9313 lbs | 7207 lbs | 16520 lbs |

(+) Weights shown are estimates only.

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If weight is critical, contact Customer Application Engineering.

(***) All cost increases for major components (Engines, Transmissions, Axles, Front and Rear Tires) and government mandated requirements, tariffs, and raw material surcharges will be passed through and added to factory invoices.

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Q U O T A T I O N

114SD CONVENTIONAL CHASSIS

SET BACK AXLE - TRUCK
CUM X12 500EV HP @ 1900 RPM, 1700 LB-FT @ 1000
RPM, 2000 GOV RPM, R/F/E
ALLISON 4000 EVS AUTOMATIC TRANSMISSION WITH
PTO PROVISION
RT-40-160 40,000# R-SERIES TANDEM REAR AXLE
TUFTRAC GEN2 46,000# REAR SPRING SUSPENSION
DETROIT DA-F-16.0-5 16,000# FL1 71.0 KPI/3.74 DROP
SINGLE FRONT AXLE
16,000# FLAT LEAF FRONT SUSPENSION

114 INCH BBC FLAT ROOF ALUMINUM CONVENTIONAL
CAB
5525MM (218 INCH) WHEELBASE
11/32X3-1/2X10-15/16 INCH STEEL FRAME
(8.73MMX277.8MM/0.344X10.94 INCH) 120KSI
1600MM (63 INCH) REAR FRAME OVERHANG
1/4 INCH (6.35MM) C-CHANNEL INNER FRAME
REINFORCEMENT

| | | PER UNIT | TOTAL |
|----------------------------------|----------------------|-------------------|-------------------|
| VEHICLE PRICE | TOTAL # OF UNITS (1) | \$ 131,526 | \$ 131,526 |
| EXTENDED WARRANTY | | \$ 0 | \$ 0 |
| DEALER INSTALLED OPTIONS | | \$ 0 | \$ 0 |
| CUSTOMER PRICE BEFORE TAX | | \$ 131,526 | \$ 131,526 |

TAXES AND FEES

| | | |
|--------------------------|------|------|
| FEDERAL EXCISE TAX (FET) | \$ 0 | \$ 0 |
| TAXES AND FEES | \$ 0 | \$ 0 |
| OTHER CHARGES | \$ 0 | \$ 0 |

TRADE-IN

| | | |
|--------------------|--------|--------|
| TRADE-IN ALLOWANCE | \$ (0) | \$ (0) |
|--------------------|--------|--------|

| | | | |
|--------------------|------------------------------------------------------|-------------------|-------------------|
| BALANCE DUE | (PRICE IS TRUCK ONLY, NO STATE TAXES OR FEES) | \$ 131,526 | \$ 131,526 |
|--------------------|------------------------------------------------------|-------------------|-------------------|

***SUBJECT TO FACTORY RAW MATERIAL SURCHARGES & FREIGHT INCREASES**

APPROVAL:

Please indicate your acceptance of this quotation & specification by signing below:

Customer: X _____ Date: ____ / ____ / ____.

Prepared for:
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Financing that works for you.

See your local dealer for a competitive quote from Daimler Truck Financial, or contact us at Information@dtfoffers.com.

Daimler Truck Financial offers a variety of finance, lease and insurance solutions to fit your business needs. For more information about our products and services, visit our website at www.daimler-truckfinancial.com.

Quay COUNTY RESOLUTION

Resolution No. 31

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

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

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

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

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

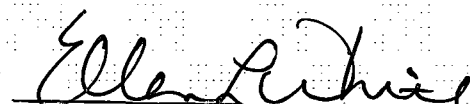
NOW THEREFORE, BE IT RESOLVED by the governing body of the Quay County, that the County Chairperson, on behalf of the County and all participating entities is authorized to submit an application for Distribution and/or Grant Fiscal Year 2024 program funding under the regulations established by the Local Government Division.

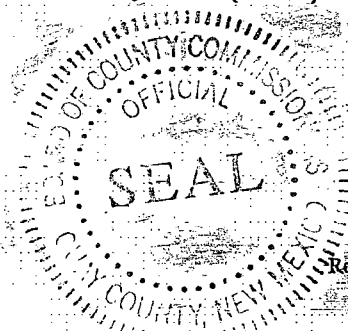
APPROVED AND ADOPTED by the governing body at its meeting of 3/13, 2023.


County Commission Chairperson

Attest:


DWI Planning Council Representative


County Clerk (SEAL)



Revised: October 2022

Application Cover Sheet

FY24 Local DWI Program Distribution and Grant Funding

Local Government Division - DFA

County/Municipality: Quay County

DWI Program Coordinator:

Name: Andrea Shafer
 Address: P. O. Box 1011
 City, Zip: Tucumcari, NM 88401
 Telephone: 474-461-6096
 E-Mail: andrea.shafer@quaycounty-nm.gov

Address where payment is received as listed on current W-9:

Contact Person: Cheryl Simpson
 Mailing Address: P. O. Box 1246
 City, Zip: Tucumcari, NM 88401
 Telephone: 575-461-2112
 E-Mail: cheryl.simpson@quaycounty-nm.gov

Indicate amounts budgeted for each component area.

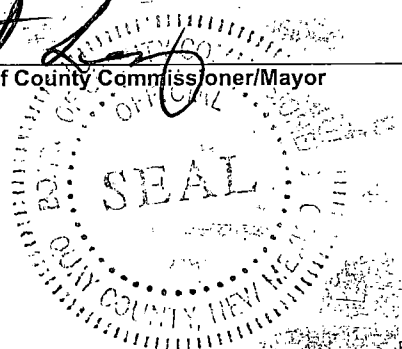
| | <u>Distribution</u> | <u>Grant</u> | <u>Component Total</u> |
|-------------------|-----------------------------|-----------------------------|------------------------|
| Prevention | <u>\$ 5,000.00</u> | <u> </u> | <u>\$ 5,000.00</u> |
| Law Enforcement | <u> </u> | <u> </u> | <u>\$ 0.00</u> |
| Screening | <u> </u> | <u> </u> | <u>\$ 0.00</u> |
| Treatment | <u> </u> | <u> </u> | <u>\$ 0.00</u> |
| Compl. Mtr./track | <u>\$ 88,130.00</u> | <u> </u> | <u>\$ 88,130.00</u> |
| Coord/Plan& Eval. | <u>\$ 26,475.00</u> | <u> </u> | <u>\$ 26,475.00</u> |
| Alt. Sentencing | <u> </u> | <u> </u> | <u>\$ 0.00</u> |
| Total | <u>\$ 119,605.00</u> | <u>\$ 0.00</u> | <u>\$ 119,605.00</u> |
| | <u>Total Distrib.</u> | <u>Total Grant</u> | <u>Total Program</u> |
| | <u>Request</u> | <u>Request</u> | <u>Request</u> |

Certification:

The attached resolution adopted by the governing body of Quay County on 3/13/2023 authorizes the
 (Applicant) (Date)
 applicant to file this application for assistance from the State of New Mexico. To the best of my knowledge,
 the information presented in this application is true and correct.

Robert Lopez, Commission Chair
 Printed Name/Title


 Signature of County Commissioner/Mayor



STATEMENT OF ASSURANCES

Local DWI Grant and Distribution Program

Fiscal Year 2024: July 1, 2023 – June 30, 2024

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

1. Compliance with the provisions of the New Mexico Local DWI Grant Program Act, Sections 11-6A-1 through 11-6A-6 NMSA 1978 as amended, the NMAC Title 2, Chapter 110 Part 4 Regulations, and the approved LDWI Guidelines.
2. The applicant has the responsibility and legal authority to receive and expend funds as described in the grant and distribution project description, as well as to finance the grantee share (minimum 10%) of costs of the project, including all project overruns.
3. Compliance with the State Procurement Code, Sections 13-1-21 through 13-1-199, NMSA 1978 as amended, with the exception of Home Ruled Governments. All project-related services, activities or programs done through a service provider must be implemented through a professional services contract. Any project-related contract, subcontract, or agreement and related amendments, providing services to the grant or distribution program, must be submitted for administrative review by the Local Government Division prior to execution.
4. Adherence to all financial, accounting, and reporting requirements of the Department of Finance and Administration. Distribution programs will include the Exhibit F, the Local DWI Distribution Fund Financial Status Report. Grant programs will include the Local DWI Program Request for Payment/Financial Status Report, Exhibit D. The said reports shall include a narrative of successes and challenges, a detailed budget breakdown of expenditures to date, a summary of any fees collected and/or expended, the Quarterly Client Data Report, the Managerial Data Set (MDS) Report, Planning Council meeting agendas and minutes, and such other information following the objectives of the county's evaluation as may be of assistance to the Division in its evaluation.
5. Compliance with the requirement to not budget, nor expend, any of the grant amount awarded or the amount distributed for **indirect administrative costs** incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall document all direct program administrative expenditures and in-kind/match administrative expenditures.
6. Compliance with the requirement to not budget, nor expend, greater than **ten percent** of the grant amount awarded or the amount distributed for **capital purchases** incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall

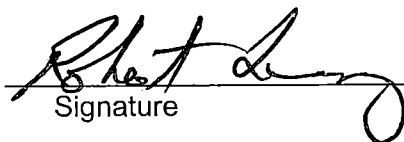
specify all capital purchases. The **ten percent cap for capital purchases does not apply to the Detoxification Grants.**

7. Compliance with all required reports, including but not limited to: the first quarter narrative and fiscal reports due on the last working day of October; the second quarter narrative and fiscal reports due on the last working day of January; and the third quarter narrative and fiscal reports due on the last working day of April; the fourth and the final quarter Grant Fiscal report due by the 10th of July and the fourth and final narrative and distribution fiscal reports for the fiscal year due the last working day of July. Annual protocols for the screening, treatment, and compliance monitoring components are due the last working day of July for the current fiscal year. The annual reports which include program evaluation are due the last working day of August for the prior fiscal year.
8. Compliance with the current Local DWI Grant Program Screening Guidelines. To avoid any conflict of interest, or appearance of conflict of interest, screeners should not be affiliated with any contracted treatment agency. Clients will be given options (a list of available providers) for alcohol related treatment and will not be *mandated* to a particular treatment agency.
9. If applicable to the applicant, compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Health and Human Services regulation entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
10. Any distribution program under run amount for the fiscal year must be returned to the Local DWI Grant Fund by September 30 of the following fiscal year. Failure to remit an under run to the Local DWI Grant Fund will cause suspension of grant reimbursements and/or future distributions until the remittance is made.
11. Grant program under runs revert to the Local DWI Grant Fund.
12. Compliance with all applicable conditions and requirements prescribed by the Division in relation to receipt/accountability of state General Funds.
13. The grant applicant will follow the scope of work for the grant program, as negotiated with the Local Government Division, and in accordance with the local planning council's approved plan. The applicant will submit any proposed modifications/amendments to the scope of work to the Division for its approval, prior to execution.
14. The distribution program applicant will follow the local planning council's application as approved by DWI Grant Council in the application review process. The applicant will submit any proposed modifications/amendments to this proposal to the Division for its written approval, prior to execution of changes to programs.

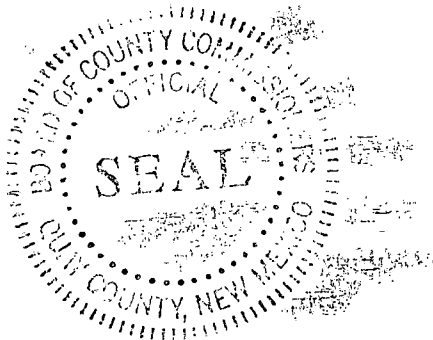
15. Compliance with conflict of interest prohibitions whereby no member, officer, or employee of the grant or the distribution program, or its designee or agents, no voting member of the local planning council or of the governing body of the locality in which the program is situated, and no other public official of such locality who exercises any functions or responsibilities with respect to the program during his/her tenure (or for one year thereafter) shall have any interest, direct or indirect, in any contract or subcontract for work to be performed in the program. The grant and/or the distribution program shall incorporate, in all such contracts or subcontracts, a provision prohibiting such interest pursuant to the purposes of these stated provisions.
16. Compliance with the maintenance of records as will fully disclose the amount and disposition of the total funds from all sources budgeted for the grant or distribution agreement period, the purpose of undertaking for which such funds were used and the amount and nature of all contributions from other sources, and such other records as the Division shall prescribe. All Program records must adhere to the New Mexico State Records Center and Archives Rule for Functional Retention and Disposition Schedule, 1.21.2 NMAC.
17. The applicant will provide access to authorized State officials and representatives of all books, accounts, records, reports, files, and other papers, things, or property pertaining to the project in order to make audits, examinations, excerpts and transcripts.
18. The applicant will provide DFA's auditor and evaluator timely access to all program records and information. Additionally, the applicant will assure that records of subcontractors working for the applicant are retained and made available to DFA's auditor and evaluator.

Robert Lopez, Commission Chair

County Commission Chairperson (or Designee) (Please Print)


Signature

March 13, 2023
Date



MEMORANDUM OF UNDERSTANDING

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

The Division assures:

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

The Program agrees to:

1. Upon request, provide the Division or other parties authorized with client records for those clients provided services through the Local Government Division DWI Grant Program, for the purpose of conducting outcome

monitoring research activities, and evaluation of LDWI Program interventions.

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

Robert Lopez, Commission Chair
County Commission Chairperson (or Designee)
(Please Print)

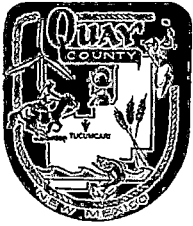

Signature

March 13, 2023
Date



Donnie Quintana, Director
Local Government Division

Date



Quay County Government

300 South Third Street, Tucumcari, NM 88401

Post Office Box 1246

Phone: (575)461-2112 Fax: (575) 461-6208

RESOLUTION NO. 33

OPPOSING THE LISTING OF THE LESSER PRAIRIE CHICKEN AS AN ENDANGERED SPECIES

WHEREAS, the U.S. Fish and Wildlife Service ("FWS") has issued the final rule to list the Lesser Prairie Chicken, scientific name *Tympanuchus pallidicinctus*, as an endangered species; and

WHEREAS, the listing of the Lesser Prairie Chicken (LPC) as an endangered species will create a wide range of adverse effects upon communities, industries, and people who are located within, reside, ranch, farm, and use the millions of acres of public and private lands identified as Lesser Prairie Chicken habitat for a Distinct Population Segment in the states of Colorado, Kansas, New Mexico, Oklahoma and Texas; and

WHEREAS, the proposed rule to list the lesser prairie chicken (LPC) and separate the population into two Distinct Population Segments (DPS) fails to recognize that the historic range has always been geographically separated by distance and changes in the weather that have been successfully accommodated by the LPC; and

WHEREAS, the FWS has not demonstrated that there exists any genetic differences in the DPS one, or DPS two, that would hinder the LPC from existing in any environment across the entire range; and

WHEREAS, the declaration that a southern DPS and endangered status appear to be unfounded, the language describing critical habitat is vague, and the location of specific boundaries are not easily identifiable, potentially leading to subjective actions by FWS; and

WHEREAS, biological surveys and studies that were contrary to the FWS narrative of population decreases in the LPC actually discovered that there was an overall increase in the populations of LPC from 1997 to 2012; and

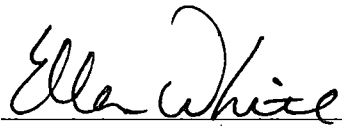
WHEREAS, the FWS seems to have arbitrarily and capriciously dismissed any studies which disagreed with their studies of population trends, levels of sustainability, species resiliency, and other factors which were used to designate the LPC as endangered; and

WHEREAS, the loss of the robust energy, agriculture and utility employment sectors in the region, will also adversely impact thousands of support jobs necessary to sustain the region's economic health and vitality; and

WHEREAS, local industries and employment sectors are already actively taking actions for mitigation and protecting wildlife and native species, including the Lesser Prairie Chicken; and

WHEREAS, the scope of protection offered by FWS in listing the Lesser Prairie Chicken as "endangered" is excessive and will result in harm to working families, local industries and communities, as well as the State of New Mexico.

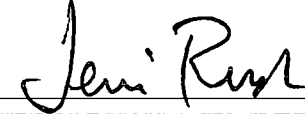
ATTEST BY:



ELLEN WHITE, QUAY COUNTY CLERK



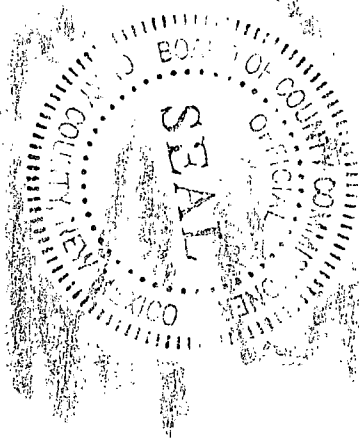
ROBERT LOPEZ, CHAIR



JERRI RUSH, MEMBER



BRIAN FORTNER, MEMBER



FY24 Congressionally Directed Spending Request Form

Please use the form below to submit your requests to the Office of Senator Ben Ray Luján for the FY24 Congressionally Directed Spending (CDS) process. The deadline to submit a request to the Office of Senator Ben Ray Luján is **THURSDAY, MARCH 16, 2023**.

Only public and non-profit entities are eligible to request Congressionally Directed Spending. In addition, to receive funding, projects will need to demonstrate significant community support through at least two letters of support. Importantly, projects will also need to meet all requirements established by the federal agency for the specific grant program, including funding match requirements.

Note, this form is only for Congressionally Directed Spending Requests as defined by Senate Rules.

Congressionally Directed Spending (CDS) Requests: According to Senate Rule XLIV, a CDS is a provision "included primarily at the request of a Senator providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority or other expenditure with or to an entity, or targeted to a specific State, location or Congressional district, other than through a statutory or administrative formula-driven or competitive award process." Generally speaking, this is funding requested for a specific project in a specific location.

Congressionally Directed Spending requests are different from Programmatic or Language requests, which are "general funding requests for national and regional programs, and/or bill and report language requests that directs, encourages, or urges an Agency or Department to carry out an action." If you would like to make a Programmatic Request, Senator Luján's form can be found here: <https://www.lujan.senate.gov/appropriations-request-form/> (<https://www.lujan.senate.gov/appropriations-request-form/>).

To view all eligible accounts for Congressionally Directed Spending, please click **HERE** (<https://www.appropriations.senate.gov/imo/media/doc/FY2024%20Appropriations%20Requests%20General>).

If you have any questions, please don't hesitate to reach out to the Office of Senator Luján at Appropriations@Lujan.Senate.Gov (<mailto:Appropriations@Lujan.Senate.Gov>). The deadline to submit a request to the Office of Senator Ben Ray Luján is **THURSDAY, MARCH 16, 2023**.

You can make CDS submissions to the Office of Senator Luján using the form below.

Requesting Organization

Prefix

Mr.

* First Name

Daniel

* Last Name

Zamora

* Title

County Manager

* Organization

Quay County

* Address Line 1

PO Box 1246

* City

Tucumcari

* State

New Mexico

* Zip

88401

* Email

daniel.zamora@quaycounty-nm.gov

* Phone

5754612112

* Requesting Organization

Quay County Government

* Organization Designation

Local Government

* EIN

85-6000238

* Project Name

Quay County Hospital

* New Mexico Community or Communities Benefitted by the Request

Quay, Harding, Union, Gualupe, De Baca, Roosevelt, Curry Counties.

* * FY24 Request (dollar amount only)

32293655.57

Was this request also submitted to another member of the New Mexico delegation? All applicants are encouraged to submit their request to all relevant offices.

* Which Offices?

☐ None

☐ Senator Heinrich

☐ Representative Leger Fernandez

☐ Representative Stansbury

☐ Representative Gabe Vasquez

* Request Priority

Request Priority

1st

Have you worked with any member of Senator Luján's staff on this request?

Constance Williams

Section 2. Bill and Account Specific Information

Please select the Subcommittee and Account you believe is best for your project. If you have questions, please contact us for assistance at Appropriations@lujan.senate.gov.

* Appropriations Subcommittee

- ☐ Agriculture
- ☐ Commerce, Justice, Science
- ☐ Energy & Water
- ☐ Financial Services
- ☐ Homeland Security
- ☐ Interior
- ☐ Labor, HHS, Education
- ☐ MilCon-VA
- ☐ Transportation-HUD

* Labor, HHS Education

Health Resources Service Administration

* To the best of your knowledge, does this project meet the eligibility criteria for the account as outlined in the list of eligible CDS accounts?

Unknown

Section 3. Project Description & Details

* Project Summary

Plan, design and construction of a new hospital in Tucumcari, New Mexico.

* Justification

Dr. Dan C. Trigg Memorial Hospital is a critical access hospital located 60 miles from the 1964, does not meet current regulations and the mechanical and electrical systems are at end of life. Replacing the hospital will be more cost effective than renovation of the existing facility. If we do not replace the hospital, we are losing our critical access designation which allows our operator to receive 100 percent on Medicare. Losing our hospital would dramatically affect access to healthcare for our citizens.

* List Any Entities or Organizations Partnering in or Supporting the Project

Cit of Tucumcari, Village of Logan, Village of San Jon, Village of House, Tucumcari School Board, Logan School Board, San Jon School Board, House School Board, Greater Tucumcari Economic Development Corporation, Presbyterian Health Services.

Section 4. Funding History & Details

* Project Request Budget (Please include a DETAILED breakdown of how funding will be spent.)

Please see attached budget worksheet.

* Is your funding amount scalable? If this project can be completed in phases or parts, and thus a smaller amount of money would still allow for progress on the project, then it is scalable. If only the requested amount of money would allow for progress on the project, then it is not scalable.

☐ Yes, the project is scalable.

☐ - No, only the requested amount would be viable.

(if yes) If it is possible to fund this project in phases, please give a detailed breakdown based on the Project Request Budget breakdown above.

The project could be broken down into design and construction cost.

* Was this project previously submitted for Congressionally Directed Spending in past Fiscal Years?

☐ Yes, FY22

☐ Yes, FY23

☐ No

If yes, was it funded?

No

* Prior Federal Requests

NO

* Prior Federal Funding (Has the requesting organization received any federal funding for this project? If at any point the requesting entity has failed to adequately manage or execute prior federal funding, please indicate below.)

NO

* Additional Sources of Funding (Please list all additional sources of funding for this request, including from the State of New Mexico, if applicable.)

Only local funds have been used on the project as of this application.

* Total Project Budget (total cost to complete the project, including any previous funding dedicated for project)

33324460.4

* DOCUMENTATION

All requests must include at least TWO (2) letters of support from third parties within the community or communities that would benefit from fulfillment of the request. These letters must clearly communicate the benefits that the request would confer upon the community/communities. Please include all letters and documentation as one .pdf file. UPLOAD FILE, LIMITED TO ONE (1) COMBINED PDF ONLY. If you would like to submit additional optional letters of support after turning in this application, please email them to appropriations@lujan.senate.gov.

No file chosen

Submission of a request that meets the requirements of this form as well as any subsequent requirements that may be promulgated by the Office of Senator Ben Ray Luján or the Senate

CRITICAL ACCESS HOSPITAL 42,500 SF
TOTAL CONSTRUCTION COST \$ 29,706,155.87

| BUDGET ITEM | UNIT | UNIT | TOTAL COST | \$/GSE | % OF TOTAL |
|---------------------------------------------------------------------|------|------|------------------------|-----------------|--------------|
| DESIGN FEES | | | | | |
| AE FEES | | | | | |
| HELIPAD CONSULTANT | | | \$ 1,100,000.00 | \$ 25.88 | 3.70% |
| EQUIPMENT COORDINATION | | | \$ 90,000.00 | \$ 2.12 | 0.30% |
| KITCHEN PLANNER | | | \$ 50,000.00 | \$ 1.18 | 0.17% |
| AE REIMBURSABLE EXPENSES | | | \$ 60,000.00 | \$ 1.41 | 0.20% |
| | | | \$ 80,000.00 | \$ 1.88 | 0.27% |
| SUBTOTAL DESIGN FEES (REMAINING FEES LESS PREVIOUSLY BILLED) | | | \$ 1,380,000.00 | \$ 32.47 | 4.65% |

| | | | | | |
|----------------------------------|-------|--|------------------------|----------|--------------|
| OWNER COSTS/FEES | | | | | |
| COMMISSIONING | | | \$ 46,750.00 | \$ 1.10 | |
| SPECIAL MATERIALS TESTING | | | \$ 133,677.70 | \$ 0.45% | |
| SOILS TESTING | ALLOW | | \$ 25,000.00 | \$ 0.59 | |
| ENVIRONMENTAL SURVEYS | ALLOW | | \$ 60,000.00 | \$ 1.41 | |
| OCIP INSURANCE | | | \$ 519,857.73 | \$ 1.75% | |
| LEGAL FEES | ALLOW | | \$ 200,000.00 | \$ 4.71 | |
| PRINTING/ISSUE FEES | | | \$ 24,000.00 | \$ 0.56 | |
| PROJECT MANAGER | | | \$ 75,000.00 | \$ 1.76 | |
| SUBTOTAL OWNER COSTS/FEES | | | \$ 1,084,285.43 | | 3.65% |

TOTAL \$ 2,464,285.43
CONTINGENCY 5% \$ 123,214.27

| | | |
|--------------------------|------------------------|-----------------|
| TOTAL OWNER COSTS | \$ 2,587,499.70 | \$ 60.88 |
|--------------------------|------------------------|-----------------|

OPERATOR COSTS/FEES/DESIGN
LOW VOLTAGE CABLING (DESIGN AND CONSTRUCTION)
SECURITY CABLING (DESIGN AND CONSTRUCTION)
EQUIPMENT (NON MEDICAL) (PROCUREMENT AND COORDINATION)
MEDICAL EQUIPMENT (PROCUREMENT AND COORDINATION)
KITCHEN EQUIPMENT (PROCUREMENT-PLANNER INCD IN AE FEES)
FURNISHINGS (PROCUREMENT AND COORDINATION)
ARTWORK/GRAPHICS (PROCUREMENT AND COORDINATION) (AE WILL ASSIST IN COORDINATION)
INTERIOR SIGNAGE (DESIGN AND PROCUREMENT-AE WILL ASSIST IN COORDINATION)
MONUMENT/BUILDING SIGNAGE (EXTERIOR)(DESIGN AND PROCUREMENT)

\$ 32,293,655.57

| BUDGET ITEM | QTY | UNIT | TOTAL COST | \$/GSF | % OF TOTAL |
|----------------------------------------------------|-----------|--------|------------------|-----------|------------|
| CONSTRUCTION COSTS | | | | | |
| GENERAL CONDITIONS | 14 MONTHS | MO | \$ 1,540,000.00 | \$ 36.24 | |
| SITEWORK/UTILITIES/HELIPAD | | | \$ 2,100,000.00 | \$ 49.41 | |
| COST OF CONSTRUCTION - BUILDING | | | \$ 17,200,000.00 | \$ 404.71 | |
| SUBTOTAL BASE CONSTRUCTION COSTS | | | \$ 20,840,000.00 | \$ 490.35 | 70.15% |
| INSURANCE, PERMIT, CONSTRUCTION FEES, ETC. | | | | | |
| GENERAL LIABILITY INSURANCE (GC) | | | \$ 340,000.00 | \$ 8.00 | |
| SUB DEFAULT INSURANCE/SUBGUARD | | | \$ 200,000.00 | \$ 4.71 | |
| BUILDING PERMIT ALLOWANCE | ALLOW | | \$ 80,000.00 | \$ 1.88 | |
| BUILDER'S RISK INSURANCE | | | \$ 36,000.00 | \$ 0.85 | |
| UTILITY TAP AND IMPACT FEES | ALLOW | | \$ 50,000.00 | \$ 1.18 | |
| GC FEE | | 6% | \$ 1,250,400.00 | \$ 29.42 | |
| PAYMENT BOND | | | \$ 201,000.00 | \$ 4.73 | |
| SUBTOTAL INSURANCE/PERMIT/CONSTRUCTION FEES | | | \$ 2,157,400.00 | | 7.26% |
| SUBTOTAL BEFORE TAX | | | \$ 22,997,400.00 | \$ 541.12 | |
| NM GROSS RECEIPT TAX | | 8.313% | \$ 1,911,773.86 | \$ 44.98 | 6.44% |
| TOTAL COST OF CONSTRUCTION - 01-13-23 | | | \$ 24,909,173.86 | \$ 586.10 | |
| ESCALATION - 1% A MONTH | | | | | |
| ESCALATION = 9 MONTHS | | | \$ 2,241,825.65 | \$ 52.75 | |
| NM GROSS RECEIPT TAX ON ESCALATED AMT | | 8.313% | \$ 186,362.97 | \$ 4.39 | |
| TOTAL ESCALATION TO OCTOBER 15 2023 | | | \$ 2,428,188.61 | \$ 57.13 | 8.17% |
| CONSTRUCTION COST W/ESCALATION | | | \$ 27,337,362.48 | \$ 643.23 | |
| OWNER CONTINGENCY | | | | | |
| OWNER CONTINGENCY | | 8% | \$ 2,186,989.00 | \$ 51.46 | |
| NM GROSS RECEIPT TAX ON CONTINGENCY | | 8.313% | \$ 181,804.40 | \$ 4.28 | |
| TOTAL OWNER CONTINGENCY | | | \$ 2,368,793.39 | | 7.97% |
| TOTAL CONSTRUCTION BUDGET | | | \$ 29,706,155.87 | \$ 698.97 | |

AFFIDAVIT OF ANNUAL SAFETY INSPECTION

STATE OF NEW MEXICO)
) ss.
COUNTY OF Quay)

TO: Safety Program Manager
Workers' Compensation Administration
PO Box 27198
Albuquerque, NM 87125-7198

I, Daniel Zamora, swear or affirm under penalty of perjury under the laws of New Mexico that the below information contained in this affidavit is true and correct:

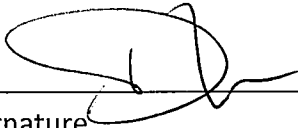
1. I am the County manager (job title) of Quay (business name).
2. The business has completed its annual safety inspection as required by statute.
3. The following information is submitted as proof of annual safety inspection:

- a. Name of Business: Quay County
- b. Federal Employer Identification Number: 85-6000238
- c. Date(s) and Address(es) of Inspected Location(s) [include City and Zip code for each location]:
March 1, 2023
See attached report for addresses.

* For additional locations please attach a separate list with site inspection information and address.

- d. Inspection(s) performed by: James Chavez
- e. For follow up and questions, contact:

- 1) Name: Daniel Zamora
- 2) Phone: (505) 461-2112 Email: daniel.zamora@quaycounty-nm.gov


Signature

3-13-23
Date