

## **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

January 29th, 2024

#### 9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes- Regular Session January 4th, 2024

#### **Public Comment**

#### **New Business**

- I. C. Renee Hayoz, Quay County Family Health Center Administrator
  - Presentation of December 2023 RPHCA Report
  - Request Approval of December RPHCA Invoice
- II. Matthew Monahan, Tucumcari Film Festival Secretary
  - Presentation of Quay Cultural Update
  - Request Approval of Funding for Tucumcari Film Festival
- III. Dennis Garcia, Quay County Sheriff
  - Presentation of 2023 Transport Log Data
- IV. Stephen Salas, Quay County Road Superintendent
  - Presentation of Road Update
  - Request Approval of Cooperative Project Agreement- Design (1042)
- V. Jamie Lauders, TQRECC Director
  - Presentation of TQRECC Update
  - Request Approval of NMFA Public Project Revolving Fund Building Application
  - Request Approval of Closing Documents
  - Request Approval of Enhanced 911 Act Grant Amendment
- VI. Samantha Salas, Quay County Finance Director
  - Request Approval of Second Quarter FY24 DFA Financial Report
  - Request Approval of Second Quarter FY24 DWI Financial Report

#### VII. Daniel Zamora, Quay County Manager

- Presentation of January GRT Report
- Presentation of Manager's Report

#### VIII. Indigent Claims Board

- Call Meeting to Order
- Request Approval of Indigent Minutes for the December 11, 2023, Meeting
- Request Approval of Indigent Claims Prepared by Andrea Page
- Adjourn
- IX. Request Approval of Accounts Payable
- X. Commissioner's Comments
- XI. Adjourn

#### REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

#### January 29, 2024 9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 29<sup>th</sup> day of January, 2024 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 White, County Clerk Daniel Zamora, County Manager

#### OTHERS PRESENT:

Andrea Page, Quay County Administrative Assistant
Jamie Lauders, TQRECC Director
Stephen Salas, Quay County Road Department Superintendent
Dennis Garcia, Quay County Sheriff
Lucas Bugg, Quay County Fire Marshall
Matthew Monahan, Bobby Hockaday, Toni Wilson, Kevin Losani, promoters of the
Tucumcari Film Festival
Stephen Farmer, Quay County Resident
Ron Warnick, Quay County Sun

The meeting was called to order by Chairman, Robert Lopez as he led the Pledge of Allegiance.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the January 4, 2024, regular session minutes. 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 approve the Agenda as presented. MOTION carried with Rush voting "aye", Lopez voting "aye" and Fortner voting "aye".

Public Comments: NONE

#### **NEW BUSINESS:**

In the absence of Renee Hayoz (Quay County Family Health Center Administrator), Daniel Zamora, Quay County Manager, presented the monthly RPHCA Report for December. The Report is attached to these minutes.

Zamora requested approval of the December RPHCA Invoice in the amount of \$8185.00. A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve payment of the Invoice attached. MOTION carried with all members voting "aye".

Matthew Monahan, Tucumcari Film Festival Promoter, provided a brief overview of the event held last year and plans for the upcoming 2024 Festival. Monahan reported the event is projected to need a budget of \$1835.00. A request was made of the County to support the event with a \$500.00 contribution. A MOTION was made by Brian Fortner, SECONDED by Jerri Rush, to contribute \$500.00 to the event. MOTION carried with all members voting "aye".

Quay County Sheriff, Dennis Garcia, provided the 2023 activity report from the Sheriff's Department. A copy is attached.

Quay County Road Superintendent, Stephen Salas, gave the following road updates:

- Work continues on Quay Road 96 with 4.2 miles completed.
- Quay Road 62.9 will be an upcoming project.
- LGRF Grants will be submitted.
- Request approval of the COOP Agreement for Bridge 1042. This is the \$2.5 Million design phase. A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the Agreement. MOTION carried with all members voting "aye". A copy is attached.

Jamie Lauders, Quay County Dispatch Administrator, presented the annual update of services provided at the Center. A copy is attached to these minutes. The following items were submitted by Lauders requesting approval:

- Approval to apply for a NMFA Loan in the amount of \$550,000.00 to assist with the renovations and completion of relocating the Dispatch Center to the new location. A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve the application be submitted. MOTION carried with all members voting "aye". A copy is attached.
- Closing Documents, prepared by First Title Services, for the purchase of the building located at 511 S 2<sup>nd</sup> Street to relocate the Dispatch Center to. The purchase was \$190,000.00. A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve the documents provided. MOTION carried with all members voting "aye". Copies are attached.
- Project No. 24-E-14 Grant Amendment No. 1 for enhanced 911 services in the amount of \$638,639.00. A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve the Grant Amendment No. 1. MOTION carried with all members voting "aye". A copy is attached.

In the absence of Samantha Salas, Quay County Finance Director, Zamora presented the following Financial Reports for approval:

- Second Quarter FY24 DFA Financial Report.
- Second Quarter FY 24 DWI Financial Report.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner, to approve both Financial Reports described above. MOTION carried with all members voting "aye". Copies are attached.

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

• Distributed the monthly GRT Report for January.

- Reported the new security cameras are installed and operating.
- Reported the NMC Annual Conference was well attended and Zamora received some positive input regarding the hospital project.

Chairman Lopez called the Indigent Claims Board to order. Time noted 9:45 a.m.

#### --- INDIGENT CLAIMS ---

Indigent Claims Board meeting was adjourned and meeting was returned to Regular Session. Time noted 9:50 a.m.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the expenditures included in the Accounts Payable Report ending January 25th, 2024. MOTION carried with Rush voting "aye", Lopez voting "aye" and Fortner voting "aye".

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 10:00 a.m.

Respectfully submitted by Ellen White, Quay County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS Robert Lopez, Chairman Jerri Rush, Member

Brian Fortner, Member

L-Chief Deputy Clork

ATTEST:

Ellen White, County Clerk

#### **RPHCA Monthly Staffing Pattern**

Month: December 2023

Site: Quay Co Family Health Center

If you are using a Locum provider, please incude them in your monthly staffing with their actual FTE for the month - see below for example. In this example, the budgeted 1.0 Nurse Practitioner is vacant, and the site used a 0.8 Locum Physican for the month. Please ensure all staffing is reported. For example, If you have a Medical Director or provider from another site, etc. who does not always generate encounters at your site, but does for the month being reported, they need to be included in your staffing.

Position/Title	Budgeted FTE	Actual FTE (for the month being reported)	Locum Provider Y/N
Nurse Practitioner	1	0	N
Physician	0	0.8	Y
Administrator	1	1	N
CAR/ MA In Training	0	1	N
TOC CAR	0.2	0.2	N
Lead CAR	0.5	0.5	N
CMA	2	2	N
MAI	1	0	N
Medical Director/CNP	0.5	0.5	N
CNP	1	1	N
CNP	0.5	0.5	N
Custodian	0.5	0.5	N
CAR	1	0	N
		,	

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## RPHCA Program FY24 Annual Projected Operations Form - Page 1

	ame: Presbyterian Medical Services	Contrac	<u> </u>		
Reporting Site:	Quay County Family Health Center	# of Clin			
	Action Plan Item	***	Projected A	nnual Target	
Level of	Total Number of Primary Care Encounters			329	
Operations	By Provider Type:				
	Physician Encounters				
	Midlevel Practitioner Encounters			329	
	Dentist Encounters				
	Dental Hygienist Encounters				
	Behavioral Health Encounters				
	All Other Licensed/Certifled Provider Encounters				
	By Payment Source:				
	Sliding Fee Encounters-Medical			42	
	Sliding Fee Encounters - Dental				
	Medicaid Encounters - Medical			106	
	Medicaid Encounters - Dental				
	County Indigent Encounters				
319 y 5 0 5 e 1	Other 3 <sup>rd</sup> Party Encounters			77	
	Medicare Encounters			99	
an ena var e lenan	100% Self Pay (non-discounted/non-3 <sup>rd</sup> party) Encot	ınters		5	
Unduplicated	Total # of unduplicated users			71	
Number of	At or Below Poverty			36	
Users	Between Poverty and 200% of Poverty			29	
9000	Above 200% of Poverty				
	•		······································	6	
20 10 10 10 10 10 10 10 10 10 10 10 10 10	Unknown	T		^ 7	
Statting Level	Administrative Staff	Clinical I		2.7 Admin FTEs	
	Physicians		168	AdminiTiES	
	Certified Nurse Practitioners		2,5		
63 (40) (S.) (63) (63) (63) (33)	Physician Assistants	1	24.0		
	Certified Nurse Midwives				
	Dentists	<del> </del>			
ENERGY CONTRA	Dental Hygienists				
	Behavioral Health Professionals (linked to BH encounters)				
Birthey Subjection	Community Health Workers				
dersaure:	Clinical Support Staff			2.5	
and the second s	All Other Staff		I	0,5	
Primary Care					
Financial	Total Primary Care Revenues - all sources			97570	
Information	Sliding Fee Revenues – Medical		7030		
	Sliding Fee Revenues - Dental				
	Medicaid Revenues - Medical			33022	
	Medicaid Revenues - Dental			33022	
	County Indigent Fund Revenues				
	Other 3 <sup>rd</sup> Party Revenues			6460	
			6462		
	Medicare Revenues			24678	
	100% Seif Pay (non-discounted/non-3 <sup>rd</sup> party) Patient Revenues			370	
	Contracts/Grants Revenues (including RPHCA)			26008	
	Total Primary Care Expenditures			106822	
	Total Primary Care Charges			130473	
	Sliding Fee Discounts - Medical			34261	
	Sliding Fee Discounts - Dental				
	C. Renee Hayoz Page 5 of 104 1-29-24		1/5/2024		

#### RPHCA – Monthly Narrative Report (per site)

Fiscal Year 2024 rev.1

**Due**: By the second (2<sup>nd</sup>) Friday of each month in each State fiscal year.

Submit: Email to RPHCA@doh.nm.gov

Month Reporting: December 2023

Contractor Name: Presbyterian Medical Services

Clinic Site: Quay Co. Family Health Ctr.

RPHCA Term: Recipient is required to submit monthly updates for each clinic site on status of completion of Contract Action Plan activities. Update should discuss any issues (i.e. staffing, operations) that are impacting the Contract Action Plan.

Complete and submit the following data:

- 1. Monthly Operations. (Please note: Failure to achieve 90% of projections could result in funding reductions) - Excel Spreadsheet
- 2. Narrative see below

#### NARRATIVE (for each clinic site)

Gray shaded areas in the below tables are examples. For each site, please checkmark and enter required data and information.

#### A. Allowable RPHCA Expenditures:

1. Total dollar amount of RPHCA funding used towards healthcare provider salaries and/or benefits. List number of providers and type of provider. RPHCA funding used for salaries and benefits must be for health care providers\*, not for Administrative personnel, such as Chief Executive Officer, Financial Officer, etc.

Salary Only	Salary and Benefits	# of providers	Provider Type	Total Dollar Amount
Ø		Example -1	Example -Family Practice	Example -\$8,000
×		Example -1	Example -Registered Nurse	Example -\$8,000
$\boxtimes$		Example -1	Example -Dentist	Example -\$8,000
	×	3	Family Practice	\$11,936

<sup>\*</sup>Health care professionals who contribute to ensuring adequate availability of primary health care services including but not limited to: licensed practical murses, registered nurses, pharmacists, physician assistants, nurse practitioners, certified nurse midwives, primary care physicians (family practice, general practice, pediatrics, obstetrics and gynecology, and internal medicine), dentists and dental hygienists.

2. Total dollar amount of RPHCA funds used towards healthcare provider recruitment. This amount reflects recruitment efforts/methods, such as how much is used for advertising positions, recruitment agencies, etc.

	Recruitment Efforts/Methods	Total Dollar Amount
$\boxtimes$	Advertising	Example -\$5,000
	Recruitment Agency	N/A
	Other: please list	N/A

3. If not using RPHCA funds toward healthcare provider salaries and benefits, please checkmark the eligible expenditure(s) and total dollar amount used this reporting month.

#### RPHCA – Monthly Narrative Report (per site)

Due: By the second (2<sup>nd</sup>) Friday of each month in each State fiscal year.

Submit: Email to RPHCA@doh.nm.gov

	Eligible Items/Uses of Expenditures	Total Dollar Amount
×	Purchase, repair and/or maintenance of necessary medical and dental equipment.	Example -\$10,000
$\boxtimes$	Purchase of office, medical, and/or dental supplies.	Example -\$10,000
	In-state travel to obtain training or improve coordination to better support or provide primary health care services.	N/A
	General operating expenses.	N/A
	Programs or plans to improve the coordination, effectiveness, or efficiency of the delivery of primary health care services.	N/A
	Contracts for medical and dental personnel services.	N/A

B. Collaboration with public and private providers, SBHCs, and tribal (638) health centers: RPHCA contractors are expected to work cooperatively with local providers to maximize delivery of primary care health care services. Describe this month's participation in collaborative efforts with other providers in the community or region.

QCFHC had representation at both the executive ad regular monthly meetings of the Quay County Health Council. The pharmaceutical grade refrigerator has been purchased and is awaiting shipment.

#### C. Significant Updates and/or Challenges with Contract Action Plan this month:

Currently fully staffed; however we did receive a retirement notification from a 1.0 FTE Customer Access Representative. We are currently conducting interviews for her replacement and have narrowed the search to two applicants.

The clinician serving as medical director has also submitted her resignation from the medical director duties as of 12/30/23. Medical Director duties will be assumed by Dr. Andres Gensini, Dr. Santiago Ayala and CNP Estelle Elliott.

#### PRESBYTERIAN MEDICAL SERVICES QUAY COUNTY FAMILY HEALTH CENTER 1302 EAST MAIN STREET TUCUMCARI, NM 88401

Invoice No.

Dec-23

INVOICE

Customer		Misc	
Name	Quay County	Date	1/5/2024
Address	PO Box 1246	Order No.	
City	Tucumcari State NM ZIP 88401	Rep	
Phone		FOB	PARTITION OF THE PARTIT
Qty	Description	Unit Price	TOTAL
.,,	Quay RPHCA Contract- MOA #25221		
	Baseline/Annual Reports		
			* * * * * * * * * * * * * * * * * * * *
1	Contract Balance \$ Daily operations of Quay County Family Health Center - Decembe	r \$ 8,185.00	\$ 8,185.00
1			
		SubTotal	\$ 8,185.00
Daymant	Select One Tax Rate	Shipping	
Payment	Select One Tax Rate	(8)	
Comments		TOTAL	\$ 8,185.00
Name			
CC#		MS Contract Auth	norization #
Expires			
		www.	
	Please remit payment to the address above. Any questions of	all 575-461-220	)
	• •		
Extension and the second			

We appreciate your confidence in our team!

#### **Tucumcari Film Festival Summary**

2023 A	cuta	ıls	2024 Pro	oject	ions
Visitors		42	Est. Visitors		60
Film Makers		26	Est. Film Makers	;	40
Revenue	\$	851.00	Revenue	\$	925,00
Ticket Sales	\$	380.00	Ticket Sales	\$	500.00
Special Event	\$	196.00	Special Event	\$	M
Submissions	\$	275.00	Submissions	\$	425.00
Donations	\$	500.00	Donations	\$	
Elks	\$	500.00	Elks	\$	H
			Quay County	\$	
Gross Income	\$	1,351.00	Gross Income	\$	925.00
Costs	\$	(607.53)	Costs	\$	(1,835.00)
Insurance	\$	(150.00)	Insurance	\$	(175.00)
Shipping	\$	(47.21)	Shipping	\$	(60.00)
Event	\$	(80.85)	Event	\$	(150.00)
Printing	\$	(179.47)	Printing	\$	(200.00)
Awards	\$	-	Awards	\$	(150.00)
Threatre Rental	\$	<b></b>	Theatre Rental	\$	(400.00)
Equipment	\$	»	Equipment	\$	(150.00)
Venue Rental	\$	-	Venue Rental	\$	(400.00)
Fee	\$	(150.00)	Fees	\$	(150.00)
Net Income	\$	743.47	Net Income	\$	(910.00)

People Transported	Calls	Miles	State Inmates	Mental Health	Juveniles	Fuel Cost	Meal Cost	Lodging Cost
2023 Year Totals 175	125	28810.82	75	29	8	\$ 14,775.39	\$ 934.77	\$ 854.40

Contract No.:		
Vendor No.:	0000054395	
Control No.:	4101940	

#### COOPERATIVE PROJECT AGREEMENT – DESIGN

The New Mexico Department of Transportation (Department), and the Quay County (Local Agency) enter into this Agreement for Federal Highway Administration (FHWA) funding under NMSA 1978, Section 67-3-28. This Agreement for Project Control No.: 4101940 is effective as of the date of the last party to sign it on the signature page.

#### 1. Funding and Project Description.

a. Funding for Design Work is as follows:

#### 1. FFY 2024 Federal Directed Spending (FDS) Funds

Department's 85.44% share

\$2,500,000

Quay County bridge replacement (Arroyo Trujillo)-Demo ID NM110.Bridge replacement with Design and associated roadway reconstruction. FR 4118P Bridge 1042 milepost 31.89 to 32.16 (.27 mile).. (Description as per STIP database, this agreement only pertains to the Design Work portion of Project Control No. 4101940.)

2. County's matching 14.56% share

\$426,030

For the purpose stated above.

3. The Total Project Funding for Design Work

\$2,926,030

- b. Attached as Exhibit A is a table of data on funding as required by 2 CFR 200.331.
- c. The Local Agency shall provide all the work, labor, materials and services necessary to perform the Project.
- d. The Local Agency is responsible for all Project costs that exceed federal funding.
- e. The Local Agency must repay certain federal funding to the Department if:
  - 1. The Project is cancelled.
  - 2. An audit determines an overpayment or federal funds were used for ineligible cost items.
  - 3. The construction of a road on a right-of-way acquisition is not undertaken within twenty (20) years after the fiscal year in which the funds are authorized.
  - 4. Acquisition of right-of-way or construction of the road for a preliminary engineering project is not undertaken within ten (10) years following the fiscal year in which the project is authorized.

The Local Agency must repay or establish a repayment plan for the federal funds within forty-five (45) days of notice from the Department.

#### 2. Payment - Reimbursement.

The Department will reimburse the Local Agency upon receipt of reimbursement requests with supporting documentation and certification that costs have been incurred. Reimbursement requests may be submitted monthly or, at a minimum, quarterly. Expenses that are documented and determined to be eligible under 2 CFR Part 200 will be reimbursed based on the Local Agency's required Match. The final Project payment request must be submitted within thirty (30) calendar days of completion of (a) the PS&E package or (b) final payment to the contractor for Construction or Project Work and (c) prior to termination of this Agreement. The Department will not reimburse the Local Agency for costs incurred (a) prior to obligation of federal funding and the effective date of this Agreement; (b) after expiration of this Agreement; or (c) in excess of the federal funding identified in Section 1.

#### 3. Federal, State and Department Requirements.

By entering into this Agreement, the Local Agency certifies and agrees to comply with any applicable Federal and State laws and regulations, and terms and conditions as set forth in:

- a. Title 23, U.S. Code Highways and its associated regulations
- b. 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. See Exhibit B.
- c. 49 CFR Part 20, Lobbying Certification
- d. 49 CFR Part 29, Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide Debarment and Suspension (Grants) and Certification
- e. The Department's policies and standards
- f. The current Tribal/Local Government Handbook located at: <a href="https://www.dot.nm.gov/business-support/project-oversight-division/t-lpa-documents-and-information/">https://www.dot.nm.gov/business-support/project-oversight-division/t-lpa-documents-and-information/</a>
- g. The Federal Funding Accountability and Transparency Act (FFATA) and certain contracting requirements in regard to Office of Inspector General Reviews as identified on Exhibit B.

#### 4. Term.

This Agreement becomes effective upon signature of all parties. The effective date is the date when the last party signed the Agreement on the signature page. This Agreement terminates on **April 28, 2025.** If a contract term extension is needed, the Local Agency must provide written request to the Region or District T/LPA Coordinator sixty (60) days prior to the expiration date to ensure timely processing of an Amendment. The Region or District will then have two weeks to submit to Project Oversight Division to ensure timely processing of an Amendment.

#### 5. Termination.

The Department may terminate this agreement and request repayment under Section 1e above for the following reasons:

- a. Failure to timely contract: The Local Agency, under a Design Agreement, must enter into a written agreement with an engineering consultant within three (3) months from the effective date this Agreement.
- b. Inactivity: If there is no Project expenditures for twelve (12) consecutive months.
- c. Failure to comply: If the Local Agency fails to comply with any provision of this Agreement.
- d. Local Agency's Request: The Local Agency may seek termination in writing to the Department, which will be fully considered.

#### 6. Third Party Beneficiary.

This Agreement does not confirm any rights or remedies on anyone other than the Department and the Local Agency. The Department is not a party to any agreement between the Local Agency and a Project contractor at any tier.

#### 7. New Mexico Tort Claims Act.

Neither party is responsible for liability incurred as a result of the other party's acts or omissions. Any liability incurred is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Section 41-4-1, et seq. This paragraph is intended only to define the liabilities between the parties, and it is not intended to modify, in any way, the parties' liabilities as governed by common law or the New Mexico Tort Claims Act.

#### 8. Appropriation.

The terms of this Agreement are contingent upon sufficient appropriations and authorizations from the New Mexico Legislature or the United States Congress when federal funds are involved. If sufficient appropriations and authorizations are not made, this Agreement terminates immediately upon written notice from the Department. The Department is not committed to expenditure of funds until they are programmed, budgeted, obligated by FHWA, encumbered, and approved for expenditure. The Department's decision on whether funds are sufficient is final.

#### 9. Scope of this Agreement.

This Agreement constitutes the entire Agreement between the Parties. Any claimed covenant, term, condition, warranty or promise of performance not included in this document or its amendments, is not part of this Agreement and not enforceable. Performance of all duties and obligations must conform with and must not contravene any state, local, or federal statutes, regulations, rules, or ordinances.

#### 10. Severability.

In the event that any portion of this Agreement is determined to be void, unconstitutional, or unenforceable, the remainder of this Agreement remains in full force and effect.

#### 11. Principal Contacts and Notices.

The principal contacts for this Agreement are listed below. Except as otherwise specified, all notices must be in writing and must be given to the principal contacts listed below.

#### Region T/LPA Coordinator

Dana Garcia
North Region T/LPA Coordinator
New Mexico Department of Transportation
P.O. Box 1149, Room 203
Santa Fe, NM 87504
Office: (505) 231-7663

E-mail: Dana.Garcia@dot.nm.gov

#### District T/LPA Coordinator

Samantha Sandoval T/LPA Coordinator New Mexico Department of Transportation P.O. Box 10 Las Vegas, NM 87701 Office: (505) 398-6143

E-mail: Samantha.Sandoval2@dot.nm.gov

#### Construction Liaison Engineer

Eunice Cazares de Bravo T/LPA Construction Liaison Engineer New Mexico Department of Transportation 1570 Pacheco St., STE. A10 Santa Fe, NM 87505 Office: (505) 321-8380

E-mail: Eunice.Cazares@dot.nm.gov

#### Local Agency

Daniel Zamora
County Manager
Quay County
300 S. Third Street
Tucumcari, New Mexico 88401

Office: 575-461-2112

E-mail: daniel.zamora@quaycounty-nm.gov

#### 12. Amendment.

The terms of this Agreement may be amended by an instrument in writing executed by the parties.

The remainder of this page is intentionally left blank.

In witness whereof, each party is signing this Agreement on the date stated opposite of that party's signature.

#### NEW MEXICO DEPARTMENT OF TRANSPORTATION

Ву:	Date:
By: Cabinet Secretary or Designee	<del></del>
Reviewed and Approved as to form and leg Transportation's Office of General Counse	gal sufficiency by the New Mexico Department of
By:  Assistant General Counsel	12/26/2023 Date:
QUAY COUNTY	
By: Chairman of County Commission	Date: 1-29-24 ONERS
ATTEST	
By: QUAY COUNTY Clerk	Date: /- 29-2000 QUALITY
Approved as to form and legal sufficiency	by the County's Attorney
By: OUAY COUNTY Attorney	Date:

#### **EXHIBIT A**

#### 2 CFR 200.331 Requirements

#### Federal Award Identification.

(I) Public Entity name (which must match the name associated with its unique entity identifier);	Quay County
(ii) Public Entity's unique entity identifier (UEI);	CGFUWRG778F8
(iii) Federal Award Identification Number (FAIN);	Please see approved Federal Highway form.
(iv) Federal Award Date (see §200.39 Federal award date) of award to the recipient by the Federal agency;	Please see date on approved Federal Highway form.
(v) Cooperative Project Agreement (Construction) Period of Performance Start and End Date;	Please see date on approved Federal Highway form thru 4/28/2025.
(vi) Amount of Federal Funds Obligated by this action by the pass-through entity to the Public Entity;	\$2,500,000
(vii) Total Amount of Federal Funds Obligated to the Public Entity by the pass-through entity including the current obligation;	This award is in addition to any previous awards received by sub-recipient from NMDOT.
(vili) Total Amount of the Federal Award committed to the Public Entity by the pass-through entity;	The total amount of this award is in addition to any previous awards received by sub-recipient from NMDOT.
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Quay County bridge replacement (Arroyo Trujillo)-Demo ID NM110.Bridge replacement with Design and associated roadway reconstruction. FR 4118P Bridge 1042 milepost 31.89 to 32.16 (.27 mile).
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity;	FHWA, New Mexico Department of Transportation Sean Sandoval - 505 -660-6102, Sean.Sandoval@state.nm.us P.O. Box 1149 Santa Fe, NM 87501-1149
(xi) CFDA Number and Name;	20.205- Highway Planning & Construction
(xii) Identification of whether the award is R&D and	No R&D
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	N/A

#### EXHIBIT B

#### Uniform Administrative Requirements and Audit

2 CFR § 200, Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards, applies to each non-profit organization, each institution of higher education, and local governments as a whole when they or one of their departments receives federal funds. 2 CFR § 200 is formally OMB Circular A-133. Any non-profit organization, institution of higher education, or local government spending more than \$750,000 in federal funds from all sources within a 12-month period must have an audit performed on the use of the funds. The Department defines the 12-month period as July 1 to June 30.

#### Federal Funding Accountability and Transparency Act (FFATA).

The FFATA requires full disclosure to the public of all entities or organizations receiving federal funds. Central to this law is <a href="www.USASpending.gov">www.USASpending.gov</a>, a publicly available website with searchable information on each federal grant and contract over \$25,000. In addition, the Federal Subaward Reporting System (FSRS), <a href="www.FSRS.gov">www.FSRS.gov</a>, was developed for reporting on executive compensation and first-tier subawards. The Local Agency is required to register with the US Contractor Registration (System for Award Management [SAM] System) and get a Unique Entity Identifier (UEI) number. The Local Agency is responsible for providing their executive compensation and subaward information to the Department for entry into <a href="FSRS.gov">FSRS.gov</a>. The Department is responsible for providing award information to USASpending. The type of information reported includes:

- Name of Local Agency receiving the award
- Amount of Award
- Funding Agency
- NAICS code for contracts or the Catalog of Federal Domestic Assistance program number for grants
- Program source
- Award title descriptive of the purpose of the funding action
- Location of the Local Agency, including the Congressional District
- Place of performance of the program or activity, including the Congressional District
- UEI number of the Local Agency and its parent organization if one exists
- Total compensation If the Local Agency in the preceding year received eighty (80) percent or more of its annual gross revenues in federal awards, which exceeds \$25 million annually, and the public has no access to this information under the Securities Exchange Act or the Internal Revenue Code, then the names of the top five executives of the Local Agency are also required to comply with the FFATA.
- The Department will extract as much information as possible from the Local Agency's grant application and standard reports.

#### Office of Inspector General Review

The Local Agency, when procuring services, shall provide to all bidders the reporting and oversight requirements that they are bound to from the time of bid submission. The following provisions must be included in all prime contracts, subcontracts, and other contracts for services for a federally funded project:

1. Inspector General Reviews: Any Inspector General of a federal department or executive agency shall review, as appropriate, any concerns raised by the public about specific investments using federal funds. Any findings of such reviews not related to an ongoing criminal proceeding shall be relayed immediately to the New Mexico Department of Transportation or the agency concerned.

- 2. Access of Offices of Inspector General to Certain Records and Employees: With respect to each contract or grant awarded using federal funds, any representative of an appropriate Inspector General appointed under the Inspector General Act of 1978, 1,5 USC App. 3 and specifically § 8G, 5 USC App. 3 (2014) is authorized to examine any records of the contractor or grantee, any of its subcontractors or sub-grantees, or any state or local agency administering such contract, that pertain to, and involve transactions relating to, the contract, subcontract, grant, or sub-grant; and to interview any officer or employee of the contractor, grantee, sub-grantee, or agency regarding such transactions. In addition, the Local Agency should do the following:
  - a. Allow access by the Government Accountability Office Comptroller General and his representatives to examine any records of the contractor or any of contractor's subcontractors, or any state or local agency administering such contract that directly pertain to, and involve transactions relating to, the contract or subcontract
  - b. Allow the Comptroller General and his representatives to interview any officer or employee of the contractor or any of contractor's subcontractors, or of any state or Local Agency administering the contract, regarding such transactions

Nothing in this section shall be interpreted to limit or restrict in any way any existing authority of an Inspector General. The Department's Office of Inspector General (OIG) has the authority to carry out all duties required. The duties are the same as those specified in Federal Law: OIG, 23 USC § 302 (1998) (the capability to carry out the duties required by law); 23 USC § 112(2) (2012) (contracting for engineering and design services); the review of Federal-aid construction contract.



#### 216 South Second Street | Post Office Box 1288 Tucumcari, New Mexico 88401

PHONE: 575-461-1300 | EMAIL: title@ftsnm.com | WEB: www.ftsnm.com

January 17, 2024

Dear Jamie:

Enclosed you will find the documents necessary for closing on the property the County is purchasing. Please have all documents signed where indicated and provide a copy of each Commissioners **Driver's License(s)**. Please return all documents in their original form.

A check in the amount of \$189,907.02 for closing will need to be brought to our office on the 29th.

Should you have any questions, feel free to contact me.

Sincerely,

Peggy Brown

Owner/Title Producer

RETURN THE FOLLOWING ORIGINALS TO FIRST TITLE SERVICES, LLC.

 SETTLEMENT STATEMENT
 COPIES OF DRIVERS LICENSES
 ERROR'S AND OMISSIONS/COMPLIANCE AGREEMENT

## **Buyer's Settlement Statement**

#### **Your Order Summary**

FILE#

2023-FTSL-1251

PROPERTY ADDRESS

511 South Second Tucumcarl, NM 88401

TITLE BY

First Title Services, LLC

PREPARED

01/17/2024

**OUR ADDRESS** 

218 South 2nd Street Tucumcari, NM 88401

SETTLEMENT

01/29/2024

Quay County, New Mexico

OUR PHONE #

DISBURSEMENT

01/30/2024

SELLER

BUYER

Rafter E, LLC 108 West Center Street Tucumcari, NM 88401

(575) 461-1300

SETTLEMENT LOCATION

218 South 2nd Street Tucumcari, NM 88401

LENDER

**ESCROW OFFICER** 

### Charges

**PRIMARY CHARGES & CREDITS** 

Sales Price of Property

PRORATIONS/ADJUSTMENTS

County Taxes 01/01/2024 to 01/29/2024

**TITLE CHARGES** 

Settlement or closing fee to First Title Services, LLC

**TOTALS** 

DEBIT

CREDIT

\$190,000.00

DEBIT

CREDIT

\$92.80

DEBIT

CREDIT

DEBIT

CREDIT

\$190,000.00

\$92.80

**CASH FROM BUYER** 

\$189,907.20

See signature addendum

## Signature Addendum

#### Acknowledgement

We/I have carefully reviewed this settlement statement and find it to be a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction and further certify that I have received a copy of this settlement statement.

We/I authorize First Title Services, LLC to cause the funds to be disbursed in accordance with this statement.

#### **Buyers**

Quay County, New Mexico  By: Robert Lopez, Chairman  By: Jerri Rush, Member  By:	1-29-2024 1-24-24 Date	OWERS
Brian Fortner, Member  Settlement Agency  Settlement Agent	Date	Winder (



218 South Second Street | Post Office Box 1288 Tucumcari, New Mexico 88401

PHONE: 575-461-1300 | EMAIL: title@ftsnm.com | WEB: www.ftsnm.com

Date:

01/29/2024

RE:

2023-FTSL-1251

Property:

See Commitment

#### ERRORS AND OMISSIONS/COMPLIANCE AGREEMENT

In consideration of First Title Services, LLC, (Settlement Agent), and First American Title Insurance Company, (Title Insurance Underwriter) closing the above referenced transaction, the undersigned Borrowers/Buyers and Sellers, if requested by Settlement Agent, agree to fully cooperate to adjust for clerical errors and omissions that may have occurred as part of the closing.

Settlement Agent has acted in good faith in compiling the data and information as set forth on the applicable Buyer/Borrower and Seller Settlement Statement(s). The undersigned agree that any additional funds due and payable after closing will be immediately paid by the responsible party/parties. The undersigned further agree that in the event any of the documents required in the closing misstate or inaccurately reflect the true and correct terms and provisions thereof, and said misstatement or inaccuracy is due to unilateral mistake on the part of Settlement Agent, or mutual mistake on the part of the undersigned and Settlement Agent, or clerical error, then in such event, the undersigned shall upon request by Settlement Agent and in order to correct such misstatement or inaccuracy, execute such new documents or initial such corrected original documents as Settlement Agent may deem necessary to remedy said inaccuracy or mistake.

If it is deemed necessary for the undersigned to execute any new documents or initial any corrections or to provide Settlement Agent with any additional funds, the undersigned agree to do so in a timely manner, normally this is within three (3) business days.

Quay County, New Mexico

Ву:

Robert Lopez, Chairman

Βv

Jerri Rush, Member



218 South Second Street | Post Office Box 1288 Tucumcari, New Mexico 88401

PHONE: 575-461-1300 | EMAIL: title@ftsnm.com | WEB: www.ftsnm.com

Brian Fortner, Member



We've answered 7,924 911 calls for 2023. Average answer time is 3.4 seconds (National standard is 10 seconds)

We've answered 26,423 non-emergency admin calls. Average answer time is also 3.8 seconds

92.8% of our calls were answered within 10 seconds.

We have entered 20441 CAD calls, for police, EMS, Fire and Admin calls.

Our newest hires are preparing to attend training to become state certified public safety telecommunicators. All of our certified dispatchers met or exceeded the New Mexico requirements for retaining certification.

#### NMFA loan:

We are asking for approval to apply for a New Mexico finance authority 0% loan in order to ensure that we do no deplete all of our financial resources. There is no guarantee that we will be approved, but I have been advised that if approved to apply that we will be on the end of February agenda.

#### **Closing Documents:**

We appreciate consideration of this purchase and support for not only our relocation, but also the commission's support of our dispatchers.

Enhanced 911 grant agreement.

I am asking for approval of the amended grant agreement, which awards our PSAP (public Safety answering point) \$42,868 towards the upgrades to 911 to prepare us for our new 911 program and Nextgen 911.

ì



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

## PUBLIC PROJECT REVOLVING FUND BUILDING APPLICATION

#### I. GENERAL INFORMATION

A.	APPLICANT	/ENTITY

				<u>A</u>	application D	Date: 01/09/2024
Applicat	nt/Entity:	Tucumca	ri Quay Regional Em	ergency Communic	ations Center	r/Quay County
Address: 206 E Center St. /PO Box 124					246	
County		Quay		Cer	nsus Tract:	9586.02
Federal	Employer Identifi	ication Nur	nber (EIN) as issued	I by the IRS:		
Legislati	ive District: 67	Senate:	7	Ho	use:	
Phone:	5754612280	Fax:	5754610418	Email Address:	jamie.lu	uaders@quaycounty-
Individu	ıal Completing Ap	plication:	Jamie Luaders			
Address	•	РОВ	ox 1246, Tu	ucumcari N	M 8840	)1
Phone:	5754036635	Fax:	5754610418	Email Address:	jamie.l	uaders@quaycounty
В. <u>С</u> С	ONSULTING PRO	OFESSION	IALS (Bond/Legal C	Counsel, Architect,	Engineer, et	tc.), if available:
Firm:						
Contact	•					
Address	:					
Phone:		Fav:		Email Address:		

#### C. PRIMARY CONTACT PERSON:

Name:	, , , , , , , , , , , , , , , , , , ,	Jamie Luaders			
Contact:					
Address		PO I	3οχ 1246, Τι	ucumcari NM	1 88401
- Phone:	575-403-6635	Fax:	575-461-0418	Email Address:	jamie.luaders@quaycounty-

#### II. PROJECT SUMMARY

- A. Project Description. Complete the following information in the provided space below. Include any additional documents that may be useful in reviewing this project, i.e. architectural designs, feasibility studies, business plan, etc.
  - 1. Description of the project.

We are purchasing a building to move our Emergency Communications Center to. The

- 2. Proposed Project Start Date: March 2024 Proposed Project Completion Date: January 2025

  When do you need NMFA funds available?
- 3. How will the ongoing maintenance, operation, and replacement of this project be funded?

This will be funded by contributions from user entities and emergency communications

4. Provide a detailed drawdown schedule for project payments. The schedule may reflect monthly or quarterly payments.

3 month schedule. 1st 3 months planning/development/development. 2nd stage, engine

#### B. Total Project Cost & Sources of Funds Detail.

Construction Activities	NMFA Funds Requested	Other Public Funds*	Private Funds	Total
Planning and Design	<sub>\$</sub> 10,000	\$	\$	<sub>\$</sub> 10,000
Construction	<sub>\$</sub> 350,000	\$	\$	<sub>\$</sub> 350,000
Equipment	\$	\$	\$	\$
Infrastructure Activities				
Facility Acquisition		\$	\$	\$190,000
Land Acquisition	\$	\$	\$	\$
Utilities (Electric, Gas, Water, etc.)	\$	\$	\$	\$
Engineering and Architectural	\$	\$	\$	\$
Contingencies	\$	\$	\$	\$
Project Administration/Legal Fees	\$	\$	\$	\$
Other	\$	\$		\$
Total Cost:	\$550,000	\$	\$	<sub>\$</sub> 550,000

\*Specify any other public funds, and amounts and terms of these funds, i.e. FmHA, CDBG, EPA, etc.

Source	Amount	Terms / # of Years
	\$	
	\$	
	\$	
Total:	\$	

Attach a letter verifying that each non-NMFA funding source has been approved, or is in the process of being approved for this project. Explain any exceptions.

C. Will this project require right-of—way acquisition? Yes No In the No In t

**D.** Who will hold title to the land where the project is to be located?

**Quay County** 

	If this is land owned by the Bureau of Land Management, State Land Office, or Tribal Land, please attach lease agreements. (If there is no clear title, attach an explanation of ownership arrangements)	
Ε.	Does this project require a Joint Powers Agreement (JPA)? Yes No	
	If yes, provide a copy of the JPA, which should include a list of the current membership.	
	III. FINANCING	
Α.	1. Specify the revenue to be pledged as security for the NMFA loan (a revenue source must be pledged for this type of project).	
	Municipal Local Option GRT − please specify: Quay County 435-County Emer & Med Ser   County Option GRT − please specify: Quay County 435-County Emer & Med Ser   Other Tax-Based Revenue: State-Shared GRT   Law Enforcement Funds Fire Protection Funds   Net System Revenues: Other Revenue:	<u>-</u>
	2. Is there an alternative revenue source available to pledge to pay debt service in the event that the primary pledged revenue is unavailable or insufficient? Yes No If yes, specify:	
	3. Preferred financing term: 10 years.	
В.	Is any debt being repaid from the revenue source(s) referenced in A (1)? Yes No	
	If yes, provide bond or loan documents and payment schedule for any existing debt service being paid from the same revenues that would be used to repay a NMFA loan.	g
	IV. READINESS TO PROCEED ITEMS	
A.	The following items must accompany this application in order for this application to be considere complete:	d
	Equipment cost breakdown (if applicable)  Three most recently completed fiscal year audit reports  Current unaudited financials  Current fiscal year budget  Verification of ownership of land where project will be located  Documentation that each non-NMFA project funding source has been approved, or is in the process of being approved (if applicable)	
	Joint Powers Agreement (if applicable)	

Revised 01-16-2007

Page 4 of 6

В.	ition, complete the following information in the provided space below. These items will be red prior to disbursement of NMFA proceeds:
	Provide a detailed drawdown schedule for project payments  Final technical information for the project, stamped and approved by a registered engineer  Cost breakdown of the project, certifiable by either an engineer or architect  Area map, site map, and floor map (if applicable)  Verification of ownership of land where project will be located  Documentation that each Non-NMFA project funding source has been approved, or is in the process of being approved (if applicable)  Documentation showing status of right-of-way acquisition (if applicable)  Explanation of land ownership arrangements (if applicable)  List all required permits and licenses necessary to complete this project. Detail the status of each item, a plan of action, and time frame for completing incomplete permits and licenses. Also provide a copy of all permits and licenses.  Is there litigation pending which would have a bearing on this project or applicant?  Yes No  No  Tyes, provide a complete summary of all circumstances relating to such litigation.
	Indicate the regular meeting dates for your authorizing body: 1/24/2024/ every other moni

#### V. CERTIFICATION

#### I certify that:

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

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

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

Signature:	Alt L	Title: Mailman
	(highest elected official)	
Jurisdiction:	Quay County	William Collins
Print Name:	Rubert Lupez	Date: 1-29-2024
	,	
Signature:		Date:
Finance Officer/D	Director:	

# STATE OF NEW MEXICO DEPARTMENT OF FINANCE AND ADMINISTRATION LOCAL GOVERNMENT DIVISION ENHANCED 911 ACT GRANT PROGRAM

#### **GRANT AMENDMENT 1**

#### Project No. 24-E-14

THIS GRANT AMENDMENT, hereinafter referred to as the "Amendment", is made and entered into by and between the Department of Finance and Administration (DFA) acting through the Local Government Division, Bataan Memorial Building, Suite 202, Santa Fe, New Mexico 87501, hereinafter called the "Division", and the County of Quay, hereinafter called the "Grantee", and collectively referred to as the "Parties", as of the date this Amendment is executed by the Division.

WHEREAS, The Parties entered into a grant agreement, effective July 1, 2023 for an award of grant assistance to the Grantee in the amount of \$638,639 for enhanced 911 services and equipment.

WHEREAS, on January 18, 2024, the State Board of Finance awarded the Grantee an additional \$42,868 for enhanced 911 services and equipment for CHE upgrades and ESInet migration.

WHEREAS, the Grantee and the Division desire to memorialize through this Amendment the terms and conditions upon which the Grant Agreement, as amended, will be administered.

#### AGREEMENT

NOW, THEREFORE, in consideration of the mutual covenants and obligations contained herein, and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties agree as follows:

- 1. The "Exhibit C" of the Grant Agreement is hereby replaced in its entirety with "Exhibit C" attached hereto.
- 2. All other provisions of the Grant Agreement not amended herein remain in full force and effect.

IN WITNESS WHEREOF, the Grantee and the Division do hereby execute this Grant Agreement.

THIS AMENDMENT has been approved by:

***	1 - 18 6 Bur.
GRANTEE	WANTERS OF
Rhtdan	1-29-24.
Authorized Signatory	Date
Copert Loper	
(Printed Name)	- 33 Ch 300 SS
(Title, Organization) Quay County	BONNING BONNING
DEPARTMENT OF FINANCE AND ADMINISTRATION, LOC	AL GOVERNMENT DIVISION
Ву:	
Wesley Billingsley, Local Government Division Director	Date

#### **New Mexico E-911 Program Grant**

Local Government Division

Department of Finance and Administration

Grantee:	County of Quay	Grant Award:	681,507
Address:	PO Box 1188	Project Number:	24-E-14
	Tucumcari, NM 88401	Grant Period:	July 1, 2023 - June 30, 2024
Telephone:	505-461-4400		
	Number of Funded PSAP Po	ositions: Tucumcari - 4	

Budget Line Items	Total Budgeted Amount
Capital	
E-911 Equipment Upgrades	442,008
NextGen 9-1-1 ESInet & NGCS	43,752
Dispatch Software	·
Recorder	
UPS/Generator	73,495
Capital Subtota	559,255
Recurring Network/Managed Services	
E-911 Voice Network	55,067
Data Network	1,500
NextGen 9-1-1 ESInet	
NextGen 9-1-1 NGCS	
Wireless Cost Recovery	-
Recurring Network/Circuit Subtota	56,567
Recurring Maintenance	
System Maintenance	36,295
Recurring Maintenance Subtota	36,295
Services/Training	
911 Related Training	4,000
911 Related GIS	4,000
911 Consulting Services	6,261
GIS Consulting Services	11,629
Interpretive Services	500
Minor Equipment	3,000
Services/Training Subtota	29,390
TOTA	681,507

State of New Mexico Local Government Budget Management System (LGBMS) Report Recap - Quay County - FY2024 Q2 Printed from LGBMS on 2024-01-26 11:46:58

Fund	Cash	Investments	Revenues	Transfers	Expenditures	Adjustments	Balance	Reserve	Adj. Balance
11000 General Operating Fund	1,759,117.82	0.00	3,044,522.83	-1,000,000.00	1,301,356.31	4,825.40	2,507,109.74	325,339.08	2,181,770.66
20200 Environmental	206,743.29	0.00	32,237.51	0.00	854.49	0.00	238,126.31	0.00	238,126.31
20300 County Property Valuation	231,545.16	0.00	61,525,47	0.00	28,053.22	0,00	265,017,41	0.00	265,017.41
20400 County Road	659,083,95	0.00	555,433.64	387,435.56	1,123,923.76	-400.97	477,628.42	93,660.31	383,968.11
20600 Emergency Medical Services	804.28	0.00	10,411.00	0.00	1,925.04	0.00	9,290.24	0.00	9,290.24
20800 Farm & Range	512.34	0.00	0.00	0.00	0.00	0.00	512.34	0.00	512.34
20900 Fire Protection	2,728,248.97	0.00	1,075,335.19	-84,169,00	102,408.98	952.19	3,617,958.37	0.00	3,617,958.37
21100 Law Enforcement Protection	0.00	0.00	105,500.00	0.00	0.00	0.00	105,500.00	0.00	105,500.00
21220 Laws of 2023-Recruitment-LER	0.00	0.00	225,000.00	0.00	0.00	0.00	225,000.00	0.00	225,000,00
21800 Intergovernmental Grants	68,308.48	0.00	2,929.58	0.00	43,166.01	0.00	28,072.05	0.00	28,072.05
22000 Indigent Fund	412,603.83	0.00	249,894.16	0.00	103,846,88	0.00	558,651.11	0.00	558,651.11
22100 Hospital Gross Receipts Tax	1,288,102.12	0.00	1,068,285.44	-45,994.76	542,483.86	0.00	1,767,908.94	0.00	1,767,908.94
22300 DWI Fund	23,415.93	0.00	60,209,00	0.00	73,602,19	0.00	10,022.74	0.00	10,022.74
22500 Clerks Recording & Filing Fund	39,553.29	0.00	6,612.33	0.00	5,000.00	600.00	41,765.62	0.00	41,765.62
22600 Jall - Detention	282,241.15	0.00	242,368,92	1,000,000.00	1,263,634.13	705.84	261,681.78	0.00	261,681.78
22700 County Emergency Communications and Medical	& Be <b>7©7/j68af.9</b> fealth	GRT 0.00	378,527.09	0.00	247,865.70	0.00	867,796.35	0.00	867,796.35
26000 American Rescue Plan Act	1,248,698.88	0,00	0.00	0.00	0.00	0.00	1,248,698.88	0.00	1,248,698.88
27000 LG Abatement Oploid Fund	103,092.68	0.00	470,882.94	0.00	0.00	0.00	573,975.62	0.00	573,975.62
28000 Cannabis Regulation Act	0.00	0.00	3,371.30	0.00	0.00	0.00	3,371.30	0.00	3,371.30
29000 Local Assistance Tribal Consistency Fund-LATCF	50,000.00	0.00	50,000.00	0.00	0.00	0.00	100,000.00	0.00	100,000.00
29900 Other Special Revenue	427,135.69	0.00	52,359,70	45,994.76	160,143,95	0.00	365,346.20	00,0	365,346.20
30200 CDBG (HUD) Project	67,836.00	0.00	0.00	0.00	0.00	0.00	67,836.00	0.00	67,836,00
30300 State Legislative Appropriation Project	0.00	0.00	72,783,78	0.00	159,238,12	0.00	-86,454.36	0.00	-86,454,36
30400 Road/Street Projects	581,204.18	0.00	2,516.24	0.00	249,330.72	0.00	334,389.70	0.00	334,389.70
39900 Other Capital Projects	2,506,718.47	0.00	52,904.35	-500,000.00	188,506.16	0,00	1,871,116.66	0.00	1,871,116.66
40400 NMFA Loan Debt Service	6,618.21	0.00	169,658.68	196,733.44	196,733.44	0.00	176,276.89	0.00	176,276.89

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13,428,719.68	0.00	7,993,269.13	0.00	5,792,072.96	6,682.46	15,636,598.31	418,999.39	15,217,598.9
	13,428,719.68	13,428,719.68 0.00	13,428,719.68 0.00 7,993,269.13	13,428,719.68 0.00 7,993,269.13 0.00	13,428,719.68 0.00 7,993,269.13 0.00 5,792,072.96	13,428,719.68 0.00 7,993,269.13 0.00 5,792,072.96 6,682.46	13,428,719.68 0.00 7,993,269.13 0.00 5,792,072.96 6,682.46 15,636,598.31	13,428,719.68 0.00 7,993,269.13 0.00 5,792,072.96 6,682.46 15,636,598.31 418,999.39

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# QUAY COUNTY FISCAL YEAR: 2023-24 REPORT PERIOD: 12/23

FUN	D NUMBER AND TITLE	BEGINNING CASH BALANCE	REVENUES		TRANSFERS	EXPENDITURES	CHANGE IN BALANCE SHEET	_ E	NDING CASH BALANCE
401	GENERAL FUND	1,759,117.86	3,044,522,83	(	1,000,000.00)	1,301,356.31	4,825.40		2,507,109.7
402	ROAD FUND	659,084.43	555,433.64		387,435.56	1,123,923.76	( 400.97)		477,628.9
403	FARM & RANGE FUND	512.60	.00		.00	.00	.00,		512,6
406	HEALTH CARE ASSISTANCE FUND	412,604,32	249,894.16		.00	103,846.88	.00.		558,651.6
407	FIRE DISTRICT NO 1 FUND	479,235.65	80,217.16	(	8,717.50)	42,198.71	952.19		509,488.7
408	FIRE DISTRICT NO 2 FUND	345,002.57	163,181.91	(	10,805,00)	11,285.14	.00.		486,094,3
409	FIRE DISTRICT NO 3 FUND	110,079.78	127,527,23	ì	11,816.00)	5,402.64	.00.		220,388.3
410	NARA VISA FIRE FUND	37,112.70	35,756.91	Ì	7,184.00)	1,560.20	.00		64,125.4
411	FORREST FIRE FUND	147,302.68	93,420.35	ì	6,180.00)	8,673,63	.00		225,869.4
412	JORDAN FIRE FUND	640,165.60	205,698,78	ì	10,867.00)	12,895,37	.00		822,102.0
413	BARD ENDEE FIRE FUND	493,601.89	128,674.15	ì	11,630.50)	7,019,38	.00		603,626,1
414	EMERGENCY MEDICAL SERVS FUND	804,43	10,411.00	`	,00,	1,925.04	.00		9,290.3
415	QUAY FIRE DIST FUND	234,032,23	48,674.76	(	10,867.00)	4,263.09	.00		267,576.9
	FORESTRY FIRE FUNDS	142,239.63	3,543.21	`	,00,	3,583.12	.00		142,199.7
	PORTER FIRE DEPT.	149,272.05	142,462.55	(	6,102.00)	1,415.00	.00		284,217.6
	QUAY COUNTY EMERGENCY MANAG	68,308,68	2,929.58	'	.00	43,166.01	.00		28,072.2
		•	, -						
420	QUAY COUNTY FIRE MARSHALL	92,443.86	49,721,39		.00.	7,695.82	.00.		134,469.4
421	DETENTION CENTER	264,093.69	242,368.92		1,000,000.00	1,248,884.13	705.84		258,284.3
430	SAFETY NET CARE POOL FUND	.00,	00.		45,994.76	45,994.76	.00		). 
431	COUNTY EMERGENCY COMMUNICATI	737,135,38	378,527.09		.00	247,865,70	.00		867,796.7
499	REAPPRAISAL FUND	231,545.00	61,525.47		.00	28,053.22	.00		265,017.2
	HOSPITAL FUND	110,794.57	454,567.69	(	45,994,76)	521,981.22	.00	(	2,613.7
503	RURAL ADDRESSING FUND	7,358,51	156,13		.00	2,607.97	.00.		4,906.6
510	HOSPITAL IMPROVEMENT FUND	1,177,307.90	613,717.75		.00	20,502.64	.00		1,770,523.0
516	ASAP - OTHER CHARGES	7,934.04	146.08		.00	.00	.00.		8,080.1
520	TUC, DOMESTIC VIOLENCE PROGRA	5.63	2,989,22		.00	3,491.01	.00,	(	496.1
523	OPIOID SETTLEMENT	103,092.68	470,882.94		,00,	.00,	.00		573,975.6
562	DEBT SERVICE	.00.	.00		196,733.44	196,733.44	.00		.0
563	NMFA DEBT RESERVE	6,617.34	169,658.68		.00	.00	.00.		176,276.0
607	LAW ENFORCEMENT PROTECTION F	.00.	105,500.00		.00,	.00	.00		105,500.0
610	JUVENILE DET OFFICER FUND	18,147.16	.00,		.00.	14,750.00	.00		3,397.1
613	PRIMARY CARE CLINIC	155,757.98	42,540.91		.00.	66,761.93	.00		131,536.9
621	CLERK'S EQUIP REC FUND	39,553,53	6,612,33		.00,	5,000.00	600,00		41,765.8
622		23,416.22	60,209.00		.00	73,602,19	.00		10,023.0
623	ENVIRONMENTAL GROSS REC FUND	206,742.99	32,237.51		.00	854.49	.00		238,126.0
624	DWI GRANT FUND	6,766.74	.00		.00	.00.	.00		6,766.7
	SUMMER ENRICHMENT INTERNS	.00	.00		.00	35,023.56	.00	(	35,023.5
628	MISDEMEANOR COURT COMPLIANCE	58,882.02	1,871,15		.00.	.00	.00.	'	60,753.1
	DWI PROBATION FEES	21,561.28	730.00		.00,	2,331.60	.00,		19,959.6
632		9,330.74	350.00			350.00			9,330,7
	DW UA FEES	12,413.08	33.00		.00.		00. 00,		12,446,0
	WILDLIFE SERVICES		.00			.00,			
639		4,886,03		,	.00	00.	.00		4,886.0
649		2,998,232.17	125,688.11	(	500,000.00)	597,075.00	.00		2,026,845.2
	ROAD EQUIPMENT FUND	89,689.41	2,516.24		.00.	.00.	.00		92,205.6
654		1,248,698.51	.00.		.00.	.00	.00		1,248,698.5
655		37,372.80	.00		.00	.00	.00.		37,372,8
656		30,463.63	.00.		.00	.00	.00		30,463,6
	FEDERAL - LATCF	50,000,00	50,000.00		.00	.00.	.00		100,000.0
	LERF	.00	225,000.00		.00.	.00.	.00		225,000.0
660	CANNABIS REGULATION ACT	.00	3,371.30		.00,	.00.	.00		3,371.3
	GRAND TOTAL	13,428,719.99	7,993,269,13		,00,	5,792,072.96	6,682.46		15,636,598,6

#### Local DWI Distribution Program Financial Status Report

Exhibit F

							Financ	ial Status Report:	Quarter 1	_
Program Name	Quay County		Distribution Red	eived:		Distribution B	lance;			
Address:	P.O. Box 1246		Septembera		31,012.00	Distribution Year To Date:			\$31,012.60	
	Tucumcari, NM	88401	December:		0.00	g .			\$27,350.63	
			March:					\$27,350.63		
Telephone No.:	575-461-2112		Јиле:		0.00	Distribution I	Balance:		\$3,661.37	3,661.3
Distribution No.:	24-D-D-21		Fotal Year To D	ate;	31,612.00	00 Report Period Ending: 30-Sep-23				
	Distribution In-Kind Match			ĺ						
Budget Line Items	Approved	Expenditures	Remaining	Expenditures	Budget Line Items	Approved	Expenditures	Remaining	Expenditures	ĺ
_	Budget	This Report	Budget	YTD		Budget	This Report	Budget	YTD	ĺ
Personnel Services	74,605.00	17,708.55	56,896.45	17,708.55	Personnel Services	6,600,00	1,205,65	5,394,35	1,205.65	ĺ
Employee Benefits	13,575.00	3,217.32	10,357.68	3,217.32	Employee Benefits	1,000.00	192.94	807.06	192.94	İ
Travel (In-State)	2,800.00	1,862.42	937,58	1,862.42	Travel (In-State)	400.00	0.00	400,00	0.00	
Travel (Out-of-State)	0.00	0.00	0.00	0.00	Travel (Out-of-State)	0,00	0.00	0.00	0.00	
Supplies	5,015.00	120.57	4,894.43	120.57	Supplies	2,500.00	0.00	2,500.00	0.00	
Operating Costs	18,610.00	3,166.77	15,443,23	3,166.77	Operating Costs	5,000.00	952.68	4,047,32	952.68	İ
Contractual Services	5,000,00	1,275.00	3,725.00	1,275.00	Contractual Services	0.00	0.00	0.00	0.00	i .
Minor Equipment	0.00	0.00	0.00	0.00	Minor Equipment	0.00	0.00	0,00	0.00	i
Capital Purchases*	0.00	0.00	0.00	0.00	Capital Purchases*	0.00	0.00	0.00	0.00	İ
TOTALS	119,605.00	27,350.63	92,254.37	27,350,63		15,500,00	2,351,27	13,148.73	2,351,27	ĺ

CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

Program Fiscal Officer (Printed Name and Titl	ol Officer (Printed Name and Title)		Program Representative (Printed Name and Title)	
Program Fiscal Officer (Signature)	Date		Program Representative (Signature)	Date
		(DFA/Local Government Division Use Only)		
Local Government Division Fiscal Officer	Date		Local Government Division Program Manager	Date

Revised: July 2023

# LOCAL DWI DISTRIBUTION PROGRAM Distribution Program Financial Status Report Breakdown By Component

Exhibit F (1)

County

Program: Quay County Dist, No.: 24-D-D-21 Report Quarter 1 Total Distribution Reported This Quarter Total In-Kind Match This Quarter Total Expenditures Reported This Quarter 27,350,63 2,351,27 29,701.90

Distribution:

		Budget	This Report	Remaining Budget	Expenditures YTD
Prevention		5,000.00	1,275.00	3,725.00	1,275.00
Enforcement	_	0.00		0.00	0.00
Screening	-	0,00		0.00	0.00
Treatment: Outpatient/Jailbased	***	0.00		0,00	0.00
Compliance Monitoring/Tracking	_	88,130.00	11,346.99	76,783.01	11,346.99
Coor, Plan & Eval	_	26,475.00	14,728.64	11,746.36	14,728.64
Alternative Sentencing	_	0.00		0,00	0.00
	Totals:	119,605,00	27,350.63	92,254,37	27,350,63

In-Kind Match:

	Budget	This Report	Remaining Budget	Expenditures YTD
Prevention	0.00		0.00	0.00
Enforcement	0.00		0.00	0.00
Screening	1,000.00		1,000.00	0.00
Treatment:Outpatient/Jailbased	0.00		0.00	0.00
Compliance Monitoring/Tracking	13,000,00	2,351.27	10,648.73	2,351.27
Coor, Plan & Eval	1,500.00		1,500.00	0.00
Alternative Sentencing	0.00		0.00	0.00
	Totals: 15,500.00	2,351,27	13,148.73	2,351.27

| Checks;
| Total Expenditures This Period | 29,701.90 | 29,701.90 |
| Total Expenditures Year to Date: | 29,701.90 | 29,701.90 |

#### Exhibit G - Distribution

## **Exhibit G - Distribution**

Detailed Breakdown By Line Item LOCAL DWI PROGRAM

County/ Municipality Distribution No.: Quarter Report No.:	Quay 24-D-D-21 2			Total Distribution This Quart Total In-Kind Match This Quart Total Expenditures Reported This Quart	er: 2,351.27
Distribution E	xpenditures:				
Administrative (	expenses are not all	lowed.			
Authorization of the state of t					
Personnel Services Pay Period	Name	Job Title	Document Identifier	Amount	Company
9/24/23-10/7/23	Richard, Marano	Coordinator	101223039 I	Amount 1,537.60	<u>Component</u>
10/8/23-10/21/23	Richard, Marano	Coordinator	102623040	1,537,60	
10/22/23-11/4/23	Richard, Marano	Coordinator	110923038	1,537,60	
11/5/23-11/18/23	Richard, Marano	Coordinator	112223038	1,537.60	
11/19/23-12/2/23	Richard, Marano	Coordinator	120723035	1,537.60	4 · 4 · 1 · · · · 1 · · · · · · · · · ·
12/3/23-12/16/23	Richard, Marano	Coordinator	122123037	1,912.60	
9/24/23-10/7/23	Jordan Garcia	Compliance Officer	101223021	1,330.40	
10/8/23-10/21/23	Jordan Garcia	Compliance Officer	102623021	1,330.40	
10/22/23-11/4/23	Jordan Garcia	Compliance Officer	110923021	1,330.40	tarbonic in terror (1990) and an artist of the
11/5/23-11/18/23	Jordan Garcia	Compliance Officer	112223021	1,080.95	*,,
11/19/23-12/2/23	Jordan Garcia	Compliance Officer	120723022	1,330.40	Amazora and and amazora and a source soor
12/3/23-12/16/23	Jordan Garcia	Compliance Officer	122123021	1,705.40	**************************************
,				Total Personnel Services: 17,708.	<u>55</u>
Employee Benefits					
Pay Period	Name	Job Title	Document Identifier	Amount	Component
<u>r ay r enou</u>	240116	oos me	BOCOMEN Identifier	Miloung	Component
9/24/23-10/7/23	Richard, Marano	Coordinator	92823039	285.90	
10/8/23-10/21/23	Richard, Marano	Coordinator	101223039	285.90	
10/22/23-11/4/23	Richard, Marano	Coordinator	102623040	285,90	
11/5/23-11/18/23	Richard, Marano	Coordinator	110923038	285,90	Anni mar hanna hanna aran aran aran aran aran
11/19/23-12/2/23	Richard, Marano	Coordinator	112223038	285.90	Employment of the control of the con

#### Exhibit G - Distribution

12/3/23-12/16/23	Richard, Marano	Coordinator	120723035		316.89	
9/24/23-10/7/23	Jordan Garcia	Compliance Officer	101223021		247.66	
10/8/23-10/21/23	Jordan Garcia	Compliance Officer	102623021		247.66	
10/22/23-11/4/23	Jordan Garcia	Compliance Officer	110923021		247.66	, 111/2 Marie Anna Caranter (1777 m. 111/2)
11/5/23-11/18/23	Jordan Garcia	Compliance Officer	112223021		201.64	
11/19/23-12/2/23	Jordan Garcia	Compliance Officer	120723022		247.66	
	Jordan Garcia	Compliance Officer	122123021		278.65	
Travel (in-State)					•	<u>3,217.32</u>
Date of Travel & Location	Traveler's Name	Purpose of Travel	Check Date	Document Identifler	Amount	Component
	Richard, Marano	AD HOC Meeting mileage	11/20/2023	450	251.20	
	Richard, Marano	AD HOC Meeting 20%	11/8/2023	448	62.80	
	Jordan Garcia	nm correction dept training	11/28/2023	600	680.00	Manager 1. 10 mm - 1 mm - 1 mm - 1 mm
	Jordan Garcia	nm correction dept training	** The transfer and the second th	236	162,82	Place of the Place of the Park
	Richard, Marano			490	705.60	
Market was about a subset of the course for the contract of the course of the course of the course	Annual Committee and in this control on the	· · · · · · · · · · · · · · · · · · ·	a Fragania (ga maya magaya ya mira a magaya magaya magaya a magaya a magaya a magaya a magaya a magaya a magay	Total Travel (		1,862.42
Travel (Out-of-State)					•	***************************************
Date of Travel & Location	<u>Traveler's Name</u>	Purpose of Travel	Check Date	Document identifier	<u>Amount</u>	Component
						And the second section of the section of t
						No No Marine America America
New York Commence of the Comme						AND AND THE PROPERTY AND AND AND AND AND AND AND AND AND AND
				Total Total (0)	at as Distal	0.00
				Total Travel (O	ut-of-State):	0.00
	ion Giveaways/Promotions					•
Date Incurred	Vendor	Description	Check Date	Document Identifier	Amount	•
Date Incurred 9/30/2023	Vender  Ricoh	<u>Description</u> copies	11/19/2023	Document Identifier   50959	<u>Amount</u>   16.13	•
<u>Date Incurred</u> 9/30/2023 10/31/2023	Vendor Ricoh Ricoh	Description  copies Lease	11/19/2023 11/8/2023	Document Identifier 50959 51109	Amount 16.13 45.46	
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023	Vendor Ricoh Ricoh Ricoh	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023	<u>Document Identifier</u> 50959 51109 51256	Amount 16.13 45.46 45.46	
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023	Vendor Ricoh Ricoh	Description  copies Lease	11/19/2023 11/8/2023	Document Identifier 50959 51109	Amount 16.13 45.46	Contponent
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023 11/30/2023	Vendor Ricoh Ricoh Ricoh Ricoh	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023	<u>Document Identifier</u> 50959 51109 51256	Amount 16.13 45.46 45.46	
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023	Vendor Ricoh Ricoh Ricoh Ricoh	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023	<u>Document Identifier</u> 50959 51109 51256	Amount 16.13 45.46 45.46	Contponent
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023 11/30/2023	Vendor Ricoh Ricoh Ricoh Ricoh	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023	<u>Document Identifier</u> 50959 51109 51256	Amount 16.13 45.46 45.46	Contponent
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023 11/30/2023	Vendor Ricoh Ricoh Ricoh Ricoh	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023	Document Identifier   50959	Amount 16.13 45.46 45.46 13.52	Contponent
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023 11/30/2023	Vendor Ricoh Ricoh Ricoh Ricoh	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023	<u>Document Identifier</u> 50959 51109 51256	Amount 16.13 45.46 45.46 13.52	Conponent
<u>Pate Incurred</u> 9/30/2023 10/31/2023 10/31/2023 11/30/2023	Vendor Ricoh Ricoh Ricoh Ricoh	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023	Document Identifier   50959	Amount 16.13 45.46 45.46 13.52	Conponent
<u>Date Incurred</u> 9/30/2023 10/31/2023 10/31/2023 11/30/2023 *Prevention Giveaways/	Vendor Ricoh Ricoh Ricoh Ricoh	Description    copies     Lease     Lease     Lease     copies	11/19/2023 11/8/2023 12/5/2023 12/1/2023	Pocument Identifier   50959     51109     51256     51446     Total Sup	Amount 16.13 45.46 45.46 13.52  pplies:	<u>Coniponent</u>
Date Incurred 9/30/2023 10/31/2023 10/31/2023 11/30/2023  *Prevention Giveaways/ Operating Costs Date(s) Incurred	Vendor  Ricoh Ricoh Ricoh Ricoh Ricoh Veromotional items	Description   copies   Lease   Lease	11/19/2023 11/8/2023 12/5/2023 12/11/2023	Document Identifier   50959	Amount   16.13   45.46   45.46   13.52	<u>Coniponent</u>
Date Incurred 9/30/2023 10/31/2023 10/31/2023 11/30/2023  *Prevention Giveaways/ Operating Costs Date(s) Incurred 9/30/2023	Vendor  Ricoh Ricoh Ricoh Ricoh Ricoh Promotional Items  Vendor Quay County Treasurer	Description    copies     Lease     Lease     copies     Copies	11/19/2023 11/8/2023 12/5/2023 12/1/2023 Check Date	Document Identifier	Amount   16.13   45.46   45.46   13.52	<u>Coniponent</u>
Date Incurred 9/30/2023 10/31/2023 10/31/2023 11/30/2023 *Prevention Giveaways/ Operating Costs Date(s) Incurred 9/30/2023	Vendor    Ricoh   Ricoh   Ricoh   Ricoh   Ricoh   Ricoh   Ricoh   Ricoh   Vendor   Quay County Treasurer   Ricoh   Ric	Description    copies     Lease     Lease     copies     Copies	11/19/2023 11/8/2023 12/5/2023 12/1/2023 12/1/2023 11/8/2023 11/28/2023	Document Identifier	Amount   16.13   45.46   45.46   13.52     13.52	<u>Coniponent</u>
Date Incurred 9/30/2023 10/31/2023 10/31/2023 11/30/2023 *Prevention Giveaways/ Operating Costs Pate(s) Incurred 9/30/2023 9/30/2023 11/30/2023	Vendor  Ricoh Ricoh Ricoh Ricoh Ricoh  Prometional Items  Vendor  Quay County Treasurer Quay County Treasurer Quay County Treasurer Quay County Treasurer	Description  copies Lease Lease copies  Description  Oct Rent Nov Dec Rent	11/19/2023 11/8/2023 12/5/2023 12/1/2023 12/1/2023 Check Date 11/8/2023 11/28/2023	Document Identifier	Amount    16.13	<u>Coniponent</u>
Date Incurred 9/30/2023 10/31/2023 10/31/2023 11/30/2023 *Prevention Giveaways/ Operating Costs	Vendor  Ricoh Ricoh Ricoh Ricoh Ricoh  Promotional Items  Vendor  Quay County Treasurer Quay County Treasurer Quay County Treasurer Xcel Energy	Description    copies     Lease     Lease     Lease     Copies     1/19/2023 11/8/2023 12/5/2023 12/11/2023 12/11/2023 Check Date 11/8/2023 11/28/2023 12/5/2023 10/5/2023	Document Identifier	Amount    16.13   45.46   45.46   13.52	Contponent	
Date Incurred 9/30/2023 10/31/2023 10/31/2023 11/30/2023 *Prevention Giveaways/ Operating Costs Pate(s) Incurred 9/30/2023 9/30/2023 11/30/2023	Vendor  Ricoh Ricoh Ricoh Ricoh Ricoh  Prometional Items  Vendor  Quay County Treasurer Quay County Treasurer Quay County Treasurer Quay County Treasurer	Description  copies Lease Lease copies  Description  Oct Rent Nov Dec Rent	11/19/2023 11/8/2023 12/5/2023 12/1/2023 12/1/2023 Check Date 11/8/2023 11/28/2023	Document Identifier	Amount    16.13	<u>Coniponent</u>

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Revised: July 2023

#### Exhibit G - Distribution

***************************************		·					
11/30/2023	Xcel Energy	Utilties	12/28/2023	51460	113.68		
9/30/2023	New Mexico Gas	Gas	10/19/2023	60946	108.00		
10/31/2023	New Mexico Gas	Gas	10/19/2023	50946	108.00	_	
11/31/2023	New Mexico Gas	Gas	12/5/2023	61241	108.00		
9/30/2023	City of Tucumcari	Water	10/5/2023	50843	114.28		
10/31/2023	City of Tucumcarl	Water	11/8/2023	51075	114.49	-	
11/31/2023	City of Tucumcari	Water	12/5/2023	51214	230.22	-	
PP-700-18090-2-10-10-10-10-10-10-10-10-10-10-10-10-10-						-	
		·		Total Operati	ng Costs:	3,166.77	
Contractual Services	i						
Date(s) Incurred	Vendor / Contractor	Description	Check Date	Document Identifier	Amount		Component
10/4/2023	Canyon Outdoor Advertising	I-40 Billboard Rent	10/19/2023	50923	425.00	1	
10/31/2023	Canyon Outdoor Advertising	I-40 Billboard Rent	11/8/2023	51072	425.00		
	Canyon Outdoor Advertising	I-40 Billboard Rent	12/7/2023	51303	425.00		Commence of the Section of the Secti
	,	Commence and the street class of the street cl		Total Contractu		1,275.00	//4-2-\
				your ournation	ur col 110001	1,2:0:00	
Minor Equipment							
Date Incurred	Vendor	Description	Check Date	Document Identifier	Amount		C
Pate Incurred	<u>vendor</u>	Description	Cueck Date	Document resultation	Amount	1	Component
					<u> </u>	-	
					·		
					-		
A		**************************************			J_,	- مم	
				Total Minor E	quipment:	0.00	
Caultal Durahasas							
Capital Purchases							
<u>Date Incurred</u>	Vendor	<u>Description</u>	Check Date	<u>Document Identifier</u>	<u>Amount</u>	1	Component
							#1000 Mark 1000 Mark
					<u> </u>		
				Total Capital F	Purchases:	0.00	
		Total Distr	ribution Expenditures	for the Quarter:		27,350.63	
				Check	27350.63		
I hereby certify to the bea	st of my knowledge and belief, t	he above information is correct	t, expenditures are proper	ly documented, required a	natching funds hav	re heen	
	ported amount, and that copies						
	certify that the items listed in the						
	ed are not funded by any other						
	vided to the same client at the s		,				

Exhibit G - Distribution		
Program Representative (Signature)	Title	Date

#### **Exhibit G - Distribution In-Kind Match**

Detailed Breakdown By Line Item LOCAL DWI PROGRAM

		-				
County/ Municipality: Distribution No.: Quarter Report No.:	Quay 24-D-D-21 2	<del></del>			Distribution Thi Kind Match Thi s Reported Thi	s Quarter: 2,351.27
·					,	
	Expenditures:					
Personnel Services						
Pay Period	Name	Job Title	Document Identifier		Amount	Component
Oct, Nov, Dec	Samantha Salas	Finance Director	45hrs @ \$24.57	In-kind Certification	1,105.65	Compliance
	DWI Council Meeting	DWI Voting Member	4 @ \$25	In-kind Certification	100,00	
		a constant of the constant of	Tola	al Personnel Services;		1,205,65
Employes Benefils						
Pay Perfod	Name	Job Title	Document Identifier	Description	Amount	Component
Oct, Nov, Dec	Samaniha Salas	Finance Director	Benefits	In- kind Certification	192.94	Compliance
				-		
				al Employee Benefits:		192.94

Travel (In-State)

### Exhibit G - Distribution In-Kind Match

Date of Travel & Location	Traveler's Name	Purpose of Trave	Check Date	Document Identifier	Amount	1	Component
	-			<b> </b>		~	
						-	
	<u> </u>		1				
				Total Travel (t	n-State):	0,00	
Tunnel (Out of Clata)							
Travel (Out-of-State)							
Date of Travel & Location	Trayeler's Name	Purpose of Travel	Check Date	Document Identifier	Amount	ı	Component
	-		-{			-	
	J		_1	Yotai Travel (Ou		0,00	
				101at 17ave1 (Ot	t-ot-State):	0,00	
Supplies							
	Mandas	DI-41	Obsert Bals	D	A		
Date Incurred	<u>Vendor</u>	<u>Description</u>	Check Date	Document Identifier	Amount	1	Component
					***************************************		
A=14.4\\						-	
	1						
	L	_1	J	Total Supp	line	0,00 ~	
				10(4) 20þ)	are or	0,00	
Operating Costs							
Date(s) Incurred	Vendor	Description	Check Date	Document Identifier	Amount		Component
Date(b) illouried	Plateau	Telephone & Internet	7/6/2023	129	476,34	1	Component
	Plateau	Telephone & Internet	8/14/2023	360	476.34	***	
	T Tateous	Totophono & internot	ON THE DEC		710.01		
	.1			Yotal Operatin	a Contat	952.68	
				rotur o porutin	9 00510.		
Contractual Services							
Date(s) incurred	Vendor / Contractor	Description	Check Date	Document Identifier	Amount		Component
<u>parejo; mourico</u>	i joinsoy ; boinsoon	) DESCRIPTION	<u>Janear Gara</u>	bonning remain	boissil	1	COMPOSIENT
	1		-,,,		***************************************		
manifestation for the foods and the state of the state of the	†					-	
	·					-	
	·	!		Total Contractua	i Services:	0.00	
				Total Collination	i cerrices,		
Minor Equipment							
Date Incurred	<u>Vendor</u>	Description	Check Date	Document Identifier	Amount		Component
Date illeuried	1 Yendor	Description	OHECK DATE	Pocouliely melipitel	Anjount	1	Southousett
	·						
				Total Minor Eq	uinment:	0.00	
				total bullot Ed	aspiricin.	0,00	
Capital Purchases							
Date Incurred	Vendor	Description	Check Date	Document identifier	Amount		Component
	1	<u> </u>	SINGA DATE	) BOODING DESIGNED	Fallount	1	MONISPERIE
	· · · · · · · · · · · · · · · · · · ·			i		-	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J		_	Total Capital P	iropases,	0.00	
				Total onpitel F	a. v. A. Ju J.		
			Total In-Kind Match:			2,351.27	
			with materia	Check:	2351.27	2,001121	
				oneck.	13.1603	-	
				and a second contract of the second	erromanista menden sente		
Screening Fees Collecte	d Cumman						

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#### Exhibit G - Distribution In-Kind Match

FY23 Beginning Fee Balance for Screening	Amount of all screening fees collected this reporting period	Amount of all screening fees spent this reporting period								
\$ 9.330.74	penou	\$ -								
I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required matching funds have been spent/obligated in the reported amount, and that copies of all required documentation are attached. The documentation for this payment is true and reflects correct copies of the originals. I certify that the items listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program. I certify that all payment requests issted are not funded by any other funding source and that the service provider shall not bill this grant/distribution fund and any other funding source for the same service provided to the same client at the same time.										
Program Representative (Signat	ure)	Title	Dale							