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

Pages: 66



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 11, 2024

9:00 A.M. Call Meeting to Order

Pledge of Allegiance

Approval of Minutes – Regular Session February 26th, 2024

Public Comment

New Business

- I. C. Renee Hayoz, Quay County Family Health Center Administrator**
 - Presentation of February RPHCA Report
- II. Lucas Bugg, Quay County Fire Marshall**
 - Request Approval of PERA Report (Bard Endee)
 - Request Approval of PERA Report (District 1)
 - Request Approval of PERA Report (District 3)
 - Request Approval of PERA Report (Quay)
 - Request Approval of PERA Report (Forrest)
- III. Leonard Lauriault, Rex E. Kirksey Agricultural Science Center**
 - Request Approval of Fairgrounds Use Fee Waiver
- IV. Stephen Salas, Quay County Road Superintendent**
 - Request Approval of LGRF Application (CAP)
 - Request Approval of LGRF Application (COOP)
 - Request Approval of LGRF Application (SB)
 - Request Approval of TPF Applications
 - Presentation of Blade Report
 - Presentation of Road Update
- V. Dennis Garcia, Quay County Sheriff**
 - Request Approval of FY 25 LEPF Application
- VI. Ellen White, Quay County Clerk**
 - Request Approval of County Security Subgrant Application
- VII. Samantha Salas, Finance Director**
 - Request Approval of Resolution No. 33 Budgetary Increase for Election Costs

- VIII. Daniel Zamora, Quay County Manager**
 - **Presentation of Manager's Report**
- IX. Request Approval of Accounts Payable**
- X. Adjourn**

REGULAR SESSION-BOARD OF QUAY COUNTY COMMISSIONERS

March 11, 2024

9:00 A.M.

BE IT REMEMBERED THE HONORABLE BOARD OF QUAY COUNTY COMMISSIONERS met in regular session the 11th day March, 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 L. White, County Clerk
Daniel Zamora, County Manager

OTHERS PRESENT:

Samantha Salas Quay County Finance Director
Dana Leonard, Quay County Assessor
Lucas Bugg, Quay County Fire Marshal
Dennis Garcia, Quay County Sheriff
Stephen Salas, Quay County Road Superintendent
Andrea Page, Quay County Administrative Assistant
Bill Kardokus, Quay County Emergency Manager
Renee Hayoz, PMS Administrator
Ron Warnick, Quay County Sun

Chairman Lopez called the meeting to order followed by the Pledge of Allegiance.

A MOTION was made by Jerri Rush SECONDED by Brian Fortner to approve the February 26, 2024 regular session minutes. MOTION carried with Rush voting “aye”, Lopez voting “aye” and Fortner voting “aye”.

Public Comments: None

NEW BUSINESS:

Renee Hayoz, PMS Administrator provided the monthly RPHCA Report for February. A copy is attached. County Manager Zamora, reported the RFP for the roof at the Health Clinic has been accepted and work should begin soon.

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

- District 1
- District 3
- Bard Endee
- Forrest
- Quay

A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve the PERA Applications for Districts 1, 3, Bard Endee and Quay. MOTION carried with Rush voting “aye”, Fortner voting “aye” and Lopez voting “aye”. Copies are attached.

An additional MOTION was made Brian Fortner, SECONDED by Robert Lopez to approve the PERA Application for Forrest. MOTION carried with Lopez voting “aye”, Fortner voting “aye”, Rush “Abstained”. A copy is attached.

On behalf of Leonard Lauriault, NMSU Ag Science Center, Zamora requested approval to waive fees for use of the Quay County Fairgrounds to host a state wide training later in May. A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve waiving fees. MOTION carried with all members voting “aye”.

Quay County Road Superintendent, Stephen Salas, presented the following LGRF Projects for approval and gave the Road Department report:

- CAP projects totaling \$339,408.15 for 4150-4200 block of Quay Road 63; 6300-6400 block of Quay Road AP; 6300-6920 block of Quay Road AD.
- COOP projects totaling \$218,509.67 for 4150-4312 block of Quay Road 62.9.
- School Bus Projects totaling \$120,962.41 for 3600-3700 block of Quay Road 63; 6450-6560 block of Quay Road AP; 700-1000 block of Evans Street.

A MOTION was made by Jerri Rush, SECONDED by Brian Fortner to approve the LGRF Projects described above. MOTION carried with all members voting “aye”. Copies are attached.

- TPF Application for Phase 2 Construction of Quay Road 63; Plan and Design of Quay Road AR.

A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve submission of the TPF Applications. MOTION carried with all members voting “aye”.

- Blade Reports were distributed.

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

Quay County Clerk, Ellen White, presented an Application for Security Subgrant being made available from the NM Secretary of State. The total amount is \$60,000.00. The funds will be used to purchase the Albert Sensor Package to monitor internet inflow, as recommended by the NM Secretary of State. Also included is the cost to enhance the IT services at a local level for the County Offices. A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve submission of the Application. MOTION carried with all members voting "aye". A copy is attached.

Quay County Finance Director, Samantha Salas presented Resolution No. 33; Budgetary Increase for Election Fund (661). The amount of \$22,500.00 will be received from the NM Secretary of State for costs related to the upcoming Primary Election. A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve Resolution No. 33. MOTION carried with all members voting "aye". A copy is attached.

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

- Distributed a flyer for the Tucumcari Wayfinding Plan.
- Reported the Legislative Appropriation of \$10,000,000.00 for the Hospital Project. Chairman Lopez thanked Zamora and Richard Primrose for their efforts in securing this funding.
- Reported Capital Outlay funding. \$400,000.00 for dump trucks; \$200,000.00 for Pneumatic Roller; \$100,000.00 for Sheriff Department Vehicles.
- Zamora thanked the Department Heads for their efforts to secure grants and additional funding for projects that may not otherwise have funding.
- Reported Brenda Griego, Human Resources resigned.
- Introduced Bill Kardokus, newly hired Quay County Emergency Manager.
- Made note of the future Comprehensive Planning Meeting set for San Jon on the 19th of March.
- Indicated the intention to apply for a Planning Grant for Asset Protection Plan.

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

Commissioner Rush asked for an update of the following items:

- The request to have a Beer Garden at events at the Fairgrounds. Zamora reported the County is agreeable with the proper documents from the coordinators.
- Requested the previous items tabled at the meeting from February 26th be on the next agenda. (Luna County Resolution and Wireless Tower Solutions)
- Requested the County Emergency Manager begin a plan to host a Mass Casualty Incident Planning Event.
- Reminded citizens to take personal responsibility for the debris around your property for prevention of fires and clear access in the event of a fire.

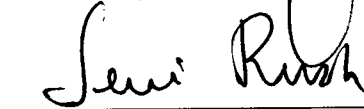
A MOTION was made by Brian Fortner, SECONDED by Jerri Rush to approve the expenditures included in the Accounts Payable Report ending March 7, 2024. MOTION carried with all members voting "aye".

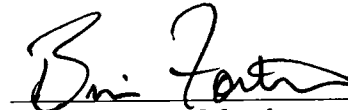
There being no further business, a MOTION was made by Jerri Rush SECONDED by Brian Fortner to adjourn. MOTION carried with Rush voting "aye", Fortner voting "aye" and Lopez voting "aye". Time noted 9:40 a.m.

Respectfully submitted by Ellen White, County Clerk.

BOARD OF QUAY COUNTY COMMISSIONERS

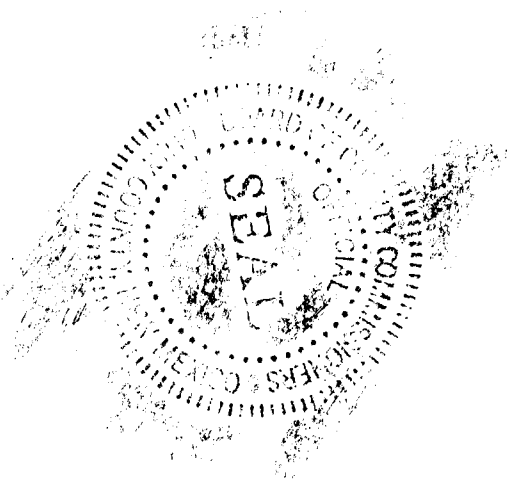

Robert Lopez, Chairman


Jerri Rush, Member


Brian Fortner, Member

ATTEST:


Ellen L. White, County Clerk



RPHCA Program
Monthly Level of Operations Form

revised 7/7/15

| | | | |
|---|---|-------------------------------|------------|
| Organization Name: Presbyterian Medical Services | | Contract # | 25221 |
| Reporting Site: Quay County Family Health Center | | Report Month/Year: | 02/01/24 |
| Action Plan Item | | Actual Monthly Level | |
| Level of Operations | Total Number of Primary Care Encounters | | 380 |
| | By Provider Type: | | |
| | Physician Encounters | | 380 |
| | Midlevel Practitioner Encounters | | |
| | Dentist Encounters | | |
| | Dental Hygienist Encounters | | |
| | Behavioral Health Encounters | | |
| | All Other Licensed/Certified Provider Encounters | | |
| | By Payment Source: | | |
| | Sliding Fee Encounters - Medical/Behavioral Health | | 34 |
| | Sliding Fee Encounters - Dental | | |
| | Medicaid Encounters - Medical/Behavioral Health | | 160 |
| | Medicaid Encounters - Dental | | |
| | County Indigent Encounters | | |
| | Unduplicated Number of Users | Total # of unduplicated users | |
| At or Below Poverty | | 37 | |
| Between Poverty and 200% of Poverty | | 34 | |
| Above 200% of Poverty | | 8 | |
| | | | |
| Staffing Level | Administrative Staff | 3 | |
| | | Clinical FTEs | Admin FTEs |
| | Physicians | | |
| | Certified Nurse Practitioners | 2 | |
| | Physician Assistants | | |
| | Certified Nurse Midwives | | |
| | Dentists | | |
| | Dental Hygienists | | |
| | Behavioral Health Professionals | | |
| | Community Health Workers | | |
| | Clinical Support Staff | 2 | |
| | All Other Staff | 0.5 | |
| Prior Month's Primary Care Financial Information | Please enter the month being reported: June | | |
| | Total Primary Care Revenues - all sources | | 99,113 |
| | Sliding Fee Revenues - Medical | | 3,047 |
| | Sliding Fee Revenues - Dental | | 0 |
| | Medicaid Revenues - Medical | | 35,414 |
| | Medicaid Revenues - Dental | | 0 |
| | County Indigent Fund Revenues | | 0 |
| | Other 3 rd Party Revenues | | 12,659 |
| | Medicare Revenues | | 16,126 |
| | 100% Self Pay (non-discounted/non-3 rd party) Patient Revenues | | 160 |
| | Contracts/Grants Revenues (including RPHCA) | | 31,707 |
| | Total Primary Care Expenditures | | 86,098 |
| | Total Primary Care Charges | | 134,908 |
| | Sliding Fee Discounts - Medical | | 42,899 |
| | Sliding Fee Discounts - Dental | | 0 |
| Prepared by: C Renee Hayoz | | 3/5/2024 | |

RPHCA Monthly Staffing Pattern

| |
|------------------------------------|
| Month: February 2024 |
| Site: Quay Co Family Health Center |

If you are using a Locum provider, please include 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 Physician 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.

[illegible]

RPHCA – Monthly Narrative Report (per site)**Fiscal Year 2024 rev.1****Due:** By the second (2nd) Friday of each month in each State fiscal year.**Submit:** Email to RPHCA@doh.nm.gov**Month Reporting:** February 2024**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 |
|-------------------------------------|-------------------------------------|----------------|---------------------------|---------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Example -1 | Example -Family Practice | Example -\$8,000 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Example -1 | Example -Registered Nurse | Example -\$8,000 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Example -1 | Example -Dentist | Example -\$8,000 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3 | Family Practice | \$11,936 |
| <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | |

**Health care professionals who contribute to ensuring adequate availability of primary health care services including but not limited to: licensed practical nurses, 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 |
|-------------------------------------|-----------------------------|---------------------|
| <input checked="" type="checkbox"/> | Advertising | Example -\$5,000 |
| <input type="checkbox"/> | Recruitment Agency | N/A |
| <input type="checkbox"/> | Other: <i>please list</i> | 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)**Fiscal Year 2024 rev.1****Due:** By the second (2nd) Friday of each month in each State fiscal year.**Submit:** Email to RPHCA@doh.nm.gov

| | Eligible Items/Uses of Expenditures | Total Dollar Amount |
|-------------------------------------|--|----------------------------|
| <input checked="" type="checkbox"/> | Purchase, repair and/or maintenance of necessary medical and dental equipment. | Example -\$10,000 |
| <input checked="" type="checkbox"/> | Purchase of office, medical, and/or dental supplies. | Example -\$10,000 |
| <input type="checkbox"/> | In-state travel to obtain training or improve coordination to better support or provide primary health care services. | N/A |
| <input type="checkbox"/> | General operating expenses. | N/A |
| <input type="checkbox"/> | Programs or plans to improve the coordination, effectiveness, or efficiency of the delivery of primary health care services. | N/A |
| <input type="checkbox"/> | 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 the regular monthly meetings of the Quay County Health Council.

The pharmaceutical grade refrigerator is still waiting for data logger information to be reviewed by NMDOH.

Attendance at both the County and City monthly meetings.

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

Currently fully staffed and there is no change in staffing since prior month.



2023 Volunteer Fire Department Contact Information

6300 Jefferson NE Ste 100
Albuquerque, NM 87109
(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, 2024 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)

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

Information About the VFD Fire Chief

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

Information About the VFD Reporter

| | | |
|------------------------------------|-------------------------------------|------------------------------|
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |
| Austin Gibson | 575-403-5081 | austingibson199008@yahoo.com |

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

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

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 | Date |
| | 3-11-24 |

2023 Volunteer Firefighters Annual Reporting Form

6300 Jefferson St. NE, STE#100
Albuquerque, NM 87109
(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, 2024 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)

| | | | |
|---|--|-----------------------------------|----------|
| PERA VFD Number (5 digit number) | VFD Name | | |
| 09602 | Bard-Endee Fire District | | |
| VFD Mailing Address | City | State | Zip Code |
| 1097 Route 66 | Bard | NM | 88411 |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Austin Gibson | 575-403-5081 | austingibson199008@yahoo.com | |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov | |

VFD DEPARTMENT TOTALS

| | | |
|----|--|----|
| 1. | New VFD members reported in 2023: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2023: | 15 |
| 3. | Retired VFD members reported in 2023: | 8 |
| 4. | Total number of Volunteer Firefighters reported in 2023 (sum of members entered on lines 1 through 3): | 23 |

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Austin Gibson, Fire Chief of the Bard-Endee Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2023 roster.

Signature of VFD Fire Chief [Signature] Date 3-11-24

State of New Mexico)
County of Quay) SS:

Signed and sworn to (or affirmed) before me by Austin Gibson on this 11 day of March 2024.

My Commission Expires 3-24-27 Notary Public Telephone Number 575 461 0510 Signature of Notary Ellen Luke

MAYOR OR COMMISSION CERTIFICATION

Signature of Municipal Mayor or Chair of County Commission

State of New Mexico
Notary Public
ELLEN L. WHITE
Commission#1006761
My Comm. Exp. 3-24-2027

Date

3-11-24



**2023 Volunteer Firefighter Service
Credit Qualification Record
Current Active (Non-Retired)
VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 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.

Information about your Volunteer Fire Department

| | | |
|---|-------------------------------------|----------------|
| Name of VFD Bard-Endee Fire District | PERA VFD Number (5 digits) 09602 | County Quay |
|---|-------------------------------------|----------------|

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: Steven Carter Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Aeren Carter Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | | Name: Jason Glen Carter Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Jennifer Carter Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | | Name: Kalon Lafferty Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Wade Lane Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Benjamin Bone Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Barton Bone Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Casey Adams Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. | | Name: Heidi Adams Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023



PERA

Public Employees
Retirement Association
of New Mexico

**2023 Volunteer Firefighter Service
Credit Qualification Record
Current Active (Non-Retired)
VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 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.

Information about your Volunteer Fire Department

| | | |
|-------------|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Bard-Endee | 09602 | Quay |

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: Melissa Johnson Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | | Name: Lenny Reed Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: Austin Gibson Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Alice Gibson Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Franklin Gibson Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023



**2023 Volunteer Firefighter Service
Credit Qualification Record
Retired VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.

Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

| | | |
|--------------------------|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Bard-Endee Fire District | 09602 | Quay |

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. | | Name: Donald Adams Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Linda Adams Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | | Name: Donald McCoy Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | | Name: Leslie Dale Bone Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Jimmie Johnson Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | | Name: Louis Brown Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. | | Name: Donald Carter Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Ellen Yvonne Bone Address: [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"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023

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

2023 Volunteer Fire Department Contact Information

6300 Jefferson NE Ste 100
Albuquerque, NM 87109
(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, 2024 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)

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

Information About the VFD Fire Chief

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

Information About the VFD Reporter

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

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

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

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 | Date |
|  | 3-11-24 |

2023 Volunteer Firefighters Annual Reporting Form

6300 Jefferson St. NE, STE#100
Albuquerque, NM 87109
(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, 2024 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)

| | | | |
|---|--|-----------------------------------|----------|
| PERA VFD Number (5 digit number) | VFD Name | | |
| 09636 | Conservancy Fire District 1 Quay County | | |
| VFD Mailing Address | City | State | Zip Code |
| P.O. Box 725 | Tucumcari | NM | 88401 |
| 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 | |
| Michelle Jaynes | 575-815-9015 | michelle.jaynes5@gmail.com | |

VFD DEPARTMENT TOTALS

| | | |
|----|---|-----------|
| 1. | New VFD members reported in 2023: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2023: | 10 |
| 3. | Retired VFD members reported in 2023: | 2 |
| 4. | Total number of Volunteer Firefighters reported in 2023 (sum of members entered on lines 1 through 3): | 12 |

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 2023 roster.

Signature of VFD Fire Chief

Date

Lucas Bugg

3-11-24

State of New Mexico

County of Quay SS:

Signed and sworn to (or affirmed) before me by Lucas H. Bugg on this 11 day of March 2024

VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-24-27

Notary Public Telephone Number 575-401-0510

Signature of Notary

Ellen L. White

MAYOR OR COMMISSIONER CERTIFICATION

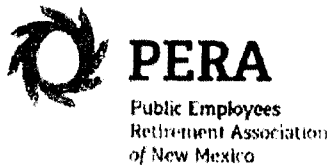
Signature of Municipal Mayor or Chair of County Commission

Date

Robert Lo

3-11-24

State of New Mexico
Notary Public
ELLEN L. WHITE
Commission#1006781
My Comm. Exp. 3-24-2027



**2023 Volunteer Firefighter Service
Credit Qualification Record
Current Active (Non-Retired)
VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 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.

Information about your Volunteer Fire Department

| | | |
|--|-------------------------------------|----------------|
| Name of VFD Conservancy Fire District 1 Quay County | PERA VFD Number (5 digits) 09636 | County Quay |
|--|-------------------------------------|----------------|

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: Reyes Gonzales Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Scot Jaynes Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: Misty Smith Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Michelle Jaynes Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Mark Preciado Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Todd Smith Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Lucas Bugg Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Estephan Garcia Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | | Name: Chase Waters Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. | | Name: Dustin Lopez Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023



**2023 Volunteer Firefighter Service
Credit Qualification Record
Retired VFD Members Only**

8300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.

Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

| | | |
|-----------------------------|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Conservancy Fire District 1 | 09636 | Quay |

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. | | Name: John Bugg Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Mike Cherry Address: | | <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"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023



PERA

Public Employees
Retirement Association
of New Mexico

2023 Volunteer Fire Department Contact Information

6300 Jefferson NE Ste 100
Albuquerque, NM 87109
(505) 476-9300 phone
(505) 954-0342 fax
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Information About the Volunteer Fire Department (VFD)

PERA VFD Number (5 digit number)

09638

VFD Name

Conservancy Fire District #3

VFD Mailing Address

PO Box 1246

City

Tucumcari

State

NM

Zip Code

88401

Information About the VFD Fire Chief

VFD Fire Chief's Name (First and Last)

Roland Choate

VFD Fire Chief's Daytime Phone Number

575-403-9026

VFD Fire Chief's Email Address

rural3@plateautel.net

Information About the VFD Reporter

VFD Reporter Name (First and Last)

Lucas Bugg

VFD Reporter's Daytime Phone Number

575-403-6479

VFD Reporter's Email Address

lucas.bugg@quaycounty-nm.gov

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

Alternate Contact Name (First and Last)

Lucas Bugg

Alternate Contact's Daytime Phone Number

575-403-6479

Alternate Contact's Email Address

lucas.bugg@quaycounty-nm.gov

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

Date

3-20-24

2023 Volunteer Firefighters Annual Reporting Form

6300 Jefferson St. NE, STE#100
Albuquerque, NM 87109
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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General Information About the Volunteer Fire Department (VFD)

| | | | |
|---|--|-----------------------------------|----------|
| PERA VFD Number (5 digit number) | VFD Name | | |
| 09638 | Conservancy Fire District #3 | | |
| VFD Mailing Address | City | State | Zip Code |
| PO Box 1246 | Tucumcari | NM | 88401 |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Roland Choate | 575-403-9026 | rural3@plateautel.net | |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov | |

VFD DEPARTMENT TOTALS

| | | |
|----|---|-----------|
| 1. | New VFD members reported in 2023: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2023: | 8 |
| 3. | Retired VFD members reported in 2023: | 5 |
| 4. | Total number of Volunteer Firefighters reported in 2023 (sum of members entered on lines 1 through 3): | 13 |

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Roland Choate, Fire Chief of the Conservancy #3 Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2023 roster.

Signature of VFD Fire Chief Roland Choate Date 3-20-24

State of New Mexico)
County of Quay) SS:

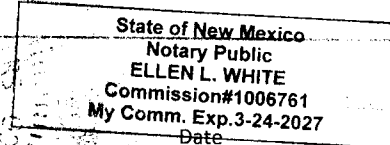
Signed and sworn to (or affirmed) before me by Roland Choate on this 20 day of March 2024.
VFD Chief's Name (please print) to be completed by Notary

My Commission Expires 3-24-27 Notary Public Telephone Number 505 461 0510 Signature of Notary Ellen L. White

MAYOR OR COMMISSION CERTIFICATION

Signature of Municipal Mayor or Chair of County Commission

Ron Choate Date 3-11-24





**2023 Volunteer Firefighter Service
Credit Qualification Record
Current Active (Non-Retired)
VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 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.

Information about your Volunteer Fire Department

| | | |
|-------------------------------|-------------------------------------|----------------|
| Name of VFD Conservancy #3 | PERA VFD Number (5 digits) 09638 | County Quay |
|-------------------------------|-------------------------------------|----------------|

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

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|--------------------------|
| | | | | Yes | No |
| 1. | | Name: Beverly Choate Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: James D McEwen Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: R Del Choate Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: David Peacock Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: John Griffith Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: J Devin Kanapilly Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Shelby Baldrige Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Roland Choate Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023



**2023 Volunteer Firefighter Service
Credit Qualification Record
Retired VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.
Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

| | | |
|----------------|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Conservancy #3 | 09638 | Quay |

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: Robert Curtis Address: [REDACTED] | [REDACTED] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | | Name: Dallas Dowell Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: Desmond Griggs Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Harry Heckendorn Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | | Name: Tressie Curtis Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

2023 Volunteer Fire Department Contact Information

6300 Jefferson NE Ste 100
Albuquerque, NM 87109
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Information About the Volunteer Fire Department (VFD)

| | | | |
|----------------------------------|----------------------|-------|----------|
| PERA VFD Number (5 digit number) | VFD Name | | |
| 09755 | Quay Fire Department | | |
| VFD Mailing Address | City | State | Zip Code |
| 4314 Quay Road 50.4 | Tucumcari | NM | 88401 |

Information About the VFD Fire Chief

| | | |
|--|---------------------------------------|--------------------------------|
| VFD Fire Chief's Name (First and Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |
| Gerald Hight | 575-403-8076 | ghight@plateautel.net |

Information About the VFD Reporter

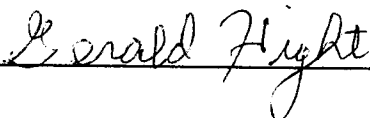
| | | |
|------------------------------------|-------------------------------------|------------------------------|
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |
| Gerald Hight | 575-403-8076 | ghight@plateautel.net |

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

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

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 | Date |
|  | 3/3/20 |

2023 Volunteer Firefighters Annual Reporting Form

6300 Jefferson St. NE, STE#100
Albuquerque, NM 87109
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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General Information About the Volunteer Fire Department (VFD)

| | | | |
|---|--|--|-----------------------------------|
| PERA VFD Number (5 digit number) | | VFD Name | |
| 09755 | | Quay Fire Department | |
| VFD Mailing Address | | City | State Zip Code |
| 4314 Quay Road 50.4 | | Tucumcari | NM 88401 |
| VFD Fire Chief's Name (First and Last) | | VFD Chief's Daytime Phone Number | VFD Chief's email Address |
| Gerald Hight | | 575-403-8076 | ghight@plateautel.net |
| Alternate Contact Name (First and Last) | | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address |
| Lucas Bugg | | 575-403-6479 | lucas.bugg@quaycountynm.gov |

VFD DEPARTMENT TOTALS

| | | |
|----|---|-----------|
| 1. | New VFD members reported in 2023: | 0 |
| 2. | Current/returning (non-retired) VFD members reported in 2023: | 12 |
| 3. | Retired VFD members reported in 2023: | 5 |
| 4. | Total number of Volunteer Firefighters reported in 2023 (sum of members entered on lines 1 through 3): | 17 |

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Gerald Hight, Fire Chief of the Quay Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect **100%** of my VFD's 2023 roster.

Signature of VFD Fire Chief

Gerald Hight Date 03/05/2024

State of New Mexico)

County of Quay) SS:

Signed and sworn to (or affirmed) before me by Gerald Hight on this 5th day of March 2024

Notary Public
ELLEN L. WHITE
Commission #1006761
My Commission Expires My Comm. Exp. 3-24-2027
Notary Public Telephone Number 505-461-0510 Signature of Notary Ellen White

MAYOR OR COMMISSION CERTIFICATION

Signature of Municipal Mayor or Chair of County Commission

Robert Date 3-11-2024



**2023 Volunteer Firefighter Service
Credit Qualification Record
Current Active (Non-Retired)
VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(505) 476-9300 phone
(505) 954-0342 fax
www.nmpera.org

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Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

| | | |
|-------------------------------------|-------------------------------------|----------------|
| Name of VFD Quay Fire Department | PERA VFD Number (5 digits) 09755 | County Quay |
|-------------------------------------|-------------------------------------|----------------|

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: Gambardella, Sheryl Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Thompson, Elizabeth Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | | Name: Thompson, Rick Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Hopkins, Clinton Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Humphries, William Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Hampton, Teresa Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Hight, Doris Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. | | Name: Hampton, Roy Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Hight, Dustin Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Daniel, Hight Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|----------------------------------|----------------|----------------|
| Signature <i>Gerald Hight</i> | Title Chief | Date 3/3/24 |
|----------------------------------|----------------|----------------|

November 2023

**2023 Volunteer Firefighter Service
Credit Qualification Record
Current Active (Non-Retired)
VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 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.

Information about your Volunteer Fire Department

| | | |
|-------------------------------------|-------------------------------------|----------------|
| Name of VFD Quay Fire Department | PERA VFD Number (5 digits) 09755 | County Quay |
|-------------------------------------|-------------------------------------|----------------|

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: Thompson, Misty Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Hampton, Quay Address: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|----------------------------------|-----------------------|-----------------------|
| Signature <i>Gerald Hight</i> | Title <i>Chief</i> | Date <i>3/3/24</i> |
|----------------------------------|-----------------------|-----------------------|



PERA

Public Employees
Retirement Association
of New Mexico

**2023 Volunteer Firefighter Service
Credit Qualification Record
Retired VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.

Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

| | | |
|----------------------|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Quay Fire Department | 09755 | Quay |

Information about your Retired VFD Members Only

| Vol No. | Social Security Number (Required to award service credit; digits only-no dashes) | Full Name of Volunteer Firefighter (Provide mailing address for each member) | Date of Birth (mm/dd/yyyy) | Service Credit Eligibility Met? (Check one) | |
|---------|---|---|-------------------------------|--|-------------------------------------|
| | | | | Yes | No |
| 1. | [REDACTED] | Name: O'Steen, Paula Address: [REDACTED] | [REDACTED] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Hight, Paul Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: Sidwell, Marie-Lois Address: [REDACTED] | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | | Name: Sidwell, Thomas Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Hight, Gerald Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|---------------------|--------------|---------------|
| Signature | Title | Date |
| <i>Gerald Hight</i> | <i>Chief</i> | <i>3/3/24</i> |

November 2023

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

2023 Volunteer Fire Department Contact Information

6300 Jefferson NE Ste 100
Albuquerque, NM 87109
(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, 2024 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)

| | | | |
|----------------------------------|-------------------------|-------|----------|
| PERA VFD Number (5 digit number) | VFD Name | | |
| 09668 | Forrest Fire Department | | |
| VFD Mailing Address | City | State | Zip Code |
| 209 NM 210 | McAlister | NM | 88427 |

Information About the VFD Fire Chief

| | | |
|--|---------------------------------------|--------------------------------|
| VFD Fire Chief's Name (First and Last) | VFD Fire Chief's Daytime Phone Number | VFD Fire Chief's Email Address |
| Joe Lavender | 575-799-4879 | joegl387@gmail.com |

Information About the VFD Reporter

| | | |
|------------------------------------|-------------------------------------|------------------------------|
| VFD Reporter Name (First and Last) | VFD Reporter's Daytime Phone Number | VFD Reporter's Email Address |
| Joe Lavender | 575-799-4879 | joegl387@gmail.com |

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

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

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 | Date |
| | 3-18-24 |

2023 Volunteer Firefighters Annual Reporting Form

6300 Jefferson St. NE, STE#100
Albuquerque, NM 87109
(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, 2024 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)

| | | | |
|---|--|-----------------------------------|----------|
| PERA VFD Number (5 digit number) | VFD Name | | |
| 09668 | Forrest Fire Department | | |
| VFD Mailing Address | City | State | Zip Code |
| 209 NM 210 | McAlister | NM | 88427 |
| VFD Fire Chief's Name (First and Last) | VFD Chief's Daytime Phone Number | VFD Chief's email Address | |
| Joe Lavender | 575-799-4879 | joegl387@gmail.com | |
| Alternate Contact Name (First and Last) | Alternate Contact's Daytime Phone Number | Alternate Contact's Email Address | |
| Lucas Bugg | 575-403-6479 | lucas.bugg@quaycounty-nm.gov | |

VFD DEPARTMENT TOTALS

| | | |
|----|---|-----------|
| 1. | New VFD members reported in 2023: | 1 |
| 2. | Current/returning (non-retired) VFD members reported in 2023: | 8 |
| 3. | Retired VFD members reported in 2023: | 4 |
| 4. | Total number of Volunteer Firefighters reported in 2023 (sum of members entered on lines 1 through 3): | 13 |

VFD CHIEF CERTIFICATION

*Notary stamp must be visible

I, Joe Lavender, Fire Chief of the Forrest Fire Department Volunteer Fire Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my VFD's 2023 roster.

Signature of VFD Fire Chief [Signature] Date 3-18-24

State of New Mexico)
County of Quay) SS:

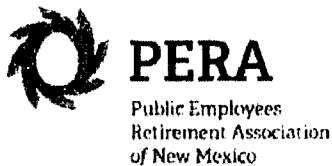
Signed and sworn to (or affirmed) before me by Joe Lavender on this 18 day of March 2024.

My Commission Expires 3-24-27 Notary Public Telephone Number 505-461-0510 Signature of Notary [Signature]

MAYOR OR COMMISSION CERTIFICATION

Signature of Municipal Mayor or Chair of County Commission

[Signature] Date 3-11-24



**2023 Volunteer Firefighter Service
Credit Qualification Record
Current Active (Non-Retired)
VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 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.

| Information about your Volunteer Fire Department | | |
|--|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Forrest Fire Department | 09668 | Quay |

| 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: David Rush Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Jerri Rush Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: William Sours Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Cahill Sours Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Randall Rush Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Roger Grigsby Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Wendy Grigsby Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Garrett Wright Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

| Volunteer Firefighter Department Certification | | |
|--|-------|------|
| Signature | Title | Date |
| | | |

November 2023



**2023 Volunteer Firefighter Service
Credit Qualification Record
Retired VFD Members Only**

6300 Jefferson St NE Ste 100
Albuquerque, NM 87109
(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, 2024 via RIO and by regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted.

Please keep copies for your VFD's records.

Information about your Volunteer Fire Department

| | | |
|-------------------------|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Forrest Fire Department | 09668 | Quay |

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. | | Name: Ray Rush Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Ted Rush Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | | Name: Judy Rush Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | | Name: Joe Lavender Address: [REDACTED] | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | | Name: Address: | | <input type="checkbox"/> | <input type="checkbox"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023



PERA
Public Employees
Retirement Association
of New Mexico

**2023 Volunteer Firefighter Service
Credit Qualification Record
New VFD Members Only**

6300 Jefferson St. NE, STE#100
Albuquerque, NM 87109
(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, 2024 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.

Information about your Volunteer Fire Department

| | | |
|-------------------------|----------------------------|--------|
| Name of VFD | PERA VFD Number (5 digits) | County |
| Forrest Fire Department | 09668 | Quay |

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. | | Name: Ashley S Rush Address: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | | Name: Address: | | <input 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"/> |

Volunteer Firefighter Department Certification

| | | |
|-----------|-------|------|
| Signature | Title | Date |
| | | |

November 2023

PERA

Public Employees
Retirement Association
of New Mexico

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)

| | | | |
|---|--|---|--|
| 649 - 26 - 4387 | | Ashley S Rush | |
| Social Security Number or PERA ID | | Name (First, Middle Initial, Last) | |
| <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male | (575) 517-6180 | ashleytafoya2002@gmail.com | |
| Gender | Phone Number | Would you like direct correspondence by E-mail? If so, include E-mail Address | |
| 358 state hwy 210 | | Mcalister | NM 88427 |
| Mailing Address | | City | State Zip Code |
| 02/04/2002 | Albuquerque | NM | |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Section 2

Information About the VF Member's Spouse*

*To be completed by a married VF member.

| | | |
|---------------|--------------|------------------------|
| Randall Rush | 649-05-5923 | 04/29/1995 |
| Spouse's Name | Spouse's SSN | Spouse's Date of Birth |

Section 3

VF Member Certification

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

| | |
|---------------------------|------------|
| <i>Ashley Tafoya Rush</i> | 11/13/2023 |
| Signature of VF Member | Date |

Section 4

VFD Fire Chief Certification*

*To be completed by the VFD Fire Chief.

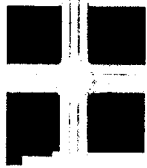
Please copy the completed application for your VFD file and for the VF member.

| | | |
|---|------------------|-------------------------|
| Forrest Fire Dept. | 09668 | 11/13/2023 |
| Name of Volunteer Fire Department (VFD) | PERA VFD Number | Start Date (mm/dd/ccyy) |
| ForrestFD@outlook.com | (575) 458-6532 | |
| VFD Email Address | VFD Phone Number | |

| |
|--------------------------|
| Joe Lavender |
| 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>Joe Lavender</i> | 11-13-2023 |
| Signature of VFD Chief | Date |



New Mexico DEPARTMENT OF
TRANSPORTATION
MOBILITY FOR EVERYONE

January 1, 2024

Mr. Stephen Salas, Road Superintendent
Quay County
P.O. Box 1246
Tucumcari, NM 88401

**RE: Proposed 2024/2025 Local Government Road Fund Program
County Arterial Cooperative Agreement Program (CAP)**

Dear Mr. Salas.:

In order to plan the distribution of funding to the various entities for the 2024-2025 Fiscal Year Cooperative Agreement program, we are requesting that you advise this office as to your intentions for participation in the program. The information requested should be submitted no later than **March 15, 2024. Please return page two of this letter to inform us of your intentions to participate in the program, an estimated cost summary that supports your requested amount, and letter of intent from your local governing body assuring that the proposed matching funds are available for participation on proposed project.**

If you have any questions or require further assistance, please contact my office at (505) 617-1020.

Sincerely,

John A. Herrera
LGRF Project Manager

xc: LGRF Files

**Michelle Lujan
Grisham**
Governor

Ricky Serna
Cabinet Secretary

Commissioners

Chandelle Sisneros
Commissioner
District 1

Gary Tonjes
Commissioner
District 2

Hilma E. Chynoweth
Commissioner, Vice Chairman
District 3

Walter G. Adams
Commissioner, Chairman
District 4

Thomas C. Taylor
Commissioner
District 5

Charles Lundstrom
Commissioner, Secretary
District 6

Quay County
2024-25 Proposed Cooperative Agreement Program (CAP)
January 2024

- **No**, we do not wish to request participation in the 2024-25 Cooperative Agreement Program
- **Yes**, we do wish to participate in the 2024-25 Cooperative Agreement Program in the proposed amount of \$ 339,408.15 . 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.



QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

March 11th, 2024

Mr. John Herrera
New Mexico Department of Transportation
PO Box 10
Las Vegas, NM, 87701

Dear Mr. Herrera,

Quay County is requesting participation in the **2024/2025 NMDOT Local Government Road Fund Program**.

At this time, Quay County is requesting **\$339,408.15** for roadway improvements. If granted the requested amount Quay County has designated **Quay Road 63 (Blocks 4150-4200) .50 miles; Quay Road AP (Blocks 6300-6400) 1 mile; and Quay Road AD (Blocks 6300-6920) 6.20 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 Stephen Salas at 575-815-9945.

Sincerely,

Daniel Zamora
Quay County Manager

Enc.

ESTIMATED SUMMARY COSTS & QUANTITIES

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

PROJECT #: CAP 2024-2025

TERMINI: Quay Road 63 (Blocks 4150-4200) .50 miles; Quay Road AP (Blocks 6300-6400) 1 mile; Quay Road AD (Blocks 6300-6920) 6.20 miles

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. | Micro Surfacing CQS Emulsions & Aggregate | SY | 97,787.55 | | 3.30 | 322,698.91 |
| | | | | | | |
| | | | | | | |
| 2. | UPM High Performance Permanent Patch | Tons | 12 tons | | 225.77 | 2,709.24 |
| | | | | | | |
| | | | | | | |
| 3. | Labor (In-kind) | LS | | | | 14,000.00 |
| | | | | | | |
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| | | | | | | |
| | | | | | TOTAL | \$339,408.15 |



New Mexico DEPARTMENT OF
TRANSPORTATION
MOBILITY FOR EVERYONE

January 1, 2024

Mr. Stephen Salas, Road Superintendent
Quay County
P.O. Box 1256
Tucumcari, NM 88401

**RE: Proposed 2024/2025 Local Government Road Fund Program
Cooperative Agreement Program (SP)**

Dear Mr. Salas:

In order to plan the distribution of funding to the various entities for the 2024-2025 Fiscal Year Cooperative Agreement program, we are requesting that you advise this office as to your intentions for participation in the program. The information requested should be submitted no later than **March 15, 2024**. **Please return page two of this letter to inform us of your intentions to participate in the program, an estimated cost summary that supports your requested amount, and letter of intent from your local governing body assuring that the proposed matching funds are available for participation on proposed project.**

If you have any questions or require further assistance, please contact my office at (505) 617-1020.

Sincerely,

John A. Herrera
LGRF Project Manager

xc: LGRF Files

**Michelle Lujan
Grisham**
Governor

Ricky Serna
Cabinet Secretary

Commissioners

Chandelle Sisneros
Commissioner
District 1

Gary Tonjes
Commissioner
District 2

Hilma E. Chynoweth
Commissioner, Vice Chairman
District 3

Walter G. Adams
Commissioner, Chairman
District 4

Thomas C. Taylor
Commissioner
District 5

Charles Lundstrom
Commissioner, Secretary
District 6



QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

March 11th, 2024

Mr. John Herrera
New Mexico Department of Transportation
PO Box 10
Las Vegas, NM, 87701

Dear Mr. Herrera,

Quay County is requesting participation in the **2024/2025 NMDOT Local Government Road Fund Program**.

At this time, Quay County is requesting **\$218,509.67** for roadway improvements. If granted the requested amount Quay County has designated **Quay Road 62.9 (Blocks 4150-4312) 1.7 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 Stephen Salas at 575-815-9945.

Sincerely,

Daniel Zamora
Quay County Manager

Enc.

Quay County
2024-25 Proposed Cooperative Agreement Program (SP)
January 2024

- o **No, we do not wish to request participation in the 2024-25 Cooperative Agreement Program**
- o **Yes, we do wish to participate in the 2024-25 Cooperative Agreement Program in the proposed amount of \$ 218,509.67. 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.

ESTIMATED SUMMARY COSTS & QUANTITIES

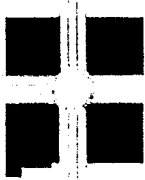
ENTITY: Quay County Road Department DO: _____ CN: _____

PROJECT #: SP 2024-2025

TERMINI: QR 62.9 (Blocks 4150 – 4312) 1.7 miles

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

[illegible]



New Mexico DEPARTMENT OF
TRANSPORTATION
MOBILITY FOR EVERYONE

January 1, 2024

Mr. Stephen Salas, Road Superintendent
Quay County
P.O. Box 1256
Tucumcari, NM 88401

**RE: Proposed 2024/2025 Local Government Road Fund Program
School Bus Route Cooperative Agreement Program (SB)**

Dear Mr. Salas:

In order to plan the distribution of funding to the various entities for the 2024-2025 Fiscal Year Cooperative Agreement program, we are requesting that you advise this office as to your intentions for participation in the program. The information requested should be submitted no later than **March 15, 2024**. **Please return page two of this letter to inform us of your intentions to participate in the program, an estimated cost summary that supports your requested amount, and letter of intent from your local governing body assuring that the proposed matching funds are available for participation on proposed project.**

If you have any questions or require further assistance, please contact my office at (505) 617-1020.

Sincerely,

John A. Herrera
LGRF Project Manager

xc: LGRF Files

**Michelle Lujan
Grisham**
Governor

Ricky Serna
Cabinet Secretary

Commissioners

Chandelle Sisneros
Commissioner
District 1

Gary Tonjes
Commissioner
District 2

Hilma E. Chynoweth
Commissioner, Vice Chairman
District 3

Walter G. Adams
Commissioner, Chairman
District 4

Thomas C. Taylor
Commissioner
District 5

Charles Lundstrom
Commissioner, Secretary
District 6

Quay County
2024-25 Proposed Cooperative Agreement Program (SB)
January 2024

- **No**, we do not wish to request participation in the 2024-25 Cooperative Agreement Program
- **Yes**, we do wish to participate in the 2024-25 Cooperative Agreement Program in the proposed amount of \$ 120,962.41. 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.

ESTIMATED SUMMARY COSTS & QUANTITIES

ENTITY: Quay County Road Department DO: _____ CN: _____
PROJECT #: SB 2024-2025

TERMINI: Quay Road 63 (Blocks 3600-3700) 1 mile; Quay Road AP (Blocks 6450-6560) 1.10 miles; Evans Street (Blocks 0700-1000) .50 miles

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. | Micro Surfacing CQS Emulsions & Aggregate | SY | 31,679.98 | | 3.30 | 104,543.93 |
| | | | | | | |
| | | | | | | |
| 2. | UPM High Performance Permanent Patch | Tons | 24 | | 225.77 | 5,418.48 |
| | | | | | | |
| | | | | | | |
| 3. | Labor (In-kind) | LS | | | | 11,000.00 |
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| | | | | | | |
| | | | | | TOTAL | \$120,962.41 |



QUAY COUNTY GOVERNMENT

300 South Third Street

P.O. Box 1246

Tucumcari, NM 88401

Phone: (575) 461-2112

Fax: (575) 461-6208

March 11th, 2024

Mr. John Herrera
New Mexico Department of Transportation
PO Box 10
Las Vegas, NM, 87701

Dear Mr. Herrera,

Quay County is requesting participation in the 2024/2025 NMDOT Local Government Road Fund Program.

At this time, Quay County is requesting **\$120,962.41** for roadway improvements. If granted the requested amount Quay County has designated **Quay Road 63 (Blocks 3600-3700) 1.00 mile; Quay Road AP (Blocks 6450-6560) 1.10 miles; and Evans Street (Blocks 0700-1000) .50 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 Stephen Salas at 575-815-9945.

Sincerely,

Daniel Zamora
Quay County Manager

Enc.

**TRANSPORTATION PROJECT FUND
PROJECT FEASIBILITY FORM (PFF)**
MPO/RTPO: NERTPO

GENERAL INFORMATION

Preparation Date: March 5, 2024

Project Title: Quay Road 63 Phase 2

Requesting T/LPA: Quay County
(Applicant)

Is there an approved Governing Body resolution for this application
☐ YES ☒ NO ☐ PENDING If pending, date expected _____

Responsible Charge

Name: Daniel Zamora

Phone: 575-461-2112

Title: County Manager

Email: daniel.zamora@quaycounty-nm.gov

PROJECT DESCRIPTION

Project Type (Check all that apply):

☒ ROADWAY ☐ BRIDGE ☒ SAFETY ☐ PLANNING/DESIGN ☐ OTHER

If you chose "OTHER" please clarify here: _____

Project Scope: Quay Road 63 (Blocks 4300-4518) Construction, Construction Management & Testing

Is the request to address a bridge on the NMDOT's Local Bridge Priority List for Replacement/Rehabilitation?
☒ NO ☐ YES If yes, please indicate bridge #: _____

Is the request to continue or advance a phase of a previous project?
☐ NO ☒ YES If yes, please indicate funding sources and scope of previous phase below.

Funding Source: TPF

Previous Phase Project Scope: Phase 1 Planning, Preliminary Engomeerng, Design, and Drainage Study

Completion Date of Previous Phase: N/A

Current Phase being requested: Phase I

Project Location

Route Number and/or Street Name: QR - 63 PHASE 2

Project Termini:

Beginning Mile point and/or intersection: Intersection QR - AR and QR - 63

Ending Mile point and/or intersection: Intersection of QR - AT.2 and QR - 63

Total length of proposed project: 11,461 Linear feet 2.18 miles

NOTE: A local government project that is located in full or in part within a department right-of-way or NHS route must be administered in accordance with the "Tribal/Local Public Agency Handbook".

A local government project that ties into, connects or crosses a department right-of-way or an NHS route, or when the project may have an effect on existing improvements within department rights-of-way, requires the approval of the department.

Is the project located in full or in part within a department right-of-way or NHS route?

☒ NO ☐ YES If yes, the project must be administered in accordance with the Tribal/Local Public Agency Handbook and follow all requirements and procedures.

Does the project tie into, connect or cross a department right-of-way or an NHS route, or will the project have an effect on existing improvements within a NMDOT right-of-way? "Letter of Approval" from the NMDOT District Engineer?

☒ NO ☐ YES If yes, a "Letter of Approval" is required from the NMDOT District Engineer.

Will the project impact known environmental and/or cultural resources?

☒ NO ☐ YES If yes, please clarify _____

Is this project tied to any past or future federal funding?

☒ NO ☐ YES If yes, please identify _____

☐ NO ☒ YES Does the Local Entity intend to apply for Match Waiver Funding?

Project Phases to be included in request (Check all that apply):

☐ *PLANNING*

☐ *PRELIMINARY ENGINEERING/DESIGN*

☒ *CONSTRUCTION*

☒ *CONSTRUCTION MANAGEMENT & TESTING*

☐ *RIGHT OF WAY ACQUISITION**

* Projects that are for ROW acquisition will need to follow NMDOT ROW acquisition requirements if the entity intends to utilize federal funding in any subsequent project phase.

PROJECT COSTS:

| Column A (Not Phased) | | | Column B (Phased) |
|---|-------------|-----------------------|---|
| If project is <u>not</u> phased, complete column A only. | | | Total Phases No. (1, 2, 3, I, II, III, etc.): 3 |
| If project is phased, list the amount of funding being currently requested in Column A and complete Column B. | | | The amount below represents the cost of the entire project and will be greater than Column A. |
| | | | Total Project Cost: \$3,263,687.25 |
| Percentage Estimates: | | | Phased projects are usually large and divided into parts or phases. Please clarify how the requested project funding relates to the total overall project. Identify future phases and estimated costs. Phase 2 Construction, Construction Management and Testing |
| Total Local Match | 5% | \$146,097.71 | |
| Total State Share | 95% | \$2,775,856.61 | |
| Total cost | 100% | \$2,921,954.32 | |

T/LPA REVIEW:

| | | | | |
|-------------------------------|-------|--------------|------------------------------|-----------------------------|
| By: | Date: | Recommended: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NMDOT DISTRICT REVIEW: | | | | |
| By: | Date: | Recommended: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NMDOT District comments.NMDOT Environmental Bureau comments.

Topics to discuss during all PFF meetings:

- Is this project included in any other planning documents? (Comprehensive Plan, ICIP, etc.)
- Does the T/LPA have the minimum match required for the project? If not, does the T/LPA intend to apply for a match waiver?
- Does the T/LPA have a good track record for responsible use/tracking of state funds? Have they met closeout deadlines? Have they successfully completed other state funded projects in a timely manner?
- Has the T/LPA had any issues with design/construction in the past?
- Does the T/LPA have major audit findings that would prevent them from being a responsible fiscal agent?

Additional topics to discuss during PFF meetings ONLY if project is on or intersects with an NMDOT or NHS route:

- Is the Tribal/Local Public Agency (T/LPA) familiar with the NMDOT T/LPA Handbook? Has the person in responsible charge attended one of the T/LPA Handbook trainings?
- Is the project within NMDOT ROW? If so, does the district support the project?
 - Are agreements necessary for maintenance and operations? (Lighting agreements, landscaping, etc.)
- The T/LPA must follow the NMDOT specifications as outlined in the "Specs for Highway and Bridge Construction" unless the appropriate NMDOT Design Center grants permission prior to design for the T/LPA to use other specs.

**TRANSPORTATION PROJECT FUND
PROJECT FEASIBILITY FORM (PFF)**
MPO/RTPO: NERTPO

GENERAL INFORMATION

Preparation Date: March 5, 2024

Project Title: QR - AR (PHASE 1)

Requesting T/LPA: Quay County
(Applicant)

Is there an approved Governing Body resolution for this application

☐ YES ☒ NO ☐ PENDING If pending, date expected _____

Responsible Charge

Name: Daniel Zamora

Phone: 575-461-2112

Title: County Manager

Email: daniel.zamora@quaycounty-nm.gov

PROJECT DESCRIPTION

Project Type (Check all that apply):

☐ ROADWAY ☐ BRIDGE ☐ SAFETY ☒ PLANNING/DESIGN ☐ OTHER

If you chose "OTHER" please clarify here: _____

Project Scope: Quay Road AR (Blocks 6450-6720) PHASE 1 Planning, Preliminary Engineering, Design, which will consist of Pavement Design, TOPO Survey and Environmental Clearance.

Is the request to address a bridge on the NMDOT's Local Bridge Priority List for Replacement/Rehabilitation?
☒ NO ☐ YES If yes, please indicate bridge #: _____

Is the request to continue or advance a phase of a previous project?
☒ NO ☐ YES If yes, please indicate funding sources and scope of previous phase below.

Funding Source: _____

Previous Phase Project Scope: _____

Completion Date of Previous Phase: _____

Current Phase being requested: _____

Project Location

Route Number and/or Street Name: QR - AR

Project Termini:

Beginning Mile point and/or intersection: Block 6450

Ending Mile point and/or intersection: Block 6720

Total length of proposed project: 14,256 Linear feet 2.70 miles

NOTE: A local government project that is located in full or in part within a department right-of-way or NHS route must be administered in accordance with the "Tribal/Local Public Agency Handbook".

A local government project that ties into, connects or crosses a department right-of-way or an NHS route, or when the project may have an effect on existing improvements within department rights-of-way, requires the approval of the department.

Is the project located in full or in part within a department right-of-way or NHS route?

☒ NO ☐ YES If yes, the project must be administered in accordance with the Tribal/Local Public Agency Handbook and follow all requirements and procedures.

Does the project tie into, connect or cross a department right-of-way or an NHS route, or will the project have an effect on existing improvements within a NMDOT right-of-way? "Letter of Approval" from the NMDOT District Engineer?

☒ NO ☐ YES If yes, a "Letter of Approval" is required from the NMDOT District Engineer.

Will the project impact known environmental and/or cultural resources?

☒ NO ☐ YES If yes, please clarify _____

Is this project tied to any past or future federal funding?

☒ NO ☐ YES If yes, please identify _____

☐ NO ☒ YES Does the Local Entity intend to apply for Match Waiver Funding?

Project Phases to be included in request (Check all that apply):

☒ **PLANNING**

☒ **PRELIMINARY ENGINEERING/DESIGN**

☐ **CONSTRUCTION**

☐ **CONSTRUCTION MANAGEMENT & TESTING**

☐ **RIGHT OF WAY ACQUISITION***

* Projects that are for ROW acquisition will need to follow NMDOT ROW acquisition requirements if the entity intends to utilize federal funding in any subsequent project phase.

PROJECT COSTS:

| Column A (Not Phased) | | | Column B (Phased) |
|---|-------------|----------------------|---|
| If project is <u>not</u> phased, complete column A only. | | | Total Phases No. (1, 2, 3, I, II, III, etc.): 2 |
| If project is phased, list the amount of funding being currently requested in Column A and complete Column B. | | | The amount below represents the cost of the entire project and will be greater than Column A. |
| | | | Total Project Cost: \$3,765,648.69 |
| Percentage Estimates: | | | Phased projects are usually large and divided into parts or phases. Please clarify how the requested project funding relates to the total overall project. Identify future phases and estimated costs. PHASE 1 is the overall for Planning, Preliminary Engineering, Design. Phase 2 will include Construction, Construction Management & Testing. Phase 2 will cost \$3,420,972.54 |
| Total Local Match | 5% | \$ 16,413.15 | |
| Total State Share | 95% | \$ 328,263.00 | |
| Total cost | 100% | \$ 344,676.15 | |

T/LPA REVIEW:

| | | | | |
|-------------------------------|-------|--------------|------------------------------|-----------------------------|
| By: | Date: | Recommended: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| NMDOT DISTRICT REVIEW: | | | | |
| By: | Date: | Recommended: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NMDOT District comments.NMDOT Environmental Bureau comments.

Topics to discuss during all PFF meetings:

- Is this project included in any other planning documents? (Comprehensive Plan, ICIP, etc.)
- Does the T/LPA have the minimum match required for the project? If not, does the T/LPA intend to apply for a match waiver?
- Does the T/LPA have a good track record for responsible use/tracking of state funds? Have they met closeout deadlines? Have they successfully completed other state funded projects in a timely manner?
- Has the T/LPA had any issues with design/construction in the past?
- Does the T/LPA have major audit findings that would prevent them from being a responsible fiscal agent?

Additional topics to discuss during PFF meetings ONLY if project is on or intersects with an NMDOT or NHS route:

- Is the Tribal/Local Public Agency (T/LPA) familiar with the NMDOT T/LPA Handbook? Has the person in responsible charge attended one of the T/LPA Handbook trainings?
- Is the project within NMDOT ROW? If so, does the district support the project?
 - Are agreements necessary for maintenance and operations? (Lighting agreements, landscaping, etc.)
- The T/LPA must follow the NMDOT specifications as outlined in the "Specs for Highway and Bridge Construction" unless the appropriate NMDOT Design Center grants permission prior to design for the T/LPA to use other specs.

| DATE/24 | NAME | ROAD BLADED | BLOCKS | MILES |
|---------|---------|------------------|--------------|--------------|
| 2/1/24 | DONALD | QUAY ROAD 65 | 3250-3300 | 0.50 |
| | DONALD | QUAY ROAD AH | 6500-6750 | 2.50 |
| | CREW | QUAY ROAD AH | | |
| 2/5/24 | DONALD | QUAY ROAD 63 | 2650-2700 | 0.50 |
| | DONALD | QUAY ROAD AC | 6300-6392 | 0.92 |
| | DONALD | NORTH ROCKISLAND | 1200-3030 | 1.00 |
| 2/6/24 | DONALD | QUAY ROAD T | 7100-7400 | 3.00 |
| | DONALD | QUAY ROAD 71 | 1700-1900 | 2.00 |
| | CREW | QUAY ROAD AO | | |
| 2/8/24 | TONY | QUAY ROAD E | 8300-8550 | 2.50 |
| | TONY | QUAY ROAD E | 8750-8850 | 1.50 |
| 2/12/24 | ANTONIO | QUAY ROAD 63 | 4200-4400 | 2.00 |
| 2/13/24 | DONALD | QUAY ROAD H | 6600-7000 | 4.00 |
| | DONALD | QUAY ROAD 70 | 0700-0800 | 1.00 |
| | DONALD | QUAY ROAD 69 | 0700-0800 | 1.00 |
| | DONALD | QUAY ROAD G | 6900-7000 | 1.00 |
| 2/14/24 | TONY | QUAY ROAD 66 | | |
| | TONY | QUAY ROAD E | 6600-7300 | 7.00 |
| 2/20/24 | DONALD | QUAY ROAD 69 | 0500-0700 | 2.00 |
| | DONALD | QUAY ROAD 66 | 0300-0500 | 2.00 |
| | DONALD | QUAY ROAD F | 5950-6050 | 1.00 |
| | DONALD | QUAY ROAD G | 5900-6000 | 1.00 |
| | DONALD | QUAY ROAD M | 5800-5900 | 1.00 |
| | ANTONIO | QUAY ROAD AL.4 | 5400-5450 | 0.50 |
| | ANTONIO | QUAY ROAD 63.4 | 3630-3698 | 0.76 |
| | ANTONIO | QUAY ROAD 63.2 | 3675-3698 | 0.20 |
| | ANTONIO | QUAY ROAD 63.8 | 4050-4075 | 0.25 |
| | ANTONIO | QUAY ROAD AK.4 | 6350-6375 | 0.22 |
| | ANTONIO | QUAY ROAD AK.4 | 5400-5800 | 4.00 |
| 2/21/24 | TONY | QUAY ROAD M | 5350-5800 | 4.50 |
| 2/22/24 | TONY | QUAY ROAD M | 5200-5350 | 1.50 |
| | TONY | QUAY ROAD L | 5000-5180 | 1.80 |
| | CREW | QUAY ROAD 33/AX | | |
| 2/27/24 | DONALD | QUAY ROAD 36 | 3500-4500 | 8.00 |
| 2/27/24 | DONALD | QUAY ROAD 49 | 2000-2200 | 2.00 |
| | | | | |
| | | | TOTAL | 61.15 |



New Mexico
**Department of Finance
and Administration**

1000 California, NE
Albuquerque, NM 87102-5000

505-476-6000
505-476-6001
505-476-6002

www.nmdfa.state.nm.us
www.nm.gov

TO: Chief Law Enforcement Officers
Jason R. Bowie, Cabinet Secretary, Department of Public Safety
Sonya K. Chavez, Director, NM Law Enforcement Academy^{DS}

FROM: Wesley Billingsley, Director Local Government Division

WB

DATE: February 23, 2024

RE: FY25 Law Enforcement Protection Fund (LEPF) Application

We are pleased to announce that the application for the FY25 Law Enforcement Protection Fund (LEPF) Distribution is now available on our website at: <https://www.nmdfa.state.nm.us/local-government/budget-finance-bureau/law-enforcement-protection-fund/>. The application instructions and supporting forms that will need to be uploaded to the online application are on the website and attached to this email. The application must be completed and submitted **no later than March 31, 2024**. Incomplete applications or applications submitted after the deadline may be denied.

There are three essential components in the submission of the online application:

- 1) Each section in the application must be completed;
- 2) The Mayor, County Commission Chair, School Superintendent, University Chief Financial Officer **AND** the police chief or sheriff – not their designees – **must** sign the Certification Form to be uploaded with the application; and
- 3) The official roster from the Acadis portal must be uploaded with the application and must include the names of each full-time certified police officer being claimed for this funding.

To be eligible for the \$1,500 award the officer must be certified by July 1, 2024. To be eligible for officer funding, their name must appear on the March 31, 2024 Acadis roster or the officer must be enrolled in the New Mexico Police Academy with an anticipated graduation date on or prior to July 1, 2024. It is imperative to verify the Acadis roster to ensure it is up to date, accurate and uploaded with the online application. The Department of Public Safety (DPS) will assist in the verification of certified officers. For registry reporting requirements, see Section 10.29.9.10 of the New Mexico Administrative Code (NMAC).

If you have any questions or need assistance, contact Anthony Apodaca, Program Manager at 505-412-8508 or by email at Anthony.apodaca1@dfa.nm.gov or Julie Fernandez, Bureau Chief at 505-629-2845 or by email at Julie.krupcale@dfa.nm.gov.

[REDACTED]

\$95,000 (Expected amount)

| | |
|---|-----------------|
| 1 Trailer (range/ops trailer)..... | \$25,000 |
| 2 Vehicle Builds (25,000)..... | \$50,000 |
| Safety Equipment (computers, bodycams)..... | \$20,000 |
| Total expected to use..... | \$95,000 |

[REDACTED]

\$95,000 (Expected amount)

| | |
|-----------------------------------|-----------------|
| 1 Vehicle (50,000) | \$50,000 |
| 1 Vehicle Build (25,000)..... | \$25,000 |
| Officer Training..... | \$5,000 |
| Range/Ops trailer equipment..... | \$15,000 |
| Total expected to use..... | \$95,000 |

[REDACTED]

\$105,500 (Expected amount)

| | |
|--|------------------|
| Safety Equipment (New Duty Guns & ammo)..... | \$30,500 |
| 1 Vehicle Build (20,000)..... | \$25,000 |
| Officer Training..... | \$20,000 |
| Uniforms (vests, shirts, pants)..... | \$30,000 |
| Total expected to use..... | \$105,500 |

NEW MEXICO DEPARTMENT OF FINANCE AND ADMINISTRATION

LOCAL GOVERNMENT DIVISION

County/Municipality/School District/University


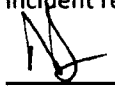
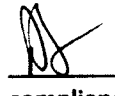
Application for Law Enforcement Protection Funds (LEPF)

For Fiscal Year July 1, 2024 – June 30, 2025

Name of Local Entity Applying for LEPF: _____

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:** Each certified police officer shall provide proof of completing in-service law enforcement training requirements to the officer's law enforcement agency and the executive director no later than March 1 of the year in which the requirements must be met. The executive 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 or failure to report completion to the board may be grounds for suspension of a police officer's certification and may result in the state withholding the law enforcement agency's law enforcement protection fund distribution. 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.
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: [Signature] Date: 3-11-24

Printed Name: Dennis Garcia Title: Sheriff

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

Signature: [Signature] Date: 3-11-2024

Printed Name: Robert Lopez Title: Chairman



STATE OF NEW MEXICO

MAGGIE TOULOUSE OLIVER

SECRETARY OF STATE

COUNTY SECURITY SUBGRANT APPLICATION

COUNTY INFORMATION

COUNTY NAME: QUAY

COMPLETED BY: DANIEL ZAMORA, COUNTY MANAGER

DATE: MARCH 5, 2024

COUNTY FUNDING GROUPS

GROUP [1] – County would receive a maximum of **\$50,000**.

Eligible Counties: Bernalillo, Chaves, Cibola, Colfax, Curry, Dona Ana, Eddy, Grant, Lea, Lincoln, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Taos, Torrance, Valencia.

GROUP [2] – County would receive a maximum of **\$60,000**.

Counties: Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, Socorro, Union.

I. PROPOSED PROJECTS

According to the above county classification schedule, please describe your county's proposed project or projects below. A list of suggested projects is attached to this sub-grant application in Appendix A; however, this list is not exclusive. Within your description, please include your plan and timeline for implementation and how each project will improve physical or cyber security infrastructure for an election and a proposed detailed budget for the project.



STATE OF NEW MEXICO

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SECRETARY OF STATE

1. **Project Name:** ALBERT SENSOR PACKAGE

Estimated Cost: \$ 40,000.00

Project Description:

IMPLEMENTATION OF ALBERT SENSOR PACKAGE TO INCLUDE INSTALLATION,
HARDWARE, IMAGES, AND ONE YEAR OF ONGOING ISAC SUPPORT.



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2. Project Name: COUNTY FACILITY IMPROVEMENTS

Estimated Cost: \$ 20,000.00

Project Description:

ONSITE IT SUPPORT SERVICES CONTRACT TO SUPPLEMENT CURRENT REMOTE MANAGED IT SERVICES CONTRACT.



STATE OF NEW MEXICO

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SECRETARY OF STATE

II. TECHNOLOGY AND SUPPORT

1. Do any of the proposed projects require ongoing subscription-based costs beyond the period of the subgrant?

Y. ☒ N. ☐

2. Does the County currently have Albert Sensors installed?

Y. ☐ N. ☒

3. Describe the County's plan to sustain this project or any subscription-based costs beyond the period of this sub-grant:

QUAY COUNTY WILL BUDGET TO SUSTAIN ONGOING ISAC SUPPORT AND ONSITE IT SUPPORT IF FUNDING THROUGH COUNTY SECURITY SUBGRANT IS NO LONGER AVAILABLE

SIGNED:

COUNTY CLERK:

Ellen L White

Thank you for completing this application. Please return the completed application to sos.finance@sos.nm.gov.

The Secretary of State believes that providing subgrants to each county is the most effective funding mechanism to improve election infrastructure security at the county level. Full participation from all thirty-three counties will have a significant impact on securing New Mexico's election infrastructure and further benefit the voters we serve.

The Office is available for any additional information or clarification you may require.

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 OR (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.NM.GOV



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
 SECRETARY OF STATE

APPENDIX A

| GOAL | DESCRIPTION | SUGGESTED ITEMS | ESTIMATED COST |
|------------------------------|--|---|---|
| End User Hardware Upgrade | <i>The upgrade of all laptops involved in Election Data processing with the primary intent being the <u>replacement of all Windows 7 hardware at a minimum.</u></i> | Desktop/Laptop PCs | ~\$2,000/device |
| | | Windows 11 Annual License | ~\$300/device |
| | | Data Migration Services | ~\$200/hour |
| Albert Sensor Package | Implementation of Albert Sensor Package to include installation, hardware, images, and one year of ongoing ISAC support. | Albert Sensor Package <i>(including 1 year of support)</i> | ~\$40,000 <i>(first year)</i> |
| | | ISAC Ongoing Support | ~\$10,000/year |
| Warehouse Rentals/Upgrade | Providing warehouse space capacity to comply with tabulator storage requirements and improvements to current warehouse facilities using various intrusion detection system(s) (IDS) as needed. | Alarm System | ~\$2,000/year |
| | | CCTV System <i>(Cameras, Gateways & Monitoring)</i> | ~\$2,000/camera <i>(plus monitoring/support)</i> |
| | | External/Internal Lighting | ~\$300/fixture |
| | | BioMetric/Coded Door Locks | ~\$1,000/device |
| | | HVAC System/Improvements | ~\$4,000 |
| | | Security Monitoring Software Dashboard | <i>Varied</i> |
| County Facility Improvements | Intended to supplement IT infrastructure and physical security improvements for County Facilities. | Safe for External Hard Drives | ~\$500 |
| | | IT Managed Services | ~\$200/hour |
| | | Training/Support Services | ~\$150/hour |
| | | Additlons to Incumbent IT/Security Services | ~\$200/hour |

Table 1. Schedule of Example Expenditure Items.

**QUAY COUNTY
FISCAL YEAR 2023-2024
RESOLUTION No. 33**

Authorization of Budgetary Increase to – **General Operating Fund , Election (661)**

WHEREAS, at meeting of the Board of Quay County Commissioners on March 11, 2024 the following was among the proceedings;

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


**State Fund 11000
Budgetary Increase**

| | <u>DEBIT</u> | <u>CREDIT</u> |
|---|---------------------|----------------------|
| 11000-0001-47398 Other State Distributions | | \$22,500 |
| 11000-2007-57040 Election Costs | \$22,500 | |

WHEREAS, the above activity was not contemplated at the time the final budget was adopted and approved **Secretary of State Agreement for all Election Costs**

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

DONE at Tucumcari, County of Quay, New Mexico this 11th day of March, 2024.


Robert Lopez, Commissioner


Jerri Rush, Commissioner


Brian Fortner, Commissioner

ATTEST:


Ellen White, County Clerk

