

**CHAVES COUNTY BOARD OF COMMISSIONERS  
REGULAR BUSINESS MEETING AGENDA**

**December 21, 2017 –9:00 a.m.**

**Chaves County Administrative Center – Joseph R. Skeen Building  
Commission Chambers - #1 St. Mary's Place**

**CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**DETERMINATION OF QUORUM**

**APPROVAL OF MINUTES**

**PRESENTATIONS: EMPLOYEE LONGEVITY PINS**

**EMPLOYEE RETIREMENT PLAQUES**

**AGENDA ITEMS**

**A. PUBLIC HEARINGS**

1. Case Z 2017-18 & Case Z 2017-19 Variances in Area II, Zone A, Residential
2. Case Z 2017-21 Special Use Permit in Area II, Zone A, Residential-Agricultural

**B. AGREEMENTS AND RESOLUTIONS**

3. Amendment No. 1 to Agreement A-05-015 between the City of Roswell and Chaves County Joint Powers Agreement Establishing PVRCC
4. Amendment No. 2 to Agreement A-14-032 between Chaves County and La Casa de Buena Salud to Provide Indigent Residents with Primary Health Care, Preventative and Education Services
5. Amendment No. 1 to Agreement A-17-022 between the United States Department of agriculture (USDA), Animal Plant Health Inspection Service (APHIS), Wildlife Services (WS) and Chaves County for a Cooperative Wildlife Services Program
6. Agreement A-17-032 between the Gas Company of New Mexico and Chaves County granting an easement
7. Agreement A-17-033 between Chaves County and F&H Investments, LLC for Lease of Building Located at 110 E. Mescalero Rd.

8. Resolution R-17-045 Adopting Required Community Development Block Grant Policies and Certification for the Tobosa Building Addition Project
9. Resolution R-17-046 Final Disposition for 2017 Road Maintenance Application #1
10. Resolution R-17-048 Supporting the Formation of a Regional Airport Authority
11. Resolution R-17-049 Deletion of Property & Proposed Disposition

### **C. OTHER BUSINESS**

12. Approve Job Specification for Flood Control Administrator
13. Appoint a Member to the Southeastern New Mexico Economic Development District/Council of Governments Board
14. Termination of Lease Agreement A-08-002 between Chaves County and SOY Mariachi Inc. for Building Located at 1120 S. Grand
15. Permission to Publish to Amend Ordinance O-060 Revision No. 2- To Adopt the 2017 New Mexico Electrical Code
16. Approve the 2018 Chaves County Annual Road Hearing Schedule
17. Requesting Approval for the 2018 Annual EMS Fund Act Applications and Service Reports on behalf of the Berrendo, Midway, and Sierra Volunteer Fire Departments

### **APPROVAL OF CHECKS**

### **APPROVAL OF REPORTS**

### **UNSCHEDULED COMMUNICATIONS LIMITED TO THREE MINUTES PER VISITOR, AND SHALL NOT EXCEED A TOTAL OF 15 MINUTES NO FORMAL ACTION TAKEN BY COMMISSION**

- **COUNTY MANAGERS' COMMUNICATIONS**
- **COMMISSIONER'S COMMUNICATIONS**
- **SIGNATURE OF DOCUMENTS**
- **ADJOURNMENT**

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If you are an individual with a disability who is in need of a reader, qualified sign language interpreter, or any form of auxiliary aid or service to attend or participate in the hearing of a meeting, please contact the County Commissioner's office at 575-624-6600. This should be done at least one week prior to the meeting. Public documents, including the agenda and minutes, can be provided in various accessible formats. Please contact the County Commissioner's office if a summary or other type of accessible format is needed.

AGENDA ITEM: 1  
MEETING DATE: December 21, 2017

Case Z 2017-18 & 19 Variances  
in Area II, Zone A, Residential

## STAFF SUMMARY REPORT

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**ACTION REQUESTED BY:** Planning and Zoning

**ACTION REQUESTED:** Approve a Variance to allow a parcel(s) less than five (5) acres in size in Area II and a Variance to increase the non-conforming use of three existing residences on what would become a smaller property.

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**ITEM SUMMARY:** The property is located at 55-57 Michael Court, described as Lot 2, Block 2, Burns & Burns Country Estates.

The Planning and Zoning Commission recommends approval with the stipulations and the Findings of Fact listed in the Staff Review.

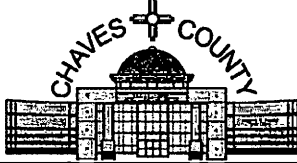
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**SUPPORT DOCUMENTS:** P&Z Draft Minutes, Vicinity Map, Staff Review, Applications, Site Plan, Aerial Photo

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**SUMMARY BY:** Marlin J. Johnson

**TITLE:** Planning and Zoning Director

Chaves County Planning & Zoning Commission	Chaves County	
Hearing Date: December 5, 2017	<i>Meeting Minutes</i>	Created By: Julia A. Torres

**Members Present:**

Melodi Salas  
Dale Rogers  
Jerry Wagner

**Guests:**

Rosendo Dimas  
Claudia Olivas  
Yolanda Martinez  
Nancy Tadic

**Members Absent:**

Andy Morley  
Robbie White

**Staff Present:**

Marlin Johnson  
Mary Rogers  
Julia A. Torres

The Regular Meeting of the Chaves County Planning & Zoning Commission was held in the Commission Chambers at the Chaves County Administrative Center on December 5, 2017 beginning at 5:30PM.

**Minutes**

The minutes of the November 7, 2017 meeting were approved unanimously as submitted.

**New Business**

**1. Z 2017-17**

*Request for a Special Use Permit to allow temporary parking of a mobile home on property described as Tract 1B Balderrama Partition Survey (S23-13), parcel #413605415228234, address being 6247 N. Main St., Roswell*

**Mr. Johnson** stated that the applicant had submitted a written request to withdraw this application. Case Z 2017-17 was formally withdrawn and was not heard at tonight's hearing.

**2. Z 2017-18 and Z 2017-19**

*Request for a Variance to the 5 acre minimum lot size and Request for a Variance to allow 3 existing homes on property described as Burns & Burns Country Estates Block 2 Lot 2, Parcel # 4140074052230, address being 55 & 57 Michael Court, Dexter*

**Marlin Johnson** began the Staff Report by stating that the subject property is located at 55 - 57 Michael Court in Burns & Burns Country Estates, which is located in Area II. The property is 9.50 acres in size. The

request is for a Variance to allow splitting the property which will require the creation of a parcel less than the minimum required parcel size of 5 acres in Area II. The matter that there are multiple dwellings already on the parcel will require that a second Variance be approved to allow the increased non-conforming use, as those three dwellings would now be on a smaller parcel, thereby increasing the non-conformity. The existing residences are served by one domestic well and separate septic systems.

This subdivision was created prior to the adoption of the Zoning Ordinance and the 5 acre minimum. There are three inhabited structures on the property; a three bedroom manufactured home, a two bedroom home and a one bedroom efficiency apartment. These dwellings are served by one domestic well. The request includes leaving these three dwellings on the front parcel so as to be able to put a home on a separate parcel to the rear.

The primary purpose of the 5 acre minimum is to safeguard the future water supply by protecting the recharge area of the Roswell Artesian Basin from overdevelopment. The intent of the 5 acre minimum is to lessen the number of domestic wells and septic systems and to lessen the surface runoff that can come with overdevelopment.

Splitting this property would create two parcels of 4.75 acres each, or one of 5 acres and the other 4.50 acres. Whether these parcel sizes meet the spirit and intent of the regulations is the question if this variance may be considered favorably.

The New Mexico Environment Department allows homes with domestic wells and conventional septic systems on 0.75 acre parcels and on even smaller parcels with "split flow" septic systems. This office would not support such density regardless of the County minimum, but notes this to show that the proposed parcels are significantly larger than State requirements.

The Planning Office believes approving this variance request and allowing this split supports good planning as there is a maintained road and some utility infrastructure already in place. Creating a 5.0 acre parcel elsewhere can increase sprawl and require access on roads that are not maintained, which can also add to emergency response concerns. Plus, any need for additional roadway elsewhere increases surface runoff. Balancing density with larger parcels for our environmental concerns with the less efficient use of land area by requiring larger parcels is a typical planning dilemma.

Another argument in general, and in particular for the subject property, is whether the road right-of-way adjacent to parcels should count towards the intent of the 5 acre minimum. In this instance, the additional right-of-way that this property abuts is 0.63 acres. When considering the rationales for the minimum lot size, existing right-of-way adjacent to the subject parcels may be reasonably considered in the overall density as water wells and septic systems may not be located therein. Approval of this variance would in effect allow a total of two parcels on 10.13 acres of land.

There were no concerns raised by County Departments. The general consensus from the emergency responders and the Road Department is that creating new parcels on maintained roads is preferable to development on non-maintained access roads. There were no objections received from the public at the time of this report.

A similar request for a Variance has been approved in Burns & Burns Country Estates. At that time it was noted that this subdivision has numerous lots that are more than nine (9), but less than ten (10) acres in size and that approval of that variance could set a precedent for other lot splits. From a planning perspective, Staff does not have a problem with that per the reasons noted above. The concept of 5 acres is a more useful tool as a guide than as an absolute rule.

Staff is wholly supportive of the Variance to create two parcels in this situation, but on the fence about the technicality of increasing the non-conformity. There is no apparent harm to allowing this second Variance, except for the technicality of the increased non-conformity. All homes are inhabited by

members of the applicants' immediate family. Approval could include conditions that limit further increase of the non-conforming situation. For instance, expanding any of the existing dwellings would be a more obvious and relevant increase of the non-conforming use.

Staff recommends approval of the Variance request to allow a parcel less than five (5) acres in size, and of the Variance to allow the non-conformity of the three existing residences to remain, with the following stipulations:

- 1.) That the minimum parcel size be 4.50 acres;
- 2.) That none of the existing residences may be expanded without an approved Variance;
- 3.) That only immediate family members inhabit the homes and that they may not be rented otherwise;
- 4.) That all State Engineer and NM Environment Department regulations that apply to the use be complied with (Staff notifies the State Engineer's Office and the Pecos Valley Artesian Conservancy District when these situations are approved so that they may enforce any requirements regarding installing a meter on the shared domestic well.); and
- 5.) That this approval be subject to filing of a plat within twelve (12) months of approval;

**Findings of Fact** could include: the granting of this variance will not be injurious to the public health, safety, morals and general welfare of the community; the use or value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner; the condition is peculiar as these parcels were created prior to adoption of the five (5) acre minimum; the five (5) acre minimum is a round number chosen to address water concerns and the additional roadway area adjacent to the subject property exceeds the minor discrepancy in private property acreage; development density is linked closely to the number of wells; the variance is within the spirit, intent, purpose and general plan of the Ordinance; Staff notes that this represents good planning as infrastructure exists and sprawl may be lessened; the concept of five (5) acre minimum parcels may be more useful as a guide than as an absolute rule; the homes are existing and there will be no expansion of these homes; the situation is peculiar as the three dwellings are grandfathered; there have been no objections from the public; the existing homes will continue to be served by only one domestic well;

If the Variance is denied:

**Findings of Fact** could include: there is no apparent hardship; the request does not match the spirit, intent, purpose and general plan of the Ordinance;

**Chair Rogers** asked if there was anyone wishing to speak for the application.

**Rosendo Dimas** introduced himself as the applicant and stated that members of his family live in existing homes. He and his wife would like to place a mobile home in the posterior lot.

**Chair Rogers** asked if there was anyone wishing to speak against the application. Nobody spoke against the application.

*Commissioner Wagner made a motion to recommend approval of Case Z 2017-18 and Z 2017-19 as submitted including the Conditions of Approval and Findings of Fact. Commissioner Salas seconded the motion. Motion carried by a 3-0 vote. These cases are scheduled to be heard by the Chaves County Board of Commission on December 21, 2017 at 9AM*

### **3. Case Z 2017-20**

*Request for a Variance to the front yard setback on property described as S3 T12S R25E Lot 4 S980' N1015' E330' W495' m/l SW4SW4 S250' N265' E330' W495' m/l, parcel # 4142068033068, address being 3768 E. Crossroads, Roswell*

**Marlin Johnson** began the Staff Report by stating that the subject property is located at 3768 East Crossroads. The request is for a Variance to the front yard setback to allow a covered entryway to be constructed within 28 feet of the front property line versus the required 50 feet. The East Crossroads right-of-way is approximately 53 feet in width.

Part of the intent of the setback from roads is to maintain adequate space for future expansion of road and utility corridors. However, in this stretch of road there are numerous structures located less than 50 feet from the front property lines along East Crossroads, including several that are closer than the structure in question.

There were no concerns raised by County Departments or by the NM Department of Transportation. There were no objections received from the public at the time of this report.

Staff cannot typically support a Variance that is not a hardship. Please refer to Section 5.H.10. However, Staff believes that there are factors that override a strict interpretation of the regulations in this area. About a third of the properties along this stretch of East Crossroads have structures that are located closer than 50 feet to the front property line, including several that are closer than 28 feet. In addition, the structure is an open breezeway with no walls and was built there to provide some protection from the elements at the front door. It seems unlikely that this road will be widened due to its location, the preponderance of structures relatively close to the road and the lack of critical comment from NMDOT.

However, this property continues to be in violation with the unapproved trucking operation. In January of this year the Board of Commissioners denied the request to rezone to Industrial for said use, giving the applicant six additional months to move the operation. This did not happen. There is some over the road trucking equipment on the property nearly every time Staff views it and recently, there were nine tractor trailer rigs on the property. Neighbors have noted that some days trucks with the company logo are passing their property at 5:00AM. We have been patient about this situation as the applicant did purchase property that was zoned Industrial for this use, but he has stated he has no intentions to move there at this time.

Because of the continued violations on this property, including that this is the second structure built on this property without an approved Building Permit in the last three years, Staff recommends denial of the Variance;

Findings of fact could include: the property is not in compliance with the Zoning Ordinance and the formal decisions of the Chaves County Board of Commissioners; the applicant has not demonstrated an exceptional hardship

**Chair Rogers** asked if there was anyone wishing to speak in favor of the application.

**Claudia Olivas** introduced herself as the applicant's daughter. The family was not aware they needed a permit for the porch. They are willing to apply for the permit or if they have to, they will take down the porch.

**Commissioner Salas** asked why the family hasn't complied with what was required in the past.

**Ms. Olivas** stated that his father was looking for other locations to move his trucking operation. Her understanding was that they were here tonight to discuss the porch issue.

**Mr. Johnson** responded that all the issues surrounding the property is relevant to tonight's hearing.

**Commissioner Salas** asked **Mr. Johnson** to confirm that the applicant had no intention of moving his trucking operation to the property that he acquired that is zoned for that purpose. **Mr. Johnson** confirmed this statement based on recent conversations that he had with the applicant.

**Commissioner Wagner** asked if this was a covered porch.

**Ms. Olivas** stated that it was. She was not aware of what her dad's plans were regarding the trucking operation and was told that she was here to discuss the porch.

**Mr. Johnson** gave an option to Continue the Case for next month. The County Attorney had sent a letter to the property owner regarding the possibility of legal action regarding the existing trucking operation on the subject property.

**Chair Rogers** asked if there was anyone wishing to speak against the application. Nobody spoke against the application.

*Commissioner Salas made a motion to Continue Case Z 2017-20 until the next meeting. Commissioner Wagner seconded the motion. Motion carried by a 3-0 vote. This case will not be heard by the Chaves County Board of Commission on December 21, 2017.*

**4. Case Z 2017-21**

*Request for a Special Use Permit to allow parking of trucks on property described as Parcel 4 S29 T14S R25E part of NW4 (aka parcel 4 on S16-78), address being 138 Sagebrush Valley Rd. Hagerman*

**Marlin Johnson** began the Staff Report by stating that the subject property is on the south side of Sagebrush Valley Road between the 170 and 182 addresses. It is 10 acres in size. There are numerous residences on medium size parcels in this area. The applicant purchased this property to park their trucks on and is now seeking approval for a Special Use Permit to allow such use per the letter of application.

A rezone to Industrial District does not match the Comprehensive Plan nor the abundance of established residential use in the area. No objections have been received from County Departments. However, NMDOT has noted that if an access is to change usage the owner needs to update his or her access status.

There has been objection from nearby landowners. Their primary concerns include noise, including the early morning hours and weekends, and general concerns that this is a residential area, not an industrial area.

Of particular aggravation and relevant to this request is the unapproved trucking operation at 164 Sagebrush Valley Road. This office has been working to bring that property into compliance for a couple years to no avail. That property also has two unpermitted manufactured homes on the property. The owners refuse to respond to our letters and to a letter from the County Attorney. We have asked the NM Department of Transportation to assist us in this situation as they also have never applied for an access permit from them. They are considering barricading the access to some degree. The matter is now in the hands of the County Attorney to take appropriate legal action.

It is possible for this type of use to fit a given neighborhood as trucking operations are not uncommon in some areas of the county. It is also possible that conditions that might be acceptable for the business operation might not be compatible with conditions that might be acceptable to the neighborhood and/or the County. Due to the existing unresolved situation, that seems unlikely.

The applicant has been advised to consider finding property that is zoned appropriately for this type of operation. They were informed that we could not support this request, except for the possibility of obtaining a temporary approval to give them an opportunity to find a more appropriate property.

Though there have been objections received particular to this request, the matter did come to our attention from a complaint.

If this request is to be denied;

Findings of Fact could include: The Comprehensive Land Use Plan shows this area for agricultural and rural residential; the use is not compatible with the uses of the surrounding properties; there have been complaints about the use of this property and the other trucking operation from nearby landowners;

If this Special Use Permit is to be approved, conditions of approval could include:

- 1.) That approval be for a six month period, or other time frame as determined by the Board;
- 2.) That access for the trucking operation be acceptable to NMDOT;
- 3.) That a maximum of three (3) trucks be allowed to be parked/stored on the property; and
- 4.) That there be no maintenance or repair of the vehicles on the property; and

Findings of Fact could include: small trucking operations are not uncommon in this area of the county; the use will be for a limited time and give the applicant time to find other property for the business; the proposed restrictions will limit impact on neighboring properties

**Chair Rogers** asked if there was anyone wishing to speak in favor of the application.

**Yolanda Martinez**, translated by **Julia Torres**, introduced herself as the applicant and stated her address at 106 Lighthall Pl. She was there to answer any questions.

**Commissioner Wagner** asked if they live on the property. **Mrs. Martinez** indicated that they don't live on the property. At this time, there is no home on the property.

**Chair Rogers** asked if there was anyone wishing to speak against the application.

**Nancy Tadic** introduced herself and stated that her address was 170 Sagebrush Valley Rd. She presented photos and documentation to the Commission for review. There are already trucks parked at the subject property and maintenance of these trucks are already being done there. Some of her concerns were the noise level, and environmental issues including proper fluid disposal. The properties are currently zoned residential and agricultural not commercial. She would like for the application to be denied.

*Commissioner Salas made a motion to recommend denial of Case Z 2017-21 including the Findings of Fact for denial. Commissioner Wagner seconded the motion. Motion carried by a 3-0 vote. This case is scheduled to be heard by the Chaves County Board of Commission on December 21, 2017 at 9AM.*

### **Other Business**

**Mr. Johnson** stated that illegal trucking operations are a big issue at this time and that Chaves County might take legal action against some of these.

There being no other business listed on the agenda or to come before the Commission, the meeting adjourned at 5:56PM.

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 2018

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Chairman

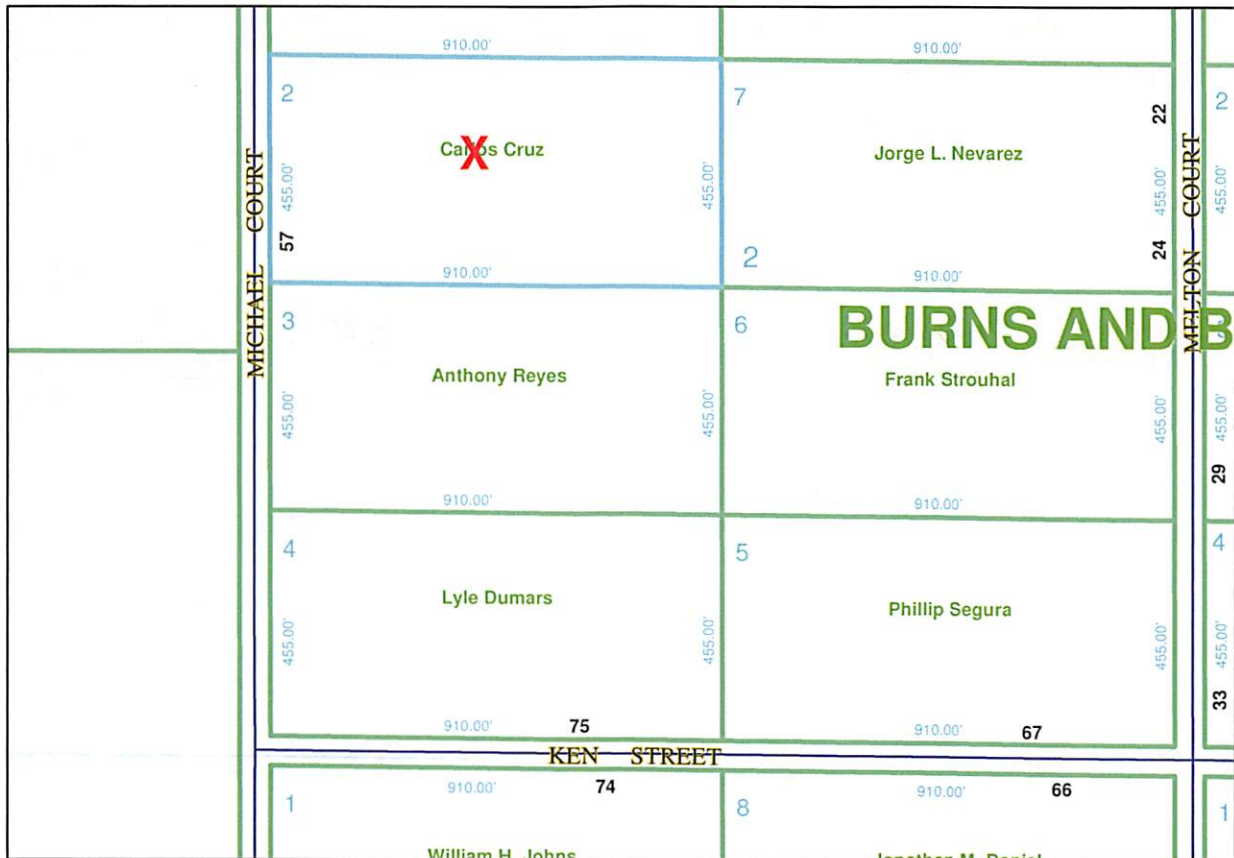
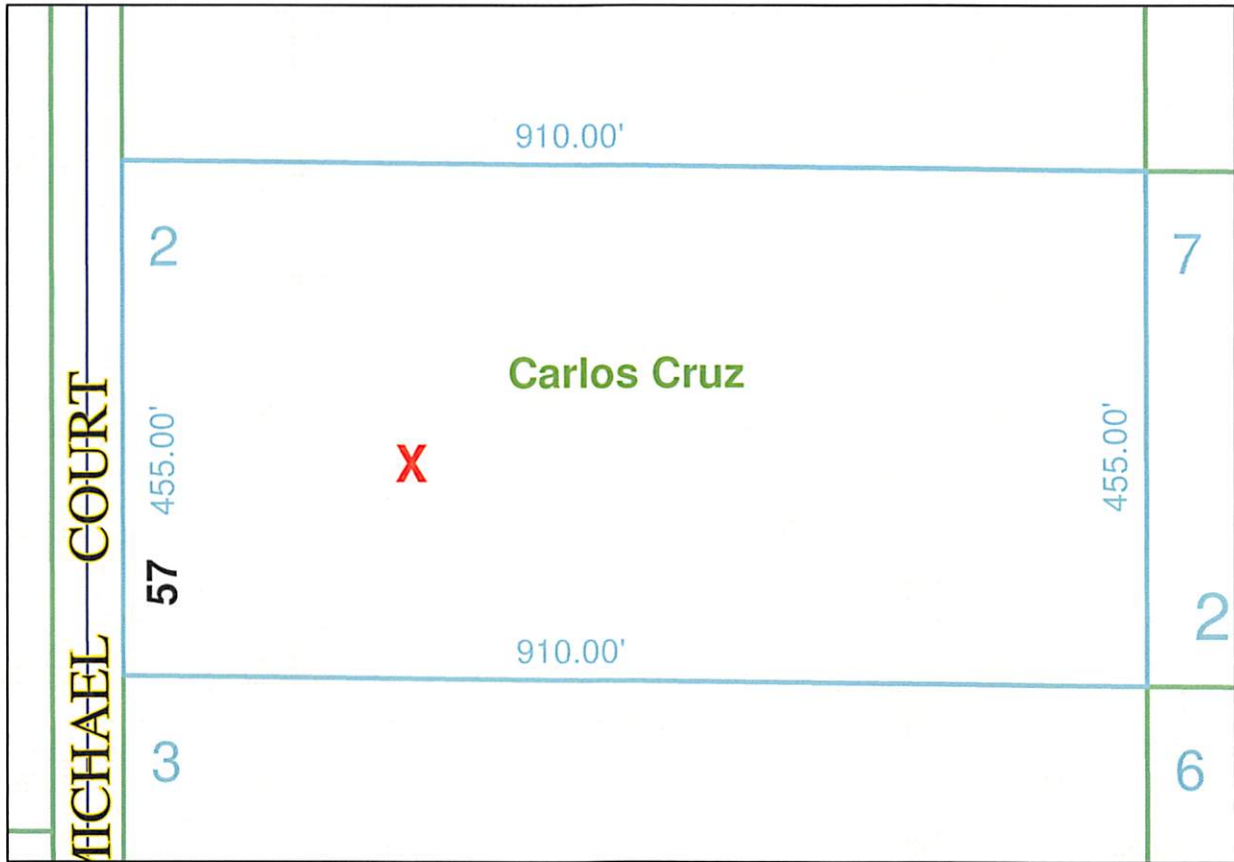
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Attest

*Note: The minutes of this meeting are on file in the Chaves County Planning and Zoning office for review, upon request.*

DRAFT

# Vicinity Map



Case Z 2017-18 and Z 2017-19  
55 & 57 Michael Ct.



## **STAFF REVIEW Z 2017-18 & 19**

The subject property is located at 55 - 57 Michael Court in Burns & Burns Country Estates, which is located in Area II. The property is 9.50 acres in size. The request is for a Variance to allow splitting the property which will require the creation of a parcel less than the minimum required parcel size of 5 acres in Area II. The matter that there are multiple dwellings already on the parcel will require that a second Variance be approved to allow the increased non-conforming use, as those three dwellings would now be on a smaller parcel, thereby increasing the non-conformity. The existing residences are served by one domestic well and separate septic systems.

This subdivision was created prior to the adoption of the Zoning Ordinance and the 5 acre minimum. There are three inhabited structures on the property; a three bedroom manufactured home, a two bedroom home and a one bedroom efficiency apartment. These dwellings are served by one domestic well. The request includes leaving these three dwellings on the front parcel so as to be able to put a home on a separate parcel to the rear.

The primary purpose of the 5 acre minimum is to safeguard the future water supply by protecting the recharge area of the Roswell Artesian Basin from overdevelopment. The intent of the 5 acre minimum is to lessen the number of domestic wells and septic systems and to lessen the surface runoff that can come with overdevelopment.

Splitting this property would create two parcels of 4.75 acres each, or one of 5 acres and the other 4.50 acres. Whether these parcel sizes meet the spirit and intent of the regulations is the question if this variance may be considered favorably.

The New Mexico Environment Department allows homes with domestic wells and conventional septic systems on 0.75 acre parcels and on even smaller parcels with "split flow" septic systems. This office would not support such density regardless of the County minimum, but notes this to show that the proposed parcels are significantly larger than State requirements.

The Planning Office believes approving this variance request and allowing this split supports good planning as there is a maintained road and some utility infrastructure already in place. Creating a 5.0 acre parcel elsewhere can increase sprawl and require access on roads that are not maintained, which can also add to emergency response concerns. Plus, any need for additional roadway elsewhere increases surface runoff. Balancing density with larger parcels for our environmental concerns with the less efficient use of land area by requiring larger parcels is a typical planning dilemma.

Another argument in general, and in particular for the subject property, is whether the road right-of-way adjacent to parcels should count towards the intent of the 5 acre minimum. In this instance, the additional right-of-way that this property abuts is 0.63 acres. When considering the rationales for the minimum lot size, existing right-of-way adjacent to the subject parcels may be reasonably considered in the overall density as water wells and septic systems may not be located therein. Approval of this variance would in effect allow a total of two parcels on 10.13 acres of land.

There were no concerns raised by County Departments. The general consensus from the emergency responders and the Road Department is that creating new parcels on maintained roads is preferable to development on non-maintained access roads. There were no objections received from the public at the time of this report.

A similar request for a Variance has been approved in Burns & Burns Country Estates. At that time it was noted that this subdivision has numerous lots that are more than nine (9), but less than ten (10) acres in size and that approval of that variance could set a precedent for other lot splits. From a planning perspective, Staff does not have a problem with that per the reasons noted above. The concept of 5 acres is a more useful tool as a guide than as an absolute rule.

Staff is wholly supportive of the Variance to create two parcels in this situation, but on the fence about the technicality of increasing the non-conformity. There is no apparent harm to allowing this second Variance, except for the technicality of the increased non-conformity. All homes are inhabited by members of the applicants' immediate family. Approval could include conditions that limit further increase of the non-conforming situation. For instance, expanding any of the existing dwellings would be a more obvious and relevant increase of the non-conforming use.

Staff recommends approval of the Variance request to allow a parcel less than five (5) acres in size, and of the Variance to allow the non-conformity of the three existing residences to remain, with the following stipulations:

- 1.) That the minimum parcel size be 4.50 acres;
- 2.) That none of the existing residences may be expanded without an approved Variance;
- 3.) That only immediate family members inhabit the homes and that they may not be rented otherwise;
- 4.) That all State Engineer and NM Environment Department regulations that apply to the use be complied with (Staff notifies the State Engineer's Office and the Pecos Valley Artesian Conservancy District when these situations are approved so that they may enforce any requirements regarding installing a meter on the shared domestic well.); and
- 5.) That this approval be subject to filing of a plat within twelve (12) months of approval;

**Findings of Fact** could include: the granting of this variance will not be injurious to the public health, safety, morals and general welfare of the community; the use or value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner; the condition is peculiar as these parcels were created prior to adoption of the five (5) acre minimum; the five (5) acre minimum is a round number chosen to address water concerns and the additional roadway area adjacent to the subject property exceeds the minor discrepancy in private property acreage; development density is linked closely to the number of wells; the variance is within the spirit, intent, purpose and general plan of the Ordinance; Staff notes that this represents good planning as infrastructure exists and sprawl may be lessened; the concept of five (5) acre minimum parcels may be more useful as a guide than as an absolute rule; the homes are existing and there will be no expansion of these homes; the situation is peculiar as the three dwellings are grandfathered; there have been no objections from the public; the existing homes will continue to be served by only one domestic well;

If the Variance is denied:

**Findings of Fact** could include: there is no apparent hardship; the request does not match the spirit, intent, purpose and general plan of the Ordinance;



# CHAVES COUNTY APPLICATION CHAVES COUNTY ZONING ORDINANCE

Case Number: Z2017-18 Date Received: 10/27/17 Fee: \$150<sup>00</sup>

Type of Request:  Rezoning  Special Use  Variance  Change of Use

Name of Property Owner: Rosendo + Dollie Dimas Phone Number: (575) 840-7640

Mailing Address: 906 E. Alameda St. Roswell, NM 88203

Name of Applicant: Rosendo + Dollie Dimas

Mailing Address: 906 E. Alameda St. Home Phone Number: (575) 840-7640

Roswell, NM 88203 Business Phone Number: \_\_\_\_\_

Applicant Status:  Owner  Agent  Tenant  Other \_\_\_\_\_

Case Address, Legal Description, and Parcel Number: 55457 Michael Court

Present Land Use: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Present Zoning: Residential / Aq. Requested Zoning: Residential.

Applicant's Reason for Requested Change: (Use back if more space is needed) Create parcel less than 5 acres.

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE DATES, TIMES, AND LOCATIONS OF THE PUBLIC MEETINGS WHICH I OR MY AGENT MUST ATTEND IN ORDER TO FULFILL THE REQUIREMENTS OF THIS APPLICATION.

Rosendo Dimas  
Owner's Signature

10/27/17  
Date



CHAVES COUNTY APPLICATION  
CHAVES COUNTY ZONING ORDINANCE

Case Number: Z 2017-19 Date Received: 10/27/17 Fee: \$75<sup>00</sup>

Type of Request:  Rezoning  Special Use  Variance  Change of Use

Name of Property Owner: Rosendo + Dollie Di mas Phone Number: (575) 840-7640

Mailing Address: 906 E. Alameda St. Roswell, NM 88203

Name of Applicant: Rosendo + Dollie Di mas

Mailing Address: 906 E. Alameda St. Home Phone Number: (575) 840-7640

Roswell, NM 88203 Business Phone Number: \_\_\_\_\_

Applicant Status:  Owner  Agent  Tenant  Other \_\_\_\_\_

Case Address, Legal Description, and Parcel Number: 55 + 57 Michael Ct.

Burns + Burns Country Estates Blk 2 Lot 2

Present Land Use: Residential

Intended Use: Residential

Present Zoning: Residential Requested Zoning: Residential

Applicant's Reason for Requested Change: (Use back if more space is needed) to allow 3 existing homes to remain on subdivided parcel.

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE DATES, TIMES, AND LOCATIONS OF THE PUBLIC MEETINGS WHICH I OR MY AGENT MUST ATTEND IN ORDER TO FULFILL THE REQUIREMENTS OF THIS APPLICATION.

Rosendo Di mas  
Owner's Signature

10/27/17  
Date



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# Aerial Map



Case Z 2017-18 and Z 2017-19  
55 & 57 Michael Ct.



AGENDA ITEM: 2  
MEETING DATE: December 21, 2017

Case Z 2017-21 Special Use Permit  
in Area II, Zone A, Residential-Agricultural

## STAFF SUMMARY REPORT

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**ACTION REQUESTED BY:** Planning and Zoning

**ACTION REQUESTED:** Approve a Special Use Permit for the temporary use of parking trucks in a Residential – Agricultural District.

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**ITEM SUMMARY:** The subject property is located between 170 and 183 Sagebrush Valley Road. The applicants would like to use the property to park their trucks in Area II, Residential-Agricultural zoning district

The Planning and Zoning Commission recommends denial of this Special Use Permit with the Findings of Fact listed in the Staff Review.

Written objection from neighboring landowners does trigger the supermajority requirement of four (4) Commissioners to approve.

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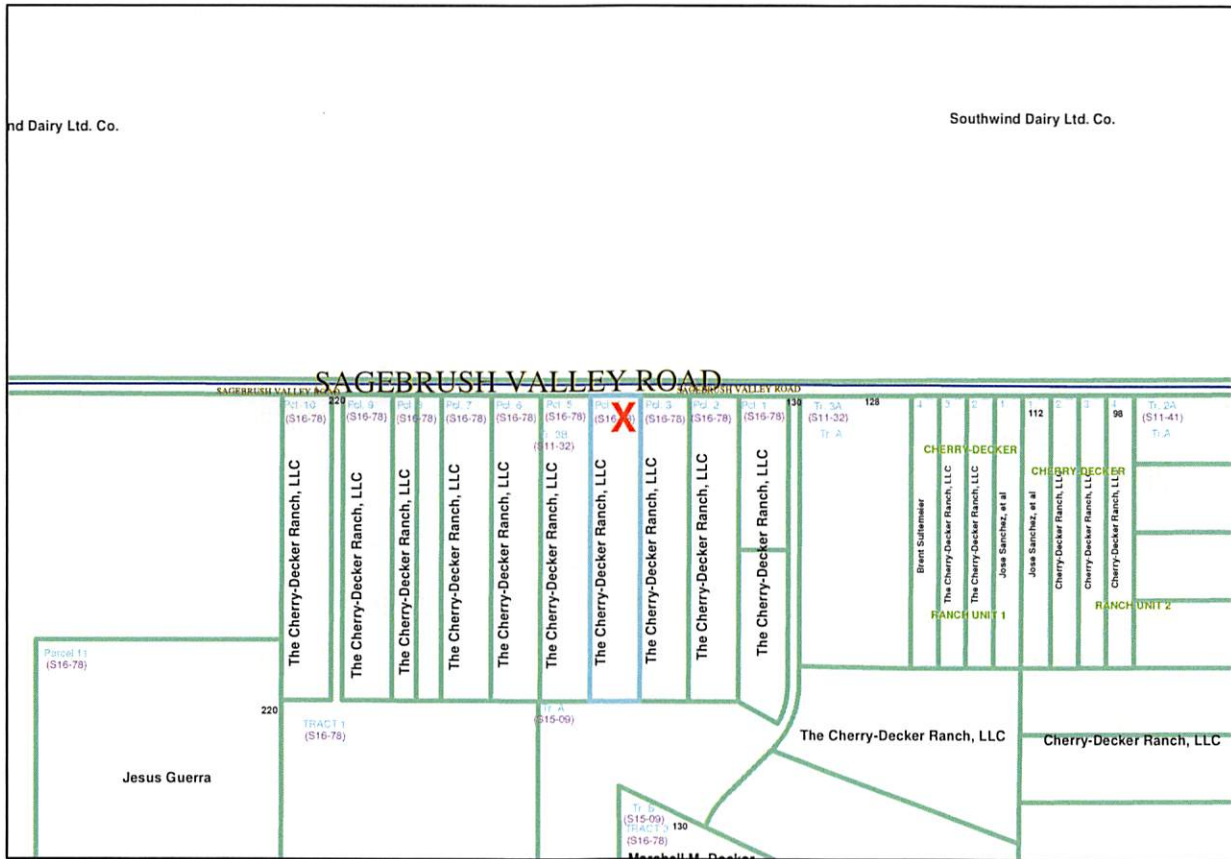
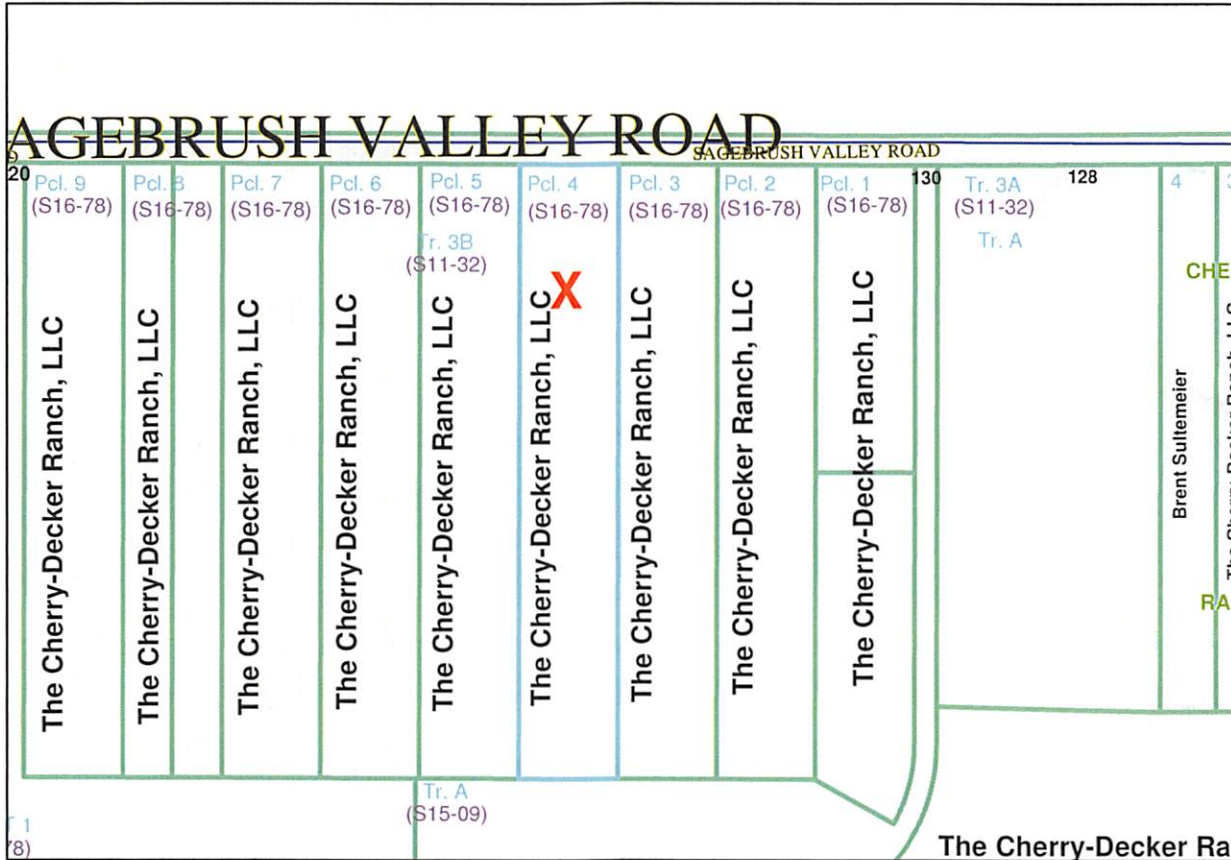
**SUPPORT DOCUMENTS:** Vicinity Map, Staff Review, Application, Applicant's letter (English/Spanish), Protest letter from Nancy Tadic, and Aerial Photo

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**SUMMARY BY:** Marlin J. Johnson

**TITLE:** Planning and Zoning Director

# Vicinity Map



**Case Z 2017-21**  
**138 Sagebrush Valley Rd.**



**STAFF REVIEW**  
**Z 2017-21**

The subject property is on the south side of Sagebrush Valley Road between the 170 and 182 addresses. It is 10 acres in size. There are numerous residences on medium size parcels in this area. The applicant purchased this property to park their trucks on and is now seeking approval for a Special Use Permit to allow such use per the letter of application.

A rezone to Industrial District does not match the Comprehensive Plan nor the abundance of established residential use in the area.

No objections have been received from County Departments. However, NMDOT has noted that if an access is to change usage the owner needs to update his or her access status.

There has been objection from nearby landowners. Their primary concerns include noise, including the early morning hours and weekends, and general concerns that this is a residential area, not an industrial area.

Of particular aggravation and relevant to this request is the unapproved trucking operation at 164 Sagebrush Valley Road. This office has been working to bring that property into compliance for a couple years to no avail. That property also has two unpermitted manufactured homes on the property. The owners refuse to respond to our letters and to a letter from the County Attorney. We have asked the NM Department of Transportation to assist us in this situation as they also have never applied for an access permit from them. They are considering barricading the access to some degree. The matter is now in the hands of the County Attorney to take appropriate legal action.

It is possible for this type of use to fit a given neighborhood as trucking operations are not uncommon in some areas of the county. It is also possible that conditions that might be acceptable for the business operation might not be compatible with conditions that might be acceptable to the neighborhood and/or the County. Due to the existing unresolved situation, that seems unlikely.

The applicant has been advised to consider finding property that is zoned appropriately for this type of operation. They were informed that we could not support this request, except for the possibility of obtaining a temporary approval to give them an opportunity to find a more appropriate property.

Though there have been objections received particular to this request, the matter did come to our attention from a complaint.

If this request is to be denied;

**Findings of Fact** could include: The Comprehensive Land Use Plan shows this area for agricultural and rural residential; the use is not compatible with the uses of the surrounding properties; there have been complaints about the use of this property and the other trucking operation from nearby landowners;

If this Special Use Permit is to be approved, conditions of approval could include:

- 1.) That approval be for a six month period, or other time frame as determined by the Board;
- 2.) That access for the trucking operation be acceptable to NMDOT;
- 3.) That a maximum of three (3) trucks be allowed to be parked/stored on the property; and
- 4.) That there be no maintenance or repair of the vehicles on the property; and

**Findings of Fact** could include: small trucking operations are not uncommon in this area of the county; the use will be for a limited time and give the applicant time to find other property for the business; the proposed restrictions will limit impact on neighboring properties;



CHAVES COUNTY APPLICATION  
CHAVES COUNTY ZONING ORDINANCE

Case Number: Z2017-21 Date Received: 11/07/2017 Fee: \$150<sup>00</sup>

Type of Request:  Rezoning  Special Use  Variance  Change of Use

Name of Property Owner: Javier y Yolanda Martinez Phone Number: 575-840-7946

Mailing Address: 106 Lighthouse PL Roswell, N.M. 88203

Name of Applicant: yolanda Martinez

Mailing Address: 106 Lighthouse PL Home Phone Number: — — —

Business Phone Number: — — —

Applicant Status:  Owner  Agent  Tenant  Other \_\_\_\_\_

Case Address, Legal Description, and Parcel Number: 138 Sagebrush valley Road,  
Hagerman, N.M. 88732 Parcel 4

H-140-084-049-087 R000449

Present Land Use: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Present Zoning: Agricultural/Residential Requested Zoning: \_\_\_\_\_

Applicant's Reason for Requested Change: (Use back if more space is needed) see attached  
letter

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE DATES, TIMES, AND LOCATIONS OF THE PUBLIC MEETINGS WHICH I OR MY AGENT MUST ATTEND IN ORDER TO FULFILL THE REQUIREMENTS OF THIS APPLICATION.

yolanda Martinez \_\_\_\_\_ 11-07-2017  
Owner's Signature Date

P&Z Commission - Dec 5, 2017 @ 5:30 PM  
Board of Commission - Dec.

Yolanda Martinez  
106 Lighthall Pl.  
Roswell, NM 88203

To Whom It May Concern:

The reason for this letter is to request permission to park four (4) trucks at 138 Sagebrush Valley Rd in Hagerman, NM. We park the trucks at this address because we live in the city at 106 Lighthall Pl. in Roswell. We thought it would be more convenient to have them in Hagerman since it is more populated here in town and we didn't want to bother any of our neighbors. So far, we have not bothered anyone. It seemed more logical to park the trucks in Hagerman since we don't have any close neighbors. The trucks are not parked there all the time since they are sometimes kept at the work sites. That is the reason we are asking for permission to be able to park the trucks at 138 Sagebrush Valley Rd. in Hagerman.

Sincerely,

Yolanda Martinez

11/07/2017

Yolanda Martinez  
106 Lighthall Pl  
Roswell, N.M. 88203

Atención: A quien Corresponda

El motivo de esta carta es para solicitar permiso para estacionar los camiones<sup>(4)</sup> que tengo en esta dirección, 138 Sagebrush Valley Road, en Hagerman, N.M., el motivo de estacionarlos aquí es debido a que nosotros vivimos en el pueblo en 106 Lighthall Pl en Roswell, N.M. 88203 y se nos hizo más conveniente tenerlos en Hagerman ya que aquí en el pueblo estamos más poblados y no queríamos molestar a los vecinos, aunque hasta la fecha no tuvimos ningún problema es por eso que nos pareció lo más lógico ya que en Hagerman tenemos vecinos mucho más retirado, y por otro lado los camiones están solamente estacionados, ya que cuando andan trabajando se quedan en locación o sea que no siempre están ahí estacionados.

Este es el motivo por el cual solicitamos un permiso para poder estacionar los camiones en esta dirección, 138 Sagebrush Valley Road Hagerman, NM

Atte: Yolanda Martinez

Sincerely,

Brian and Nancy Tadic

**Nancy R. Tadic**

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**From:** Nancy R. Tadic  
**Sent:** Monday, December 04, 2017 10:47 AM  
'mrogers@co.chaves.nm.us'  
**Cc:** Nancy R. Tadic  
**Subject:** Chaves County Hearing Letter from Brian and Nancy Tadic

Dear Sir/Madam:

Nearly 6 years ago, My family and I purchased 10 acres on a quiet rural highway in Hagerman. Since that time, we have made significant upgrades to the property. A new manufactured home, a lighted gravel driveway, a large metal barn, and the property is mowed and neat and clean. There are other homeowners along Sagebrush Valley Road who moved to the area for the same reasons we did; for peace, quiet, and a nice view.

Then, there are those who moved here and turned their property's into junk yards, garbage dumps, and are running illegal trucking businesses from what are zoned as residential and farm acreage, not commercial. This no doubt, brings down the property values of the homeowner's in the area that care about where they live and respecting each other's quality of time spent at home.

The noise of trucks coming and going at all hours of the day and night is not why we moved here. The maintenance being performed at all hours, including the running of generators, spilling of chemicals, noisy compressors powering air tools, and engines left running all night long during cold weather shows a complete lack of respect for those who enjoy the peace and quiet, which is what we moved here for.

If we wanted to be exposed to this kind of disturbance, we would have moved next door to a truck stop or a commercial business open 24 hours a day. We have been dealing with a land owner next to us (164 Sagebrush Valley Rd.) who is currently being sued for such violations. He continues to run a trucking business from his property and has been cited by the County, State and EPA and he has completely disregarded the legal actions currently being brought against him. Now, another person wants to continue working on, and "parking" dump trucks on the property next to us. These are home sites, not parking lots. Wanting to only "park" trucks is a small part of having commercial vehicles on the land. Leaks of fluids, fuels, and lubricants onto the ground above where our drinking water comes from is also a hazard. Not to mention the noise inherent to commercial, diesel powered vehicles.

The zoning laws are put into place to protect homeowners who have spent tens of thousands of dollars to enjoy coming home to a "home," not coming home to put up with someone else's rude behavior and lack of respect for others. If these actions are allowed to continue, or zoning laws changed to let people do these things, what comes next? It won't stop at just "parking" trucks. Next, they will want to build an office, maintenance shops, temporary housing, and run this business 24/7. We strongly urge the board members to not let this happen to our community.

Thank you for your time.

# Aerial Map



Google Earth



**AGENDA ITEM:** 3

Amendment #1 to Agreement A-05-015 between the City of Roswell and Chaves County Joint Powers Agreement Establishing PVRCC

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs

**ACTION REQUESTED:** Ratify Amendment #1 to Agreement No. A-05-015

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**ITEM SUMMARY:**

This Amendment to the Joint Powers Agreement reflects the current operations of the Pecos Valley Regional Communications Center. The City and the County entered into the Joint Powers Agreement in 2005 to create the Pecos Valley Regional Communication Center. The original intent of the Joint Powers Agreement was to create a separate stand-alone entity. This has never occurred, as such this amendment addresses the governance of the dispatch center. This in no way changes any financial requirements of the County or adds any additional costs.

Staff is requesting ratification of the agreement.

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**SUPPORT DOCUMENTS:** Amended Joint Powers Agreement

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**SUMMARY BY:** Stanton L Riggs

**TITLE:** County Manager

AMENDMENT #1 TO A-05-015  
**AMENDED JOINT POWERS AGREEMENT**  
between the  
**CITY OF ROSWELL, NEW MEXICO**  
and  
**CHAVES COUNTY, NEW MEXICO**

**ESTABLISHING THE PECOS VALLEY REGIONAL  
COMMUNICATIONS CENTER**

THIS JOINT POWERS AGREEMENT, (the "Agreement") is entered into by and between the City of Roswell, New Mexico (the "City") and Chaves County, New Mexico (the "County"), as of the date of execution by the New Mexico Department of Finance and Administration.

**PURPOSES**

The purposes of this Joint Powers Agreement are: to define the terms and conditions for operating, administering and maintaining a joint enhanced 911 Regional Emergency Communications Center; to provide emergency telephone access for the citizens of the City and County; to obtain needed emergency services including fire, EMS and law enforcement services; and to provide for the emergency communications needs of the public safety agencies of the City and County.

**RECITALS**

**WHEREAS**, the parties desire to establish and provide a centralized enhanced 911 communications system and thereby improve public emergency medical service, fire, rescue and law enforcement services to their citizens; and

**WHEREAS**, the parties within their respective jurisdictions may incur costs for the purchase or lease, installation and maintenance of equipment necessary for the establishment of an enhanced 911 communications system at public safety answering points, and

**WHEREAS**, the parties may pay such costs through disbursements from the enhanced 911 fund pursuant to NMSA 1978 63-9d-4 (Cum Sup 1993); and

**WHEREAS**, in order to improve emergency communications among public safety agencies, the Communications Center and citizens of our community it is in the best interests of the City and County to participate in a jointly combined, operated, administered and maintained regional emergency communications center; and

**WHEREAS**, the parties recognize that a jointly operated regional emergency communications center will be viewed favorably for the purposes of obtaining grants and additional outside funding; and

**WHEREAS**, the City and County, in accordance with and pursuant to the Joint Powers Agreement Act, NMSA 1978, 11-1-1 through 11-1-7, are undertaking to combine their Enhanced 911 emergency communications functions in order to provide efficient and effective emergency communications for the citizens of our communities and for their public safety agencies.

**NOW, THEREFORE, IT IS MUTUALLY AGREED BETWEEN THE PARTIES THAT:**

## **ARTICLE I**

### **ESTABLISHMENT OF REGIONAL E-911 COMMUNICATIONS CENTER**

Pursuant to the New Mexico Enhanced 911 Act, NMSA 1978, 63-9D-41 (et.Seq.) (1993) (the "Act") the Pecos Valley Regional Communications Center District (the "District") is formed as a legal entity for the express purpose of exercising the powers conferred upon local governing bodies by the Act. The District shall oversee operations of Enhanced 911 communication services within the District boundaries and act as the vehicle through which the parties receive funding pursuant to the Act. The District boundaries include all of Chaves County.

## **ARTICLE II**

### **THE BOARD**

#### **A. CREATION OF BOARD:**

The District shall be governed by a board consisting of members from each of the participating funding agencies. The board shall be identified as the Pecos Valley Regional Communications Center Board (the "Board").

#### **B. REPRESENTATIVES:**

The Board is hereby established to provide administrative oversight and direction for the District and shall advise the governing bodies of the City and County on its operation. Each Board member shall have one vote and can vote by designated proxy. The terms of each Board member shall be coincident with their respective terms of office except the at large member who shall serve at the pleasure and upon a consensus of the City and County Managers. A majority of the members shall constitute a quorum and a majority vote of a quorum present at a duly called meeting shall decide any issue. The Chair shall always be entitled to vote. The Board shall consist of the following:

1. The Police Chief of the City of Roswell.

2. The Fire Chief of the City of Roswell.
3. The City Manager of the City of Roswell.
4. The Sheriff of Chaves County.
5. The Chair of the Chaves County Fire Board.
6. The County Manager of Chaves County.
7. One member shall represent the community at-large and will be appointed by agreement of the City and County Managers.

**C. DUTIES AND POWERS OF BOARD:**

The duties of the Board shall include, but not be limited to, the following:

1. Annually elect one member in December to act as the Chairperson of the Board effective the following January.
2. As soon as possible following the first meeting of the Board, the Chairperson shall notify the Department of Finance, Local Government Division and the local exchange telephone company(s) providing local exchange service to the 911 service area within the District boundaries regarding the cost to the Board to purchase, lease, install and maintain necessary Enhanced 911 services pursuant to 63-9D-5 of the Act.
3. Provide direction to the Director of the District on matters of policy and budget, but with the express limitation that the Board shall not be directly responsible for or empowered to make any personnel decisions.
4. Conduct periodic meetings with staff to receive reports and provide guidance and advice to the Director.
5. Review revenue and expenses and approve an annual budget for the operation of the District, which shall be submitted for approval to the City and County as directed each year.
6. Assist in the proper management and control over the budget and finances of the District.
7. Advise in writing the duties and responsibilities of the Director, and that ensure such description as provided by the City Human Resources Department accurately reflects the expectations of the Board.
8. Advise the City Manager or designee on an annual performance review of the Director and other periodic reviews as needed.
9. Ratify standard operating procedures and policies as developed by the Director for the operation of the District as approved by the City and Chaves County.
10. Ratify quarterly reports prepared by the Director to the governing bodies of the City and County.
11. Create and appoint by resolution such committees as it deems necessary.
12. Adopt procedural rules of order for Board meetings and meetings of any committees under the Board according to Art. II, Sec. D(4).
13. Adopt and comply with an annual Open Meetings Act Resolution.

14. Coordinate compliance through the Director and either City or County Clerks, as applicable, of any Public Records Request.
15. Establish, budget for and acquire insurance in amounts and with coverage appropriate to the risks assumed by the Board and District in their operations to the extent not provided for by either the City or the County.
16. Coordinate compliance with and take all requisite actions pursuant to the Act.

**D. MEETINGS:**

1. The Board shall meet regularly but no less than quarterly. In addition, the Board may also meet at the call of any Board member, subject to the Chairperson's objection, upon proper notice and in compliance with the Board's duly adopted Open Meetings Act resolution.
2. The Board shall cause minutes of all meetings to be kept and shall provide copies of said meeting minutes to both City and County Clerks for retention as public records.
3. All Board meetings shall be held in accordance with the New Mexico Open Meetings Act.
4. Board meetings shall be conducted according to the procedural rules of order as adopted by the City unless otherwise modified by this Board.

**E. LIMITATION TO POWERS OF THE BOARD:**

1. The Board serves in an advisory capacity and shall not be involved in the day-to-day management of the District except as outlined above and shall only have such powers as have been expressly delegated by the City and County pursuant to this agreement, along with such incidental powers as may be reasonably necessary to effectuate the purpose and intent of this Agreement.

### **ARTICLE III**

#### **ORGANIZATION OF THE DISTRICT**

**A. DISTRICT DIRECTOR:**

Under the direction of the City Manager or designee, the duties of the Director of the District shall include, but not be limited to, the following:

1. Maintaining a liaison with all agencies utilizing the communications center.

2. Reporting to the Board on matters related to management and finances, including the budget, operations and equipment associated with the operation of the District.
3. Preparing an annual budget and submitting it to the Board for approval prior to submission to City and County governing bodies for approval.
4. Delegating and performing the preceding and such other functions as may be reasonably necessary for the implementations of the purposes of this Agreement.
5. Planning, directing and managing the activities of the District.
6. Assigning, scheduling and supervising District employees.
7. Reporting to the Board on matters related to management and finances, including the budget, operations and equipment associated with the operation of the District.
8. Acting as the Central purchasing Officer for the District at such time as the District elects to employ its own financial officers.
9. Delegating and performing the preceding and such other functions as may be reasonably necessary for the implementation of the purposes of this Agreement.

**B. DISTRICT PERSONNEL:**

All personnel employed at the District will be City employees subject to the City's policies and procedures, including hiring, termination, discipline, and training. The dispatchers will be cross-trained and assigned to dispatch for both the City and the County. The Director shall also be subject to the direction and supervision of the City Manager, pursuant to Art. II, Sec. C(3).

**ARTICLE IV**

**FINANCING OF THE DISTRICT**

**A. FISCAL AGENT:**

The City shall act as the Fiscal Agent for the District and shall collect all revenues accruing to, make all disbursements for and be responsible for financial reports pertaining to the operations of the District until such time as the District has a self-supporting finance department and staff.

**B. FINANCIAL RESPONSIBILITY OF CITY AND COUNTY:**

1. The City shall be responsible for sixty-percent of the total cost of employing the District personnel, including sixty-percent of the cost of employing the Director, and the County shall be responsible for forty-percent.
2. In the event that the continued operations of the District require additional capital expenditures, it is herein agreed that the City shall be

responsible for sixty-percent of the additional expenditures and the County shall be responsible for forty-percent.

3. The County shall provide space to house the Center without cost to the District. The City shall provide fiscal agent services to the District without cost.
4. It is the intention of the parties to pool all financial resources garnered from the State of New Mexico and any and all such other funding or grant agencies including but not limited to disbursements from the enhanced 911 fund as may make contributions to the cost or expense of operations other than the parties themselves including, but not limited to disbursements from the enhanced 911 fund. Such funds are to be the property of the District itself and neither party shall be entitled to a credit, offset, deduction or other compensation for said funds regardless of who solicited, applied for, sought or obtained said funding.
5. The estimated operating expense budget shall be prepared by the Board and the Director and submitted annually to the City and the County, and shall be totally dependent upon the allocations made by the City Council and the County Commission (and may be less than the amount requested).

**C. SHARED FINANCIAL RESPONSIBILITY FOR DIRECTOR'S SALARY:**

The City and County agree to each be responsible for an equitable share of the Director's salary as set forth in Art. IV, Sec. B(1).

**D. ACCOUNTABILITY OF FUNDS:**

As long as the City is Fiscal Agent, it shall be strictly accountable for all funds disbursed pursuant to this Agreement and shall maintain appropriate records thereafter as prescribed by law.

**E. NATIONAL CRIME INFORMATION CENTER AND NEW MEXICO CRIME INFORMATION CENTER:**

The National Crime Information Center (NCIC) and the New Mexico Crime Information (NMCIC) functions will be provided by the District.

**F. MULTIPLE STREET ADDRESS GUIDE:**

The District shall be responsible for maintaining, updating and providing the necessary information to the telephone company as needed to maintain an accurate Street Address Guide for both the City and County to the extent this is not done by the County.

**ARTICLE V**

**TERMS OF AGREEMENT**

**A. TERM:**

This Agreement shall not become effective until approved by the Secretary of the New Mexico Department of Finance and Administration. The term of this Agreement shall be indefinite unless terminated as hereinafter provided.

**B. TERMINATION:**

This Agreement may be terminated by either party upon delivery of a written notice to the other party at least 180 days prior to the intended date of termination. By such termination, either party may not nullify or avoid any obligations required to have been performed prior to termination.

**C. LIABILITY:**

Neither party shall be responsible for liability incurred as a result of the other party's acts or omissions in connection with this Agreement. Any liability incurred in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, section 41-4-1, et seq., NMSA 1978, as amended and the express immunity granted pursuant to 63-9D-10 of the Act.

**D. AMENDMENT:**

This Agreement shall not be altered, changed or amended except by instrument in writing executed by the parties hereto.

**E. GOVERNING LAW:**

This Agreement shall be governed by, and construed in accordance with, the laws of New Mexico.

**F. STATUS OF AGREEMENT; JPA ACT:**

The parties acknowledge and agree that this Agreement constitutes an "agreement": as that term is used in the New Mexico Joint Power Agreements Act, Section 11-1-1 through 11-1-7 NMSA 1978 (the "JPA Act").

**G. ACCOUNTABILITY:**

During the term of this Agreement and for a period of three years thereafter, each of the parties will maintain accurate and complete records of all disbursements made and monies received by each under this Agreement and, upon receipt of reasonable written request, each shall make such records available to the other party and to the public, including any federal, state or local authority during regular business hours.

**H. DISTRIBUTION OF RESIDUAL PROPERTY:**

At the end of the term, the parties will distribute and dispose of all property acquired in connection with this Agreement. If any property is acquired in connection with this Agreement, the division or distribution of which is not specifically provided for in this Agreement, then such property shall be distributed to the party that acquired it; or if the property was acquired by more than one party, the property shall be distributed to each party in accordance with the party's pro rata share of acquisition and maintenance costs, if any, unless otherwise agreed by the parties.

**I. CONFORMITY WITH JPA ACT:**

The parties intend that this Agreement conform in all respects with the JPA Act: and that this agreement shall be construed and enforced in conformity with the JPA Act. In case of any inconsistency between this Agreement and the JPA Act, the provision of the JPA Act shall control and this Agreement shall be deemed amended so that such controlling provision of the JPA Act are incorporated into and made part of this Agreement, and any inconsistent provision of this Agreement are deleted as and to the extent of the inconsistency.

**J. ALTERNATIVE DISPUTE RESOLUTION:**

The parties agree that in the event the terms and conditions of this Agreement are disputed, including but not limited to all financial calculations, expenditures, bills and related matters, the parties will attempt to resolve the dispute through mediation and in the event the mediation fails will agree to binding arbitration.

*[signatures on following page]*

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

**CITY OF ROSWELL:**

**CHAVES COUNTY:**

\_\_\_\_\_  
**DENNIS KINTIGH, MAYOR**

\_\_\_\_\_  
**ROBERT CORN, CHAIR  
CHAVES COUNTY COMMISSION**

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ATTEST:**

**ATTEST:**

\_\_\_\_\_  
**SHARON COLL  
CITY CLERK**

\_\_\_\_\_  
**DAVE KUNKO  
COUNTY CLERK**

**APPROVED AS TO FORM:**

**APPROVED AS TO FORM:**

\_\_\_\_\_  
**AARON HOLLOMAN  
CITY ATTORNEY**

\_\_\_\_\_  
**STANTON L. RIGGS  
COUNTY ATTORNEY**

**THIS AGREEMENT HAS BEEN APPROVED BY:**

**STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND ADMINISTRATION**

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**AGENDA ITEM:** 4

Amendment #2 to Agreement A-14-032 between Chaves County and La Casa de Buena Salud to Provide Indigent Residents with Primary Health Care, Preventative and Educational Services

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs

**ACTION REQUESTED:** Ratify Amendment #2 to Agreement No. A-14-032

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**ITEM SUMMARY:**

Amendment #2 to Agreement A-14-032 clarifies the dental services the County will reimburse La Casa for providing. The County will no longer pay for root canals and denture replacement will qualify for reimbursement only once in ten (10) years. The current agreement allows for denture replacement every five (5) years.

These changes will reduce the burden on the indigent fund and still provide dental services to the indigent residents of our county.

Staff is requesting ratification of the agreement.

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**SUPPORT DOCUMENTS:** Amendment #2 to Agreement A-14-032

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**SUMMARY BY:** Stanton L Riggs

**TITLE:** County Manager

**AMENDMENT NO. 2 TO AGREEMENT A-14-032  
BETWEEN CHAVES COUNTY AND LA CASA DE BUENA SALUD  
TO PROVIDE INDIGENT RESIDENTS WITH PRIMARY HEALTH CARE,  
PREVENTIVE AND EDUCATIONAL SERVICES**

THIS Amendment to Agreement A-14-032 is made and entered into this 21<sup>st</sup> day of December 2017, by and between the County of Chaves, a political subdivision of the State of New Mexico acting by and through its duly elected Board of Commissioners, hereinafter referred to as "Chaves County", and La Casa de Buena Salud, Inc., hereinafter referred to as "La Casa."

WHEREAS, Chaves County and La Casa entered into Agreement A-14-032 in July of 2014, and

WHEREAS, Section 1, Scope of Services paragraph 10 Dental Services sets forth the dental services the County will reimburse La Casa for providing, and

WHEREAS, Chaves County desires to amend Section 1.10 of the Agreement and remove root canals and clarify denture replacement.

NOW THEREFORE, the Parties hereto agree to Amendment #2 to Agreement A-14-032 which will read as follows:

1. SCOPE OF SERVICES:

A. Medical

10. Dental Services

The County will reimburse for minor dental services which includes extractions, abscesses, denture repair and denture replacement. Denture replacement will be allowed once every ten (10) years. All reimbursements will be in accordance with Ordinance #58.

This Amendment will become effective January 1, 2018.

Approved by the parties this 21<sup>st</sup> day of December, 2017.

LA CASA DE BUENA SALUD, INC.

BOARD OF CHAVES COUNTY  
COMMISSIONERS

\_\_\_\_\_  
Seferino Montano,  
Executive Director

\_\_\_\_\_  
Robert Corn, Chairman

ATTEST:

\_\_\_\_\_  
Dave Kunko, Chaves County Clerk

**AGENDA ITEM:** 5

Amendment 1 to Agreement A-17-022  
Between the United States Department of  
Agriculture (USDA), Animal Plant Health  
Inspection Service (APHIS), Wildlife Services  
(WS) and Chaves County for a Cooperative  
Wildlife Services Program

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs, County Manager

**ACTION REQUESTED:** Approve Amendment 1 to Agreement A-17-022

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**ITEM SUMMARY:**

This is an Amendment to the cooperative service agreement between the USDA, APHIS, WS and Chaves County for a Wildlife Services Program (also known as Animal Damage Control). Chaves County has allocated an additional \$18,750.00 from the General Fund in support of the work plan as shown in the Program Budget. These funds were allocated at the last County Commission meeting.

Staff recommends approval of Amendment 1 to Agreement A-17-022.

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**SUPPORT DOCUMENTS:** Amendment 1 to Agreement A-17-022

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**SUMMARY BY:** Stanton L. Riggs

**TITLE:** County Manager

**AMENDMENT 1**  
**to the**  
**WORK/FINANCIAL PLAN**  
**between**  
**CHAVES COUNTY (GF)**  
**and**  
**UNITED STATES DEPARTMENT OF AGRICULTURE**  
**ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  
**WILDLIFE SERVICES (APHIS-WS)**

Pursuant to Cooperative Service Agreement No:17-73-35-5658-RA between the United States Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services (APHIS-WS) and Chaves County, the Work and Financial Plan for FY18 is hereby amended to increase funding from \$78,750 to \$97,500.

**II. PLAN OF ACTION**

APHIS-WS will assign 3 full-time Wildlife Specialists averaging 40 hours a week to the project and will also provide a vehicle, field supplies and equipment.

To accomplish this goal, the following general field services will be provided: (1) technical assistance through demonstration and instruction of wildlife damage prevention and/or control techniques; (2) predator identification and removal when livestock, crop or natural resource damage is verified; (3) nuisance wildlife removal when property damage is identified; (4) removal of wildlife displaying aggressive behavior or causing actual injury to county residents. To provide these basic services, APHIS-WS will:

1. Assign three Wildlife Specialist(s), amended to increase from 10 staff-months to 12 staff-months distributed among direct control activities, technical assistance, APHIS-required administrative tasks and annual leave.

**V. COST ESTIMATE FOR SERVICES**

The cooperator will reimburse APHIS-WS for expenses incurred. Such costs include, but are not limited to, salary/benefits, vehicle use, supplies/equipment and administrative costs. An estimated itemization of expenses is listed below, however funds may be distributed between itemized categories at the discretion of APHIS-WS if required. Any equipment and supplies purchased under the terms of this agreement will remain the property of APHIS-WS.

**FINANCIAL PLAN**

For the dispersement of funds from

Chaves County

to

USDA APHIS Wildlife Services

for

Wildlife Damage Management Activities

from

7/1/2017

to

6/30/2018

Cost Element	Cost to Cooperator	Cost Share (Paid by Federal Appropriations)	Full Cost
Personnel Compensation	\$ 76,681.08	\$ 26,346.26	\$ 103,027.34
Travel	\$ -	\$ 3,987.00	\$ 3,987.00
Vehicles	\$ -	\$ 20,250.00	\$ 20,250.00
Other Services	\$ -	\$ 3,000.00	\$ 3,000.00
Supplies and Materials	\$ -	\$ 4,500.00	\$ 4,500.00
Equipment	\$ -	\$ 4,500.00	\$ 4,500.00

<b>Subtotal (Direct Charges)</b>	<b>\$ 76,681.08</b>	<b>\$ 62,583.26</b>	<b>\$ 139,264.34</b>
----------------------------------	---------------------	---------------------	----------------------

Pooled Job Costs	11.00%	\$ 8,434.92	NA	\$ 8,434.92
Indirect Costs	16.15%	\$ 12,383.99	NA	\$ 12,383.99
Aviation Flat Rate Collection		\$ -	NA	\$ -
<b>Agreement Total</b>		<b>\$ 97,500.00</b>	<b>\$ 62,583.26</b>	<b>\$ 160,083.26</b>
Percentage Cost Share		61%	39%	100%

The distribution of the budget from this Financial Plan may vary as necessary to accomplish the purpose of this agreement, but may not exceed: \$160,083.26

**NOTE:** In accordance with the Debt Collection Improvement Act (DCIA) of 1996, bills issued by WS are due and payable within 30 days of receipt. The DCIA requires that all debts older than 120 days be forwarded to debt collection centers or commercial collection agencies for more aggressive action. Debtors have the option to verify, challenge and compromise claims, and have access to administrative appeals procedures which are both reasonable and protect the interests of the United States.

**The Objectives/Goals, Reports, Stipulations and Restrictions Sections remain unchanged**

**VI. AUTHORIZATION**

CHAVES COUNTY

Tax Identification Number: 85-6000206

\_\_\_\_\_  
Chairman, Board of County Commissioners

\_\_\_\_\_  
Date

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES  
Albuquerque, NM  
Tax Identification Number: 41-0696271

\_\_\_\_\_  
State Director, New Mexico

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Western Region

\_\_\_\_\_  
Date

**AGENDA ITEM:** 6

**Approve Agreement A-17-032  
between the Gas Company of  
New Mexico and Chaves County  
granting an easement**

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Bill Williams, Public Services Director

**ACTION REQUESTED:** Approve Agreement A-17-032

---

**ITEM SUMMARY:**

This Agreement is to grant The Gas Company of New Mexico a 10-foot easement for the installation of a new gas pipeline along the northwestern 140 feet of the Chaves County Administrative Building property.

Staff Recommends Approval

---

**SUPPORT DOCUMENTS:** Agreement A-17-032

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**SUMMARY BY:** Bill Williams

**TITLE:** Public Services Director

NEW MEXICO GAS COMPANY
EASEMENT

THIS EASEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 20 17 by and between

Chaves County, New Mexico, a political subdivision of the State of New Mexico

(Grantor) and NEW MEXICO GAS COMPANY, INC., a Delaware corporation (Grantee), and its successors and assigns.

WITNESSETH:

Grantor, for and in consideration of the sum of One Dollar (\$1.00) in hand paid and other valuable consideration, the receipt of which is acknowledged, does hereby give, bargain, sell, grant and convey unto Grantee a perpetual easement to build, rebuild, construct, reconstruct, locate, relocate, change, remove, replace, modify, renew, operate and maintain one or more gas pipelines for the transmission and distribution of natural gas and facilities for other related communication purposes, including but not limited to, lines, cables, conduits and other equipment, fixtures, appurtenances and structures (all of which are herein collectively referred to as "facilities") necessary to maintain such facilities on, over, beneath, through and across the easement hereinafter described, together with free access to, from and over said easement, with the right and privilege of going upon, over and across adjoining lands of Grantor for the purposes set forth herein and with the right to utilize the easement to extend services to customers of Grantee and to trim and remove any trees, shrubs, bushes or vegetation and remove any structures which interfere with the purposes set forth herein. The easement granted herein is within lands situate in CHAVES County, New Mexico, and is more particularly described as follows, to wit:

An easement, ten (10) feet in width, within Lot 1B, EYE ASSOCIATES SUMMARY PLAT AMENDED LOT 1A OF CASA MARIA SUMMARY PLAT, lying and being situate within Section 9, Township 11 South, Range 24 East, N.M.P.M., Chaves County, New Mexico, being the same a designated on the plat thereof filed for record in the Office of the County Clerk of Chaves County, New Mexico on February 20, 2017, in Book 2, page 27B, Reception No. 20170001472, and also the same as is defined on the WARRANTY DEED filed for record in the Office of the County Clerk of Chaves County, New Mexico on December 12, 1989, in Book 71, page 513-514; said easement being more particularly described as follows:

An easement, ten (10) feet in width, being the Northerly one hundred, forty (140) feet of the Westerly ten (10) feet of the aforementioned Lot 1B.

All as generally shown on Exhibit "A", attached and hereto made part thereof.

Grantor hereby covenants that Grantor is the true and lawful owner of the land described herein.

Grantor shall have the right to use the above described easement for purposes not inconsistent with the rights hereby granted, provided that Grantor shall not erect nor construct any building, pool or other structure thereon, nor drill nor operate any well thereon, nor conduct any activity which interferes with Grantee's exercise of the rights granted herein.

The provisions hereof shall inure to the benefit of and bind the heirs, executors, mortgagees, lessees, tenants, successors and assigns of the parties hereto. Grantee shall have the unrestricted right to sell, transfer, assign, pledge, mortgage, lease, grant licenses or other use or occupancy rights with respect to, or otherwise dispose of, in whole or in part, any interest in the easement, and such assigns shall have the further right to convey, in whole or in part, the rights granted to them by Grantee.

WITNESS \_\_\_\_\_ hand \_\_\_\_\_ and seal \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SIGNATURE)
(SIGNATURE)
(SIGNATURE)
(SIGNATURE)

ACKNOWLEDGMENT

STATE OF \_\_\_\_\_ }
COUNTY OF \_\_\_\_\_ }
SS

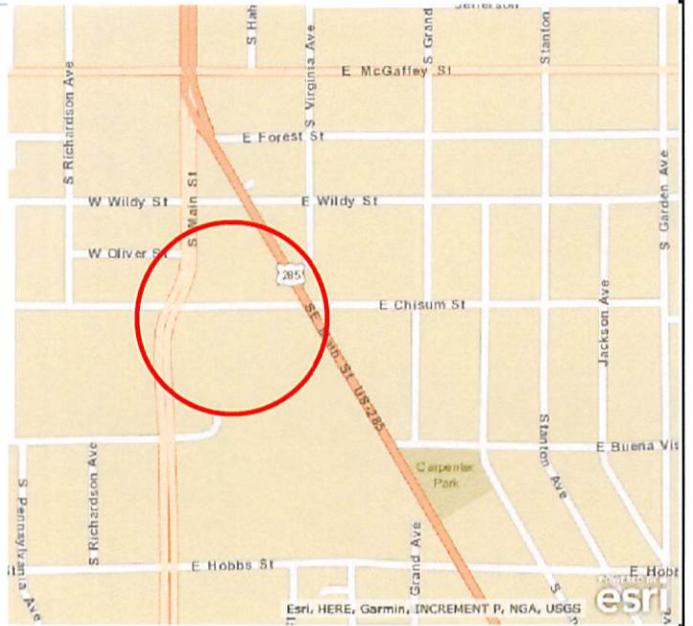
This instrument was acknowledged before me on \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_

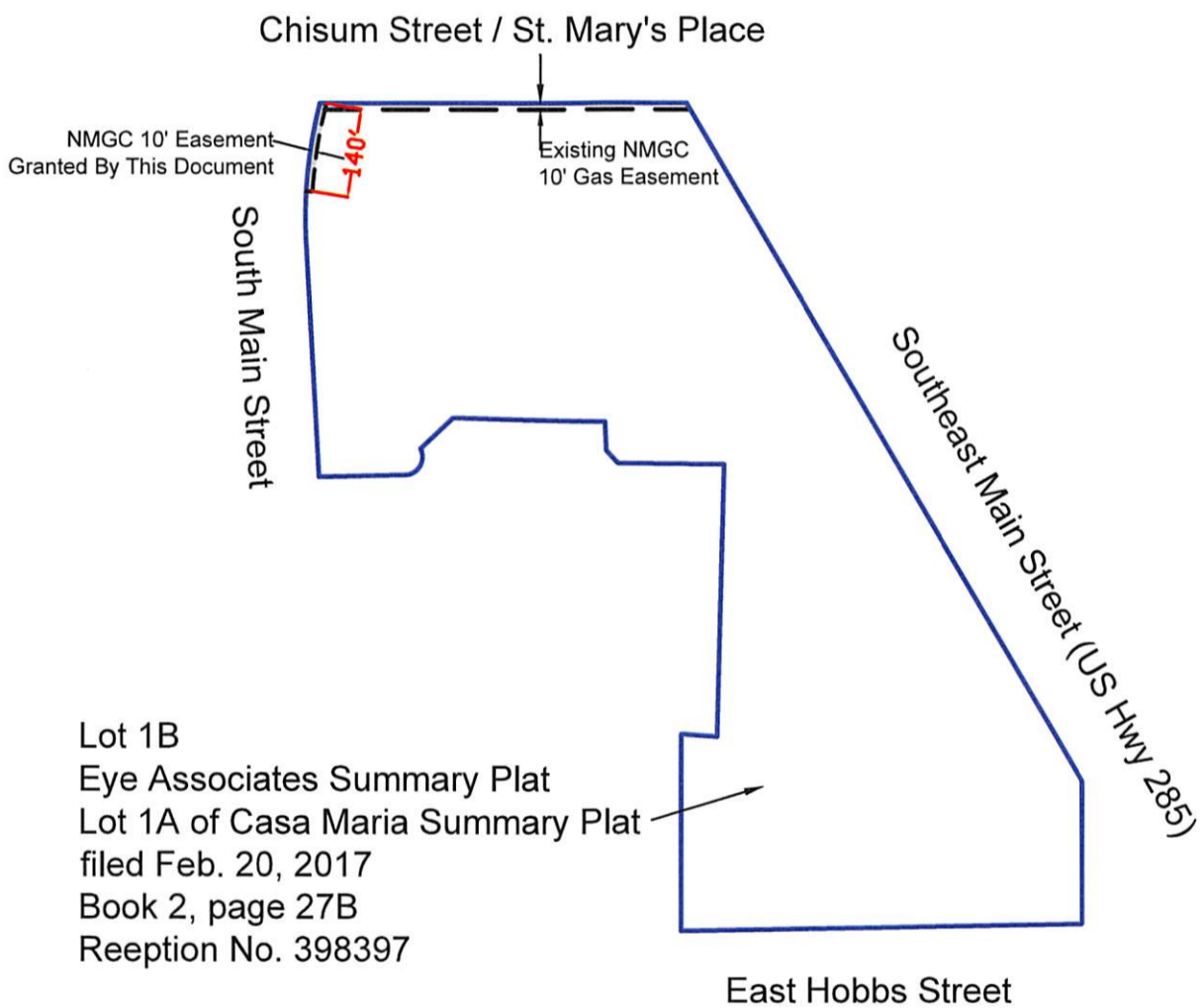
My commission expires:
(Seal)

\_\_\_\_\_





Vicinity Map



*EXHIBIT "A"*

SCALE IN FEET



Scale: NTS

NMGC 10' Gas Easement  
Lot 1B  
Eye Associates Summary Plat Amended  
Section 9, T.11S., R. 24E., N.M.P.M.  
Chaves County, New Mexico  
New Mexico Gas Company  
ALBUQUERQUE, NEW MEXICO



Drawn By: JE  
Approve By:

Date: 11/28/2017  
Scale: NTS

GATS#:ROW# 582-0199

**AGENDA ITEM:** 7

Agreement A-17-033 between Chaves County and F&H Investments, LLC For Lease of Building Located at 110 E Mescalero Rd.

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs, County Manager

**ACTION REQUESTED:** Approve Agreement

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**ITEM SUMMARY:**

Chaves County currently leases the former Counseling Associates building located at 110 E Mescalero Road. The County in turn subleases the building to La Casa de Buena Salud for their behavioral health program. This new agreement sets forth the monthly rent for the next four years. La Casa pays the County \$6,000.00 a month. The County will absorb the increase in rent this year.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** Agreement A-17-033

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**SUMMARY BY:** Stanton L. Riggs

**TITLE:** County Manager

**LEASE AGREEMENT**  
Chaves County Agreement No. A-17-033

AGREEMENT, made this \_\_\_\_ day of December 2017, to be effective as of January 1, 2018, between F & H Investments, LLC, a New Mexico limited liability company, having an address at P.O. Box 563, Roswell, New Mexico 88202-0563 (hereinafter referred to as the "Lessor") and Board of Chaves County Commissioners, whose address is #1 St. Mary's Place, Roswell, New Mexico 88203 (hereinafter referred to as "Lessee").

WITNESSETH

WHEREAS, Lessor is the owner of a certain parcel of land, together with the building(s) and improvements thereon, situated at 110 E. Mescalero, Roswell, New Mexico 88201; and

WHEREAS, Lessee requires office space for a mental health and counseling facility; and

WHEREAS, Lessor is willing to let the aforesaid premises to Lessee for the purposes stated herein;

NOW THEREFORE, Lessor and Lessee do hereby covenant and agree as follows:

1. Premises. Lessor hereby demises and leases to Lessee and Lessee hereby leases and takes from Lessor, the building situated at 110 E. Mescalero, Roswell, New Mexico 88201 consisting of approximately 18,529 square feet, (hereinafter called the "Premises"), together with the right to use the sidewalks, delivery areas and parking facilities and other appurtenances thereto belonging. Lessee is accepting the interior of the Premises in an "as is" condition and Lessor shall have no responsibility regarding any build out or improvements to the interior of the Premises.

2. Term. The term of this Agreement shall commence on January 1, 2018 and shall continue until December 31, 2021, at which time this Lease shall terminate.

3. Rent.

(a) Lessee shall pay to Lessor as fixed monthly rent for the Premises as follows:

2018	\$11,000.00
2019	\$11,000.00
2020	\$11,500.00
2021	\$11,500.00

(b) All rent shall be payable to Lessor in advance on the first day of each month at the address of Lessor first written above or at such other address as Lessor may designate by written notice to Lessee.

(c) In the event rent is not paid within ten (10) days after due date, Lessee agrees to pay a late charge of \$100.00.

(d) The Lessor and Lessee do hereby express their intent to provide for increases in the rental payments as a part of a continuing multi-year term Lease the parties intend to enter into prior to the termination of this Lease on December 31, 2021.

4. Taxes. Lessor shall pay all real estate and special assessments levied, assessed or imposed upon the Premises during the term of the Lease.

5. Utilities. Lessee shall pay for all utilities delivered to Lessee and which it consumes upon the Premises and shall hold Lessor harmless therefrom. The charges for separately metered utilities shall be paid by Lessee directly to the utility provider. With regard to utilities on common meters with other tenants, Lessee shall pay its proportionate share of such utility charges to Lessor within a reasonable time after being invoiced for same by Lessor, which invoice shall include sufficient documentation supporting any utility charges.

6. Use. Lessee shall be entitled to use the Premises for mental health and counseling services and for such other lawful purposes as may be incidental thereto. Lessor represents that the premises are zoned appropriately for the use anticipated by Lessee. If premises are not zoned appropriately, Lessee shall have the right to terminate this Lease and, in that event, Lessor shall return any security deposits and advance rent that may have been paid.

7. Janitorial Services. Lessee shall be responsible for any and all janitorial cost of expenses concerning the Premises. Lessor shall not be responsible for any janitorial costs of expenses on the Premises.

8. Ordinances and Regulations.

(a) At its sole cost and expense, Lessee shall comply with all statutes, ordinances and regulations of any governmental authorities applicable to the Premises, insofar as the necessity therefor shall arise solely out of the Lessee's manner or method of use of the Premises; provided, however, that in no event shall Lessee be liable to make any capital improvements to the Premises or to make any structural, exterior, floor, foundation or roof changes, alterations, replacements, installations or repairs at any time with respect to Lessee's compliance therewith. Lessor, at its sole cost and expense, shall comply with all statutes, ordinances and regulations of any governmental authorities applicable to the Premises, except to the extent that Lessee is expressly obligated to comply therewith pursuant to the terms of this Paragraph 8 (a).

(b) Lessee shall have the right, upon giving notice to Lessor, to contest any obligations imposed upon Lessee pursuant to the provisions of paragraph 8 (a) and to defer compliance during the pendency of such contest, if the failure of Lessee so to comply will not subject Lessor to criminal penalty. Lessor shall cooperate with Lessee in such contest and shall execute any

documents reasonably required in furtherance of such purpose. In the event that Lessee notifies Lessor that Lessee intends to contest any such obligations, Lessee shall not be in default hereunder until and unless it is determined that Lessee must perform such obligation and Lessee fails to do so by the date upon which all applicable appeal period have expired, or if Lessee has duly appealed any such determination, then until all such appeals have been finally decided against Lessee and Lessee fails to comply therewith.

9. Assignment and Subletting. Lessee may assign this Lease or sublet the Premises only with the prior written consent of Lessor.

10. Expiration. Upon the expiration or sooner termination of this Agreement, Lessee shall peaceably and quietly quit and surrender the Premises in good order and condition, reasonable wear and tear damage by fire, the elements, casualty or other causes beyond Lessee's control excepted.

11. Default.

(a) In the event Lessee defaults in the payment of rent or additional rent or in the performance of any covenant on its part hereunder to be kept and performed and such payment default continues for a period of ten (10) days after the mailing to Lessee of written notice thereof from Lessor, or any other such default continues for a period of thirty (30) days after the mailing of written notice from Lessor advising Lessee of the nature of such default, then, unless Lessee cures such payment default within said ten (10) day period or cures or commences to cure any other such default, in which event the said notice shall be of no further force and effect, Lessor shall have the right during the continuance of such default to terminate this Lease as if said termination date were the date originally fixed in this Lease for the termination of expiration hereof and to reenter immediately upon the Premises and dispossess Lessee and Lessee waives the service of any additional notice of intention to reenter or to institute legal proceedings to that end.

(b) In the event Lessor defaults in the performance of any covenant on its part hereunder to be kept and performed and such default continues for a period of thirty (30) days after the receipt of written notice for Lessee advising Lessor of the nature of such default, then, unless Lessor cures or commences to cure such default within said thirty (30) day period and thereafter diligently pursues the curing of such default, in which event the said notice shall be of no further force and effect, Lessee shall have the right during the continuance of such default to terminate this Lease as if said termination date were the date originally fixed in this Lease for the termination of expiration hereof.

(c) In the event that either party shall file a petition in bankruptcy, or be adjudicated a bankrupt, or make an assignment for the benefit of creditors, or take advantage of any insolvency act, the other party may, if it shall so elect, at any time thereafter terminate this Lease and the terms hereby granted by giving the other party five (5) days' notice of its election to do so, and

such notice having been given, this Lease and the term hereby granted shall terminate, expire and come to an end on the date fixed in such notice as if said date were the date originally fixed in this Lease for the termination or expiration hereof.

(d) All rights and remedies of the parties under this Lease shall be cumulative, and none shall exclude any other right or remedy at law, equity or otherwise. Such rights and remedies may be exercise and enforced concurrently and whenever and as often as occasion therefor arises.

12. Repairs. Lessee, at its sole cost and expense, shall keep and maintain the interior of the Premises in good order and make all necessary non-structural repairs to the Premises including to the electrical and plumbing systems and equipment thereto (but not any replacements thereof). Lessor, at its sole cost and expense, shall make any necessary replacements to the heating, air-conditioning, electrical, plumbing and mechanical systems upon the Premises. Lessor, at its sole cost and expense, shall make all structural repairs and replacements to the exterior, roof and foundation of the Premises.

13. Alterations. Lessee may not make any alterations, restorations, changes, replacements or installations in or to the Premises without first obtaining the prior written consent of Lessor. In addition, Lessee shall not make any structural or exterior alterations to the Premises without first obtaining the prior written consent of Lessor.

14. Fixtures and Equipment. Any machinery, equipment and fixtures installed upon, attached or affixed to the Premises by Lessee shall the personal property of Lessee and may be removed by the Lessee at the expiration or sooner termination of this Agreement, provided that Lessee repairs any damage to the Premises caused by such removal.

15. Quiet Environment. Lessor warrants and represents that it has full power and authority to execute this Agreement, that it does not require the consent or authorization of any other party to do so and that it is the sole owner in fee simple of the Premises. Upon payment of the rental and performance of the covenants and agrees that Lessee shall peaceably and quietly have, hold and enjoy the Premises and all rights, easements, appurtenances and privileges belonging or in anyway appertaining thereto during the entire term of this Agreement and any extension hereof.

16. Signs. Lessee shall have the right to erect on or at the Premises such signs as Lessee deems necessary or desirable provided that said signs comply with all applicable zoning, building and other governmental ordinances and regulations.

17. Destruction of Premises.

(a) If the Premises are totally destroyed by fire or other cause, either Lessor or Lessee shall have the right to terminate this Agreement upon giving written notice to that effect to the other at any time within thirty (30) days from the date of such destruction. If any damage or destruction to the Premises by fire or other cause results, in Lessee's sole determination, in the denial of adequate access to or use of the Premises, then Lessee may terminate this Agreement by giving Lessor written notice to that effect within thirty (30) day period following such destruction. If this Agreement is terminated in accordance with this Paragraph 17(a), then all rent and additional rent shall cease as of the date of such destruction and any prepaid rent for the period after such destruction shall be refunded to Lessee.

(b) If neither party elects to terminate this Agreement pursuant to the provisions of Paragraph 17(a), or in the event the Premises are partially damaged or destroyed, then Lessor, at its sole cost and expense, shall commence promptly and proceed with due diligence to restore the Premises to substantially the same condition as existed immediately prior to such destruction, Lessee's trade fixtures and alterations excepted. During the period of any such restoration, rent and additional rent shall be reduced to reflect the extent to which the Premises cannot be used by Lessee and any prepaid rent for the period after the date of such partial destruction shall be adjusted at the rate then in effect.

(c) If Lessor undertakes to restore the Premises, and such restoration is not accomplished within one hundred twenty (120) days after the date any damage or destruction to the Premises, Lessee, at its option, may terminate this Agreement by giving written notice to Lessor to that effect within thirty (30) days after the expiration of said one hundred twenty (120) day period.

(d) Neither party hereto shall be responsible for any damages to the property of the other cause by fire or any "extended coverage" insurance perils and each party waives its right of recourse against the other party for such damages.

18. Condemnation.

(a) If during the term of this Agreement, the whole of the Premises or any portion of the Premises or of the building of which the Premises forms a part are taken or condemned by any public or quasi-public authority or access thereto is denied, so that the Premises cannot be used for the purposes stated herein, then, in such event, the term hereby granted shall cease and terminate as of the date of the vesting of title in such public authority, or when possession is given to such public authority, whichever event first occurs. Upon such occurrence, the rent and additional rent shall be fully abated as of such date and any prepaid rent for the period after such taking shall be refunded to Lessee. Lessor shall be entitled to the entire award for such taking, except that Lessee shall have the right to make an independent claim for improvements, fixtures, equipment and personal property belonging to or contributed by it, for injury, damage or destruction of Lessee's business as a result of such condemnation and for any other purpose permitted by law.

(b) If a portion only of the Premises is taken or condemned as provided in Paragraph 18(a) so that the remaining portion of the Premises is usable by Lessee, this Agreement will not be terminated but shall continue in full force and effect as to that portion of the Premises which was not taken or condemned. In such event, the rent and additional rent shall be equitably reduced for the remainder of the term to reflect that part of the Premises so taken.

19. Insurance. Lessee, at its sole cost and expense, shall maintain in full force and effect during the term of this Agreement and any renewal hereof adequate public liability insurance covering bodily injury and property damage with coverage in amounts reasonable and customary for Lessee's intended use of the Premises and said policy shall contain a stipulation that Lessee's insurer will provide thirty (30) days' written notice of cancellation of such insurance to Lessor. Such policy shall be carried by solvent and responsible insurance companies licensed to do business in the state where the Premises are located. Such policy shall also name the Lessor as an additional insured. At the

commencement of the term, hereof, Lessee shall deliver to Lessor a certificate issued and executed by Lessee's insurer evidencing the insurance coverage required hereunder. In addition, Lessee shall pay the property/casualty insurance upon the Premises during the term of the Lease. Lessee shall pay its proportionate share of such property/casualty insurance charges to Lessor within a reasonable time after being invoiced for same by Lessor, which invoice shall include sufficient documentation supporting any such property/casualty insurance charges.

20. Notices. All notices, requests, demands, reports, statements or other communications required to be given hereunder or relating to this Agreement shall be in writing and shall be deemed to have been duly given on the date of service if personally served on the party to whom notice is given, or on the date of mailing if mailed to the party to whom notice is to be given, either by first class mail or certified mail return receipt requested and properly addressed to the other party at the address for such other party first set forth above. Either party may at any time direct in writing that all communications or particular communications or particular types of communications be delivered to specific designees other than those specified herein by notifying the other party in the manner specified herein.

21. Mechanics' Liens. Lessee shall not permit any mechanics' or materialmen's or other liens to be imposed upon the Premises for any labor or material furnished Lessee in connection with work of any character performed on the Premises by or at the direction of Lessee. However, Lessee shall have the right to contest the validity or amount of any such lien, provided that the payment of such amount is bonded during the pendency of such contest, but upon the final determination of such contest, as appropriate, Lessee shall be responsible for such lien and shall immediately pay any judgement rendered with all proper costs and charges (including reasonable attorney's fees) and shall have the lien released at its own expense. In lieu of bonding, Lessee may obtain other security acceptable to Lessor.

22. Invalidity of Certain Provisions. If any provision of this Agreement shall be invalid or unenforceable, the remainder of the provisions of this Agreement shall not be thereby and each and every provision of this Agreement shall be enforceable to the fullest extent permitted by law.

23. Waiver. The failure of either party to seek redress for a violation of, or to insist upon the strict performance of any term, covenant, condition or provision contained in this Agreement shall not prevent a similar subsequent act from constituting a default under this Agreement.

24. Holding Over. In the event that Lessee holds over in possession after the date set hereunder for the expiration of this Agreement, such holding over shall not be deemed to extend or renew this Agreement, but the tenancy thereafter shall continue as a tenancy from month to month upon the terms and conditions herein contained and at the fixed monthly rental in; effect immediately preceding said expiration date. In the event either party hereto desires to terminate such month-to-month tenancy, such party shall give thirty (30) days' prior written notice to that effect to the other party.

25. Captions. The captions preceding the paragraphs of this Agreement are intended only as a matter of convenience and for reference and in no way define, limit or describe the scope of this Agreement or the intent of any provision hereof.

26. Applicable Law. This Agreement and the rights and obligations of the parties hereto shall be governed, interpreted and enforced in accordance with the laws of the state of New Mexico.

27. Brokerage Fees. Lessor and Lessee acknowledge that there are no real estate brokerage fee, commission or other compensation on account of this Agreement or any transaction contemplated hereunder.

28. Early Termination of Lease. Either party may terminate this Lease with or without cause upon giving one-hundred and eighty (180) days' notice in writing of its intention to cancel this Lease. The effective date of the termination shall be the first day of the month following in which the notice period described in the preceding sentence expires.

29. Entire Agreement. This Agreement contains the entire understanding and agreement between the parties as to the Premises and there are no other agreements with respect thereto, either oral or written. This Agreement shall not be amended or modified except by a written agreement executed by both parties.

The terms, covenants, conditions and provisions hereof shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, successors and assigns.

IN WITNESS WHEREOF, the parties hereto have executed this Lease Agreement by their duly authorized representatives as of the day and year first above written, to be effective as of January 1, 2018.

EXECUTED and approved by:

**LESSEE**

Board of Chaves County Commissioners

By: \_\_\_\_\_

Robert Corn, Chairman

ATTEST:

\_\_\_\_\_  
Dave Kunko, County Clerk

**LESSOR**

F & H Investments, LLC

\_\_\_\_\_  
Nancy Fram, Managing Member

STATE OF NEW MEXICO

COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of December, 2017, by Nancy Fram, Managing Member of F & H Investments, LLC, a New Mexico limited liability company, on behalf of said limited liability company.

My Commission expires:

\_\_\_\_\_  
Notary Public

**AGENDA ITEM:** 8

Requesting Approval of Resolution R-17-045 adopting Required Community Development Block Grant Policies and Certification for the Tobosa Building Addition Project.

**MEETING DATE:** 12/21/17

**STAFF SUMMARY**

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**Action Requested by:** Georgianna Hunt, Community Development Division

**Action Requested:** Approval of Resolution R-17-045

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**Item Summary:**

Staff requests approval of Resolution R-17-045 a Resolution adopting the Community Development Block Grant Policies and Certifications to include:

- Citizen Participation Plan
- Fair Housing Resolution or Proclamation
- Residential Anti-Displacement & Relocation Assistance Plan
- Section 3 Plan
- Procurement Code

These Certifications are required as a process of the Community Development Block Grant on behalf of the Tobosa Building Addition Project. Grant funding received is in the amount of \$496,136.00

Staff recommends approval.

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**SUPPORT DOCUMENTS:** **Resolution R-17-045**

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Summary by: Georgianna Hunt

Title: Community Development Project Specialist

Grantee Name: \_\_\_\_\_

CDBG Project Number: \_\_\_\_\_

RESOLUTION # \_\_\_\_\_

**ADOPTION OF REQUIRED  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
ANNUAL CERTIFICATIONS AND COMMITMENTS**

**WHEREAS**, municipalities, counties or other entities that accept Community Development Block Grant (CDBG) funds must adopt certain required federal regulations; and

**WHEREAS**, the \_\_\_\_\_ (hereinafter referred to as the Grantee) wishes to ensure compliance with federal regulations by adopting the following required certifications and commitments:

**Citizen Participation** certifies its commitment to citizen participation by preparing and adopting a Citizen Participation Plan that includes ways to encourage public input using various methods to reach the public and assures that citizens are provided reasonable notice and timely access to local meetings, per the Open Meetings Act (NMSA 1978, Chapter 10, Article 15)

**Fair Housing** certifies its commitment to the Fair Housing Act of 1968 to affirmatively further fair housing, which prohibits discrimination in the sale, rental, leasing and financing of housing or land to be used for the construction of housing on the basis of race, color, religion, sex, disability, familial status, or national origin

**Residential Anti-Displacement & Relocation Assistance** certifies its compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, whose purpose is to provide uniform, fair, and equitable treatment for persons whose real property is acquired or for persons displaced as a result of a CDBG-funded project or activity

**Section 3** certifies its commitment to Section 3, a provision of the Housing and Urban Development (HUD) Act of 1968, which requires recipients of certain HUD financial assistance, to the greatest extent feasible, provide job training, employment, and contracting opportunities for low and very low income residents in connection with projects and activities in their community

**Procurement** certifies its compliance with federal procurement code (24 CFR Part 85.36) and New Mexico Procurement Code (§13-1-120 NMSA 1978) by adopting a procurement policy annually for CDBG projects

**NOW, THEREFORE, BE IT RESOLVED**, that the Grantee adopts the above CDBG certifications and commitments that must be adopted annually.

**PASSED, APPROVED, SIGNED, AND ADOPTED** at a duly called and convened regular meeting of the governing body of the \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**SIGNED:** \_\_\_\_\_  
\_\_\_\_\_, Chief Elected Official

**ATTEST:**  
\_\_\_\_\_

# Fair Housing Self-Assessment

**COMMUNITY OF:** \_\_\_\_\_

1. To the best of your knowledge has your community been involved in any complaints regarding discrimination the sale or rental of housing on the basis of race, color, religion, sex, national origin, familial status or handicap?

Yes                      No

2. If yes, give a brief description of the nature of any complaints and resolutions.

Yes                      No

3. Has your community adopted a Fair Housing Program to help local citizens be aware of their rights regarding fair housing under federal and state law, and in filing a complaint if discrimination is suspected?

Yes                      No

4. What do you perceive as the most potentially serious problem areas regarding discrimination in fair housing in your community?

Problem Area	Severity
<b>Color</b>	
<b>Familial Status</b>	
<b>Handicap</b>	
<b>National Origin</b>	
<b>Race</b>	
<b>Religion</b>	
<b>Sex</b>	

5. Does your community contain any subsidized housing units?

Yes                      No

6. As best as can be determined, do relevant public policies/practices regarding zoning and building codes have an adverse impact on the achievement of fair housing choice?

Yes                      No

7. Are you aware of any practices in the local real estate community as it relates to buying, selling and house rentals that may adversely affect the achievement of fair housing choice in your community?

Yes No

8. Do your community records contain data on the actual number and percentage of persons residing in the community by race, color, religion, sex, national origin, age, handicap and familial status, as well as income characteristics by group?

Yes No

9. Is information available to you that list major local employers by type and the number of people employed within your community by salary and racial group?

Yes No

10. Is there public transportation available in your community?

Yes No

11. Do your community records contain data on the total number of housing units in the community by type, and the number of vacant units?

Yes No

12. Does your community contain any housing for the handicapped such as group homes, independent living complexes, etc.?

Yes No

13. Has your community participated in the CDBG program prior to 1993?

Yes No

14. Has your community been involved with any other state or federal programs that required the reporting of specific fair housing information?

Yes No

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**Robert Corn, County Commission Chairman**

---

**Date**

## SECTION 3 PLAN WITH REQUIRED ELEMENTS

The \_\_\_\_\_ is committed to comply with Section 3 of the Housing and Urban Development Act of 1968. This Act encourages the use of small local businesses and the hiring of low income residents of the community.

The \_\_\_\_\_ has appointed \_\_\_\_\_ as the Section 3 Coordinator, to advise and assist key personnel and staff on Section 3, to officially serve as focal point for Section 3 complaints, and as the on-site monitor of prime contractors and sub-contractors to insure the implementation and enforcement of their Section 3 plans. The approval or disapproval of the Section 3 plan is the ultimate responsibility of the \_\_\_\_\_. Documentation of efforts will be retained on file for monitoring by the state.

Therefore, the \_\_\_\_\_ shall:

1. Hiring
  - a. Advertise for all \_\_\_\_\_ positions in local newspapers
  - b. List all \_\_\_\_\_ job opportunities with the State Employment Service
  - c. Give preference in hiring to lower income persons residing in the \_\_\_\_\_. This means that if two equally qualified persons apply and one is a resident of the \_\_\_\_\_ and one is not, the resident will be hired
  - d. Maintain records of \_\_\_\_\_ hiring as specified on this form

_____ ANTICIPATED/ACTUAL HIRES			_____ HIRING YEAR	
PLANNED			ACTUAL	
Job Classification	# of Positions to be Filled	# of Positions to be Filled by Lower Income _____ Residents	# of Positions Filled	Positions Filled by Lower Income _____ Residents

- Chart for Section 3 Plan **MUST** be filled out in its entirety.

## 2. Contracting

- a. The \_\_\_\_\_ will compile a list of businesses, suppliers and contractors located in the \_\_\_\_\_.
- b. These vendors will be contacted for bid or quotes whenever the \_\_\_\_\_ requires supplies, services or construction.
- c. Preference will be given to small local businesses. This means if identical bids/quotes are received from a small business located within the \_\_\_\_\_ and one from outside the \_\_\_\_\_, the contract will be awarded to the business located within the community.

## 3. Training

The \_\_\_\_\_ shall maintain a list of all training programs operated by the \_\_\_\_\_ and its agencies and will direct them to give preference to \_\_\_\_\_ residents. The \_\_\_\_\_ will also direct all CDBG sponsored training to provide preference to \_\_\_\_\_ residents.

## 4. CDBG Contracts

All CDBG bid proposals and contracts shall include the following Section 3 language.

- a. The work to be performed under this contract is on a project assisted under a program providing direct federal financial assistance from the Department of Housing and Urban Development and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u. Section 3 requires that the greatest extent feasible, opportunities for training and employment be given lower income residents of the project areas, and contracts for work in connection with the project be awarded to business concerns residing in the project area.
- b. The parties to this contract will comply with the provision of said Section 3 and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development set forth in 24 CFR and all applicable rules and orders of the Department issued there-under prior to the execution of this contract. The parties to this contract certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.
- c. The contractor will send to each labor organization or representative of workers with which he has a collective bargaining agreement or other contract or understanding, if any, a notice advising the said labor organization or workers' representative of his commitments under the Section 3 clause, and shall post copies of the notice in conspicuous places available to employees and applicants for employment or training.
- d. The contractor will include this Section 3 clause in every subcontract for work in connection with the project and will, at the direction of the applicant for, or recipient of federal financial assistance, take appropriate action pursuant to the subcontract upon a finding that the

subcontractor is in violation of regulations issued by the Secretary of Housing and Urban Development, 24 CFR 135. The contractor will not subcontract with any subcontractor where it has notice or knowledge that the latter has been found in violation of regulations under 24 CFR 135, and will not let any subcontract unless the subcontractor has first provided it with the requirements of these regulations.

- e. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR 135, and all applicable rules and orders of the Department, issued thereunder prior to the execution of the contract, shall be a condition of the federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance, its successors and assigns. Failure to fulfill these requirements shall subject the applicant or recipient, its contractors and subcontractors, its successors and assigns to those sanctions specified by the grant or loan agreement or contract through which federal assistance is provided, and to such sanctions as are specified by 24 CFR 135.

The \_\_\_\_\_ shall require each contractor to prepare a written Section 3 plan as a part of their bids on all jobs exceeding \$100,000. All Section 3 plans shall be reviewed and approved by the County's Equal Opportunity Section 3 Compliance Officer and retained for monitoring by the state.

The \_\_\_\_\_ will maintain all necessary reports and will insure that all contractors and subcontractors submit required reports.

LOWER INCOME CLARIFICATION

A family who resides in \_\_\_\_\_ and whose income does not exceed the income limit for the size of family as per the attached Section 8 Income Limit for \_\_\_\_\_. Information contained in our Section 3 Plan reflects the status of the \_\_\_\_\_ employees regarding lower income considerations based on their salary paid by the\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

## FAIR HOUSING RESOLUTION WITH REQUIRED ELEMENTS

A resolution of the \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_, adopting a fair housing policy, making known its commitment to the principle of fair housing, and describing actions it shall undertake to affirmatively further fair housing.

WHEREAS; the Housing and Community Development act of 1974 as amended requires that all applicant for Community Development Block Grants funds certify that they shall affirmatively further fair housing; and

WHEREAS; the Civil Rights Act of 1968 (commonly known as the Federal Fair Housing Act) and the Fair Housing Amendments Act of 1988 declare a national policy to prohibit discrimination in the sale, rental, leasing and financing of housing or land to be used for the construction of housing or in the provision of brokerage services, on the basis of race, color, religion, sex, disability, familial status or national origin; and

WHEREAS; fairness is the foundation of the American system and reflects traditional American values; and

WHEREAS; discriminatory housing practices undermine the strength and vitality of America and its people;

NOW, THEREFORE, BE RESOLVED THAT the \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ hereby wish all persons living, working, doing business in or traveling through this \_\_\_\_\_ to know that: discrimination in the sale, rental, leasing, and financing of housing or land to be used for construction of housing, or in the provision of brokerage services on the basis of race, color, religion, sex, handicap, familial status or national origin is prohibited by Title VIII of the Fair Housing Act Amendments of 1988; and that it is the policy of the \_\_\_\_\_ of \_\_\_\_\_ to implement programs, within the constraints of its resources, to ensure equal opportunity in housing for all persons regardless of race, color, religion, sex, handicap, familial status or national origin; and within available resources the \_\_\_\_\_ of \_\_\_\_\_ will assist all persons who feel they have been discriminated against in housing issues on the basis of race, color, religion, sex, handicap, familial status or national origin to seek equality under existing federal and state laws to file a complaint with the New Mexico Attorney General's Office or the U.S. Department of Housing and Urban Development; and that the \_\_\_\_\_ of \_\_\_\_\_ shall publicize this Resolution and thereby encouraging owners of rental properties, developers, builders and others involved with housing to become aware of their respective responsibilities and rights under the Fair Housing Amendments Act of 1988 and any applicable state or local laws or ordinances; and that the \_\_\_\_\_ of \_\_\_\_\_ shall undertake the following actions to affirmatively further fair housing:

(List all such actions to include: mailing copies of this resolution to the real estate community, banks, developers, community organizations and local media; posting copies of this resolution at identified locations; distributing flyers; sponsoring schools)

PASSED AND ADOPTED BY THE \_\_\_\_\_ of the \_\_\_\_\_  
of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Dave Kunko, County Clerk

APPROVED AS TO FOR:

\_\_\_\_\_  
Robert Corn, Commission Chair

# RESIDENTIAL ANTI-DISPLACEMENT AND RELOCATION ASSISTANCE PLAN WITH REQUIRED ELEMENTS

## Residential Anti-Displacement and Relocation Assistance Plan

### I. Background/Introduction

Section 104(d) of the Housing and Community Development Act of 1974, as amended (42 U.S.C. 5304(d)(4)), Section 105(b)(16) of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 12705(b)(16)), and implementing regulations at 24 CFR Part 42, specify that a grantee under the Community Development Block Grant (CDBG) must certify that it has in effect and is following a “residential Anti-displacement and relocation assistance plan” (Plan). As a CDBG grantee, \_\_\_\_\_ must certify to State of New Mexico Department of Finance and Administration Local Government Division that it has and is following such a Plan.

The Plan must include three components: 1) one-for-one replacement requirements for lower-income housing units, 2) relocation assistance, and 3) a description of the steps \_\_\_\_\_ will take to minimize displacement.

### II. Activities Covered by the Plan

All activities involving the use of CDBG funds that cause displacement as a direct result of demolition or conversion of a lower-income dwelling are subject to the requirements specified in the Plan. Activities for which funds are first obligated on or after September 30, 1988 are subject to the requirements specified in the Plan, without regard to the source year of the funds.

### III. Uniform Relocation Act

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA) govern displacement that directly results from acquisition, rehabilitation, or demolition of real property when federal funds are used. \_\_\_\_\_’s Residential Anti-displacement and Relocation Assistance Plan is in no way intended to supersede the URA. CDBG assisted activities may still be subject to the requirements of the URA.

### IV. One-for-One Replacement Units

All occupied and vacant occupiable lower-income dwelling units that are demolished or converted to a use other than as lower-income dwelling units in connection with an assisted activity must be replaced with comparable lower-income units. Replacement lower-income dwelling units may be provided by any governmental agency or private developer and must meet the following requirements:

- A. The units must be located within \_\_\_\_\_ to the extent feasible, the units shall be located within the same neighborhood as the units replaced

- B. The units must be sufficient in number and size to house no fewer than the number of occupants who could have been housed in the units that are demolished or converted. The number of occupants who could have been housed in the units shall be in accordance with applicable local housing occupancy codes. The units may not be replaced with smaller units (e.g., a 2-bedroom unit with two 1-bedroom units), unless \_\_\_\_\_ has provided information demonstrating that such a proposed replacement is consistent with the needs assessment contained State of New Mexico Department of Finance and Administration Local Government Division HUD-approved Consolidated Plan.
- C. The units must be in standard condition and must at a minimum meet Section 8 Program Housing Quality Standards. Replacement lower-income units may include units brought from a substandard condition to standard condition if: 1) no person was displaced from the unit; and 2) the unit was vacant for at least 3 months before execution of the agreement between \_\_\_\_\_ and the property owner.
- D. The units must initially be made available for occupancy at any time during the period beginning 1 year before the recipient makes public the information required under Section F below and ending 3 years after the commencement of the demolition or rehabilitation related to the conversion.
- E. The units must be designed to remain lower-income dwelling units for at least 10 years from the date of initial occupancy. Replacement lower-income dwelling units may include, but are not limited to, public housing or existing housing receiving Section 8 project-based assistance
- F. Before \_\_\_\_\_ enters into a contract committing it to provide CDBG funds for any activity that will directly result in the demolition of lower-income dwelling units or the conversion of lower-income dwelling units to another use, \_\_\_\_\_ must make public and submit in writing to State of New Mexico Department of Finance and Administration Local Government Division the following information:
- 1 A description of the proposed assisted activity;
  - 2 The location on a map and number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than for lower-income dwelling units as a direct result of the assisted activity;
  - 3 A time schedule for the commencement and completion of the demolition or conversion;
  - 4 The location on a map and the number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units. If such data is not available at the time of the submission to State of New Mexico Department of Finance and Administration Local Government Division, the submission shall identify the general location on an area map and the approximate number of dwelling units by size, and information identifying the specific location and number of dwellings units by size shall be submitted and disclosed to the public as soon as it is available;
  - 5 The source of funding and time schedule for the provision of replacement dwelling units;
  - 6 The basis for concluding that each replacement unit will remain a lower-income dwelling unit for at least 10 years from the date of initial occupancy; and
  - 7 Information demonstrating that any proposed replacement of dwelling units with smaller dwelling units is consistent with the needs assessment contained in

the State of New Mexico Department of Finance and Administration Local Government Division Consolidated Plan.

- G. The one-for-one replacement requirements may not apply if HUD determines, based on objective data, that there is an adequate supply of vacant lower-income dwelling units in standard condition available on a non-discriminatory basis within \_\_\_\_\_ . In making such a determination, State of New Mexico Department of Finance and Administration Local Government Division will consider such factors as vacancy rates, numbers of lower-income units in \_\_\_\_\_ and the number of eligible families on the Section 8 waiting list.

V. Relocation Assistance

Each lower-income person who is displaced as a direct result of CDBG assisted demolition or conversion of a lower-income dwelling shall be provided with relocation assistance.

Relocation assistance includes advisory services and reimbursement for moving expenses, security deposits, credit checks, other moving expenses, including certain interim living costs, and certain replacement housing assistance.

Displaced persons have the right to elect, as an alternative to the benefits described in this Plan, to receive benefits under the URA, if they determine that it is in their best interest to do so. The following relocation assistance shall be available to lower-income displacement persons:

- A. Displaced lower-income persons will receive the relocation assistance required under 49 CFR 24, Subpart C (General Relocation Requirements) and Subpart D (Payment for Moving and Related Expenses) whether the person elects to receive assistance under the URA or the assistance required by CDBG regulations. Relocation notices must be distributed to the affected persons in accordance with 49 CFR 24.203 of the URA;
- B. The reasonable and necessary cost of any security deposit required to rent the replacement dwelling unit and for credit checks required to rent or purchase the replacement dwelling unit;
- C. Actual reasonable out-of-pocket costs incurred in connection with temporary relocation, including moving expenses and increased housing costs, if:
  - 1. The person must relocate temporarily because continued occupancy of the dwelling unit constitutes a substantial danger to the health or safety of the person or the public; or
  - 2. The person is displaced from a lower-income dwelling unit, none of the comparable replacement units to which the person has been referred qualifies as a lower-income dwelling unit, and a suitable lower-income dwelling unit is scheduled to become available through one-for-one replacement requirements
- D. Replacement Housing Assistance. Displaced persons are eligible to receive one of the following two forms of replacement housing assistance:
  - 1. Each person shall be offered rental assistance equal to 60 times the amount necessary to reduce the monthly rent and estimated average monthly cost of

utilities for a replacement dwelling to the "Total Tenant Payment", as determined under 24 CFR 813.107. All or a portion of this assistance may be offered through a certificate or housing voucher for rental assistance under the Section 8 program. Where Section 8 assistance is provided to the displaced person,

\_\_\_\_\_ must provide the person with referrals to comparable units whose owners are willing to participate in Section 8 program to the extent that cash assistance is provided, it will be provided in installments.

2. In lieu of the housing voucher, certificate or cash assistance described above, the person may elect to receive a lump sum payment allowing them to secure participation in a housing cooperative or mutual housing association. This lump sum payment shall be equal to the capitalized value of 60 monthly installments of the amount that is obtained by subtracting the

"Total Tenant Payment", as determined under 24 CFR 813.107, from the monthly cost of rent and average monthly cost of utilities at a comparable replacement dwelling unit. To compute the capitalized value, the installments shall be discounted at the rate of interest paid on passbook savings in a federally insured financial institution conducting business within \_\_\_\_\_.

Displaced lower-income tenants shall be advised of their right to elect relocation assistance pursuant to the URA and the regulations at 49 CFR 24 as an alternative to the relocation assistance available under CDBG regulations.

## VI. Eligibility for Relocation Assistance

A lower-income person is eligible for relocation assistance if they are considered to be a "displaced person" as defined in 24 CFR 42.305. A displaced person means a lower-income person who, in connection with an activity assisted under the CDBG program, permanently moves from real property or permanently moves personal property from real property as a direct result of demolition or conversion of a lower-income dwelling.

For purposes of this definition, a permanent move includes a move made permanently and:

- A. After notice by the owner to move from the property, if the move occurs on or after the date of the submission of a request to \_\_\_\_\_ for CDBG assistance that is later approved for the requested activity; or
- B. After notice by the owner to move from the property, if the move occurs on or after the date of the initial official submission to HUD of the consolidated plan under 24 CFR Part 91 describing the assisted activity; or
- C. Before the dates described in A & B above, if \_\_\_\_\_ or State of New Mexico Department of Finance and Administration Local Government Division determines that the displacement was a direct result of conversion or demolition in connection with a CDBG assisted activity; or
- D. By a tenant-occupant of a dwelling unit, if any one of the following three situations occurs:
  1. The tenant moves after execution of the CDBG agreement covering the acquisition, rehabilitation or demolition and the move occurs before the tenant is

provided written notice offering the tenant the opportunity to lease and occupy a suitable, decent, safe and sanitary dwelling in the same building/complex upon completion of the project under reasonable terms and conditions, including a monthly rent and estimated average monthly utility costs that do not exceed the greater of the tenant's monthly rent before such agreement, or the total tenant payment as determined under 24 CFR 813.107 if the tenant is lower-income, or 30 percent of gross household income if the tenant is not lower-income.

2. The tenant is required to relocate temporarily, does not return to the building/complex, and either is not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation, or other conditions of the temporary relocation are not reasonable.
3. The tenant is required to move to another dwelling unit in the same building/complex but is not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

If the displacement occurs on or after the appropriate date described in A & B above, the lower-income person is not eligible for relocation assistance if:

- A. The person is evicted for cause based upon a serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation of applicable federal, State or local law, or other good cause, and the \_\_\_\_\_ determines that the eviction was not undertaken for the purpose of evading the obligation to provide relocation assistance;
- B. The person moved into the property on or after the date described in A & B above after receiving written notice of the expected displacement; or
- C. \_\_\_\_\_ determines that the displacement was not a direct result of the CDBG assisted activity and the State of New Mexico Department of Finance and Administration Local Government Division concurs with this determination.

## VII. Minimizing Displacement

The CDBG regulations regarding the demolition or conversion of lower-income dwelling units are designed to ensure that lower-income persons are provided with adequate, affordable replacement housing. Naturally, involuntary displacement should be discouraged whenever a reasonable alternative exists. Involuntary displacement is extremely disruptive and disturbing, especially to lower-income persons who do not have the means to locate alternative housing.

There are various ways that displacement can be minimized. The following are steps that will be taken to minimize the involuntary displacement of lower-income persons when CDBG funds are involved:

- A. Screening of Applications All CDBG applications will be reviewed to determine whether involuntary displacement is likely to occur. Those applications involving displacement will receive a lower priority recommendation for funding unless it can be shown that alternatives are not available.
- B. Acquisition of Property Applicants who apply for CDBG funds to acquire property for the

development of lower-income housing will be encouraged to purchase vacant land. In the case of in-fill and other projects where this is not feasible and the project involves potential displacement, the applicant shall agree to allow the displaced lower-income person(s) to occupy the new housing at an affordable rent.

Applicants who utilize CDBG funds to rehabilitate or convert a lower-income unit to a non-residential use will be required to supply replacement housing consistent with paragraph IV, as well as relocation assistance.

- C. Cost of Relocation Assistance The cost of any required relocation assistance and the provision of replacement housing will be borne by the applicant and may be paid for out of CDBG funds awarded to the project.

### VIII. Definitions

- A. "Comparable replacement dwelling unit" means a dwelling unit that:
  - 1 Meets the criteria of 49 CFR 24.2(d)(1) through (6); and
  - 2 Is available at a monthly cost for rent plus estimated average monthly utility costs that does not exceed the "Total Tenant Payment" determined under 24 CFR 813.107 after taking into account any rental assistance the household would receive.
- B. "Lower-income dwelling unit" means a dwelling unit with a market rental (including utility costs) that does not exceed the applicable Fair Market Rent (FMR) for existing housing and moderate rehabilitation established under 24 CFR Part 888.
- C. "Standard condition" means units that at a minimum meet the Existing Housing Quality Standards of the Section 8 rental subsidy program.
- D. "Substandard condition suitable for rehabilitation" means units with code violations that can be brought to Section 8 Housing Quality Standards within reasonable monetary amounts.
- E. "Vacant occupiable dwelling unit" means a dwelling unit that is in a standard condition; a vacant dwelling unit that is in substandard condition, but is suitable for rehabilitation; or a dwelling unit in any condition that has been occupied (except by a squatter) at any time within the period beginning 3 months before the date of execution of the agreement by \_\_\_\_\_ covering the rehabilitation or demolition.

### IX. Grievances

The \_\_\_\_\_ will provide timely written answers to written complaints and grievances within 15 working days where practical. Action items:

- A. Adopt complaint handling procedures or policies to insure that complaints or grievances are responded to within 15 days, if possible.
- B. Allow for appeal of a decision to a neutral authority.

- C. File a detailed record of all complaints or grievances and responses in one central location with easy public access.

IX. Certification

The \_\_\_\_\_ herewith certifies to follow the Anti-displacement relocation plan described above and adopt the plan by resolution annually.

Plan Adoption Date: \_\_\_\_\_

Adoption Instrument: \_\_\_\_\_

Certified By: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_  
\_\_\_\_\_

Copy to Local Government Division with attachments

# CITIZEN PARTICIPATION PLAN WITH REQUIRED ELEMENTS

## Introduction

In accordance with the 1987 revisions to the Housing and Community Development Act and in an effort to further encourage citizen participation, \_\_\_\_\_ has prepared and adopted this Citizen Participation Plan.

## Objective A

\_\_\_\_\_ will provide for and encourage citizen participation within its area of jurisdiction, with particular emphasis on participation by persons of low and moderate income. *Action items:*

1. *Adopt and circulate an Open Meetings Resolution which provides citizens with reasonable notice of county/municipality upcoming meetings, actions and functions.*
2. *Develop press releases on county/municipality meetings, actions and hearings, and circulate to newspapers, radio and television media.*
3. *Develop and maintain listing of groups and representative of low and moderate income persons, and include on mailing lists of announcements, notices, press releases, etc.*

## Objective B

\_\_\_\_\_ will provide citizens with reasonable and timely access to local meetings, information and records relating to the proposed and actual use of CDBG funds. *Action items:*

1. *Public notices, press releases, etc., should allow for a maximum length of notice to citizens.*
2. *Appropriate information and records relating to the proposed and actual use of CDBG funds must be available upon request to all citizens. Personnel and income records may be exempted from these requirements.*
3. *Meetings, hearing, etc., should be conducted at times and locations conducive to public attendance, e.g., evenings, Saturdays.*

## Objective C

\_\_\_\_\_ will provide technical assistance to groups and representatives of low and moderate income persons that request assistance in developing proposals. *Note: the level and type of assistance is to be determined by the county/municipality. Action items:*

1. *Low and moderate income groups should be advised that technical assistance, particularly in the area of community development, is available from the county/municipality upon request.*
2. *Document technical assistance provided to such groups and has documentation available for review.*

#### Objective D

\_\_\_\_\_ will provide a minimum of two public hearings to obtain citizen participation and respond to proposals and questions at all stages of the Community Development Block Grant Program. *Action items:*

1. *Advise citizens of the CDBG program objectives, range of activities that can be applied for and other pertinent information.*
2. *Conduct a minimum of two public hearings:*
  - a. *One public hearing will be held to advise citizens of the program objectives and range of activities that can be applied for, and to obtain the citizen's views on community development and housing needs, to include the needs of low and moderate income people. This hearing will take place prior to the selection of the project to be submitted to the state for CDBG funding assistance.*
  - b. *A second public hearing will be held to review program performances, past use of funds and make available to the public its community development and housing needs, including the needs of low and moderate income families, and the activities to be undertaken to meet such needs.*
3. *Publish public hearing notices in the non-legal section of newspapers or in other local media. Evidence of compliance with these regulations will be provided with each CDBG application, i.e., hearing notice minutes of public meetings, list of needs and activities to be undertaken, etc. Amendments to goals, objectives and applications are also subject to public participation.*

#### Objective E

\_\_\_\_\_ will provide timely written answers to written complaints and grievances within 15 working days where practical. *Action items:*

1. *Adopt complaint handling procedures or policies to insure that complaints or grievances are responded to within 15 days, if possible.*
2. *Allow for appeal of a decision to a neutral authority.*
3. *File a detailed record of all complaints or grievances and responses in one central location with easy public access.*

#### Objective F

\_\_\_\_\_ will identify how the needs of non-English speaking residents will be met in the case of public hearings where a significant number of residents can be reasonably expected to participate. *Action items:*

1. *Identify areas where large majorities of non-English speaking persons reside and make appropriate provisions when issues affecting these areas are to be discussed at public meetings, hearings, etc. Appropriate provisions will include having interpreters available at the meeting and having briefing material available in the appropriate language.*
2. *Maintain records/rosters of public hearing attendees and proceedings to verify compliance with this objective.*

ATTEST:

APPROVED AS TO FOR:

\_\_\_\_\_  
Dave Kunko, County Clerk

\_\_\_\_\_  
Robert Corn, Commission Chair

**AGENDA ITEM:** \_\_\_\_\_<sup>9</sup>

Resolution R-17-046- Final Disposition for  
2017 Road Maintenance Application #1

**MEETING DATE:** December 21, 2017

## **STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Public Services Director

**ACTION REQUESTED:** Approve Resolution

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**ITEM SUMMARY:** Resolution R-17-046 is asking for the final disposition of 2017 Road Maintenance Application #1; Wrangler Road. Chaves County Road Department reports that Wrangler Road from Pine Lodge north approximately .75 mile meets the stipulations for acceptance as a county road and requests permission to place it on the Chaves County Road Atlas and to accept maintenance responsibilities.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** Resolution R-17-046, Road Department Memorandum

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**SUMMARY BY:** Bill Williams

**TITLE:** Public Services Director

**RESOLUTION R-17-046**

**FINAL DISPOSITION FOR ROAD MAINTENANCE APPLICATION #1,  
WRANGLER ROAD, FOR THE 2017 ANNUAL ROAD HEARING**

**WHEREAS**, the Board of Chaves County Commissioners did receive a Road Maintenance request; and

**WHEREAS**, the Board of Chaves County Commissioners conducted a Public Hearing on April 20, 2017, to consider input received from the public, the Board of Freeholders and staff with regard to the received applications; and,

**WHEREAS**, the Board of Chaves County commissioners has viewed the requested road; and

**WHEREAS**, preliminary approval was granted for Application #1 for Road Maintenance on Wrangler Road; and

**WHEREAS**, Resolution R-17-016 was adopted by the Board of Chaves County Commissioners on May 18, 2017, whereby final approval was to be granted for Application #1 for Road Maintenance on Wrangler Road after verification of stipulations by the Chaves County Road Department; and

**WHEREAS**, all other stipulations and requirements have been met on Wrangler Road.

**NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE COUNTY OF CHAVES:**

That the Board of Chaves County Commissioners does hereby accept Application #1, Wrangler Road for final approval.

**BE IT FURTHER RESOLVED** that the Board of Chaves County Commissioners hereby authorizes the approved road to be made a part of the Chaves County Road System and placed on the Official Chaves County Road Atlas.

**PASSED, APPROVED, AND ADOPTED**, this 21<sup>st</sup> day of December 2017.

**BOARD OF CHAVES COUNTY COMMISSIONERS**

\_\_\_\_\_  
Robert Corn, Chairman

\_\_\_\_\_  
William E. Cavin, Vice-Chairman

**ATTEST:**

\_\_\_\_\_  
James W. Duffey, Member

\_\_\_\_\_  
T. Calder Ezzell Jr, Member

\_\_\_\_\_  
Dave Kunko  
County Clerk

\_\_\_\_\_  
Jeff Bilberry, Member

**AGENDA ITEM:** 10

Resolution R-17-048 Supporting the  
Formation of a Regional Airport  
Authority

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs, County Manager

**ACTION REQUESTED:** Approve Resolution

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**ITEM SUMMARY:**

Resolution R-17-048 is in support of the City of Roswell and the RIAC task force efforts to create a regional airport authority. This will require a change to New Mexico law. Chaves County supports this effort.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** Resolution # R-17-048

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**SUMMARY BY:** Stanton L. Riggs

**TITLE:** County Manager

**RESOLUTION R-17-048**  
**SUPPORTING THE FORMATION OF A REGIONAL AIRPORT AUTHORITY**

WHEREAS, the Roswell International Air Center (RIAC) has great potential to positively impact the economy of the City of Roswell and Chaves County through high wage job creation and other economic activity; and

WHEREAS, RIAC has an economic effect on the surrounding cities and counties in SE New Mexico. This is demonstrated by the regional support for the commercial air service from Roswell to both Dallas and Phoenix; and

WHEREAS the City of Roswell has contracted for two air center studies in which both studies have recommended the formation of a regional airport authority; and

WHEREAS, an airport authority would allow private investment, with the private sector not at the mercy of the ever-changing landscape of local government; and

WHEREAS, a RIAC task force has been formed and has recommended changes to state law which would allow the creation of an airport authority.

NOW THEREFORE BE IT RESOLVED by the Chaves County Board of Commissioners that Chaves County whole heartedly supports the City of Roswell and the RIAC task force in their efforts to create a regional airport authority with regional governance appointed by Roswell, Chaves County and other regional governments.

DONE this 21<sup>st</sup> day of December, 2017.

**BOARD OF CHAVES COUNTY COMMISSIONERS**

\_\_\_\_\_  
Robert Corn, Chairman

\_\_\_\_\_  
William E. Cavin, Vice-Chairman

\_\_\_\_\_  
James W. Duffey, Member

\_\_\_\_\_  
T. Calder Ezzell, Jr., Member

\_\_\_\_\_  
Jeff Bilberry, Member

**ATTEST:**

\_\_\_\_\_  
Dave Kunko  
County Clerk

**AGENDA ITEM:** 11

Resolution R-17-049

**MEETING DATE:** December 21, 2017

Deletion of property & proposed disposition

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Lucia Serrano

**ACTION REQUESTED:**

Approval of Resolution R-17-049

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**ITEM SUMMARY:**

On November 7, 2017, Chaves County held a public online auction on the website GovDeals.com. The County sold seven vehicles that were declared obsolete. These vehicles had belonged to the Sheriff's Department and among the seven, one vehicle was scrap.

The sold amount totaled to \$6,065. The process of the auction and the customer service received from GovDeals was flawless. The County saved \$695.05 in seller premium fees and advertising fees.

Your approval of this resolution will allow staff to remove the attached inventory and send the items to a public online auction.

Chaves County will be conducting an online auction with GovDeals starting January 29, 2018 if approved. The website where this auction will take place is on [www.govdeals.com/chavescounty](http://www.govdeals.com/chavescounty)

Staff recommends approval.

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**SUPPORT DOCUMENTS:**

Resolution R-17-049

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**SUMMARY BY:** Anabel Barraza

**TITLE:** Assistant Finance Director

**RESOLUTION R-17-049**

**DELETION OF PROPERTY AND PROPOSED DISPOSITION**

At a regular meeting of the Board of Chaves County Commissioners held on December 21, 2017, the following was among the proceedings:

**WHEREAS**, the Chaves County completed the yearly physical inventory per Fixed Asset Policy Section 5.3.A and 5.3.B.; and,

**WHEREAS**, the property on the attached list has been declared obsolete, deleted, missing or beyond repair; and,

**WHEREAS**, the items listed in exhibit 'A' will be auctioned; and

**WHEREAS**, the Board of Chaves County Commissioners deems it necessary to dispose of items pursuant to provisions of the Procurement Code and other applicable State Statutes; and,

**NOW, THEREFORE, BE IT RESOLVED, THAT THE BOARD OF COUNTY COMMISSIONERS, CHAVES COUNTY, STATE OF NEW MEXICO**, hereby approves the deletion of property from the County Inventory.

**BE IT FURTHER RESOLVED**, the State Auditor and DFA Local Government Division will be notified 30 days prior to the disposition of property listed in Exhibit 'A' attached.

**Done at Roswell, New Mexico, this 21<sup>st</sup> Day of December.**

**BOARD OF CHAVES COUNTY  
COMMISSIONERS**

\_\_\_\_\_  
Robert Corn, Chairman

\_\_\_\_\_  
William E. Cavin, Vice-Chairman

\_\_\_\_\_  
T. Calder Ezzell Jr, Member

\_\_\_\_\_  
Jeff Bilberry, Member

\_\_\_\_\_  
James W. Duffey, Member

**ATTEST:**

\_\_\_\_\_  
Dave Kunko  
County Clerk

## Exhibit 'A'

<u>Asset ID</u>	<u>Description</u>	<u>Primary Location</u>
000437	VEHICLECHEVY - 1985 - PUMPERG36040 TRUCK #1FIRE HOSE \$4096 8/14/86 VOUCHER 4386	PFD
000699	VEHICLE2000 CHEV BLAZERVIN# 1GNDT13W2YK257909G45113	P&Z
000856	PRINTER-IHC officeIBM 6400 (010) LINE MATRIXFIRST SECURITY LEASE	DP
000971	VEHICLE 1999 FORD EXPEDITIONUNIT #9999VIN#1FMPU18L1XLA92277G39999	P&Z
001001	FILE CABINETLEGALROSWELL TOWERS	FINANCE
001804	STENO CHAIRPUBLIC AREA	CLERK
001879	CHAIRSECRETARIALCONF. AREA	CLERK
001890	COPIER STANDIN FRONT OF SCANNING CUBICLE	CLERK
001997	BATTERY CHARGER10/2AMP12 VOLTWAREHOUSE	CLERK
002011	TYPEWRITER/PANASONICKE-E4020REPLACEMENT FOR ADLERSBETTY'S DESK	CLERK
002244	FILE CABINET2 DRAWER W/LOCK; LETTER SIZE	SHERIFF
002248	SWITCHCISCO 3524XL SWITCH 24 10/100 2 GBIC	DP
002340	RADIOMAXON 16 CHANNEL40 WATT, TWO-TONE DECODERMODEL SM-4150M BASE STATION	CCFD#8
002346	WASHERJET FLOW WASHER#12-310	ROAD
003057	CHAIRLIGHT GREEN PLAID W/METAL FRAME	BLDG.MAINT
003106	CHAIRNOVIMEX LEATHER OFFICE CHAIR	DWI
003265	WHEEL LOADERMODEL 721C 3YD 3 BUCKET W/TEETH1999 CASEUNIT 227	FLOOD
003652	VEHICLE 1999 DODGE 1/2TON PUUNIT 130VIN# 187HC16YXXS242757G 40645	ROAD
003823	DESKHOOZIER - BROWNROGER	ROAD
003863	DUMPSTERB-87-19DEXTER LANDFILL	Auction
003915	ROLLERDYNAPAC R/T CP221BID B-95-21SPARE/UNIT 26	ROAD
006389	EXCAVATORGRADALL HYDRAULIC EXCAVATOR49" EXCAVATING BUCKET8FT GRADING BLADE	FLOOD
6604	1995 Chevy Utility Truck	SFD
006616	CAMERANIKON, W/FLASH ATTACHMENTSTATION 1 - OFFICE	SFD
006629	CAMCORDERW/2L BATTERY; HARD CASE; TELEPHOTO LENSVHS MOVIE, 6XZOOMSTATION 1 - OFFICE	SFD
006669	PAGERMOTOROLAMINITOR II	Auction
006957	CHAIRBLACK STANDING CHAIR W/ARMSCHAVES CO. OLD TAG#000101Replaced with new tag#010020	BLDG.MAINT
006961	TABLESMALL FOLDING TABLE 24"x6 "Replaced with new tag#010030	BLDG.MAINT
006963	VEHICLE1994 FORD F150, BLUE1FTEF15N3RLA58873G35931	ROAD
007138	COMPUTERDS400X (SD4) LAPTOP/NOTEBOOK, WITH WINDONOTEBOOK SURGE PROTECTOR, CARRING CASE,	FINANCE
007218	CHAIR	MFD
007229	SIRENSIREN AMPLIFIER W/SPEAKERS	MFD
007562	SHREDDERFELLOWS 32170 PAPER SHREDDERAPPRAISAL AREA	ASSESSOR
007739	FILE CABINETFILING ROOM	FINANCE
007741	FILE CABINETGRAY, 5-DRAWERFILING ROOM	FINANCE
007743	FILE CABINETGRAY, 5-DRAWERFILING ROOM	FINANCE
007747	FILE CABINETGREEN, 4-DRAWERFILING ROOM	FINANCE
007748	FILE CABINETGREEN, 4-DRAWERFILING ROOM	FINANCE
007750	FILE CABINETGRAY, 5-DRAWERFILING ROOM	FINANCE
007751	FILE CABINETGRAY, 5-DRAWERFILING ROOM	FINANCE

007753	FILE CABINETFILING ROOM	FINANCE
007754	FILE CABINETFILING ROOM	FINANCE
008115	VEHICLE2005 WHITE FORD TAURUS 4DR SEDAN LXUNIT 233 VIN# 1FAFP53UX5A269597G 60842	IT
008116	VEHICLE2005 WHITE FORD PU 1TON 4X2 MANUALTRANSMISSION VIN# 1FDWFF36Y85EC097989G 60840 Unit 232	FLOOD
008489	COPIERBIS HUB 7255 DIGITAL COPIER56SJ W/FINISHER, TONER AND DEVELOPERPUBLIC AREA	CLERK
008706	BOOKCASEDBL COMPONENT BOOKCASEW/SHELF & DOORS	DWI
008707	BOOKCASEDBL COMPONENT BOOKCASEW/SHELF & DOORS	DWI
008708	BOOKCASEDBL COMPONENT BOOKCASEW/SHELF & DOORS	DWI
008885	BOOKCASEDBL COMPONENT BOOKCASEW/SHELF AND DOORS.	DWI
008886	FILE CABINET2DR CHERRY WOOD FILE CABINETJANET NORRIS	DWI
008942	PRINTERHP COLOR LASER PRINTER	FINANCE
009185	VEHICLEAMERICVAN 2006 WHITE ELDORADO	CC Joy Ctn
009216	CHAIRHON 4000 SERIES CHAIRW/SIDE ARMS BURGUNDY/BLK IN COLOR	DWI
009217	CHAIRHON 4000 SERIES CHAIRW/SIDE ARMS BURGUNDY/BLK IN COLOR	DWI
009218	CHAIRHON 4000 SERIES CHAIRW/SIDE ARMS BURGUNDY/BLK IN COLOR	DWI
009220	CHAIRHON 4000 SERIES CHAIRW/SIDE ARMS BURGUNDY/BLK IN COLOR	DWI
009221	CHAIRHON 4000 SERIES CHAIRW/SIDE ARMS BURGUNDY/BLK IN COLOR	DWI
009222	CHAIRHON 4000 SERIES CHAIRW/SIDE ARMS BURGUNDY/BLK IN COLOR	DWI
	CHAIR	
	HON 4000 SERIES CHAIR	
009223	W/SIDE ARMS BURGUNDY/BLACK IN COLOR	DWI
009229	COAT TREE	DWI
009234	CHAIRWINE COLORED EXECUTIVE TASK CHAIR	DWI
009235	CHAIRWINE COLORED EXECUTIVE TASK CHAIR	DWI
009468	AUTOMARK	CLERK
009551	PRINTERHP LAZER JET COLOR PRINTER	F&E Servc.
009593	SHELFMETAL BOLTLESS SHELF	DWI
009594	SHELFMETAL BOLTLESS SHELF EXTRA HEAVY DUTY	DWI
009601	SHELFMETAL BOLTLESS SHELF EXTRA HEAVY DUTY	DWI
009816	CHAIREXECUTIVE BLK. LEATHER CHAIR	CCDC/ADULT
009825	PROJECTORINFOCUS PROJECTOR, SPARE PROJECTOR BULB	DWI
009870	SHELVINGSTEEL STORAGE SHELVING	DWI
009871	SHELVINGSTEEL STORAGE SHELVING	DWI
009874	DESKDESK W/RIGHT HAND RETURN AND HUTCH	DWI
009875	CHAIROFFICE STENO CHAIR	DWI
010110	VACUUMHOOVER BAGLESS UPRIGHT HEPE VACUUM CLEAN	DWI
010118	HEAD SETPLANTRONICS CS55/HL 10COMBO	ROAD
010154	PUMPVACUUM PUMP FOR HAVAC REPAIRS	BLDG.MAINT
010168	PRINTERHP OFFICE JET 5610 XiALL IN ONE	CCDC/JUV.
010229	CHARGERHT850 6-BANK CHARGER	CCDC/ADULT
010230	CHARGERHT960 6-BANK CHARGER	CCDC/ADULT
010231	CHARGERHT850 6-BANK CHARGER	CCDC/ADULT
010232	CHARGERHT850 6-BANK CHARGER	CCDC/ADULT

010233	CHARGERHT850 6-BANK CHARGER	CCDC/ADULT
010234	CHARGERHT850 6-BANK CHARGER	CCDC/ADULT
010235	CHARGERHT850 6 BANK CHARGER	CCDC/ADULT
010236	CHARGERHT850 6-BANK CHARGER	CCDC/ADULT
010237	CHARGERHT850 6-BANK CHARGER	CCDC/ADULT
010305	PDAHANDHELD PDA	CCDC/ADULT
010308	BATTERYAPC BATTERY BACKUP FOR JUV SERVERPART OF TAG #010267	CCDC/JUV.
010324	FILELATERAL FILE DKCY	DWI
010325	HUTCH71" TWO DOOR HUTCH	DWI
010326	DESK CORNERRT MOD DKCY	DWI
010400	MONITOR19" STARLOGIC FLAT MONITOR	DWI
010404	BOOK CASE1/2 BOOKCASEHANSEN CHERRY WOOD BOOKCASE	DWI
010405	FILE CABINETBUSH LATERAL FILE CABINET 2DRAWERS	DWI
010407	HUTCHHANSEN CHERRY WOOD	DWI
010408	DESK71" BOW DESKBUSH HANSEN CHERRY WOOD	DWI
010409	FILE CABINET3 DR FILE CABINETCABINET ON ROLLERS	DWI
010411	FILE CABINET3DRAWER FILE CABINET ON ROLLERS	DWI
010412	FILE CABINETLATERAL 2DRW FILE CABINET	DWI
010413	FILE CABINET;LATERAL 2DRAWER FILE CABINET	DWI
010418	FILE CABINETLATERAL 2DRAWER FILE CABINET	DWI
010419	FILE CABINET3DRAWER FILE CABINETON ROLLERS	DWI
010420	FILE CABINET3DRAWER FILE CABINETON ROLLERS	DWI
010461	TABLETABLE TENNIS W/ACCESSORIES	SENIORS
010463	TABLETABLE TENNIS W/ACCESSORIES	SENIORS
010849	SERVERIMAGING SERVER DELL NETWORK ISCSI-I	IT
010850	SERVER-Within another serverNEW IMAGING SERVER	IT
010904	STORAGE SERVEREAGLE DATABASE	IT
010905	SERVEREAGLE APPLICATION	IT
011053	Calculator	FINANCE 1
011058	Monitor17" flat Monitor	CLERK
011060	Monitor17" flat monitor	CLERK
011193	PRINTER	DWI
011303	LAPTOP HP LAPTOP PAVILLION W/DOCKING STATION	FINANCE
011355	DOCKING STATION	DWI
011428	Computer HD, DVD-R, power supply,memory,(2)CPU, & Motherboard	IT
011430	LAPTOP ACER ASPIRE LAPTOP COMPUTER	CtService
011461	COMPUTER, CPU MOTHERBOARD, HDD(2) DVD-R,POWER SUPPLY & VIDEO CARD	CLERK
011613	Washing Machine	CCDC/ADULT
011668	Acer Computer for Road Dept	ROAD
011704	Cisco Power Injector	CCDC/ADULT
011844	HP Laptop docking station	FINANCE
012040	Shelving	CtService
012041	Shelving	CtService

012060	Tripp Battery back up	IT
012061	Tripp battery back up/Web mgmt.Installed in tag #012060	IT
012347	Acer computer tower	CLERK
012349	Acer computer tower	CLERK
12358	PAGER	CCFD#8
013176	CANON PRINTER	DWI
013190	Kenmore Clothes Washing Machine	CCDC/JUV.
164873	VEHICLE1998 CHEV/SUMMIT WH 1/2 TON LONGBEDVIN# 1GCEC14M94Z192815G34515	ROAD
N/A	5 Pickup Truck Beds	ROAD
NA	DESK	CCFM
NA	Desk	CCFM
NA	Desk Chair	CCFM
NA	Book Shelves	CCFM
NA	Virtual Server 2	IT
NA	Virtual Server	IT
NA	Custom Build IT PC	IT
NA	Custom Build IT PC	IT
NA	Chairs	Clerk
NA	Table	CLERK
NA	3 Monitor	Clerk
NA	Acer Keyboard and mouse	P&Z
NA	Altec Lansing Speakers	P&Z
NA	Portable Lamp	P&Z
NA	Computer	P&Z
NA	Misc Items	CCDC
NA	Dell Laptop	IT
NA	12 Court Benches/Pews	ROAD

**AGENDA ITEM:** 12

Approve Job Specification for Flood Control Administrator

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs, County Manager

**ACTION REQUESTED:** Approve Job Specification

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**ITEM SUMMARY:**

The Chaves County Flood Commissioner has requested that we update the Flood Control Administrator position specification to reflect the position's current duties. The Human Resources Director has reviewed the Flood Control Administrator specification and made some modifications. Staff is requesting that we approve this updated position specification.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** Flood Control Administrator Job Specification

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**SUMMARY BY:** Susan Goldstrom

**TITLE:** Human Resources Director

## POSITION SPECIFICATION SUMMARY

**POSITION TITLE:** Flood Control Administrator  
**DIVISION:** Flood Commission  
**DEPARTMENT:** Flood Control  
**REPORTS TO:** Flood Superintendent  
**FLSA STATUS:** Non-Exempt



**Approved:** \_\_\_\_\_  
*Commissioner*

**Date:** \_\_\_\_\_

### POSITION SUMMARY

Provides administrative support with the ability to exercise independent judgment for all projects, as assigned, by Flood Commissioner and Superintendent. Act on behalf of Superintendent when absent.

### ESSENTIAL DUTIES AND RESPONSIBILITIES

Tasks include but are not limited to:

- Provide administrative support to Commissioner, Superintendent, and staff including all correspondence, presentations and travel arrangements.
- Prepare and oversee departmental budget.
- Maintain fiscal records; bank reconciliation, accounts payable, accounts receivable, payroll and purchasing.
- Prepare and distribute monthly and annual fiscal reports.
- Prepare monthly and annual fuel usage and mileage reports.
- Prepare heavy equipment and fleet vehicle maintenance schedule.
- Assign scheduled maintenance of heavy equipment and fleet vehicles.
- Oversee the documentation, maintenance, and repair of heavy equipment and fleet vehicles.
- Inventory heavy equipment, parts, supplies and office equipment.
- Prepare annual replacement schedule for heavy equipment and fleet vehicles
- Oversee the sale/auction of used equipment and vehicles.
- Preparation of flood projects; mapping, locates, documentation of progress to completion.
- Purchasing in accordance to County purchasing policies.
- Maintain employee records on status, discipline and certification.
- Ensure that safety policies and procedures are enforced; building, equipment and operators.
- Oversees office when Superintendent is absent.

### SUPERVISORY CONTROLS

- This position performs under the general supervision of the Flood Superintendent who may provide assignments and instruction, determine objectives, priorities and deadlines, and assists the employee with unusual situations. The employee uses own initiative and judgment to perform work in an independent and timely manner in accordance with precedents and established policies and procedures.

### QUALIFICATIONS

- **Education/Training/ Experience:** High School Diploma or G.E.D. and four (4) years' experience.
- **Experience Substitution:** Up to four (4) years college/96 hour's coursework can be substituted for four (4) years' experience.
- **Licenses/Certification:** Valid N.M. driver's license with a good driving record.
- **Desirable Qualifications:** Bachelor's degree from an accredited college or university.
- **Other:** Post offer Drug Analysis Test. Driver's license, Employment and Criminal Background Investigation.

**OTHER REQUIREMENTS**

**Knowledge, Skills, and Abilities Required**

- Basic understanding of personal computer and Microsoft Office applications.
- High proficiency in software programs such as Incode, ManagerPlus, MapTech, Terrain Navigator and Quicken).
- Read, write and understand written and oral instructions.
- Ability to communicate orally and in writing in English.
- Work well with ever changing priorities and/or situations.
- Interact with the general public and County employees in a professional and friendly manner.
- Must be detail oriented; work with minimal guidance and maximum accuracy.
- Must have strong organizational and public relations skills.
- Must be able to effectively safeguard confidential information.
- Employee must know and understand County Personnel policy as well as all county and departmental policies pertinent to the position.
- May require some out of town travel for training.
- Must be able to maintain an acceptable attendance record, be punctual and meet established deadlines.

**Safety requirements:** This position must comply with all safety guidelines of Chaves County.

**Physical demands:** The work is sedentary, typically requiring the employee to be able to sit comfortably to do the work. There may be some walking, stooping, standing, bending, carrying of light items or driving an automobile. Talking, hearing and seeing are essential to the performance of the job.

**Work environment:** Work for this position is performed indoors. The work area is adequately lighted, heated, and ventilated and involves typical risks associated with an office environment that require normal safety precautions and safe work practices.

**EMPLOYEE ACKNOWLEDGEMENT**

I have read my Job Description and understand my assigned responsibilities, and have been given a copy of this Job Description. I certify by my signature below that I understand the demands and expectations of the position and to the best of my knowledge I am able to perform the essential functions of this Job Description.

Accepted by: \_\_\_\_\_  
*Employee* \_\_\_\_\_  
*Date*

**“Equal Employment Opportunity Employer”**

***We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, gender identity, or any other legally protected class.***

**AGENDA ITEM:** 13

Appoint a Member to the Southeastern New Mexico Economic Development District / Council of Governments Board

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs, County Manager

**ACTION REQUESTED:** Approve Appointment

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**ITEM SUMMARY:**

The Southeastern New Mexico Economic Development District / Council of Governments Board consists of elected officials from Southeast New Mexico. Chaves County is represented on the Board by Chairman Corn. The District also has a position which represents business. That position is currently vacant. As such, Chaves County needs to appoint an individual to that vacant position.

Mr. Jon Hitchcock has indicated he is willing to serve in this position. Mr. Hitchcock is well known in our community and would be an asset to the Board.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** None

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**SUMMARY BY:** Stanton L. Riggs

**TITLE:** County Manager

**AGENDA ITEM:** 14

Termination of Lease Agreement  
A-08-002 between Chaves  
County and SOY Mariachi Inc. for  
Building Located at 1120 S.  
Grand

**MEETING DATE:** December 21, 2017

### **STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Stanton L. Riggs

**ACTION REQUESTED:** Termination of Lease Agreement A-08-002

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#### **ITEM SUMMARY:**

In 2008 Chaves County entered into a lease with SOY Mariachi (A-08-002), Exhibit 1. The lease was for use of the building located at 1120 S. Grand in Roswell. Section 8 of the lease requires SOY to purchase an insurance policy which covers damage to the building in the amount of \$500,000.

In June of 2017, Mr. Bill Williams, Public Services Director, along with George Libby, Facility Maintenance Director, inspected all buildings owned by the County for hail damage. On July 3, 2017, Mr. Williams sent a letter to Mr. Villegas regarding the extensive damage to the roof of the SOY building and inquiring when it would be repaired. Exhibit #2.

On July 11, 2017, Mr. Villegas met with Mr. Williams and myself to discuss the repairs. During the meeting, Mr. Villegas informed us that he had not purchased the insurance and could not afford to fix the roof. In late August, I sent Mr. Villegas a letter notifying him that SOY was in breach of the lease and they had ninety (90) days to fix the roof and purchase insurance. See Exhibit #3.

Over the course of September and October emails were exchanged between myself and Mr. Villegas' son, Romo Villegas, regarding SOY purchasing the building. As of this date, SOY has not made an offer to purchase the building.

On November 8, 2017, Chaves County received a Notice from the City of Roswell that the property leased by SOY was in violation due to weeds and litter. See Exhibit #4. I sent Mr. Villegas an email informing him of the violation and notifying that the lease required SOY to maintain the building and keep the property clean. See Exhibit #5.

In early November, the County received a letter from SOY dated October 17, 2017. See Exhibit #6. The letter set out the work SOY has performed on the building in the past and the work SOY does with the youth in our area.

The letter does not offer to fix the roof or correct the breach. At this time SOY is in violation of Section 8B and Section 6 of the lease.

Staff recommends termination of Agreement A-08-002.

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**SUPPORT DOCUMENTS:** Exhibits 1-6 as detailed above

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**SUMMARY BY:** Stanton L Riggs

**TITLE:** County Manager

**AGREEMENT A-08-002  
BETWEEN CHAVES COUNTY AND S.O.Y. MARIACHI, INC.  
FOR LEASE OF BUILDING LOCATED AT 1120 SOUTH GRAND AVENUE**

THIS Agreement is made and entered into as of this 21<sup>st</sup> day of February, 2008, by and between Chaves County, a political subdivision of the State of New Mexico, acting by and through its duly elected officials, hereinafter referred to as "County", and S.O.Y. Mariachi, Inc., a New Mexico nonprofit corporation, hereinafter referred to as "S.O.Y."

**WITNESSETH**

WHEREAS, the County is the owner of the building located at 1120 South Grande Avenue, Roswell, New Mexico, hereinafter referred to as the "leased premises", and

WHEREAS, S.O.Y. offers the youth of our County a musical alternative to drugs and gangs, and

WHEREAS, S.O.Y. is dedicated to teaching the youth of our community the art of mariachi music, and

WHEREAS, S.O.Y. will use the building for their programs, and

WHEREAS, S.O.Y. desires to lease the Property from the County and the County desires to lease the Property to S.O.Y., and

NOW, THEREFORE, the following agreement is entered into by the parties:

1. **SCOPE.** S.O.Y. may occupy the leased premises. S.O.Y. shall comply with all rules, regulations, ordinances, statutes and laws of all governmental authorities, agencies and departments at their own cost and expense. S.O.Y. agrees to abide by any reasonable rules for use, care and administration of the leased premises as are set from time to time by the County.
2. **TERM.** This lease agreement is for a period beginning March 1, 2008 and ending June 30, 2013. This lease contains one (1) five (5) year renewal option. Either party may terminate this Agreement with or without cause, by giving the other party thirty (30) days written notice of such intention to terminate.
3. **RENT.** As consideration for said lease, S.O.Y. shall pay the County Two Hundred Dollars (\$200.00) per year, payable in quarterly installments of Fifty Dollars (\$50.00) each, and provide services and benefits to the citizens of Chaves County as set forth in Exhibit A, attached hereto and incorporated by reference into this lease. In addition, S.O.Y. shall be responsible for (a) all maintenance and repairs to the building; (b) the purchase and maintenance of all insurances as required by the County; (c) all utilities; and (d) any improvements to the leased premises (all improvements must have prior approval of the Chaves County Board of Commissioners).

The fair market rental value of the leased premises of these buildings is Sixteen Thousand Dollars (\$16,000.00) a year (as shown in Exhibit A). The parties do hereby agree that the consideration paid and provided by S.O.Y. as shown in Exhibit A exceeds the fair market rental value of the leased premises.

4. RENEWAL. If, at the end of the lease period, S.O.Y. desires to lease the premises for an additional period, it shall notify the County Manager at least thirty (30) days prior to the termination of the lease term. Any renewals of the lease shall be subject to the same terms of this Agreement. In the event that the premises continues under lease to S.O.Y. after the term expires and if no new lease is then executed by the parties hereto, the terms of this Agreement (except the leased term) shall continue to bind the parties until a new lease agreement is executed, or until the County recovers possession of the leased premises.

5. WARRANTIES. At the commencement of the term of occupancy, S.O.Y. shall accept the leased premises in its existing condition. No representation, statement or warranty, expressed or implied has been made by or on behalf of the County as to such condition. In no event shall the County be held liable for any injury or damage resulting from defective or unsatisfactory condition of said premises.

6. MAINTENANCE & REPAIRS. S.O.Y. agrees to pay all utilities expenses incurred, including telephones and water, in the use of the leased premises. S.O.Y. further agrees that it shall pay for all necessary repairs and maintenance to the premises. S.O.Y. shall maintain the premises in a reasonable safe condition and further agrees that upon termination or expiration of this Agreement, S.O.Y. shall return the leased premises to the County in as good order and condition as it was when the Agreement was executed.

7. DESTRUCTION OF PREMISES. In the event of partial or complete destruction of the leased premises by fire or other elements, this Agreement shall terminate immediately.

8. INSURANCE. At all times during the term of this Lease, S.O.Y. will, at its sole cost and expense, and as additional rent hereunder procure and maintain, with insurers authorized to do business in the State of New Mexico and which are of generally recognized responsibility and acceptable to the County the following insurance coverages:

- A. A public liability insurance policy in the amount of One Million Dollars (\$1,000,000) with no limiting modifications including the County as a named insured party.
- B. An insurance policy which covers damage to, or the destruction of, the demised premises in the amount of Five Hundred Thousand Dollars (\$500,000) with no limiting modifications including the County as a named insured party.

All insurance required by this section shall be in effect under valid and enforceable policies upon the commencement of the term hereof, and S.O.Y. shall deliver to the County true and correct copies of the insurance policy or policies required.

All of such policies shall provide that County shall receive not less than ten (10) days notice prior to any cancellation, material change in terms of coverage, or reduction of the coverage evidence by such policy or policies of insurance.

In no event shall the County be held liable for any damage or personal injury caused by the act or omissions of S.O.Y.'s employees and/or of persons coming on or near the premises by reason of S.O.Y.'s operations on the premises, nor shall the County be held liable for accidents or occurrences resulting from the use of the premises by S.O.Y.. Further, S.O.Y. shall indemnify and hold harmless the County from any and all loss, costs, damage, expense, claims and liability (including the attorney's fees incurred in connection therewith), for personal injury, including wrongful death, and property damage growing out of or in any way related to S.O.Y.'s use or occupancy of the leased premises.

All of S.O.Y.'s personal property and fixtures located in or near the leased premises shall be kept at the sole risk of S.O.Y.. The County shall not be liable for any loss thereof or damage to S.O.Y.'s personal property or fixtures. Further, the County shall not be liable for any loss or damage to the leased premises or any damage as a result of the interruption of activities or otherwise. S.O.Y. hereby waives all claims and rights on recovery against the County, its agents, officials, invitees and employees, for any loss or damage to such personal property and fixtures or to consequential loss arising therefrom caused by fire or other casualty, whether negligently caused or not.

9. **ENTRY BY OWNER.** S.O.Y. shall permit the officers, employees, agents or invitees of the County to enter upon the leased premises at all reasonable times to examine its condition.

10. **ASSIGNMENT AND SUBLEASE.** It is agreed that S.O.Y. shall not assign, lease or sublease any portion of the leased premises to anyone, for any purpose without first obtaining the written consent of the Chaves County Commission.

11. **SURRENDER.** S.O.Y. shall, upon termination of this lease, peacefully and quietly surrender the leased premises to the County, leaving same in clean and orderly condition. If the leased premises is not left in such condition, the County shall have the right to clean said premises and place it in an orderly condition, and upon presenting S.O.Y. a statement reflecting the cost thereof, be immediately reimbursed in full by S.O.Y.

12. **IMPROVEMENTS.** No alteration, addition, or improvement to the leased premises shall be made by S.O.Y. without the prior written consent of the County. Any such alteration, addition or improvement which is affixed to the property shall become the property of the County, upon termination of this Agreement. Any improvements which are not affixed to the property shall remain the property of S.O.Y. and shall be removed within thirty (30) days following expiration of this Agreement. If the improvements are not removed within thirty (30) days, then at the County's

option, the improvements shall become the property of the County or shall be removed from the property at S.O.Y.'s expense.

13. NON-LIABILITY OF OWNER. The County shall not be liable to S.O.Y. for any breakdown or temporary cessation of electrical or plumbing systems. S.O.Y. shall be entitled to no damages for such cessation of use.

14. WASTE OR DAMAGE. S.O.Y. and others using the leased premises under its authority, shall not do or suffer any waste or damage to any building, improvement fixture (or any portion thereof) and shall not overload the electrical systems.

15. LIENS. If any mechanic's or material liens shall be filed against the leased premises by reason of or arising out of any labor or materials furnished to or alleged to have been furnished to S.O.Y., or by reason of any improvement, addition, alteration or remodeling of the improvements on said leased premises made or arranged by S.O.Y., S.O.Y. shall defend for the County at S.O.Y.'s expense any action, suit, or proceeding which may result therefrom or for enforcement of same and shall pay any damage and satisfy and discharge any judgment entered; and S.O.Y. shall hold the County harmless from and against any claim, loss, damage and expense resulting therefrom.

16. DEFAULT. If S.O.Y. defaults in any manner in the observance of any of its obligations or covenants contained herein, S.O.Y. shall pay to the County all costs and expenses that may arise from enforcing any of the terms of this Agreement, (regardless of whether a suit has been filed) including but not limited to reasonable attorney's fees and expenses of suit or collection.

17. ENTIRE AGREEMENT. The parties agree that this Agreement incorporates all of the agreements, covenants, and understandings between the parties concerning the subject matter hereof, and that all such covenants, agreements and understandings have been merged into this written Agreement. No prior agreement or understanding of the parties or their agents shall be valid or enforceable unless contained in this Agreement. This Agreement shall not be altered, changed or amended unless agreed to by the parties.

18. SEVERABILITY. If any clause or provision to this Agreement is illegal, invalid or unenforceable under the present or future laws effective during the term of this Agreement, then and in that event it is the intention of the parties hereto that the remainder of this Agreement not be affected thereby.

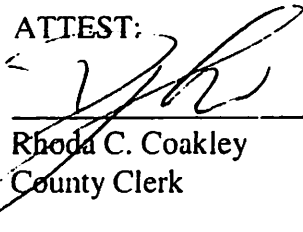
19. BINDING PARTIES. Both the County and S.O.Y. represent and agree that they have the full right, power and authority to enter into this lease Agreement for the terms stated. It is further agreed that the agents and representatives executing this Agreement for each party have full power and authority to enter into said agreement and to bind their principles to all of the terms hereof.

DONE this 21<sup>st</sup> day of February, 2008.

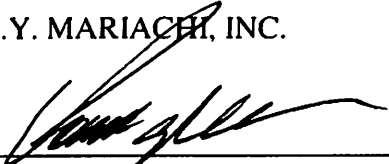
BOARD OF CHAVES COUNTY COMMISSIONERS

By:   
Alice Eppers, Chairman

ATTEST:

  
Rhoda C. Coakley  
County Clerk

S.O.Y. MARIACHI, INC.

By:   
R. G. Villegas, Director

**Exhibit A**  
**to**  
**Agreement A-08-002**

Building located at 1120 S. Grand Avenue is 9,536sq.ft. and it is estimated that it could rent for \$1,350.92 a month, \$16,211 a year. (\$1.70 a sq. ft.)

Fair Market Lease for the building is \$16,000 a year.

In accordance with the Lease, SOY will have to pay the following;

1. Utilities: Electric, gas, water, sewer, phone.	\$ 6,000
2. Insurance, liability, property estimate	\$ 3,000
3. Maintained, repairs, cleaning estimate	\$ 3,500

Service SOY donates to our Community

1. Free Music Classes	\$25,000
2. Free Dance Classes	\$ 5,000

Rent and Fees

1. Annual rent, covers any admin costs County might incur	\$ 200
---	--------

These numbers show that the County receives a huge benefit from SOY. That coupled with the expenses and responsibilities offset the Fair Market Value of the building.

**PUBLIC SERVICES**

PO Box 1817  
Roswell, NM 88202-1817  
PHONE: 575-624-6611  
FAX: 575-624-6631  
bwilliams@co.chaves.nm.us

**Public Services Director**

Bill Williams

Bobby Villegas  
Director, S.O.Y. Mariachi  
1120 S. Grand  
Roswell, NM 88203

Bobby,

I went to the S.O.Y. Mariachi building located at 1120 S. Grand, on June 12, to assess the condition of the roof and to document the damage after the recent hailstorms. Both the shingled roof and the flat (TPO) roof have extensive damage. Further, there is damage to HVAC systems, duct connectors, skylights, fascia and soffits. As you are aware, your lease states that the leasee is responsible for insuring the property and for maintaining the building in an acceptable manner. Additionally, Chaves County will not be responsible for damages to any property of S.O.Y. Mariachi which is damaged because of needed repairs to the building.

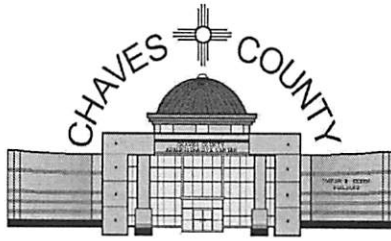
I have not contacted you before now, because I had been expecting, any day, to see roofing contractors starting to replace the roof. I know that it takes time to get new roofing so soon after a hail storm, but I am beginning to wonder if you have it scheduled. I am hoping that it is scheduled, and that you are only awaiting a start date. Please let me know the status of the repairs as soon as you can.

Thank you, and S.O.Y. Mariachi for all that you do for Chaves County.

Sincerely,

Bill Williams  
Public Services Director  
Chaves County, New Mexico

CC: Robert Corn, Chairman Chaves County Commission  
Stan Riggs, County Manager  
George Libby, Facilities Director



**COMMISSIONERS**

James W. Duffey · District 1  
T. Calder Ezzell Jr. · District 2  
Jeff Bilberry · District 3  
Robert Corn · District 4  
William E Cavin · District

**County Manager**

Stanton L. Riggs

July 3, 2017

**COUNTY MANAGER**

**Stanton L. Riggs**

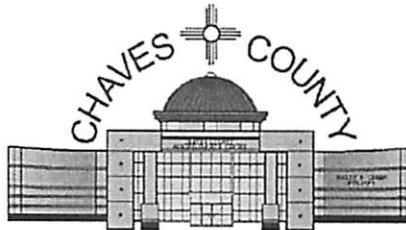
PO Box 1817

Roswell, NM 88202-1817

PHONE: 575-624-6602

FAX: 575-624-6659

Email: sriggs@co.chaves.nm.us



**COMMISSIONERS**

James W. Duffey · District 1  
T. Calder Ezzell, Jr. · District 2  
Jeff Bilberry · District 3  
Robert Corn · District 4  
William E. Cavin · District 5

August 31, 2017

R.G. Villegas, Director  
S.O.Y. Mariachi Inc.  
1120 S. Grand Avenue  
Roswell, NM 88203

**RE: S.O.Y. Mariachi Lease of Building Located at 1120 S. Grand Avenue**

Dear Mr. Villegas:

Mr. Bill Williams, Public Services Director, sent you a letter dated July 3, 2017 informing you of the damage the hail storm inflicted upon the roof of the S.O.Y. Mariachi building. Mr. Williams also pointed out the extensive damage to HVAC systems, duct connectors, skylights, fascia and soffits. S.O.Y.'s lease with the County requires S.O.Y. to insure the building in the amount of \$500,000. After you received the letter you requested a meeting with myself and Mr. Williams.

On Tuesday, July 11, 2017 you met with myself and Mr. Williams at the County Administrative Building. During the meeting, we reviewed the lease between the County and S.O.Y. Section 8B of the Lease required S.O.Y. to purchase an insurance policy "which covers damage to, or the destruction of the demised premises in the amount of (\$500,000) with no limiting modifications including the County as a named party." When we inquired about your plans to fix the roof, you stated that S.O.Y. did not have insurance. You informed us that you could not purchase insurance on a building you didn't own. After I informed you that other entities had purchased such a policy, you admitted that you just didn't purchase it.

S.O.Y.'s failure to purchase the insurance is a material breach of the lease. As such, the County will give you 90 days to repair the roof and the other damaged items listed. In addition, S.O.Y. must purchase the required insurance in accordance with Section 8B of the lease. If S.O.Y. fails to cure the breach, the County will look to terminate the lease.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Stanton L. Riggs", is written over a horizontal line.

Stanton L. Riggs  
County Manager

cc: Bill Williams, Public Services Director  
Chaves County Commissioners

Exhibit 3



CITY OF ROSWELL • CODE ENFORCEMENT

P.O. BOX 1838 • ROSWELL, NM USA 88202-1838 • TEL: 575.637.6280 • FAX: 575.624.6818 • www.roswell-nm.gov

Chaves County  
Attn: Bill Williams  
P.O. Box 1817  
Roswell, NM 88202

Record No: N-46  
Date: 11/6/2017  
Recheck Date: 11/16/2017

To Whom it may concern:

An inspection was conducted on 11/6/2017 of the property at 1120 S. Grand, Roswell Chaves County New Mexico. Upon inspection of property it reveals violation(s) of Roswell Municipal Code 16-4(a-g) and 16-30 (as described below).

The specifics of the violations are weeds and litter on or around the property including alleyway. Please remove and dispose of properly.

I will recheck the property no earlier than Ten (10) Days to determine if the violation has been corrected. If it has been corrected then no further action will be taken. If it has not been corrected, the city will proceed with its available options.

Should you not be able to comply with this notice before the above date or if you have any questions please call me at the telephone number listed below my name. There will be no further notices.

Ron J. Garcia  
Code Enforcement Officer  
(575) 637-6258

## Stan Riggs

---

**From:** Stan Riggs  
**Sent:** Wednesday, November 8, 2017 12:19 PM  
**To:** 'Romo Villegas'  
**Cc:** Bill Williams; Robert Corn  
**Subject:** FW: 1120 S Grand  
**Attachments:** 1120 S Grand Code Enforcement Violations.pdf

Romo,

We received this complaint from the City regarding the property Soy Leases from the County. The County's Lease with Soy requires Soy to maintain the building and keep the property clean. Can you please bring the property into compliance.

Thanks.

Stanton L. Riggs  
Chaves County Manager  
PO Box 1817  
Roswell, NM 88202-1817

Office: 575-624-6602  
Fax: 575-624-6659  
Email: [sriggs@co.chaves.nm.us](mailto:sriggs@co.chaves.nm.us)



# FLYROS WELL

*Gateway to Southeast New Mexico*

Roswell to Phoenix Direct | Starting 3.3.16

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S.O.Y. MARIACHI INC.

P.O. BOX 2431

ROSWELL, NM 88202

575-625-2886

October 17, 2017

Mr. Stan Riggs

County Manager

#1 St Mary Place

Roswell, NM

Dear Stan,

Regarding our S.O.Y. Mariachi School and the 90 day eviction notice, I thought I would clarify the issue of the insurance, our history, and ask for reconsideration.

Our S.O.Y (Save our youth) group was organized 25 years ago with the intention getting kids off the streets and teaching kids between the ages of 8 to 18 to play mariachi music and learn how to sing. It is a scholarship based program. Please see our web site at [SOY Mariachi .com](http://SOY Mariachi .com) for in-depth presentation. . In 2008 I saw the building on Grand Street owned by the county. The building was in really bad shape. The ceiling was caved in on one of the rooms, windows were broken and the roof was leaking. It was just an abandoned building. Although there was a small church group that used one of the rooms for church worship once a week for an hour. Since my students had been rolling around from place to place for practice I came up with the idea that perhaps, as a team we, Chaves County and us could make a lemonade out of a lemon. I went to the county with the intention of the county using our program to get funding from our state

Exhibit 4

government to improve and repair your building. I signed a contract with you for 5 years with the intent of re leasing it every anniversary. At that time, the building was uninsurable due to the condition of the building. There was weather damage to both interior and exterior, and a badly deteriorated roof. I personally paid to have the windows repaired and I hired a company to install wrought iron windows on the building at my cost. Since I planned to have instruments in the building we could not afford a break in. Our board members, my family and parents did all the cleaning of trash inside the building and the yard. I then went to Job Corps for help. They donated all the paint and students and we proceeded to completely repaint the inside. With the help of Marylou Chacon from the county we became a 501 c 3 organization. Then with the help of county staff and board member Charlotte Andrade, we made a wish list for 3 years with the intent of asking our legislatures for funding through the capital outlay process. We had the help of then Senator Tim Jennings, Hubert Quintana and then Representative Pauline Ponce. The first year, we asked and received monies to reroof the building. That took about two years, we then went back to the well each year for funding for new carpet, tile for flooring, we also added a sprinkler system to the back yard we also requested and received monies for table and chairs. . Each time we requesting funding, the request was presented by Senator Tim Jennings, thanks also to representative Candy Ezell . The last year Governor Richardson was there we asked and received funding to build \$30,000 recording studio which we use to teach our kids to sing and also how to use a recording studio. Please note that by the time the building was insurable, both our board and the county forgot about the building insurance. It was not ignored, just simply forgotten. Also, the question never came up during all our renovation periods.

Presently we have about 30 students in our school. We have 10 performing students that are putting money into their school fund when we play. We charge \$350.00 per hour for a performance. The monies received all go to their scholarship fund but, as a board, we have to raise about \$950.00 a month for expenses for light, insurance etc. We do this by renting out the building for weddings, quincianeras etc. We have always had two generous donors, one is Mrs. Sally Anderson and the Roswell woman club who help us every year.

Last year I requested and received a grant from the Daniels foundation and, with the help of my staff, my sons and the job corps, we completely remodeled both the ladies and men's bathrooms.

Based on what I believe has been a good partnership, I ask that you reconsider letting us stay at this remodeled building.

Respectfully yours,

  
Bobby Villegas

Director.

**AGENDA ITEM:** 15

Permission to Publish to Amend Ordinance O-060 Revision No. 2 – To Adopt the 2017 New Mexico Electrical Code.

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Bill Williams, Public Services Director

**ACTION REQUESTED:** Conduct Public Hearing and Approve Amendment

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**ITEM SUMMARY:**

Request to publish for a public hearing to amend Ordinance No. 60. This Amendment, if approved, would refine Section 1., of Ordinance No. 60 Revision No. 2, commonly referred to as the Chaves County Building Code. The revisions would adopt the 2017 New Mexico Electrical Code. The new code would go into effect February 1, 2018.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** Ordinance O-060 Revision No. 2 Showing Proposed Revisions

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**SUMMARY BY:** Bill Williams

**TITLE:** Public Services Director

**CHAVES COUNTY BUILDING CODE**  
**ORDINANCE NO. 60**  
**Revision No. 3**

An ordinance providing for the establishment of a system of local plan review, inspection, approval, and collection of fees for all building permits issued on behalf of the State of New Mexico Construction Industries Division to provide for coordinated inspection and review of construction activities within the boundaries of Chaves County, New Mexico.

**WHEREAS**, the health and welfare of the public requires the regulation of structures within the County of Chaves; and

**WHEREAS**, Section 3-17-6, NMSA 1978 provides that a municipality may adopt by ordinance the conditions provisions, limitations, and terms of building codes; and

**WHEREAS**, Section 4-37-1, NMSA 1978 provides all counties are granted the same powers as municipalities; and included in this grant of powers are those powers necessary and proper to provide for the safety, preserve the health, promote the prosperity and improves the order, comfort and convenience of Chaves County and its habitants; and

**WHEREAS**, the Chaves County Commissioners have determined the need to exercise their authority to adopt such an ordinance, and;

**WHEREAS**, the County of Chaves, New Mexico employs a building inspector, certified by the State of New Mexico Construction Industries Division, for the enforcement of the State of New Mexico Building Codes in Chaves County.

**BE IT THEREFORE ORDAINED** by the Board of Chaves County Commissioners:

**SECTION 1 2015 New Mexico Building Codes, 2017 New Mexico Electrical Code – Adoption**

For the purpose of regulating: the erection, construction, enlargement, alteration, repair, moving, removal, conversion, demolition, occupancy, equipment, use, height, area and maintenance of buildings or structures; and for the purpose of providing for the issuance of permits and the collections of fees, there are hereby adopted by the County of Chaves, so far as they are not in conflict with laws of the State of New Mexico or rules and regulations of the Construction Industries Division of New Mexico, those certain codes known as the 2015 New Mexico Residential Building Code, (which adopts by reference and amends the 2015 International Residential Code), the 2015 New Mexico Commercial Building Code (which adopts by reference and amends the 2015 International Building Code), both adopted by the Construction Industries Division effective November 15, 2016, and the **2017 New Mexico Electrical Code, (which adopts by reference and amends the 2017 National Electrical Code (NEC)), adopted February 1, 2018.** The County does hereby adopt the above-mentioned codes in their entirety, and any amendments or changes thereto, including any and all new editions thereof, and the same are hereby adopted and incorporated as fully as if set out verbatim herein.

## **SECTION 2 Building Permits, Plan Reviews, Fees, and Inspections**

- A. Building permits are required for new development in Chaves County.
- B. General construction permits, plan reviews, and inspections will be issued and performed by the Chaves County Building Inspector.
- C. Mechanical, and plumbing permits, plan reviews, and inspections will be issued and performed by NM Construction Industries Division inspectors.
- D. Building permits for projects without progress or inspections for longer than 180 days will be voided and no construction may continue until a new permit is obtained.
- E. All general building permits issued in Chaves County will be assessed a fee in accordance with the Building Permit Fee Schedule, which is attached hereto as Exhibit A and may be amended or modified by resolution without amending this Ordinance.
- F. A double fee will be assessed if a construction project is started without first obtaining a building permit from the Building Inspector.
- G. Fees for building permit renewals for on-going projects will be ½ the original permit fee.
- H. One general inspection and one re-inspection for each stage of development are included in the cost of the building permit. Each additional re-inspection will include a charge of \$30.
- J. NM Construction Industries Division will be notified of any construction that is started without a building permit or of any inspections that are missed or ignored.

## **SECTION 3 Enforcement**

This Ordinance shall be enforced by the Chaves County Building Inspector.

## **SECTION 4 Punishment for Violation of the Code**

Any person violating or failing, neglecting, or refusing to comply with the provisions of the Chaves County Building Code may be punished by a fine not to exceed three hundred dollars (\$300) or imprisonment for not more than ninety (90) days, or both, in accordance with §4-37-3 NMSA 1978.

## **SECTION 5 Copies to be Available and Subject to Inspection**

Copies of the 2015 New Mexico Residential Building Code, the 2015 New Mexico Commercial Building Code, and the 2014 New Mexico Electrical Code, which were adopted in Section 1 of this Ordinance, and the Chaves County Building Code Ordinance No. 60, Revision No 2 shall be available and subject to inspection at all reasonable times in the Office of the County Building Inspector.

## **SECTION 6 Effective Date**

Adoption of this Ordinance hereby amends the Chaves County Building Code Ordinance No. 60, Revision 1 and shall be known as the Chaves County Building Code Ordinance No. 60, Revision No. 2. Because building code enforcement directly relates to health, and safety of Chaves County Residents this Ordinance, and future amendments, shall become effective immediately after passage.

# EXHIBIT A

## FEE SCHEDULE CHAVES COUNTY BUILDING PERMIT EFFECTIVE May 18, 2017

Valuation	Fee	Valuation	Fee	Valuation	Fee	Valuation	Fee	Valuation	Fee
Up to \$500	\$17.50	\$45,000.00	\$465.00	\$99,000.00	\$843.00	\$153,000.00	\$1,088.50	\$270,000.00	\$1,545.00
\$501-\$1000	\$35.00	\$46,000.00	\$472.00	\$100,000.00	\$850.00	\$154,000.00	\$1,093.00	\$280,000.00	\$1,580.00
\$1001-\$1100	\$39.50	\$47,000.00	\$479.00	\$101,000.00	\$854.50	\$155,000.00	\$1,097.50	\$290,000.00	\$1,615.00
\$1101-\$1200	\$44.00	\$48,000.00	\$486.00	\$102,000.00	\$859.00	\$156,000.00	\$1,102.00	\$300,000.00	\$1,650.00
\$1201-\$1300	\$48.50	\$49,000.00	\$493.00	\$103,000.00	\$863.50	\$157,000.00	\$1,106.50	\$400,000.00	\$2,200.00
\$1301-\$1400	\$53.00	\$50,000.00	\$500.00	\$104,000.00	\$868.00	\$158,000.00	\$1,111.00	\$500,000.00	\$2,650.00
\$1404-\$1500	\$57.50	\$51,000.00	\$507.00	\$105,000.00	\$873.50	\$159,000.00	\$1,115.50		
\$1501-\$1600	\$62.00	\$52,000.00	\$517.00	\$106,000.00	\$877.00	\$160,000.00	\$1,120.00		Add \$3.50 per \$1000.00. Up to 1,000,000.00
\$1601-\$1700	\$66.50	\$53,000.00	\$521.00	\$107,000.00	\$881.50	\$161,000.00	\$1,124.50		Add \$2.35 per \$1000.00. Over \$1,000,000.00
\$1701-\$1800	\$71.00	\$54,000.00	\$528.00	\$108,000.00	\$866.00	\$162,000.00	\$1,129.00		
\$1801-\$1900	\$75.50	\$55,000.00	\$535.00	\$109,000.00	\$890.00	\$163,000.00	\$1,133.50		
\$1901-\$2000	\$80.00	\$56,000.00	\$542.00	\$110,000.00	\$895.00	\$164,000.00	\$1,138.00		
\$3,000.00	\$90.50	\$57,000.00	\$549.00	\$111,000.00	\$899.50	\$165,000.00	\$1,142.50		
\$4,000.00	\$101.00	\$58,000.00	\$556.00	\$112,000.00	\$904.00	\$166,000.00	\$1,147.00		
\$5,000.00	\$111.50	\$59,000.00	\$563.00	\$113,000.00	\$908.50	\$167,000.00	\$1,151.50		
\$6,000.00	\$122.00	\$60,000.00	\$570.00	\$114,000.00	\$913.00	\$168,000.00	\$1,156.00		
\$7,000.00	\$132.50	\$61,000.00	\$577.00	\$115,000.00	\$917.50	\$169,000.00	\$1,160.50		
\$8,000.00	\$143.00	\$62,000.00	\$584.00	\$116,000.00	\$922.00	\$170,000.00	\$1,165.00		
\$9,000.00	\$153.50	\$63,000.00	\$591.00	\$117,000.00	\$926.50	\$171,000.00	\$1,169.50		
\$10,000.00	\$164.00	\$64,000.00	\$598.00	\$118,000.00	\$931.00	\$172,000.00	\$1,174.00		
\$11,000.00	\$174.50	\$65,000.00	\$605.00	\$119,000.00	\$935.50	\$173,000.00	\$1,178.50		
\$12,000.00	\$185.00	\$66,000.00	\$612.00	\$120,000.00	\$940.00	\$174,000.00	\$1,183.00		
\$13,000.00	\$195.50	\$67,000.00	\$619.00	\$121,000.00	\$944.50	\$175,000.00	\$1,187.50		
\$14,000.00	\$206.00	\$68,000.00	\$626.00	\$122,000.00	\$949.00	\$176,000.00	\$1,192.00		
\$15,000.00	\$216.50	\$69,000.00	\$633.00	\$123,000.00	\$953.50	\$177,000.00	\$1,196.50		
\$16,000.00	\$227.00	\$70,000.00	\$640.00	\$124,000.00	\$958.00	\$178,000.00	\$1,201.00		
\$17,000.00	\$237.50	\$71,000.00	\$647.00	\$125,000.00	\$962.50	\$179,000.00	\$1,205.50		
\$18,000.00	\$248.00	\$72,000.00	\$654.00	\$126,000.00	\$967.00	\$180,000.00	\$1,210.00		
\$19,000.00	\$259.50	\$73,000.00	\$661.00	\$127,000.00	\$971.50	\$181,000.00	\$1,214.50		
\$20,000.00	\$269.00	\$74,000.00	\$668.00	\$128,000.00	\$976.00	\$182,000.00	\$1,219.00		
\$21,000.00	\$279.50	\$75,000.00	\$675.00	\$129,000.00	\$980.50	\$183,000.00	\$1,223.50		
\$22,000.00	\$290.00	\$76,000.00	\$682.00	\$130,000.00	\$985.00	\$184,000.00	\$1,228.00		
\$23,000.00	\$300.50	\$77,000.00	\$689.00	\$131,000.00	\$989.50	\$185,000.00	\$1,232.50		
\$24,000.00	\$311.00	\$78,000.00	\$696.00	\$132,000.00	\$994.00	\$186,000.00	\$1,237.00		
\$25,000.00	\$321.50	\$79,000.00	\$703.00	\$133,000.00	\$998.50	\$187,000.00	\$1,241.50		
\$26,000.00	\$332.00	\$80,000.00	\$710.00	\$134,000.00	\$1,003.00	\$188,000.00	\$1,246.00		
\$27,000.00	\$339.00	\$81,000.00	\$717.00	\$135,000.00	\$1,007.50	\$189,000.00	\$1,250.50		
\$28,000.00	\$346.00	\$82,000.00	\$724.00	\$136,000.00	\$1,012.00	\$190,000.00	\$1,255.00		
\$29,000.00	\$353.00	\$83,000.00	\$731.00	\$137,000.00	\$1,016.50	\$191,000.00	\$1,259.50		
\$30,000.00	\$360.00	\$84,000.00	\$738.00	\$138,000.00	\$1,021.00	\$192,000.00	\$1,264.00		
\$31,000.00	\$367.00	\$85,000.00	\$745.00	\$139,000.00	\$1,025.50	\$193,000.00	\$1,268.50		
\$32,000.00	\$374.00	\$86,000.00	\$752.00	\$140,000.00	\$1,030.00	\$194,000.00	\$1,273.00		
\$33,000.00	\$381.00	\$87,000.00	\$759.00	\$141,000.00	\$1,034.50	\$195,000.00	\$1,277.50		
\$34,000.00	\$388.00	\$88,000.00	\$766.00	\$142,000.00	\$1,039.00	\$196,000.00	\$1,282.00		
\$35,000.00	\$395.00	\$89,000.00	\$773.00	\$143,000.00	\$1,043.50	\$197,000.00	\$1,286.50		
\$36,000.00	\$402.00	\$90,000.00	\$780.00	\$144,000.00	\$1,048.00	\$198,000.00	\$1,291.00		
\$37,000.00	\$409.00	\$91,000.00	\$787.00	\$145,000.00	\$1,052.50	\$199,000.00	\$1,295.50		
\$38,000.00	\$416.00	\$92,000.00	\$794.00	\$146,000.00	\$1,057.00	\$200,000.00	\$1,300.00		Add \$4.50 per \$1000.00. Up to \$500,000.00
\$39,000.00	\$423.00	\$93,000.00	\$801.00	\$147,000.00	\$1,061.50	\$210,000.00	\$1,335.00		
\$40,000.00	\$430.00	\$94,000.00	\$809.00	\$148,000.00	\$1,066.00	\$220,000.00	\$1,370.00		
\$41,000.00	\$437.00	\$95,000.00	\$815.00	\$149,000.00	\$1,070.50	\$230,000.00	\$1,405.00		
\$42,000.00	\$444.00	\$96,000.00	\$822.00	\$150,000.00	\$1,075.00	\$240,000.00	\$1,440.00		
\$43,000.00	\$451.00	\$97,000.00	\$829.00	\$151,000.00	\$1,079.50	\$250,000.00	\$1,475.00		
\$44,000.00	\$458.00	\$98,000.00	\$836.00	\$152,000.00	\$1,084.00	\$260,000.00	\$1,510.00		

**AGENDA ITEM:** 16

2018 Chaves County Annual Road Hearing Schedule

**MEETING DATE:** December 21, 2017

**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Bill Williams, Public Services Director

**ACTION REQUESTED:** Approve schedule

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**ITEM SUMMARY:**

Submitted is the proposed schedule for the 2018 Chaves County Annual Road Hearing.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** Proposed 2018 Annual Road Hearing Schedule

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**SUMMARY BY:** Bill Williams

**TITLE:** Public Services Director

## 2018 CHAVES COUNTY ROAD HEARING SCHEDULE

- December 21, 2017 ➤ Commissioners approve 2018 schedule
  
- December 26, 2017 ➤ Applications available  
(Publish December 27, 2017 and January 14, 2018)
  
- February 8, 2018 ➤ All road applications deadline
  
- February 15, 2018 ➤ Commission appoints freeholders
  
- February 20-March 2, 2018 ➤ Post notice along proposed roads
  
- March 5-19, 2018 ➤ Freeholders view roads
  
- March 15, 2018 ➤ Commissioners receive Freeholder reports
  
- March 25, 2018 ➤ Notice for Road Hearing  
(Publish March 25 and April 1, 2018)
  
- April 19, 2018 ➤ **2018 Public Road Hearing**  
Commissioners review applications, Freeholder reports and receive public input-**NO DECISION MADE AT THIS HEARING**
  
- April 23-27, 2018 ➤ Commissioners view road requests; Commission has discretion to consider action following viewing (if action is taken, no action will be required May 17, 2018)
  
- May 17, 2018 ➤ Commissioners give final decisions on road vacation and/or preliminary approval on new road and road maintenance
  
- December 20, 2018 ➤ Evaluation of stipulations and criteria-Performance resolution and final approval on new road and maintenance
  
- January 2, 2019 ➤ Final approval becomes effective on approved new road and road maintenance requests

**Publish Wednesday, December 27, 2017  
and Sunday, January 14, 2018**

---

The Chaves County Commission is now accepting applications for Road Status Changes, Road Vacations and New Roads.

A “Road Status Change” request is to change the road status of a Non-County Maintained road (NCM), County Maintained road (CM) or road right-of-way.

A “Road Vacation” request is for the permanent discontinuance of a legally established Chaves County road or right-of-way. This request has a \$250 application fee.

A “New Road” request is for the maintenance of a new road or right-of-way.

Deadline for applications is Friday, February 8, 2018 by 5 pm. Applications will only be accepted at the Chaves County Administration Center, Public Services Dept., #1 St. Mary’s Place, Roswell, NM 88203.

Please contact Alys Klein, at (575) 624-6600 for more information.

---

Date Received: \_\_\_\_\_

Application #: \_\_\_\_\_

\*\*\*\*\*

**CHAVES COUNTY  
ROAD STATUS CHANGE REQUEST**

\*\*\*\*\*

\*Applicant requests the road status change of a County Road or ROW as shown on the Official Chaves County Road Map and the applicant acknowledges valid Chaves County Ownership but desires road status change of the route. Failure to complete this application is cause for rejection of the request.

\*\*\*\*\*

Name of applicant (print legibly): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Brief Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Road or ROW (right of way): \_\_\_\_\_

Length of Road or ROW for request: \_\_\_\_\_

\*\*\*\*\*

**ACTION REQUESTED (Check one):**

- Maintenance of a NCM (Not Currently Maintained) Status road
- Maintenance of an existing County owned Right-of-way

\*\*\*\*\*

I understand that this application is a request for the status change of said road or ROW, as described above, pending approval by the Chaves County Board of Commissioners. I also understand that in order for the road to be accepted as a maintained Chaves County Road and made a part of the Chaves County Roads network, the Petitioners are responsible for the construction of said road to minimum County standards. The Petitioners will complete the required work within six months after preliminary approval by the Chaves County Commission.

\*\*\*\*\*

Signed (applicant): \_\_\_\_\_

Date: \_\_\_\_\_

Applications will only be accepted at the Chaves County Administration Center, Public Services Dept., #1 St. Mary's Place, Roswell, NM 88203.

Deadline for application: **February 8, 2018 by 5:00 pm**

Date Received: \_\_\_\_\_

Application #: \_\_\_\_\_

\*\*\*\*\*

**CHAVES COUNTY  
ROAD VACATION REQUEST**

\*\*\*\*\*

\*Applicant requests the Vacation of a County Road or ROW as shown on the Official Chaves County Road Map and the applicant acknowledges valid Chaves County Ownership but desires vacation of the route.

Utility easements granted within vacated county roads or rights-of-way will remain as legal easements.

Failure to complete this application is cause for rejection of the request.

\*\*\*\*\*

Name of applicant (print legibly): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Brief Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Road or ROW (right of way): \_\_\_\_\_

Length of Road or ROW for request: \_\_\_\_\_

\*\*\*\*\*

I understand that this application is a request for the permanent vacation of said road or ROW, as described above, and that pending approval by the Chaves County Board of Commissioners, said road or ROW will no longer be a part of the Chaves County roads network. Further, if vacated, all utility easements within the approved vacation will remain as legal easements.

\*\*\*\*\*

Signed (applicant): \_\_\_\_\_

Date: \_\_\_\_\_

Required fee: \_\_\_\_\_ Two Hundred Fifty Dollars (\$250.00) fee per application

Applications will only be accepted at the Chaves County Administration Center, Public Services Dept., #1 St. Mary's Place, Roswell, NM 88203.

Deadline for application: **February 8, 2018 by 5:00 pm**

Date Received: \_\_\_\_\_

Application #: \_\_\_\_\_

\*\*\*\*\*

**CHAVES COUNTY  
NEW ROAD REQUEST**

\*\*\*\*\*

\*In order for an application to be considered, the applicant must have real property rights on land abutting the subject road. The subject road must be an access to developed improvements. The applicant must supply a deed or deeds for all land abutting the requested road. The applicant shall present, with this completed application, a petition signed by all of the owners of all land through which said road is to be laid out, giving the right-of-way through the land to the county for the intended use of the road, should the application be approved. The applicant must also present, with this completed application, a survey plat of said road. Failure to meet these requirements, or complete the application, is cause for rejection of this request.

\*\*\*\*\*

**Name of applicant (print legibly):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Brief Reason for Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Name of Road or ROW (right of way):** \_\_\_\_\_

**Length of Road or ROW for request:** \_\_\_\_\_

\*\*\*\*\*

I understand that I must present with the completed application for a new road, a survey plat from a licensed surveyor showing the proposed road along with a petition signed by all of the land owners adjacent to the proposed road agreeing to deed to Chaves County a 60 foot wide right-of-way for the purpose of maintaining said road. I also understand that in order for the road to be accepted as a maintained Chaves County Road and made a part of the Chaves County Roads network, I am responsible for the construction of said road to minimum County standards pending preliminary approval by the Chaves County Commission. Further, the Petitioners will complete the work within six months after preliminary approval by the Chaves County Commission.

\*\*\*\*\*

Signed (applicant): \_\_\_\_\_

Date: \_\_\_\_\_

**Applications will only be accepted at the Chaves County Administration Center, Public Services Dept., #1 St. Mary's Place, Roswell, NM 88203.**

**Deadline for application: February 8, 2018 by 5:00 pm**

**AGENDA ITEM:** 17

Requesting Approval for the 2018  
Annual EMS Fund Act Applications and  
Service Reports on behalf of the  
Berrendo, Midway and Sierra Volunteer  
Fire Departments.

**MEETING DATE:** 12/21/17

### **STAFF SUMMARY**

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**Action Requested by:** Georgianna Hunt, Community Development Division

**Action Requested:** Requesting Approval of the 2018 EMS Fund Act Applications and Service Reports on behalf of the Berrendo, Midway and Sierra Volunteer Fire Departments.

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#### **Item Summary:**

Staff requests Approval of the 2018 annual EMS Fund Act Applications and Service Reports on behalf of the Berrendo, Midway and Sierra Volunteer Fire Departments.

Staff recommends approval.

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**SUPPORT DOCUMENTS:** **EMS Application and Service Reports for the Berrendo, Midway and Sierra Volunteer Fire Departments**

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Summary by: Georgianna Hunt

Title: Community Development Project Specialist



**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2019**

Submit to:  
EMS Bureau  
1301 Siler Rd Bldg F  
Santa Fe, NM 87507  
Attn: Ann Martinez  
505-476-8233

**Due Date: January 19, 2018**

**To All Potential Applicants:**

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 19, 2018**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES – Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (*one staple in the left top corner only- NO PAPERCLIPS or BINDERS*)
- Be sure to have necessary **SIGNATURES and NOTARY.**

<b>Local Recipient:</b>	Berrendo Vol. Fire/Rescue		0303305	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	P.O. Box 1149	Roswell	NM	
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
<b>Contact Person:</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> X	575-420-7388	575-420-7388	575-622-7702
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Jaime Higgins	Deputy Chief	Fh3180@yahoo.com	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Chaves County			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	#1 St. Mary's Place	Roswell	NM	88203
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
<b>Fiscal Agent Contact Person:</b>	Bill Williams		Public Services Director/Fire Services	
	<i>(Name)</i>		<i>(Title)</i>	
	575-624-6600	575-624-6631	bwilliams@co.chaves.nm.us	
<i>(Telephone #)</i>		<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

## EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. **If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds.** Choose **one (1) level** for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

Medical-Rescue Service Entry Level  (\$1,500)	Medical-Rescue Service First Responder  (\$3,000)	Medical-Rescue Service/Ambulance Basic Level  (\$5,000)	Medical-Rescue Service/Ambulance Advance Level  (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

## LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. **We must be realistic, please estimate amount closest to funding that service receives every year.**
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
<b>Repair and Maintenance:</b>		
2	Upkeep & maintenance on Rescue Pumps	\$4,000.00
<b>Training:</b>		
1	EMT-Basic & EMT-Intermediate training to improve the department & provide the best care possible to the public	\$4,000.00
<b>Mileage &amp; Per Diem:</b>		
5	Provide for the travel of EMT's or future EMT's to classes for training	\$2,000.00
<b>Supplies (Items Under \$500):</b>		
3	Restock medical supply closet	\$2,500.00
<b>**Capital Outlay (Items Over \$500):</b>		
4	New extrication equipment to replace old equipment on Rescue Pumper. Update AED's	\$8,000.00
<b>Other Operational Costs:</b>		
6	Additional cost for EMS (i.e. CE Videos etc.)	\$1,000.00
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$21,500.00</b>

\* Do not make all items Priority No. 1.

\*\* For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
- 

**Note:** If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

## JUSTIFICATION OF TOP PRIORITIES

Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)

#1 EMT-Basic & EMT Intermediate training to improve the department & provide the most care possible to the public.

#2 Up-keep & maintenance on Rescue Pumpers.

#3 Re-stock medical supply closet.

#4 New extrication equipment to replace old extrication equipment on Rescue Pumper. Update AED's

#5 Provide for the travel of EMT's to classes for training.

#6 Additional cost for EMS (i.e. CE videos etc.)

<b>SERVICE NAME:</b>	Berrendo Fire/Rescue
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**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, <b>COUNTY OF</b> CHAVES
--

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

Mayor	OR	Chairman Robert Corn Chairman, Board of Commissioners
-------	----	--

Municipality	County
--------------	--------

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

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

<i>Signature of Official Named Above</i>	<i>(Title)</i>
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The above was sworn and subscribed to before this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(SEAL)

**PERSON COMPLETING FORM**

<b>Name:</b>	Jim Higgins	Chief
	<i>(Name)</i>	<i>(Title)</i>
<b>Address:</b>	P.O. Box 1149	
	Roswell	NM
	<i>(City)</i>	<i>(State)</i>
	88202	1149
	<i>(Zip)</i>	<i>(+4)</i>
575-623-4210		575-291-9573
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>
		jhiggins196@yahoo.com
		<i>(Cellular Phone #)</i>
		<i>(E-mail Address)</i>
<b>Signature:</b>		

**FOR BUREAU USE ONLY**

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved:      Yes                  No                  Final Award: \_\_\_\_\_

Comments/Problem: \_\_\_\_\_

Date Corrected: \_\_\_\_\_

## Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as top priority items for funding requests. (Please indicate below the number of items "on hand")

### Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	X	Siren	X
Flashlight	X	Spare Tire	X
Fuses (appropriate sizes)	X	Star of Life Displayed	
Jack and Handle	X	Tool Box	X
Lug Wrench	X	Triage Tags for MCI's	X
Maps or Navigational equipment	X	U.S. DOT Emergency Response Guidebook	X
Patient Care Reports or Reporting System	X	Vehicle Registration	X
Roadway warning devices	X	Vehicle Spotlight or auxiliary lighting	X
Service Specific Protocols and guidelines		Warning Lights	X
Other: <i>(Specify)</i>			

### Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	X	Spare Batteries/charger system	
EMSCOM (UHF) Radio	X		
Other: <i>(Specify)</i>			

### Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	X	Helmet with Face Shield	X
Eye Protection	X	N-95 mask (or > particulate mask)	X
Gloves (Leather or heavy duty)	X	Safety Vest/Jacket/(ANSI 2008 Compliant)	X
Hearing Protection	X	Splash Protection (disposable)	X
Other: <i>(Specify)</i>			

## Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	X		
End Title CO2 monitoring device (optional)		Pulse Oximeter	X
Glucose Monitoring Instrument	X	Stethoscope	X
Penlights	X	Thermometer (Patient)	
Other: (Specify)			

## Patient Compartment Equipment – If Applicable (Interior or Exterior)

### Basic Level

Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	X	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	X
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	X
Bag Valve Mask Devices (Adult, Child and Infant)	X	Patient Restraints	X
Band-Aids (Assorted Sizes)	X	Pediatric Drug Dosage Tape or chart	
Biohazard Clean-up Supplies	X	Pediatric Restraint device/car seat	
Biohazard Waste bags	X	Pillows	
Blankets		Portable Oxygen Equipment	X
Body Bags		Portable Suction Unit	X
Cervical Collars - Rigid (Adult, Child and Infant)	X	Seated Spinal Immobilization Device	
Cervical Immobilization Devices		Semi-Automatic Defibrillator with Pads	X
Chair Stretcher		Semi-Automatic Defibrillator Batteries	X
Cold Pack	X	Sharps Container	X
Cold Weather Warming Devices		Sheets	
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	X	Shoulder/chest/extremity straps	
Emesis Basin		Spinal Immobilization device/backboard	X
Field Stretcher (Scoop, Collapsible, Vacuum)		Splints, Extremity (Rigid, Air, Vacuum)	X
Foil Blanket		Sterile Burn Sheets	
Hand Sanitizer	X	Sterile Gloves (Assorted Sizes)	X
Heat Pack	X	Sterile Water	
Inhalation Therapy Equipment		Stokes Basket	
Installed Oxygen System		Suction Catheters (Soft & Rigid)	X
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	X	Supraglottic Airway Devices	
Long Backboard	X	Multi-lumen Airway Devices	X
Multi-level Stretcher		Laryngeal Airway Devices	
Multi-Lumen Airways	X	Towels	
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord		Traction Splint	X
Nasopharyngeal Airways	X	Trauma Dressings	X
Occlusive Dressings	X	Trauma Shears	X
On-Board Suction System	X	Triangular Bandages	X
On-Board Oxygen Supply		Urinal (Male and Female)	
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	X		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Check) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>Other: (Specify)</b>			
<b>Advance Level</b>			
<b>Alcohol and Betadine Prep Pads</b>		<b>IV Fluid (Normal Saline, D5W, LR)</b>	
<b>Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)</b>		<b>Laryngoscope Blades – Adult</b>	
<b>Chest Decompression Catheters</b>		<b>Laryngoscope Blades –Peds</b>	
<b>Cricothyroidotomy Kit</b>		<b>Laryngoscope Handle</b>	
<b>EKG Monitor Electrodes</b>		<b>Magill Forceps</b>	
<b>Electrode Defib Pads</b>		<b>Needles (Assorted Gauges)</b>	
<b>End Tidal CO2 Detector</b>		<b>Pediatric Fluid Control Device</b>	
<b>Endotracheal Tubes (Assorted)</b>		<b>Scalpels</b>	
<b>Ext. Cardiac Pacing Pads</b>		<b>Syringes (1cc, 3cc, 5cc, 10cc)</b>	
<b>Infusion Pumps</b>		<b>Toomey Syringe (60cc)</b>	
<b>Inhalation Therapy Equipment</b>		<b>Tubes, Blood Drawing (Assorted Sizes and Types)</b>	
<b>Intraosseous Needles</b>		<b>Tubing, IV Administration (60gtts)</b>	
<b>IV Catheters</b>		<b>Tubing, IV Administration Set (10gtts – 20gtts)</b>	
<b>Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director</b>			(Check) Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other: (Specify)</b>			

**MUTUAL AID FIRE PROTECTION AGREEMENT  
BETWEEN THE CITY OF ROSWELL FIRE DEPARTMENT AND  
THE CHAVES COUNTY VOLUNTEER FIRE DEPARTMENTS**

**This agreement is made and entered into this 27<sup>th</sup> day of November, 2012 by and between the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments.**

**WHEREAS, the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments desire to enter into a mutual aid fire protection agreement wherein the equipment, facilities and personnel of each department are available to the other participants in this mutual aid agreement on an as requested basis.**

**NOW, THEREFORE, in consideration of the mutual promises, covenants and conditions contained herein, it is hereby agreed as follows:**

**1. SCOPE OF SERVICES.**

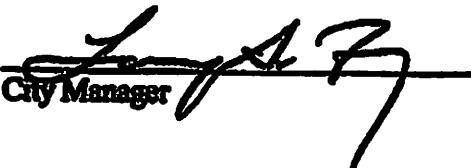
- o During the term of this agreement, the departments agree to provide upon request, such fire protection and suppression personnel and to make available such equipment or facilities as may be needed for the suppression of fires or the duties and responsibilities associated with saving lives and property within the jurisdictional areas of the requesting department; provided that the personnel, equipment or facilities requested are not otherwise required within the jurisdiction as determined by the Fire Chief or his designated representative of the providing party. It is expressly understood and agreed by all fire departments hereto that no providing department shall be required to use any equipment, facilities and/or personnel where such use would prevent or disrupt protection of its own area. Requests for mutual aid made pursuant to this agreement shall be made by and to respective Fire Chiefs or their designated representatives.**
- o Automatic aid will be provided by the City of Roswell to any industrial, high life occupancy (i.e.: Churches, Schools or any other place of mass gathering) and any Hazardous Material release.**
- o The departments agree that a request will only be made when an emergency occurs in their jurisdiction that is beyond their capabilities.**
- o As a condition of this agreement, each department will be authorized to install each other's emergency radio frequencies in their radios to allow for communications when needed once they arrive at the scene. These frequencies will not be used for any other purpose than to provide emergency assistance and aid during a mutual aid response.**

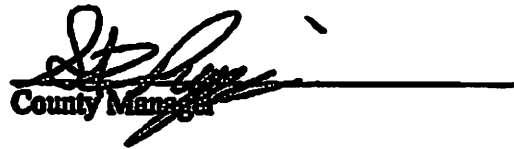
2. **DIRECTION AND CONTROL.** The requested department shall be under the direction and control of its own Fire Chief or designated leader. The fire department will remain intact as a unit, responsible for its own equipment and personnel throughout the incident. The Fire Chief or designated leader will report to the command post of the Incident Commander of the requesting department and will make himself and his personnel, for which they are responsible, available for service. The Incident Commander will assume direction and control of the unit in whole and will give that unit an assignment. The Incident Commander shall be the Fire Chief or designee of the department requesting assistance.
3. **EQUIPMENT.** The condition of the equipment must be the sole responsibility of the department to which it belongs. If the equipment is damaged or destroyed during the incident, the financial liability shall be the responsibility of the department to which it belongs. In the event the incident receives a disaster declaration, the jurisdictions involved will work together to receive remuneration from the State and/or Federal Government for the equipment damaged and/or lost.
4. **TERMS OF THE AGREEMENT.** The terms of this agreement shall be indefinite with any department having the right to terminate said agreement upon thirty (30) days written notice to other departments. The addition or deletion of departments to or from this agreement shall not affect the agreement as to the remaining departments.
5. **COMPLIANCE WITH ALL APPLICABLE LAWS.** The departments shall observe and comply with all Federal, State and local laws, rules, ordinances and regulations effecting the conduct of services provided in the performance of all obligations undertaken by this agreement.
6. **LIABILITY.**
  1. The departments agree that each shall be responsible for its own actions and those of its members while fighting fires, providing rescue services, providing fire responses, emergency medical services, traveling to or from the emergency scene, or in any manner providing services pursuant to and within the scope of this agreement.
  2. It is expressly understood and agreed by the departments that neither shall be held liable for the actions of the other department or any of the other department's members while in any manner furnishing services hereunder.
7. **AMENDMENTS.** This agreement may be amended only by mutual agreement in writing by the parties.


This agreement, together with all the terms and conditions contained herein, is approved and accepted by the following entities and is executed by their duly authorized representatives.

**City of Roswell**

**Chaves County**

  
City Manager

  
County Manager

  
Fire Chief

  
Chaves County Fire Board Chair

**AUTOMATIC AID FIRE PROTECTION AGREEMENT  
BETWEEN THE BERRENDO VOLUNTEER FIRE DEPARTMENT AND THE  
CHAVES COUNT VOLUNTEER FIRE DEPARTMENTS**

This agreement is made and entered into this 14th day of Dec., 2009 by and between the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments.

**WHEREAS**, the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments desire to enter into a mutual aid fire protection agreement wherein the equipment, facilities and personnel of each department are available to the other participants in this mutual aid agreement on an as requested basis.

**NOW, THEREFORE**, in consideration of the mutual promises, covenants and conditions contained herein, it is hereby agreed as follows:

**1. SCOPE OF SERVICES**

1. During the term of this agreement the departments agree to provide upon request, such fire protection and suppression personnel and to make available such equipment or facilities as may be needed for the suppression of fires or the duties and responsibilities associated with saving lives and property within the jurisdictional areas of the requesting department; provided that the personnel, equipment or facilities requested are not otherwise required within the jurisdiction as determined by the Fire Chief or his designated representative of the providing party. It is expressly understood and agreed by all fire departments hereto that no providing department shall be required to use any equipment, facilities and/or personnel where such use would prevent or disrupt protection of its own area. Requests for automatic aid made pursuant to this agreement shall be made by and to respective Fire Chiefs or their designated representatives.
2. The departments agree that a request will only be made when an emergency occurs in their jurisdiction that is beyond their capabilities.
3. As a condition of this agreement, each department will be authorized to install each other's emergency radio frequencies in their radios to allow for communications when needed once they arrive at the scene. These frequencies will not be used for any other purpose than to provide emergency assistance and aid during a mutual aid response.

2. **DIRECTION AND CONTROL.** The requested department shall be under the direction and control of its own Fire Chief or designated leader. The fire department will remain intact as a unit, responsible for its own equipment and personnel throughout the incident. The Fire Chief or designated leader will report to the command post of the Incident Commander of the requesting department and will make himself and his personnel, for which they are responsible, available for service. The Incident Commander will assume direction and control of the unit in whole and will give that unit an assignment. The Incident Commander shall be the Fire Chief or designee of the department requesting assistance.
3. **EQUIPMENT:** The condition of the equipment must be the sole responsibility of the department to which it belongs. If the equipment is damaged or destroyed during the incident, the financial liability shall be the responsibility of the department to which it belongs. In the event the incident receives a disaster declaration, the jurisdictions involved will work together to receive remuneration from the State and/or Federal Government for the equipment damaged and/or lost.
4. **TERMS OF THE AGREEMENT.** The terms of this agreement shall be indefinite with any department having the right to terminate said agreement upon thirty (30) days written notice to the other departments. The addition or deletion of departments to or from this agreement shall not effect the agreement as to the remaining departments.
5. **COMPLIANCE WITH ALL APPLICABLE LAWS.** The departments shall observe and comply with all Federal, State and local laws, rules, ordinances and regulations effecting the conduct of services provided in the performance of all obligations undertaken by this agreement.
6. **LIABILITY.**
  1. The departments agree that each shall be responsible for its own actions and those of its members while fighting fires, providing rescue services, providing fire responses, emergency medical services, traveling to or from the emergency scene, or in any manner providing services pursuant to and within the scope of this agreement.
  2. It is expressly understood and agreed by the departments that neither shall be held liable for the actions of the other department or any of the other Department's members while in any manner furnishing services hereunder.
7. **AMENDMENTS.** This agreement may be amended only by Automatic Aid Agreement in writing by the parties.

This agreement, together with all the terms and conditions contained herein, is approved and accepted by the following entities and is executed by their duly authorized representatives.

Berrendo Vol. Fire Dept.

  
Chief

Midway Vol. Fire Dept.

  
Chief

District 8 Vol. Fire Dept.

  
Chief

Dunken Vol. Fire Dept.

  
Chief

East Grand Plains Vol. Fire Dept.

  
Chief

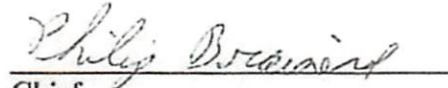
Midway Vol. Fire Dept.

  
Chief


Penasco Vol. Fire Dept.

  
Chief

Rio Felix Vol. Fire Dept.

  
Chief

Sierra Vol. FIRE Dept.

  
Chief



**EMS ANNUAL SERVICE  
REPORT Fiscal Year 2019**  
Due Date: January 19, 2018

Submit to:  
EMS Bureau 1301  
Siler Rd Bldg. F  
Santa Fe, NM 87507  
Attn: Ann Martinez

<b>Service Name:</b>	Berrendo Fire/Rescue <i>(EMS Service)</i>
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<b>Mailing Address:</b>	P.O. Box 1149 <i>(Mailing Address)</i>			
	Roswell <i>(City)</i>	NM <i>(State)</i>	88202 <i>(Zip)</i>	1149 <i>(+4)</i>
	<b>Contact Person:</b> Jamie Higgins <i>(Name)</i>		Deputy Chief <i>(Title)</i>	
	575-623-4210 <i>(Business Phone)</i>	575-420-7388 <i>(Emergency Phone)</i>	575-622-7702 <i>(Fax)</i>	Fh3180@yahoo.com <i>(E-mail Address)</i>
<b>Administration:</b>	Chaves County <i>(County or Municipality)</i>			
	#1 St. Mary's Place <i>(Mailing Address)</i>			
	Roswell <i>(City)</i>	NM <i>(State)</i>	88203 <i>(Zip)</i>	 <i>(+4)</i>
	<b>Contact Person:</b> Bill Williams <i>(Name)</i>		Public Services Director/Fire Services <i>(Title)</i>	
	575-624-6600 <i>(Telephone #)</i>	575-624-6631 <i>(Fax Phone #)</i>	bwilliams@co.chaves.nm.us <i>(E-mail Address)</i>	
<b>EMS Region:</b>	<b>Region I</b> <input type="checkbox"/>	<b>Region II</b> <input type="checkbox"/>	<b>Region III</b> <input checked="" type="checkbox"/>	

Physical Location of Ambulance/Medical Rescue Facilities				
<b>#1</b>				
<b>Name of Facility:</b>	Berrendo Fire/Rescue Station #1			
	N 33.24.505 <i>Latitude</i>		W 104.29685 <i>Longitude</i>	
<b>Street Address:</b>	2004 East College			
	Roswell <i>(City)</i>	NM <i>(State)</i>	88201 <i>(Zip)</i>	 <i>(+4)</i>
<b>#2</b>				
<b>Name of Facility:</b>	Berrendo Fire/Rescue Station #2			
	N 33.30.347 <i>Latitude</i>		W 104.35430 <i>Longitude</i>	
<b>Street Address:</b>	906 Wiggins Road			
	Roswell <i>(City)</i>	NM <i>(State)</i>	88201 <i>(Zip)</i>	 <i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

**Physical Location of Ambulance/Medical Rescue Facilities**

# 3

<b>Name of Facility:</b>	Berrendo Fire/Rescue Station #3		
	N33°30'34.7	W104°30'34.7	
	<i>Latitude</i>	<i>Longitude</i>	
<b>Street Address:</b>	4603 Navajo Road		
	Roswell	NM	88201
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>

#.

<b>Name of Facility:</b>			
	<i>Latitude</i>	<i>Longitude</i>	
<b>Street Address:</b>			
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>

*(Use additional pages as necessary)*

<b>Service Name:</b>	Berrendo Fire/Rescue <i>(EMS Service)</i>
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SERVICE INFORMATION			
Type of Service <i>(Must Check Only One)</i>		Affiliation Type <i>(Mark Primary Affiliation Only)</i>	
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit
<input type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based
<input type="checkbox"/>		<input type="checkbox"/>	Tribal
<b>PRC Certification #</b>		Other (Please Specify):	
<b>Medical Rescue Certification #</b>	0303305		
<b># of Years in Operation</b>	45		
EMS Calls		Local Receiving Hospital(s)	
<b>Received By <i>(Mark One)</i></b>		<b>Dispatched by <i>(Mark One)</i></b>	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service
<input checked="" type="checkbox"/>	Enhanced 911	<input checked="" type="checkbox"/>	Fire Department
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>		<input checked="" type="checkbox"/>	Central Dispatch
		Location of Dispatch:	
		Eastern New Mexico Medical Center	
		Lovelace Regional Medical Center	

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder			Emergency Medical Dispatch Instructor		
EMT Basic		5	Nurse		
EMT Intermediate		3	Physician		
EMT Paramedic		2	Driver		15
Emergency Medical Dispatcher			Other		
*Volunteer may include those paid by the run or other non-salary arrangement.					

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Jim Higgins	EMT-I		03/31/2019	2001	V
Jamie Higgins	EMT-I		03/31/2019	1999	V
Cory Mealand	EMT-P		03/31/2018	2007	V
Warren Aldrich III	EMT-I		03/31/2019	2007	V
Michael McClain	EMT-B		03/31/2018	2006	V
Johnny McClain	EMT-B		12/31/2018	2005	V



<b>Service Name:</b>	Berrendo Fire/Rescue
	<i>(EMS Service)</i>

For Ground Ambulance/Medical Rescue Services Only				
GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)				
List all non-EMS personnel who are functioning as drivers for your service, and indicate the date of completion of their Bureau approved vehicle operator's course. Also, indicate any medical training they may have completed, for information purposes only. (Use additional sheets as necessary.)				
Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Jodi Naranjo		CEVO 03/09	E	CPR-FF

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES									
Enter the total number of each type of vehicle used by your service. <i>(Mandatory)</i>									
Type I:		Type IV:							
Type II:		Medical/Rescue:	4						
Type III:		Other – Explain:							
List all ambulance/medical rescue units, which are currently used by your service to provide patient transportation or first response. Indicate each vehicle's year, make, model, type (I, II, III, IV), license number, date of manufacture, whether two wheel or four-wheel drive, patient capacity for supine patients, and the current mileage. <i>(Mandatory)</i> <i>(Use additional pages as necessary)</i>									
Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
01	Chevrolet	Suburban	670858	100	05/01	2WD	None	130,000	
17	HME	Rescue Pumper	01684-G	101	07/17	2WD	None	1,600	
18	HME	Rescue Pumper	01683-G	102	08/17	2WD	None	1,800	
94	FL	Pumper	G-29701	103	12/94	2WD	None	35,000	
<i>(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.)</i>									

Service Name:	Berrendo Fire/Rescue
	<i>(EMS Service)</i>

**This section is a Mandatory Survey please fill out appropriately**  
*(Failure to fill out will result in an incomplete application)* *(2<sup>nd</sup> yr. of 3)*

**EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT**

Career and Paid Agencies			Volunteer Agencies*		
	Number of Actual Paid Staff	Additional Needed for Adequate or Optimal Staffing		Number of Volunteer staff	Additional Needed for Adequate Response and Staffing
Non - EMS Personnel (Drivers and/or CPR & First Aid only)				17	
Licensed EMS First Responder					
Licensed EMT Basic				5	
Licensed EMT Intermediate				3	
Licensed EMT Paramedic				2	
<b>Total:</b>				27	

This survey's goal is to determine the number of currently licensed caregivers who are active with an agency, and *especially* the number of additional licensed First Responders, EMT Basics, EMT – Intermediates, and Paramedics **needed** throughout the state. This information will help with the formulation of a plan to address this need.

- \*Note:**
- **Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per – run or other non-salary reimbursement.
  - If your volunteer organization doesn't require a specific licensure level but needs additional licensed personnel, please select the lowest level of licensure that will meet your staffing needs. i.e don't list Paramedic when an EMT –Basic would suffice. Or, don't list First Responder if you really need EMTs.

**VEHICLE PREVENTIVE MAINTENANCE PROGRAM**

1. Do you have a Vehicle Preventive Maintenance Program in place?  Yes  No

**If "Yes", please attach a copy of your program.**

2. Indicate the frequency of vehicle inspections:  Daily  Weekly  Monthly  Quarterly

3. Attach Annual Safety Inspection for all units. (PRC ONLY)

**OPERATIONS PLAN**

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan?  Yes  No

2. Are operational and medical protocols included in the Operations Plan?  Yes  No

3. What was the effective date of your Operations Plan? July 2010

4. **Please provide a map of the coverage area for your service.**

Service Name:	Berrendo Fire/Rescue <i>(EMS Service)</i>
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QUALITY ASSURANCE REVIEW				
1. Do you have an internal quality assurance/improvement mechanism in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>If "Yes", please attach description.</b>				
2. Indicate the dates of this year's quality assurance review activities.				
Reviews are conducted: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually				
DATES OF REVIEW				
DATE	DATE	DATE	DATE	DATE
01/05/2017	02/05/2017	03/05/2017	04/06/2017	05/04/2017
06/08/2017	07/06/2017	08/03/2017	09/07/2017	10/05/2017
11/02/2017	12/04/2017			

SERVICE DIRECTOR/CHIEF				
Name:	Jamie Higgins <i>(Name)</i>		Deputy Chief <i>(Title)</i>	
Address:	P.O. Box 1149 <i>(Street/Mailing)</i>		Roswell <i>(City)</i>	NM 88202-1149 <i>(State) (Zip)</i>
575-623-4210 <i>(Work Phone)</i>			575-420-7388 <i>(Cellular Phone #)</i>	Fh3180@yahoo.com <i>(E-mail Address)</i>
<b>Signature:</b>				

SERVICE MEDICAL DIRECTOR				
Name:	Thomas Wulf, MD <i>(Name)</i>		MD <i>(Title)</i>	MD2005-0529 <i>(License #)</i>
Address:	350 West Country Club Road <i>(Street/Mailing)</i>		Roswell <i>(City)</i>	NM 88201 <i>(State) (Zip)</i>
575-624-5622 <i>(Work Phone)</i>			575-317-3453 <i>(Cellular Phone #)</i>	tomwulf@hotmail.com <i>(E-mail Address)</i>
<b>*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.</b>				
<b>*Signature:</b>				

SERVICE TRAINING COORDINATOR				
Name:	Jamie Higgins <i>(Name)</i>		Deputy Chief <i>(Title)</i>	24216 <i>(License #)</i>
Address:	P.O. Box 1149 <i>(Street/Mailing)</i>		Roswell <i>(City)</i>	NM 88202-1149 <i>(State) (Zip)</i>
575-623-4210 <i>(Work Phone)</i>			575-420-7388 <i>(Cellular Phone #)</i>	Fh3180@yahoo.com <i>(E-mail Address)</i>
<b>Signature:</b>				

<b>Service Name:</b>	Berrendo Fire/Rescue <i>(EMS Service)</i>
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PERSON COMPLETING FORM				
<b>Name:</b>	Jim Higgins <i>(Name)</i>	Chief <i>(Title)</i>		
<b>Address:</b>	P.O. Box 1149 <i>(Street/Mailing)</i>	Roswell <i>(City)</i>	NM <i>(State)</i>	88202-1149 <i>(Zip)</i>
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
<b>Signature:</b>				

The above was sworn and subscribed to before this      Day of      , 20

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



\*\*\*\* Notary is for the person completing form

**Apparatus: Maintenance, Care and Upkeep**

Weekly apparatus and equipments checks are performed on days assigned. This varies according to which station a member is assigned. This procedure is to be conducted weekly to ensure all apparatus and equipment is clean, in-service and ready for use at all times. Weekly truck checks will be conducted by all members.

**I. APPARATUS CHECKS**

Only firefighters that have been trained and properly supervised will be allowed to conduct daily apparatus checks that are required of the driver. The Chief Officer and Officer at that station are responsible to make sure that all personnel checking apparatus are trained properly.

**A. Weekly apparatus checks: Before starting the engine:**

1. **FUEL LEVEL:** Refill all units when at  $\frac{1}{4}$  of a tank
2. **Crankcase-oil** lever
3. **Radiator-water** level, if low-top off with antifreeze
4. **Power steering-oil** level
5. **Booster tank**-full
6. **Air pressure**-brakes
7. **Tires**-proper inflation
8. **Pump shift**-in road position
9. **Automatic transmission**-fluid level

**B. If any of the above are low, always check for leaks or try to determine the cause.**

**III. PUMP PANEL WEEKLY CHECK**

Ensure all valves are in proper position:

1. **Intake, outlet and pre-connected valves** closed. 2  $\frac{1}{2}$ " , 1  $\frac{1}{2}$ " , 1  $\frac{3}{4}$ " and 5"  
(with exception of wye)
2. **Booster line valve**-OPEN (where applicable)
3. **Booster line cooling valve**-OPEN
4. **Tank to pump valve**-OPEN
5. **Auxiliary cooling valve**-OPEN (where applicable)
6. **Radiator filler valve**-CLOSED
7. **Deck gun and boom valves**-CLOSED
8. **Change-over valve** in pressure position (where applicable)

**IV. WEEKLY APPARATUS EQUIPMENT CHECK**

Conducted by all members assigned to that station for that week. Ensure all equipment is on apparatus, by using weekly apparatus equipment checklist.

**V. START ENGINE**

- A.** Before starting engine, switch the battery selector switch to the BOTH position, engage engine.
- B.** After starting engine, check the following:
  - 1. **IDLING-speed**
  - 2. **Oil Pressure**
  - 3. **Air Pressure**
  - 4. **Fuel**
  - 5. **Air brake pressure builds up to 120 p.s.i.**
  - 6. **Windshield wipers**
- C.** Apparatus lighting
  - 1. **Head lights-high and low beam**
  - 2. **Turn signals-left and right**
  - 3. **Four way flashers**
  - 4. **Clearance or parking lights**
  - 5. **Back up lights**
  - 6. **Stop lights**
  - 7. **Cab and compartment and map lights**
  - 8. **Spot and floodlights-front and rear**
  - 9. **Pump panel and rear compartment lights**
  - 10. **Step lights**
  - 11. **Portable hand lights-be sure and remove light from charger to make sure lights are working.**
- D.** Apparatus Emergency Warning Devices check the following:
  - 1. **Red lights-top, front and rear**
  - 2. **Electronic siren and P.A.**
  - 3. **Regular or manually operated siren**
  - 4. **Air horn**
  - 5. **Regular horn**
  - 6. **Opticom**

**IV. WEEKLY APPARATUS PUMP CHECK**

**Usually done after apparatus is pulled outside**

- Step #1:** Always be sure your parking or hand brakes are on or set
- Step #2:** Be sure the apparatus transmission is in the neutral position or out of gear.
- Step #3:** Engage pump by using the pump-selector switch, from ROAD to pump, always being sure you do so in a slow but moderate manner.
- Step #4:** After the transfer case engages properly, engage the apparatus transmission into pump gear.
- Step #5:** Check to see that the pump is primed, this is easily done by getting a pressure reading on the compound gauge.
- Step #6:** Use pump panel throttle to build pressure up to 90 or 100 psi.
- Step #7:** Check change over valve, if applicable, by switching selector handle from pressure to volume. The only way to tell if the change over valve is working is by getting a pressure DROP, when switched to volume, or getting a pressure increase when selector is back to pressure. Go through this procedure 3 to 5 times to make sure the C.O.V. is not sticking and is working properly. It is not recommended, although it can be done in an emergency, to switch the C.O.V. from pressure to volume with the pressure over and above 100 p.s.i due to the possibility of creating a water hammer and breaking the C.O.V.
- Step #8:** Check primer by pulling on primer handle. If primer is working, you will hear it come on and you should be able to see the water and oil it dispels.
- Step #9:** Pressure Relief Valve. Should be set at 150 p.s.i. Refer to the waterous pump manual for a full explanation of this procedure.
- Step #10:** After completing the 9 steps listed, use hand throttle to bring apparatus engine back to idle. Take apparatus transmission out of gear or back to neutral. Reverse procedure in Steps 3 and 4. A good method to use for checking to see if the transfer case is back in ROAD gear is by putting the apparatus transmission in drive, reverse or low gear. If the apparatus tries to move, then you know the transfer case is back in ROAD gear. This procedure will enable you to check and see if the parking brake is holding or not.
- Step #11:** Special apparatus-additional things that are checked: P.T.O.'s, booms, out-riggers, turn-tables and control, hydraulic pressure.

**VII. SPECIAL APPARATUS WEEKLY CHECK**

1. It is department policy that each apparatus, after every working fire or emergency, be given a thorough check, the same as a weekly check, so it will be ready for use in case of another run or emergency, regardless of what time of day or night it has been out. On any daily apparatus check or after an emergency run, always be sure to report to station officers weekly, any or all defects, if repaired or needs repair. Be sure and list all work done and cost on apparatus in the apparatus maintenance section of Firehouse. Example: parts, oil changes, grease job, gas, oil, repairs done and time apparatus was in service during that shift.
2. All apparatus or any fire department vehicles will be pulled all the way outside or backed all the way inside at all times. This will prevent the closing of stall doors on them.

**X. GREASE JOBS OR OIL CHANGES**

Division Chief in charge of apparatus shall schedule for each apparatus as it is needed.

**XI. MISCELLANEOUS**

- A. Batteries-water level
- B. Priming tank-oil level
- C. Fan belts-tightness
- D. Air tanks-bleed off moisture
- E. Pump panel-check outlet and intake valves to see that they work smoothly, lubricate as necessary.
- F. Exhaust system for leaks
- G. Booster tank-drain and flush monthly if tank has not been used.

**XII. VEHICLE WASH AND WAX**

- A. Waxed as necessary. Once a week, month, or yearly.
- B. Wash as needed.



NEW MEXICO STATE FIRE MARSHAL'S OFF  
 FIRE DEPARTMENT INSPECTIONS SECTIC  
 P.O. BOX-1269  
 SANTA FE, NM 87504  
 1-800-244-6702



STRUCTURAL APPARATUS INSPECTION REPORT

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

GENERAL INFORMATION

APPARATUS

UNIT #: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: \_\_\_\_\_ GPM STAGES:  SINGLE  DUAL WATER TANK CAPACITY: \_\_\_\_\_ GALLONS

FOAM SYSTEM?  YES  NO TYPE:  PROPORTIONER  INDUCTOR  CAFS

- DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL
- ARE DAILY OR WEEKLY INSPECTIONS PERFORMED?  YES  NO  NO RECORDS AVAILABLE
- IS APPARATUS HOSE TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE
- IS THE APPARATUS' PUMP TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE

DATE OF LAST HOSE TESTING: \_\_\_\_\_ DATE OF LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT NEEDED AS PER NFPA 1901

COMMUNICATIONS:

- MOUNTED RADIOS?  YES  NO QTY: \_\_\_\_\_
- PORTABLE RADIOS?  YES  NO QTY: \_\_\_\_\_
- HAND LIGHTS (min 2)  YES  NO QTY: \_\_\_\_\_
- 6lb FLAT HEAD AXE  YES  NO QTY: \_\_\_\_\_
- 6lb PICK HEAD AXE  YES  NO QTY: \_\_\_\_\_
- SCBA'S (min 4)  YES  NO QTY: \_\_\_\_\_
- SCBA SPARE TANKS (4)  YES  NO QTY: \_\_\_\_\_
- GATED PUMP INTAKE  YES  NO QTY: \_\_\_\_\_
- FIRST AIDE KIT (24 unit)  YES  NO QTY: \_\_\_\_\_
- GATED WYE (min 1)  YES  NO QTY: \_\_\_\_\_
- 2 1/2" DOUBLE FEMALE (2)  YES  NO QTY: \_\_\_\_\_
- 2 1/2" DOUBLE MALE (2)  YES  NO QTY: \_\_\_\_\_

HOSE

- 2 1/2" OR LARGER (1200')  YES  NO FT: \_\_\_\_\_
- 1 1/2" TO 2" (400')  YES  NO FT: \_\_\_\_\_
- WHEEL CHOCKS (2)  YES  NO QTY: \_\_\_\_\_

NOZZLES-FOG

- COMBINATION 95 GPM (2)  YES  NO QTY: \_\_\_\_\_
- COMBINATION 200 GPM (2)  YES  NO QTY: \_\_\_\_\_
- PLAY PIPES (TWO-2 1/2")  YES  NO QTY: \_\_\_\_\_

LADDERS

- 14' ROOF LADDER  YES  NO QTY: \_\_\_\_\_
- 24' EXTENSION  YES  NO QTY: \_\_\_\_\_
- 10' FOLDING/ATTIC  YES  NO QTY: \_\_\_\_\_

SUCTION HOSE

- 15' SOFT or 20' HARD  YES  NO FT: \_\_\_\_\_
- SUCTION STRAINER (1)  YES  NO QTY: \_\_\_\_\_

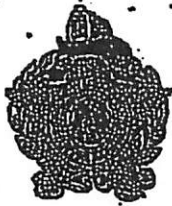
PIKE POLES

- 6' PLASTER HOOK  YES  NO QTY: \_\_\_\_\_
- 8' PIKE POLE  YES  NO QTY: \_\_\_\_\_
- FIRE EXTINGUISHERS(2-BC)  YES  NO QTY: \_\_\_\_\_
- 2 1/2 GAL WATER EXTINGUISHER  YES  NO QTY: \_\_\_\_\_
- SPANNER WRENCHES (4)  YES  NO QTY: \_\_\_\_\_
- HYDRANT WRENCHES (2)  YES  NO QTY: \_\_\_\_\_
- RUBBER Mallet (1)  YES  NO QTY: \_\_\_\_\_
- SLAVAGE COVERS (12"X14")  YES  NO QTY: \_\_\_\_\_
- FOAM NOZZLE (1)  YES  NO QTY: \_\_\_\_\_
- FOAM 10 GALLONS (class-A)  YES  NO QTY: \_\_\_\_\_
- Chain Saw Carbit Chain  YES  NO

RECOMMENDED EQUIPMENT AS PER NFPA 1901

- |   |  |  |
|---|--|--|
| CLAW TOOL <input type="checkbox"/> YES <input type="checkbox"/> NO              | SMOKE EJECTOR <input type="checkbox"/> YES <input type="checkbox"/> NO                 | ROUND TIP SHOVEL <input type="checkbox"/> YES <input type="checkbox"/> NO          |
| CROW BAR (36") <input type="checkbox"/> YES <input type="checkbox"/> NO         | INSULATED BOLT CUTTERS <input type="checkbox"/> YES <input type="checkbox"/> NO        | FLAT TIP SHOVEL <input type="checkbox"/> YES <input type="checkbox"/> NO           |
| HOSE STRAPS (4) <input type="checkbox"/> YES <input type="checkbox"/> NO        | HALLIGAN TOOL (1) <input type="checkbox"/> YES <input type="checkbox"/> NO             | 3000 W GENERATOR <input type="checkbox"/> YES <input type="checkbox"/> NO          |
| PORTABLE PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO          | HOSE CLAMP (1) <input type="checkbox"/> YES <input type="checkbox"/> NO                | UTILITY ROPE (125') <input type="checkbox"/> YES <input type="checkbox"/> NO       |
| GROUND MONITOR <input type="checkbox"/> YES <input type="checkbox"/> NO         | TOOL BOX & TOOLS <input type="checkbox"/> YES <input type="checkbox"/> NO              | PASS DEVICES (4) <input type="checkbox"/> YES <input type="checkbox"/> NO          |
| LIGHTS (500w) (2) <input type="checkbox"/> YES <input type="checkbox"/> NO      | CORD REELS 200' (2) <input type="checkbox"/> YES <input type="checkbox"/> NO           | FOAM ASPIRATORS & NOZZLES <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5 GAL METAL CONTAINERS <input type="checkbox"/> YES <input type="checkbox"/> NO | GATED HYDRANT VALVE(1-2 1/2") <input type="checkbox"/> YES <input type="checkbox"/> NO |  |





NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
 FIRE DEPARTMENT INSPECTIONS SECTION  
 P.O. BOX 1269  
 SANTA FE, NM 87504  
 1-800-244-6702



**WILDLAND APPARATUS INSPECTION FORM**

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

APPARATUS NUMBER: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
 CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: (Req-50GPM) \_\_\_\_\_ GPM TANK CAPACITY: (Req-125) \_\_\_\_\_ GALLONS

ALL WARNING DEVICES OPERATE?  YES  NO APPARATUS HOSE TESTED ANNUALLY?  YES  NO  
 DAILY OR WEEKLY LOGS USED?  YES  NO APPARATUS PUMP TESTED ANNUALLY?  YES  NO  
 LAST HOSE TEST: \_\_\_\_\_  
 LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT (NFPA 1906)

MOUNTED RADIOS	<input type="checkbox"/> YES <input type="checkbox"/> NO
PORTABLE RADIOS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HAND LIGHTS (2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
AXE (1-ANY TYPE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPADE TIP SHOVEL (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRE EXTINGUISHER (1-5BC)	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPANNER-WRENCHES (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOSE (200') (1")	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE (1-TO FIT HOSE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID KIT (24 UNIT)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAND PUMP EXTINGUISHER (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEEL CHOCKS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Fire Dept. Inspector

\_\_\_\_\_  
 Signature of Fire Chief / Representative



NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
 FIRE DEPARTMENT INSPECTIONS SECTION  
 P.O. BOX 1269  
 SANTA FE, NM 87504  
 1-800-244-6702



MOBILE WATER APPARATUS INSPECTION REPORT

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

GENERAL INFORMATION

APPARATUS

UNIT #: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: \_\_\_\_\_ GPM STAGES:  SINGLE  DUAL (Minimum Required: 250 GPM)

WATER TANK CAPACITY: \_\_\_\_\_ GALLONS (Minimum Required 1,000 Gallons)

DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL  
 ARE DAILY OR WEEKLY INSPECTIONS PERFORMED?  YES  NO  NO RECORDS AVAILABLE  
 IS APPARATUS HOSE TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE  
 IS THE APPARATUS' PUMP TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE

DATE OF LAST HOSE TESTING: \_\_\_\_\_ DATE OF LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT AS PER NFPA 1901

WARNING LIGHTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	6LB FLATHEAD AXE(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
AUDIBLE ALARMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAND LIGHTS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>COMMUNICATIONS:</u>		FIRE EXTINGUISHERS (2-B/C)	<input type="checkbox"/> YES <input type="checkbox"/> NO
MOUNTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	2 ½ GAL WATER (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
PORTABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	2 ½" HYDRANT GATE VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS	<u>DUMP CONNECTION</u>	
SCBA SPARE BOTTLES	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS	DUMP VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID KIT (24 UNIT)	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPANNER WRENCHES (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HYDRANT WRENCH (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2 ½" DOUBLE FEMALE(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS		
2 ½" DOUBLE MALE (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS		
1500 GAL PORTABLE TANK	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ GAL		
HOSE-2 ½" OR LARGER( 200')	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ FT		
WHEEL CHOCKS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

RECOMMENDED EQUIPMENT PER NFPA 1901

SUCTION HOSE (30')	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 ½" OR LARGER HOSE (200')	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMBI-FOG NOZZLE (1-95 GPM)	<input type="checkbox"/> YES <input type="checkbox"/> NO	INTAKE GATE VALVE (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
RUBBER MALLET(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6LB PICKHEAD AXE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PIKE POLE (1-6FT)	<input type="checkbox"/> YES <input type="checkbox"/> NO		





**BERRENDO VOLUNTEER FIRE DEPARTMENT**



**COMMAND 100**  
2001 Chevrolet Suburban

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

CONDITION:  GOOD  FAIR  POOR

DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL

FLUID LEVELS: BRAKES \_\_\_\_\_ POWER STEERING \_\_\_\_\_ OIL \_\_\_\_\_

ANTIFREEZE \_\_\_\_\_ WINDSHIELD WASHER \_\_\_\_\_ FLUID LEAKS  YES  NO

BELTS \_\_\_\_\_ WINDSHIELD WIPERS \_\_\_\_\_ TIRES \_\_\_\_\_

**REQUIRED EQUIPMENT**

MOUNTED RADIOS  YES  NO

PORTABLE RADIOS  YES  NO

HAND LIGHTS (2)  YES  NO

TRAUMA KIT  YES  NO

GPS UNIT  YES  NO

4 GAS MONITOR  YES  NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Fire Dept. Inspector

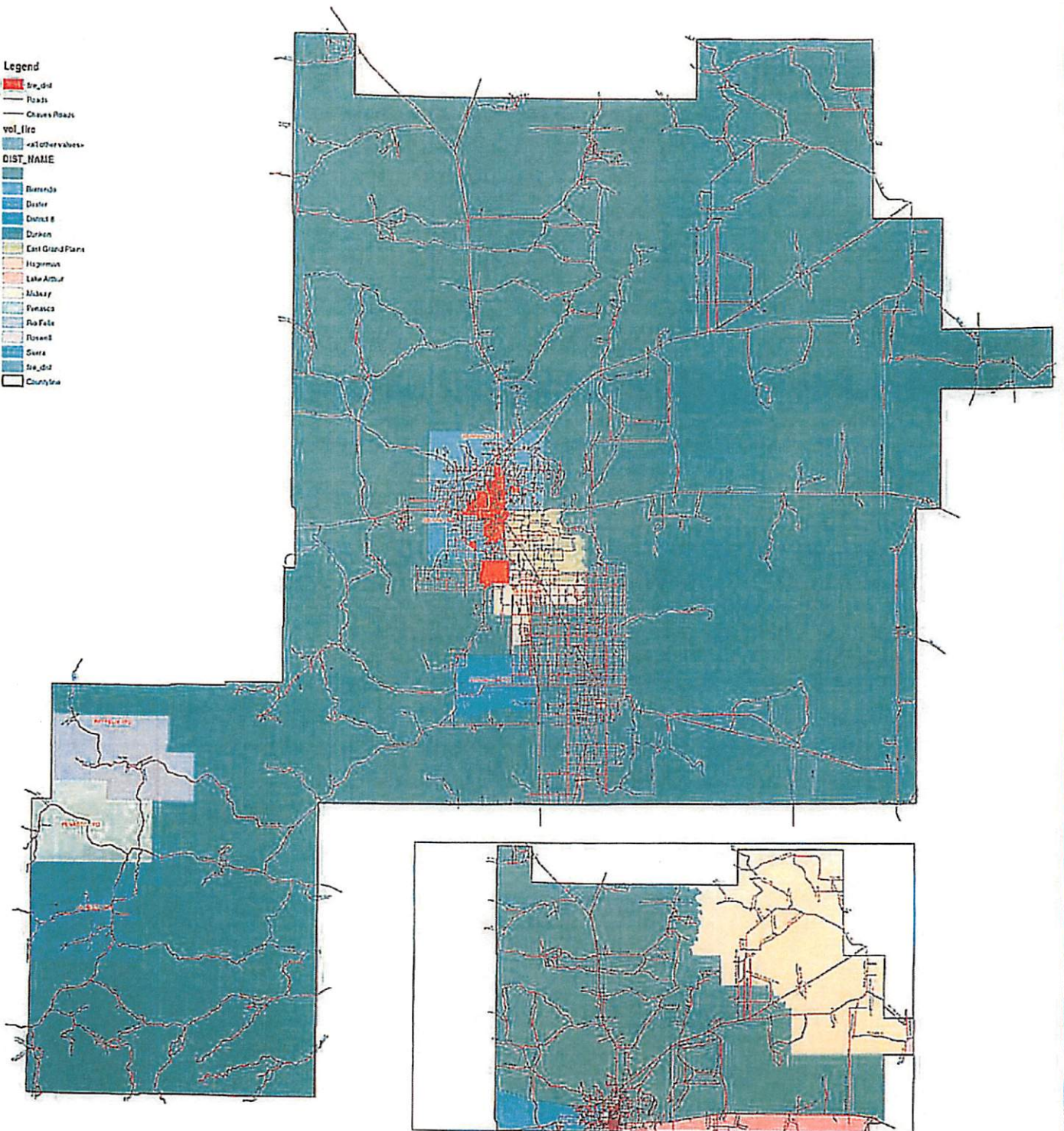
\_\_\_\_\_  
Signature of Fire Chief / Representative



# CHAVES COUNTY, NEW MEXICO VOLUNTEER FIRE DISTRICTS



- Legend**
- Sta\_did
  - Roads
  - Chaves Roads
  - vol\_ltr
  - not over values-
  - DIST\_NAME**
  - Berrendo
  - Dister
  - District 8
  - Duran
  - East Grand Plains
  - Hagerman
  - Lake Arthur
  - Mackay
  - Pecos
  - Rio Fido
  - Roswell
  - Sierra
  - Sta\_did
  - Countyline



**BERRENDO VFD DISTRICT**

## **Interagency Interaction Guidelines**

**Introduction: Emergency Medical Services in Chaves County is provided by several agencies that must interact cooperatively within a two-tiered EMS system. In order to achieve the goal of Quality Patient Care, it is critical that interactions between the services be predictable and consistently professional. The following guidelines have been developed by BFD in order to facilitate optimal patient care, transfer and scene flow, and so that all field providers can approach scenes with the same expectations and cooperation.**

- 1. The first arriving unit will relay information on scene safety, scene access, equipment needs, and staging, as appropriate, to subsequent arriving units utilizing the Berrendo Fire Department radio system or relay through respective communication centers.**
- 2. The ALS transport provider will bring in their stretcher when immediate patient transport is deemed necessary by the first arriving EMS units via radio or once the need for transport has been determined. It is optimal to bring in the stretcher upon arriving on scene on all calls. Good judgment should be used at all times.**
- 3. The lead agency (agency first on scene) is responsible for initially directing patient assessment and care. This includes:**
  - Obtaining consent for treatment and transport**
  - Obtain a signed and fully documented refusal on any patient who refuses treatment/transport and meets refusal criteria in accordance with the Chaves County EMS Protocols and guidelines.**
- 4. Once the lead paramedic is on scene, the second arriving unit will approach the lead paramedic and offer assistance. As soon as it is clinically practical, the lead paramedic will give a brief verbal report to subsequent arriving EMS units.**
- 5. The first arriving unit will bring in appropriate equipment upon their arrival. If ambulance and rescue/paramedic personnel arrive simultaneously, then the rescue/paramedic personnel will take in their equipment and ambulance personnel will bring in any additional necessary equipment.**

- 6. In the event the ALS transport paramedic and fire/rescue personnel arrive on scene simultaneously, the ALS transport paramedic will take responsibility of directing patient care. Paramedics will work cooperatively and in a professional manner to ensure high quality patient care. If a disagreement regarding patient care occurs in this context, MCHP guidance will be sought.**
- 7. The first arriving EMS providers will begin to assess the patient, (history and physical) and gather other pertinent information. Other arriving personnel will approach the first EMS provider to obtain patient report. It is inappropriate for subsequent arriving providers to go directly to the patient and repeat questions that have been asked. Although the first arriving paramedic is in charge of patient care, please remember that this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCHP.**
- 8. All agencies will assist each other in every possible way (i.e. moving/gathering of equipment and stretcher); however, due to risk management considerations, any time there is a patient on a stretcher, employees from the ALS transport agency must perform operation of the stretcher at the head and the foot. Other personnel on scene will be utilized to help lift in the interest of patient safety and comfort.**
- 9. The ALS transport paramedic assumes responsibility of patient care after receiving a complete patient turnover report. In critical life threatening situations the transfer of patient care responsibility will automatically happen once the patient is loaded into the back of the ambulance. Although the ALS transport paramedic is in charge of patient care, please remember this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCHP. While awaiting MCHP advice, the ALS transport paramedic will continue to direct patient care. Disagreements will not delay transport. Again, patient care will remain a cooperative effort.**
- 10. Upon transfer of patient care, an appropriate verbal turnover report must be given and accepted in a professional manner by both services involved. Once patient care is transferred, a confirmatory patient assessment by the transport paramedic is both appropriate and necessary. However, as a routine, such assessments should not delay transport, and should be done en route if possible. Transport should not be delayed in order for fire/rescue personnel to complete their written patient report.**

11. **If a patient has been loaded into the ambulance prior to the fire/rescue unit arrival (BLS or ALS), it is appropriate for the arriving personnel to inquire if they can be of any assistance. If the ALS transport provider deems assistance unnecessary, the fire department unit may cancel at their discretion. Transport will not be delayed in order for BLS or ALS reassessment, information gathering and/or report writing if the patient is loaded and ready for transport.**
12. **If in the judgment of any paramedics on the scene, patient care requires additional support, other BFD personnel may accompany the patient to the hospital in the transporting unit.**
13. **The ALS transport provider will accept cancellations from all fire/rescue agencies and the fire/rescue agencies will accept cancellation from the transport agencies. It is appropriate for on scene agencies to downgrade responding units when emergency response is not medically necessary.**
14. **The Berrendo Fire Department follows the Incident Command System structure. Be familiar with the ICS and be able to execute it when called for. A good example of this would be any scene where hazards such as fire, fluids, power lines, etc. exist. In these situations, the incident commander is in charge of all personnel to ensure that only properly protected and/or trained responders will be in the "hot" zones. Fire Department IC will direct all responding EMS personnel to an appropriate staging area for duty assignments.**

#### **Patient Care Responsibilities**

**The first paramedic to arrive on scene will assume charge of, and direct patient care. All subsequent pre-hospital providers will take direction from that person by:**

- **Receiving a verbal report from the on-scene provider and at the paramedics direction assisting with further patient care.**
- **In the event that ambulance personnel and fire personnel arrive on scene simultaneously, the ALS transport paramedic will assume charge of patient care.**
- **Patient care responsibility reverts to the ambulance provider paramedic once the patient has been moved into the ambulance, regardless of whether a RFD paramedic accompanies the patient to the hospital. The transporting service should transport the patient according to appropriate medical needs and protocols as directed by the Chaves County EMS protocols.**
- **In the judgment of any of the paramedics on scene, patient care requires additional support; fire/rescue personnel will accompany the patient to the hospital in the ambulance.**

## **EMS Quality Assurance Procedure**

### ***Purpose:***

The Berrendo Fire Department is committed to providing the highest quality of Emergency Medical Services possible to our customers. To facilitate this process, the following policy and procedure is established.

### ***Policy:***

It shall be the policy of the BFD to support the efforts of providing quality patient care by using the following procedures or general practices.

1. Recruit, train and maintain motivated, qualified, customer service oriented members.
2. Evaluation of incidents, incident reports and other data collection sources.
3. Field audits and observation of member performance.
4. Protocol development, review, and revision under the countywide EMS Medical Board and Medical Director.
5. Training of Fire Department members in the latest Emergency Medical procedures as defined by the New Mexico State EMS Bureau.
6. Public awareness and prevention programs designed to educate the public and prevent injuries and create awareness of available services.
7. Analyze service delivery and provide for corrective actions as needed.

### ***Procedures:***

- a. The Berrendo Fire Department shall make every effort possible to recruit, train, and retain the most qualified members for the position(s) they are recruited for, and/or promoted to.
- b. Routine, and/or daily evaluation of Firehouse Incident Reports, by the BFD EMS Q A officer, for the following areas:
  1. Protocol adherence/deviation
  2. Medical performance outcomes
  3. Performance of skills/treatment rendered

- 4. Timeline Analysis**
- 5. Unusual circumstances**
- 6. Cardiac problems as the chief complaint**
- 7. Death of patient while in BFD care**
- 8. Completeness of all data entry fields**
- 9. Accompaniment and completeness of related documents, i.e., Drug Usage & Requisition Form, Patient Refusal Form, etc.**

**10. Each Incident Report will be reviewed, and logged with the appropriate observations and comments documented. Additional entries will be made simultaneously at the time of review such as tracking specific skills of the responders as appropriate for performance appraisal issues, and training needs assessment. Additionally, the tracking of pharmaceutical items and inventory maintenance will occur at this time. Copies of the reports with any of the above nine criteria areas and/or runs with pharmaceuticals will be made and filed as appropriate.**

**c. Documentation required for EMS reporting. In order for an EMS incident to be properly documented and processed the following forms shall be submitted for all incidents where a patient was treated.**

**EMS Service Report**

**This report shall be accurately and completely filled out. A "D.C.H.A.R.T." information narrative shall be utilized. Care should be taken to document all aspects pertinent to the call.**

**d. Reports and supporting documents pertaining to patients experiencing possible heart attacks, death of the patient while in BFD care, or questionable Protocol adherence, will be printed and filed by the Q A personnel on each shift. The original will either be forwarded to the Medical Director's folder with further Q A considerations or if Pharmaceuticals were used a copy would be filed in the respective quarterly pharmacy folder. EMS computer generated incident reports shall be kept on file and be readily available for two years. Reports shall be archived after two years in accordance with the State Fire Marshals regulation and State EMS Bureau Regulations.**

- e. Customer surveys shall be mailed to customers of the BFD to solicit feedback on the treatment rendered to them by our service. Feedback from these surveys will be reviewed and analyzed with the intent of incorporating any feedback which is both feasible and performance enhancing in regards to the service provided to our customers. When appropriate, further correspondence or phone calls will be pursued to insure that every aspect of the customer survey feedback has been completely addressed.
- f. Field audits shall be conducted by the Shift Q A personnel, and the Medical Director on a periodic basis for the purpose of observing the behavior and performance of crews. The intent of this type of performance evaluation is geared toward observing responders under real circumstances that are not always possible to observe under controlled, and/or training environments. Ride along by the Shift Q A personnel, or Medical Director should be expected as a routine part of the Q A effort. Observations, comments, and analysis of performance observed shall be recorded and subsequently shared with all personnel.
- g. EMS treatment protocols have been developed and will continue. Periodic review and revision of these protocols will occur as needed to maintain compliance with state and local guidelines. Responder performance will be measured against these protocols. Deviation from the treatment protocol is reason for further review. Responders will be required to provide additional details that explain the reasons or circumstances for the treatment rendered to the patient and the subsequent deviation from protocol. Correspondence documenting the review process and additional details will be reviewed with the Medical Director and hard copies kept on file. Action plans will be implemented as needed to reinforce Chaves County patient treatment protocols, and/or revision of protocols, to reflect required changes in the manner the department renders patient care. All personnel shall review all protocol revisions.
- h. Initial EMT training shall be offered to firefighters upon hiring which shall comply with the State EMS Bureau, and local guidelines. The Department shall review each member's skill level and provide direction and training as needed. The Medical Director shall also sign for each EMT, at all levels, verifying their basic compliance with the state regulations pertaining to skill level and ability during each licensure period. EMT Refresher courses will also be available to all members during their licensure period.
- i. The BFD shall also provide support for EMTs to maintain their skills by offering continuing education throughout the year. Additionally, the Medical Director shall Provide advanced classes targeting the Intermediate and Paramedic level EMTs. (EMT Basics are also encouraged to attend).

**j. Although EMT licensure maintenance and compliance falls solely upon each EMT, BFD shall provide direction and guidance to support each individual's effort to maintain their license. Mechanisms such as personnel/training files, maintenance, and announcements of training opportunities will be a regular part of the EMS Divisions operation.**

**k. Public awareness programs will be facilitated through the dissemination of literature geared toward educating the public on preventing injuries, and proper activation and use of services when needed. BFD will also be active with community activities where direct customer involvement can take place, i.e., Health Fairs, EMS Week, site visits, etc. BFD will facilitate positive interactions with other agencies, and coordinate joint efforts where a positive impact within the community will occur. Such agencies include, but are not limited to Eastern New Mexico Medical Center, Roswell Community Health Services, American Heart Association, American Red Cross, United Way, Eastern New Mexico University-Roswell, Chaves County EMS Board, Chaves County Fire Departments, Roswell Public Schools, and Roswell Police Department etc.**

**l. On going analysis shall occur on both an informal, and formal basis, incorporating as many input sources as needed to accomplish the objective. Sources of information are query fields and analysis as provided via Firehouse computer software; Access and Excel data bases, EMS Run Reports, member input and observation, outside agency input and observation; and customer service questionnaire feedback, etc. Every effort will be made to supply detailed summaries pertaining to the Quality Assurance program to personnel. Supplying this kind of information is intended to inform personnel of commendable performance and areas where performance improvements are needed. It shall be the philosophy of all department personnel to pursue the skills and ability needed to continuously provide superior customer service.**

**m. Should the need for corrective personnel actions be warranted, the BFD shall pursue it in the following manner:**

**1. If the problem identified is determined to be an isolated incident, the Chief, with Medical Director input and comment shall inform the member(s) of the problem. The member(s) will be given the opportunity to provide supplemental information that may either further explain their actions and/or allow for the acknowledgment of information received pertaining to the behavior in question and the resolution of that behavior or action. All Correspondence shall be kept as part of the Q and A record, and be filed with the corresponding summary report. First time occurrences are confidential.**

2. If the problem identified is a repetitive problem, the member(s) will be allowed to provide supplemental information as in # 1 above. At the very least the member and their immediate supervisor are notified. However, the behavior requiring corrective action may be deemed negligent and repetitive, and thereby necessitate a reprimand, which will be noted and become a part of the member(s) personnel file.
  3. If the problem identified still continues, the member(s) will still be allowed to provide supplemental information as in #1 and #2 above. At the very least the member and their immediate supervisor and Chief shall be notified, and if deemed necessary, a meeting with all parties and possibly the Medical Director to address the issue with the member(s). However, the behavior requiring corrective action may be deemed negligent, and thereby necessitate a written reprimand, which will become a part of the member(s) personnel file.
  4. In cases where deemed necessary, the Medical Director has the authority to suspend or revoke licenses, remove equipment from service, or alter protocol for local considerations. State Regulation requires the EMS Bureau to be notified anytime an EMT's privilege to practice has been suspended or revoked for any reason. Maintaining a current, valid State certified EMT license is a minimum requirement of all response personnel. If a Berrendo Fire Department employee's license is suspended or revoked by the Medical Director, such suspension or revocation will be considered as ground for disciplinary action, up to and including termination, as outlined in the City Rules and Regulation, articles 800 through 810.
  5. Instances where revision of protocol, further training, or equipment considerations is evident, the BFD Administration will make arrangements to coordinate these changes.
  6. Announced and unannounced inspections of equipment will be a regular part of determining whether problems exist in that area and what corrective actions, if any, may be required.
- n. All members of the BFD are expected to give their full participation to the Quality Assurance effort. Any and all input regarding service delivery to our customers is encouraged and appreciated by all personnel. Quality assurance extends to both external and internal customers; therefore, the BFD does not place limitations on any type of comment or concern an individual may provide as input for consideration toward the improvement of EMS Services in Chaves County.



**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2019**

Submit to:  
EMS Bureau  
1301 Siler Rd Bldg F  
Santa Fe, NM 87507  
Attn: Ann Martinez  
505-476-8233

**Due Date: January 19, 2018**

**To All Potential Applicants:**

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 19, 2018**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES – Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (*one staple in the left top corner only- NO PAPERCLIPS or BINDERS*)
- Be sure to have necessary **SIGNATURES and NOTARY.**

<b>Local Recipient:</b>	Midway Fire & EMS <i>(EMS Service that will benefit)</i>	0303310 <i>(EMS Service #)</i>
<b>Mailing Address:</b>	6477 Templeton Road <i>(Street/Mailing Address)</i>	Dexter NM 88230 <i>(City) (State) (Zip)</i>
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 575-347-2145 <i>(EMS Region) (Business Phone #)</i>	575-347-5147 <i>(Emergency Phone #) (Fax Phone #)</i>
<b>Contact Person:</b>	Stacie Nason <i>(Name)</i>	EMS Chief <i>(Title)</i>
		oneladymedic@gmail.com <i>(E-mail Address)</i>

<b>Applicant:</b>	Chaves County <i>(County or Municipality serving as Fiscal Agent)</i>
<b>Mailing Address:</b>	#1 St. Mary's Place Roswell NM 88203 <i>(Mailing Address) (City) (State) (Zip)</i>
<b>Fiscal Agent Contact Person:</b>	Bill Williams Public Services Director/Fire Services <i>(Name) (Title)</i>
	575-624-6600 575-624-6631 bwilliams@co.chaves.nm.us <i>(Telephone #) (Fax Phone #) (E-mail Address)</i>

## EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds. Choose **one (1) level** for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

Medical-Rescue Service Entry Level  (\$1,500)	Medical-Rescue Service First Responder  (\$3,000)	Medical-Rescue Service/Ambulance Basic Level  (\$5,000)	Medical-Rescue Service/Ambulance Advance Level  (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

## LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. **We must be realistic, please estimate amount closest to funding that service receives every year.**
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
<b>Repair and Maintenance:</b>		
8	Replacement/repair of tires	\$1,000.00
3	Service and Maintenance	\$2,000.00
<b>Training:</b>		
5	Conference attendance for 8 EMT's	\$3,000.00
2	EMT tuition for 5 personnel	\$6,000.00
<b>Mileage &amp; Per Diem:</b>		
6	Mileage and per diem for conference attendance for 6 EMT's	\$2,500.00
<b>Supplies (Items Under \$500):</b>		
1	IV fluids/catheters- \$500.00 Dispensable medical equipment- \$1,000.00	\$1,500.00
9	IO kit times 2 kits	\$600.00
10	Traction splints times 2- \$300.00, Multilumen airways- \$300.00	\$600.00
<b>**Capital Outlay (Items Over \$500):</b>		
4	Portable suction units	\$1,000.00
11	MCI bags	\$3,000.00
12	Vacuum mattresses	\$1,000.00
<b>Other Operational Costs:</b>		
13	Pagers	\$1,000.00
7	Fuel	\$1,000.00
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$24,200.00</b>

\* Do not make all items Priority No. 1.

\*\* For **Capital Outlay Projects** for which the service intends to "carry over" funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
- 

**Note:** If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained

## JUSTIFICATION OF TOP PRIORITIES

**Please justify your priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)**

1. Maintaining stock of supplies on hand is imperative to providing good patient care. Without the proper equipment supplies to do so, it is impossible to provide good patient care. With the transport agencies response time between 15-25 minuets away, having the equipment on hand to treat the patients is imperative.

2. As with any rural service it is hard to maintain training and ensure that we have adequate personnel. The goal of our department is to try to increase our numbers of licensed personnel so that we may continue to provide excellent response, and patient care.

3. Vehicle maintenance on our fleet is imperative. Many of our vehicles have high mileage, and it is important to ensure that they are adequately serviced to preserve longevity of the fleet.

4. We currently have older suction units, and some manual suction units. It would greatly benefit our department to be able to purchase new suction units to better manage patients airways.

5. It is important to stay on the leading edge of medicine, especially in isolated rural areas. We would like to be able to send some of our personnel to state conference to ensure that their medical knowledge stays up to date.

6. This ties in with number 5, as it is important to be able to cover expenses for the volunteers that are attending the conferences.

7. Fuel is an extremely expensive cost for our department and with long response times we travel many miles, which uses an excessive amount of fuel.

8. Replacement of a set of tires for a unit that is in need of them is important. This is one of our primary quick response vehicles, and to ensure the safety of personnel operating the vehicle it is important that the vehicles have good tires.

9. We need to purchase IO drills/kits to be able to provide a route for fluid administration as well as med administration in the event we are unable to initiate a peripheral IV.

10. We need to purchase additional traction supplies and multilumen airways as the traction splints are becoming very worn. Additionally, it is important to have enough multilumen airways on hand to restock as necessary.

11. We have multiple schools, churches, and other areas where large crowds gather. It is necessary to be prepared for large scale disasters should one happen. Having enough tourniquets, triage tags, and other equipment in place, in kits on the trucks to save time and increase our efficiency of response to a large scale disaster.

12. Our vacuum mattresses are getting rather old and we need to purchase new ones to replace these. We use these to move patients with possible hip fractures, etc because they are much more comfortable for the patient than traditional spine boards.

13. With the number of responders growing on our department it is necessary to provide them with pagers so that they will be able to respond in a timely fashion when dispatched.

SERVICE NAME: \_\_\_\_\_

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, COUNTY OF **Chaves**

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

Mayor \_\_\_\_\_ OR \_\_\_\_\_ Chairman Robert Corn  
 Chairman, Board of Commissioners

Municipality \_\_\_\_\_ Chaves County  
 County

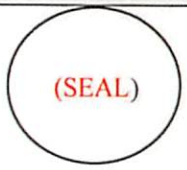
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

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

Signature of Official Named Above \_\_\_\_\_ (Title)

The above was sworn and subscribed to before this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_



My commission expires: \_\_\_\_\_

**PERSON COMPLETING FORM**

<b>Name:</b>	Stacie Nason	EMS Chief
	<i>(Name)</i>	<i>(Title)</i>
<b>Address:</b>	113 No Name Road	
	Dexter	NM
	<i>(City)</i>	<i>(State)</i>
		88230
		<i>(Zip)</i>
		<i>(+4)</i>
	575-317-3782	575-317-3782
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Cellular Phone #)</i>
		oneladymedic@gmail.com
		<i>(E-mail Address)</i>

**Signature:** \_\_\_\_\_

**FOR BUREAU USE ONLY**

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved: Yes No Final Award: \_\_\_\_\_

Comments/Problem:

Date Corrected:

## Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as top priority items for funding requests. (Please indicate below the number of items "on hand")

### Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 11b)	15	Siren	15
Flashlight	15	Spare Tire	15
Fuses (appropriate sizes)	20	Star of Life Displayed	6
Jack and Handle	15	Tool Box	15
Lug Wrench	15	Triage Tags for MCI's	5 sets
Maps or Navigational equipment	12	U.S. DOT Emergency Response Guidebook	20
Patient Care Reports or Reporting System	3	Vehicle Registration	13
Roadway warning devices	12	Vehicle Spotlight or auxiliary lighting	15
Service Specific Protocols and guidelines	10	Warning Lights	15
Other: <i>(Specify)</i>			

### Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	25	Spare Batteries/charger system	5
EMSCOM (UHF) Radio	5		
Other: <i>(Specify)</i>			

### Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	25 boxes	Helmet with Face Shield	35
Eye Protection	40	N-95 mask (or > particulate mask)	30
Gloves (Leather or heavy duty)	40	Safety Vest/Jacket/(ANSI 2008 Compliant)	30
Hearing Protection	40	Splash Protection (disposable)	30
Other: <i>(Specify)</i>			

## Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	5		
End Title CO2 monitoring device (optional)	3	Pulse Oximeter	7
Glucose Monitoring Instrument	7	Stethoscope	10
Penlights	15	Thermometer (Patient)	7
Other: (Specify)			

## Patient Compartment Equipment – If Applicable (Interior or Exterior)

### Basic Level

Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	32	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	72
Auto Ventilator Devices (ATV/MTV)	0	Oxygen Supply Tubing	20
Bag Valve Mask Devices (Adult, Child and Infant)	20	Patient Restraints	0
Band-Aids (Assorted Sizes)	6 boxes	Pediatric Drug Dosage Tape or chart	3
Biohazard Clean-up Supplies	20	Pediatric Restraint device/car seat	0
Biohazard Waste bags	35	Pillows	0
Blankets	10	Portable Oxygen Equipment	10
Body Bags	0	Portable Suction Unit	4
Cervical Collars - Rigid (Adult, Child and Infant)	18	Seated Spinal Immobilization Device	7
Cervical Immobilization Devices	12	Semi-Automatic Defibrillator with Pads	5
Chair Stretcher	0	Semi-Automatic Defibrillator Batteries	5
Cold Pack	20	Sharps Container	12
Cold Weather Warming Devices	0	Sheets	5
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	16 boxes	Shoulder/chest/extremity straps	10
Emesis Basin	7	Spinal Immobilization device/backboard	16
Field Stretcher (Scoop, Collapsible, Vacuum)	4	Splints, Extremity (Rigid, Air, Vacuum)	20
Foil Blanket	17	Sterile Burn Sheets	12
Hand Sanitizer	13	Sterile Gloves (Assorted Sizes)	0
Heat Pack	40	Sterile Water	12
Inhalation Therapy Equipment	54	Stokes Basket	1
Installed Oxygen System	0	Suction Catheters (Soft & Rigid)	15
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	25 boxes	Supraglottic Airway Devices	5
Long Backboard	16	Multi-lumen Airway Devices	7
Multi-level Stretcher	0	Laryngeal Airway Devices	0
Multi-Lumen Airways	7	Towels	15
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	5	Traction Splint	5
Nasopharyngeal Airways	18	Trauma Dressings	20
Occlusive Dressings	20	Trauma Shears	12
On-Board Suction System	0	Triangular Bandages	15
On-Board Oxygen Supply	0	Urinal (Male and Female)	0
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	30		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Check) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Other: (Specify)			
<b>Advance Level</b>			
Alcohol and Betadine Prep Pads	10 boxes	IV Fluid (Normal Saline, D5W, LR)	40
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	3	Laryngoscope Blades – Adult	8
Chest Decompression Catheters	7	Laryngoscope Blades –Peds	0
Cricothyroidotomy Kit	4	Laryngoscope Handle	4
EKG Monitor Electrodes	200	Magill Forceps	4
Electrode Defib Pads	14	Needles (Assorted Gauges)	75
End Tidal CO2 Detector	8	Pediatric Fluid Control Device	6
Endotracheal Tubes (Assorted)	16	Scalpels	4
Ext. Cardiac Pacing Pads	14	Syringes (1cc, 3cc, 5cc, 10cc)	75
Infusion Pumps	0	Toomey Syringe (60cc)	4
Inhalation Therapy Equipment	54	Tubes, Blood Drawing (Assorted Sizes and Types)	20
Intraosseous Needles	12	Tubing, IV Administration (60gtts)	10
IV Catheters	60	Tubing, IV Administration Set (10gtts – 20gtts)	40
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			(Check) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other: (Specify)			

**MUTUAL AID FIRE PROTECTION AGREEMENT  
BETWEEN THE CITY OF ROSWELL FIRE DEPARTMENT AND  
THE CHAVES COUNTY VOLUNTEER FIRE DEPARTMENTS**

This agreement is made and entered into this 27<sup>th</sup> day of November, 2012 by and between the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments.

WHEREAS, the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments desire to enter into a mutual aid fire protection agreement wherein the equipment, facilities and personnel of each department are available to the other participants in this mutual aid agreement on an as requested basis.

NOW, THEREFORE, in consideration of the mutual promises, covenants and conditions contained herein, it is hereby agreed as follows:

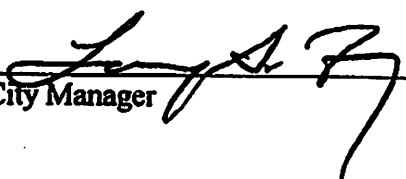
1. **SCOPE OF SERVICES.**
  - o During the term of this agreement, the departments agree to provide upon request, such fire protection and suppression personnel and to make available such equipment or facilities as may be needed for the suppression of fires or the duties and responsibilities associated with saving lives and property within the jurisdictional areas of the requesting department; provided that the personnel, equipment or facilities requested are not otherwise required within the jurisdiction as determined by the Fire Chief or his designated representative of the providing party. It is expressly understood and agreed by all fire departments hereto that no providing department shall be required to use any equipment, facilities and/or personnel where such use would prevent or disrupt protection of its own area. Requests for mutual aid made pursuant to this agreement shall be made by and to respective Fire Chiefs or their designated representatives.
  - o Automatic aid will be provided by the City of Roswell to any industrial, high life occupancy (i.e.: Churches, Schools or any other place of mass gathering) and any Hazardous Material release.
  - o The departments agree that a request will only be made when an emergency occurs in their jurisdiction that is beyond their capabilities.
  - o As a condition of this agreement, each department will be authorized to install each other's emergency radio frequencies in their radios to allow for communications when needed once they arrive at the scene. These frequencies will not be used for any other purpose than to provide emergency assistance and aide during a mutual aid response.


2. **DIRECTION AND CONTROL.** The requested department shall be under the direction and control of its own Fire Chief or designated leader. The fire department will remain intact as a unit, responsible for its own equipment and personnel throughout the incident. The Fire Chief or designated leader will report to the command post of the Incident Commander of the requesting department and will make himself and his personnel, for which they are responsible, available for service. The Incident Commander will assume direction and control of the unit in whole and will give that unit an assignment. The Incident Commander shall be the Fire Chief or designee of the department requesting assistance.
3. **EQUIPMENT.** The condition of the equipment must be the sole responsibility of the department to which it belongs. If the equipment is damaged or destroyed during the incident, the financial liability shall be the responsibility of the department to which it belongs. In the event the incident receives a disaster declaration, the jurisdictions involved will work together to receive remuneration from the State and/or Federal Government for the equipment damaged and/or lost.
4. **TERMS OF THE AGREEMENT.** The terms of this agreement shall be indefinite with any department having the right to terminate said agreement upon thirty (30) days written notice to other departments. The addition or deletion of departments to or from this agreement shall not affect the agreement as to the remaining departments.
5. **COMPLIANCE WITH ALL APPLICABLE LAWS.** The departments shall observe and comply with all Federal, State and local laws, rules, ordinances and regulations effecting the conduct of services provided in the performance of all obligations undertaken by this agreement.
6. **LIABILITY.**
  1. The departments agree that each shall be responsible for its own actions and those of its members while fighting fires, providing rescue services, providing fire responses, emergency medical services, traveling to or from the emergency scene, or in any manner providing services pursuant to and within the scope of this agreement.
  2. It is expressly understood and agreed by the departments that neither shall be held liable for the actions of the other department or any of the other department's members while in any manner furnishing services hereunder.
7. **AMENDMENTS.** This agreement may be amended only by mutual aid agreement in writing by the parties.


This agreement, together with all the terms and conditions contained herein, is approved and accepted by the following entities and is executed by their duly authorized representatives.

**City of Roswell**

**Chaves County**

  
\_\_\_\_\_  
City Manager

  
\_\_\_\_\_  
County Manager

  
\_\_\_\_\_  
Fire Chief

  
\_\_\_\_\_  
Chaves County Fire Board Chair

**AUTOMATIC AID FIRE PROTECTION AGREEMENT  
BETWEEN THE MIDWAY VOLUNTEER FIRE DEPARTMENT AND THE  
CHAVES COUNT VOLUNTEER FIRE DEPARTMENTS**

This agreement is made and entered into this 14th day of December 2009 by and between the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments.

**WHEREAS**, the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments desire to enter into a mutual aid fire protection agreement wherein the equipment, facilities and personnel of each department are available to the other participants in this mutual aid agreement on an as requested basis.

**NOW, THEREFORE**, in consideration of the mutual promises, covenants and conditions contained herein, it is hereby agreed as follows:

**1. SCOPE OF SERVICES**

1. During the term of this agreement the departments agree to provide upon request, such fire protection and suppression personnel and to make available such equipment or facilities as may be needed for the suppression of fires or the duties and responsibilities associated with saving lives and property within the jurisdictional areas of the requesting department; provided that the personnel, equipment or facilities requested are not otherwise required within the jurisdiction as determined by the Fire Chief or his designated representative of the providing party. It is expressly understood and agreed by all fire departments hereto that no providing department shall be required to use any equipment, facilities and/or personnel where such use would prevent or disrupt protection of its own area. Requests for automatic aid made pursuant to this agreement shall be made by and to respective Fire Chiefs or their designated representatives.
2. The departments agree that a request will only be made when an emergency occurs in their jurisdiction that is beyond their capabilities.
3. As a condition of this agreement, each department will be authorized to install each other's emergency radio frequencies in their radios to allow for communications when needed once they arrive at the scene. These frequencies will not be used for any other purpose than to provide emergency assistance and aid during a mutual aid response.

2. **DIRECTION AND CONTROL.** The requested department shall be under the direction and control of its own Fire Chief or designated leader. The fire department will remain intact as a unit, responsible for its own equipment and personnel throughout the incident. The Fire Chief or designated leader will report to the command post of the Incident Commander of the requesting department and will make himself and his personnel, for which they are responsible, available for service. The Incident Commander will assume direction and control of the unit in whole and will give that unit an assignment. The Incident Commander shall be the Fire Chief or designee of the department requesting assistance.
3. **EQUIPMENT:** The condition of the equipment must be the sole responsibility of the department to which it belongs. If the equipment is damaged or destroyed during the incident, the financial liability shall be the responsibility of the department to which it belongs. In the event the incident receives a disaster declaration, the jurisdictions involved will work together to receive remuneration from the State and/or Federal Government for the equipment damaged and/or lost.
4. **TERMS OF THE AGREEMENT.** The terms of this agreement shall be indefinite with any department having the right to terminate said agreement upon thirty (30) days written notice to the other departments. The addition or deletion of departments to or from this agreement shall not effect the agreement as to the remaining departments.
5. **COMPLIANCE WITH ALL APPLICABLE LAWS.** The departments shall observe and comply with all Federal, State and local laws, rules, ordinances and regulations effecting the conduct of services provided in the performance of all obligations undertaken by this agreement.
6. **LIABILITY.**
  1. The departments agree that each shall be responsible for its own actions and those of its members while fighting fires, providing rescue services, providing fire responses, emergency medical services, traveling to or from the emergency scene, or in any manner providing services pursuant to and within the scope of this agreement.
  2. It is expressly understood and agreed by the departments that neither shall be held liable for the actions of the other department or any of the other Department's members while in any manner furnishing services hereunder.
7. **AMENDMENTS.** This agreement may be amended only by Automatic Aid Agreement in writing by the parties.

This agreement, together with all the terms and conditions contained herein, is approved and accepted by the following entities and is executed by their duly authorized representatives.

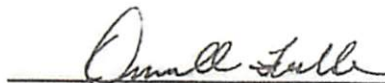
**East Grand Plains Vol. Fire Dept.**

  
Chief

**Berrendo Vol. Fire Dept.**

  
Chief

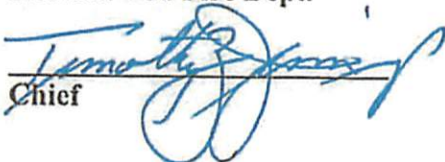
**Midway Vol. Fire Dept.**

  
Chief

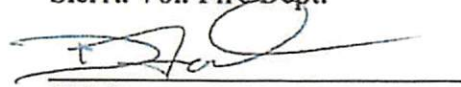
**District 8 Vol. Fire Dept.**

  
Chief

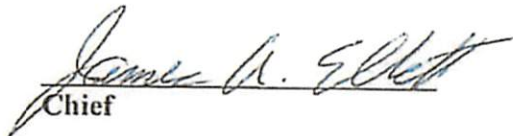
**Dunken Vol. Fire Dept.**

  
Chief

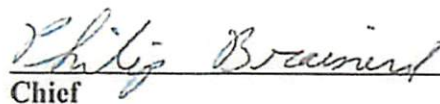
**Sierra Vol. Fire Dept.**

  
Chief

**Penasco Vol. Fire Dept.**

  
Chief

**Rio Felix Vol. Fire Dept.**

  
Chief



**EMS ANNUAL SERVICE  
REPORT Fiscal Year 2019**  
Due Date: January 19, 2018

Submit to:  
EMS Bureau 1301  
Siler Rd Bldg. F  
Santa Fe, NM 87507  
Attn: Ann Martinez

<b>Service Name:</b>	Midway Fire & EMS <i>(EMS Service)</i>
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<b>Mailing Address:</b>	6477 Templeton <i>(Mailing Address)</i>			
	dexter <i>(City)</i>	NM <i>(State)</i>	88230 <i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Stacie Nason <i>(Name)</i>		EMS Chief <i>(Title)</i>	
	575-317-3782 <i>(Business Phone)</i>	<i>(Emergency Phone)</i>	575-347-2145 <i>(Fax)</i>	oneladymedic@gmail.com <i>(E-mail Address)</i>
<b>Administration:</b>	Chaves County <i>(County or Municipality)</i>			
	#1 St. Mary's Place <i>(Mailing Address)</i>			
	Roswell <i>(City)</i>	NM <i>(State)</i>	88203 <i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Bill Williams <i>(Name)</i>		Public Services Director/Fire Services <i>(Title)</i>	
	575-624-6600 <i>(Telephone #)</i>	575-624-6631 <i>(Fax Phone #)</i>	bwilliams@co.chaves.nm.us <i>(E-mail Address)</i>	
<b>EMS Region:</b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<input checked="" type="checkbox"/>

Physical Location of Ambulance/Medical Rescue Facilities				
<b>#1</b>				
<b>Name of Facility:</b>	Midway Fire & EMS Station 1			
	33°17.318 <i>Latitude</i>	104°26.695 <i>Longitude</i>		
<b>Street Address:</b>	6477 Templeton			
	Dexter <i>(City)</i>	NM <i>(State)</i>	88230 <i>(Zip)</i>	<i>(+4)</i>
<b>#2</b>				
<b>Name of Facility:</b>	Midway Fire & EMS Station 2			
	33°16.655 <i>Latitude</i>	104°30.584 <i>Longitude</i>		
<b>Street Address:</b>	74 Honolulu Road			
	Roswell <i>(City)</i>	NM <i>(State)</i>	88230 <i>(Zip)</i>	<i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

<b>Service Name:</b>	Midway Fire & EMS <i>(EMS Service)</i>
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SERVICE INFORMATION			
<b>Type of Service (Must Check Only One)</b>		<b>Affiliation Type (Mark Primary Affiliation Only)</b>	
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit
X	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit
<input type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	X	Fire Dept.-based
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based
<input type="checkbox"/>		<input type="checkbox"/>	Tribal
<b>PRC Certification #</b>		Other (Please Specify):	
<b>Medical Rescue Certification #</b>	303310		
<b># of Years in Operation</b>	34		
<b>EMS Calls</b>		<b>Local Receiving Hospital(s)</b>	
<b>Received By (Mark One)</b>		<b>Dispatched by (Mark One)</b>	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service
<input type="checkbox"/>	Enhanced 911	X	Fire Department
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>		<input type="checkbox"/>	Central Dispatch
			Location of Dispatch:
			Eastern New Mexico Medical Center
			Lovelace Regional Hospital

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		0	Emergency Medical Dispatch Instructor		0
EMT Basic		3	Nurse		0
EMT Intermediate		5	Physician		0
EMT Paramedic		3	Driver		5
Emergency Medical Dispatcher		0	Other		

\*Volunteer may include those paid by the run or other non-salary arrangement.

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Tim Fuller	EMT-B		03/31/2018	07/2017	V
Ron Fuller	EMT-B		03/31/2019	07/2017	V
Kevin Prescott	EMT-P		03/31/2019	07/2017	V
Collin Prescott	EMT-B		03/31/2018	07/2017	V
Stacie Nason	EMT-P		03/31/2019	07/2017	V
Jessica Fuller	EMT-I		03/31/2019	07/2017	V



<b>Service Name:</b>	Midway Fire & EMS <i>(EMS Service)</i>
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For Ground Ambulance/Medical Rescue Services Only				
GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)				
List all non-EMS personnel who are functioning as drivers for your service, and indicate the date of completion of their Bureau approved vehicle operator's course. Also, indicate any medical training they may have completed, for information purposes only. (Use additional sheets as necessary.)				
Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
David Bugarin		07/2017	A	CPR
Rich Brown		07/2017	D	CPR
Reed Wheeler		07/2017	D	CPR
Nathan Fuller		07/2017	D	CPR

GROUND AMBULANCE/MEDICAL RESCUE VEHICLES			
Enter the total number of each type of vehicle used by your service. <i>(Mandatory)</i>			
Type I:	5	Type IV:	
Type II:	4	Medical/Rescue:	4
Type III:		Other – Explain:	

List all ambulance/medical rescue units, which are currently used by your service to provide patient transportation or first response. Indicate each vehicle's year, make, model, type (I, II, III, IV), license number, date of manufacture, whether two wheel or four-wheel drive, patient capacity for supine patients, and the current mileage. *(Mandatory)*  
*(Use additional pages as necessary)*

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
2010	Ford Excursion	Quick Response	G63788	600	2010	4WD	None	133,125	12/2016
2014	Ford	Quick Response	G92784	621	2014	2WD	None	8,443	12/2016
2014	Ford	Quick Response	G92793	622	2014	2WD	None	6,810	12/2016
2008	Ford	Quick Response	G61314	623	2008	4WD	None	208,770	12/2016
2017	Ford	3	00687G	607	2017	4WD	None	1,122	12/2016
2014	Pierce	1	G92677	608	2014	2WD	None	6,734	12/2016

*(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.)*

<b>Service Name:</b>	Midway Fire & EMS <i>(EMS Service)</i>
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**This section is a Mandatory Survey please fill out appropriately**  
*(Failure to fill out will result in an incomplete application) (2<sup>nd</sup> yr. of 3)*

**EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT**

Career and Paid Agencies			Volunteer Agencies*		
	Number of Actual Paid Staff	Additional Needed for Adequate or Optimal Staffing		Number of Volunteer staff	Additional Needed for Adequate Response and Staffing
Non - EMS Personnel (Drivers and/or CPR & First Aid only)				5	0
Licensed EMS First Responder				0	5
Licensed EMT Basic				3	5
Licensed EMT Intermediate				5	3
Licensed EMT Paramedic				3	2
<b>Total:</b>				16	15

This survey's goal is to determine the number of currently licensed caregivers who are active with an agency, and *especially* the number of additional licensed First Responders, EMT Basics, EMT – Intermediates, and Paramedics **needed** throughout the state. This information will help with the formulation of a plan to address this need.

- \*Note:**
- **Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per – run or other non-salary reimbursement.
  - If your volunteer organization doesn't require a specific licensure level but needs additional licensed personnel, please select the lowest level of licensure that will meet your staffing needs. i.e don't list Paramedic when an EMT –Basic would suffice. Or, don't list First Responder if you really need EMTs.

**VEHICLE PREVENTIVE MAINTENANCE PROGRAM**

1. Do you have a Vehicle Preventive Maintenance Program in place?  Yes  No

**If "Yes", please attach a copy of your program.**

2. Indicate the frequency of vehicle inspections:  Daily  Weekly  Monthly  Quarterly

3. Attach Annual Safety Inspection for all units. (PRC ONLY)

**OPERATIONS PLAN**

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan?  Yes  No

2. Are operational and medical protocols included in the Operations Plan?  Yes  No

3. What was the effective date of your Operations Plan? July 2010

4. **Please provide a map of the coverage area for your service.**

Service Name:	Midway Fire & EMS	(EMS Service)
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**QUALITY ASSURANCE REVIEW**

1. Do you have an internal quality assurance/improvement mechanism in place?  Yes  No  
**If "Yes", please attach description.**

2. Indicate the dates of this year's quality assurance review activities.

Reviews are conducted:  Daily  Weekly  Monthly  Quarterly  Annually

**DATES OF REVIEW**

DATE	DATE	DATE	DATE	DATE
01/26/2017	02/23/2017	03/23/2017	04/27/2017	05/26/2017
06/23/2017	07/28/2017	08/24/2017	09/28/2017	10/26/2017
11/23/2017	12/28/2017			

**SERVICE DIRECTOR/CHIEF**

<b>Name:</b>	Ornell Fuller	Chief
	<i>(Name)</i>	<i>(Title)</i>
<b>Address:</b>	98 West Darby	Dexter NM 88230
	<i>(Street/Mailing)</i>	<i>(City) (State) (Zip)</i>
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i> 575-626-2301 <i>(Cellular Phone #)</i> midwayfire@co.chaves.nm.us <i>(E-mail Address)</i>
<b>Signature:</b>		

**SERVICE MEDICAL DIRECTOR**

<b>Name:</b>	Tom Wulf, MD	MD	MD2005-0529
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>
<b>Address:</b>	405 West Country Club	Roswell NM 88201	
	<i>(Street/Mailing)</i>	<i>(City) (State) (Zip)</i>	
<i>(Work Phone)</i> 575-624-5622	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i> 575-317-3453 <i>(E-mail Address)</i>
<b>*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.</b>			
<b>*Signature:</b>			

**SERVICE TRAINING COORDINATOR**

<b>Name:</b>	Stacie Nason	EMS Chief	00018968	EMT-P
	<i>(Name)</i>	<i>(Title)</i>	<i>(License #)</i>	<i>(Level)</i>
<b>Address:</b>	113 No Name Road	Roswell NM 88230		
	<i>(Street/Mailing)</i>	<i>(City) (State) (Zip)</i>		
<i>(Work Phone)</i> 575-317-3782	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i> 575-317-3782 <i>(E-mail Address)</i> oneladymedic@gmail.com	
<b>Signature:</b>				

<b>Service Name:</b>	Midway Fire & EMS
	<i>(EMS Service)</i>

PERSON COMPLETING FORM				
<b>Name:</b>	Stacie Nason		EMS Chief	
	<i>(Name)</i>		<i>(Title)</i>	
<b>Address:</b>	113 No Name Road		Dexter	NM 88230
	<i>(Street/Mailing)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
	575-317-3782		575-317-3782	oneladymedic@gmail.com
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
<b>Signature:</b>				

The above was sworn and subscribed to before this      Day of      , 20

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



\*\*\*\* Notary is for the person completing form

## **Apparatus: Maintenance, Care and Upkeep**

Weekly apparatus and equipments checks are performed on days assigned. This varies according to which station a member is assigned. This procedure is to be conducted weekly to ensure all apparatus and equipment is clean, in-service and ready for use at all times. Weekly truck checks will be conducted by all members.

### **I. APPARATUS CHECKS**

Only firefighters that have been trained and properly supervised will be allowed to conduct daily apparatus checks that are required of the driver. The Chief Officer and Officer at that station are responsible to make sure that all personnel checking apparatus are trained properly.

#### **A. Weekly apparatus checks: Before starting the engine:**

1. FUEL LEVEL: Refill all units when at  $\frac{3}{4}$  of a tank
2. Crankcase-oil level
3. Radiator-water level, if low-top off with antifreeze
4. Power steering-oil level
5. Booster tank-full
6. Air pressure-brakes
7. Tires-proper inflation
8. Pump shift-in road position
9. Automatic transmission-fluid level

#### **B. If any of the above are low, always check for leaks or try to determine the cause.**

### **III. PUMP PANEL WEEKLY CHECK**

Ensure all valves are in proper position:

1. Intake, outlet and pre-connected valves closed. 2  $\frac{1}{2}$ "", 1  $\frac{1}{2}$ "", 1  $\frac{3}{4}$ " and 5"  
(with exception of wye)
2. Booster line valve-OPEN (where applicable)
3. Booster line cooling valve-OPEN
4. Tank to pump valve-OPEN
5. Auxiliary cooling valve-OPEN (where applicable)
6. Radiator filler valve-CLOSED
7. Deck gun and boom valves-CLOSED
8. Change-over valve in pressure position (where applicable)

**IV. WEEKLY APPARATUS EQUIPMENT CHECK**

Conducted by all members assigned to that station for that week. Ensure all equipment is on apparatus, by using weekly apparatus equipment checklist.

**V. START ENGINE**

- A.** Before starting engine, switch the battery selector switch to the **BOTH** position, engage engine.
- B.** After starting engine, check the following:
  - 1. **IDLING-speed**
  - 2. **Oil Pressure**
  - 3. **Air Pressure**
  - 4. **Fuel**
  - 5. **Air brake pressure builds up to 120 p.s.i.**
  - 6. **Windshield wipers**
- C.** Apparatus lighting
  - 1. **Head lights-high and low beam**
  - 2. **Turn signals-left and right**
  - 3. **Four way flashers**
  - 4. **Clearance or parking lights**
  - 5. **Back up lights**
  - 6. **Stop lights**
  - 7. **Cab and compartment and map lights**
  - 8. **Spot and floodlights-front and rear**
  - 9. **Pump panel and rear compartment lights**
  - 10. **Step lights**
  - 11. **Portable hand lights-be sure and remove light from charger to make sure lights are working.**
- D.** Apparatus Emergency Warning Devices check the following:
  - 1. **Red lights-top, front and rear**
  - 2. **Electronic siren and P.A.**
  - 3. **Regular or manually operated siren**
  - 4. **Air horn**
  - 5. **Regular horn**
  - 6. **Opticon**

IV. WEEKLY APPARATUS PUMP CHECK

Usually done after apparatus is pulled outside

- Step #1: Always be sure your parking or hand brakes are on or set
- Step #2: Be sure the apparatus transmission is in the neutral position or out of gear.
- Step #3: Engage pump by using the pump-selector switch, from ROAD to pump, always being sure you do so in a slow but moderate manner.
- Step #4: After the transfer case engages properly, engage the apparatus transmission into pump gear.
- Step #5: Check to see that the pump is primed, this is easily done by getting a pressure reading on the compound gauge.
- Step #6: Use pump panel throttle to build pressure up to 90 or 100 psi.
- Step #7: Check change over valve, if applicable, by switching selector handle from pressure to volume. The only way to tell if the change over valve is working is by getting a pressure DROP, when switched to volume, or getting a pressure increase when selector is back to pressure. Go through this procedure 3 to 5 times to make sure the C.O.V. is not sticking and is working properly. It is not recommended, although it can be done in an emergency, to switch the C.O.V. from pressure to volume with the pressure over and above 100 p.s.i due to the possibility of creating a water hammer and breaking the C.O.V.
- Step #8: Check primer by pulling on primer handle. If primer is working, you will hear it come on and you should be able to see the water and oil it dispels.
- Step #9: Pressure Relief Valve. Should be set at 150 p.s.i. Refer to the waterous pump manual for a full explanation of this procedure.
- Step #10: After completing the 9 steps listed, use hand throttle to bring apparatus engine back to idle. Take apparatus transmission out of gear or back to neutral. Reverse procedure in Steps 3 and 4. A good method to use for checking to see if the transfer case is back in ROAD gear is by putting the apparatus transmission in drive, reverse or low gear. If the apparatus tries to move, then you know the transfer case is back in ROAD gear. This procedure will enable you to check and see if the parking brake is holding or not.
- Step #11: Special apparatus-additional things that are checked: P.T.O.'s, booms, out-riggers, turn-tables and control, hydraulic pressure.

**VII. SPECIAL APPARATUS WEEKLY CHECK**

1. It is department policy that each apparatus, after every working fire or emergency, be given a thorough check, the same as a weekly check, so it will be ready for use in case of another run or emergency, regardless of what time of day or night it has been out. On any daily apparatus check or after an emergency run, always be sure to report to station officers weekly, any or all defects, if repaired or needs repair. Be sure and list all work done and cost on apparatus in the apparatus maintenance section of Firehouse. Example: parts, oil changes, grease job, gas, oil, repairs done and time apparatus was in service during that shift.
2. All apparatus or any fire department vehicles will be pulled all the way outside or backed all the way inside at all times. This will prevent the closing of stall doors on them.

**X. GREASE JOBS OR OIL CHANGES.**

Division Chief in charge of apparatus shall schedule for each apparatus as it is needed.

**XI. MISCELLANEOUS**

- A. Batteries-water level
- B. Priming tank-oil level
- C. Fan belts-tightness
- D. Air tanks-bleed off moisture
- E. Pump panel-check outlet and intake valves to see that they work smoothly, lubricate as necessary.
- F. Exhaust system for leaks
- G. Booster tank-drain and flush monthly if tank has not been used.

**XII. VEHICLE WASH AND WAX**

- A. Waxed as necessary. Once a week, month, or yearly.
- B. Wash as needed.



NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
FIRE DEPARTMENT INSPECTIONS SECTION



P.O. BOX 1269  
SANTA FE, NM 87504  
1-800-244-6702

STRUCTURAL APPARATUS INSPECTION REPORT

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

GENERAL INFORMATION

APPARATUS

UNIT #: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: \_\_\_\_\_ GPM STAGES:  SINGLE  DUAL WATER TANK CAPACITY: \_\_\_\_\_ GALLONS  
FOAM SYSTEM?  YES  NO TYPE:  PROPORTIONER  INDUCTOR  CAFS

DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL  
ARE DAILY OR WEEKLY INSPECTIONS PERFORMED?  YES  NO  NO RECORDS AVAILABLE  
IS APPARATUS HOSE TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE  
IS THE APPARATUS' PUMP TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE

DATE OF LAST HOSE TESTING: \_\_\_\_\_ DATE OF LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT NEEDED AS PER NFPA 1901

COMMUNICATIONS:

MOUNTED RADIOS?  YES  NO QTY: \_\_\_\_\_  
PORTABLE RADIOS?  YES  NO QTY: \_\_\_\_\_  
HAND LIGHTS (min 2)  YES  NO QTY: \_\_\_\_\_  
6lb FLAT HEAD AXE  YES  NO QTY: \_\_\_\_\_  
6lb PICK HEAD AXE  YES  NO QTY: \_\_\_\_\_  
SCBA'S (min 4)  YES  NO QTY: \_\_\_\_\_  
SCBA SPARE TANKS (4)  YES  NO QTY: \_\_\_\_\_  
GATED PUMP INTAKE  YES  NO QTY: \_\_\_\_\_  
FIRST AIDE KIT (24 unit)  YES  NO QTY: \_\_\_\_\_  
GATED WYE (min 1)  YES  NO QTY: \_\_\_\_\_  
2 1/2" DOUBLE FEMALE (2)  YES  NO QTY: \_\_\_\_\_  
2 1/2" DOUBLE MALE (2)  YES  NO QTY: \_\_\_\_\_

HOSE

2 1/2" OR LARGER (1200')  YES  NO FT: \_\_\_\_\_  
1 1/2" TO 2" (400')  YES  NO FT: \_\_\_\_\_  
WHEEL CHOCKS (2)  YES  NO QTY: \_\_\_\_\_

NOZZLES-FOG

COMBINATION 95 GPM (2)  YES  NO QTY: \_\_\_\_\_  
COMBINATION 200 GPM (2)  YES  NO QTY: \_\_\_\_\_  
PLAY PIPES (TWO-2 1/2")  YES  NO QTY: \_\_\_\_\_

LADDERS

14' ROOF LADDER  YES  NO QTY: \_\_\_\_\_  
24' EXTENSION  YES  NO QTY: \_\_\_\_\_  
10' FOLDING/ATTIC  YES  NO QTY: \_\_\_\_\_

SUCTION HOSE

15' SOFT or 20' HARD  YES  NO FT: \_\_\_\_\_  
SUCTION STRAINER (1)  YES  NO QTY: \_\_\_\_\_

PIKE POLES

6' PLASTER HOOK  YES  NO QTY: \_\_\_\_\_  
8' PIKE POLE  YES  NO QTY: \_\_\_\_\_  
FIRE EXTINGUISHERS (2-BC)  YES  NO QTY: \_\_\_\_\_

2 1/2 GAL WATER EXTINGUISHER  YES  NO QTY: \_\_\_\_\_

SPANNER WRENCHES (4)  YES  NO QTY: \_\_\_\_\_  
HYDRANT WRENCHES (2)  YES  NO QTY: \_\_\_\_\_

RUBBER Mallet (1)  YES  NO QTY: \_\_\_\_\_  
SLAVAGE COVERS (12'X14')  YES  NO QTY: \_\_\_\_\_

FOAM NOZZLE (1)  YES  NO QTY: \_\_\_\_\_  
FOAM 10 GALLONS (class-A)  YES  NO QTY: \_\_\_\_\_

Chain Saw Carbide Chain  YES  NO

RECOMMENDED EQUIPMENT AS PER NFPA 1901

CLAW TOOL  YES  NO  
CROW BAR (36")  YES  NO  
HOSE STRAPS (4)  YES  NO  
PORTABLE PUMP  YES  NO  
GROUND MONITOR  YES  NO  
LIGHTS (500w) (2)  YES  NO  
5 GAL METAL CONTAINERS  YES  NO

SMOKE EJECTOR  YES  NO  
INSULATED BOLT CUTTERS  YES  NO  
HALLIGAN TOOL (1)  YES  NO  
HOSE CLAMP (1)  YES  NO  
TOOL BOX & TOOLS  YES  NO  
CORD REELS 200' (2)  YES  NO  
GATED HYDRANT VALVE (1-2 1/2")  YES  NO

ROUND TIP SHOVEL  YES  NO  
FLAT TIP SHOVEL  YES  NO  
3000 W GENERATOR  YES  NO  
UTILITY ROPE (125')  YES  NO  
PASS DEVICES (4)  YES  NO  
FOAM ASPIRATORS & NOZZLES  YES  NO





NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
 FIRE DEPARTMENT INSPECTIONS SECTION  
 P.O. BOX 1269  
 SANTA FE, NM 87504  
 1-800-244-6702



**WILDLAND APPARATUS INSPECTION FORM**

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

APPARATUS: NUMBER: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
 CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: (Req-50GPM) \_\_\_\_\_ GPM TANK CAPACITY: (Req-125) \_\_\_\_\_ GALLONS

ALL WARNING DEVICES OPERATE?  YES  NO APPARATUS HOSE TESTED ANNUALLY?  YES  NO  
 DAILY OR WEEKLY LOGS USED?  YES  NO APPARATUS PUMP TESTED ANNUALLY?  YES  NO  
 LAST HOSE TEST: \_\_\_\_\_  
 LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT (NFPA 1906)

- |                            |   |
|----------------------------|---|
| MOUNTED RADIOS             | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| PORTABLE RADIOS            | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| HAND LIGHTS (2)            | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| AXE (1-ANY TYPE)           | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| SPADE TIP SHOVEL (1)       | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| FIRE EXTINGUISHER (1-B/C)  | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| SPANNER-WRENCHES (2)       | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| HOSE (200') (1")           | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| NOZZLE (1-TO FIT HOSE)     | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| FIRST AID KIT (24 UNIT)    | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| HAND PUMP EXTINGUISHER (1) | <input type="checkbox"/> YES <input type="checkbox"/> NO            |
| WHEEL CHOCKS (2)           | <input type="checkbox"/> YES <input type="checkbox"/> NO            |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Fire Dept. Inspector

\_\_\_\_\_  
 Signature of Fire Chief / Representative



NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
 FIRE DEPARTMENT INSPECTIONS SECTION  
 P.O. BOX 1269  
 SANTA FE, NM 87504  
 1-800-244-6702



MOBILE WATER APPARATUS INSPECTION REPORT

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

GENERAL INFORMATION

APPARATUS

UNIT #: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: \_\_\_\_\_ GPM STAGES:  SINGLE  DUAL (Minimum Required: 250 GPM)

WATER TANK CAPACITY: \_\_\_\_\_ GALLONS (Minimum Required 1,000 Gallons)

DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL  
 ARE DAILY OR WEEKLY INSPECTIONS PERFORMED?  YES  NO  NO RECORDS AVAILABLE  
 IS APPARATUS HOSE TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE  
 IS THE APPARATUS' PUMP TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE

DATE OF LAST HOSE TESTING: \_\_\_\_\_ DATE OF LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT AS PER NFPA 1901

WARNING LIGHTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	6LB FLATHEAD AXE(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
AUDIBLE ALARMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAND LIGHTS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>COMMUNICATIONS:</u>		FIRE EXTINGUISHERS (2-B/C)	<input type="checkbox"/> YES <input type="checkbox"/> NO
MOUNTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	2 ½ GAL WATER (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
PORTABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	2 ½" HYDRANT GATE VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS	<u>DUMP CONNECTION</u>	
SCBA SPARE BOTTLES	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS	DUMP VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID KIT (24 UNIT)	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPANNER WRENCHES (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HYDRANT WRENCH (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2 ½" DOUBLE FEMALE(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS		
2 ½" DOUBLE MALE (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS		
1500 GAL PORTABLE TANK	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ GAL		
HOSE-2 ½" OR LARGER( 200')	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ FT		
WHEEL CHOCKS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

RECOMMENDED EQUIPMENT PER NFPA 1901

SUCTION HOSE (30')	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 ½" OR LARGER HOSE (200')	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMBI-FOG NOZZLE (1-95 GPM)	<input type="checkbox"/> YES <input type="checkbox"/> NO	INTAKE GATE VALVE (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
RUBBER Mallet(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6LB PICKHEAD AXE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PIKE POLE (1-6FT)	<input type="checkbox"/> YES <input type="checkbox"/> NO		





BERRENDO VOLUNTEER FIRE DEPARTMENT



**COMMAND 100**  
2001 Chevrolet Suburban

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

CONDITION:  GOOD  FAIR  POOR

DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL

FLUID LEVELS: BRAKES \_\_\_\_\_ POWER STEERING \_\_\_\_\_ OIL \_\_\_\_\_

ANTIFREEZE \_\_\_\_\_ WINDSHIELD WASHER \_\_\_\_\_ FLUID LEAKS  YES  NO

BELTS \_\_\_\_\_ WINDSHIELD WIPERS \_\_\_\_\_ TIRES \_\_\_\_\_

REQUIRED EQUIPMENT

MOUNTED RADIOS  YES  NO

PORTABLE RADIOS  YES  NO

HAND LIGHTS (2)  YES  NO

TRAUMA KIT  YES  NO

GPS UNIT  YES  NO

4 GAS MONITOR  YES  NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Fire Dept. Inspector

\_\_\_\_\_  
Signature of Fire Chief / Representative

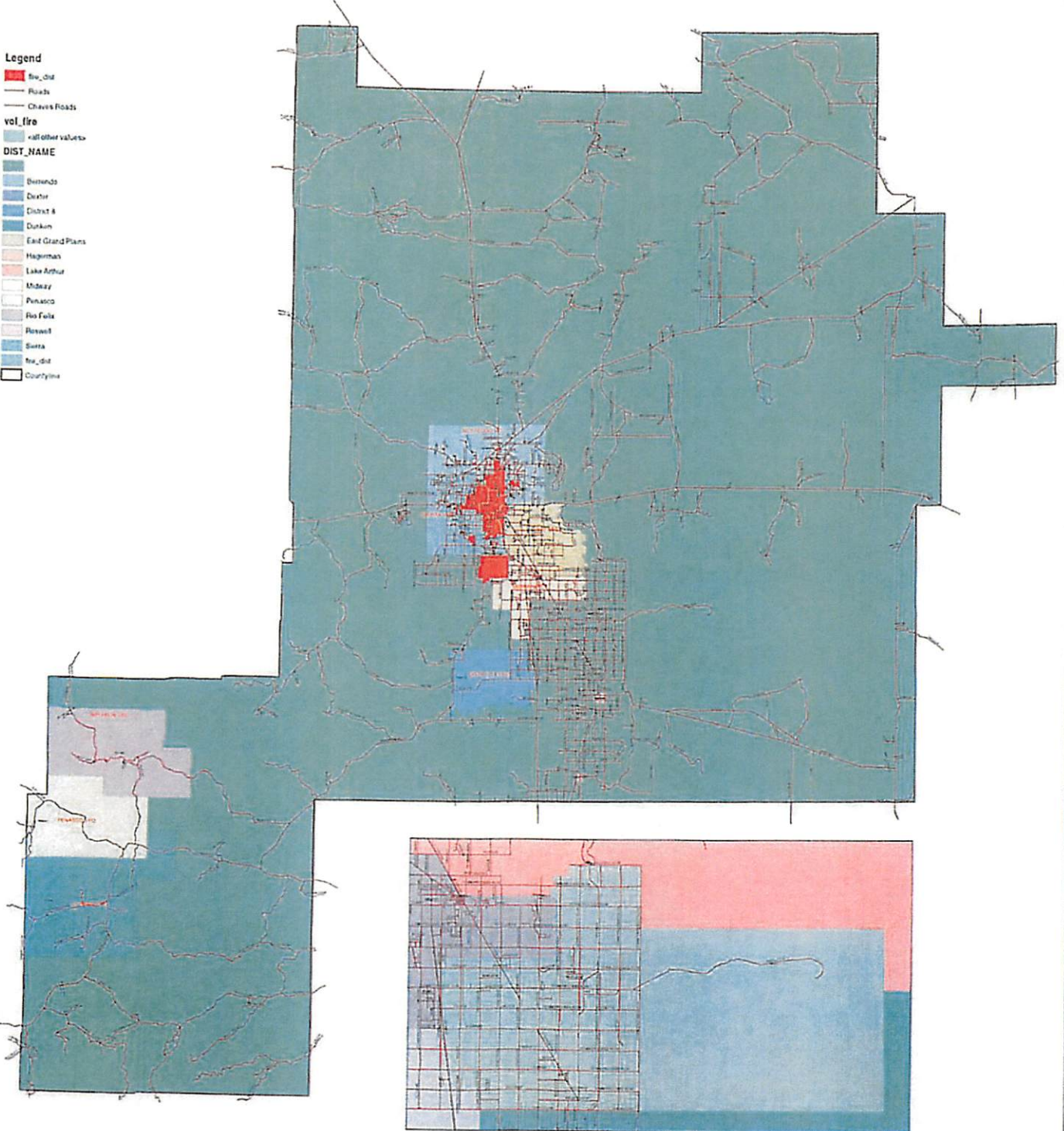


# CHAVES COUNTY, NEW MEXICO VOLUNTEER FIRE DISTRICTS



**Legend**

- fire\_dist
- Roads
- Chaves Roads
- vol\_fire**
- all other values
- DIST\_NAME**
- Berrendo
- Dieter
- District 8
- Durkin
- East Grand Plains
- Hagerman
- Lake Arthur
- Midway
- Penasco
- Rio Felix
- Roswell
- Sierra
- fire\_dist
- Countyline



**MIDWAY VFD DISTRICT**

### EMS Quality Assurance Procedure

***Purpose:***

The Midway Fire Department is committed to providing the highest quality of Emergency Medical Services possible to our customers. To facilitate this process, the following policy and procedure is established.

***Policy:***

It shall be the policy of the MFD to support the efforts of providing quality patient care by using the following procedures or general practices.

1. Recruit, train and maintain motivated, qualified, customer service oriented members.
2. Evaluation of incidents, incident reports and other data collection sources.
3. Field audits and observation of member performance.
4. Protocol development, review, and revision under the countywide EMS Medical Board and Medical Director.
5. Training of Fire Department members in the latest Emergency Medical procedures as defined by the New Mexico State EMS Bureau.
6. Public awareness and prevention programs designed to educate the public and prevent injuries and create awareness of available services.
7. Analyze service delivery and provide for corrective actions as needed.

***Procedures:***

- a. The Berrendo Fire Department shall make every effort possible to recruit, train, and retain the most qualified members for the position(s) they are recruited for, and/or promoted to.
- b. Routine, and/or daily evaluation of Firehouse Incident Reports, by the MFD EMS Q A officer, for the following areas:
  1. Protocol adherence/deviation
  2. Medical performance outcomes
  3. Performance of skills/treatment rendered

4. **Timeline Analysis**
5. **Unusual circumstances**
6. **Cardiac problems as the chief complaint**
7. **Death of patient while in MFB care**
8. **Completeness of all data entry fields**
9. **Accompaniment and completeness of related documents, i.e., Drug Usage & Requisition Form, Patient Refusal Form, etc.**
10. **Each Incident Report will be reviewed, and logged with the appropriate observations and comments documented. Additional entries will be made simultaneously at the time of review such as tracking specific skills of the responders as appropriate for performance appraisal issues, and training needs assessment. Additionally, the tracking of pharmaceutical items and inventory maintenance will occur at this time. Copies of the reports with any of the above nine criteria areas and/or runs with pharmaceuticals will be made and filed as appropriate.**

**c. Documentation required for EMS reporting. In order for an EMS incident to be properly documented and processed the following forms shall be submitted for all incidents where a patient was treated.**

**EMS Service Report:**

**This report shall be accurately and completely filled out. A "D.C.H.A.R.T." information narrative shall be utilized. Care should be taken to document all aspects pertinent to the call.**

**d. Reports and supporting documents pertaining to patients experiencing possible heart attacks, death of the patient while in MFB care, or questionable Protocol adherence, will be printed and filed by the Q A personnel on each shift. The original will either be forwarded to the Medical Director's folder with further Q A considerations or if Pharmaceuticals were used a copy would be filed in the respective quarterly pharmacy folder. EMS computer generated incident reports shall be kept on file and be readily available for two years. Reports shall be archived after two years in accordance with the State Fire Marshals regulation and State EMS Bureau Regulations.**

- e. Customer surveys shall be mailed to customers of the MFD to solicit feedback on the treatment rendered to them by our service. Feedback from these surveys will be reviewed and analyzed with the intent of incorporating any feedback which is both feasible and performance enhancing in regards to the service provided to our customers. When appropriate, further correspondence or phone calls will be pursued to insure that every aspect of the customer survey feedback has been completely addressed.
- f. Field audits shall be conducted by the Shift Q A personnel, and the Medical Director on a periodic basis for the purpose of observing the behavior and performance of crews. The intent of this type of performance evaluation is geared toward observing responders under real circumstances that are not always possible to observe under controlled, and/or training environments. Ride along by the Shift Q A personnel, or Medical Director should be expected as a routine part of the Q A effort. Observations, comments, and analysis of performance observed shall be recorded and subsequently shared with all personnel.
- g. EMS treatment protocols have been developed and will continue. Periodic review and revision of these protocols will occur as needed to maintain compliance with state and local guidelines. Responder performance will be measured against these protocols. Deviation from the treatment protocol is reason for further review. Responders will be required to provide additional details that explain the reasons or circumstances for the treatment rendered to the patient and the subsequent deviation from protocol. Correspondence documenting the review process and additional details will be reviewed with the Medical Director and hard copies kept on file. Action plans will be implemented as needed to reinforce Chaves County patient treatment protocols, and/or revision of protocols, to reflect required changes in the manner the department renders patient care. All personnel shall review all protocol revisions.
- h. Initial EMT training shall be offered to firefighters upon hiring which shall comply with the State EMS Bureau, and local guidelines. The Department shall review each member's skill level and provide direction and training as needed. The Medical Director shall also sign for each EMT, at all levels, verifying their basic compliance with the state regulations pertaining to skill level and ability during each licensure period. EMT Refresher courses will also be available to all members during their licensure period.
- i. The MFD shall also provide support for EMTs to maintain their skills by offering continuing education throughout the year. Additionally, the Medical Director shall Provide advanced classes targeting the Intermediate and Paramedic level EMTs. (EMT Basics are also encouraged to attend).

**j. Although EMT licensure maintenance and compliance falls solely upon each EMT, . . . shall provide direction and guidance to support each individual's effort to maintain their license. Mechanisms such as personnel/training files, maintenance, and announcements of training opportunities will be a regular part of the EMS Divisions operation.**

**k. Public awareness programs will be facilitated through the dissemination of literature geared toward educating the public on preventing injuries, and proper activation and use of services when needed. MFD will also be active with community activities where direct customer involvement can take place, i.e., Health Fairs, EMS Week, site visits, etc. MFD will facilitate positive interactions with other agencies, and coordinate joint efforts where a positive impact within the community will occur. Such agencies include, but are not limited to Eastern New Mexico Medical Center, Roswell Community Health Services, American Heart Association, American Red Cross, United Way, Eastern New Mexico University-Roswell, Chaves County EMS Board, Chaves County Fire Departments, Roswell Public Schools, and Roswell Police Department etc.**

**l. On going analysis shall occur on both an informal, and formal basis, incorporating as many input sources as needed to accomplish the objective. Sources of information are query fields and analysis as provided via Firehouse computer software; Access and Excel data bases, EMS Run Reports, member input and observation, outside agency input and observation; and customer service questionnaire feedback, etc. Every effort will be made to supply detailed summaries pertaining to the Quality Assurance program to personnel. Supplying this kind of information is intended to inform personnel of commendable performance and areas where performance improvements are needed. It shall be the philosophy of all department personnel to pursue the skills and ability needed to continuously provide superior customer service.**

**m. Should the need for corrective personnel actions be warranted, the MFD shall pursue it in the following manner:**

**1. If the problem identified is determined to be an isolated incident, the Chief, with Medical Director input and comment shall inform the member(s) of the problem. The member(s) will be given the opportunity to provide supplemental information that may either further explain their actions and/or allow for the acknowledgment of information received pertaining to the behavior in question and the resolution of that behavior or action. All Correspondence shall be kept as part of the Q and A record, and be filed with the corresponding summary report. First time occurrences are confidential.**

2. If the problem identified is a repetitive problem, the member(s) will be allowed to provide supplemental information as in # 1 above. At the very least the member and their immediate supervisor are notified. However, the behavior requiring corrective action may be deemed negligent and repetitive, and thereby necessitate a reprimand, which will be noted and become a part of the member(s) personnel file.
  3. If the problem identified still continues, the member(s) will still be allowed to provide supplemental information as in #1 and #2 above. At the very least the member and their immediate supervisor and Chief shall be notified, and if deemed necessary, a meeting with all parties and possibly the Medical Director to address the issue with the member(s). However, the behavior requiring corrective action may be deemed negligent, and thereby necessitate a written reprimand, which will become a part of the member(s) personnel file.
  4. In cases where deemed necessary, the Medical Director has the authority to suspend or revoke licenses, remove equipment from service, or alter protocol for local considerations. State Regulation requires the EMS Bureau to be notified anytime an EMT's privilege to practice has been suspended or revoked for any reason. Maintaining a current, valid State certified EMT license is a minimum requirement of all response personnel. If a Midway Fire Department employee's license is suspended or revoked by the Medical Director, such suspension or revocation will be considered as ground for disciplinary action, up to and including termination, as outlined in the City Rules and Regulation, articles 800 through 810.
  5. Instances where revision of protocol, further training, or equipment considerations is evident, the MFD Administration will make arrangements to coordinate these changes.
  6. Announced and unannounced inspections of equipment will be a regular part of determining whether problems exist in that area and what corrective actions, if any, may be required.
- n. All members of the MFD are expected to give their full participation to the Quality Assurance effort. Any and all input regarding service delivery to our customers is encouraged and appreciated by all personnel. Quality assurance extends to both external and internal customers; therefore, the MFD does not place limitations on any type of comment or concern an individual may provide as input for consideration toward the improvement of EMS Services in Chaves County.

## **Interagency Interaction Guidelines**

**Introduction:** Emergency Medical Services in Chaves County is provided by several agencies that must interact cooperatively within a two-tiered EMS system. In order to achieve the goal of Quality Patient Care, it is critical that interactions between the services be predictable and consistently professional. The following guidelines have been developed by MFE in order to facilitate optimal patient care, transfer and scene flow, and so that all field providers can approach scenes with the same expectations and cooperation.

- 1. The first arriving unit will relay information on scene safety, scene access, equipment needs, and staging, as appropriate, to subsequent arriving units utilizing Fire Department radio system or relay through respective communication centers.**
- 2. The ALS transport provider will bring in their stretcher when immediate patient transport is deemed necessary by the first arriving EMS units via radio or once the need for transport has been determined. It is optimal to bring in the stretcher upon arriving on scene on all calls. Good judgment should be used at all times.**
- 3. The lead agency (agency first on scene) is responsible for initially directing patient assessment and care. This includes:**
  - Obtaining consent for treatment and transport**
  - Obtain a signed and fully documented refusal on any patient who refuses treatment/transport and meets refusal criteria in accordance with the Chaves County EMS Protocols and guidelines.**
- 4. Once the lead paramedic is on scene, the second arriving unit will approach the lead paramedic and offer assistance. As soon as it is clinically practical, the lead paramedic will give a brief verbal report to subsequent arriving EMS units.**
- 5. The first arriving unit will bring in appropriate equipment upon their arrival. If ambulance and rescue/paramedic personnel arrive simultaneously, then the rescue/paramedic personnel will take in their equipment and ambulance personnel will bring in any additional necessary equipment.**

6. In the event the ALS transport paramedic and fire/rescue personnel arrive on scene simultaneously, the ALS transport paramedic will take responsibility of directing patient care. Paramedics will work cooperatively and in a professional manner to ensure high quality patient care. If a disagreement regarding patient care occurs in this context, MCRP guidance will be sought.
7. The first arriving EMS providers will begin to assess the patient, (history and physical) and gather other pertinent information. Other arriving personnel will approach the first EMS provider to obtain patient report. It is inappropriate for subsequent arriving providers to go directly to the patient and repeat questions that have been asked. Although the first arriving paramedic is in charge of patient care, please remember that this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCRP.
8. All agencies will assist each other in every possible way (i.e. moving/gathering of equipment and stretchers); however, due to risk management considerations, any time there is a patient on a stretcher, employees from the ALS transport agency must perform operation of the stretcher at the head and the foot. Other personnel on scene will be utilized to help lift in the interest of patient safety and comfort.
9. The ALS transport paramedic assumes responsibility of patient care after receiving a complete patient turnover report. In critical life threatening situations the transfer of patient care responsibility will automatically happen once the patient is loaded into the back of the ambulance. Although the ALS transport paramedic is in charge of patient care, please remember this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCRP. While awaiting MCRP advice, the ALS transport paramedic will continue to direct patient care. Disagreements will not delay transport. Again, patient care will remain a cooperative effort.
10. Upon transfer of patient care, an appropriate verbal turnover report must be given and accepted in a professional manner by both services involved. Once patient care is transferred, a confirmatory patient assessment by the transport paramedic is both appropriate and necessary. However, as a routine, such assessments should not delay transport, and should be done en route if possible. Transport should not be delayed in order for fire/rescue personnel to complete their written patient report.

11. If a patient has been loaded into the ambulance prior to the fire/rescue unit arrival (BLS or ALS), it is appropriate for the arriving personnel to inquire if they can be of any assistance. If the ALS transport provider deems assistance unnecessary, the fire department unit may cancel at their discretion. Transport will not be delayed in order for BLS or ALS reassessment, information gathering and/or report writing if the patient is loaded and ready for transport.
12. If in the judgment of any paramedics on the scene, patient care requires additional support, other BFD personnel may accompany the patient to the hospital in the transporting unit.
13. The ALS transport provider will accept cancellations from all fire/rescue agencies and the fire/rescue agencies will accept cancellation from the transport agencies. It is appropriate for on scene agencies to downgrade responding units when emergency response is not medically necessary.
14. The Midway Fire Department follows the Incident Command System structure. Be familiar with the ICS and be able to execute it when called for. A good example of this would be any scene where hazards such as fire, fluids, power lines, etc. exist. In these situations, the incident commander is in charge of all personnel to ensure that only properly protected and/or trained responders will be in the "hot" zones. Fire Department IC will direct all responding EMS personnel to an appropriate staging area for duty assignments.

#### Patient Care Responsibilities

The first paramedic to arrive on scene will assume charge of, and direct patient care. All subsequent pre-hospital providers will take direction from that person by:

- Receiving a verbal report from the on-scene provider and at the paramedics direction assisting with further patient care.
- In the event that ambulance personnel and fire personnel arrive on scene simultaneously, the ALS transport paramedic will assume charge of patient care.
- Patient care responsibility reverts to the ambulance provider paramedic once the patient has been moved into the ambulance, regardless of whether a RFD paramedic accompanies the patient to the hospital. The transporting service should transport the patient according to appropriate medical needs and protocols as directed by the Chaves County EMS protocols.
- In the judgment of any of the paramedics on scene, patient care requires additional support; fire/rescue personnel will accompany the patient to the hospital in the ambulance.

# Midway Fire and EMS

## Pre-Hospital Quality Improvement/Performance Improvement Program REVIEW FORM

*This form will be used to document select EMS responses made by Midway Fire and EMS personnel. Responses reviewed will include all trauma and cardiac arrest responses as well as other calls picked randomly by EMS Chief.*

Incident Number \_\_\_\_\_ Unit Number \_\_\_\_\_ Date of Call \_\_\_\_\_ Date of Review \_\_\_\_\_

1. Is the written report legible?  yes  no

2. Is there a question of procedural competence?  yes  no

Explain \_\_\_\_\_

3. Was patient care appropriate?

(Consider protocol adherence and/or deviation from standard practice)  yes  no

Explain

\_\_\_\_\_

4. Is there a question regarding response or on-scene time?  yes  no

Explain

\_\_\_\_\_

5. Was an appropriate patient size up provided?  yes  no

6. Were the proper resources requested or used?  yes  no

Explain

\_\_\_\_\_

7. Was the report entered into NMSTARS within an appropriate amount of time?  yes  no

8. Other Comments

\_\_\_\_\_

\_\_\_\_\_

### CORRECTIVE ACTIONS

Individual training -- Date completed \_\_\_\_\_ Trainer \_\_\_\_\_

Protocol Review - Date Completed \_\_\_\_\_ Trainer \_\_\_\_\_

### REVIEWED BY:

Quality Management Committee (Names: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_)

First Responder: \_\_\_\_\_ Date Reviewed \_\_\_\_\_

*Additional Comments should be documented on the reverse of this page.*



**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2019**

Submit to:  
EMS Bureau  
1301 Siler Rd Bldg F  
Santa Fe, NM 87507  
Attn: Ann Martinez  
505-476-8233

**Due Date: January 19, 2018**

**To All Potential Applicants:**

The EMS Fund Act was created for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life.

In any fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical services personnel. This money shall be distributed to municipalities and counties on behalf of eligible local recipients, using a formula established pursuant to rules adopted by the department. The formula shall determine each municipality's and county's share of the fund based on the relative geographic size and population of each county. The formula shall also base the distribution of money for each municipality and county on the relative number of runs of each local recipient eligible to participate in the distribution. **To be eligible**, an applicant must be an incorporated municipality or county applying on behalf of a local recipient. Your service must also be compliant with NMEMSTARS Data and Medical Rescue Certification, if not PRC.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 19, 2018**. Please adhere to the following instructions, as **incomplete applications will not be processed**:

- Submit an **ORIGINAL AND THREE (3) COPIES – Annual Service Report as well. Failure to make copies will result in an incomplete application and will not be accepted.** (faxed or emailed applications will not be accepted as well)
- **NO SPECIAL BINDING** (*one staple in the left top corner only- NO PAPERCLIPS or BINDERS*)
- Be sure to have necessary **SIGNATURES and NOTARY**.

<b>Local Recipient:</b>	Sierra Vol. Fire Department		303312	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	#1 Saint Mary's Place	Roswell	NM	88203
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> X
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Matthew Ford	Chief	sierrafire2@gmail.com	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Chaves County			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	#1 Saint Mary's Place	Roswell	NM	88203
	<i>(Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Fiscal Agent Contact Person:</b>	Bill Williams	Public Services Director/Fire Services		
	<i>(Name)</i>	<i>(Title)</i>		
	575-624-6600	575-624-6631	bwilliams@co.chaves.nm.us	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

## EMS AGENCY FUNDING INFORMATION

The minimum distribution of funds is based on the following criteria. Assure the agency meets each criterion for the level for which the agency is applying. **If each box under a particular level cannot be checked off, the applying service may not be eligible to receive EMS Fund Act funds.** Choose **one (1) level** for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

Medical-Rescue Service Entry Level  (\$1,500)	Medical-Rescue Service First Responder  (\$3,000)	Medical-Rescue Service/Ambulance Basic Level  (\$5,000)	Medical-Rescue Service/Ambulance Advance Level  (\$7,000)
<input type="checkbox"/> Check if applicable Fifty percent (50%) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <u>minimum of two NM licensed personnel.</u>	<input type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <u>minimum of two NM licensed personnel.</u>	<input checked="" type="checkbox"/> Check if applicable Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <u>minimum of two NM licensed personnel.</u>
<input type="checkbox"/> Check if applicable Service has Basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input type="checkbox"/> Check if applicable Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> Check if applicable Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements. <u>Attached copy(s)</u>	<input type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>	<input checked="" type="checkbox"/> Check if applicable Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <u>Attach copy(s)</u>
<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input type="checkbox"/> Check if applicable Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> Check if applicable Service has a designated Training Coordinator.
<input type="checkbox"/> Check if applicable The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> Check if applicable The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> Check if applicable Service plans to routinely respond (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.	<input checked="" type="checkbox"/> Check if applicable Routinely responds (defined as "available...24 hours per day, 7 days per week") when dispatched for all medical and traumatic emergencies within its primary response area.
<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> Check if applicable Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> Check if applicable Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> Check if applicable If applicable, Service complies with Air Ambulance certification regulations 7.27.5 NMAC.

## LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

- Please complete the Equipment Inventory Report prior to listing your funding requests.
- Funds may only be utilized to support the cost of supplies and equipment and operational costs other than salaries and benefits for emergency medical personnel. Please round all estimated costs to the nearest \$100. **We must be realistic, please estimate amount closest to funding that service receives every year.**
- Use each number only once. (Use additional sheets if necessary.)

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
<b>Repair and Maintenance:</b>		
3	Vehicle repair/Maintenance	\$1,000.00
9	Equipment Repair	\$1,000.00
<b>Training:</b>		
1	Continuing Education	\$1,000.00
2	Annual Refresher	\$1,000.00
8	Conference/ Initial or new training	\$1,000.00
<b>Mileage &amp; Per Diem:</b>		
10	Conference	\$500.00
11	Continuing Education	\$500.00
<b>Supplies (Items Under \$500):</b>		
4	General Expendable Supplies/Non Expendable Supplies	\$2,500.00
<b>**Capital Outlay (Items Over \$500):</b>		
5	AED/Monitor	\$1,000.00
6	Assessment Supplies	\$1,000.00
7	Treatment Supplies	\$500.00
<b>Other Operational Costs:</b>		
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$11,000.00</b>

\* Do not make all items Priority No. 1.

\*\* For **Capital Outlay Projects** for which the service intends to “carry over” funds for multiple years in order to pay for a particularly expensive item, the following criteria must be documented and/or met:

- Maximum number of years for single project is 3 years
- Item and savings plan must be described, including amount designated for item each year
- Carry over request for designated project money must accompany the required end of year fiscal year expenditure report
- Amount of project designated money for the year and carry-over request amount must match
- 

**Note:** If project changes, the designated project money must be returned unless bureau approval for other expenditure is obtained



<b>SERVICE NAME:</b>	Sierra Vol. Fire Department
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**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, <b>COUNTY OF</b>	Chaves County
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Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned:  
(TYPE OR PRINT)

Mayor	OR	Chairman Robert Corn Chairman, Board of Commissioners
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Municipality	Chaves County County
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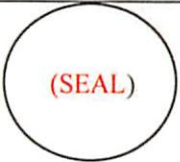
I do certify that the information contained in the application is true and correct to the best of my knowledge and information; and that the following specific conditions are satisfactorily met in accordance with the EMS Fund Act Program 7.27.4 NMAC:

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

<i>Signature of Official Named Above</i>	<i>(Title)</i>
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The above was sworn and subscribed to before this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_



My commission expires: \_\_\_\_\_

**PERSON COMPLETING FORM**

<b>Name:</b>	Matthew Ford	Chief
	<i>(Name)</i>	<i>(Title)</i>
<b>Address:</b>	#1 Saint Mary's Place	
	Roswell	NM 88203
	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i> <i>(+4)</i>
575-626-8281		575-626-8281      sierrafire2@gmail.com
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i> <i>(Cellular Phone #)</i> <i>(E-mail Address)</i>
<b>Signature:</b>		

**FOR BUREAU USE ONLY**

Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved:      Yes      No      Final Award: \_\_\_\_\_

Comments/Problem: \_\_\_\_\_

Date Corrected: \_\_\_\_\_

## Equipment Inventory Report

The following equipment and disposable supplies are required by the Public Regulation Commission and the Medical Rescue Certification regulations. Items that are missing, broken or depleted should be considered as top priority items for funding requests. (Please indicate below the number of items "on hand")

### Front of Vehicle Cab or Optimal Location:

Item Description	On Hand	Item Description	On Hand
Fire Extinguisher (2 lb) or (2 – 1lb)	1	Siren	1
Flashlight	2	Spare Tire	1
Fuses (appropriate sizes)	1	Star of Life Displayed	1
Jack and Handle	1	Tool Box	1
Lug Wrench	1	Triage Tags for MCI's	1
Maps or Navigational equipment	1	U.S. DOT Emergency Response Guidebook	1
Patient Care Reports or Reporting System	Several	Vehicle Registration	1
Roadway warning devices	1	Vehicle Spotlight or auxiliary lighting	1
Service Specific Protocols and guidelines	1	Warning Lights	1
Other: (Specify)			

### Communications Equipment

Item Description	On Hand	Item Description	On Hand
Dispatch Radio UHF/VHF	1	Spare Batteries/charger system	1
EMSCOM (UHF) Radio	1		
Other: (Specify)			

### Personal Protective Equipment

Item Description	On Hand	Item Description	On Hand
Exam Gloves	Yes	Helmet with Face Shield	Yes
Eye Protection	Yes	N-95 mask (or > particulate mask)	16 each
Gloves (Leather or heavy duty)	Yes	Safety Vest/Jacket/(ANSI 2008 Compliant)	3
Hearing Protection	Yes	Splash Protection (disposable)	16 each
Other: (Specify)			

## Diagnostic Equipment

Item Description	On Hand	Item Description	On Hand
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	1		
End Title CO2 monitoring device (optional)		Pulse Oximeter	1
Glucose Monitoring Instrument	1	Stethoscope	1
Penlights	1	Thermometer (Patient)	
Other: (Specify)			

## Patient Compartment Equipment – If Applicable (Interior or Exterior)

### Basic Level

Item Description	On Hand	Item Description	On Hand
Adhesive Tape 1" and 2"	2	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	1
Auto Ventilator Devices (ATV/MTV)		Oxygen Supply Tubing	1
Bag Valve Mask Devices (Adult, Child and Infant)	1	Patient Restraints	
Band-Aids (Assorted Sizes)	1 Box	Pediatric Drug Dosage Tape or chart	1
Biohazard Clean-up Supplies	1 Box	Pediatric Restraint device/car seat	
Biohazard Waste bags	1 Box	Pillows	
Blankets		Portable Oxygen Equipment	1
Body Bags		Portable Suction Unit	1
Cervical Collars - Rigid (Adult, Child and Infant)	2	Seated Spinal Immobilization Device	1
Cervical Immobilization Devices	2	Semi-Automatic Defibrillator with Pads	1
Chair Stretcher		Semi-Automatic Defibrillator Batteries	
Cold Pack	2	Sharps Container	1
Cold Weather Warming Devices		Sheets	
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	Several	Shoulder/chest/extremity straps	3
Emesis Basin	2	Spinal Immobilization device/backboard	2
Field Stretcher (Scoop, Collapsible, Vacuum)		Splints, Extremity (Rigid, Air, Vacuum)	1 set
Foil Blanket		Sterile Burn Sheets	2
Hand Sanitizer	1 each	Sterile Gloves (Assorted Sizes)	16 each
Heat Pack	2	Sterile Water	1
Inhalation Therapy Equipment		Stokes Basket	
Installed Oxygen System		Suction Catheters (Soft & Rigid)	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	1	Supraglottic Airway Devices	
Long Backboard	2	Multi-lumen Airway Devices	1
Multi-level Stretcher		Laryngeal Airway Devices	
Multi-Lumen Airways	1	Towels	
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	1	Traction Splint	1
Nasopharyngeal Airways	1	Trauma Dressings	2
Occlusive Dressings	2	Trauma Shears	1
On-Board Suction System		Triangular Bandages	2
On-Board Oxygen Supply		Urinal (Male and Female)	
Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	1		
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Basic and the Service Medical Director			(Check) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>Other: (Specify)</b>			
<b>Advance Level</b>			
<b>Alcohol and Betadine Prep Pads</b>	Several	<b>IV Fluid (Normal Saline, D5W, LR)</b>	IV only
<b>Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)</b>		<b>Laryngoscope Blades – Adult</b>	
<b>Chest Decompression Catheters</b>		<b>Laryngoscope Blades – Peds</b>	
<b>Cricothyroidotomy Kit</b>		<b>Laryngoscope Handle</b>	
<b>EKG Monitor Electrodes</b>		<b>Magill Forceps</b>	
<b>Electrode Defib Pads</b>		<b>Needles (Assorted Gauges)</b>	
<b>End Tidal CO2 Detector</b>		<b>Pediatric Fluid Control Device</b>	
<b>Endotracheal Tubes (Assorted)</b>		<b>Scalpels</b>	
<b>Ext. Cardiac Pacing Pads</b>		<b>Syringes (1cc, 3cc, 5cc, 10cc)</b>	
<b>Infusion Pumps</b>		<b>Toomey Syringe (60cc)</b>	
<b>Inhalation Therapy Equipment</b>		<b>Tubes, Blood Drawing (Assorted Sizes and Types)</b>	
<b>Intraosseous Needles</b>		<b>Tubing, IV Administration (60gtts)</b>	IV only
<b>IV Catheters</b>	IV only	<b>Tubing, IV Administration Set (10gtts – 20gtts)</b>	IV only
<b>Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director</b>			(Check) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Other: (Specify)</b>			

**MUTUAL AID FIRE PROTECTION AGREEMENT  
BETWEEN THE CITY OF ROSWELL FIRE DEPARTMENT AND  
THE CHAVES COUNTY VOLUNTEER FIRE DEPARTMENTS**

This agreement is made and entered into this 27<sup>th</sup> day of November, 2012 by and between the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments.

WHEREAS, the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments desire to enter into a mutual aid fire protection agreement wherein the equipment, facilities and personnel of each department are available to the other participants in this mutual aid agreement on an as requested basis.

NOW, THEREFORE, in consideration of the mutual promises, covenants and conditions contained herein, it is hereby agreed as follows:

1. **SCOPE OF SERVICES.**

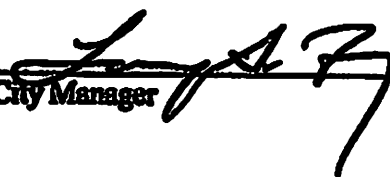
- o During the term of this agreement, the departments agree to provide upon request, such fire protection and suppression personnel and to make available such equipment or facilities as may be needed for the suppression of fires or the duties and responsibilities associated with saving lives and property within the jurisdictional areas of the requesting department; provided that the personnel, equipment or facilities requested are not otherwise required within the jurisdiction as determined by the Fire Chief or his designated representative of the providing party. It is expressly understood and agreed by all fire departments hereto that no providing department shall be required to use any equipment, facilities and/or personnel where such use would prevent or disrupt protection of its own area. Requests for mutual aid made pursuant to this agreement shall be made by and to respective Fire Chiefs or their designated representatives.
- o Automatic aid will be provided by the City of Roswell to any industrial, high life occupancy (i.e.: Churches, Schools or any other place of mass gathering) and any Hazardous Material release.
- o The departments agree that a request will only be made when an emergency occurs in their jurisdiction that is beyond their capabilities.
- o As a condition of this agreement, each department will be authorized to install each other's emergency radio frequencies in their radios to allow for communications when needed once they arrive at the scene. These frequencies will not be used for any other purpose than to provide emergency assistance and aid during a mutual aid response.

2. **DIRECTION AND CONTROL.** The requested department shall be under the direction and control of its own Fire Chief or designated leader. The fire department will remain intact as a unit, responsible for its own equipment and personnel throughout the incident. The Fire Chief or designated leader will report to the command post of the Incident Commander of the requesting department and will make himself and his personnel, for which they are responsible, available for service. The Incident Commander will assume direction and control of the unit in whole and will give that unit an assignment. The Incident Commander shall be the Fire Chief or designee of the department requesting assistance.
3. **EQUIPMENT.** The condition of the equipment must be the sole responsibility of the department to which it belongs. If the equipment is damaged or destroyed during the incident, the financial liability shall be the responsibility of the department to which it belongs. In the event the incident receives a disaster declaration, the jurisdictions involved will work together to receive remuneration from the State and/or Federal Government for the equipment damaged and/or lost.
4. **TERMS OF THE AGREEMENT.** The terms of this agreement shall be indefinite with any department having the right to terminate said agreement upon thirty (30) days written notice to other departments. The addition or deletion of departments to or from this agreement shall not affect the agreement as to the remaining departments.
5. **COMPLIANCE WITH ALL APPLICABLE LAWS.** The departments shall observe and comply with all Federal, State and local laws, rules, ordinances and regulations effecting the conduct of services provided in the performance of all obligations undertaken by this agreement.
6. **LIABILITY.**
  1. The departments agree that each shall be responsible for its own actions and those of its members while fighting fires, providing rescue services, providing fire responses, emergency medical services, traveling to or from the emergency scene, or in any manner providing services pursuant to and within the scope of this agreement.
  2. It is expressly understood and agreed by the departments that neither shall be held liable for the actions of the other department or any of the other department's members while in any manner furnishing services hereunder.
7. **AMENDMENTS.** This agreement may be amended only by mutual aid agreement in writing by the parties.


This agreement, together with all the terms and conditions contained herein, is approved and accepted by the following entities and is executed by their duly authorized representatives.

**City of Roswell**

**Chaves County**

  
\_\_\_\_\_  
City Manager

  
\_\_\_\_\_  
County Manager

  
\_\_\_\_\_  
Fire Chief

  
\_\_\_\_\_  
Chaves County Fire Board Chair

**AUTOMATIC AID FIRE PROTECTION AGREEMENT  
BETWEEN THE EAST GRAND PLAINS VOLUNTEER FIRE DEPARTMENT  
AND THE CHAVES COUNT VOLUNTEER FIRE DEPARTMENTS**

This agreement is made and entered into this 14th day of Dec, 2009 by and between the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments.

**WHEREAS**, the City of Roswell Fire Department and the Chaves County Volunteer Fire Departments desire to enter into a mutual aid fire protection agreement wherein the equipment, facilities and personnel of each department are available to the other participants in this mutual aid agreement on an as requested basis.

**NOW, THEREFORE**, in consideration of the mutual promises, covenants and conditions contained herein, it is hereby agreed as follows:

**1. SCOPE OF SERVICES**

1. During the term of this agreement the departments agree to provide upon request, such fire protection and suppression personnel and to make available such equipment or facilities as may be needed for the suppression of fires or the duties and responsibilities associated with saving lives and property within the jurisdictional areas of the requesting department; provided that the personnel, equipment or facilities requested are not otherwise required within the jurisdiction as determined by the Fire Chief or his designated representative of the providing party. It is expressly understood and agreed by all fire departments hereto that no providing department shall be required to use any equipment, facilities and/or personnel where such use would prevent or disrupt protection of its own area. Requests for automatic aid made pursuant to this agreement shall be made by and to respective Fire Chiefs or their designated representatives.
2. The departments agree that a request will only be made when an emergency occurs in their jurisdiction that is beyond their capabilities.
3. As a condition of this agreement, each department will be authorized to install each other's emergency radio frequencies in their radios to allow for communications when needed once they arrive at the scene. These frequencies will not be used for any other purpose than to provide emergency assistance and aid during a mutual aid response.

2. **DIRECTION AND CONTROL.** The requested department shall be under the direction and control of its own Fire Chief or designated leader. The fire department will remain intact as a unit, responsible for its own equipment and personnel throughout the incident. The Fire Chief or designated leader will report to the command post of the Incident Commander of the requesting department and will make himself and his personnel, for which they are responsible, available for service. The Incident Commander will assume direction and control of the unit in whole and will give that unit an assignment. The Incident Commander shall be the Fire Chief or designee of the department requesting assistance.
3. **EQUIPMENT:** The condition of the equipment must be the sole responsibility of the department to which it belongs. If the equipment is damaged or destroyed during the incident, the financial liability shall be the responsibility of the department to which it belongs. In the event the incident receives a disaster declaration, the jurisdictions involved will work together to receive remuneration from the State and/or Federal Government for the equipment damaged and/or lost.
4. **TERMS OF THE AGREEMENT.** The terms of this agreement shall be indefinite with any department having the right to terminate said agreement upon thirty (30) days written notice to the other departments. The addition or deletion of departments to or from this agreement shall not effect the agreement as to the remaining departments.
5. **COMPLIANCE WITH ALL APPLICABLE LAWS.** The departments shall observe and comply with all Federal, State and local laws, rules, ordinances and regulations effecting the conduct of services provided in the performance of all obligations undertaken by this agreement.
6. **LIABILITY.**
  1. The departments agree that each shall be responsible for its own actions and those of its members while fighting fires, providing rescue services, providing fire responses, emergency medical services, traveling to or from the emergency scene, or in any manner providing services pursuant to and within the scope of this agreement.
  2. It is expressly understood and agreed by the departments that neither shall be held liable for the actions of the other department or any of the other Department's members while in any manner furnishing services hereunder.
7. **AMENDMENTS.** This agreement may be amended only by Automatic Aid Agreement in writing by the parties.

This agreement, together with all the terms and conditions contained herein, is approved and accepted by the following entities and is executed by their duly authorized representatives.

**East Grand Plains Vol. Fire Dept.**

  
Chief

**Berrendo Vol. Fire Dept.**

  
Chief

**Midway Vol. Fire Dept.**

  
Chief

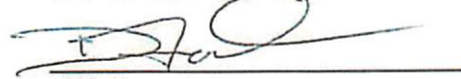
**District 8 Vol. Fire Dept.**

  
Chief

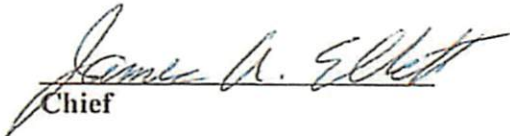
**Dunken Vol. Fire Dept.**

  
Chief

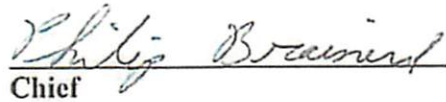
**Sierra Vol. Fire Dept.**

  
Chief

**Penasco Vol. Fire Dept.**

  
Chief

**Rio Felix Vol. Fire Dept.**

  
Chief



**EMS ANNUAL SERVICE  
REPORT Fiscal Year 2019**  
Due Date: January 19, 2018

Submit to:  
EMS Bureau 1301  
Siler Rd Bldg. F  
Santa Fe, NM 87507  
Attn: Ann Martinez

<b>Service Name:</b>	Sierra Vol. Fire Department <i>(EMS Service)</i>
----------------------	---

<b>Mailing Address:</b>	#1 Saint Mary's Place <i>(Mailing Address)</i>			
	Roswell	NM	88203	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Matthew Ford <i>(Name)</i>		Chief <i>(Title)</i>	
	575-626-8281 <i>(Business Phone)</i>	575-626-8281 <i>(Emergency Phone)</i>		sierrafire2@gmail.com <i>(E-mail Address)</i>
	Chaves County <i>(County or Municipality)</i>			
<b>Administration:</b>	#1 St. Mary's Place <i>(Mailing Address)</i>			
	Roswell	NM	88203	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>Contact Person:</b>	Bill Williams <i>(Name)</i>		Public Services Director/Fire Services <i>(Title)</i>	
	575-624-6600 <i>(Telephone #)</i>	575-624-6631 <i>(Fax Phone #)</i>	bwilliams@co.chaves.nm.us <i>(E-mail Address)</i>	
	<b>EMS Region:</b>			
Region I		Region II	Region III	X

Physical Location of Ambulance/Medical Rescue Facilities				
<b>#1</b>				
<b>Name of Facility:</b>	Sierra Fires Station #1			
	N 33°23.078'		W 104°35.738'	
	<i>Latitude</i>	<i>Longitude</i>		
<b>Street Address:</b>	603 S. Brown Rd			
	Roswell	NM	88203	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<b>#2</b>				
<b>Name of Facility:</b>	Sierra Fire Station #2			
	N 33°19.58.049'		W 104°31.39.793'	
	<i>Latitude</i>	<i>Longitude</i>		
<b>Street Address:</b>	5106 S. Lea			
	Roswell	NM	88203	
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>	<i>(+4)</i>
<i>(Use additional pages as necessary)</i>				

**Physical Location of Ambulance/Medical Rescue Facilities**

<b>#1</b>			
<b>Name of Facility:</b>	Sierra Fire Station #3		
	N 33°24.247'	W-104°36.905'	
	<i>Latitude</i>	<i>Longitude</i>	
<b>Street Address:</b>	69 Dogwood Rd.		
	Roswell	NM	88203
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
			<i>(+4)</i>
<b>#2</b>			
<b>Name of Facility:</b>	Sierra Fire Station #4		
	N 33°23.481'	W 104° 41.434'	
	<i>Latitude</i>	<i>Longitude</i>	
<b>Street Address:</b>	15 Tierra Grande		
	Roswell	Roswell	NM
	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
			<i>(+4)</i>
<i>(Use additional pages as necessary)</i>			

<b>Service Name:</b>	Sierra Vol. Fire Department <i>(EMS Service)</i>
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SERVICE INFORMATION			
<b>Type of Service (Must Check Only One)</b>		<b>Affiliation Type (Mark Primary Affiliation Only)</b>	
<input type="checkbox"/>	Certified PRC Ambulance	<input type="checkbox"/>	Private for-profit
<input checked="" type="checkbox"/>	Certified Medical/Rescue Service (Non-transport)	<input type="checkbox"/>	Private non-profit
<input type="checkbox"/>	Certified Medical/Rescue Service (Transport Capable)	<input checked="" type="checkbox"/>	Fire Dept.-based
<input type="checkbox"/>	Emergency Medical Dispatch Agency	<input type="checkbox"/>	Law Enforcement or Department of Public Safety-based
<input type="checkbox"/>	Special Event(s) Agency	<input type="checkbox"/>	Clinic-based
<input type="checkbox"/>	Air Ambulance	<input type="checkbox"/>	Hospital-based
<input type="checkbox"/>	Other (Please Specify):	<input type="checkbox"/>	County-based
<input type="checkbox"/>		<input type="checkbox"/>	Municipality-based
<input type="checkbox"/>		<input type="checkbox"/>	Tribal
<b>PRC Certification #</b>		<b>Other (Please Specify):</b>	
<b>Medical Rescue Certification #</b>	303312		
<b># of Years in Operation</b>	40		
<b>EMS Calls</b>		<b>Local Receiving Hospital(s)</b>	
<b>Received By (Mark One)</b>		<b>Dispatched by (Mark One)</b>	
<input type="checkbox"/>	Basic 911	<input type="checkbox"/>	Ambulance Service
<input type="checkbox"/>		<input type="checkbox"/>	Central Dispatch
<input checked="" type="checkbox"/>	Enhanced 911	<input type="checkbox"/>	Fire Department
<input type="checkbox"/>	Local Phone	<input type="checkbox"/>	Law Enforcement
		<input checked="" type="checkbox"/>	Location of Dispatch:
			#1 St. Mary's Place
			Eastern New Mexico Medical Center
			Lovelace Regional Hospital

EMERGENCY MEDICAL SERVICES PERSONNEL					
LICENSED NUMBER OF PERSONNEL BY TRAINING LEVEL					
	Paid (Indicate Part Time/Full Time)	Volunteer*		Paid (Indicate Part Time/Full Time)	Volunteer*
EMS First Responder		0	Emergency Medical Dispatch Instructor		0
EMT Basic		6	Nurse		0
EMT Intermediate		6	Physician		0
EMT Paramedic		1	Driver		0
Emergency Medical Dispatcher		0	Other		0

\*Volunteer may include those paid by the run or other non-salary arrangement.

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. <i>(Use additional pages as necessary.)</i>					
Name	Licensure Level	License Number	License Expiration Date	EVOC Course Date	Paid/Volunteer
Matthew Ford	EMT-P		03/31/2019	06/08/2017	V
Tyler Ford	EMT-I		03/31/2019	06/08/2017	V
Erin Craft	EMT-P		03/31/2019	06/08/2017	V
Justin Crumm	EMT-I		03/31/2018	06/08/2017	V
Nathaniel De La Cerda	EMT-B		03/31/2018	06/08/2017	V
Carrie Hardy	EMT-I		03/31/2019	06/08/2017	V



<b>Service Name:</b>	Sierra Vol. Fire Department <i>(EMS Service)</i>
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**For Ground Ambulance/Medical Rescue Services Only**

**GROUND AMBULANCE/MEDICAL RESCUE VEHICLE DRIVERS (Non-EMS Personnel)**

List all non-EMS personnel who are functioning as drivers for your service, and indicate the date of completion of their Bureau approved vehicle operator's course. Also, indicate any medical training they may have completed, for information purposes only. (Use additional sheets as necessary.)

Name	Driver's License Number	EVOC Course Date	Class of NMDL	Other Medical Training
Shawn Brink		06/08/2017	E	BLS CPR
Michael Rohrbacher		06/08/2017	E	BLS CPR
LaMond Wakefield		06/08/2017	E	BLS CPR
Travis Hardy		06/08/2017	E	BLS CPR
Daniel Lopez		06/08/2017	E	BLS CPR
Randy Clements		06/08/2017	E	BLS CPR
Nic Snowberger		06/08/2017	E	BLS CPR
Cody Whittington		06/08/2017	E	BLS CPR
Paul Sorensen		06/08/2017	E	BLS CPR
Blane Doege		06/08/2017	E	BLS CPR

**GROUND AMBULANCE/MEDICAL RESCUE VEHICLES**

Enter the total number of each type of vehicle used by your service. *(Mandatory)*

Type I:		Type IV:	
Type II:		Medical/Rescue:	3
Type III:		Other – Explain:	

List all ambulance/medical rescue units, which are currently used by your service to provide patient transportation or first response. Indicate each vehicle's year, make, model, type (I, II, III, IV), license number, date of manufacture, whether two wheel or four-wheel drive, patient capacity for supine patients, and the current mileage. *(Mandatory)*

*(Use additional pages as necessary)*

Year	Make And Model	Type of Vehicle	License Number	State Assigned EMSCOM Radio Unit Number	Manufacture Date	2WD or 4WD	Transport Patient Capacity	Mileage	Annual Inspection Date
2008	Chevy Tahoe	SUV	G79738	300	2008	4WD	None	74,806	06/2017
2008	Freightliner	Engine	G74984	306	2008	2WD	None	20,509	06/2017
2015	International	Engine	G66907	314	2014	2WD	None	3,672	06/2017

*(Please provide a list of all emergency response units in your department (include engines, brush trucks, etc.)*

Service Name:	Sierra Vol. Fire Department <i>(EMS Service)</i>
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**This section is a Mandatory Survey please fill out appropriately**  
*(Failure to fill out will result in an incomplete application)* *(2<sup>nd</sup> yr. of 3)*

**EMERGENCY MEDICAL SERVICES PERSONNEL NEEDS ASSESSMENT**

Career and Paid Agencies			Volunteer Agencies*	
	Number of Actual Paid Staff	Additional Needed for Adequate or Optimal Staffing	Number of Volunteer staff	Additional Needed for Adequate Response and Staffing
Non - EMS Personnel (Drivers and/or CPR & First Aid only)	0		10	0
Licensed EMS First Responder	0		0	0
Licensed EMT Basic	0		3	5
Licensed EMT Intermediate	0		4	5
Licensed EMT Paramedic	0		2	3
<b>Total:</b>	0		19	13

This survey's goal is to determine the number of currently licensed caregivers who are active with an agency, and *especially* the number of additional licensed First Responders, EMT Basics, EMT – Intermediates, and Paramedics **needed** throughout the state. This information will help with the formulation of a plan to address this need.

- \*Note:**
- **Volunteer organizations:** please list all volunteer staff, even if those volunteers receive a per – run or other non-salary reimbursement.
  - If your volunteer organization doesn't require a specific licensure level but needs additional licensed personnel, please select the lowest level of licensure that will meet your staffing needs. i.e don't list Paramedic when an EMT –Basic would suffice. Or, don't list First Responder if you really need EMTs.

**VEHICLE PREVENTIVE MAINTENANCE PROGRAM**

1. Do you have a Vehicle Preventive Maintenance Program in place?  Yes  No

**If "Yes", please attach a copy of your program.**

2. Indicate the frequency of vehicle inspections:  Daily  Weekly  Monthly  Quarterly

3. Attach Annual Safety Inspection for all units. (PRC ONLY)

**OPERATIONS PLAN**

Please provide information on the Operations Plan for your service.

1. Do you have an Operations Plan?  Yes  No

2. Are operational and medical protocols included in the Operations Plan?  Yes  No

3. What was the effective date of your Operations Plan? July 2010

4. **Please provide a map of the coverage area for your service.**

<b>Service Name:</b>	Sierra Vol. Fire Department <i>(EMS Service)</i>
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QUALITY ASSURANCE REVIEW					
1. Do you have an internal quality assurance/improvement mechanism in place?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If "Yes", please attach description.</b>					
2. Indicate the dates of this year's quality assurance review activities.					
Reviews are conducted:					
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	
DATES OF REVIEW					
DATE	DATE	DATE	DATE	DATE	
01/30/2017	02/28/2017	03/31/2017	04/30/2017	05/31/2017	
06/30/2017	07/30/2017	08/31/2017	09/30/2017	10/31/2017	
11/30/2017	12/31/2017				

SERVICE DIRECTOR/CHIEF				
<b>Name:</b>	Matthew Ford <i>(Name)</i>		Chief <i>(Title)</i>	
<b>Address:</b>	#1 St. Mary's Place <i>(Street/Mailing)</i>		Roswell <i>(City)</i>	NM 88203 <i>(State) (Zip)</i>
575-626-8281 <i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	575-626-8281 <i>(Cellular Phone #)</i>	sierrafire2@gmail.com <i>(E-mail Address)</i>
<b>Signature:</b>				

SERVICE MEDICAL DIRECTOR				
<b>Name:</b>	Tom Wulf, MD <i>(Name)</i>		MD <i>(Title)</i>	MD2005-0529 <i>(License #)</i>
<b>Address:</b>	350 West Country Club <i>(Street/Mailing)</i>		Roswell <i>(City)</i>	NM 88201 <i>(State) (Zip)</i>
575-624-5622 <i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	575-317-3453 <i>(Cellular Phone #)</i>	tomwulf@hotmail.com <i>(E-mail Address)</i>
<b>*In signing this application I am certifying that I am actively providing medical direction for this EMS Service.</b>				
<b>*Signature:</b>				

SERVICE TRAINING COORDINATOR				
<b>Name:</b>	Matthew Ford <i>(Name)</i>		Chief <i>(Title)</i>	2001418 <i>(License #)</i>
<b>Address:</b>	#1 St. Mary's Place <i>(Street/Mailing)</i>		Roswell <i>(City)</i>	NM 88203 <i>(State) (Zip)</i>
575-626-8281 <i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	575-626-8281 <i>(Cellular Phone #)</i>	sierrafire2@gmail.com <i>(E-mail Address)</i>
<b>Signature:</b>				

<b>Service Name:</b>	Sierra Vol. Fire Department
	<i>(EMS Service)</i>

PERSON COMPLETING FORM				
<b>Name:</b>	Matthew Ford		Chief	
	<i>(Name)</i>		<i>(Title)</i>	
<b>Address:</b>	#1 St. Mary's Place		Roswell	NM 88203
	<i>(Street/Mailing)</i>		<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
575-626-8281			575-626-8281	sierrafire2@gmail.com
<i>(Work Phone)</i>	<i>(Home Phone #)</i>	<i>(Pager #)</i>	<i>(Cellular Phone #)</i>	<i>(E-mail Address)</i>
<b>Signature:</b>				

The above was sworn and subscribed to before this                      Day of                      , 20

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



\*\*\*\* Notary is for the person completing form

### **Apparatus: Maintenance, Care and Upkeep**

Weekly apparatus and equipments checks are performed on days assigned. This varies according to which station a member is assigned. This procedure is to be conducted weekly to ensure all apparatus and equipment is clean, in-service and ready for use at all times. Weekly truck checks will be conducted by all members.

#### **I. APPARATUS CHECKS**

Only firefighters that have been trained and properly supervised will be allowed to conduct daily apparatus checks that are required of the driver. The Chief Officer and Officer at that station are responsible to make sure that all personnel checking apparatus are trained properly.

##### **A. Weekly apparatus checks: Before starting the engine:**

1. **FUEL LEVEL:** Refill all units when at  $\frac{3}{4}$  of a tank
2. **Crankcase-oil level**
3. **Radiator-water level,** if low-top off with antifreeze
4. **Power steering-oil level**
5. **Booster tank-fill**
6. **Air pressure-brakes**
7. **Tires-proper inflation**
8. **Pump shift-in road position**
9. **Automatic transmission-fluid level**

##### **B. If any of the above are low, always check for leaks or try to determine the cause.**

#### **III. PUMP PANEL WEEKLY CHECK**

Ensure all valves are in proper position:

1. **Intake, outlet and pre-connected valves closed.** 2  $\frac{1}{2}$ " , 1  $\frac{1}{2}$ " , 1  $\frac{3}{4}$ " and 5" (with exception of wye)
2. **Booster line valve-OPEN** (where applicable)
3. **Booster line cooling valve-OPEN**
4. **Tank to pump valve-OPEN**
5. **Auxiliary cooling valve-OPEN** (where applicable)
6. **Radiator filler valve-CLOSED**
7. **Deck gun and boom valves-CLOSED**
8. **Change-over valve in pressure position** (where applicable)

**IV. WEEKLY APPARATUS EQUIPMENT CHECK**

Conducted by all members assigned to that station for that week. Ensure all equipment is on apparatus, by using weekly apparatus equipment checklist.

**V. START ENGINE**

- A. Before starting engine, switch the battery selector switch to the BOTH position, engage engine.**
- B. After starting engine, check the following:**
  - 1. IDLING-speed**
  - 2. Oil Pressure**
  - 3. Air Pressure**
  - 4. Fuel**
  - 5. Air brake pressure builds up to 120 p.s.i.**
  - 6. Windshield wipers**
- C. Apparatus lighting**
  - 1. Head lights-high and low beam**
  - 2. Turn signals-left and right**
  - 3. Four way flashers**
  - 4. Clearance or parking lights**
  - 5. Back up lights**
  - 6. Stop lights**
  - 7. Cab and compartment and map lights**
  - 8. Spot and floodlights-front and rear**
  - 9. Pump panel and rear compartment lights**
  - 10. Step lights**
  - 11. Portable hand lights-be sure and remove light from charger to make sure lights are working.**
- D. Apparatus Emergency Warning Devices check the following:**
  - 1. Red lights-top, front and rear**
  - 2. Electronic siren and P.A.**
  - 3. Regular or manually operated siren**
  - 4. Air horn**
  - 5. Regular horn**
  - 6. Opticom**

#### **IV. WEEKLY APPARATUS PUMP CHECK**

Usually done after apparatus is pulled outside

- Step #1:** Always be sure your parking or hand brakes are on or set
- Step #2:** Be sure the apparatus transmission is in the neutral position or out of gear.
- Step #3:** Engage pump by using the pump-selector switch, from ROAD to pump, always being sure you do so in a slow but moderate manner.
- Step #4:** After the transfer case engages properly, engage the apparatus transmission into pump gear.
- Step #5:** Check to see that the pump is primed, this is easily done by getting a pressure reading on the compound gauge.
- Step #6:** Use pump panel throttle to build pressure up to 90 or 100 psi.
- Step #7:** Check change over valve, if applicable, by switching selector handle from pressure to volume. The only way to tell if the change over valve is working is by getting a pressure DROP, when switched to volume, or getting a pressure increase when selector is back to pressure. Go through this procedure 3 to 5 times to make sure the C.O.V. is not sticking and is working properly. It is not recommended, although it can be done in an emergency, to switch the C.O.V. from pressure to volume with the pressure over and above 100 p.s.i due to the possibility of creating a water hammer and breaking the C.O.V.
- Step #8:** Check primer by pulling on primer handle. If primer is working, you will hear it come on and you should be able to see the water and oil it dispels.
- Step #9:** Pressure Relief Valve. Should be set at 150 p.s.i. Refer to the waterous pump manual for a full explanation of this procedure.
- Step #10:** After completing the 9 steps listed, use hand throttle to bring apparatus engine back to idle. Take apparatus transmission out of gear or back to neutral. Reverse procedure in Steps 3 and 4. A good method to use for checking to see if the transfer case is back in ROAD gear is by putting the apparatus transmission in drive, reverse or low gear. If the apparatus tries to move, then you know the transfer case is back in ROAD gear. This procedure will enable you to check and see if the parking brake is holding or not.
- Step #11:** Special apparatus-additional things that are checked: P.T.O.'s, booms, outriggers, turn-tables and control, hydraulic pressure.

**VII. SPECIAL APPARATUS WEEKLY CHECK**

1. It is department policy that each apparatus, after every working fire or emergency, be given a thorough check, the same as a weekly check, so it will be ready for use in case of another run or emergency, regardless of what time of day or night it has been out. On any daily apparatus check or after an emergency run, always be sure to report to station officers weekly, any or all defects, if repaired or needs repair. Be sure and list all work done and cost on apparatus in the apparatus maintenance section of Firehouse. Example: parts, oil changes, grease job, gas, oil, repairs done and time apparatus was in service during that shift.
2. All apparatus or any fire department vehicles will be pulled all the way outside or backed all the way inside at all times. This will prevent the closing of stall doors on them.

**X. GREASE JOBS OR OIL CHANGES.**

Division Chief in charge of apparatus shall schedule for each apparatus as it is needed.

**XI. MISCELLANEOUS**

- A. Batteries-water level
- B. Priming tank-oil level
- C. Fan belts-tightness
- D. Air tanks-bleed off moisture
- E. Pump panel-check outlet and intake valves to see that they work smoothly, lubricate as necessary.
- F. Exhaust system for leaks
- G. Booster tank-drain and flush monthly if tank has not been used.

**XII. VEHICLE WASH AND WAX**

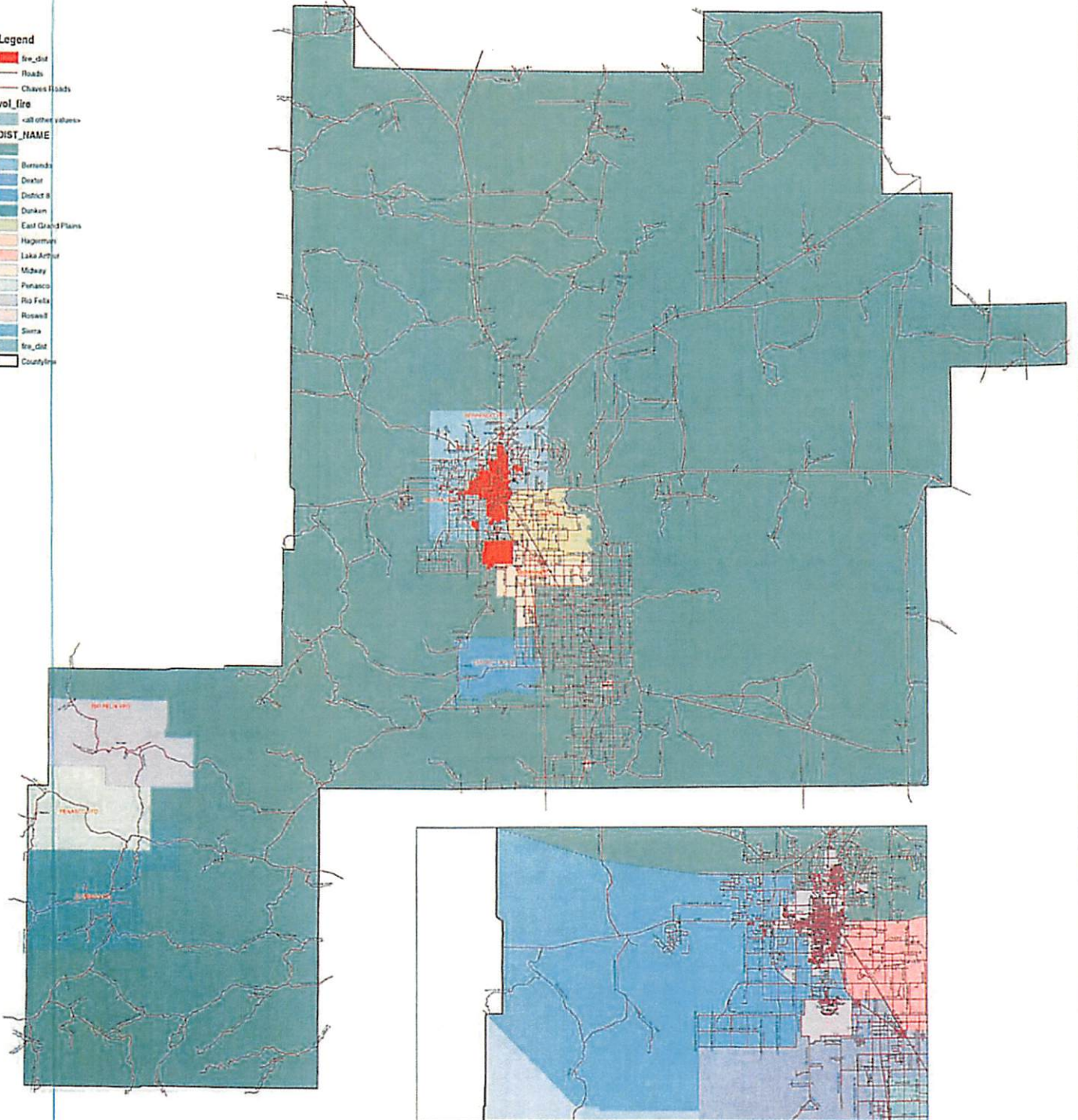
- A. Waxed as necessary. Once a week, month, or yearly.
- B. Wash as needed.

# CHAVES COUNTY, NEW MEXICO VOLUNTEER FIRE DISTRICTS



**Legend**

- fire\_dist
- Roads
- Chaves Fields
- vol\_fire**
- <all other values>
- DIST\_NAME**
- Berrendo
- Dixie
- District 8
- Dunkin
- East Grand Plains
- Hagerman
- Lake Arthur
- Mickey
- Pecos
- Rio Feta
- Roswell
- Sierra
- fire\_dist
- Countyline



**SIERRA VFD DISTRICT**



NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
FIRE DEPARTMENT INSPECTIONS SECTION



P.O. BOX-1269  
SANTA FE, NM 87504  
1-800-244-6702

STRUCTURAL APPARATUS INSPECTION REPORT

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

GENERAL INFORMATION

APPARATUS

UNIT #: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: \_\_\_\_\_ GPM STAGES:  SINGLE  DUAL WATER TANK CAPACITY: \_\_\_\_\_ GALLONS  
FOAM SYSTEM?  YES  NO TYPE:  PROPORTIONER  INDUCTOR  CAFS

DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL  
ARE DAILY OR WEEKLY INSPECTIONS PERFORMED?  YES  NO  NO RECORDS AVAILABLE  
IS APPARATUS HOSE TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE  
IS THE APPARATUS' PUMP TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE

DATE OF LAST HOSE TESTING: \_\_\_\_\_ DATE OF LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT NEEDED AS PER NFPA 1901

COMMUNICATIONS:

MOUNTED RADIOS?  YES  NO QTY: \_\_\_\_\_  
PORTABLE RADIOS?  YES  NO QTY: \_\_\_\_\_  
HAND LIGHTS (min 2)  YES  NO QTY: \_\_\_\_\_  
6lb FLAT HEAD AXE  YES  NO QTY: \_\_\_\_\_  
6lb PICK HEAD AXE  YES  NO QTY: \_\_\_\_\_  
SCBA'S (min 4)  YES  NO QTY: \_\_\_\_\_  
SCBA SPARE TANKS (4)  YES  NO QTY: \_\_\_\_\_  
GATED PUMP INTAKE  YES  NO QTY: \_\_\_\_\_  
FIRST AIDE KIT (24 unit)  YES  NO QTY: \_\_\_\_\_  
GATED WYE (min 1)  YES  NO QTY: \_\_\_\_\_  
2 1/2" DOUBLE FEMALE (2)  YES  NO QTY: \_\_\_\_\_  
2 1/2" DOUBLE MALE (2)  YES  NO QTY: \_\_\_\_\_

HOSE

2 1/2" OR LARGER (1200')  YES  NO FT: \_\_\_\_\_  
1 1/2" TO 2" (400')  YES  NO FT: \_\_\_\_\_  
WHEEL CHOCKS (2)  YES  NO QTY: \_\_\_\_\_

NOZZLES-FOG

COMBINATION 95 GPM (2)  YES  NO QTY: \_\_\_\_\_  
COMBINATION 200 GPM (2)  YES  NO QTY: \_\_\_\_\_  
PLAY PIPES (TWO-2 1/2")  YES  NO QTY: \_\_\_\_\_

LADDERS

14' ROOF LADDER  YES  NO QTY: \_\_\_\_\_  
24' EXTENSION  YES  NO QTY: \_\_\_\_\_  
10' FOLDING/ATTIC  YES  NO QTY: \_\_\_\_\_

SUCTION HOSE

15' SOFT or 20' HARD  YES  NO FT: \_\_\_\_\_  
SUCTION STRAINER (1)  YES  NO QTY: \_\_\_\_\_

PIKE POLES

6' PLASTER HOOK  YES  NO QTY: \_\_\_\_\_  
8' PIKE POLE  YES  NO QTY: \_\_\_\_\_  
FIRE EXTINGUISHERS(2-BC)  YES  NO QTY: \_\_\_\_\_

2 1/2 GAL WATER EXTINGUISHER  YES  NO QTY: \_\_\_\_\_

SPANNER WRENCHES (4)  YES  NO QTY: \_\_\_\_\_

HYDRANT WRENCHES (2)  YES  NO QTY: \_\_\_\_\_

RUBBER Mallet (1)  YES  NO QTY: \_\_\_\_\_

SLAVAGE COVERS (12'X14')  YES  NO QTY: \_\_\_\_\_

FOAM NOZZLE (1)  YES  NO QTY: \_\_\_\_\_

FOAM 10 GALLONS (class-A)  YES  NO QTY: \_\_\_\_\_

Chain Saw Carbil Chain  YES  NO

RECOMMENDED EQUIPMENT AS PER NFPA 1901

CLAW TOOL <input type="checkbox"/> YES <input type="checkbox"/> NO	SMOKE EJECTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	ROUND TIP SHOVEL <input type="checkbox"/> YES <input type="checkbox"/> NO
CROW BAR (36") <input type="checkbox"/> YES <input type="checkbox"/> NO	INSULATED BOLT CUTTERS <input type="checkbox"/> YES <input type="checkbox"/> NO	FLAT TIP SHOVEL <input type="checkbox"/> YES <input type="checkbox"/> NO
HOSE STRAPS (4) <input type="checkbox"/> YES <input type="checkbox"/> NO	HALLIGAN TOOL (1) <input type="checkbox"/> YES <input type="checkbox"/> NO	3000 W GENERATOR <input type="checkbox"/> YES <input type="checkbox"/> NO
PORTABLE PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO	HOSE CLAMP (1) <input type="checkbox"/> YES <input type="checkbox"/> NO	UTILITY ROPE (125') <input type="checkbox"/> YES <input type="checkbox"/> NO
GROUND MONITOR <input type="checkbox"/> YES <input type="checkbox"/> NO	TOOL BOX & TOOLS <input type="checkbox"/> YES <input type="checkbox"/> NO	PASS DEVICES (4) <input type="checkbox"/> YES <input type="checkbox"/> NO
LIGHTS (500w) (2) <input type="checkbox"/> YES <input type="checkbox"/> NO	CORD REELS 200' (2) <input type="checkbox"/> YES <input type="checkbox"/> NO	FOAM ASPIRATORS & NOZZLES <input type="checkbox"/> YES <input type="checkbox"/> NO
5 GAL METAL CONTAINERS <input type="checkbox"/> YES <input type="checkbox"/> NO	GATED HYDRANT VALVE(1-2 1/2") <input type="checkbox"/> YES <input type="checkbox"/> NO	





NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
 FIRE DEPARTMENT INSPECTIONS SECTION  
 P.O. BOX 1269  
 SANTA FE, NM 87504  
 1-800-244-6702



**WILDLAND APPARATUS INSPECTION FORM**

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

APPARATUS: NUMBER: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
 CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: (Req-50GPM) \_\_\_\_\_ GPM . TANK CAPACITY: (Req-125) \_\_\_\_\_ GALLONS

ALL WARNING DEVICES OPERATE?  YES  NO APPARATUS HOSE TESTED ANNUALLY?  YES  NO  
 DAILY OR WEEKLY LOGS USED?  YES  NO APPARATUS PUMP TESTED ANNUALLY?  YES  NO  
 LAST HOSE TEST: \_\_\_\_\_  
 LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT (NFPA 1906)

MOUNTED RADIOS	<input type="checkbox"/> YES <input type="checkbox"/> NO
PORTABLE RADIOS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
HAND LIGHTS (2)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
AXE (1- ANY TYPE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPADE TIP SHOVEL (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRE EXTINGUISHER (1-B/C)	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPANNER-WRENCHES (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOSE (200') (1")	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOZZLE (1-TO FIT HOSE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID KIT (24 UNIT)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAND PUMP EXTINGUISHER (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEEL CHOCKS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Fire Dept. Inspector

\_\_\_\_\_  
 Signature of Fire Chief / Representative



NEW MEXICO STATE FIRE MARSHAL'S OFFICE  
 FIRE DEPARTMENT INSPECTIONS SECTION  
 P.O. BOX 1269  
 SANTA FE, NM 87504  
 1-800-244-6702



MOBILE WATER APPARATUS INSPECTION REPORT

DATE: \_\_\_\_\_

DEPARTMENT/DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

GENERAL INFORMATION

APPARATUS

UNIT #: \_\_\_\_\_ YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ CONDITION:  GOOD  FAIR  POOR

PUMP CAPACITY: \_\_\_\_\_ GPM STAGES:  SINGLE  DUAL (Minimum Required: 250 GPM)

WATER TANK CAPACITY: \_\_\_\_\_ GALLONS (Minimum Required 1,000 Gallons)

DO ALL WARNING DEVICES OPERATE?  YES  NO  PARTIALLY NON-FUNCTIONAL

ARE DAILY OR WEEKLY INSPECTIONS PERFORMED?  YES  NO  NO RECORDS AVAILABLE

IS APPARATUS HOSE TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE

IS THE APPARATUS' PUMP TESTED ANNUALLY?  YES  NO  NO RECORDS AVAILABLE

DATE OF LAST HOSE TESTING: \_\_\_\_\_ DATE OF LAST PUMP TEST: \_\_\_\_\_

REQUIRED EQUIPMENT AS PER NFPA 1901

WARNING LIGHTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	6LB FLATHEAD AXE(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
AUDIBLE ALARMS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAND LIGHTS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>COMMUNICATIONS:</u>		FIRE EXTINGUISHERS (2-B/C)	<input type="checkbox"/> YES <input type="checkbox"/> NO
MOUNTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	2 ½ GAL WATER (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
PORTABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	2 ½" HYDRANT GATE VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO
SCBA (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS	<u>DUMP CONNECTION</u>	
SCBA SPARE BOTTLES	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS	DUMP VALVE	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST AID KIT (24 UNIT)	<input type="checkbox"/> YES <input type="checkbox"/> NO	SPANNER WRENCHES (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HYDRANT WRENCH (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2 ½" DOUBLE FEMALE(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS		
2 ½" DOUBLE MALE (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ UNITS		
1500 GAL PORTABLE TANK	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ GAL		
HOSE-2 ½" OR LARGER (200')	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ FT		
WHEEL CHOCKS (2)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

RECOMMENDED EQUIPMENT PER NFPA 1901

SUCTION HOSE (30')	<input type="checkbox"/> YES <input type="checkbox"/> NO	1 ½" OR LARGER HOSE (200')	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMBI-FOG NOZZLE (1-95 GPM)	<input type="checkbox"/> YES <input type="checkbox"/> NO	INTAKE GATE VALVE (1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
RUBBER Mallet(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6LB PICKHEAD AXE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PIKE POLE (1-6FT)	<input type="checkbox"/> YES <input type="checkbox"/> NO		



## **Interagency Interaction Guidelines**

**Introduction:** Emergency Medical Services in Chaves County is provided by several agencies that must interact cooperatively within a two-tiered EMS system. In order to achieve the goal of Quality Patient Care, it is critical that interactions between the services be predictable and consistently professional. The following guidelines have been developed by SFD in order to facilitate optimal patient care, transfer and scene flow, and so that all field providers can approach scenes with the same expectations and cooperation.

- 1. The first arriving unit will relay information on scene safety, scene access, equipment needs, and staging, as appropriate, to subsequent arriving units utilizing the Fire Department radio system or relay through respective communication centers.**
- 2. The ALS transport provider will bring in their stretcher when immediate patient transport is deemed necessary by the first arriving EMS units via radio or once the need for transport has been determined. It is optimal to bring in the stretcher upon arriving on scene on all calls. Good judgment should be used at all times.**
- 3. The lead agency (agency first on scene) is responsible for initially directing patient assessment and care. This includes:**
  - Obtaining consent for treatment and transport**
  - Obtain a signed and fully documented refusal on any patient who refuses treatment/transport and meets refusal criteria in accordance with the Chaves County EMS Protocols and guidelines.**
- 4. Once the lead paramedic is on scene, the second arriving unit will approach the lead paramedic and offer assistance. As soon as it is clinically practical, the lead paramedic will give a brief verbal report to subsequent arriving EMS units.**
- 5. The first arriving unit will bring in appropriate equipment upon their arrival. If ambulance and rescue/paramedic personnel arrive simultaneously, then the rescue/paramedic personnel will take in their equipment and ambulance personnel will bring in any additional necessary equipment.**

6. **In the event the ALS transport paramedic and fire/rescue personnel arrive on scene simultaneously, the ALS transport paramedic will take responsibility of directing patient care. Paramedics will work cooperatively and in a professional manner to ensure high quality patient care. If a disagreement regarding patient care occurs in this context, MCEP guidance will be sought.**
7. **The first arriving EMS providers will begin to assess the patient, (history and physical) and gather other pertinent information. Other arriving personnel will approach the first EMS provider to obtain patient report. It is inappropriate for subsequent arriving providers to go directly to the patient and repeat questions that have been asked. Although the first arriving paramedic is in charge of patient care, please remember that this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCEP.**
8. **All agencies will assist each other in every possible way (i.e. moving/gathering of equipment and stretcher); however, due to risk management considerations, any time there is a patient on a stretcher, employees from the ALS transport agency must perform operation of the stretcher at the head and the foot. Other personnel on scene will be utilized to help lift in the interest of patient safety and comfort.**
9. **The ALS transport paramedic assumes responsibility of patient care after receiving a complete patient turnover report. In critical life threatening situations the transfer of patient care responsibility will automatically happen once the patient is loaded into the back of the ambulance. Although the ALS transport paramedic is in charge of patient care, please remember this is a team concept and any disagreements will be approached from that standpoint, or deferred to an MCEP. While awaiting MCEP advice, the ALS transport paramedic will continue to direct patient care. Disagreements will not delay transport. Again, patient care will remain a cooperative effort.**
10. **Upon transfer of patient care, an appropriate verbal turnover report must be given and accepted in a professional manner by both services involved. Once patient care is transferred, a confirmatory patient assessment by the transport paramedic is both appropriate and necessary. However, as a routine, such assessments should not delay transport, and should be done en route if possible. Transport should not be delayed in order for fire/rescue personnel to complete their written patient report.**

11. If a patient has been loaded into the ambulance prior to the fire/rescue unit arrival (BLS or ALS), it is appropriate for the arriving personnel to inquire if they can be of any assistance. If the ALS transport provider deems assistance unnecessary, the fire department unit may cancel at their discretion. Transport will not be delayed in order for BLS or ALS reassessment, information gathering and/or report writing if the patient is loaded and ready for transport.
12. If in the judgment of any paramedics on the scene, patient care requires additional support, other BFD personnel may accompany the patient to the hospital in the transporting unit.
13. The ALS transport provider will accept cancellations from all fire/rescue agencies and the fire/rescue agencies will accept cancellation from the transport agencies. It is appropriate for on scene agencies to downgrade responding units when emergency response is not medically necessary.
14. The Sierra Fire Department follows the Incident Command System structure. Be familiar with the ICS and be able to execute it when called for. A good example of this would be any scene where hazards such as fire, fluids, power lines, etc. exist. In these situations, the incident commander is in charge of all personnel to ensure that only properly protected and/or trained responders will be in the "hot" zones. Fire Department IC will direct all responding EMS personnel to an appropriate staging area for duty assignments.

#### Patient Care Responsibilities

The first paramedic to arrive on scene will assume charge of, and direct patient care. All subsequent pre-hospital providers will take direction from that person by:

- Receiving a verbal report from the on-scene provider and at the paramedics direction assisting with further patient care.
- In the event that ambulance personnel and fire personnel arrive on scene simultaneously, the ALS transport paramedic will assume charge of patient care.
- Patient care responsibility reverts to the ambulance provider paramedic once the patient has been moved into the ambulance, regardless of whether a RFD paramedic accompanies the patient to the hospital. The transporting service should transport the patient according to appropriate medical needs and protocols as directed by the Chaves County EMS protocols.
- In the judgment of any of the paramedics on scene, patient care requires additional support; fire/rescue personnel will accompany the patient to the hospital in the ambulance.

## EMS Quality Assurance Procedure

### **Purpose:**

The Sierra Fire Department is committed to providing the highest quality of Emergency Medical Services possible to our customers. To facilitate this process, the following policy and procedure is established.

### **Policy:**

It shall be the policy of the SFD to support the efforts of providing quality patient care by using the following procedures or general practices.

1. Recruit, train and maintain motivated, qualified, customer service oriented members.
2. Evaluation of incidents, incident reports and other data collection sources.
3. Field audits and observation of member performance.
4. Protocol development, review, and revision under the countywide EMS Medical Board and Medical Director.
5. Training of Fire Department members in the latest Emergency Medical procedures as defined by the New Mexico State EMS Bureau.
6. Public awareness and prevention programs designed to educate the public and prevent injuries and create awareness of available services.
7. Analyze service delivery and provide for corrective actions as needed.

### **Procedures:**

- a. The Sierra Fire Department shall make every effort possible to recruit, train, and retain the most qualified members for the position(s) they are recruited for, and/or promoted to.
- b. Routine, and/or daily evaluation of Firehouse Incident Reports, by the SFD EMS Q A officer, for the following areas:
  1. Protocol adherence/deviation
  2. Medical performance outcomes
  3. Performance of skills/treatment rendered

4. **Timeline Analysis**
5. **Unusual circumstances**
6. **Cardiac problems as the chief complaint**
7. **Death of patient while in SFD care**
8. **Completeness of all data entry fields**
9. **Accompaniment and completeness of related documents, i.e., Drug Usage & Requisition Form, Patient Refusal Form, etc.**

10. **Each Incident Report will be reviewed, and logged with the appropriate observations and comments documented. Additional entries will be made simultaneously at the time of review such as tracking specific skills of the responders as appropriate for performance appraisal issues, and training needs assessment. Additionally, the tracking of pharmaceutical items and inventory maintenance will occur at this time. Copies of the reports with any of the above nine criteria areas and/or runs with pharmaceuticals will be made and filed as appropriate.**

**e. Documentation required for EMS reporting. In order for an EMS incident to be properly documented and processed the following forms shall be submitted for all incidents where a patient was treated.**

**EMS Service Report**

**This report shall be accurately and completely filled out. A "D.CHART." information narrative shall be utilized. Care should be taken to document all aspects pertinent to the call.**

**d. Reports and supporting documents pertaining to patients experiencing possible heart attacks, death of the patient while in SFD care, or questionable Protocol adherence, will be printed and filed by the Q A personnel on each shift. The original will either be forwarded to the Medical Director's folder with further Q A considerations or if Pharmaceuticals were used a copy would be filed in the respective quarterly pharmacy folder. EMS computer generated incident reports shall be kept on file and be readily available for two years. Reports shall be archived after two years in accordance with the State Fire Marshal's regulation and State EMS Bureau Regulations.**

EMS Quality Assurance Procedures  
Standard Operating Procedures

Page 3 of 5

- e. Customer surveys shall be mailed to customers of the SFD to solicit feedback on the treatment rendered to them by our service. Feedback from these surveys will be reviewed and analyzed with the intent of incorporating any feedback which is both feasible and performance enhancing in regards to the service provided to our customers. When appropriate, further correspondence or phone calls will be pursued to insure that every aspect of the customer survey feedback has been completely addressed.
- f. Field audits shall be conducted by the Shift Q A personnel, and the Medical Director on a periodic basis for the purpose of observing the behavior and performance of crews. The intent of this type of performance evaluation is geared toward observing responders under real circumstances that are not always possible to observe under controlled, and/or training environments. Ride along by the Shift Q A personnel, or Medical Director should be expected as a routine part of the Q A effort. Observations, comments, and analysis of performance observed shall be recorded and subsequently shared with all personnel.
- g. EMS treatment protocols have been developed and will continue. Periodic review and revision of these protocols will occur as needed to maintain compliance with state and local guidelines. Responder performance will be measured against these protocols. Deviation from the treatment protocol is reason for further review. Responders will be required to provide additional details that explain the reasons or circumstances for the treatment rendered to the patient and the subsequent deviation from protocol. Correspondence documenting the review process and additional details will be reviewed with the Medical Director and hard copies kept on file. Action plans will be implemented as needed to reinforce Chaves County patient treatment protocols, and/or revision of protocols, to reflect required changes in the manner the department renders patient care. All personnel shall review all protocol revisions.
- h. Initial EMT training shall be offered to firefighters upon hiring which shall comply with the State EMS Bureau, and local guidelines. The Department shall review each member's skill level and provide direction and training as needed. The Medical Director shall also sign for each EMT, at all levels, verifying their basic compliance with the state regulations pertaining to skill level and ability during each licensure period. EMT Refresher courses will also be available to all members during their licensure period.
- i. The SFD shall also provide support for EMTs to maintain their skills by offering continuing education throughout the year. Additionally, the Medical Director shall Provide advanced classes targeting the Intermediate and Paramedic level EMTs. (EMT Basics are also encouraged to attend).

**j. Although EMT licensure maintenance and compliance falls solely upon each EMT, shall provide direction and guidance to support each individual's effort to maintain their license. Mechanisms such as personnel/training files, maintenance, and announcements of training opportunities will be a regular part of the EMS Divisions operation.**

**k. Public awareness programs will be facilitated through the dissemination of literature geared toward educating the public on preventing injuries, and proper activation and use of services when needed. SFD will also be active with community activities where direct customer involvement can take place, i.e., Health Fairs, EMS Week, site visits, etc. SFD will facilitate positive interactions with other agencies, and coordinate joint efforts where a positive impact within the community will occur. Such agencies include, but are not limited to Eastern New Mexico Medical Center, Roswell Community Health Services, American Heart Association, American Red Cross, United Way, Eastern New Mexico University-Roswell, Chaves County EMS Board, Chaves County Fire Departments, Roswell Public Schools, and Roswell Police Department etc.**

**l. On going analysis shall occur on both an informal, and formal basis, incorporating as many input sources as needed to accomplish the objective. Sources of information are query fields and analysis as provided via Firehouse computer software; Access and Excel data bases, EMS Run Reports, member input and observation, outside agency input and observation; and customer service questionnaire feedback, etc. Every effort will be made to supply detailed summaries pertaining to the Quality Assurance program to personnel. Supplying this kind of information is intended to inform personnel of commendable performance and areas where performance improvements are needed. It shall be the philosophy of all department personnel to pursue the skills and ability needed to continuously provide superior customer service.**

**m. Should the need for corrective personnel actions be warranted, the SFD shall pursue it in the following manner:**

**1. If the problem identified is determined to be an isolated incident, the Chief, with Medical Director input and comment shall inform the member(s) of the problem. The member(s) will be given the opportunity to provide supplemental information that may either further explain their actions and/or allow for the acknowledgment of information received pertaining to the behavior in question and the resolution of that behavior or action. All Correspondence shall be kept as part of the Q and A record, and be filed with the corresponding summary report. First time occurrences are confidential.**

**2. If the problem identified is a repetitive problem, the member(s) will be allowed to provide supplemental information as in # 1 above. At the very least the member and their immediate supervisor are notified. However, the behavior requiring corrective action may be deemed negligent and repetitive, and thereby necessitate a reprimand, which will be noted and become a part of the member(s) personnel file.**

**3. If the problem identified still continues, the member(s) will still be allowed to provide supplemental information as in #1 and #2 above. At the very least the member and their immediate supervisor and Chief shall be notified, and if deemed necessary, a meeting with all parties and possibly the Medical Director to address the issue with the member(s). However, the behavior requiring corrective action may be deemed negligent, and thereby necessitate a written reprimand, which will become a part of the member(s) personnel file.**

**4. In cases where deemed necessary, the Medical Director has the authority to suspend or revoke licenses, remove equipment from service, or alter protocol for local considerations. State Regulation requires the EMS Bureau to be notified anytime an EMT's privilege to practice has been suspended or revoked for any reason. Maintaining a current, valid State certified EMT license is a minimum requirement of all response personnel. If a Sierra Fire Department employee's license is suspended or revoked by the Medical Director, such suspension or revocation will be considered as ground for disciplinary action, up to and including termination, as outlined in the City Rules and Regulation, articles 800 through 810.**

**5. Instances where revision of protocol, further training, or equipment considerations is evident, the SFD Administration will make arrangements to coordinate these changes.**

**6. Announced and unannounced inspections of equipment will be a regular part of determining whether problems exist in that area and what corrective actions, if any, may be required.**

**n. All members of the SFD are expected to give their full participation to the Quality Assurance effort. Any and all input regarding service delivery to our customers is encouraged and appreciated by all personnel. Quality assurance extends to both external and internal customers; therefore, the SFD does not place limitations on any type of comment or concern an individual may provide as input for consideration toward the improvement of EMS Services in Chaves County.**

Commission Meeting 21-Dec-17

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**STAFF SUMMARY REPORT**

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**ACTION REQUESTED BY:** Joe Sedillo, Finance Director  
(624-6646)

**ACTION REQUESTED:**  
Approval of Checks

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**ITEM SUMMARY:**

A/P:	03-Nov-17	\$72,969.91
	08-Nov-17	\$200.00
	10-Nov-17	\$588,259.30
	13-Nov-17	\$208,111.16
	17-Nov-17	\$101,433.43
	22-Nov-17	\$143,969.66
	27-Nov-17	\$58.22
	28-Nov-17	\$729.40
A/P VOID:	01-Nov-17	-\$1,846.79
PAYROLL:	05-Nov-17 REGULAR	\$252,038.83
	19-Nov-17 REGULAR	\$276,705.65
	FINALS	\$1,942.35

Grand Total Checks to be Approved: \$1,644,571.12

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**SUPPORT DOCUMENTS:**

Copies of Bills Lists

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**SUMMARY BY:** Cindy Mealand

**TITLE:** A/P Officer

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Chaves County, NM

# Expense Approval Register

Packet: APPKT00407 - CHECK RUN/11/03/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
<b>Vendor: ASPEN OF NEW MEXICO INC</b>					
ASPEN OF NEW MEXICO INC	5 ASPEN	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	1,666.66
<b>Vendor ASPEN OF NEW MEXICO INC Total:</b>					<b>1,666.66</b>
<b>Vendor: BELL GAS INC.</b>					
BELL GAS INC.	11409	11/01/2017	ACCT.#10693	402-6-653-223-000	18,378.02
BELL GAS INC.	223500	11/01/2017	ACCT.#070065	402-6-653-223-000	3,176.60
<b>Vendor BELL GAS INC. Total:</b>					<b>21,554.62</b>
<b>Vendor: CHAVES COUNTY C.A.S.A.</b>					
CHAVES COUNTY C.A.S.A.	5 CASA	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	2,333.33
<b>Vendor CHAVES COUNTY C.A.S.A. Total:</b>					<b>2,333.33</b>
<b>Vendor: COOPERATIVE EDUCATIONAL SVCS.</b>					
COOPERATIVE EDUCATIONAL	24-068929	11/01/2017	ACCT.#CHAVESCOUNTY	402-6-651-230-000	146.71
COOPERATIVE EDUCATIONAL	24-068931	11/01/2017	ACCT.#CHAVESCOUNTY	402-6-651-230-000	54.27
<b>Vendor COOPERATIVE EDUCATIONAL SVCS. Total:</b>					<b>200.98</b>
<b>Vendor: DEXTER CONSOLIDATED SCHOOLS</b>					
DEXTER CONSOLIDATED SCH	4 DCS	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	1,200.00
<b>Vendor DEXTER CONSOLIDATED SCHOOLS Total:</b>					<b>1,200.00</b>
<b>Vendor: DIANE TAYLOR</b>					
DIANE TAYLOR	5 DT	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	3,000.00
<b>Vendor DIANE TAYLOR Total:</b>					<b>3,000.00</b>
<b>Vendor: DIANNE MEDA</b>					
DIANNE MEDA	5 DM	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	1,000.00
DIANNE MEDA	5 DM	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-766-267-000	2,000.00
<b>Vendor DIANNE MEDA Total:</b>					<b>3,000.00</b>
<b>Vendor: FRANK G. MAGOURILOS</b>					
FRANK G. MAGOURILOS	5 PS	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	291.66
<b>Vendor FRANK G. MAGOURILOS Total:</b>					<b>291.66</b>
<b>Vendor: HAGERMAN MUNICIPAL SCHOOLS</b>					
HAGERMAN MUNICIPAL SCH	4 HMS	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	1,200.00
<b>Vendor HAGERMAN MUNICIPAL SCHOOLS Total:</b>					<b>1,200.00</b>
<b>Vendor: LAKE ARTHUR SCHOOL DISTRICT</b>					
LAKE ARTHUR SCHOOL DISTR	4 LA	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	1,200.00
<b>Vendor LAKE ARTHUR SCHOOL DISTRICT Total:</b>					<b>1,200.00</b>
<b>Vendor: NEW MEXICO GAS COMPANY INC</b>					
NEW MEXICO GAS COMPAN	CC016954	11/01/2017	ACCT.#075706312-0781188-	412-8-815-341-000	35.33
NEW MEXICO GAS COMPAN	CC016955	11/01/2017	ACCT.#076281612-0786941-	401-6-693-341-000	21.27
<b>Vendor NEW MEXICO GAS COMPANY INC Total:</b>					<b>56.60</b>
<b>Vendor: NM CLERKS</b>					
NM CLERKS	17101906	11/01/2017	MANAGEMENT ANALYST TEC	620-7-725-260-000	7,740.00
<b>Vendor NM CLERKS Total:</b>					<b>7,740.00</b>
<b>Vendor: PECOS VALLEY TEEN COURT</b>					
PECOS VALLEY TEEN COURT	5 PVTC	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	1,250.00
<b>Vendor PECOS VALLEY TEEN COURT Total:</b>					<b>1,250.00</b>
<b>Vendor: QWEST</b>					
QWEST	CC016948	11/01/2017	ACCT.#575-622-0255-344B	401-6-692-340-000	121.07
QWEST	CC016949	11/01/2017	ACCT.#575-625-3720-552B	401-6-619-340-000	19.80
QWEST	CC016949	11/01/2017	ACCT.#575-622-2117-534B	401-6-619-340-000	1,128.10
QWEST	CC016950	11/01/2017	ACCT.#575-622-0145-479B	432-7-761-340-000	36.77
<b>Vendor QWEST Total:</b>					<b>1,305.74</b>

Expense Approval Register

Packet: APPKT00407 - CHECK RUN/11/03/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
<b>Vendor: ROSWELL CHAMBER OF COMMERCE</b>					
ROSWELL CHAMBER OF CO	11411	11/01/2017	ANNUAL ALLOCATION/FY 17-	401-6-672-426-000	3,750.00
<b>Vendor ROSWELL CHAMBER OF COMMERCE Total:</b>					<b>3,750.00</b>
<b>Vendor: ROSWELL CLINIC CORP</b>					
ROSWELL CLINIC CORP	CC016956	11/02/2017	ACCT.#1019646V1610	427-6-639-268-000	45.25
ROSWELL CLINIC CORP	CC016956	11/02/2017	ACCT.#1019646V1610	427-6-639-268-000	202.52
<b>Vendor ROSWELL CLINIC CORP Total:</b>					<b>247.77</b>
<b>Vendor: ROSWELL W.F.L.</b>					
ROSWELL W.F.L.	5 WINGS	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	2,500.00
<b>Vendor ROSWELL W.F.L. Total:</b>					<b>2,500.00</b>
<b>Vendor: SERENITY COUNSELING</b>					
SERENITY COUNSELING	5 SC	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	3,125.00
SERENITY COUNSELING	5 SC	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-762-267-000	1,250.00
<b>Vendor SERENITY COUNSELING Total:</b>					<b>4,375.00</b>
<b>Vendor: SOUDER MILLER &amp; ASSOC.</b>					
SOUDER MILLER & ASSOC.	7B2661001	11/01/2017	PROJECT #7B26610	402-6-653-291-000	538.44
<b>Vendor SOUDER MILLER &amp; ASSOC. Total:</b>					<b>538.44</b>
<b>Vendor: SOUTHWESTERN PUBLIC SERVICE CO</b>					
SOUTHWESTERN PUBLIC SER	CC016951	11/01/2017	ACCT.#54-3949442-7	401-6-645-341-000	1,149.02
SOUTHWESTERN PUBLIC SER	CC016951	11/01/2017	ACCT.#54-3949442-7	401-6-692-341-000	5,871.78
SOUTHWESTERN PUBLIC SER	CC016951	11/01/2017	ACCT.#54-3949442-7	401-6-692-341-000	518.72
SOUTHWESTERN PUBLIC SER	CC016952	11/01/2017	ACCT.#54-3943782-6	412-8-815-341-000	67.97
SOUTHWESTERN PUBLIC SER	CC016952	11/01/2017	ACCT.#54-3943785-9	412-8-815-341-000	71.54
SOUTHWESTERN PUBLIC SER	CC016953	11/01/2017	ACCT.#54-3943607-4	401-7-751-341-000	23.16
<b>Vendor SOUTHWESTERN PUBLIC SERVICE CO Total:</b>					<b>7,702.19</b>
<b>Vendor: THE ROSWELL REFUGE</b>					
THE ROSWELL REFUGE	5 RR	11/01/2017	DWI DISTRIBUTION/FY 17-18	432-7-761-267-000	2,666.66
<b>Vendor THE ROSWELL REFUGE Total:</b>					<b>2,666.66</b>
<b>Vendor: TOWN OF DEXTER</b>					
TOWN OF DEXTER	CC016947	11/01/2017	ACCT.#1085	401-6-693-341-000	75.93
<b>Vendor TOWN OF DEXTER Total:</b>					<b>75.93</b>
<b>Vendor: TYLER TECHNOLOGIES</b>					
TYLER TECHNOLOGIES	025-204407	11/01/2017	ACCT.#42486	401-6-631-249-000	5,114.33
<b>Vendor TYLER TECHNOLOGIES Total:</b>					<b>5,114.33</b>
<b>Grand Total:</b>					<b>72,969.91</b>

**Fund Summary**

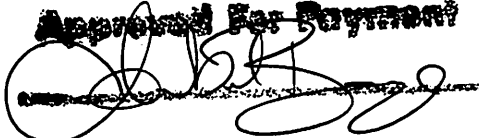
Fund	Expense Amount
401 - GENERAL FUND	17,793.18 ✓
402 - ROAD FUND	22,294.04 ✓
412 - SIERRA VOLUNTEER FIRE FND	174.84
427 - INDIGENT HOSPITAL CLAIMS	247.77
432 - DWI GRANT FUNDS	24,720.08
620 - CLERK RECORDING & FILING	7,740.00
<b>Grand Total:</b>	<b>72,969.91</b>

**Account Summary**

Account Number	Account Name	Expense Amount
401-6-619-340-000	TELEPHONE	1,147.90
401-6-631-249-000	EQUIP MAINT/AGREEME	5,114.33
401-6-645-341-000	UTILITIES	1,149.02
401-6-672-426-000	CHAMBER OF COMMER	3,750.00
401-6-692-340-000	TELEPHONE	121.07
401-6-692-341-000	UTILITIES	6,390.50
401-6-693-341-000	UTILITIES	97.20
401-7-751-341-000	UTILITIES	23.16
402-6-651-230-000	SUPPLIES/TOOLS	200.98
402-6-653-223-000	VEHICLE FUELS	21,554.62
402-6-653-291-000	ROAD PROJECTS-OTHER	538.44
412-8-815-341-000	UTILITIES	174.84
427-6-639-268-000	CARE OF PRISONER SER	247.77
432-7-761-267-000	CONTRACTUAL SERVICES	21,433.31
432-7-761-340-000	TELEPHONE	36.77
432-7-762-267-000	CONTRACTUAL SERVICES	1,250.00
432-7-766-267-000	CONTRACTUAL SERVICES	2,000.00
620-7-725-260-000	PROFESSIONAL SERVICE	7,740.00
<b>Grand Total:</b>		<b>72,969.91</b>

**Project Account Summary**

Project Account Key	Expense Amount
**None**	72,969.91
<b>Grand Total:</b>	<b>72,969.91</b>

**Approved For Payment**  




Chaves County, NM

# Expense Approval Register

Packet: APPKT00412 - CHECK RUN/11/08/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Vendor: OSBALDO VASQUEZ					
OSBALDO VASQUEZ	CC016958	11/07/2017	SHORT TERM DISABILITY	401-7-752-102-000	200.00
			<b>Vendor OSBALDO VASQUEZ Total:</b>		<b>200.00</b>
			<b>Grand Total:</b>		<b>200.00</b>

**Fund Summary**

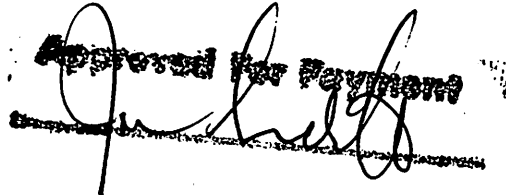
Fund	Expense Amount
401 - GENERAL FUND	200.00
<b>Grand Total:</b>	<b>200.00</b>

**Account Summary**

Account Number	Account Name	Expense Amount
401-7-752-102-000	REGULAR SALARIES	200.00
	<b>Grand Total:</b>	<b>200.00</b>

**Project Account Summary**

Project Account Key	Expense Amount
**None**	200.00
<b>Grand Total:</b>	<b>200.00</b>

**Approved for Payment**  




# Expense Approval Register

Packet: APPKT00416 - CHECK RUN/11/10/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
<b>Vendor: ABC PROPANE INC</b>					
ABC PROPANE INC	189385	11/01/2017	ACCT.#102721	452-8-832-223-000	1,363.44
ABC PROPANE INC	189386	11/01/2017	ACCT.#102721	452-8-832-223-000	1,964.64
ABC PROPANE INC	189708	11/01/2017	ACCT.#102721	452-8-832-223-000	2,389.27
<b>Vendor ABC PROPANE INC Total:</b>					<b>5,717.35</b>
<b>Vendor: AMERICAN STEWARDS OF LIBERTY</b>					
AMERICAN STEWARDS OF LI	811	11/01/2017	ASL CASE MANAGEMENT FE	401-6-619-260-000	1,500.00
<b>Vendor AMERICAN STEWARDS OF LIBERTY Total:</b>					<b>1,500.00</b>
<b>Vendor: BAMBI NALLEY</b>					
BAMBI NALLEY	INV0001144	11/09/2017	SEELY DM-2013-443	401-2-200-018-000	115.38
<b>Vendor BAMBI NALLEY Total:</b>					<b>115.38</b>
<b>Vendor: BERRENDO CO-OP WTR USERS INC.</b>					
BERRENDO CO-OP WTR USE	CC016979	11/01/2017	ACCT.#J172000	402-6-651-341-000	44.34
<b>Vendor BERRENDO CO-OP WTR USERS INC. Total:</b>					<b>44.34</b>
<b>Vendor: CARRIE HARDY</b>					
CARRIE HARDY	INV0001141	11/09/2017	Thomas Ray/DM-2010-331	401-2-200-018-000	250.00
<b>Vendor CARRIE HARDY Total:</b>					<b>250.00</b>
<b>Vendor: CATERPILLAR FINANCIAL SERVICES</b>					
CATERPILLAR FINANCIAL SER	18368628	11/01/2017	ACCT.#47313	402-6-653-251-000	4,250.28
<b>Vendor CATERPILLAR FINANCIAL SERVICES Total:</b>					<b>4,250.28</b>
<b>Vendor: CENTRAL VALLEY ELECTRIC COOP</b>					
CENTRAL VALLEY ELECTRIC C	CC016983	11/01/2017	ACCT.#10114001	410-8-816-341-000	175.54
CENTRAL VALLEY ELECTRIC C	CC016983	11/01/2017	ACCT.#23898800	410-8-816-341-000	18.36
CENTRAL VALLEY ELECTRIC C	CC016984	11/01/2017	ACCT.#12001802	401-6-691-243-000	48.57
CENTRAL VALLEY ELECTRIC C	CC016984	11/01/2017	ACCT.#12209501	401-6-691-243-000	612.34
CENTRAL VALLEY ELECTRIC C	CC016984	11/01/2017	ACCT.#10147201	401-6-691-243-000	25.20
CENTRAL VALLEY ELECTRIC C	CC016984	11/01/2017	ACCT.#23133100	410-8-816-341-000	108.16
CENTRAL VALLEY ELECTRIC C	CC016984	11/01/2017	ACCT.#6695501	414-8-819-341-000	99.94
CENTRAL VALLEY ELECTRIC C	CC016984	11/01/2017	ACCT.#12412501	437-6-659-341-000	41.97
CENTRAL VALLEY ELECTRIC C	CC016984	11/01/2017	ACCT.#22987100	437-6-659-341-000	43.51
CENTRAL VALLEY ELECTRIC C	CC016985	11/01/2017	ACCT.#12413101	411-8-814-341-000	10.05
CENTRAL VALLEY ELECTRIC C	CC016985	11/01/2017	ACCT.#12413201	411-8-814-341-000	48.70
CENTRAL VALLEY ELECTRIC C	CC016985	11/01/2017	ACCT.#12026501	411-8-814-341-000	100.21
CENTRAL VALLEY ELECTRIC C	CC016985	11/01/2017	ACCT.#12413301	411-8-814-341-000	9.18
<b>Vendor CENTRAL VALLEY ELECTRIC COOP Total:</b>					<b>1,341.73</b>
<b>Vendor: CHAVES COUNTY C.A.S.A.</b>					
CHAVES COUNTY C.A.S.A.	4 AE	11/08/2017	CONTINUUM GRANT/FY 17-1	631-8-885-267-000	4,950.00
CHAVES COUNTY C.A.S.A.	4 GS	11/08/2017	CONTINUUM GRANT/FY 17-1	631-8-885-267-000	1,600.00
CHAVES COUNTY C.A.S.A.	4 YA	11/08/2017	CONTINUUM GRANT/FY 17-1	631-8-885-267-000	4,358.00
<b>Vendor CHAVES COUNTY C.A.S.A. Total:</b>					<b>10,908.00</b>
<b>Vendor: CHAVES COUNTY FEDERAL PAYROLL TAXES</b>					
CHAVES COUNTY FEDERAL P	INV0001097	11/02/2017	FICA PAYABLE	402-2-200-001-000	12.28
CHAVES COUNTY FEDERAL P	INV0001098	11/02/2017	MEDICARE PAYABLE	402-2-200-006-000	2.86
CHAVES COUNTY FEDERAL P	INV0001166	11/09/2017	FICA PAYABLE	401-2-200-001-000	27,499.22
CHAVES COUNTY FEDERAL P	INV0001166	11/09/2017	FICA PAYABLE	402-2-200-001-000	6,404.30
CHAVES COUNTY FEDERAL P	INV0001166	11/09/2017	FICA PAYABLE	427-2-200-001-000	352.30
CHAVES COUNTY FEDERAL P	INV0001166	11/09/2017	FICA PAYABLE	432-2-200-001-000	476.90
CHAVES COUNTY FEDERAL P	INV0001166	11/09/2017	FICA PAYABLE	435-2-200-001-000	305.94
CHAVES COUNTY FEDERAL P	INV0001166	11/09/2017	FICA PAYABLE	437-2-200-001-000	244.04
CHAVES COUNTY FEDERAL P	INV0001166	11/09/2017	FICA PAYABLE	452-2-200-001-000	1,975.54
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	401-2-200-003-000	24,753.16
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	402-2-200-003-000	3,667.14

Expense Approval Register

Packet: APPKT00416 - CHECK RUN/11/10/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	427-2-200-003-000	122.82
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	431-2-200-003-000	25.82
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	432-2-200-003-000	234.38
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	435-2-200-003-000	123.82
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	437-2-200-003-000	148.02
CHAVES COUNTY FEDERAL P	INV0001167	11/09/2017	FEDERAL W/H PAYABLE	452-2-200-003-000	1,635.69
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	401-2-200-006-000	8,751.60
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	402-2-200-006-000	1,497.78
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	427-2-200-006-000	82.38
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	431-2-200-006-000	8.58
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	432-2-200-006-000	111.54
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	435-2-200-006-000	71.56
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	437-2-200-006-000	57.06
CHAVES COUNTY FEDERAL P	INV0001168	11/09/2017	MEDICARE PAYABLE	452-2-200-006-000	462.04
CHAVES COUNTY FEDERAL P	INV0001170	11/09/2017	FEDERAL W/H PAYABLE	401-2-200-003-000	31.70
CHAVES COUNTY FEDERAL P	INV0001171	11/09/2017	MEDICARE PAYABLE	401-2-200-006-000	20.80
CHAVES COUNTY FEDERAL P	INV0001175	11/09/2017	FICA PAYABLE	402-2-200-001-000	24.70
CHAVES COUNTY FEDERAL P	INV0001176	11/09/2017	FEDERAL W/H PAYABLE	402-2-200-003-000	17.20
CHAVES COUNTY FEDERAL P	INV0001177	11/09/2017	MEDICARE PAYABLE	402-2-200-006-000	5.78
<b>Vendor CHAVES COUNTY FEDERAL PAYROLL TAXES Total:</b>					<b>79,126.95</b>
<b>Vendor: CHAVES COUNTY TREASURER</b>					
CHAVES COUNTY TREASURE	CC016993	11/08/2017	COURT SERVICES	401-4-401-698-000	35.00
<b>Vendor CHAVES COUNTY TREASURER Total:</b>					<b>35.00</b>
<b>Vendor: CINTAS CORPORATION #2</b>					
CINTAS CORPORATION #2	8403391528	11/01/2017	ACCT.#10187763	402-6-653-230-000	201.88
<b>Vendor CINTAS CORPORATION #2 Total:</b>					<b>201.88</b>
<b>Vendor: CIT BANK</b>					
CIT BANK	30976206	11/01/2017	ACCT.#4000030047	670-6-671-375-000	4,477.49
<b>Vendor CIT BANK Total:</b>					<b>4,477.49</b>
<b>Vendor: COOPERATIVE EDUCATIONAL SVCS.</b>					
COOPERATIVE EDUCATIONAL	24-068917	11/01/2017	ACCT.#CHAVESCOUNTRY	401-6-691-230-000	62.88
COOPERATIVE EDUCATIONAL	24-068935	11/01/2017	ACCT.#CHAVESCOUNTRY	650-6-684-230-000	2,197.60
COOPERATIVE EDUCATIONAL	24-068942	11/01/2017	ACCT.#CHAVESCOUNTRY	401-6-645-230-000	815.18
COOPERATIVE EDUCATIONAL	24-068947	11/01/2017	ACCT.#CHAVESCOUNTRY	401-6-645-230-000	45.00
COOPERATIVE EDUCATIONAL	24-069120	11/02/2017	ACCT.#CHAVESCOUNTRY	402-6-653-104-000	849.00
<b>Vendor COOPERATIVE EDUCATIONAL SVCS. Total:</b>					<b>3,969.66</b>
<b>Vendor: CUMBERLAND WATER CO-OP</b>					
CUMBERLAND WATER CO-O	CC016970	11/01/2017	ACCT.#G215	401-6-691-341-000	37.99
CUMBERLAND WATER CO-O	CC016971	11/01/2017	ACCT.#G105	410-8-816-341-000	41.79
CUMBERLAND WATER CO-O	CC016972	11/01/2017	ACCT.#B1085	408-8-812-340-000	28.00
<b>Vendor CUMBERLAND WATER CO-OP Total:</b>					<b>107.78</b>
<b>Vendor: DEERE CREDIT INC</b>					
DEERE CREDIT INC	1911355	11/01/2017	CONTRACT #030-0065559-0	402-6-653-251-000	3,068.84
DEERE CREDIT INC	1911356	11/01/2017	CONTRACT #030-0065560-0	402-6-653-251-000	3,068.84
DEERE CREDIT INC	1911357	11/01/2017	CONTRACT #030-0065561-0	402-6-653-251-000	3,068.84
DEERE CREDIT INC	1911358	11/01/2017	CONTRACT #030-0065562-0	402-6-653-251-000	3,068.84
DEERE CREDIT INC	1913075	11/01/2017	CONTRACT #030-0061556-0	402-6-653-251-000	3,760.91
<b>Vendor DEERE CREDIT INC Total:</b>					<b>16,036.27</b>
<b>Vendor: DIANE TAYLOR</b>					
DIANE TAYLOR	CC016963	11/06/2017	DWI SUPPLIES	432-7-761-230-000	116.39
<b>Vendor DIANE TAYLOR Total:</b>					<b>116.39</b>
<b>Vendor: ENCHANTMENT PEST CONTROL</b>					
ENCHANTMENT PEST CONTR	CC016965	11/03/2017	PEST CONTROL SERVICE	650-6-684-267-000	323.06
<b>Vendor ENCHANTMENT PEST CONTROL Total:</b>					<b>323.06</b>
<b>Vendor: GLOBE LIFE AND ACCIDENT INS</b>					
GLOBE LIFE AND ACCIDENT I	INV0001135	11/09/2017	GLOBE LIFE PAYABLE	401-2-200-016-000	283.22

Expense Approval Register

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
GLOBE LIFE AND ACCIDENT I	INV0001135	11/09/2017	GLOBE LIFE PAYABLE	402-2-200-016-000	413.35
Vendor GLOBE LIFE AND ACCIDENT INS Total:					696.57
<b>Vendor: ISLAND MEDICAL</b>					
ISLAND MEDICAL	CC016961	11/08/2017	ACCT.#FX1000163555	427-6-639-268-000	96.19
Vendor ISLAND MEDICAL Total:					96.19
<b>Vendor: JEANINE CORN BEST</b>					
JEANINE CORN BEST	INV0001143	11/09/2017	J.BEST/ Cause # DM-2007-01	452-2-200-018-000	154.62
Vendor JEANINE CORN BEST Total:					154.62
<b>Vendor: JERRY D. WATTS M.S.F.P.E.</b>					
JERRY D. WATTS M.S.F.P.E.	36835	11/01/2017	QUARTERLY INSPECTION	401-6-696-257-000	100.00
JERRY D. WATTS M.S.F.P.E.	36836	11/01/2017	QUARTERLY INSPECTION	401-6-696-257-000	350.00
JERRY D. WATTS M.S.F.P.E.	36837	11/01/2017	QUARTERLY INSPECTION	401-6-692-257-000	350.00
JERRY D. WATTS M.S.F.P.E.	36838	11/01/2017	QUARTERLY INSPECTION	401-6-691-257-000	300.00
Vendor JERRY D. WATTS M.S.F.P.E. Total:					1,100.00
<b>Vendor: JOHNSON SEPTIC TANK CO.</b>					
JOHNSON SEPTIC TANK CO.	19322	11/01/2017	LABOR	401-6-696-257-000	303.35
Vendor JOHNSON SEPTIC TANK CO. Total:					303.35
<b>Vendor: KANSAS STATE BANK OF MANHATTAN</b>					
KANSAS STATE BANK OF MA	34-4	11/09/2017	ACCT.#3347498	402-6-653-251-000	1,410.42
KANSAS STATE BANK OF MA	48-2	11/09/2017	ACCT.#3345504	402-6-653-251-000	1,545.01
KANSAS STATE BANK OF MA	48-3	11/09/2017	ACCT.#3345505	402-6-653-251-000	1,545.01
KANSAS STATE BANK OF MA	60-1	11/09/2017	ACCT.#3344506	402-6-653-251-000	1,545.01
KANSAS STATE BANK OF MA	60	11/09/2017	ACCT.#3344505	402-6-653-251-000	1,545.01
Vendor KANSAS STATE BANK OF MANHATTAN Total:					7,590.46
<b>Vendor: KLEEN TECH SERVICES CORPATION</b>					
KLEEN TECH SERVICES CORPA	44324	11/01/2017	JANITORIAL SERVICES	401-6-691-267-000	2,582.81
KLEEN TECH SERVICES CORPA	44325	11/01/2017	JANITORIAL SERVICES	401-6-693-267-000	812.71
KLEEN TECH SERVICES CORPA	44326	11/01/2017	JANITORIAL SERVICES	401-6-694-267-000	206.21
KLEEN TECH SERVICES CORPA	44554	11/01/2017	JANITORIAL SERVICES	401-6-691-267-000	2,582.81
KLEEN TECH SERVICES CORPA	44555	11/01/2017	JANITORIAL SERVICES	401-6-693-267-000	812.71
KLEEN TECH SERVICES CORPA	44556	11/01/2017	JANITORIAL SERVICES	401-6-694-267-000	206.21
Vendor KLEEN TECH SERVICES CORPATION Total:					7,203.46
<b>Vendor: MARION J. CRAIG III ATTORNEY AT LAW</b>					
MARION J. CRAIG III ATTORN	12993	11/01/2017	PROFESSIONAL SERVICES	401-6-611-260-000	95.30
Vendor MARION J. CRAIG III ATTORNEY AT LAW Total:					95.30
<b>Vendor: MARLIN JOHNSON</b>					
MARLIN JOHNSON	CC016997	11/10/2017	SNMEDD MEETING/11/08/1	401-6-624-226-000	99.90
Vendor MARLIN JOHNSON Total:					99.90
<b>Vendor: MASTERCLEAN</b>					
MASTERCLEAN	236634	11/06/2017	CARPET CLEANING/1600 S.	401-6-699-257-000	215.37
Vendor MASTERCLEAN Total:					215.37
<b>Vendor: MIRANDA PEST CONTROL</b>					
MIRANDA PEST CONTROL	CC016967	11/09/2017	PEST CONTROL SERVICE	452-8-832-267-000	26.92
Vendor MIRANDA PEST CONTROL Total:					26.92
<b>Vendor: MR. STEAMER</b>					
MR. STEAMER	718160	11/01/2017	CLEANING SERVICES	401-6-696-267-000	640.70
Vendor MR. STEAMER Total:					640.70
<b>Vendor: NEW MEXICO GAS COMPANY INC</b>					
NEW MEXICO GAS COMPAN	CC016980	11/01/2017	ACCT.#076333413-0787459-	452-8-832-341-000	35.72
NEW MEXICO GAS COMPAN	CC016981	11/01/2017	ACCT.#076424512-0788370-	401-6-645-341-000	108.76
NEW MEXICO GAS COMPAN	CC016981	11/01/2017	ACCT.#076424512-0788370-	401-6-692-341-000	49.40
NEW MEXICO GAS COMPAN	CC016981	11/01/2017	ACCT.#076424512-0788370-	401-6-692-341-000	555.78
NEW MEXICO GAS COMPAN	CC016982	11/01/2017	ACCT.#076846512-1202378-	411-8-814-341-000	44.14
Vendor NEW MEXICO GAS COMPANY INC Total:					793.80
<b>Vendor: NM GEN SVCS RISK MGMT</b>					
NM GEN SVCS RISK MGMT	INV0001134	11/09/2017	MEDICAL INSURANCE PAYAB	401-2-200-007-000	1,107.05

Expense Approval Register

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
NM GEN SVCS RISK MGMT	INV0001137	11/09/2017	VISION INSURANCE PAYABLE	401-2-200-021-000	10.34
<b>Vendor NM GEN SVCS RISK MGMT Total:</b>					<b>1,117.39</b>
<b>Vendor: NM RETIREE HEALTH CARE AUTHORITY</b>					
NM RETIREE HEALTH CARE A	INV0001096	11/02/2017	NM RETIREE HEALTH CARE P	402-2-200-020-000	2.97
NM RETIREE HEALTH CARE A	INV0001162	11/09/2017	NM RETIREE HEALTH CARE P	401-2-200-020-000	6,477.48
NM RETIREE HEALTH CARE A	INV0001162	11/09/2017	NM RETIREE HEALTH CARE P	402-2-200-020-000	1,677.97
NM RETIREE HEALTH CARE A	INV0001162	11/09/2017	NM RETIREE HEALTH CARE P	427-2-200-020-000	91.75
NM RETIREE HEALTH CARE A	INV0001162	11/09/2017	NM RETIREE HEALTH CARE P	432-2-200-020-000	127.16
NM RETIREE HEALTH CARE A	INV0001162	11/09/2017	NM RETIREE HEALTH CARE P	435-2-200-020-000	82.48
NM RETIREE HEALTH CARE A	INV0001162	11/09/2017	NM RETIREE HEALTH CARE P	437-2-200-020-000	58.58
NM RETIREE HEALTH CARE A	INV0001162	11/09/2017	NM RETIREE HEALTH CARE P	452-2-200-020-000	396.43
NM RETIREE HEALTH CARE A	INV0001163	11/09/2017	NM Retiree HealthCare Law	401-2-200-020-000	2,580.76
NM RETIREE HEALTH CARE A	INV0001163	11/09/2017	NM Retiree HealthCare Law	431-2-200-020-000	9.12
NM RETIREE HEALTH CARE A	INV0001173	11/09/2017	NM RETIREE HEALTH CARE P	402-2-200-020-000	5.98
<b>Vendor NM RETIREE HEALTH CARE AUTHORITY Total:</b>					<b>11,510.68</b>
<b>Vendor: ON-LINE RADIOLOGY MEDICAL GROUP</b>					
ON-LINE RADIOLOGY MEDIC	CC016960	11/08/2017	ACCT.#B02161A87	427-6-639-268-000	8.62
<b>Vendor ON-LINE RADIOLOGY MEDICAL GROUP Total:</b>					<b>8.62</b>
<b>Vendor: PRECISION AIR OF ROSWELL</b>					
PRECISION AIR OF ROSWELL	5435	11/01/2017	LABOR & MATERIAL	401-6-691-257-000	56.00
<b>Vendor PRECISION AIR OF ROSWELL Total:</b>					<b>56.00</b>
<b>Vendor: QWEST</b>					
QWEST	CC016973	11/01/2017	ACCT.#N-575-622-0354-081	401-7-751-340-000	70.20
QWEST	CC016973	11/01/2017	ACCT.#N-575-622-0159-876	401-7-751-340-000	673.95
QWEST	CC016974	11/01/2017	ACCT.#N-575-622-0163-429	401-6-645-340-000	70.20
QWEST	CC016975	11/01/2017	ACCT.#N-575-622-3128-276	401-7-751-340-000	69.80
QWEST	CC016976	11/01/2017	ACCT.#N-575-624-0006-751	650-6-684-340-000	237.60
QWEST	CC016977	11/01/2017	ACCT.#575-623-1269-337B	401-6-692-340-000	61.28
QWEST	CC016978	11/01/2017	ACCT.#N-575-622-0507-708	401-6-619-340-000	714.19
QWEST	CC016978	11/01/2017	ACCT.#N-575-622-0506-881	401-6-619-340-000	714.19
QWEST	CC016990	11/01/2017	ACCT.#N-575-622-0219-677	401-6-691-340-000	70.20
QWEST	CC016990	11/01/2017	ACCT.#N-575-622-0220-678	401-6-691-340-000	70.20
QWEST	CC016991	11/01/2017	ACCT.#575-623-2833-184B	412-8-815-340-000	130.32
<b>Vendor QWEST Total:</b>					<b>2,882.13</b>
<b>Vendor: ROSWELL CHAVES COUNTY EDC</b>					
ROSWELL CHAVES COUNTY E	FY 17-18-4	11/02/2017	ANNUAL ALLOCATION/FY17-	605-6-672-428-000	4,000.00
<b>Vendor ROSWELL CHAVES COUNTY EDC Total:</b>					<b>4,000.00</b>
<b>Vendor: ROSWELL CLINIC CORP</b>					
ROSWELL CLINIC CORP	CC016962	11/08/2017	ACCT.#1021941V1610	427-6-639-268-000	27.56
<b>Vendor ROSWELL CLINIC CORP Total:</b>					<b>27.56</b>
<b>Vendor: ROSWELL W.F.L.</b>					
ROSWELL W.F.L.	3 BA	11/06/2017	CONTINUUM GRANT/FY 17-1	631-8-885-267-000	9,460.00
ROSWELL W.F.L.	3 WT	11/06/2017	CONTINUUM GRANT/FY 17-1	631-8-885-267-000	444.00
<b>Vendor ROSWELL W.F.L. Total:</b>					<b>9,904.00</b>
<b>Vendor: SECURUS TECHNOLOGIES</b>					
SECURUS TECHNOLOGIES	160116	11/01/2017	ANNUAL FEE	650-6-684-267-000	8,000.00
<b>Vendor SECURUS TECHNOLOGIES Total:</b>					<b>8,000.00</b>
<b>Vendor: SOUTHWEST CORRECTIONAL MEDICAL GROUP</b>					
SOUTHWEST CORRECTIONAL	INV001112	11/01/2017	ACCT.#CHAVE001	427-6-639-268-000	142,230.88
<b>Vendor SOUTHWEST CORRECTIONAL MEDICAL GROUP Total:</b>					<b>142,230.88</b>
<b>Vendor: SOUTHWESTERN PUBLIC SERVICE CO</b>					
SOUTHWESTERN PUBLIC SER	CC016986	11/01/2017	ACCT.#54-3943758-6	401-6-691-243-000	38.71
SOUTHWESTERN PUBLIC SER	CC016987	11/01/2017	ACCT.#54-3943777-9	401-6-691-243-000	30.87
SOUTHWESTERN PUBLIC SER	CC016988	11/03/2017	ACCT.#54-3949473-4	411-8-814-341-000	148.37
SOUTHWESTERN PUBLIC SER	CC016989	11/01/2017	ACCT.#54-1485939-1	401-6-691-243-000	45.87
<b>Vendor SOUTHWESTERN PUBLIC SERVICE CO Total:</b>					<b>263.82</b>

Expense Approval Register

Packet: APPKT00416 - CHECK RUN/11/10/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
<b>Vendor: STATE OF NEW MEXICO</b>					
STATE OF NEW MEXICO	INV0001138	11/09/2017	C Childress/Cause# 0001110	401-2-200-018-000	71.08
STATE OF NEW MEXICO	INV0001140	11/09/2017	A.Perez/Cause# 165742	401-2-200-018-000	151.85
STATE OF NEW MEXICO	INV0001142	11/09/2017	S Ouillette/000085580	401-2-200-018-000	201.23
STATE OF NEW MEXICO	INV0001145	11/09/2017	J.JOHNSON 000088516	401-2-200-018-000	417.72
STATE OF NEW MEXICO	INV0001146	11/09/2017	RAMIREZ/000327532	401-2-200-018-000	213.23
STATE OF NEW MEXICO	INV0001147	11/09/2017	000154416 J. TARIN	401-2-200-018-000	94.62
STATE OF NEW MEXICO	INV0001149	11/09/2017	325981 MATTA	402-2-200-018-000	102.49
STATE OF NEW MEXICO	INV0001150	11/09/2017	8954 MATTA	402-2-200-018-000	102.49
STATE OF NEW MEXICO	INV0001152	11/09/2017	000414506 SMITH	401-2-200-018-000	230.77
STATE OF NEW MEXICO	INV0001153	11/09/2017	000237989-SALSBERRY	401-2-200-018-000	179.08
STATE OF NEW MEXICO	INV0001154	11/09/2017	000207247-PADILLA	401-2-200-018-000	138.37
STATE OF NEW MEXICO	INV0001155	11/09/2017	000161340-PADILLA	401-2-200-018-000	138.37
STATE OF NEW MEXICO	INV0001156	11/09/2017	000112931-PADILLA	401-2-200-018-000	138.37
<b>Vendor STATE OF NEW MEXICO Total:</b>					<b>2,179.67</b>
<b>Vendor: TEXAS CHILD SUPPORT SDU</b>					
TEXAS CHILD SUPPORT SDU	INV0001139	11/09/2017	AG# 0012436698/Cause#CC-	401-2-200-018-000	158.31
TEXAS CHILD SUPPORT SDU	INV0001148	11/09/2017	0013204962 Allan Covarrubi	401-2-200-018-000	216.92
TEXAS CHILD SUPPORT SDU	INV0001151	11/09/2017	0009646845 MATTA, RAY	402-2-200-011-000	102.49
<b>Vendor TEXAS CHILD SUPPORT SDU Total:</b>					<b>477.72</b>
<b>Vendor: TITAN MACHINERY</b>					
TITAN MACHINERY	CC016964	11/01/2017	RSA #197370	452-8-832-373-000	207,545.64
<b>Vendor TITAN MACHINERY Total:</b>					<b>207,545.64</b>
<b>Vendor: U.S. DEPT OF EDUCATION</b>					
U.S. DEPT OF EDUCATION	INV0001164	11/09/2017	MOISES ESPINOZA #1025861	401-2-200-011-000	132.76
<b>Vendor U.S. DEPT OF EDUCATION Total:</b>					<b>132.76</b>
<b>Vendor: VALERIE J. RAMIREZ</b>					
VALERIE J. RAMIREZ	INV0001157	11/09/2017	H. RAMIREZ DM-2017-00105	401-2-200-018-000	680.77
VALERIE J. RAMIREZ	INV0001157	11/09/2017	H. RAMIREZ DM-2017-00105	431-2-200-018-000	48.63
<b>Vendor VALERIE J. RAMIREZ Total:</b>					<b>729.40</b>
<b>Vendor: WESTERN BUILDERS</b>					
WESTERN BUILDERS	5	11/03/2017	PROJECT #15-C-NR-I-03-G-11	631-8-886-247-000	49,654.83
<b>Vendor WESTERN BUILDERS Total:</b>					<b>49,654.83</b>
<b>Grand Total:</b>					<b>588,259.30</b>

## Fund Summary

Fund	Expense Amount
401 - GENERAL FUND	91,284.00
402 - ROAD FUND	43,012.01
408 - EAST GRAND PLAINS VOLFIRE	28.00
410 - MIDWAY VOLUNTEER FIRE FND	343.85
411 - BERRENDO VOLUNTEER FIRE	360.65
412 - SIERRA VOLUNTEER FIRE FND	130.32
414 - CC FIRE DIST #8 VOL FIRE	99.94
427 - INDIGENT HOSPITAL CLAIMS	143,012.50
431 - PUBLIC SAFETY GRANT	92.15
432 - DWI GRANT FUNDS	1,066.37
435 - CORRECTION GRANTS	583.80
437 - ENVIRONMENTAL TAX	593.18
452 - FLOOD CONTROL	217,949.95
605 - ECONOMIC DEVELOPMENT PROJ	4,000.00
631 - OTHER GRANTS & CONTRACTS	70,466.83
650 - DETENTION CONSTRUCTION PJ	10,758.26
670 - INTERNAL SERVICES	4,477.49
<b>Grand Total:</b>	<b>588,259.30</b>

## Account Summary

Account Number	Account Name	Expense Amount
401-2-200-001-000	FICA PAYABLE	27,499.22
401-2-200-003-000	FEDERAL WITHHOLDING	24,784.86
401-2-200-006-000	MEDICARE PAYABLE	8,772.40
401-2-200-007-000	MEDICAL INSURANCE PA	1,107.05
401-2-200-011-000	MISCELLANEOUS PAYABL	132.76
401-2-200-016-000	GLOBE LIFE PAYABLE	283.22
401-2-200-018-000	CHILD ENFORCEMENT P	3,396.07
401-2-200-020-000	RETIREE H/C PAYABLE	9,058.24
401-2-200-021-000	VISION CARE PAYABLE	10.34
401-4-401-698-000	PROBATION FEES	35.00
401-6-611-260-000	PROFESSIONAL SERVICE	95.30
401-6-619-260-000	PROFESSIONAL SERVICE	1,500.00
401-6-619-340-000	TELEPHONE	1,428.38
401-6-624-226-000	MILEAGE REIMBURSEME	99.90
401-6-645-230-000	SUPPLIES/TOOLS	860.18
401-6-645-340-000	TELEPHONE	70.20
401-6-645-341-000	UTILITIES	108.76
401-6-691-230-000	SUPPLIES/TOOLS	62.88
401-6-691-243-000	HIGHWAY LIGHTS	801.56
401-6-691-257-000	FACILITY MAINT/REPAIR	356.00
401-6-691-267-000	CONTRACTUAL SERVICES	5,165.62
401-6-691-340-000	TELEPHONE	140.40
401-6-691-341-000	UTILITIES	37.99
401-6-692-257-000	FACILITY MAINTENANCE	350.00
401-6-692-340-000	TELEPHONE	61.28
401-6-692-341-000	UTILITIES	605.18
401-6-693-267-000	CONTRACTUAL SERVICES	1,625.42
401-6-694-267-000	CONTRACTUAL SERVICES	412.42
401-6-696-257-000	FACILITY MAINT/REPAIR	753.35
401-6-696-267-000	CONTRACTUAL SERVICES	640.70
401-6-699-257-000	FACILITY MAINTENANCE	215.37
401-7-751-340-000	TELEPHONE	813.95
402-2-200-001-000	FICA PAYABLE	6,441.28
402-2-200-003-000	FEDERAL WITHHOLDING	3,684.34
402-2-200-006-000	MEDICARE PAYABLE	1,506.42
402-2-200-011-000	MISCELLANEOUS PAYABL	102.49
402-2-200-016-000	GLOBE LIFE PAYABLE	413.35
402-2-200-018-000	CHILD ENFORCEMENT P	204.98

**Account Summary**

Account Number	Account Name	Expense Amount
402-2-200-020-000	RETIREE H/C PAYABLE	1,686.92
402-6-651-341-000	UTILITIES	44.34
402-6-653-104-000	TEMPORARY SALARIES	849.00
402-6-653-230-000	SUPPLIES/TOOLS	201.88
402-6-653-251-000	RENTALS	27,877.01
408-8-812-340-000	TELEPHONE	28.00
410-8-816-341-000	UTILITIES	343.85
411-8-814-341-000	UTILITIES	360.65
412-8-815-340-000	TELEPHONE	130.32
414-8-819-341-000	UTILITIES	99.94
427-2-200-001-000	FICA PAYABLE	352.30
427-2-200-003-000	FEDERAL WITHHOLDING	122.82
427-2-200-006-000	MEDICARE PAYABLE	82.38
427-2-200-020-000	RETIREE H/C PAYABLE	91.75
427-6-639-268-000	CARE OF PRISONER SER	142,363.25
431-2-200-003-000	FEDERAL WITHHOLDING	25.82
431-2-200-006-000	MEDICARE TAX PAYABLE	8.58
431-2-200-018-000	CHILD ENFORCEMENT P	48.63
431-2-200-020-000	RETIREE H/C PAYABLE	9.12
432-2-200-001-000	FICA PAYABLE	476.90
432-2-200-003-000	FEDERAL WITHHOLDING	234.38
432-2-200-006-000	MEDICARE PAYABLE	111.54
432-2-200-020-000	RETIREE H/C PAYABLE	127.16
432-7-761-230-000	SUPPLIES/TOOLS	116.39
435-2-200-001-000	FICA PAYABLE	305.94
435-2-200-003-000	FEDERAL WITHHOLDING	123.82
435-2-200-006-000	MEDICARE PAYABLE	71.56
435-2-200-020-000	RETIREE H/C PAYABLE	82.48
437-2-200-001-000	FICA PAYABLE	244.04
437-2-200-003-000	FEDERAL WITHHOLDING	148.02
437-2-200-006-000	MEDICARE PAYABLE	57.06
437-2-200-020-000	RETIREE H/C PAYABLE	58.58
437-6-659-341-000	UTILITIES	85.48
452-2-200-001-000	FICA PAYABLE	1,975.54
452-2-200-003-000	FEDERAL WITHHOLDING	1,635.69
452-2-200-006-000	MEDICARE PAYABLE	462.04
452-2-200-018-000	CHILD ENFORCEMENT P	154.62
452-2-200-020-000	RETIREE H/C PAYABLE	396.43
452-8-832-223-000	VEHICLE FUELS	5,717.35
452-8-832-267-000	CONTRACTUAL SERVICES	26.92
452-8-832-341-000	UTILITIES	35.72
452-8-832-373-000	HEAVY EQUIPMENT	207,545.64
605-6-672-428-000	ECONOMIC GRANTS TO	4,000.00
631-8-885-267-000	OTHER CONTRACT SERVI	20,812.00
631-8-886-247-000	CONSTRUCTION	49,654.83
650-6-684-230-000	SUPPLIES/TOOLS	2,197.60
650-6-684-267-000	CONTRACTUAL SERVICES	8,323.06
650-6-684-340-000	TELEPHONE	237.60
670-6-671-375-000	LEASE PURCHASE PAYME	4,477.49
	<b>Grand Total:</b>	<b>588,259.30</b>

**Project Account Summary**

Project Account Key	Expense Amount
**None**	588,259.30
<b>Grand Total:</b>	<b>588,259.30</b>

*Account for Payment*  




# Expense Approval Register

Packet: APPKT00419 - CHECK RUN/11/13/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
<b>Vendor: NM GEN SVCS RISK MGMT</b>					
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	401-2-200-007-000	156,279.79
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	401-2-200-007-000	282.93
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	401-2-200-007-000	-565.85
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	401-2-200-007-000	-5,339.17
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	401-2-200-007-000	220.00
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	402-2-200-007-000	35,268.17
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	427-2-200-007-000	1,377.64
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	431-2-200-007-000	198.54
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	432-2-200-007-000	2,515.73
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	435-2-200-007-000	2,337.11
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	437-2-200-007-000	492.01
NM GEN SVCS RISK MGMT	CC016994	11/08/2017	PREMIUMS/FEES	452-2-200-007-000	9,455.17
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	401-2-200-005-000	18.80
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	401-2-200-005-000	2,264.85
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	402-2-200-005-000	517.90
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	427-2-200-005-000	20.40
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	431-2-200-005-000	3.45
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	432-2-200-005-000	35.30
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	435-2-200-005-000	20.40
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	437-2-200-005-000	29.80
NM GEN SVCS RISK MGMT	CC016995	11/08/2017	PREMIUMS	452-2-200-005-000	134.10
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	401-2-200-021-000	1.60
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	401-2-200-021-000	1,577.35
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	401-2-200-021-000	15.82
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	401-2-200-021-000	-30.11
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	401-2-200-021-000	-3.19
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	402-2-200-021-000	322.14
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	427-2-200-021-000	12.05
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	431-2-200-021-000	2.38
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	432-2-200-021-000	26.20
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	435-2-200-021-000	27.29
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	437-2-200-021-000	5.48
NM GEN SVCS RISK MGMT	CC016996	11/08/2017	PREMIUMS	452-2-200-021-000	87.08
<b>Vendor NM GEN SVCS RISK MGMT Total:</b>					<b>207,611.16</b>
<b>Vendor: OSBALDO VASQUEZ</b>					
OSBALDO VASQUEZ	CC016997	11/13/2017	SHORT TERM DISABILITY	401-7-752-102-000	500.00
<b>Vendor OSBALDO VASQUEZ Total:</b>					<b>500.00</b>
<b>Grand Total:</b>					<b>208,111.16</b>

**Fund Summary**

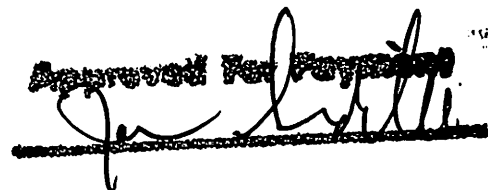
Fund	Expense Amount
401 - GENERAL FUND	155,222.82
402 - ROAD FUND	36,108.21
427 - INDIGENT HOSPITAL CLAIMS	1,410.09
431 - PUBLIC SAFETY GRANT	204.37
432 - DWI GRANT FUNDS	2,577.23
435 - CORRECTION GRANTS	2,384.80
437 - ENVIRONMENTAL TAX	527.29
452 - FLOOD CONTROL	9,676.35
<b>Grand Total:</b>	<b>208,111.16</b>

**Account Summary**

Account Number	Account Name	Expense Amount
401-2-200-005-000	GROUP INSURANCE PAY	2,283.65
401-2-200-007-000	MEDICAL INSURANCE PA	150,877.70
401-2-200-021-000	VISION CARE PAYABLE	1,561.47
401-7-752-102-000	REGULAR SALARIES	500.00
402-2-200-005-000	GROUP INSURANCE PAY	517.90
402-2-200-007-000	MEDICAL INSURANCE PA	35,268.17
402-2-200-021-000	VISION CARE PAYABLE	322.14
427-2-200-005-000	GROUP INSURANCE PAY	20.40
427-2-200-007-000	MEDICAL INSURANCE PA	1,377.64
427-2-200-021-000	VISION CARE PAYABLE	12.05
431-2-200-005-000	GROUP INSURANCE PAY	3.45
431-2-200-007-000	MEDICAL INSURANCE PA	198.54
431-2-200-021-000	VISION CARE PAYABLE	2.38
432-2-200-005-000	GROUP INSURANCE PAY	35.30
432-2-200-007-000	MEDICAL INS. PAYABLE	2,515.73
432-2-200-021-000	VISION CARE PAYABLE	26.20
435-2-200-005-000	GROUP INSURANCE PAY	20.40
435-2-200-007-000	MEDICAL INSURANCE PA	2,337.11
435-2-200-021-000	VISION CARE PAYABLE	27.29
437-2-200-005-000	GROUP INSURANCE PAY	29.80
437-2-200-007-000	MEDICAL INSURANCE PA	492.01
437-2-200-021-000	VISION CARE PAYABLE	5.48
452-2-200-005-000	GROUP INSURANCE PAY	134.10
452-2-200-007-000	MEDICAL INSURANCE PA	9,455.17
452-2-200-021-000	VISION CARE PAYABLE	87.08
<b>Grand Total:</b>		<b>208,111.16</b>

**Project Account Summary**

Project Account Key	Expense Amount
**None**	208,111.16
<b>Grand Total:</b>	<b>208,111.16</b>


  
 Approved For Payment



# Expense Approval Register

Packet: APPKT00425 - CHECK RUN/11/17/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount	
<b>Vendor: CITY OF ROSWELL</b>						
CITY OF ROSWELL	CC017002	11/01/2017	ACCT.#44	437-6-659-242-000	11,215.47	
					<b>Vendor CITY OF ROSWELL Total:</b>	<b>11,215.47</b>
<b>Vendor: CONDUENT INCORPORATED</b>						
CONDUENT INCORPORATED	1411986	11/01/2017	ACCT.#330818	401-6-616-237-000	1,650.00	
					<b>Vendor CONDUENT INCORPORATED Total:</b>	<b>1,650.00</b>
<b>Vendor: COOPERATIVE EDUCATIONAL SVCS.</b>						
COOPERATIVE EDUCATIONAL	24-069264	11/06/2017	ACCT.#CHAVESCOUNTY	650-6-684-230-000	4,488.68	
					<b>Vendor COOPERATIVE EDUCATIONAL SVCS. Total:</b>	<b>4,488.68</b>
<b>Vendor: DEERE CREDIT INC</b>						
DEERE CREDIT INC	1917217	11/09/2017	CONTRACT #030-0061556-0	402-6-653-251-000	3,000.68	
					<b>Vendor DEERE CREDIT INC Total:</b>	<b>3,000.68</b>
<b>Vendor: DEMAREE'S PUMPING SERVICE</b>						
DEMAREE'S PUMPING SERVI	8459	11/06/2017	RENTAL AND SERVICE	402-6-653-251-000	183.07	
					<b>Vendor DEMAREE'S PUMPING SERVICE Total:</b>	<b>183.07</b>
<b>Vendor: ECOLAB INC</b>						
ECOLAB INC	7323646	11/01/2017	ACCT.#019526334	650-6-684-230-000	3,008.14	
					<b>Vendor ECOLAB INC Total:</b>	<b>3,008.14</b>
<b>Vendor: HOLCOMB LAW OFFICE</b>						
HOLCOMB LAW OFFICE	2008	11/01/2017	PROFESSIONAL SERVICES	401-6-611-260-000	258.54	
HOLCOMB LAW OFFICE	2017	11/01/2017	PROFESSIONAL SERVICES	401-6-611-260-000	488.23	
					<b>Vendor HOLCOMB LAW OFFICE Total:</b>	<b>746.77</b>
<b>Vendor: HOLLYFRONTIER CORP</b>						
HOLLYFRONTIER CORP	97389114	11/16/2017	ACCT.#1100353	402-6-653-291-000	10,144.31	
					<b>Vendor HOLLYFRONTIER CORP Total:</b>	<b>10,144.31</b>
<b>Vendor: NEW MEXICO GAS COMPANY INC</b>						
NEW MEXICO GAS COMPAN	CC017019	11/07/2017	ACCT.#076846512-0792590-	411-8-814-341-000	38.12	
NEW MEXICO GAS COMPAN	CC017020	11/08/2017	ACCT.#077058012-0794705-	410-8-816-341-000	52.69	
NEW MEXICO GAS COMPAN	CC017021	11/09/2017	ACCT.#077227312-1237385-	408-8-812-341-000	28.40	
NEW MEXICO GAS COMPAN	CC017021	11/09/2017	ACCT.#077227312-0796398-	408-8-812-341-000	78.98	
NEW MEXICO GAS COMPAN	CC017022	11/06/2017	ACCT.#075706312-1236482-	414-8-819-341-000	62.87	
NEW MEXICO GAS COMPAN	CC017023	11/07/2017	ACCT.#077937001-0803495-	411-8-814-341-000	35.36	
					<b>Vendor NEW MEXICO GAS COMPANY INC Total:</b>	<b>296.42</b>
<b>Vendor: PETTY CASH FUND-FLOOD CONTROL</b>						
PETTY CASH FUND-FLOOD C	CC016997	11/14/2017	PETTY CASH	452-8-832-221-000	42.00	
PETTY CASH FUND-FLOOD C	CC016997	11/14/2017	PETTY CASH	452-8-832-230-000	7.00	
					<b>Vendor PETTY CASH FUND-FLOOD CONTROL Total:</b>	<b>49.00</b>
<b>Vendor: QWEST</b>						
QWEST	CC017004	11/04/2017	ACCT.#575-627-5864-573B	401-7-751-340-000	137.60	
QWEST	CC017004	11/04/2017	ACCT.#575-627-3201-123B	401-7-751-340-000	159.30	
QWEST	CC017005	11/04/2017	ACCT.#575-622-8394-328B	401-7-751-340-000	67.18	
QWEST	CC017006	11/04/2017	ACCT.#575-627-0081-230B	402-6-651-340-000	56.21	
QWEST	CC017007	11/04/2017	ACCT.#575-627-5495-192B	435-6-643-340-000	99.38	
QWEST	CC017008	11/04/2017	ACCT.#575-627-7554-233B	427-6-638-340-000	54.69	
QWEST	CC017009	11/04/2017	ACCT.#575-627-2191-059B	401-6-692-340-000	56.87	
QWEST	CC017010	11/04/2017	ACCT.#575-627-4325-553B	401-6-619-340-000	12.85	
QWEST	CC017011	11/04/2017	ACCT.#575-622-6646-830B	401-6-619-340-000	56.87	
QWEST	CC017012	11/04/2017	ACCT.#575-627-7608-739B	401-6-691-340-000	54.18	
QWEST	CC017013	11/04/2017	ACCT.#575-627-0977-957B	401-6-691-340-000	94.37	
QWEST	CC017014	11/01/2017	ACCT.#575-625-3720F 552Z	401-6-619-340-000	7.56	

Expense Approval Register

Packet: APPKT00425 - CHECK RUN/11/17/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
QWEST	CC017015	11/04/2017	ACCT.#575-627-7162-074B	408-8-812-340-000	74.74
<b>Vendor QWEST Total:</b>					<b>931.80</b>
<b>Vendor: SOUTHWESTERN PUBLIC SERVICE CO</b>					
SOUTHWESTERN PUBLIC SER	CC017016	11/06/2017	ACCT.#54-3943804-3	401-6-693-341-000	1,051.16
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-612-341-000	97.09
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-613-341-000	97.09
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-616-341-000	97.09
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-621-341-000	194.17
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-621-341-000	97.09
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-622-341-000	368.26
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-624-341-000	445.26
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-625-341-000	97.09
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-631-341-000	200.87
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-6-632-341-000	129.90
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-7-721-341-000	1,378.63
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-7-731-341-000	817.54
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-7-741-341-000	591.89
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	401-7-751-341-000	1,882.81
SOUTHWESTERN PUBLIC SER	CC017017	11/07/2017	ACCT.#54-3943824-7	427-6-638-341-000	200.86
SOUTHWESTERN PUBLIC SER	CC017018	11/10/2017	ACCT.#54-3943725-7	408-8-812-341-000	83.19
<b>Vendor SOUTHWESTERN PUBLIC SERVICE CO Total:</b>					<b>7,829.99</b>
<b>Vendor: SUMMIT FOOD SERVICE LLC</b>					
SUMMIT FOOD SERVICE LLC	INV2000015905	11/09/2017	ACCT.#C1921000	650-6-684-264-000	49,584.89
SUMMIT FOOD SERVICE LLC	INV2000015906	11/09/2017	ACCT.#C1921001	401-6-645-264-000	2,596.80
<b>Vendor SUMMIT FOOD SERVICE LLC Total:</b>					<b>52,181.69</b>
<b>Vendor: WAKEFIELD OIL CO. INC.</b>					
WAKEFIELD OIL CO. INC.	083404	11/01/2017	ACCT.#CHAVES	402-6-653-230-000	1,056.62
WAKEFIELD OIL CO. INC.	142863	11/01/2017	ACCT.#CHAVES	402-6-653-230-000	1,342.44
WAKEFIELD OIL CO. INC.	142884	11/02/2017	ACCT.#CHAVES	402-6-653-230-000	1,027.30
<b>Vendor WAKEFIELD OIL CO. INC. Total:</b>					<b>3,426.36</b>
<b>Vendor: WEX BANK</b>					
WEX BANK	51828372	11/01/2017	ACCT.#0496-00-237636-6	401-7-752-223-000	-12.46
WEX BANK	51828372	11/01/2017	ACCT.#0496-00-237636-6	401-7-752-223-000	1,612.01
WEX BANK	51828372	11/01/2017	ACCT.#0496-00-237636-6	412-8-815-227-000	266.19
WEX BANK	51828372	11/01/2017	ACCT.#0496-00-237636-6	414-8-819-227-000	415.31
<b>Vendor WEX BANK Total:</b>					<b>2,281.05</b>
<b>Grand Total:</b>					<b>101,433.43</b>

## Fund Summary

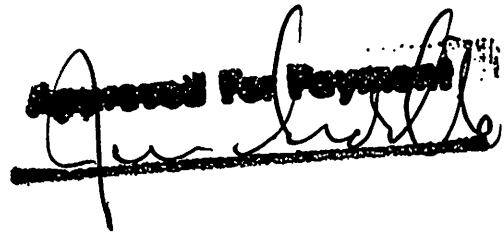
Fund	Expense Amount
401 - GENERAL FUND	14,785.84
402 - ROAD FUND	16,810.63
408 - EAST GRAND PLAINS VOLFIRE	265.31
410 - MIDWAY VOLUNTEER FIRE FND	52.69
411 - BERRENDO VOLUNTEER FIRE	73.48
412 - SIERRA VOLUNTEER FIRE FND	266.19
414 - CC FIRE DIST #8 VOL FIRE	478.18
427 - INDIGENT HOSPITAL CLAIMS	255.55
435 - CORRECTION GRANTS	99.38
437 - ENVIRONMENTAL TAX	11,215.47
452 - FLOOD CONTROL	49.00
650 - DETENTION CONSTRUCTION PJ	57,081.71
<b>Grand Total:</b>	<b>101,433.43</b>

## Account Summary

Account Number	Account Name	Expense Amount
401-6-611-260-000	PROFESSIONAL SERVICE	746.77
401-6-612-341-000	UTILITIES	97.09
401-6-613-341-000	UTILITIES	97.09
401-6-616-237-000	SUBSCRIPTIONS/PUBLIC	1,650.00
401-6-616-341-000	UTILITIES	97.09
401-6-619-340-000	TELEPHONE	77.28
401-6-621-341-000	UTILITIES	291.26
401-6-622-341-000	UTILITIES	368.26
401-6-624-341-000	UTILITIES	445.26
401-6-625-341-000	UTILITIES	97.09
401-6-631-341-000	UTILITIES	200.87
401-6-632-341-000	UTILITIES	129.90
401-6-645-264-000	FEEDING OF PRISONERS	2,596.80
401-6-691-340-000	TELEPHONE	148.55
401-6-692-340-000	TELEPHONE	56.87
401-6-693-341-000	UTILITIES	1,051.16
401-7-721-341-000	UTILITIES	1,378.63
401-7-731-341-000	UTILITIES	817.54
401-7-741-341-000	UTILITIES	591.89
401-7-751-340-000	TELEPHONE	364.08
401-7-751-341-000	UTILITIES	1,882.81
401-7-752-223-000	VEHICLE FUELS	1,599.55
402-6-651-340-000	TELEPHONE	56.21
402-6-653-230-000	SUPPLIES/TOOLS	3,426.36
402-6-653-251-000	RENTALS	3,183.75
402-6-653-291-000	ROAD PROJECTS-OTHER	10,144.31
408-8-812-340-000	TELEPHONE	74.74
408-8-812-341-000	UTILITIES	190.57
410-8-816-341-000	UTILITIES	52.69
411-8-814-341-000	UTILITIES	73.48
412-8-815-227-000	TRANSPORTATION EXPE	266.19
414-8-819-227-000	TRANSPORTATION EXPE	415.31
414-8-819-341-000	UTILITIES	62.87
427-6-638-340-000	TELEPHONE	54.69
427-6-638-341-000	UTILITIES	200.86
435-6-643-340-000	TELEPHONE	99.38
437-6-659-242-000	LANDFILL EXPENSES	11,215.47
452-8-832-221-000	VEH/HVY EQUIP. REPAIR	42.00
452-8-832-230-000	SUPPLIES/TOOLS	7.00
650-6-684-230-000	SUPPLIES/TOOLS	7,496.82
650-6-684-264-000	FEEDING OF PRISONERS	49,584.89
<b>Grand Total:</b>	<b>101,433.43</b>	

**Project Account Summary**

Project Account Key	Expense Amount
**None**	101,433.43
<b>Grand Total:</b>	<b>101,433.43</b>

**Approved For Payment**  




# Expense Approval Register

Packet: APPKT00430 - CHECK RUN/11/22/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
<b>Vendor: ALTON'S POWER BLOCK GYM INC</b>					
ALTON'S POWER BLOCK GYM	INV0001192	11/22/2017	ALTON'S POWER BLOCK GYM	402-2-200-024-000	31.08
ALTON'S POWER BLOCK GYM	INV0001192	11/22/2017	ALTON'S POWER BLOCK GYM	427-2-200-024-000	24.10
<b>Vendor ALTON'S POWER BLOCK GYM INC Total:</b>					<b>55.18</b>
<b>Vendor: AMANDA BEAGLES-CLARK</b>					
AMANDA BEAGLES-CLARK	CC017024	11/15/2017	GRANTS/ALBUQ/11/15/17	650-6-684-228-000	10.00
<b>Vendor AMANDA BEAGLES-CLARK Total:</b>					<b>10.00</b>
<b>Vendor: ANABEL BARRAZA</b>					
ANABEL BARRAZA	CC017058	11/21/2017	DFA LDG CONF/11/15/17-11	401-6-631-226-000	180.90
<b>Vendor ANABEL BARRAZA Total:</b>					<b>180.90</b>
<b>Vendor: BAMBI NALLEY</b>					
BAMBI NALLEY	INV0001199	11/22/2017	SEELY DM-2013-443	401-2-200-018-000	115.38
<b>Vendor BAMBI NALLEY Total:</b>					<b>115.38</b>
<b>Vendor: CARRIE HARDY</b>					
CARRIE HARDY	INV0001196	11/22/2017	Thomas Ray/DM-2010-331	401-2-200-018-000	250.00
<b>Vendor CARRIE HARDY Total:</b>					<b>250.00</b>
<b>Vendor: CHAVES COUNTY FEDERAL PAYROLL TAXES</b>					
CHAVES COUNTY FEDERAL P	INV0001179	11/15/2017	FICA PAYABLE	401-2-200-001-000	102.16
CHAVES COUNTY FEDERAL P	INV0001180	11/15/2017	FEDERAL W/H PAYABLE	401-2-200-003-000	49.12
CHAVES COUNTY FEDERAL P	INV0001181	11/15/2017	MEDICARE PAYABLE	401-2-200-006-000	23.90
CHAVES COUNTY FEDERAL P	INV0001186	11/16/2017	FICA PAYABLE	402-2-200-001-000	141.78
CHAVES COUNTY FEDERAL P	INV0001187	11/16/2017	FEDERAL W/H PAYABLE	402-2-200-003-000	113.68
CHAVES COUNTY FEDERAL P	INV0001188	11/16/2017	MEDICARE PAYABLE	402-2-200-006-000	33.16
CHAVES COUNTY FEDERAL P	INV0001221	11/22/2017	FICA PAYABLE	401-2-200-001-000	29,727.16
CHAVES COUNTY FEDERAL P	INV0001221	11/22/2017	FICA PAYABLE	402-2-200-001-000	6,832.60
CHAVES COUNTY FEDERAL P	INV0001221	11/22/2017	FICA PAYABLE	427-2-200-001-000	379.22
CHAVES COUNTY FEDERAL P	INV0001221	11/22/2017	FICA PAYABLE	432-2-200-001-000	525.56
CHAVES COUNTY FEDERAL P	INV0001221	11/22/2017	FICA PAYABLE	435-2-200-001-000	340.94
CHAVES COUNTY FEDERAL P	INV0001221	11/22/2017	FICA PAYABLE	437-2-200-001-000	245.52
CHAVES COUNTY FEDERAL P	INV0001221	11/22/2017	FICA PAYABLE	452-2-200-001-000	2,485.34
CHAVES COUNTY FEDERAL P	INV0001222	11/22/2017	FEDERAL W/H PAYABLE	401-2-200-003-000	28,839.85
CHAVES COUNTY FEDERAL P	INV0001222	11/22/2017	FEDERAL W/H PAYABLE	402-2-200-003-000	4,080.34
CHAVES COUNTY FEDERAL P	INV0001222	11/22/2017	FEDERAL W/H PAYABLE	427-2-200-003-000	149.02
CHAVES COUNTY FEDERAL P	INV0001222	11/22/2017	FEDERAL W/H PAYABLE	432-2-200-003-000	285.19
CHAVES COUNTY FEDERAL P	INV0001222	11/22/2017	FEDERAL W/H PAYABLE	435-2-200-003-000	158.41
CHAVES COUNTY FEDERAL P	INV0001222	11/22/2017	FEDERAL W/H PAYABLE	437-2-200-003-000	146.97
CHAVES COUNTY FEDERAL P	INV0001222	11/22/2017	FEDERAL W/H PAYABLE	452-2-200-003-000	1,930.21
CHAVES COUNTY FEDERAL P	INV0001223	11/22/2017	MEDICARE PAYABLE	401-2-200-006-000	9,445.60
CHAVES COUNTY FEDERAL P	INV0001223	11/22/2017	MEDICARE PAYABLE	402-2-200-006-000	1,597.90
CHAVES COUNTY FEDERAL P	INV0001223	11/22/2017	MEDICARE PAYABLE	427-2-200-006-000	88.70
CHAVES COUNTY FEDERAL P	INV0001223	11/22/2017	MEDICARE PAYABLE	432-2-200-006-000	122.92
CHAVES COUNTY FEDERAL P	INV0001223	11/22/2017	MEDICARE PAYABLE	435-2-200-006-000	79.74
CHAVES COUNTY FEDERAL P	INV0001223	11/22/2017	MEDICARE PAYABLE	437-2-200-006-000	57.42
CHAVES COUNTY FEDERAL P	INV0001223	11/22/2017	MEDICARE PAYABLE	452-2-200-006-000	581.22
CHAVES COUNTY FEDERAL P	INV0001224	11/22/2017	FICA PAYABLE	401-2-200-001-000	114.14
CHAVES COUNTY FEDERAL P	INV0001224	11/22/2017	FICA PAYABLE	427-2-200-001-000	52.58
CHAVES COUNTY FEDERAL P	INV0001225	11/22/2017	MEDICARE PAYABLE	401-2-200-006-000	26.70
CHAVES COUNTY FEDERAL P	INV0001225	11/22/2017	MEDICARE PAYABLE	427-2-200-006-000	12.30
<b>Vendor CHAVES COUNTY FEDERAL PAYROLL TAXES Total:</b>					<b>88,769.35</b>
<b>Vendor: CITY OF ROSWELL</b>					
CITY OF ROSWELL	CC017061	11/09/2017	ACCT.#137417-52230	402-6-653-291-000	17.47
CITY OF ROSWELL	CC017062	11/09/2017	ACCT.#137417-52234	402-6-653-291-000	33.54

Expense Approval Register

Packet: APPKT00430 - CHECK RUN/11/22/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
CITY OF ROSWELL	CC017063	11/09/2017	ACCT.#137417-52236	402-6-653-291-000	17.47
CITY OF ROSWELL	CC017064	11/22/2017	ACCT.#137417-52238	402-6-653-291-000	19.08
CITY OF ROSWELL	CC017065	11/09/2017	ACCT.#137417-52240	402-6-653-291-000	17.47
CITY OF ROSWELL	CC017066	11/09/2017	ACCT.#137417-52242	402-6-653-291-000	64.06
CITY OF ROSWELL	CC017067	11/09/2017	ACCT.#137417-52244	402-6-653-291-000	102.62
CITY OF ROSWELL	CC017068	11/09/2017	ACCT.#137417-52246	402-6-653-291-000	17.47
<b>Vendor CITY OF ROSWELL Total:</b>					<b>289.18</b>
<b>Vendor: CONSTRUCTORS INC</b>					
CONSTRUCTORS INC	115653	11/08/2017	ACCT.#11390	402-6-653-291-000	9,064.69
<b>Vendor CONSTRUCTORS INC Total:</b>					<b>9,064.69</b>
<b>Vendor: EXCEL DRIVING SCHOOL</b>					
EXCEL DRIVING SCHOOL	CC017026	11/17/2017	DRUG COURT PARICIPANT	631-8-886-224-000	325.00
<b>Vendor EXCEL DRIVING SCHOOL Total:</b>					<b>325.00</b>
<b>Vendor: JEANINE CORN BEST</b>					
JEANINE CORN BEST	INV0001198	11/22/2017	J.BEST/ Cause # DM-2007-01	452-2-200-018-000	154.62
<b>Vendor JEANINE CORN BEST Total:</b>					<b>154.62</b>
<b>Vendor: JIMMIE ARCHES</b>					
JIMMIE ARCHES	CC017060	11/14/2017	REMOVE ELM TREES/ E. BER	402-6-653-291-000	1,600.00
<b>Vendor JIMMIE ARCHES Total:</b>					<b>1,600.00</b>
<b>Vendor: LEGALSHIELD</b>					
LEGALSHIELD	INV0001190	11/22/2017	LEGAL SHIELD PAYABLE	401-2-200-022-000	467.35
LEGALSHIELD	INV0001190	11/22/2017	LEGAL SHIELD PAYABLE	402-2-200-022-000	144.50
<b>Vendor LEGALSHIELD Total:</b>					<b>611.85</b>
<b>Vendor: NANCY FRAM</b>					
NANCY FRAM	CC017001	11/21/2017	LEASE/110 E MESCALERO RD	635-6-682-375-000	10,000.00
<b>Vendor NANCY FRAM Total:</b>					<b>10,000.00</b>
<b>Vendor: NEW MEXICO GAS COMPANY INC</b>					
NEW MEXICO GAS COMPAN	CC017048	11/14/2017	ACCT.#115435453-0797988-	401-6-699-341-000	52.96
NEW MEXICO GAS COMPAN	CC017049	11/15/2017	ACCT.#077702112-0801146-	402-6-651-341-000	431.29
NEW MEXICO GAS COMPAN	CC017050	11/14/2017	ACCT.#077726812-0801393-	412-8-815-341-000	69.94
NEW MEXICO GAS COMPAN	CC017051	11/13/2017	ACCT.#077991703-0797981-	401-6-691-341-000	68.06
NEW MEXICO GAS COMPAN	CC017052	11/14/2017	ACCT.#077991703-0797982-	401-6-691-341-000	77.95
NEW MEXICO GAS COMPAN	CC017053	11/13/2017	ACCT.#077991703-0804041-	401-6-691-341-000	51.37
NEW MEXICO GAS COMPAN	CC017054	11/14/2017	ACCT.#078156501-0805690-	650-6-684-341-000	1,432.58
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-612-341-000	13.30
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-613-341-000	8.84
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-616-341-000	8.84
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-621-341-000	13.24
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-621-341-000	8.84
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-622-341-000	33.55
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-624-340-000	40.56
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-625-341-000	8.84
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-631-340-000	18.30
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-6-632-341-000	11.83
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-7-721-341-000	125.59
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-7-731-341-000	74.48
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-7-741-341-000	53.92
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	401-7-751-341-000	171.53
NEW MEXICO GAS COMPAN	CC017055	11/13/2017	ACCT.#115435453-1201470-	427-6-638-341-000	18.32
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-612-341-000	2.91
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-613-341-000	1.93
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-616-341-000	1.93
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-621-341-000	1.93
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-621-341-000	2.89
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-622-341-000	7.33
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-624-341-000	8.86
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-625-341-000	1.93
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-631-341-000	4.00

Expense Approval Register

Packet: APPKT00430 - CHECK RUN/11/22/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-6-632-341-000	2.59
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-7-721-341-000	27.44
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-7-731-341-000	16.27
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-7-741-341-000	11.78
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	401-7-751-341-000	37.48
NEW MEXICO GAS COMPAN	CC017056	11/14/2017	ACCT.#115435453-1203867-	427-6-638-341-000	4.02
<b>Vendor NEW MEXICO GAS COMPANY INC Total:</b>					<b>2,927.42</b>
<b>Vendor: NICOLAS BERUMEN</b>					
NICOLAS BERUMEN	CC017029	11/21/2017	DEA TRAINING/11/26/17-12	430-7-753-225-000	136.00
<b>Vendor NICOLAS BERUMEN Total:</b>					<b>136.00</b>
<b>Vendor: NM RETIREE HEALTH CARE AUTHORITY</b>					
NM RETIREE HEALTH CARE A	INV0001184	11/16/2017	NM RETIREE HEALTH CARE P	402-2-200-020-000	33.56
NM RETIREE HEALTH CARE A	INV0001217	11/22/2017	NM RETIREE HEALTH CARE P	401-2-200-020-000	6,420.22
NM RETIREE HEALTH CARE A	INV0001217	11/22/2017	NM RETIREE HEALTH CARE P	402-2-200-020-000	1,624.17
NM RETIREE HEALTH CARE A	INV0001217	11/22/2017	NM RETIREE HEALTH CARE P	427-2-200-020-000	91.75
NM RETIREE HEALTH CARE A	INV0001217	11/22/2017	NM RETIREE HEALTH CARE P	432-2-200-020-000	127.16
NM RETIREE HEALTH CARE A	INV0001217	11/22/2017	NM RETIREE HEALTH CARE P	435-2-200-020-000	82.48
NM RETIREE HEALTH CARE A	INV0001217	11/22/2017	NM RETIREE HEALTH CARE P	437-2-200-020-000	58.58
NM RETIREE HEALTH CARE A	INV0001217	11/22/2017	NM RETIREE HEALTH CARE P	452-2-200-020-000	395.52
NM RETIREE HEALTH CARE A	INV0001218	11/22/2017	NM Retiree HealthCare Law	401-2-200-020-000	2,548.85
<b>Vendor NM RETIREE HEALTH CARE AUTHORITY Total:</b>					<b>11,382.29</b>
<b>Vendor: PEDRO VILLARREAL</b>					
PEDRO VILLARREAL	CC017025	11/15/2017	GRANTS/ALBUQ/11/15/17	650-6-684-228-000	10.00
<b>Vendor PEDRO VILLARREAL Total:</b>					<b>10.00</b>
<b>Vendor: QWEST</b>					
QWEST	CC017030	11/13/2017	ACCT.#575-347-2145-601B	410-8-816-340-000	80.89
QWEST	CC017031	11/10/2017	ACCT.#575-624-8550-470B	408-8-812-340-000	64.58
QWEST	CC017032	11/13/2017	ACCT.#575-622-3395-769B	432-7-761-340-000	78.68
QWEST	CC017033	11/13/2017	ACCT.#575-622-4051-782B	401-6-619-340-000	56.87
QWEST	CC017034	11/10/2017	ACCT.#575-624-6527-471B	401-6-619-340-000	64.63
QWEST	CC017057	11/10/2017	ACCT.#575-623-8371-753B	402-6-651-340-000	127.33
<b>Vendor QWEST Total:</b>					<b>472.98</b>
<b>Vendor: ROSWELL CLINIC CORP</b>					
ROSWELL CLINIC CORP	CC017059	11/21/2017	ACCT.#1028305V1610	427-6-639-268-000	400.60
<b>Vendor ROSWELL CLINIC CORP Total:</b>					<b>400.60</b>
<b>Vendor: SOUTHWESTERN PUBLIC SERVICE CO</b>					
SOUTHWESTERN PUBLIC SER	CC017035	11/13/2017	ACCT.#54-1797003-1	401-6-691-243-000	139.99
SOUTHWESTERN PUBLIC SER	CC017036	11/13/2017	ACCT.#54-3949471-2	650-6-684-341-000	10,552.61
SOUTHWESTERN PUBLIC SER	CC017037	11/15/2017	ACCT.#54-3943737-1	401-6-691-243-000	41.32
SOUTHWESTERN PUBLIC SER	CC017038	11/13/2017	ACCT.#54-3943798-4	401-6-691-243-000	85.70
SOUTHWESTERN PUBLIC SER	CC017039	11/13/2017	ACCT.#54-1632663-1	401-6-691-341-000	315.63
SOUTHWESTERN PUBLIC SER	CC017039	11/13/2017	ACCT.#54-1632663-1	401-6-691-341-000	31.00
SOUTHWESTERN PUBLIC SER	CC017039	11/13/2017	ACCT.#54-1632663-1	401-6-699-341-000	262.51
SOUTHWESTERN PUBLIC SER	CC017039	11/13/2017	ACCT.#54-1632663-1	401-6-699-341-000	74.70
SOUTHWESTERN PUBLIC SER	CC017039	11/13/2017	ACCT.#54-1632663-1	401-6-699-341-000	228.38
SOUTHWESTERN PUBLIC SER	CC017039	11/13/2017	ACCT.#54-1632663-1	401-6-699-341-000	178.09
SOUTHWESTERN PUBLIC SER	CC017040	11/15/2017	ACCT.#54-3943772-4	401-6-691-243-000	34.01
SOUTHWESTERN PUBLIC SER	CC017041	11/13/2017	ACCT.#54-3943719-9	401-6-691-243-000	74.66
SOUTHWESTERN PUBLIC SER	CC017042	11/14/2017	ACCT.#54-3949421-2	412-8-815-341-000	107.15
SOUTHWESTERN PUBLIC SER	CC017043	11/13/2017	ACCT.#54-3949465-4	402-6-651-341-000	680.92
SOUTHWESTERN PUBLIC SER	CC017044	11/13/2017	ACCT.#54-7497040-6	408-8-812-341-000	83.45
SOUTHWESTERN PUBLIC SER	CC017045	11/15/2017	ACCT.#54-1485939-1	401-6-693-341-000	82.27
SOUTHWESTERN PUBLIC SER	CC017046	11/15/2017	ACCT.#54-3943703-1	401-6-691-243-000	29.93
SOUTHWESTERN PUBLIC SER	CC017047	11/15/2017	ACCT.#54-3943686-9	401-6-691-243-000	37.38
<b>Vendor SOUTHWESTERN PUBLIC SERVICE CO Total:</b>					<b>13,039.70</b>
<b>Vendor: STATE OF NEW MEXICO</b>					
STATE OF NEW MEXICO	INV0001193	11/22/2017	C Childress/Cause# 0001110	401-2-200-018-000	71.08
STATE OF NEW MEXICO	INV0001195	11/22/2017	A.Perez/Cause# 165742	401-2-200-018-000	151.85

Expense Approval Register

Packet: APPKT00430 - CHECK RUN/11/22/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
STATE OF NEW MEXICO	INV0001197	11/22/2017	S Ouillette/000085580	401-2-200-018-000	201.23
STATE OF NEW MEXICO	INV0001200	11/22/2017	J.JOHNSON 000088516	401-2-200-018-000	417.72
STATE OF NEW MEXICO	INV0001201	11/22/2017	RAMIREZ/000327532	401-2-200-018-000	213.23
STATE OF NEW MEXICO	INV0001202	11/22/2017	000154416 J. TARIN	401-2-200-018-000	94.62
STATE OF NEW MEXICO	INV0001204	11/22/2017	325981 MATTA	402-2-200-018-000	102.49
STATE OF NEW MEXICO	INV0001205	11/22/2017	8954 MATTA	402-2-200-018-000	102.49
STATE OF NEW MEXICO	INV0001207	11/22/2017	000414506 SMITH	401-2-200-018-000	230.77
STATE OF NEW MEXICO	INV0001208	11/22/2017	000237989-SALS BERRY	401-2-200-018-000	179.08
STATE OF NEW MEXICO	INV0001209	11/22/2017	000207247-PADILLA	401-2-200-018-000	138.37
STATE OF NEW MEXICO	INV0001210	11/22/2017	000161340-PADILLA	401-2-200-018-000	138.37
STATE OF NEW MEXICO	INV0001211	11/22/2017	000112931-PADILLA	401-2-200-018-000	138.37
<b>Vendor STATE OF NEW MEXICO Total:</b>					<b>2,179.67</b>
<b>Vendor: TEXAS CHILD SUPPORT SDU</b>					
TEXAS CHILD SUPPORT SDU	INV0001194	11/22/2017	AG# 0012436698/Cause#CC-	401-2-200-018-000	158.31
TEXAS CHILD SUPPORT SDU	INV0001203	11/22/2017	0013204962 Allan Covarrubi	401-2-200-018-000	216.92
TEXAS CHILD SUPPORT SDU	INV0001206	11/22/2017	0009646845 MATTA,RAY	402-2-200-011-000	102.49
<b>Vendor TEXAS CHILD SUPPORT SDU Total:</b>					<b>477.72</b>
<b>Vendor: U.S. DEPT OF EDUCATION</b>					
U.S. DEPT OF EDUCATION	INV0001219	11/22/2017	MOISES ESPINOZA #1025861	401-2-200-011-000	132.76
<b>Vendor U.S. DEPT OF EDUCATION Total:</b>					<b>132.76</b>
<b>Vendor: UNITED WAY OF CHAVES COUNTY</b>					
UNITED WAY OF CHAVES CO	INV0001189	11/22/2017	UNITED WAY PAYABLE	401-2-200-010-000	396.22
UNITED WAY OF CHAVES CO	INV0001189	11/22/2017	UNITED WAY PAYABLE	402-2-200-010-000	35.00
UNITED WAY OF CHAVES CO	INV0001189	11/22/2017	UNITED WAY PAYABLE	427-2-200-010-000	6.00
UNITED WAY OF CHAVES CO	INV0001189	11/22/2017	UNITED WAY PAYABLE	452-2-200-010-000	10.00
<b>Vendor UNITED WAY OF CHAVES COUNTY Total:</b>					<b>447.22</b>
<b>Vendor: VALERIE J. RAMIREZ</b>					
VALERIE J. RAMIREZ	INV0001212	11/22/2017	H. RAMIREZ DM-2017-00105	401-2-200-018-000	729.40
<b>Vendor VALERIE J. RAMIREZ Total:</b>					<b>729.40</b>
<b>Grand Total:</b>					<b>143,761.91</b>

## Fund Summary

Fund	Expense Amount
401 - GENERAL FUND	84,627.97
402 - ROAD FUND	27,168.65
408 - EAST GRAND PLAINS VOLFIRE	148.03
410 - MIDWAY VOLUNTEER FIRE FND	80.89
412 - SIERRA VOLUNTEER FIRE FND	177.09
427 - INDIGENT HOSPITAL CLAIMS	1,226.61
430 - LAW ENFORCEMENT GRANT	136.00
432 - DWI GRANT FUNDS	1,139.51
435 - CORRECTION GRANTS	661.57
437 - ENVIRONMENTAL TAX	508.49
452 - FLOOD CONTROL	5,556.91
631 - OTHER GRANTS & CONTRACTS	325.00
635 - EMERGENCY/CAPITAL OUTLAY	10,000.00
650 - DETENTION CONSTRUCTION PJ	12,005.19
<b>Grand Total:</b>	<b>143,761.91</b>

## Account Summary

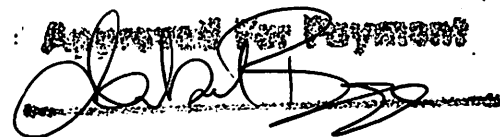
Account Number	Account Name	Expense Amount
401-2-200-001-000	FICA PAYABLE	29,943.46
401-2-200-003-000	FEDERAL WITHHOLDING	28,888.97
401-2-200-006-000	MEDICARE PAYABLE	9,496.20
401-2-200-010-000	UNITED WAY PAYABLE	396.22
401-2-200-011-000	MISCELLANEOUS PAYABL	132.76
401-2-200-018-000	CHILD ENFORCEMENT P	3,444.70
401-2-200-020-000	RETIREE H/C PAYABLE	8,969.07
401-2-200-022-000	PRE-PAID LEGAL PAYABL	467.35
401-6-612-341-000	UTILITIES	16.21
401-6-613-341-000	UTILITIES	10.77
401-6-616-341-000	UTILITIES	10.77
401-6-619-340-000	TELEPHONE	121.50
401-6-621-341-000	UTILITIES	26.90
401-6-622-341-000	UTILITIES	40.88
401-6-624-340-000	TELEPHONE	40.56
401-6-624-341-000	UTILITIES	8.86
401-6-625-341-000	UTILITIES	10.77
401-6-631-226-000	MILEAGE REIMBURSEME	180.90
401-6-631-340-000	TELEPHONE	18.30
401-6-631-341-000	UTILITIES	4.00
401-6-632-341-000	UTILITIES	14.42
401-6-691-243-000	HIGHWAY LIGHTS	442.99
401-6-691-341-000	UTILITIES	544.01
401-6-693-341-000	UTILITIES	82.27
401-6-699-341-000	UTILITIES	796.64
401-7-721-341-000	UTILITIES	153.03
401-7-731-341-000	UTILITIES	90.75
401-7-741-341-000	UTILITIES	65.70
401-7-751-341-000	UTILITIES	209.01
402-2-200-001-000	FICA PAYABLE	6,974.38
402-2-200-003-000	FEDERAL WITHHOLDING	4,194.02
402-2-200-006-000	MEDICARE PAYABLE	1,631.06
402-2-200-010-000	UNITED WAY PAYABLE	35.00
402-2-200-011-000	MISCELLANEOUS PAYABL	102.49
402-2-200-018-000	CHILD ENFORCEMENT P	204.98
402-2-200-020-000	RETIREE H/C PAYABLE	1,657.73
402-2-200-022-000	PRE-PAID LEGAL PAYABL	144.50
402-2-200-024-000	ALTONS POWER BLOCK	31.08
402-6-651-340-000	TELEPHONE	127.33
402-6-651-341-000	UTILITIES	1,112.21
402-6-653-291-000	ROAD PROJECTS-OTHER	10,953.87

**Account Summary**

Account Number	Account Name	Expense Amount
408-8-812-340-000	TELEPHONE	64.58
408-8-812-341-000	UTILITIES	83.45
410-8-816-340-000	TELEPHONE	80.89
412-8-815-341-000	UTILITIES	177.09
427-2-200-001-000	FICA PAYABLE	431.80
427-2-200-003-000	FEDERAL WITHHOLDING	149.02
427-2-200-006-000	MEDICARE PAYABLE	101.00
427-2-200-010-000	UNITED WAY PAYABLE	6.00
427-2-200-020-000	RETIREE H/C PAYABLE	91.75
427-2-200-024-000	ALTONS POWER BLOCK	24.10
427-6-638-341-000	UTILITIES	22.34
427-6-639-268-000	CARE OF PRISONER SER	400.60
430-7-753-225-000	TRAVEL/TRAINING/PER	136.00
432-2-200-001-000	FICA PAYABLE	525.56
432-2-200-003-000	FEDERAL WITHHOLDING	285.19
432-2-200-006-000	MEDICARE PAYABLE	122.92
432-2-200-020-000	RETIREE H/C PAYABLE	127.16
432-7-761-340-000	TELEPHONE	78.68
435-2-200-001-000	FICA PAYABLE	340.94
435-2-200-003-000	FEDERAL WITHHOLDING	158.41
435-2-200-006-000	MEDICARE PAYABLE	79.74
435-2-200-020-000	RETIREE H/C PAYABLE	82.48
437-2-200-001-000	FICA PAYABLE	245.52
437-2-200-003-000	FEDERAL WITHHOLDING	146.97
437-2-200-006-000	MEDICARE PAYABLE	57.42
437-2-200-020-000	RETIREE H/C PAYABLE	58.58
452-2-200-001-000	FICA PAYABLE	2,485.34
452-2-200-003-000	FEDERAL WITHHOLDING	1,930.21
452-2-200-006-000	MEDICARE PAYABLE	581.22
452-2-200-010-000	UNITED WAY PAYABLE	10.00
452-2-200-018-000	CHILD ENFORCEMENT P	154.62
452-2-200-020-000	RETIREE H/C PAYABLE	395.52
631-8-886-224-000	TRAINING	325.00
635-6-682-375-000	LEASE PURCHASES	10,000.00
650-6-684-228-000	TRANSPORT PRISONERS	20.00
650-6-684-341-000	UTILITIES	11,985.19
<b>Grand Total:</b>		<b>143,761.91</b>

**Project Account Summary**

Project Account Key	Expense Amount
**None**	143,761.91
<b>Grand Total:</b>	<b>143,761.91</b>

Approved for Payment  




Chaves County, NM

# Expense Approval Register

Packet: APPKT00434 - CHECK RUN/11/27/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Vendor: CHARLES HOPKINS CHARLES HOPKINS	CC017069	11/27/2017	SHORT TERM DISABILITY	402-6-653-102-000	58.22
				<b>Vendor CHARLES HOPKINS Total:</b>	<u>58.22</u>
				<b>Grand Total:</b>	<u><u>58.22</u></u>

**Fund Summary**

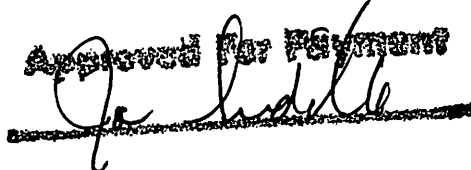
Fund	Expense Amount
402 - ROAD FUND	58.22
<b>Grand Total:</b>	<b>58.22</b>

**Account Summary**

Account Number	Account Name	Expense Amount
402-6-653-102-000	REGULAR SALARIES	58.22
	<b>Grand Total:</b>	<b>58.22</b>

**Project Account Summary**

Project Account Key	Expense Amount
**None**	58.22
<b>Grand Total:</b>	<b>58.22</b>

Approved for Payment  




Chaves County, NM

# Expense Approval Register

Packet: APPKT00436 - CHECK RUN/11/28/17

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Vendor: VALERIE J. RAMIREZ					
VALERIE J. RAMIREZ	CC017071	11/28/2017	H. RAMIREZ/DM-2017-0010	401-2-200-018-000	680.77
VALERIE J. RAMIREZ	CC017071	11/28/2017	H. RAMIREZ/DM-2017-0010	431-2-200-018-000	48.63
			<b>Vendor VALERIE J. RAMIREZ Total:</b>		<u>729.40</u>
			<b>Grand Total:</b>		<u><u>729.40</u></u>

**Fund Summary**

Fund	Expense Amount
401 - GENERAL FUND	680.77
431 - PUBLIC SAFETY GRANT	48.63
<b>Grand Total:</b>	<b>729.40</b>

**Account Summary**

Account Number	Account Name	Expense Amount
401-2-200-018-000	CHILD ENFORCEMENT P	680.77
431-2-200-018-000	CHILD ENFORCEMENT P	48.63
	<b>Grand Total:</b>	<b>729.40</b>

**Project Account Summary**

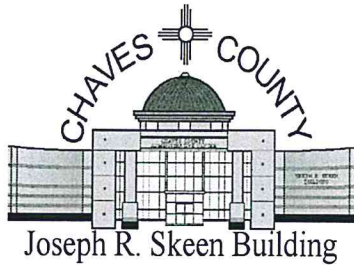
Project Account Key	Expense Amount
**None**	729.40
<b>Grand Total:</b>	<b>729.40</b>

~~Approved For Payment~~  


Chaves County Clerk's Office

COMMISSIONERS

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 Fax: 575-624-6523  
 Email: coclerk@co.chaves.nm.us



- James W. Duffey • District 1
- T Calder Ezzell Jr • District 2
- Jeff Bilberry • District 3
- Robert B. Corn • District 4
- William E. Cavin • District 5

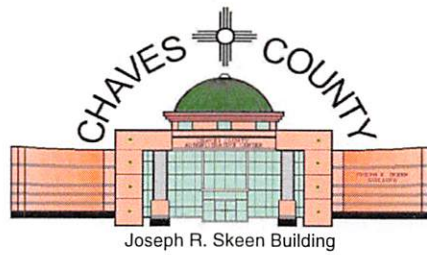
<b>Chaves County Clerk</b>	
<b><i>Summary Report -</i></b>	
<b><i>11/01/2017-11/30/2017</i></b>	
<b>CLERK FEES (EQUIPMENT) .....</b>	<b>\$ 5,019.00</b>
<b>GEN CLERK'S FEES .....</b>	<b>\$ 13,557.07</b>
<b>LIQUOR LICENSE .....</b>	<b>\$ -</b>
<b>CHILDREN'S TRUST FUND .....</b>	<b>\$ 555.00</b>
<b>PROBATE .....</b>	<b>\$ 387.55</b>
<b>PHOTOCOPIES.....</b>	<b>\$ 800.45</b>
<b>GOVT GROSS RECEIPTS TAX .....</b>	<b>\$ 111.65</b>
<b>TOTAL AMOUNT:</b>	<b>\$ 20,430.72</b>
<b>TOTAL DOCUMENTS FILED</b>	<b>689</b>
<b>NEW MARRIAGE LICENSES</b>	<b>37</b>
<b>NEW PROBATES</b>	<b>9</b>
<b>NEW SURVEYS</b>	<b>5</b>
<b>NEW PLATS</b>	<b>2</b>
<b>NEW VOTERS</b>	<b>36</b>
<b>VOTER CHANGES</b>	<b>138</b>

# November 2017 P-Card Report

Account	Department	Item Total
401-6-611 Total	Commissioners	\$2,313.00
401-6-612 Total	County Manager	\$73.72
401-6-613 Total	Human Resources	\$3,491.44
401-6-616 Total	Fire & Emergency Services	\$782.89
401-6-621 Total	Public Works	\$2,185.96
401-6-622 Total	Information Technology	\$3,569.42
401-6-624 Total	Planning & Zoning	\$2,440.38
401-6-625 Total	Purchasing	\$449.52
401-6-631 Total	Finance Department	\$2,899.96
401-6-632 Total	Community Development	\$149.08
401-6-636 Total	Hospital Indigent	\$5.96
401-6-641 Total	Detention Administration	\$1,477.01
401-6-642 Total	Adult Detention	\$27.50
401-6-645 Total	Juvenile CCJD	\$859.82
401-6-691 Total	Facility Maintenance	\$6,248.76
401-6-692 Total	Courthouse Maintenance	\$4,105.63
401-6-693 Total	Facility Maintenance. Health Dept.	\$760.02
401-6-694 Total	Facility Maintenance. CC Road Dept.	\$43.91
401-6-696 Total	Operating Expense - CCDC	\$6,252.92
401-6-699 Total	St. Mary Complex	\$2,797.88
401-7-721 Total	Clerk Admin	\$2,745.48
401-7-722 Total	Clerk Bureau Elec.	\$3,905.62
401-7-731 Total	Assessor Admin	\$2,611.00
401-7-732 Total	Assessor Appraisal	\$150.00
401-7-741 Total	Treasurer Dept.	\$3,579.42
401-7-751 Total	Sheriff Admin	\$10,329.89
401-7-752 Total	Sheriff Patrol & Investigation	\$9,751.32
402-6-651 Total	Road Admin	\$1,698.81
402-6-652 Total	Road Shop	\$2,482.20
402-6-653 Total	Road Construction & Maintenance	\$24,752.17
407-8-811 Total	Dunken FD	\$1,034.91
408-8-812 Total	East Grand Plains FD	\$1,606.85
409-8-813 Total	Penasco FD	\$767.68
410-8-816 Total	Midway FD	\$2,653.19
411-8-814 Total	Berrendo FD	\$11,108.67
412-8-815 Total	Sierra FD	\$10,021.57
413-8-818 Total	Rio Felix FD	\$283.19
414-8-819 Total	Fire District #8	\$154.67
427-6-638 Total	Indigent	\$220.44
430-7-753 Total	Law Enforcement	\$1,584.21
432-7-761 Total	DWI	\$1,610.71

<b>432-7-765 Total</b>	DWI	\$716.08
<b>435-6-643 Total</b>	Court Services	\$105.12
<b>452-8-832 Total</b>	Flood Dept.	\$6,801.16
<b>628-7-733 Total</b>	Assessor	\$22.60
<b>631-8-889 Total</b>	Other Grant's & Contracts	\$1,210.87
<b>650-6-684 Total</b>	CCDC Construction Fund	\$7,059.74
<b>670-6-671 Total</b>	Internal Services	\$8,987.58
<b>Grand Total</b>		\$158,889.93

**CHAVES COUNTY  
ROAD DEPARTMENT**  
1505 East Brasher Road  
Roswell, New Mexico 88203  
Phone: 575-624-6610  
Fax: 575-627-4360



**COMMISSIONERS**  
James W. Duffey · District 1  
T. Calder Ezzell Jr. · District 2  
Jeff Bilberry · District 3  
Robert Corn · District 4  
William E. Cavin · District 5

**Road Operations Director**  
Joe E. West

**County Manager**  
Stanton L. Riggs

## November 2017

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MAN-HOURS	7,452.50	
MANPOWER COST		\$211,451.49
MAN-HOURS ON ROAD PROJECTS	5,636.75	
MANPOWER COST ON ROAD PROJECTS		\$166,371.74
MILES BLADED	244.59	
MILES MOWED	17.25	
VEHICLE MILEAGE and OFF-ROAD HOURS	4,564.50	
VEHICLE AND EQUIPMENT COSTS		\$183,018.58
GALLONS WATER HAULED	324,500.00	
COST OF CITY WATER		\$108.50
COST OF PRIVATE BILLED WATER		\$0.00
MATERIAL HAULED (cubic yards)		
CHIPS USED ON ROAD PROJECTS	0.00	\$0.00
BASE COURSE USED ON ROAD PROJECTS	780.00	\$2,605.20
COLD MIX USED ON ROAD PROJECTS	84.78	\$5,934.60
FINES USED ON ROAD PROJECTS	0.00	\$0.00
MILLINGS	0.00	\$0.00
PIT RUN USED ON ROAD PROJECTS	110.00	\$660.00
RIP RAP USED ON ROAD PROJECTS	0.00	\$0.00
ROAD OIL		\$0.00
PRIMER		\$0.00
CHFRS-2P		\$0.00
DEMURRAGE		\$0.00
GAS (gallons)	1659.90	\$3,632.51
DIESEL (gallons)	4552.40	\$10,754.52
GAS - Dunken (gallons)	150.50	\$329.43
DIESEL - Dunken (gallons)	262.20	\$611.98
COST OF ROADWORK		\$374,027.06
COST OF SOLID WASTE		\$8,803.92

**JOE E. WEST**  
**ROAD OPERATIONS DIRECTOR**



**Britt Snyder, Sheriff**  
jbsnyder@co.chaves.nm.us

## Sheriff's Monthly Statistics Report November 2017

Commission Meeting: December 18, 2017

<u>Total Number of Arrests:</u>	<u>89</u>
Adult:	88
Juvenile:	1

<u>Total Number of DWI's:</u>	<u>5</u>
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<u>Total Number of Arrest Citations:</u>	<u>18</u>
Adult:	8
Juvenile:	10

<u>Total Number of Traffic Citations:</u>	<u>95</u>
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<u>Total Number of Accident Reports:</u>	<u>5</u>
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CCSO Mileage Report  
November 2017

Unit #	Year	Make	Model	Assigned to	Mileage Beg.	Mileage End	Total
900	2013	Ford	Taurus	Parmer, Jeromy	101501	102150	649
901	2016	Ford	F-250 Crew Cab	Drake, Charles	51596	52100	504
902	2009	Ford	F-150	Ouillette, Scott	165100	166104	1004
903	2014	Ford	F-150	Serna, Jimmy (AC)	48114	49182	1068
905	2017	Ford	F-150	Hohle, Doug	8310	9740	1430
906	2013	Ford	Taurus	Padilla, Olivia	103495	105051	1556
908	2013	Ford	Taurus	Villarreal, Pedro	123990	125270	1280
909	2010	Ford	F-150	Hite, Laura (AC)	122536	123809	1273
910	2014	Ford	F-150 4x4	Baker, Shane	45014	46277	1263
911	2016	Ford	Expedition 4x4	Mason, James	30208	32043	1835
912	2016	Ford	Expedition 4x4	Ramirez, Hector	32820	34240	1420
913	2016	Ford	Expedition 4x4	Ray, Mike	32952	34611	1659
915	2008	Dodge	Charger	Ornelas, Daniel	83454	84000	546
918	2006	Ford	Van	Transport	109679	110486	807
919	2009	Ford	Crown Victoria	Spare	146361	146361	0
920	2008	Ford	Crown Victoria	Valderaz, Raul	81200	81450	250
921	2013	Ford	Taurus	Padilla, Olivia (Wrecked)	107795	107795	0
923	2005	Ford	F-150	Perham, Doug	99387	99608	221
928	2010	Dodge	Van	Transport	142290	142882	592
929	2013	Ford	Explorer	Perez, Agustin	49527	49987	460
930	2014	Ford	Taurus	Cassidy, Maria	30260	30735	475
933	2017	Ford	Explorer	Childress, Colter	9519	10785	1266
934	2017	Ford	Explorer	Bradshaw, David	15213	18370	3157
935	2017	Ford	Explorer	Covarrubias, Allan	12165	13780	1615
937	2015	Chevy	Caprice	Whitzel, David	48085	49622	1537
938	2015	Chevy	Caprice	Hardy, Travis	59543	60961	1418
939	2015	Chevy	Caprice	Seely, Will	49733	51386	1653
941	2014	Ford	Taurus	Barrientos, Miguel	54613	55400	787
942	2011	Ford	Crown Victoria	Stephenson, Landon	110320	110788	468
943	2014	Ford	Taurus	Sanchez, Jacob	54708	55174	466
944	2014	Ford	Taurus	Ramirez, Giovanny	73972	74738	766
945	2014	Ford	Taurus	Silvas, Pedro	66616	68214	1598
946	2014	Ford	Taurus	Parmer, Jeromy (Wrecked)	81820	83131	1311
947	2013	Chevy	Tahoe	Snyder, Britt	37564	37785	221
951	2010	Ford	Crown Victoria	McDaniel, Dallas	69906	70838	932
952	2010	Ford	Expedition	Ramirez, Joel	129912	130505	593
953	2010	Ford	Expedition	Clark, Todd	118150	119300	1150
955	2013	Ford	Focus	Serrano, Agustin (Civil)	68109	68699	590
956	2014	Ford	Taurus	Vasquez, Baldo	79660	81826	2166
957	2014	Ford	Taurus	Shannon, Mike	89960	91494	1534
960	2007	Ford	Crown Victoria	Sedillo, Tony	83524	84570	1046
962	2015	Dodge	Caravan	Transport	73497	76613	3116
963	2007	Ford	Crown Victoria	Beagles-Clark, Amanda	147034	147496	462
<b>TOTAL:</b>							<b>46144</b>