

**TORRANCE COUNTY**  
**COMMISSION MEETING**  
**January 8, 2020**  
**9:00 A.M.**

**For Public View**  
**Do Not Remove**



***Torrance County***  
BOARD OF COUNTY COMMISSIONERS (BCC)  
**Kevin McCall**, District 1  
**Ryan Schwebach**, District 2  
**Javier Sanchez**, District 3

**Wayne Johnson**, County Manager

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**ADMINISTRATIVE MEETING  
AGENDA**

**WEDNESDAY, January 8, 2020 @ 9:00 AM**

- 1. Call to Order**
- 2. Invocation and Pledge of Allegiance**
- 3. Changes to the Agenda**
- 4. Election of Chair and Vice Chair**
  - A. COMMISSION:** Election of Chair and Vice Chair for Calendar Year 2020
- 5. Open Meetings Act Resolution**
  - A. COMMISSION:** Motion to approve Resolution 2020-1 establishing the provisions of the New Mexico Open Meetings Act, NMSA 1978 § 10-15-1 and repealing Resolution 2019-1.
- 6. PROCLAMATIONS**
- 7. CERTIFICATES AND AWARDS**
  - A. OPERATIONS MANAGER:** Presentation of the 2019 Safety Performance Award Winner.
- 8. BOARD AND COMMITTEE APPOINTMENTS**
- 9. PUBLIC COMMENT and COMMUNICATIONS**
- 10. APPROVAL OF MINUTES**
  - A. COMMISSION:** Motion to approve the December 18, 2019 Torrance County Board of County Commission Minutes.

11. **APPROVAL OF CONSENT AGENDA**
  - A. **FINANCE:** Approval of Payables.
12. **ADOPTION OF ORDINANCE/AMENDMENT TO COUNTY CODE**
13. **ADOPTION OF RESOLUTION**
  - A. **COMMISSION:** A Resolution supporting the repeal of the State Tax on Social Security Benefits Resolution 2020-\_\_\_\_. (Schwebach)
  - B. **COMMISSION:** A Resolution opposing the inclusion of HB72 calling for banning private prisons Resolution 2020-\_\_\_\_.
  - C. **FINANCE:** Motion to approve Fleet/Procurement card policy, Resolution 2020-\_\_\_\_.
  - D. **ASSESSOR:** Motion to approve Protest Board members and alternates, Resolution 2020-\_\_\_\_.
14. **APPROVALS**
  - A. **COMMISSION:** Discussion and action on Southern Torrance County Economic Development Plan project. (Sanchez)
  - B. **FIRE:** Discuss and motion to approve EMS Fund Act Applications for Districts 2, 3 and 5. Superior Ambulance.
15. **DISCUSSION**
  - A. **MANAGER:** Pattern Energy/Duran Mesa, LLC Wind Energy Project presentation.
16. **EXECUTIVE SESSION**
  - A. **MANAGER:** PILT Negotiations for the Pattern Energy/Duran Mesa, LLC Wind Energy Project. Closed pursuant to NMSA 1978 § 10-15-1 (H)(8)
  - B. **MANAGER:** Mutual / Automatic Aid and Dispatch Agreements. Closed pursuant to NMSA 1978 § 10-15-1 (H)(7)
  - C. **MANAGER:** Torrance County Fairgrounds lease and purchase. Closed pursuant to NMSA 1978 § 10-15-1 (H)(8)
17. **Announcement of the next Board of County Commissioners Meeting:**  
Wednesday, January 22, 2020 – 9:00 AM at the Torrance County Administrative Bldg.
18. **Signing of Official Documents**



*Agenda Item  
No. 1*





*Agenda Item  
No. 2*



*Agenda Item  
No. 3*



*Agenda Item  
No. 4-A*





*Agenda Item  
No. 5-A*

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**TORRANCE COUNTY  
BOARD OF COUNTY COMMISSONERS  
RESOLUTION NO. R 2020-1**

**OPEN MEETINGS ACT ADMINISTRATIVE RESOLUTION**

**WHEREAS**, the New Mexico Open Meetings Act, Sections 10-15-1 through 10-15-4, NMSA, 1978, as amended provides that affected bodies... “shall determine at least annually in a public meeting what notice shall be reasonable when applied to such bodies...and keep written minutes of all its meetings,” except as otherwise provided in Section 10-15-1 (H).

**NOW, THEREFORE BE IT RESOLVED** by the Board of County Commissioners, the governing body of the County of Torrance, New Mexico, pursuant to the provisions of the New Mexico Open Meetings Act, that:

1. Reasonable notice was given to the public of the meeting of the County Commissioners of the County of Torrance, New Mexico, held this 8<sup>th</sup> day of January, 2020

2. Reasonable notice to the public of any meetings of the Board of County Commissioners of Torrance County, New Mexico shall consist of notice to newspapers of general circulation and FCC licensed broadcast media, who have made written request for such notice, according to the notice periods set forth hereafter, including but not limited to:

A. Any regular meetings:

1) public announcement at any previous meeting of the date, time and place it is to be held, and

2) giving notice of the date, time and place thereof either by telephone, or in person, or by written notice to the City Desk of at least one (1) daily newspaper having circulation in Torrance County, New Mexico, not less than five (5) days before the meeting is to commence, or

- 1           3)     giving notice of the date, time and place thereof either by telephone, or in  
2                     person, or by letter at least five (5) days in advance of the meeting to a  
3                     representative of any radio or television station which regularly broadcasts  
4                     news within Torrance County, New Mexico, or
- 5           4)     giving notice of the date, time and place of the meeting in a daily  
6                     newspaper having a general circulation in Torrance County, New Mexico,  
7                     not less than five (5) days in advance of the time the meeting is to  
8                     commence, or
- 9           5)     during business hours have available for inspection by members of the  
10                    public five (5) days in advance of the meeting, a copy of the notice  
11                    including date, time, location and agenda at the Administrative Offices of  
12                    Torrance County 205 S. 9<sup>th</sup> Street, Estancia, New Mexico, or
- 13          6)     providing a list of regular meetings to be published in the weekly calendar  
14                    of a daily newspaper having a general circulation in Torrance County,  
15                    New Mexico, or
- 16          7)     posting a list of all regular meetings to be held in the calendar year,  
17                    including date, time and place of the meetings, on the County's  
18                    website.

19        B.     As to any special meeting:

- 20           1)     publishing notice of the date, time and place in a daily newspaper having a  
21                    general circulation in Torrance County, New Mexico, not less than 72 hours in  
22                    advance of the time the meeting is to commence, or

1           2)       giving notice in person, by telephone or by written notice to the City Desk  
2           of at least one (1) daily newspaper having general circulation in Torrance County,  
3           New Mexico at least 72 hours before the commencement of the meeting, or

4           3)       public announcement of the date, time and place of such special meeting  
5           at any regular or special meeting held at least 24 hours before the commencement  
6           of the special meeting is announced; or

7           4)       giving notice of the date, time and place thereof either by telephone, or in  
8           person, or by hand delivered letter at least 72 hours in advance of the meeting to  
9           an employee of any radio or television station which regularly broadcasts news  
10          within Torrance County, New Mexico.

11          C.       As to any emergency meetings:

12          1)       An emergency meeting is a meeting called by any member of the Board of  
13          County Commissioners or the County Manager, orally or in writing to deal with  
14          an emergency affecting life, safety or property, where the notice of the emergency  
15          is such that substantial harm would be caused by the delay needed to conform to  
16          the notice requirements for a regular or special meeting. The Board should avoid  
17          emergency meetings wherever possible but understands that these types of  
18          circumstances may necessarily arise.

19          2)       Notice shall be as much notice as is permitted by the nature of the  
20          emergency.

21          D.       Each of the above described notices for regular and special meetings shall include  
22          notice that a printed agenda for the meeting will be available in the Manager's Office of the  
23          Torrance County Administrative Building at least seventy-two (72) hours prior to the meeting

1 unless it is a weekend, in which case the agenda will be available by 4:30 p.m. on the Friday  
2 prior to the meeting.

3 E. In addition to the information specified above, all notices shall include the  
4 following language:

5 “If you are an individual with a disability who is in need of a reader, amplifier,  
6 qualified sign language interpreter or any other form of auxiliary aid or service to  
7 attend or participate in the hearing(s) or meeting(s), please contact the  
8 Commission Administrator at 544-4700 at least one week prior to the meeting or  
9 as soon as possible. Public documents, including the agenda and minutes, can be  
10 provided in various accessible formats. Please contact the Commission  
11 Administrator at either of the above numbers if a summary or other type of  
12 accessible format is needed.”

13 F. No action shall be taken at a meeting on any items, other than a declared  
14 emergency item, not appearing on the final agenda for the meeting. An emergency refers to  
15 unforeseen circumstances that, if not addressed immediately by the Board, will likely result in  
16 injury or damage to persons or property or substantial financial loss to Torrance County.

17 G. Closed meetings shall not be held except under the conditions provided in  
18 Sec. 10-15-1 (H) N.M.S.A. 1978 Comp. as amended.

19 H. Except as provided in Sec. 10-15-1 (H) N.M.S.A. 1978 Comp. as amended, any  
20 necessary final action to be taken as a result of discussions in a closed meeting shall be made by  
21 vote of the Board in an open public meeting.

22 It is further determined that substantial compliance with any one or more of the foregoing  
23 alternatives which may be applicable is reasonable notice, but this determination shall not be



1 construed to prevent the use of additional means or methods of making known the date, time or  
2 place of holding any public meeting, or other information with reference thereto, as may be  
3 directed from time to time by or under authorization of the County Manager; further, this  
4 resolution shall not be construed to require notice in instances where the same is not required by  
5 law.

6 The foregoing determination shall be applicable to all meetings held after January 9,  
7 2020.

8 3. Minutes of the open meetings of the Board shall be a concise, but accurate written  
9 summary statement of all subject matter discussed in addition to the following minimal  
10 information:

- 11 (a) the date, time and place of the meeting,
- 12 (b) the names of staff members who address the Board and a list of those  
13 Board members present,
- 14 (c) a statement of what proposals were considered; and
- 15 (d) a summary record of discussion made by the body and of how each Board  
16 member voted.

17 4. A draft copy of the minutes shall be prepared within ten (10) working days of the  
18 meeting. Draft copies of these minutes shall be available for public inspection and should clearly  
19 indicate on the draft that they are not the official minutes and subject to approval by the Board.  
20 Minutes become official when approved by the Board at a subsequent meeting.

21 5. All or any part of this resolution may be amended or modified by the Board from  
22 time to If any provision or clause of this resolution is held invalid, such invalidity shall not affect  
23 the other provisions or clauses and this and the provisions and clauses of this resolution are

1 declared to be severable. All or any part of this resolution may be amended or modified by the  
2 Board from time to time. If any provision or clause of this resolution is held invalid, such invalidity  
3 shall not affect the other provisions or clauses and this and the provisions and clauses of this  
4 resolution are declared to be severable.

5 **DONE THIS 8<sup>th</sup> DAY OF JANUARY, 2020.**

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7  
8 **APPROVED AS TO FORM ONLY:**

**BOARD OF COUNTY COMMISSIONERS**

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11 \_\_\_\_\_  
County Attorney                      Date

\_\_\_\_\_  
Ryan Schwebach, Chair

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Javier Sanchez, Vice Chair

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15 \_\_\_\_\_  
Kevin McCall, Member

16 **ATTEST:**

17 \_\_\_\_\_  
18 Linda Jaramillo, County Clerk

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



*Agenda Item  
No. 6*



*Agenda Item  
No. 7-A*



*Agenda Item*  
*No. 8*





*Agenda Item  
No. 9*



*Agenda Item  
No. 10-A*

**DRAFT COPY  
TORRANCE COUNTY BOARD OF COMMISSIONERS  
COMMISSION MEETING  
DECEMBER 18, 2019**

**COMMISSIONERS PRESENT:** RYAN SCHWEBACH –CHAIRMAN  
KEVIN MCCALL- DISTRICT 1  
JAVIER SANCHEZ –DISTRICT 3

**OTHERS PRESENT:** WAYNE JOHNSON-COUNTY MANGER  
JOHN BUTRICK-COUNTY ATTORNEY  
LINDA JARAMILLO- COUNTY CLERK  
SYLVIA CHAVEZ-ADMIN. ASST.

**1.) CALL MEETING TO ORDER**

Chairman Schwebach calls the December 18, 2019 Commission Meeting to order at 9:00 A.M.

**2.) INVOCATION AND PLEDGE**

**Pledge lead by Chairman Schwebach  
Invocation lead by Caleb McCall**

**3.) CHANGES TO THE AGENDA**

County Manager Johnson states that there are no changes to the agenda

**4.) PROCLAMATIONS**

Commissioner McCall would like to take a moment to remember Dick Ness, who was Sheriff for Torrance County. He served as Sheriff from 1980-1982, services for him will be on Friday at 10 o'clock at the Baptist Church in Moriarty. Also former Commissioner Jim Frost is in the Beehive home recovering.

**5.) CERTIFICATES AND AWARDS**

There were no items presented

**6.) BOARD AND COMMITTEE APPOINTMENTS**

There were no items presented

**7.) PUBLIC COMMENT and COMMUNICATIONS**

No public comment



**8.) APPROVAL OF MINUTES**

**A.) COMMISSION:** Motion to approve the December 5, 2019 Torrance County Board of County Commission Regular Minutes.

**ACTION TAKEN:** Commissioner McCall makes a motion to approve the December 5, 2019 Regular Commission Meeting minutes. Chairman Schwebach seconds the motion. No further discussion, all in favor. **MOTION CARRIED**

**9.) APPROVAL OF THE CONSENT AGENDA**

**A.) Finance: Approval of Payables**

**ACTION TAKEN:** Commissioner McCall makes a motion to approve the payables. Chairman Schwebach seconds the motion. No further discussion, all in favor. **MOTION CARRIED.**

**10.) ADOPTION OF ORDINANCE/AMENDMENT TO COUNTY CODE**

There were no items presented

**11.) ADOPTION OF RESOLUTION**

**A.) FINANCE:** Motion to approve Budget Increase No. 2019-61

Jeremy Oliver, Finance Director presents the Commission with a budget increase resolution. Mr. Oliver explains that the Emergency Manger received additional funding through a grant and the funding was for the Ice contract. When the budget was done, there were no numbers to compare to for the budget, therefore the budgeted amount was just an approximate number, so this amount should pay for the contract till the end of the year. **ACTION TAKEN:** Chairman Schwebach makes a motion to approve Resolution 2019-61 Budget Increase. Commissioner McCall seconds the motion. No further discussion, all in favor. **MOTION CARRIED**

**12.) APPROVALS**

**A.) EMERGENCY MANAGER:** Motion to ratify MOA between NM Energy, Minerals and Natural Resources Department and Torrance County to provide\$7,000.00 for Waste Isolation Pilot Plant transportation safety program

Cheryl Allen, Grant Coordinator presents for Matt Propp, Ms. Allen explains that this MOA is for the portion of the WIPP transportation that is in Torrance County. With the money that the County receives, the County can purchase equipment to help maintain that portion of the road that is affected by the WHIP transportation. And can be used for training personnel on safety issues and how to respond to an incident on the WHIP corridor. Due to the deadline constraints the MOA was already signed by County Manager Johnson, so at this time the MOA needs to be ratified by the Commission. **ACTION TAKEN:** Chairman Schwebach makes a motion to ratify the MOA between NM Energy, Minerals and Natural Resources Department and Torrance County. Commissioner McCall seconds the motion. No further discussion, all favor. **MOTION CARRIED.**

**B.) SHERIFF:** PERA Pre-Tax Presentation

Marty Sprunk, Sergeant presents the Commission with a presentation on pre-tax and post-tax contributions for employees into PERA. Sergeant Sprunk introduces Christina Gauthier with

PERA. Sergeant Sprunk informs the Commission that Torrance County is one of three counties that tax PERA post-tax, PERA contributions are generally not taxed when making those contributions. PERA benefits are taxed once you start drawing your retirement. Torrance County currently has PERA plan 1 for Law Enforcement and PERA plan 2 for all other employees. If the County were to change the way employees are taxed it will not cost anything to either the County or to the employees. Sergeant Sprunk explains that if Torrance County were to change to pre-tax it could give some employees more money on their paychecks.

**Christina Gauthier** explains that PERA is considered to be a 401A under the IRS code and the functions of PERA is set up by state statute. The taxing part is set up by each PERA entity, with pre-tax employees will get more money. Ms. Gauthier explains that when an employee is paying into PERA post-tax the employee will be in a higher tax bracket. Those contributions are then sent to the non-deferred tax bucket. If an employee works for an entity that chooses to pre-tax the PERA deductions that will lower the amount of the taxable paycheck for the employee. Ms. Gauthier did a payroll calculation with some payroll numbers from the County, an employee making \$1,120.00 with zero exemptions would have \$119.28 post tax deduction making the net paycheck \$768.48. With pre-tax PERA deduction the employee will get \$29.29 over the course of 26 pay periods which will be \$761.54 more annually, which over the span of the 25 years of service credit that will equal to \$19,038.50 more income.

Ms. Gauthier explains that if the County chooses to change their tax option for PERA contributions it will need to be done by resolution but there will be no additional cost to the County or the employee. Ms. Gauthier explains the difference between the two for employees when they retire. When an employee has made pre-tax contributions and they start receiving their benefits, they will be taxed according to their tax deductions forms. Ms. Gauthier clears up a misconception on post-tax contributions and benefits. When an employee starts to draw their benefits they WILL BE taxed, the misconception is that there is no tax when drawing their benefits.

Ms. Gauthier states that there may be concerns on the additional workload in the finance/payroll/HR department or that perhaps the current software program is not compatible with the portal to switch from tax deferred bucket to the non-tax deferred bucket. She explains that the current software program that Torrance County uses is used by other County's that do the pre-tax option and have no problems.

**Chairman Schwebach** asks for this to be simplified, the only reason there is an option for post-tax/pre-tax is because it affects the retiree's pension. Is that correct.

**Christina Gauthier** replies, the reason for the two options is because in the late 80's early 90's the IRS gave the option to have either pre-tax or post-tax option. The governing board has to vote on the decision for pre-tax and pass it by resolution form if not it will by default be done as post-tax.

**Chairman Schwebach** asks if this would only be for the Sheriff's office.

**Christina Gauthier** explains that it would have to be for all employees.

**County Manager Johnson** explains that the Sheriff's office initially came in for just the Sheriffs employees and there was concern that the Triadic software would not be able to separate the Sheriff's office for the pre-tax option. County Manager Johnson's opinion is that this should be an all or nothing decision, every employee on either the pre-tax or post-tax

option. All the employees should have all the proper information in order to make the best decision for themselves for now and their future.

**Chairman Schwebach** states that he wants a clear understanding of what the benefits and consequences will be for either the pre-tax or post-tax. He hopes that whoever is behind this in the Sheriff's office is well versed in this to have brought this up as an option.

**Christina Gauthier** responds that PERA benefits are defined by state statute, regardless of the employee's contribution PERA will at an employee's years of service credit multiplied by their pension factor(s) during their course of years worked. Then that percentage gets multiplied by their final average salary. In tier 1 it's the last 36 months, in tier 2 is the last 60 months salary.

**Chairman Schwebach** clarifies with Ms. Gauthier that the difference between the "pre-tax" bucket and the "post-tax" buckets is the pay out to the beneficiaries. If an employee has paid \$1000, 000.00 into PERA and was only able to collect \$10,000.00 the remaining \$90,000.00 will be paid out to the family and at that point depending on if it was pre-tax/post-tax, that sum would be taxed. Is that correct?

**Christina Gauthier** responds, that is correct. PERA keeps a very strict accounting to all the dollar paid out to members during retirement. So any residual balance cannot be kept by PERA so those benefits will be continued to the designated beneficiary or those benefits get refunded to one individual, organization or the member's estate.

**County Manager Johnson** asks for clarification on the pre-tax option, what happens with the benefits.

**Christina Gauthier** replies, the same will apply to the pre-tax benefits, depending on who the member chooses to have as their beneficiary or if there is none it will be refunded to the estate or an individual or an organization.

**County Manager Johnson** asks again what the difference is between pre-tax or post-tax, what's the tax difference.

**Christina Gauthier** explains that the benefit to having pre-tax is while the employee is working and making 100% of their salary that employee is in a higher tax bracket. In retirement for a tier 1 member under municipal plan 2 that put in the 25 year service credit, that member is allowed to draw 62% of their salary, so that member is immediately in a lower tax bracket. So they are paying lower taxes.

**Chairman Schwebach** states that he would like further information on this and to make sure there is a complete understanding of benefits for either options. He would like County Manager Johnson to get this information and make sure all County employees understand them. at that point the Commission will make a decision on which option is best suited for the County and employees.

**DISCUSSION ONLY, NO ACTION TAKEN.**

### **13.) DISCUSSION**

**A.) FINANCE:** Presentation for Cost and Potential Cost savings of new Admin. Building. Approval to start RFP process for the design of a new Admin. Building

**Jeremy Oliver, Finance Director** presents the Commission with a cost analysis for the maintenance of the Current Admin building versus the potential cost savings with a new Admin building. Mr. Oliver explains that the current building was built in 1966, it houses the County Manager, Finance, Operation Manager, Human Resources, Planning and Zoning, Rural Addressing, Clerk's Office, Treasurer's Office, Assessor's Office as well as the NM State

University Office. The current building has 26,000 square feet and the maintenance cost for the building is from \$1.40 to \$1.85 per sq. ft. The average cost at \$1.63 sq. ft. equals to \$42,380 per year which includes maintenance man hours. Utility costs per year which include electricity, gas and water is \$45,000.00 a year and that is on a 4 day work week. If the County admin offices worked a 5 day work week it would be \$56,000.00

The largest needs for the Admin building is updated plumbing, currently there is no hot water in the building. The quote to have the plumbing taken care of is \$105,000.00. The AC system needs to be updated and the cost for that is \$72,000.00. And the next need is more adequate storage for the different departments. Mr. Oliver explains that with the current building space each department has out grown their storage capacity, we are busting at the seams with storage. The boiler is another issue, the boiler is just as old as the building, if there are repairs that will need to be done the parts are pretty much obsolete. The roof was repaired but there are still spots that need repaired.

Mr. Oliver states that if the County were to switch to energy efficient features the savings could be 21 to 46%. If we had motion lights, or LED lighting, proper electrical wiring needs, high efficiency heating and cooling, the approximate savings a year could be \$40,000.00. Mr. Oliver explains with the two large projects that need repaired it will cost the County \$177,600.00, the parking lot has already been funded it just needs to be done.

Mr. Oliver goes over the price of a new building and the different funding sources the County can use. The design of the new building will cost \$200,000.00, the new building will have 36,000 sq. ft. and will cost \$11.8 million. That will be with all the bells and whistles, at the low end it could cost \$6.5 million. The different funding sources the County could potentially use are bonds, loans, grants and capital outlay funding (ICIP).

**Chairman Schwebach** asks Mr. Oliver if the cost for the utilities and maintenance are actuals. **Jeremy Oliver** replies that the utilities are actual and the maintenance is hard to track due to all the County buildings maintenance was coming out of one fund. So it was hard to track what amount would be for the Admin building, the maintenance for the buildings have been surrogated so the maintenance cost for each building will be able to be tracked.

**County Manager Johnson** states that the Commission should think of the area the current Admin Bldg., is located, it's not an ideal location. The building is located right in the middle of a neighborhood. The County has 25 acres, which is plenty of room to grow, this project can be done in phases. Over spending and over building is what gets County's in trouble, phasing projects can help with any of that.

**Nick Sedillo, Operations Manager** states that this project or the thought of this project was done back in 2009 when the 25 acres were bought. When the thought process was being done on a new building each department was very conservative on what they needed. The one thing that the Assessor's, Treasurer's and Clerk's office all requested was to have a fault in all of their offices like they currently do. Mr. Sedillo agrees with Mr. Oliver's numbers for a new building, Mr. Sedillo also mentions that the current Admin bldg. is functionally obsolete. With a new building that has the proper maintenance and upkeep, it can last 50 plus years.

**Chairman Schwebach** asks if there has been discussion of the repurpose of the current Admin bldg. other than to use it for storage.

**Nick Sedillo** responds that the Committee back then talked about storage and rental space. Different groups or agencies are often looking for a place to use for meetings and there would be room here to do so.

**County Manager Johnson** states that a hard look will be given to go over storage space and the possibility of storage can be factored into the new building. County Manager Johnson does not think leaving an abandoned building in the middle of estancia is a good idea, perhaps the Town of Estancia might be interested in purchasing the building.

**Chairman Schwebach** states that he can't argue with anything that is being said, but wants to know how the County goes about doing it.

**Jeremy Oliver** replies that the 1<sup>st</sup> step is to go out for RFP for the design of the building. This is a big project so it will take a lot of time to get the RFP written. Mr. Oliver mentions that there is money available to the design phase of this project.

**Commissioner McCall** asks if there was already work done on the design part for this project in the beginning.

**Nick Sedillo** replies, that yes there was an architect, who was volunteering his time to design the building with the input from the departments which at that time included the Sheriff's office.

**Commissioner McCall** asks when this was done.

**Nick Sedillo** states that this was done in 2010 after the property was purchased, this was a phased project. It took the County a year to find the property and then once the property was purchased a year later the committee was formed to develop the needs of the building. There is a needs assessment but it's 10 years old.

**Chairman Schwebach** asks what happened, why did the process stop.

**Nick Sedillo** responds that the then County Manager put a stop to it.

**Chairman Schwebach** adds that finances also played a part in that as well, correct?

**Nick Sedillo** replies that the momentum was there for the project, with the needs assessment and design but the County Manager put a stop to it. It was difficult finding property within the city limits but we did find a good piece of property that had all the infrastructure already on it. Mr. Sedillo explains that the County did not receive an actual blue print for a new building but did get numbers. The numbers is the amount of space each department will need.

**Commissioner McCall** asks Nick if he can remember how much more square footage was needed back in 2010.

**Nick Sedillo** replies that it was an additional 10,000 square feet but he reminds the Commission that these were very conservative numbers given at the time.

**Commissioner Sanchez** asks what the time frame of this project will be, from the RFP to the completion.

**Nick Sedillo** mentions that there are architects on state contract that the County could use to avoid the long process of going out for RFP.

**County Manager Johnson** also explains that it all depends on the funding for the project. The County could use MFA loans, issuing bonds or through capital outlay. Or a combination of all of those funding avenues. The County needs to put together a plan of what the new building will look like and get an amount of what it will take to move forward with a new building.

County Manager Johnson feels that a 5 year time frame might be what it takes and to have it be done right.

**Commissioner Sanchez** states that he agrees with the 5 year time frame and the cost of the maintenance in the current Admin bldg. will end up costing the County the same amount to have a new building built.

**Chairman Schwebach** states that he agrees with Commissioner Sanchez and County Manager Johnson and would like to move forward with the RFP process.

**County Manager Johnson** does want to inform the Commission that if the current Admin bldg. is repurposed, the maintenance will still need to be done to the building. County Manager Johnson states that his biggest pet peeve with this building is the parking lot and there being no hot water in the building. The parking lot has already been approved to get fixed but the hot water will not be very easy to get fixed. There is a lot of pipe work that needs to be done in the building.

*There was more conversation about the much needed repairs to the building, County Manager Johnson was advised to move forward with the RFP and the hot water for the current Admin Bldg.*

#### **14.) EXECUTIVE SESSION**

**A.) MANAGER:** Acquisition of property for the Road Department, close pursuant to NMSA 1978 10-15-1 (H)(8)

**B.) MANAGER:** PILT Negotiations Update La Joya I & II Estancia & Vaughn School Districts, Closed Pursuant to NMSA 1978 10-15-1(H)(8)

**ACTION TAKEN:** **Chairman Schwebach** makes a motion to go into Executive Session. **Commissioner McCall** seconds the motion. Roll call vote: District 1, Yes, District 2, Yes, District 3, Yes.

**Executive Session began at 10:26 am.**

**Reconvened from Executive Session:**

**ACTION TAKEN:** **Chairman Schwebach** makes a motion to reconvene from Executive Session. **Commissioner McCall** seconds the motion. Roll Call vote: District 1, Yes, District 2, Yes, District 3, Yes.

**Reconvened at 12:00 pm**

**Chairman Schwebach** reads a statement from Executive Session, only those items listed were discussed during the Executive Session on Wednesday December 18, 2019. **ACTION TAKEN:** **Commissioner McCall** makes a motion to approve the statement out of Executive Session. **Chairman Schwebach** seconds the motion. **MOTION CARRIED**

**ACTION TAKEN: Chairman Schwebach** makes a motion to authorize the County Attorney and County Manager to proceed with the real property and litigation as discussed in executive session held on Wednesday December 18, 2019 within the parameters set by the Commission. **Commissioner Sanchez** seconds the motion. No further discussion, all in favor. **MOTION CARRIED.**

**ACTION TAKEN: Chairman Schwebach** makes a motion to accept the agreement from the Estancia and Vaughn school boards in regards to the PILT payments and authorize the County Manager and County Attorney to move forward with the payment being split 65/35. **Commissioner Sanchez** seconds the motion. No further discussion, roll call vote: District 1- No, District 2- Yes, District 3- Yes. **MOTION CARRIED.**

**Commissioner McCall** would like to explain that he is not against the kids or the school districts involved here. Commissioner McCall was in favor of the original 80/20 split for the reason being that there will be more wind projects coming into the County. There will be more money leaving the County with these larger splits going to school districts outside our county lines that will not benefit the citizens of this County. Commissioner McCall sees as a Commissioner that this County needs funds. He is taking a hard stance that he is sticking with the 80/20 split. Basic needs are not being met in our County, we need economic development in our County and without economic development the health of this County will keep declining. With more wind projects coming it is important to keep as much as we can in our County. The City of Moriarty and the County entered into an agreement with the PNM solar farm at 70/30 split, the current Commission set a precedence by setting that rate. Commissioner McCall would like to stay at that rate. This is Commissioner McCall's statement for the no vote.

**Commissioner Sanchez** asks how much money will be leaving the County.

**Commissioner McCall** replies, that there is no way to know that but the Pattern project is worth 1.8 billion dollars, that's 4 to 5 times higher than the La Joya project.

**Chairman Schwebach** states that he agrees with both Commissioners, 70/30 split is a good number. The School boards did what they were supposed to do for their districts and got the most money for their perspective districts. This project needed to move forward and this is why Chairman Schwebach went with the 65/35 and believes whether this money is in our County or not it is going to good use. In the bigger picture, for future negotiations they will be different. We must look through the eyes of the other people on the table to take the whole thing into account.

**Commissioner Sanchez** agrees and in the future feels the Commission needs to remain united in future endeavors.

**NO FURTHER DISCUSSION, MOTION CARRIED.**

#### **15.) Announcement of next Board of County Commissioners Meeting**

Next meeting to be held on January 8, 2020 in the Torrance County Administrative Chambers at 9am.

**16.) Signing of Official Documents**

**\*ADJOURN**

**ACTION TAKEN:** Chairman Schwebach makes a motion to adjourn the December 18, 2019 Commission Meeting. Commissioner McCall seconds the motion. No further discussion, all Commissioners in favor. **MOTION CARRIED**

**MEETING ADJOURNED AT 12:10 PM**

\_\_\_\_\_  
Chairman Ryan Schwebach

\_\_\_\_\_  
Sylvia Chavez-Administrative Assistant

\_\_\_\_\_  
Date

***The video of this meeting can be viewed in its entirety on the Torrance County NM website, Audio discs of this meeting can be purchased in the Torrance County Clerk's office and the audio of this meeting will be aired on our local radio station KXNM.***





*Agenda Item  
No. 11-A*

C E R T I F I C A T I O N

TOTAL CHECKS PRINTED 170

THE UNDERSIGNED MEMBERS OF THE TORRANCE COUNTY BOARD OF COMMISSIONERS DO CERTIFY THAT THE CLAIMS ENUMERATED ABOVE WERE APPROVED ALLOWED & DO AUTHORIZE THE WARRANTS AGAINST THE FUNDS OF TORRANCE COUNTY FOR THE SUM OF 328,246.48 ON ACCOUNT OF OBLIGATIONS INCURRED FOR THE SERVICES AS SHOWN ABOVE FOR THE PERIOD ENDING 12/31/2019 . WE CERTIFY THAT THE WITHIN NAMED PERSONS ARE LEGALLY ENTITLED UNDER THE CONSTITUTION OF THE STATUTES OF NEW MEXICO TO RECEIVE THE COMPENSATION STATED HEREIN. THAT THE SERVICES HAVE BEEN PERFORMED AS STATED IN THE ACCOUNTS HEREIN, THAT THEY ARE NECESSARY AND PROPER, THAT THIS VOUCHER HAS BEEN EXAMINED, THAT THE AMOUNTS CLAIMED ARE JUST, REASONABLE, AND AS AGREED AND THAT NO PART HAS BEEN PAID BY TORRANCE COUNTY.

SIGNED

ATTEST BY

----- Kevin McCall ----- Javier Sanchez ----- Ryan Schwebach ----- Linda Jaramillo

THE UNDERSIGNED COUNTY TREASURER DOES HEREBY CERTIFY THAT SUFFICIENT FUNDS EXIST FOR THESE ACCOUNTS PAYABLE CHECKS TO BE ISSUED ON THIS DATE AND DOES HEREBY AUTHORIZE THE FINANCE DEPARTMENT TO PROCESS THESE CHECKS.

----- Tracy L. Sedillo -----

DEBITS

CREDITS

** GRAND TOTAL **		328,246.48	.00
**TOTAL	GENERAL FUND	43,730.74	.00
**DEPT	COUNTY COMMISSION	557.56	.00
401-05-2207	TELECOMMUNICATIONS	107.56	.00
401-05-2269	SUBSCRIPTIONS & DUES	450.00	.00
**DEPT	PLANNING & ZONING	2,084.36	.00
401-08-2102	SALARIES - FULL-TIME POSITIONS	100.00	.00
401-08-2201	MAINTENANCE & REPAIRS - VEHICLES	410.99	.00
401-08-2202	SUPPLIES - VEHICLE FUEL	92.67	.00
401-08-2203	CONTRACTS - EQUIPMENT MAINT	1,037.96	.00
401-08-2205	TRAVEL - EMPLOYEES	305.00	.00
401-08-2207	TELECOMMUNICATIONS	96.80	.00
401-08-2221	PRINTING/PUBLISHING/ADVERTISING	40.94	.00
**DEPT	COUNTY MANAGER	9,645.69	.00
401-10-2203	CONTRACTS - EQUIPMENT MAINT	1,733.03	.00
401-10-2206	POSTAGE	2,304.01	.00
401-10-2207	TELECOMMUNICATIONS	270.49	.00
401-10-2221	PRINTING/PUBLISHING/ADVERTISING	166.57	.00
401-10-2266	EMPLOYEE TRAINING	1,150.00	.00
401-10-2271	CONTRACT - OTHER SERVICES	1,186.75	.00
401-10-2272	CONTRACT - PROFESSIONAL SERVICES	2,834.84	.00
**DEPT	ADMINISTRATIVE OFFICES MAINTENAN	2,290.85	.00
401-15-2203	CONTRACTS - EQUIPMENT MAINT	93.44	.00
401-15-2208	UTILITIES - ELECTRICITY	2,191.63	.00
401-15-2215	MAINTENANCE & REPAIRS-BUILD/STRU	5.78	.00
**DEPT	JUDICIAL COMPLEX MAINTENANCE	6,173.56	.00
401-16-2203	CONTRACTS - EQUIPMENT MAINT	174.28	.00
401-16-2208	UTILITIES - ELECTRICITY	2,893.29	.00
401-16-2215	MAINTENANCE & REPAIRS-BUILD/STRU	2,491.72	.00
401-16-2229	SUPPLIES - PAPER	614.27	.00
**DEPT	COUNTY CLERK	50.59	.00
401-20-2207	TELECOMMUNICATIONS	50.59	.00
**DEPT	ELECTIONS	1,937.17	.00
401-21-2221	PRINTING/PUBLISHING/ADVERTISING	483.52	.00
401-21-2226	ELECTION COSTS	1,409.00	.00
401-21-2308	VOTING MACHINE STORAGE	44.65	.00
**DEPT	HEALTH DEPT BLDG MAINTENANCE	977.98	.00
401-24-2208	UTILITIES - ELECTRICITY	237.79	.00
401-24-2209	UTILITIES - NATURAL GAS/PROPANE	96.04	.00
401-24-2210	UTILITIES - WATER	385.10	.00
401-24-2215	MAINTENANCE & REPAIRS-BUILD/STRU	259.05	.00
**DEPT	MOUNTAINAIR SENIOR CENTER MAINT	473.93	.00
401-27-2208	UTILITIES - ELECTRICITY	473.93	.00
**DEPT	COUNTY TREASURER	1,150.04	.00
401-30-2101	SALARIES - ELECTED OFFICIALS	112.50	.00
401-30-2102	SALARIES - FULL-TIME POSITIONS	337.50	.00
401-30-2203	CONTRACTS - EQUIPMENT MAINT	360.19	.00
401-30-2207	TELECOMMUNICATIONS	189.85	.00
401-30-2266	EMPLOYEE TRAINING	150.00	.00

DEBITS CREDITS

**DEPT	ESTANCIA SENIOR CENTER MAINT				.00
401-36-2208	UTILITIES - ELECTRICITY		1,289.18		.00
401-36-2215	MAINTENANCE & REPAIRS-BUILD/STRU		318.30		.00
**DEPT	MORIARTY SENIOR CENTER MAINT				.00
401-37-2208	UTILITIES - ELECTRICITY		970.88		.00
**DEPT	COUNTY ASSESSOR				.00
401-40-2101	SALARIES - ELECTED OFFICIALS		377.23		.00
401-40-2102	SALARIES - FULL-TIME POSITIONS		377.23		.00
401-40-2207	TELECOMMUNICATIONS		293.87		.00
**DEPT	COUNTY SHERIFF				.00
401-50-2102	SALARIES - FULL-TIME POSITIONS		7,673.59		.00
401-50-2201	MAINTENANCE & REPAIRS - VEHICLES		134.00		.00
401-50-2203	CONTRACTS - EQUIPMENT MAINT		4,030.45		.00
401-50-2205	TRAVEL - EMPLOYEES		56.63		.00
401-50-2207	TELECOMMUNICATIONS		60.00		.00
401-50-2218	MAINTENANCE & REPAIR-FURN/FIX/EQ		2,368.17		.00
**DEPT	FINANCE DEPARTMENT				.00
401-55-2203	CONTRACTS - EQUIPMENT MAINT		1,939.15		.00
401-55-2207	TELECOMMUNICATIONS		969.08		.00
401-55-2219	SUPPLIES - GENERAL OFFICE		57.46		.00
401-55-2266	EMPLOYEE TRAINING		312.61		.00
**DEPT	ATTORNEY				.00
401-56-2207	TELECOMMUNICATIONS		731.75		.00
401-56-2266	EMPLOYEE TRAINING		48.40		.00
401-56-2269	SUBSCRIPTIONS & DUES		225.00		.00
**DEPT	OPERATIONS & MAINTENANCE				.00
401-65-2102	SALARIES - FULL-TIME POSITIONS		3,840.47		.00
401-65-2201	MAINTENANCE & REPAIRS - VEHICLES		225.00		.00
401-65-2207	TELECOMMUNICATIONS		302.46		.00
401-65-2213	CONTRACT - IT SERVICES		274.80		.00
401-65-2248	SUPPLIES - SAFETY		2,766.99		.00
**DEPT	ANIMAL SERVICES				.00
401-82-2102	SALARIES - FULL-TIME POSITIONS		2,243.77		.00
401-82-2115	SUPPLIES - PHARMACY		60.00		.00
401-82-2207	TELECOMMUNICATIONS		852.48		.00
401-82-2208	UTILITIES - ELECTRICITY		193.60		.00
401-82-2216	SUPPLIES - ANIMAL FOOD		262.45		.00
401-82-2220	SUPPLIES - CLEANING		273.20		.00
401-82-2223	SUPPLIES - KENNEL		164.28		.00
401-82-2229	SUPPLIES - PAPER		345.86		.00
**TOTAL	ROAD FUND		21,887.28		.00
**DEPT	COUNTY ROAD DEPARTMENT				.00
402-60-2202	SUPPLIES - VEHICLE FUEL		21,397.19		.00
402-60-2203	CONTRACTS - EQUIPMENT MAINT		13,194.04		.00
402-60-2207	TELECOMMUNICATIONS		92.18		.00
402-60-2219	SUPPLIES - GENERAL OFFICE		1,031.52		.00
402-60-2244	MAINTENANCE & REPAIRS-MACHINERY		76.27		.00
402-60-2266	EMPLOYEE TRAINING		6,953.18		.00
**DEPT	COUNTY ROAD SHOP				.00
402-61-2250	SUPPLIES - SHOP		490.09		.00

**TOTAL	DISTRICT 5 VFD	3,297.86	.00
**DEPT	STATE FIRE ALLOTMENT	3,297.86	.00
405-91-2201	MAINTENANCE & REPAIRS - VEHICLES	325.04	.00
405-91-2207	TELECOMMUNICATIONS	183.46	.00
405-91-2208	UTILITIES - ELECTRICITY	423.99	.00
405-91-2218	MAINTENANCE & REPAIR-FURN/FIX/EQ	1,644.00	.00
405-91-2230	SUPPLIES - MEDICAL	144.82	.00
405-91-2248	SUPPLIES - SAFETY	576.55	.00
**TOTAL	DISTRICT 2 VFD	913.72	.00
**DEPT	STATE FIRE ALLOTMENT	913.72	.00
406-91-2201	MAINTENANCE & REPAIRS - VEHICLES	111.64	.00
406-91-2207	TELECOMMUNICATIONS	178.46	.00
406-91-2208	UTILITIES - ELECTRICITY	141.14	.00
406-91-2210	UTILITIES - WATER	277.56	.00
406-91-2230	SUPPLIES - MEDICAL	119.92	.00
406-91-2266	EMPLOYEE TRAINING	85.00	.00
**TOTAL	DISTRICT 1 VFD	394.75	.00
**DEPT	STATE FIRE ALLOTMENT	394.75	.00
407-91-2207	TELECOMMUNICATIONS	237.02	.00
407-91-2208	UTILITIES - ELECTRICITY	157.73	.00
**TOTAL	DISTRICT 3 VFD	1,478.20	.00
**DEPT	STATE FIRE ALLOTMENT	1,478.20	.00
408-91-2207	TELECOMMUNICATIONS	258.46	.00
408-91-2208	UTILITIES - ELECTRICITY	323.05	.00
408-91-2210	UTILITIES - WATER	77.46	.00
408-91-2220	SUPPLIES - CLEANING	147.52	.00
408-91-2230	SUPPLIES - MEDICAL	481.71	.00
408-91-2266	EMPLOYEE TRAINING	190.00	.00
**TOTAL	DISTRICT 4 VFD	440.22	.00
**DEPT	STATE FIRE ALLOTMENT	440.22	.00
409-91-2207	TELECOMMUNICATIONS	140.72	.00
409-91-2208	UTILITIES - ELECTRICITY	120.65	.00
409-91-2215	MAINTENANCE & REPAIRS-BUILD/STRU	83.85	.00
409-91-2266	EMPLOYEE TRAINING	95.00	.00
**TOTAL	L. E. PROTECTION FUND	762.30	.00
**DEPT	COUNTY SHERIFF	762.30	.00
410-50-2222	SUPPLIES - FIELD	172.30	.00
410-50-2266	EMPLOYEE TRAINING	590.00	.00
**TOTAL	COUNTY FIRE PROTECTION FUND	355.31	.00
**DEPT	1/4% FIRE EXCISE TAX	355.31	.00
411-92-2248	SUPPLIES - SAFETY	355.31	.00
**TOTAL	COUNTY FAIR	192.03	.00
**DEPT	COUNTY FAIR	192.03	.00
412-53-2208	UTILITIES - ELECTRICITY	146.32	.00
412-53-2209	UTILITIES - NATURAL GAS/PROPANE	34.08	.00

DEBITS

CREDITS

412-53-2215	MAINTENANCE & REPAIRS-BUILD/STRU	11.63	.00
**TOTAL	FIRE DEPARTMENT ADMIN	2,789.36	.00
**DEPT	STATE FIRE ALLOTMENT	2,789.36	.00
413-91-2207	TELECOMMUNICATIONS	440.41	.00
413-91-2208	UTILITIES - ELECTRICITY	245.77	.00
413-91-2219	SUPPLIES - GENERAL OFFICE	41.22	.00
413-91-2221	PRINTING/PUBLISHING/ADVERTISING	840.00	.00
413-91-2248	SUPPLIES - SAFETY	95.82	.00
413-91-2266	EMPLOYEE TRAINING	450.00	.00
413-91-2271	CONTRACT - OTHER SERVICES	676.14	.00
**TOTAL	DISTRICT 6 VFD	121.45	.00
**DEPT	STATE FIRE ALLOTMENT	121.45	.00
418-91-2207	TELECOMMUNICATIONS	59.57	.00
418-91-2208	UTILITIES - ELECTRICITY	61.88	.00
**TOTAL	EVSVA CONTRACT	10,687.97	.00
**DEPT	COUNTY COMMISSION	10,687.97	.00
419-05-2292	EVSVA TIPPING FEES	10,687.97	.00
**TOTAL	JAIL FUND	391.81	.00
**DEPT	ADULT INMATE CARE	279.05	.00
420-70-2207	TELECOMMUNICATIONS	279.05	.00
**DEPT	COMMUNITY MONITORING	112.76	.00
420-73-2207	TELECOMMUNICATIONS	48.40	.00
420-73-2219	SUPPLIES - GENERAL OFFICE	64.36	.00
**TOTAL	G.O. BOND DEBT SERVICE 2016	12,080.78	.00
**DEPT	GENERAL OBLIGATION BOND	12,080.78	.00
562-11-2350	BOND INTEREST PAYMENT	12,080.78	.00
**TOTAL	SAFETY PROGRAM	1,674.09	.00
**DEPT	RISK MANAGEMENT	1,674.09	.00
600-06-2218	MAINTENANCE & REPAIR-FURN/FTX/EQ	1,090.04	.00
600-06-2248	SUPPLIES - SAFETY	584.05	.00
**TOTAL	CIVIL DEFENSE FUND	38,112.26	.00
**DEPT	COMMUNICATIONS/EMS TAX	38,112.26	.00
604-83-2201	MAINTENANCE & REPAIRS - VEHICLES	1,592.12	.00
604-83-2207	TELECOMMUNICATIONS	119.14	.00
604-83-2618	CO - VEHICLES	36,401.00	.00
**TOTAL	DWI PROGRAM FUND	3,477.21	.00
**DEPT	DWI DISTRIBUTION GRANT FY20	3,477.21	.00
605-03-2207	TELECOMMUNICATIONS	48.40	.00
605-03-2271	CONTRACT - OTHER SERVICES	3,428.81	.00
**TOTAL	DWI SCHOOL	23.95	.00
**DEPT	DWI PROGRAM	23.95	.00
606-35-2257	SUPPLIES - OUTREACH MATERIALS	23.95	.00

		DEBITS	CREDITS
**TOTAL	PROPERTY VALUATION FUND	2,629.54	
**DEPT	COUNTY ASSESSOR	2,629.54	
610-40-2203	CONTRACTS - EQUIPMENT MAINT	1,111.98	
610-40-2207	TELECOMMUNICATIONS	107.56	
610-40-2228	SOFTWARE	1,410.00	
**TOTAL	CLERK'S EQUIPMENT FUND	1,300.40	
**DEPT	COUNTY CLERK	1,300.40	
612-20-2203	CONTRACTS - EQUIPMENT MAINT	900.40	
612-20-2266	EMPLOYEE TRAINING	400.00	
**TOTAL	COUNTY INFRASTRUCTURE GRN	6,788.39	
**DEPT	INFRASTRUCTURE GROSS RECEIPTS TX	6,788.39	
620-94-2215	MAINTENANCE & REPAIRS-BUILD/STRU	5,960.95	
620-94-2219	SUPPLIES - GENERAL OFFICE	827.44	
**TOTAL	CAPITAL OUTLAY GROSS RECEIPTS TX	119,212.86	
**DEPT	CAPITAL OUTLAY GROSS RECEIPTS TX	119,212.86	
621-96-2613	CO-ROAD CONSTRUCTION/RECONSTRUCT	119,212.86	
**TOTAL	DEBT SERVICE FUND	23,474.00	
**DEPT	LOAN - PROPERTY TAX DIV	23,474.00	
636-47-2622	ASSESSOR CAVA LOAN	23,474.00	
**TOTAL	HIGH LONESOME WIND PILT	24,739.00	
**DEPT	WIND PILT	24,739.00	
641-09-2617	CO - EQUIPMENT & MACHINERY	24,739.00	
**TOTAL	INVESTMENT INTEREST	278.60	
**DEPT	COUNTY COMMISSION	278.60	
642-05-2296	BANK FEES & RELATED CHARGES	278.60	
**TOTAL	RURAL ADDRESSING	490.47	
**DEPT	RURAL ADDRESSING	490.47	
675-07-2203	CONTRACTS - EQUIPMENT MAINT	192.07	
675-07-2207	TELECOMMUNICATIONS	48.40	
675-07-2266	EMPLOYEE TRAINING	250.00	
**TOTAL	DOMESTIC VIOLENCE GRANT	1,032.55	
**DEPT	WIND PILT	1,032.55	
690-09-2203	CONTRACTS - EQUIPMENT MAINT	818.95	
690-09-2207	TELECOMMUNICATIONS	193.60	
690-09-2266	EMPLOYEE TRAINING	20.00	
**TOTAL	DRUG EDUCATION PROGRAM	77.37	
**DEPT	DRUG EDUCATION	77.37	
804-89-2257	SUPPLIES - OUTREACH MATERIALS	77.37	
**TOTAL	EMERGENCY-911 FUND	5,412.01	
**DEPT	911-DISPATCH CENTER	5,412.01	

Date: 12/31/19 11:18:39

D I S T R I B U T I O N

CHECKS PRINTED 12/12/2019 TO 12/31/2019

CREDITS

DEBITS

Account Number	Description	Debits	Credits
911-80-2102	SALARIES - FULL-TIME POSITIONS	100.00	.00
911-80-2207	TELECOMMUNICATIONS	392.32	.00
911-80-2208	UTILITIES - ELECTRICITY	1,167.10	.00
911-80-2215	MAINTENANCE & REPAIRS-BUILD/STRU	150.84	.00
911-80-2218	MAINTENANCE & REPAIR-FURN/FIX/EQ	2,889.30	.00
911-80-2219	SUPPLIES - GENERAL OFFICE	712.45	.00
BANK01		328,246.48	.00
** BANK TOTALS **		328,246.48	.00



CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
01 R	110104	ALBUQUERQUE IMAGE PRODUCTS	CONTRACT OVERAGE CHARGE FOR THE	401-10-2203	18121219	12/12/2019		58.
	58.75		11/01/2019 TO 11/30/2019 B/W					
	12/12/2019		BEGIN 2469 END 3735=1266 COLOR					
			BEGIN 2667 END 3731=1064 INVOICE					
			#IN37390 ACCT#TC11					
COUNTY MANAGER 58.75								
01 R	110105	AT & T MOBILITY LLC	MONTHLY CHARGES NOV 2019/SHERIFF	401-50-2207	3121219	12/12/2019		2365.
	6484.58		ACCT#287289563904/COMMISSION	401-05-2207				107.
	12/12/2019		#287289566455/LAWYER	401-56-2207				48.
			INVOICE#287289563904X11262019	401-65-2207				129.
			OPERATIONS					
			CPO	401-10-2207				56.
			EMERGENCY MANAGER	604-83-2207				119.
			FIRE ADMIN	413-91-2207				404.
			DIST 5 VFD	405-91-2207				59.
			DIST 2 VFD	406-91-2207				59.
			DIST 1 VFD	407-91-2207				59.
			DIST 4 VFD	409-91-2207				59.
			DIST 3 VFD	408-91-2207				59.
			DIST 6 VFD	418-91-2207				59.
			DIST 2 VFD	406-91-2207				42.
			DIST 3 VFD	408-91-2207				42.
			DIST 5 VFD	405-91-2207				42.
			ROAD	402-60-2207				1031.
			MAINTENANCE	401-65-2207				145.
			HR	401-10-2207				48.
			CLERK	401-20-2207				48.
			PZ	401-08-2207				48.
			RURAL ADDRESSING	675-07-2207				48.
			PZ	401-08-2207				48.
			ANIMAL SERVICES	401-82-2207				193.
			DISPATCH	911-80-2207				346.
			COMMUNITY MONITOR	420-73-2207				48.
			DWI	605-03-2207				48.
			DV	690-09-2207				193.
			TREASURER	401-30-2207				187.
			MANAGER	401-10-2207				165.
			ASSESSOR	610-40-2207				107.
			FINANCE	401-55-2207				57.
COUNTY SHERIFF	2365.99	COUNTY COMMISSION	107.56	ATTORNEY				
OPERATIONS & MAINTENAN	274.80	COUNTY MANAGER	270.49	COMMUNICATIONS/EMS TAX				48.40
STATE FIRE ALLOTMENT	889.90	COUNTY ROAD DEPARTMENT	1031.52	COUNTY CLERK				119.14
PLANNING & ZONING	96.80	RURAL ADDRESSING	48.40	ANIMAL SERVICES				48.40
911-DISPATCH CENTER	346.50	COMMUNITY MONITORING	48.40	DWI DISTRIBUTION GRANT				193.60
WIND PILT	193.60	COUNTY TREASURER	187.66	COUNTY ASSESSOR				48.40
FINANCE DEPARTMENT	57.46							107.56
01 O	110106	ATLANTIC TACTICAL INC.	(25) SAFARILAND 12 GUAGE DRAG	410-50-2222	44121219	12/12/2019		127.
	127.00		STABILIZED BEAN BAG ROUNDS					
	12/12/2019		INVOICE#SI-80685537 ACCT#114680					34529
COUNTY SHERIFF	127.00							34529
01 O	110107	AWARDS ETC.	TORRANCE COUNTY SAFETY	600-06-2248	15121219	12/12/2019		42.
	49.90		PERFORMANCE AWARD					34688
	12/12/2019		PERPETUAL PLATES					34688
			TAXES					3.

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
			INVOICE#02 56644					
RISK MANAGEMENT		49.90						
01 R 110108	12/12/2019	BARELA, JANICE	REFUND CHECK FROM FLEX SPENDING	401-30-2102	9121219	12/12/2019		112.
COUNTY TREASURER		112.50						
01 R 110109	12/12/2019	BINGHAM PLUMBING	REPLACE COMMERCIAL FAUCET BROKEN IN LAB AREA	401-24-2215	42121219	12/12/2019	34589 34589	259.
HEALTH DEPT BLDG MAINT		259.05						
01 R 110110	12/12/2019	BROWNELLS, INC.	GRENAD LAUNCHER CLEANING KIT	410-50-2222	45121219	12/12/2019	34597	37.
			ESTIMATED SHIPPING	410-50-2222		/ /	34597	7.
COUNTY SHERIFF		45.30						
01 O 110111	12/12/2019	DECOSTA, DANIEL	REFUND CHECK FROM FLEX SPENDING	401-08-2102	4121219	12/12/2019		50.
PLANNING & ZONING		50.00						
01 R 110112	12/12/2019	DUCHARME, ARTHUR	PLANNING AND ZONING BOARD MEETING 12/04/2019	401-08-2205	32121219	12/12/2019		61.
PLANNING & ZONING		61.00						
01 O 110113	12/12/2019	FASTENAL COMPANY	18"X12" HANDICAPPED PARKING REFLECTIVE ALUMINUM SIGN	600-06-2248	43121219	12/12/2019	34571 34571 34571	179.
RISK MANAGEMENT		179.20						
01 R 110114	12/12/2019	FIRST VETERINARY SUPPLY	EYE DROPS, EYE OINTMENT, DEWORMER, KETAJECT, 5 WAY VACCINATION, BORDTELLA VACCINATION	401-82-2115	19121219	12/12/2019	34650 34650 34650 34650	852.
ANIMAL SERVICES		907.32						
01 R 110115	12/12/2019	FROST, JIM	ASSORTED SYRINGES	401-82-2223		/ /		54.
PLANNING & ZONING		907.32						
01 R 110116	12/12/2019	FURNITURE CONNECTION	PLANNING AND ZONING BOARD MEETING 12/04/2019	401-08-2205	29121219	12/12/2019		61.
PLANNING & ZONING		61.00						
01 R 110116	12/12/2019	FURNITURE CONNECTION	2 PIECE SOFA AND LOVE SEAT SET	405-91-2218	28121219	12/12/2019	34619	999.
			1 PIECE SOFA	405-91-2218		/ /	34619	550.

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
12/12/2019			DELIVERY FEE	405-91-2218			34619	95.
			DISTRICT 5 VFD DAY ROOM				34619	
			INVOICE#7706					
=====								
			REFUND CHECK FROM FLEX SPENDING	401-40-2102	11121219	12/12/2019		41.
=====								
			PLANNING AND ZONING BOARD	401-08-2205	31121219	12/12/2019		61.
			MEETING 12/04/2019					
=====								
			BALANCE OF FAIR ACCOUNT	412-53-2215	1121219	12/12/2019		11.
			INVOICE#225338/ACCT#124					
=====								
			SET OF DOOR KNOBS AND KEY COPIES	401-55-2219	20121219	12/12/2019	34689	48.
			243T 3 CP CODE 6AL RCS K2 CO					
			DOOR KNOB SC4/1145A SCHLAGE KEY					
			BLANK SC1-B SCHLAGE KEYBLANK					
			KW1-B KWICKSET KEYBLANK M1BR250					
			MASTER KEYBLANK 250P INVOICE#					
			225675,225562 ACCT#125					
			ELECTRICAL, PLUMBING, ROOFING &	401-15-2215	23121219	12/12/2019	34016	5.
			BLEACH LIQUID REGULAR 128/OZ					
			ACCT#125					
=====								
			ADMINISTRATIVE OFFICES	401-08-2202	26121219	12/12/2019		92.
			11/21/19 PZ-3 FUEL					
			11/21/19 PZ-1 FUEL FED LUST					
			TAX INVOICE#ZZ2269					
			ACCT#3873					
=====								
			IRON MOUNTAIN RECORDS MANAGEMENT	612-20-2203	13121219	12/12/2019	34126	124.
			MONTHLY STORAGE FOR MICROFILM					
			INVOICE#202012552					
			ACCT ID 44033.0NM389					
=====								
			PLANNING AND ZONING BOARD	401-08-2205	30121219	12/12/2019		61.
			MEETING 12/04/2019					
=====								
			PLANNING AND ZONING BOARD	401-08-2205	35121219	12/12/2019		61.
			MEETING 12/04/2019					

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
01 O	110125	LOOMIS ARMORED US, LLC	ARMORED CAR SERVICE FUEL FEE	642-05-2296	24121219	12/12/2019		278.
	278.60		INSURANCE FEE INVOICE DATE					
	12/12/2019		2019.11.30 INVOICE#12539816					
			ACCT#10157072-1500					
COUNTY COMMISSION 278.60								
01 O	110126	LUCERO, JESUS	REFUND CHECK FROM FLEX SPENDING	401-40-2101	10121219	12/12/2019		104.
	104.17							
	12/12/2019							
COUNTY ASSESSOR 104.17								
01 R	110127	MEAD, DANETTE	REFUND CHECK FROM FLEX SPENDING	401-82-2102	12121219	12/12/2019		30.
	30.00							
	12/12/2019							
ANIMAL SERVICES 30.00								
01 O	110128	MOTORSPORT ADVENTURES, LLC	ATV HELMETS FOR SEARCH & RESCUE	411-92-2248	39121219	12/12/2019		69.
	355.31		MEDIUM	411-92-2248				69.
	12/12/2019		LARGE	411-92-2248				49.
			X-LARGE	411-92-2248				69.
			XX-LARGE	411-92-2248				69.
			TAX	411-92-2248				25.
			INVOICE#3676					
1/4% FIRE EXCISE TAX 355.31								
01 O	110129	NM TAXATION & REVENUE DEPARTMENT	ANNUARY 2020 LOAN PAYMENT	636-47-2622	14121219	12/12/2019		23474.
	23474.00		ACCT#TORRANCE COUNTY ASSESSOR					
	12/12/2019		LOAN					
LOAN - PROPERTY TAX DI 23474.00								
01 O	110130	NORTHERN SAFETY CO INC	NORTHERN TOOL TOTE BOX WITH	401-65-2248	47121219	12/12/2019		258.
	271.22		HANDLE					
	12/12/2019		UNIT M1 & M5					34615
			ESTIMATED SHIPPING					34615
			INVOICE#43735679 ACCT#04371353					13.
OPERATIONS & MAINTENAN 271.22								
01 O	110131	PITNEY BOWES INC.	LEASING CHARGES INVOICE#	401-10-2206	33121219	12/12/2019		606.
	606.60		3310137272 ACCT#0015859284					
	12/12/2019							
COUNTY MANAGER 606.60								
01 O	110132	PITNEY BOWES PURCHASE POWER	POSTAGE REFILL ON 11/13/19	401-10-2206	34121219	12/12/2019		1005.
	1005.00		ACCT#8000-9090-0137-3179					
	12/12/2019							
COUNTY MANAGER 1005.00								
01 O	110133	PRUDENTIAL OVERALL SUPPLY	MATS, MOPS, UNIFORMS FOR COUNTY	401-15-2203	17121219	12/12/2019		93.
	149.06		ADMINISTRATION					
	12/12/2019		MATS AND MOPS FOR JUDICIAL	401-16-2203				55.
			COMPLEX INVOICE#45052520					

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
450525214 ACCT#6528480								
ADMINISTRATIVE OFFICES 93.44 JUDICIAL COMPLEX MAINT 55.62								
01 O	11/01/19	RICH FORD SALES	REAR BRAKE R&R PZ-3 F-150 PICKUP	401-08-2201	25121219	12/12/2019	34686	201.
	410.99		BATTERY R&R	401-08-2201		/ /	34686	129.
	12/12/2019		WINDSHIELD WIPER R&R	401-08-2201		/ /	34686	27.
			HAZARDOUS MATERIAL FEE	401-08-2201		/ /	34686	1.
			TAXES	401-08-2201		/ /	34686	30.
			SHOP SUPPLIES	401-08-2201		/ /	34686	19.
			INVOICE#2027412					
PLANNING & ZONING 410.99								
01 R	11/01/19	SEDILLO, NICK E.	REFUND CHECK FROM FLEX	401-65-2102	6121219	12/12/2019		112.
	112.50		SPENDING					
OPERATIONS & MAINTENAN 112.50								
01 R	11/01/19	SEDILLO, TRACY	REFUND CHECK FROM FLEX SPENDING	401-30-2101	8121219	12/12/2019		112.
	112.50							
COUNTY TREASURER 112.50								
01 R	11/01/19	SNOW, CHRISTINE	REFUND CHECK FROM FLEX	911-80-2102	5121219	12/12/2019		50.
	50.00		SPENDING					
911-DISPATCH CENTER 50.00								
01 R	11/01/19	SOUTHWEST COPY SYSTEMS	QUARTERLY COPIER/PRINTER	401-30-2203	41121219	12/12/2019	34125	12.
	12.24		OVERAGES				34125	
	12/12/2019		INVOICE#424737 ACCT#CO28					
			OVERAGES FOR 10/09/19 TO					
			11/08/2019					
COUNTY TREASURER 12.24								
01 O	11/01/19	SPRUNK, MARTY	REFUND CHECK FROM FLEX SPENDING	401-50-2102	7121219	12/12/2019		67.
	67.00							
COUNTY SHERIFF 67.00								
01 O	11/01/19	STAPLES BUSINESS ADVANTAGE	PLANNER, WIRELESS MOUSE, CD	911-80-2219	36121219	12/12/2019	34555	142.
	142.24		ENVELOPES, 3 ERGONOMIC KEYBOARDS				34555	
	12/12/2019		& HIGHLIGHTERS.				34555	
			INVOICE#3430451176 ACCT#					
			DAL70109685					
911-DISPATCH CENTER 142.24								
01 O	11/01/19	STAPLES BUSINESS ADVANTAGE	POST-IT POP UP NOTES 12 PACK	911-80-2219	37121219	12/12/2019	34497	11.
	359.90		BROTHER TN660 BLACK TONER	911-80-2219		/ /	34497	191.
	12/12/2019		KLEENEX STANDARD FACIAL TISSUE	911-80-2219		/ /	34497	64.
			36 BOXES				34497	
			APC REPLACEMENT BATTERY	911-80-2219		/ /	34497	91.
			INVOICE#3429296751 ACCT#					

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
911-DISPATCH CENTER	359.90							
01 O 110142	1410.00	STARCAP MARKETING LLC	MAINTENANCE RENEWAL APEX	610-40-2228	21121219	12/12/2019		1410.
12/12/2019			SKETCHING SOFTWARE ANNUAL					
			MAINTENANCE RENEWAL 11/27/2019					
			TO 11/27/2020 INVOICE#307487					
			ACCT#131166					
COUNTY ASSESSOR	1410.00							
01 R 110143	111.64	TILLERY CHEVROLET GMC INC	BRUSH 2-2	406-91-2201	40121219	/ /	34382	103.
12/12/2019			COMPLETE LOF SERVICE	406-91-2201		/ /	34382	7.
			ESTIMATED TAX					
			INVOICE#6058735/1					
STATE FIRE ALLOTMENT	111.64							
01 O 110144	104.38	TJ ENTERPRISES AUTO SUPPLY	AUTO PARTS, HARDWARE, AND	401-65-2201	22121219	12/12/2019	33967	104.
12/12/2019			VEHICLE MAINTENANCE.				33967	
			ACCT#1185				33967	
OPERATIONS & MAINTENAN	104.38							
01 R 110145	30152.72	WAGNER EQUIPMENT CO.	2 BUNDLES CUTTING EDGES	402-60-2244	16121219	12/12/2019	34418	2524.
12/12/2019			20 PER BUNDLE				34418	
			11 VALVE STEM CAPS				34418	
			INVOICE#P10C0754670 ACCT#88034					
			CATEPILLAR DG50-4 PGAM	641-09-2617	27121219	12/12/2019	34122	24739.
			LP GENERATOR SET TO REPLACE				34122	
			EXISTING EMERGENCY GENERATOR AT				34122	
			CAPILLA PEAK CRANE SERVICE AND				34122	
			INSTALLATION NM PRICE AGREEMENT				34122	
			70-000-17-00061				34122	
			INVOICE#B28081012 ACCT#88034					
			PM3 SERVICE AND LOAD TEST FOR	911-80-2218	38121219	12/12/2019	34565	2889.
			BACKUP GENERATOR AT DISPATCH				34565	
			NM STATE PRICE AGREEMENT				34565	
			#70-000-17-00061				34565	
			INVOICE#S15W0776210					
COUNTY ROAD DEPARTMENT	2524.42	WIND PILOT						
01 O 110146	60.00	WHITSON, CHAD	24739.00	911-DISPATCH CENTER	2121219	12/12/2019		60.
12/12/2019			TRAVEL TO SANTA FE NM NMDPS	401-50-2205				
			TRAINING/RETURN					
COUNTY SHERIFF	60.00							
01 O 110147	576.55	WITMER PUBLIC SAFETY GROUP	ZICO ADJUSTABLE CHAIN SAW MOUNT	405-91-2248	46121219	12/12/2019	34618	292.
12/12/2019			JACKSON SAFETY PACK AND POP	405-91-2248		/ /	34618	245.
			COLLAPSIBLE HIGH-VIS SET OF FIVE				34618	
			CONES WITH CARRYING CASE - 28"				34618	
			ORANGE PLASTIC BASE				34618	
			ESTIMATED SHIPPING	405-91-2248		/ /	34618	38.
			INVOICE#1988916/1988916.001				34618	
			TORCOU					
STATE FIRE ALLOTMENT	576.55							

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
01 O	110158	CATERPILLAR FINANCIAL SVCS	CORP CONTRACT #001-0768810-000	621-96-2613	3121719	12/17/2019		882.
	882.76		MONTH OF DECEMBER 2019 INVOICE#					
	12/17/2019		20332106 ACCT#24480					
CAPITAL OUTLAY GROSS R 882.76								
01 O	110159	CATERPILLAR FINANCIAL SVCS	CORP CONTRACT#001-0767488-000	621-96-2613	4121719	12/17/2019		1782.
	1782.94		MONTH OF DECEMBER 2019 INVOICE#					
	12/17/2019		20359396 ACCT#24480					
CAPITAL OUTLAY GROSS R 1782.94								
01 O	110160	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT CLERK COPIER INVOICE	612-20-2203	9121719	12/17/2019		316.
	316.99		DATE 12/07/2019 INVOICE#					
	12/17/2019		66163863 ACCT#25568397					
COUNTY CLERK 316.99								
01 O	110161	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT TREASURER COPIER	401-30-2203	10121719	12/17/2019		45.
	45.33		INVOICE DATE 11/23/2019 INVOICE#					
	12/17/2019		#65907781 ACCT#500-50009152					
COUNTY TREASURER 45.33								
01 O	110162	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT FIRE ADMIN COPIER	413-91-2271	11121719	12/17/2019		288.
	288.19		INVOICE DATE 11/23/19 INVOICE#					
	12/17/2019		65952308 ACCT#25551986					
STATE FIRE ALLOTMENT 288.19								
01 O	110163	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT MANAGER COPIER INVOICE	401-10-2203	12121719	12/17/2019		335.
	335.38		DATE 11/23/19 INVOICE#					
	12/17/2019		65948693 ACCT#25569218					
COUNTY MANAGER 335.38								
01 O	110164	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT PZ COPIER INVOICE DATE	401-08-2203	13121719	12/17/2019		345.
	345.99		11/23/2019 INVOICE#65948705 ACCT					
	12/17/2019		#25569223					
PLANNING & ZONING 345.99								
01 O	110165	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT ASSESSOR COPIER INVOICE	610-40-2203	14121719	12/17/2019		370.
	370.66		11/23/2019 INVOICE#65948718 ACCT					
	12/17/2019		#25569228					
COUNTY ASSESSOR 370.66								
01 O	110166	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT DV COPIER INVOICE DATE	690-09-2203	15121719	12/17/2019		271.
	271.69		11/23/2019 INVOICE#65948774 ACCT					
	12/17/2019		#25569234					
WIND PILT 271.69								
01 O	110167	DE LAGE LANDEN FINANCIAL	SERVICE CONTRACT SHERIFF COPIER INVOICE	401-50-2218	16121719	12/17/2019		512.
	512.17		DATE 11/23/2019 INVOICE#					
	12/17/2019		65948604 ACCT#25551981					
COUNTY SHERIFF 512.17								

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
01 O	110168	DE LAGE LANDEN FINANCIAL SERVICE	CONTRACT FINANCE COPLER INVOICE	401-55-2203	17121719	12/17/2019		333.
	333.61		DATE 11/23/2019 INVOICE#					
	12/17/2019		65948741 ACCT#25569230					
FINANCE DEPARTMENT 333.61								
01 R	110169	EMW GAS ASSOCIATION	NOVEMBER GAS BILLING 2019 ACCT#	412-53-2209	5121719	12/17/2019		34.
	34.08		10-4090-000					
	12/17/2019							
COUNTY FAIR 34.08								
01 O	110170	EVSWA	TORRANCE COUNTY TIPPING FEES	419-05-2292	8121719	12/17/2019		10687.
	10687.97		NOV 2019 INVOICE#2629 ACCT#					
	12/17/2019		720970000547					
COUNTY COMMISSION 10687.97								
01 O	110171	MOUNTAINAIR, TOWN OF	MONTHLY CHARGES/WATER	401-24-2210	2121719	12/17/2019		385.
	481.14		GAS ACCT#1716/HEALTH DEPT	401-24-2209		/ /		96.
	12/17/2019							
HEALTH DEPT BLDG MAINT 481.14								
01 O	110172	ORKIN INC.	PC STANDARD SERVICE DECEMBER	911-80-2215	6121719	12/17/2019		150.
	150.84		2019 INVOICE#192009343 ACCT#					
	12/17/2019		25640741					
911-DISPATCH CENTER 150.84								
01 O	110173	ORKIN INC.	PC STANDARD SERVICE DECEMBER	401-16-2203	7121719	12/17/2019		118.
	118.66		2019 INVOICE#192010104 ACCT#					
	12/17/2019		31550882					
JUDICIAL COMPLEX MAINT 118.66								
01 O	110174	STAPLES BUSINESS ADVANTAGE	FASTENER SELF-ADHESIVE BROTHER	420-73-2219	1121719	12/17/2019		64.
	64.36		3 PK REF.PO#33922 REMAINDER ON					
	12/17/2019		BALANCE ORDER#7220133108-000-001					
			#7220133108-000-002 INVOICE#					
			#3416393410/3416459475					
COMMUNITY MONITORING 64.36								
01 O	110180	AIRGAS USA LLC	CYLINDER RENT MED/XS OXYGEN HAZ	406-91-2230	19121919	12/18/2019		119.
	746.45		MAT SALES TAX NOV 2019 INVOICE#					
	12/19/2019		9966815580 ACCT#2287851					
			CYLINDER LEASE RENEWAL 01/01/20	408-91-2230	28121919	12/19/2019		324.
			SALES TAX INVOICE#9967037459					
			ACCT#2296717					
CYLINDER RENT MED/XS OXYGEN 408-91-2230								
			HAZMAT FEE SALES TAX INVOICE#					
			9966871150 ACCT#2296717					
			RENT-CYLINDER MEDIUM/LARGE					
			OXYGEN RENT-CYLINDER MEDIUM/XS					
			OXYGEN HAZMAT FEE SALES TAX					
			INVOICE#9966815579 ACCT#2287851					
STATE FIRE ALIQUOTMENT 746.45								



CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
01 0	11/01/19	ALBUQUERQUE IMAGE PRODUCTS	CONTRACT COVERAGE CHARGE FOR THE 413-91-2271	413-91-2271	8121919	12/18/2019		99
	12/19/2019		11/1/2019 TO 11/30/2019 OVERAGE					
			PERIOD TAX INVOICE# IN37565					
			ACCT#TC04					
=====								
STATE FIRE ALLOTMENT	99.76							
01 0	11/01/19	ALBUQUERQUE IMAGE PRODUCTS	IN36776/IN37385	401-50-2203	32121919	12/19/2019		56
	12/19/2019		ACCT#TC03					
=====								
COUNTY SHERIFF	56.63							
01 0	11/01/19	ALBUQUERQUE OFFICE SYSTEMS	CARPET TILES, LUXURY VINYL,	620-94-2215	33121919	12/19/2019		1731.
	12/19/2019		CARPET & VINYL ADHESIVES,					
			COVEBASE ADHESIVES, FLOOR PREP					
			MATERIALS AND TRANSITIONS					
			LABOR, DELIVERY & INSTALLATION					
			OF ALL CARPET & VINYL TILES &					
			COVEBASE AND DISPOSAL OF ALL					
			EXISTING MATERIALS					
			SALES TAX					
			INVOICE#7962					
=====								
INFRASTRUCTURE GROSS R	3774.14							
01 0	11/01/19	ALBUQUERQUE OFFICE SYSTEMS	OFFICE FURNITURE FOR COUNTY	620-94-2215	34121919	12/19/2019		2186.
	12/19/2019		MANAGER					
			INVOICE#8001					
=====								
INFRASTRUCTURE GROSS R	2186.81							
01 0	11/01/19	AMBITIONS TECHNOLOGY GROUP LLC	LAPEL PINS FOR FIRE DEPARTMENT	413-91-2221	17121919	12/18/2019		840.
	12/19/2019		CLOISONNE HARD ENAMEL LAPEL					
			PINS					
			1" SMOOTH GLOSS FINISH					
			INVOICE#13814					
=====								
STATE FIRE ALLOTMENT	840.00							
01 0	11/01/19	AMBITIONS TECHNOLOGY GROUP LLC	BILLABLE HOURS FOR 11/01/19-	401-65-2213	23121919	12/18/2019		2766.
	12/19/2019		12/01/2019 TOTAL TAXES INVOICE#					
			8047					
=====								
OPERATIONS & MAINTENAN	2766.99							
01 0	11/01/19	ANAYA, SENAIDA	PRESIDING JUDGE	401-21-2226	11121919	12/18/2019		258.
	12/19/2019		12/12/19 3.5 HRS					
			12/11/19 11 HRS					
			12/13/19 7 HRS					
=====								
ELECTIONS	258.00							
01 0	11/01/19	AT & T MOBILITY LLC	575-799-3117 MONTHLY CHARGES	407-91-2207	31121919	12/19/2019		
	12/19/2019		10/21/2019 TO 11/20/2019					
			INVOICE#287272915609X11282019					
			ACCT#287272915609					
=====								
STATE FIRE ALLOTMENT	0.12							

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
01 O	110189	BUTRICK, JOHN M.	12/11/19 2020 STATE BAR	401-56-2269	37121919	12/19/2019		458.
	458.35		MANDATORY LICENSING FEES PUBLIC					
	12/19/2019		LAW SECTION MEMBERSHIP FEES					
			3% HANDLING FEE					
ATTORNEY 458.35								
01 O	110190	CHAVEZ, ADELICIO S	ELECTION TECH 12/9/19 3HRS	401-21-2226	10121219	12/18/2019		296.
	296.00		12/11/2019 3 HRS					
	12/19/2019		12/12/2019 12.5 HRS					
ELECTIONS 296.00								
01 O	110191	CHAVEZ, FAYE	CLERK 12/12/19 12HRS	401-21-2226	15121919	12/18/2019		135.
	135.00		12/11/19 1.5 HRS					
	12/19/2019							
ELECTIONS 135.00								
01 O	110192	CHAVEZ, NESTORITA G	CLERK 12/12/19 12 HRS	401-21-2226	12121919	12/18/2019		195.
	195.00		12/11/2019 1.5 HRS					
	12/19/2019		12/13/2019 6 HRS					
ELECTIONS 195.00								
01 O	110193	CORRECTIONS INDUSTRIES PRINT S	5,000 WHITE WINDOW ENVELOPES	401-55-2219	57121919	12/19/2019		167.
	192.70		UPS SHIPPING	401-55-2219		/ /		34626
	12/19/2019		INVOICE#57068 ACCT#E022					25.
FINANCE DEPARTMENT 192.70								
01 O	110194	DOUBLE H AUTO	OIL, OIL FILTERS, FUEL FILTERS,	20121919				33994
	325.04		WIPER BLADES, ANTIFREEZE,					33994
	12/19/2019		MISCELLANEOUS ITEMS NEEDED FOR					33994
			VEHICLE MAINTENANCE/REPAIR.					33994
			JULY, AUGUST, AND SEPTEMBER 2019	405-91-2201		/ /		325.
			INVOICE#483168 ACCT#2927					33994
STATE FIRE ALLOTMENT 325.04								
01 O	110195	DT AUTOMOTIVE	NOVEMBER 19' VEHICLE MAINTENANCE	401-50-2201	40121919	12/19/2019		34569
	796.00		(OIL CHANGES, TIRE REPAIRS,					34569
	12/19/2019		MOUNT & BALANCE, AIR FILTER, OIL					34569
			FILTERS, WIPERS, FLUIDS, TIRES,					34569
			AND OTHER MISC. VEHICLE MAINT.)					34569
			INVOICE#TCSO 34569 G95473, G99481					34569
			G71579, 04200G, G98042, G89767,					
			G56976, 02331, G89033					
COUNTY SHERIFF 796.00								
01 O	110196	DT AUTOMOTIVE	CHROMO FUL-THANE SUMMITE WHITE	401-50-2201	41121919	12/19/2019		800.
	2002.50		PAINT; EXTREME CLEAR COAT; MULTI					34675
	12/19/2019		PANEL CLEAR HARDENER; 1 CASE					34675
			SPOT BLENDER; 220 GRIT SAND					34675
			PAPER; 600 GRIT SAND PAPER;					34675
			1000 GRIT SAND PAPER; 2000 GRIT					34675
			SAND PAPER; STUD FOR STUD GUN;					34675
			UPHOL PRIMER; UPHOL HARDENER;					34675

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		COUNTY SHERIFF						
		2002.50						
01 O	110197	DT AUTOMOTIVE	MIRROR & EMERGENCY LIGHT REPAIR	401-50-2201	42121919	12/19/2019	34698	277.
	697.00		G85747; 212905				34698	
	12/19/2019		WINDSHIELDS	401-50-2201		/ /	34698	330.
			G99481;75800 / 04200G;24593			/ /	34698	
			RADIO MIC	401-50-2201		/ /	34698	90.
			G99481;75800			/ /	34698	
			INVOICE#TCSO 34698					
		COUNTY SHERIFF						
		697.00						
01 O	110198	FASTENAL COMPANY	SUPPLIES - PAPER	401-16-2229	52121919	12/19/2019	34559	614.
	614.27		M-FOLD PAPER TOWELS				34559	
	12/19/2019		LYSOL ANTIBACTERIAL				34559	
			LYSOL WIPES				34559	
			2-PLY BATHROOM TISSUE				34559	
			JUDICIAL COMPLEX				34559	
			INVOICE#NMALB245778 ACCT#					
			NMALB2338					
		JUDICIAL COMPLEX MAINT						
		614.27						
01 O	110199	FASTENAL COMPANY	FEDERAL LABOR LAW POSTERS	600-06-2248	54121919	12/19/2019	34601	211.
	354.95		ADMIN/SHERIFF/FIRE/DISPATCH/ROAD			/ /	34601	
	12/19/2019		RESERVED PVC PLASTIC PARKING LOT	600-06-2248		/ /	34601	38.
			STENCIL			/ /	34601	
			NO PARKING LDPE PARKING LOT	600-06-2248		/ /	34601	105.
			STENCIL			/ /	34601	
			INVOICE#NMALB246339 ACCT#					
			NMALB2338					
		RISK MANAGEMENT						
		354.95						
01 O	110200	GALLAGHER BENEFIT SERVICES, INC	DECEMBER 2019 CONSULTING SERVICE	401-10-2272	62121919	12/19/2019		2700.
	2700.00							
	12/19/2019		INVOICE#199215					
		COUNTY MANAGER						
		2700.00						
01 O	110201	GUSTIN ELECTRIC	EXTERIOR LIGHT ON NORTH SIDE OF	401-16-2215	44121919	12/19/2019	34434	2450.
	2450.00		JUDICIAL BUILDING AND REPLACE				34434	
	12/19/2019		2 RECESS CLF WITH LED SHERIFF'S				34434	
			OFFICE INVOICE#4771 ACCT#TORCO				34434	
		JUDICIAL COMPLEX MAINT						
		2450.00						
01 O	110202	GUSTIN HARDWARE INC.	LUMBER & PLUMBING NEEDS,		7121919			33981
	11.77		CHAINSAW CHAINS, BAR & CHAIN					33981
	12/19/2019		OIL, 2-CYCLE MIX, ITEMS					33981
			NEEDED FOR BUILDING					33981
			MAINTENANCE AND REPAIR, AND					33981
			AND SAFETY EQUIPMENT.					33981

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STATE FIRE ALLOTMENT 11.77								
01 O	110203	GUSTIN HARDWARE INC.	PAPER TOWELS, SCREWS, BOLTS, INVOICE#DEC 1 2019 ACCT#126	402-61-2250	48121919	12/19/2019	34223	490.
	490.09							
	12/19/2019							
COUNTY ROAD SHOP 490.09								
01 O	110204	GUSTIN HARDWARE INC.	ELECTRICAL, PLUMBING, ROOFING, & HARDWARE SUPPLIES FOR BUILDING MAINTENANCE (OPEN PO FY20) ACCT#125	401-16-2215	63121919	/ /	34720	41.
	41.72							
	12/19/2019							
JUDICIAL COMPLEX MAINT 41.72								
01 O	110205	HART'S TRUSTWORTHY HARDWARE	LUMBER, PLUMBING NEEDS, PAINT, ROLLERS/BRUSHES, CLEANING SUPPLIES, MISC ITEMS NEED FOR BUILDING MAINTENANCE/REPAIR AND SAFETY EQUIPMENT. JULY, AUGUST, AND SEPTEMBER OCT, NOV, AND DEC 2019 INVOICE#B344492 ACCT#33		6121919	/ /	33993	84.
	84.05							
	12/19/2019							
STATE FIRE ALLOTMENT 84.05								
01 O	110206	HONSTEIN OIL CO.	FUEL NOVEMBER 2019 ROAD DEPT ACCT#FCROAD	402-60-2202	55121919	12/19/2019		13194.
	13194.04							
	12/19/2019							
COUNTY ROAD DEPARTMENT 13194.04								
01 O	110207	INDEPENDENT NEWS LLC	ADVERTISEMENT FOR DEPUTY COUNTY MANAGER INVOICE#83656,83705,83770	401-10-2221	49121919	12/19/2019	34643	93.
	93.04						34643	
	12/19/2019							
COUNTY MANAGER 93.04								
01 O	110208	INDEPENDENT NEWS LLC	COMMISSION MEETING CHANGES - 2 RUNS LEGAL NOTICE-RUN DATE: 11/22/19 COMMISSION MEETINGS SCHEDULE LEGAL NOTICE-RUN DATE 11/29/19 COMMISSION MEETINGS SCHEDULE INVOICE#83652,83703	401-10-2221	50121919	12/19/2019	34631	38.
	38.95						34631	
	12/19/2019							
COUNTY MANAGER 38.95								
01 O	110209	INDEPENDENT NEWS LLC	FAIR BOARD ADVERTISEMENT - 2 RUN FAIR BOARD SECRETARY ADVERTISE MENT - 2 RUNS LEGAL RUN NOTICE RUN DATE: 11/22/19 EMPLOYMENT AD -DEPUTY COUNTY MANAGER INVOICE#83768	401-10-2221	51121919	12/19/2019	34632	34.
	34.58						34632	
	12/19/2019						34632	

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
COUNTY MANAGER		34.58						
01 O	110210	LAW ENFORCEMENT RISK MNGT GROUP	COURT SECURITY CRITICAL INCIDENT 410-50-2266		9121919	12/18/2019	34455	590
	590.00		& EMERGENCY PLANNING TRAINING				34455	
	12/19/2019		SGT. SPRUNK & TRANSPORT				34455	
			DEPUTY HOOVER				34455	
			INVOICE#210210					
COUNTY SHERIFF		590.00						
01 O	110211	MELLOY CHEVROLET	2019 CHEVROLET TAHOE PPV	604-83-2618	38121919	12/19/2019	34699	36401
	36401.00		TMP# 120619				34699	
	12/19/2019		ISSUED BY NOAH SEDILLO CPO				34699	
			12/06/19				34699	
			NMSPA #70-000-16-00004				34699	
			INVOICE#FC19420				34699	
COMMUNICATIONS/EMS TAX		36401.00						
01 O	110212	MENDEZ, ARLENE LORINE	JUDGE 12/12/19 12 HRS	401-21-2226	14121919	12/18/2019		195
	195.00		12/11/19 1.5 HRS					
	12/19/2019		12/13/2019 6 HRS					
ELECTIONS		195.00						
01 O	110213	MORIARTY FOODS	REFRESHMENTS FOR 12/11/19 DWI	804-89-2257	46121919	12/19/2019	34683	17.
	17.37		COURT GRADUATION LB AND EW ITEMS				34683	
	12/19/2019		TO INCLUDE PAPER GOODS, CAKE OR				34683	
			COOKIES, BOTTLED WATER, AND				34683	
			POSSIBLY COFFEE ITEMS				34683	
			INVOICE#3824 ACCT#TORRANCECOUNTY				34683	
			554					
DRUG EDUCATION		17.37						
01 O	110214	MORIARTY FOODS	BREAK SERVICE ITEMS FOR MHA	606-35-2257	60121919	12/19/2019	34692	23.
	23.95		CLASSES (12/16/19 & 12/17/19)				34692	
	12/19/2019		BOTTLED WATER, BREAKFAST BARS,				34692	
			FRUIT, PAPER GOODS.				34692	
			INVOICE#5852 ACCT#554					
DWI PROGRAM		23.95						
01 O	110215	NAT'L ASSOCIATION OF COUNTIES	COUNTY MEMBERSHIP DUES 01/01/20	401-05-2269	36121919	12/19/2019		450.
	450.00		12/31/20 INVOICE#258622 ACCT#					
	12/19/2019		35057					
COUNTY COMMISSION		450.00						
01 O	110216	NEW MEXICO COUNTIES	NM LEGISLATIVE CONFERENCE 2019	401-10-2266	22121919	12/18/2019	34666	650.
	875.00		W. JOHNSON, K. OLIVER, C. ALLEN				34666	
	12/19/2019		AND J. BUTRICK				34666	
COUNTY MANAGER		650.00	ATTORNEY	225.00				
01 O	110217	NM COALITION AGAINST DOMESTIC	REGISTRATION FOR CHRYSAL	690-09-2266	18121919	12/18/2019		20.
	20.00		MILBOURN AND ANASTACIA SANCHEZ				34625	
	12/19/2019		TO ATTEND THE NURTURED HEART				34625	
			APPROACH TRAINING IN ALBUQUERQUE				34625	

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WIND PLIT		20.00						
01 0 110218	12/19/2019	NM EDGE	NM EDGE CLASS COUPONS	612-20-2266	4121919	/	34706	400.
			CLERK	675-07-2266		/	34706	250.
			RURAL ADDRESSING	401-30-2266		/	34706	150.
			TREASURER	401-55-2266		/	34706	600.
			FINANCE	401-10-2266		/	34706	450.
			MANAGER					
			INVOICE#7301 ACCT#CC00000780G					
COUNTY CLERK		400.00	RURAL ADDRESSING	250.00				150.00
FINANCE DEPARTMENT		600.00	COUNTY MANAGER	450.00				
01 0 110219	12/19/2019	NM EDGE	NM EDGE NEW ENROLLMENT FEE	402-60-2266	5121919	/	34707	50.
			ROAD	401-10-2266		/	34707	50.
			MANAGER					
			INVOICE#7302 ACCT#CC00000780G					
COUNTY ROAD DEPARTMENT		50.00	COUNTY MANAGER	50.00				
01 0 110220	12/19/2019	NM WASTE SERVICE INC	RESIDENTIAL CONTAINER BILLED	408-91-2210	25121919	12/18/2019	33982	77.
			95 GALLON CART-RESIDENTIAL					
			SERVICE SALES TAX FINANCE					
			CHARGE JANUARY, FEBRUARY, AND					
			MARCH 2020 INVOICE#70894					
			ACCT#2997300					
STATE FIRE ALLOTMENT		77.46						
01 0 110221	12/19/2019	NM WASTE SERVICE INC	4 YD. CONTAINER MONTHLY SERVICE	406-91-2210	26121919	12/18/2019	33980	277.
			4 YD CONTAINER-1 X WEEK FINANCE					
			CHARGE JANUARY, FEBRUARY, AND					
			MARCH 2020 INVOICE#71045					
			ACCT#2859200					
STATE FIRE ALLOTMENT		277.56						
01 0 110222	12/19/2019	NM WASTE SERVICE INC	QUARTERLY RATE FOR RESIDENTIAL	409-91-2215	27121919	12/18/2019	34225	83.
			95 GALLON CART-RESIDENTIAL					
			SERVICE SALES TAX FINANCE					
			CHARGE JANUARY, FEBRUARY, AND					
			MARCH 2020 INVOICE#71070					
			ACCT#2997301					
STATE FIRE ALLOTMENT		83.85						
01 0 110223	12/19/2019	OTERO, MARY T.	JUDGE 12/12/19 12 HRS	401-21-2226	16121919	12/18/2019		135.
			12/11/2019 1.5 HRS					
ELECTIONS		135.00						
01 0 110224	12/19/2019	ROBERTA CHAVEZ	CLERK 12/12/19 12 HRS	401-21-2226	13121919	12/18/2019		195.
			12/11/2019 1.5 HRS					
			12/13/2019 6 HRS					
ELECTIONS		195.00						
01 0 110225		RUSTIC WRANGLERS	INCENTIVE PACKAGES (WATCH, CARD, 804-89-2257		45121919	12/19/2019	34682	60.



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ELECTIONS 483.52								
01 0	110234	TILLERY CHEVROLET GMC INC	RESURFACE ROTORS	604-83-2201	56121919	12/19/2019	34594	215
	1592.12		SHOP SUPPLIES	604-83-2201		/ /	34594	51
	12/19/2019		LABOR	604-83-2201		/ /	34594	1025
			VENT ACTUATOR	604-83-2201		/ /	34594	51
			TAX	604-83-2201		/ /	34594	99
			TPMS SENSORS REPLACED	604-83-2201		/ /	34594	149
			INVOICE#6058577/2					
COMMUNICATIONS/EMS TAX 1592.12								
01 0	110235	TJ ENTERPRISES AUTO SUPPLY	NAPA THE LEGEND PROFESSIONAL	401-65-2201	61121919	12/19/2019	34705	198
	198.08		BATTERIES			/ /	34705	
	12/19/2019		CORE DEPOSIT			/ /	34705	
			DERMO UNIT CHEVY BLAZER-SHERIFF			/ /	34705	
			1993 CHEVY BLAZER-DERMO UNIT			/ /	34705	
			INVOICE#050002 ACCT#11185					
OPERATIONS & MAINTENAN 198.08								
01 0	110236	TLC PLUMBING & UTILITY	DIAGNOSE AND REPAIR KITCHEN	401-36-2215	53121919	12/19/2019	34701	970
	970.88		SINK AND GREASE TRAP			/ /	34701	
	12/19/2019		ESTANCIA SENIOR CENTER			/ /	34701	
			INVOICE#R21309301 ACCT#21945					
ESTANCIA SENIOR CENTER 970.88								
01 0	110237	U.S. POSTMASTER	POSTAGE FOR 2020 LIVESTOCK	401-10-2206	1121919	12/18/2019	34728	604.
	692.41		MAILING REPORTS			/ /	34728	
	12/19/2019		POSTAGE FOR 2020 BUSINESS CARDS	401-10-2206		/ /	34728	87.
			PROPERTY POST CARDS			/ /	34728	
			ACCT#TOR0101					
COUNTY MANAGER 692.41								
01 0	110238	UNIVERSAL BACKGROUND SCREENING	PRE-EMPLOYMENT BACKGROUND CHECK	401-10-2271	2121919	12/18/2019	34485	919.
	919.00		INVOICE#201911013415					
	12/19/2019							
COUNTY MANAGER 919.00								
01 0	110239	UNIVERSITY OF NEW MEXICO (EMS)	REGISTRATIONS FOR CE PACKAGE	406-91-2266	43121919	12/19/2019	34545	85.
	820.00		EMT-FR	408-91-2266		/ /	34545	190.
	12/19/2019		EMT-B	409-91-2266		/ /	34545	95.
			PARAMEDIC	413-91-2266		/ /	34545	450.
			INVOICE#S4872736 ACCT#Y00023831					
STATE FIRE ALLOTMENT 820.00								
01 0	110240	4 RIVERS EQUIPMENT, LLC	770 CH MUFFLER ELBOW	402-60-2244	39121919	12/19/2019	34669	493.
	493.47		INVOICE#791179					



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12/19/2019								
COUNTY ROAD DEPARTMENT 493.47								
01 0	110275	BARELA, JANICE	REFUND CHECK FROM FLEX SPENDING	401-30-2102	9122319	12/23/2019		112.
12/23/2019								
COUNTY TREASURER 112.50								
01 0	110276	DECOSTA, DANIEL	REFUND CHECK FROM FLEX SPENDING	401-08-2102	1122319	12/23/2019		50.
12/23/2019								
PLANNING & ZONING 50.00								
01 0	110277	GARCIA, CRYSTAL	REFUND CHECK FROM FLEX SPENDING	401-40-2102	8122319	12/23/2019		41.
12/23/2019								
COUNTY ASSESSOR 41.67								
01 0	110278	LUCERO, JESUS	REFUND CHECK FROM FLEX SPENDING	401-40-2101	6122319	12/23/2019		104.
12/23/2019								
COUNTY ASSESSOR 104.17								
01 0	110279	MEAD, DANETTE	REFUND CHECK FROM FLEX SPENDING	401-82-2102	7122319	12/23/2019		30.
12/23/2019								
ANIMAL SERVICES 30.00								
01 0	110280	SEDILLO, NICK E.	REFUND CHECK FROM FLEX SPENDING	401-65-2102	3122319	12/23/2019		112.
12/23/2019								
OPERATIONS & MAINTENAN 112.50								
01 0	110281	SEDILLO, TRACY	REFUND CHECK FROM FLEX SPENDING	401-30-2102	4122319	12/23/2019		112.
12/23/2019								
COUNTY TREASURER 112.50								
01 0	110282	SNOW, CHRISTINE	REFUND CHECK FROM FLEX SPENDING	911-80-2102	5122319	12/23/2019		50.
12/23/2019								
911-DISPATCH CENTER 50.00								
01 0	110283	SPRUNK, MARTY	REFUND CHECK FROM FLEX SPENDING	401-50-2102	2122319	12/23/2019		67.
12/23/2019								
COUNTY SHERIFF 67.00								
01 0	110286	AUTOZONE INC.	NOVEMBER 2019 VEHICLE NEEDS (BATTERIES, WASH FLUID, WIPER	401-50-2201	12123019	12/30/2019		534. 34573

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12/30/2019		COUNTY SHERIFF	BLADES, JUMPER CABLES, OTHER					
			MISC. VEHICLE NEEDS)					
			ACCT#908815					
01 O	110287	BOKF, NA	GO BOND 2016 INTEREST	562-11-2350	6123019	12/30/2019		12080.
			AGENT FEE SEMI ANNUAL ACCT#	401-10-2272		/ /		134.
			TORRANCE 2016					
			GENERAL OBLIGATION BON 12080.78	COUNTY MANAGER	134.84			
01 O	110288		CATERPILLAR FINANCIAL SVCS CORP	86816-001/001-0886816-000/001-08	23123019	12/30/2019		116547.
				86816-003/001-0886816-004/001-08				
				86816-005/001-0886816-006/001-08				
				86816-007/001-0886816-008				
			INVOICE#20512452 ACCT#24480					
			CAPITAL OUTLAY GROSS R116547.16					
01 O	110289		CENTRAL NM ELECTRIC COOP.	401-82-2208	26123019	12/30/2019		262.
			BILL FOR DECEMBER 2019/ACCT#					
			8880084401 ANIMAL SERVICES					
			ANIMAL SERVICES					
01 O	110290		CENTRAL NM ELECTRIC COOP.	405-91-2208	27123019	12/30/2019		28.
			BILL FOR DECEMBER 2019 ACCT#					
			19103300/DIST 5 VFD					
			ACCT#19103200					
			ACCT#8880411701/CARL CANNON					
			STATE FIRE ALLOTMENT					
			423.99					
01 O	110291		CENTRAL NM ELECTRIC COOP.	406-91-2208	28123019	12/30/2019		36.
			BILL FOR DECEMBER 2019/ACCT#					
			8880099100 DIST 2 VFD					
			ACCT#19770500					
			STATE FIRE ALLOTMENT					
			141.14					
01 O	110292		CENTRAL NM ELECTRIC COOP.	407-91-2208	29123019	12/30/2019		39.
			BILL FOR DECEMBER 2019 ACCT#					
			21036000 DIST 1 VFD					
			ACCT#8880105100					
			ACCT#8880625100					
			STATE FIRE ALLOTMENT					
			157.73					
01 O	110293		CENTRAL NM ELECTRIC COOP.	408-91-2208	30123019	12/30/2019		24.
			BILL FOR DECEMBER 2019 ACCT#					
			8880074400					
			DIST 3 VFD ACCT#19615100					
			ACCT#8880488700					
			STATE FIRE ALLOTMENT					
			323.05					
01 O	110294		CENTRAL NM ELECTRIC COOP.	408-91-2208	31123019	12/30/2019		63.
			BILL FOR DECEMBER 2019 ACCT#2055					
			4000 DIST 4 VFD					
			ACCT#8880282700					
			STATE FIRE ALLOTMENT					
			120.65					
01 O	110295		CENTRAL NM ELECTRIC COOP.	409-91-2208		/ /		213.
			BILL FOR DECEMBER 2019 ACCT#2055			/ /		85.
			4000 DIST 4 VFD			/ /		
			ACCT#8880282700			/ /		
			STATE FIRE ALLOTMENT					
			120.65					
01 O	110296		CENTRAL NM ELECTRIC COOP.	409-91-2208		/ /		57.
			BILL FOR DECEMBER 2019 ACCT#2055			/ /		
			4000 DIST 4 VFD			/ /		
			ACCT#8880282700			/ /		

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	AI
01 O	110295	CENTRAL NM ELECTRIC COOP.	BILL FOR DECEMBER 2019 ACCT#	412-53-2208	32123019	12/30/2019		39
	146.32		404536900					
	12/30/2019		ACCT#404571500 FAIR BOARD	412-53-2208				23
			ACCT#404572200	412-53-2208				36
			ACCT#404572300	412-53-2208				23
			ACCT#8880064700	412-53-2208				23
COUNTY FAIR 146.32								
01 O	110296	CENTRAL NM ELECTRIC COOP.	BILL FOR DECEMBER 2019 ACCT#	413-91-2208	33123019	12/30/2019		245
	245.77		8880270701 FIRE ADMIN					
	12/30/2019							
STATE FIRE ALLOTMENT 245.77								
01 O	110297	CENTRAL NM ELECTRIC COOP.	BILL FOR DECEMBER 2019 ACCT#	418-91-2208	34123019	12/30/2019		61
	61.88		207079301 DIST 6 VFD					
	12/30/2019							
STATE FIRE ALLOTMENT 61.88								
01 O	110298	CENTRAL NM ELECTRIC COOP.	BILL FOR DECEMBER 2019 ACCT#	911-80-2208	35123019	12/30/2019		163.
	1167.10		8880281300 DISPATCH					
	12/30/2019		ACCT#19705500	911-80-2208				53.
			ACCT#8880581500	911-80-2208				949.
911-DISPATCH CENTER 1167.10								
01 O	110299	CENTRAL NM ELECTRIC COOP.	BILL FOR DECEMBER 2019 ACCT#	401-15-2208	36123019	12/30/2019		2185.
	2191.63		404273000/404273700					
	12/30/2019		MANAGER	401-15-2208				6.
ADMINISTRATIVE OFFICES 2191.63								
01 O	110300	CENTRAL NM ELECTRIC COOP.	DECEMBER 2019 JUDICIAL ACCT#	401-16-2208	37123019	12/30/2019		2893.
	2893.29		8880179001					
	12/30/2019							
JUDICIAL COMPLEX MAINT 2893.29								
01 O	110301	CENTRAL NM ELECTRIC COOP.	BILL FOR DECEMBER 2019 ACCT#	401-21-2308	38123019	12/30/2019		44.
	44.65		8880529300 VOTING MACHINE					
	12/30/2019							
ELECTIONS 44.65								
01 O	110302	CENTRAL NM ELECTRIC COOP.	HEALTH DEPT DECEMBER 2019 ACCT#	401-24-2208	39123019	12/30/2019		237.
	1407.25		404492801					
	12/30/2019		MTAIR/205707901	401-27-2208				473.
			ESTANCIA ACCT#8880109702	401-36-2208				318.
			MORIARTY ACCT#401421201	401-37-2208				377.
HEALTH DEPT BLDG MAINT 237.79								
MORIARTY SENIOR CENTER 377.23								
01 O	110303	DE LAGE LANDEN FINANCIAL SERVICE	DE LAGE LANDEN FINANCIAL SERVICE	401-08-2203	1123019	12/30/2019		691.
	691.97		NEVER RECEIVED FIRST SET OF					
	12/30/2019		INVOICES INVOICE#66262582					
PLANNING & ZONING 691.97								

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
01 O	110304	DE LAGE LANDEN FINANCIAL SERVICE	INVOICE#66226572 TAX PAYMENT	401-30-2203	2123019	12/30/2019		294.
	294.29		INVOICE 66316044 PAYMENT TAX					
	12/30/2019		ACCT#1329484					
COUNTY TREASURER 294.29								
01 O	110305	DE LAGE LANDEN FINANCIAL SERVICE	TAX LATE FEE PREVIOUS	690-09-2203	3123019	12/30/2019		547.
	547.26		BALANCE NEVER RECEIVED FIRST SET					
	12/30/2019		OF INVOICES INVOICE#66262648					
			ACCT#1341834					
WIND PILT 547.26								
01 O	110306	DE LAGE LANDEN FINANCIAL SERVICE	TAX PREVIOUS BALANCE	610-40-2203	4123019	12/30/2019		741.
	741.32		NEVER RECEIVED FIRST SET OF					
	12/30/2019		INVOICES INVOICE#66262602					
			ACCT#1341834					
COUNTY ASSESSOR 741.32								
01 O	110307	DE LAGE LANDEN FINANCIAL SERVICE	TAX PREVIOUS BALANCE	401-55-2203	5123019	12/30/2019		635.
	635.47		NEVER RECEIVED FIRST SET OF					
	12/30/2019		INVOICES INVOICE#66262624					
			ACCT#1341834					
FINANCE DEPARTMENT 635.47								
01 O	110308	DE LAGE LANDEN FINANCIAL SERVICE	TAX PREVIOUS BALANCE	401-10-2203	7123019	12/30/2019		670.
	670.76		NEVER RECEIVED FIRST SET OF					
	12/30/2019		INVOICES INVOICE#66262569 ACCT#					
			1341834					
COUNTY MANAGER 670.76								
01 O	110309	DE LAGE LANDEN FINANCIAL SERVICE	TAX INVOICE#66319710	401-50-2218	8123019	12/30/2019		512.
	512.17		ACCT#1304771					
	12/30/2019							
COUNTY SHERIFF 512.17								
01 O	110310	DE LAGE LANDEN FINANCIAL SERVICE	TAX INVOICE#66324029	413-91-2271	9123019	12/30/2019		288.
	288.19		ACCT#1304774					
	12/30/2019							
STATE FIRE ALLOTMENT 288.19								
01 O	110311	INDEPENDENT NEWS LLC	PUBLIC NOTICE FOR OCT 23	401-08-2221	11123019	12/30/2019		40.
	40.94		OF ANTELOPE SPRINGS					
	12/30/2019		3 EDITION RUN 10/4, 10/11, &					
			10/18 LANDS OF A. MILLER.					
			INVOICE#83348,83389,83433					
PLANNING & ZONING 40.94								
01 O	110312	INTEGRATED TECHNOLOGIES CORP	43" MONITORS	620-94-2219	19123019	12/30/2019		719.
	1917.48		WALL MOUNT BRACKET					
	12/30/2019		INSTALLATION OF 2 MONITORS FOR					
			SECURITY SYSTEM - TO INCLUDE					

CK#	DATE	Name	Description	Line Item	Invoice #	DATE	PO #	Am
			HARDFWARE, FUEL, AND LABOR. INVOICE#119-10-0028				34404	
			INFRASTRUCTURE GROSS R 827.44 RISK MANAGEMENT 1090.04					
01 0	110313	LEAF	HP DESIGNJET T3500PS COPIER	612-20-2203	16123019	12/30/2019		192.
	384.13		612-20-2203/ASSESSOR					
	12/30/2019		675-07-2203/RURAL ADDRESSING	675-07-2203		/ /		192.
			INVOICE#10121932 ACCT# 100-46249					
			29-001					
			COUNTY CLERK	RURAL ADDRESSING 192.07				
01 0	110314	LOBO INTERNET SERVICES LTD	TORRANCE COUNTY FIRE INTERNET	408-91-2207	24123019	12/30/2019		156.
	430.75		DIST 3					
	12/30/2019		DIST 4	409-91-2207		/ /		81.
			DIST 5	405-91-2207		/ /		81.
			DIST 2	406-91-2207		/ /		76.
			FIRE ADMIN ACCT#10926/138W	413-91-2207		/ /		36.
			STATE FIRE ALLOTMENT 430.75					
01 0	110315	MARLIN BUSINESS BANK	SCAMPRO SCANNING SYSTEM CLERK	612-20-2203	15123019	12/30/2019		266.
	266.36		INVOICE DATE 12/10/2019 INVOICE#					
	12/30/2019		17598347 ACCT#1489142					
			COUNTY CLERK	METAL FOR SNOW PLOW FOR LOADER	20123019	12/30/2019	34645	100.
01 0	110316	MORIARTY PIPE & IRON	#1	402-60-2244			34645	
	100.19							
	12/30/2019							
			COUNTY ROAD DEPARTMENT 100.19					
01 0	110317	NTS COMMUNICATIONS	LONG DISTANT FAXES/DISPATCH	911-80-2207	21123019	12/30/2019		45.
	45.82		ACCT#85841014481					
	12/30/2019							
			911-DISPATCH CENTER 45.82					
01 0	110318	NTS COMMUNICATIONS	LONG DISTANT FAXES/CLERK	401-20-2207	22123019	12/30/2019		2.
	8.75		TREASURER	401-30-2207		/ /		2.
	12/30/2019		ASSESSOR	401-40-2207		/ /		2.
			SHERIFF	401-50-2207		/ /		2.
			ACCT#85841014457					
			COUNTY CLERK 2.19	COUNTY ASSESSOR 2.19				
			COUNTY SHERIFF 2.18					
01 0	110319	ORTIZ, ADRIAN	DECEMBER 2019 TEEN COURT SERVICE	605-03-2271	25123019	12/30/2019		3212.
	3428.81		6.75% GRT INVOICE#12302019	605-03-2271		/ /		216.
	12/30/2019							
			DWI DISTRIBUTION GRANT 3428.81					
01 0	110320	PACIFIC OFFICE AUTOMATION, INC.	MANAGER EQUIPMENT MAINT 01/2020	401-10-2203	13123019	12/30/2019		668.
	760.32		ROAD EQUIPMENT MAINT 01/2020	402-60-2203		/ /		92.
	12/30/2019		INVOICE#34596510 ACCT#1821290					
			COUNTY MANAGER 668.14	COUNTY ROAD DEPARTMENT 92.18				

CK#	DATE	NAME	DESCRIPTION	LINE ITEM	INVOICE #	DATE	PO #	AM
01 0	110321	PLATEAU WIRELESS	LANDLINE CHARGES DURAN FIRE BILL	407-91-2207	10123019	12/30/2019		177.
	177.33		DATE 12/22/2019 ACCT#575-584-2244					
	12/30/2019							
	STATE FIRE ALLOTMENT	177.33						
01 0	110322	QWEST CORPORATION	MONTHLY CHARGES DECEMBER 2019	420-70-2207	17123019	12/30/2019		279.
	279.05		ACCT#5053840058596M					
	12/30/2019							
	ADULT INMATE CARE	279.05						
01 0	110323	SAM'S CLUB DIRECT	CAT AND DOG FOODS, DOG TREATS,	401-82-2216	18123019	12/30/2019	34653	273.
	820.40		BLEACH, DAWN, SCRUBBY SPONGES,	401-82-2220		/ /	34653	164.
	12/30/2019		LAUNDRY SOAP, BRUSHES, ASSORTED	401-82-2223		/ /	34653	291.
			SUPPLIES, AIR WICK OILS AND	401-82-2229		/ /	34653	91.
			SPRAYS, CAT LITTER, TOILET PAPER				34653	
			TISSUE, AND PAPER TOWELS				34653	
			ACCT#101 35100695810408					
	ANIMAL SERVICES	820.40						
01 0	110324	WAGNER EQUIPMENT CO.	MANUEL REGEN SWITCH WAS TURNED	402-60-2244	14123019	12/30/2019	34649	674.
	3835.10		OFF FOR DIAGNOSTICS REPAIRS WERE	402-60-2244		/ /	34649	3160.
	12/30/2019		NOT COVERED BY WARRANTY				34649	
			CAT0120MTM9H00520				34649	
			REPAIR CONTROL VALVE				34649	
			RESET SYTEM				34649	
			STATE PRICING AGREEMENT				34649	
			#90-000-19-00063				34649	
			INVOICE#S10W0878613 ACCT#88034				34649	
	COUNTY ROAD DEPARTMENT	3835.10						
	170	328246.48						
			TOTAL					



*Agenda Item  
No. 12*



*Agenda Item  
No. 13-A*



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**TORRANCE COUNTY  
BOARD OF COUNTY COMMISSONERS  
RESOLUTION NO. R 2020-**

**A RESOLUTION REQUESTING THE HONORABLE GOVERNOR LUJAN GRISHAM  
AND THE NEW MEXICO STATE LEGISLATURE REPEAL THE STATE TAX ON  
SOCIAL SECURITY BENEFITS FOR NEW MEXICO SENIORS**

**WHEREAS**, in 1990, the New Mexico Legislature passed Senate Bill 310, which repealed New Mexico's tax exemption for Social Security benefits; and

**WHEREAS**, in New Mexico, taxpayers aged 65 and older with incomes up to \$18,000, or \$30,000 for married couples, are eligible to exempt just \$8,000 from their total income, which includes Social Security benefits; and

**WHEREAS**, tax exemption is phased out as senior's income increases, and by the time an individual's income reached \$28,501, or \$51,001 for a married couple, they receive no exemption for any of their income, including Social Security benefits; and

**WHEREAS**, New Mexico is one of just thirteen states in the United States that levies an income tax on Social Security payment to at least some beneficiaries, and New Mexico has the second highest tax on Social Security benefits in the nation; and

**WHEREAS**, it is estimated that there are 120,000 New Mexicans age 65 and older, which make 17.5% of the state's population; and

**WHEREAS**, at 12.2%, New Mexico is ranked third in the nation in the percentage of seniors living in poverty; and

**WHEREAS**, New Mexico's State tax on Social Security benefits costs the average Social Security recipient nearly \$700 a year; and

**WHEREAS**, the average Social Security benefit in New Mexico is only \$13,900 a year, and the cost of food, housing, and healthcare averages \$28,000 a year for older Americans,

1 which leaves seniors facing the impossible choice between buying food and medicine, or keeping  
2 the lights, heat, and water on; and

3 **WHEREAS**, taxing Social Security benefits undermines the purpose of the Social  
4 Security Act, which was designed to lift seniors out of poverty, not fund the state government.

5 **NOW, THEREFORE BE IT RESOLVED** by the governing body of Torrance County  
6 that:

7 1) The Honorable Governor Lujan Grisham add the repeal of the State tax on Social  
8 Security benefits in New Mexico to the upcoming 2020 New Mexico Legislative  
9 Session agenda; and

10 2) If placed on the 2020 New Mexico Legislative Session agenda, the New Mexico State  
11 Legislature support the repeal of the New Mexico State tax on Social Security  
12 benefits.

13 **BE IT FURTHER RESOLVED**, that this Resolution shall be delivered and presented to  
14 the Honorable Governor Michelle Lujan Grisham and the New Mexico State Legislators  
15 representing Torrance County and the other New Mexico Counties; and  
16 County Manager Wayne Johnson is hereby authorized and directed to inform and work  
17 with Governor Lujan Grisham and the New Mexico Legislature to accomplish this  
18 Resolution for the residents of Torrance County and State of New Mexico.

19 **DONE THIS 8<sup>th</sup> DAY OF JANUARY, 2020.**

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**APPROVED AS TO FORM ONLY:**

**BOARD OF COUNTY COMMISSIONERS**

\_\_\_\_\_  
County Attorney                      Date

\_\_\_\_\_  
Ryan Schwebach, District 2

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Javier Sanchez, District 3

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Kevin McCall, District 1

4 **ATTEST:**

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6 \_\_\_\_\_  
Linda Jaramillo, County Clerk

7

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



*Agenda Item  
No. 13-B*

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**TORRANCE COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION NO. R 2020-\_\_\_\_\_**

**A RESOLUTION REQUESTING THE HONORABLE GOVERNOR MICHELLE  
LUJAN GRISHAM POSTPONE CONSIDERATION OF PRIVATE PRISON  
LEGISLATION BY REFRAINING FROM PLACING ANY SUCH LEGISLATION ON  
THE 2020 LEGISLATIVE SESSION CALL**

**WHEREAS**, House Bill 72 sponsored by Representative Angelica Rubio has been pre-  
filed for the 2020 Legislative Session; and

**WHEREAS**, there are many issues surrounding the operation of prisons in New Mexico  
from living conditions to security, jobs to statutory obligations; and

**WHEREAS**, House Bill 72 if signed into law would effectively end public/private  
partnerships between rural counties; and

**WHEREAS**, rural counties are charged with the statutory obligation to provide  
Constitutional detention facilities for those arrested within their jurisdiction; and

**WHEREAS**, public/private partnerships with private operators provide facilities that  
small communities and rural counties could not otherwise provide; and

**WHEREAS**, these facilities provide hundreds of needed jobs; and

**WHEREAS**, some of the longest running court actions involving detention facilities in  
the State of New Mexico involve public bodies; and

**WHEREAS**, policy discussions involving the operation of prisons in New Mexico,  
whether they be public or private, deserve thoughtful contemplation and full, informative  
hearings; and

**WHEREAS**, thirty day sessions of the New Mexico Legislature are primarily designed  
for budgetary matters and do not provide adequate time for complicated non-budgetary matters  
such as detention reform.

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**NOW, THEREFORE BE IT RESOLVED** by the Governing Body of Torrance County that the Honorable Governor Michelle Lujan Grisham postpone any legislative action on House Bill 72 more appropriately taken up in a sixty day session, by not including it on the Governor's Call.

**DONE THIS 8<sup>th</sup> DAY OF JANUARY, 2020.**

**APPROVED AS TO FORM ONLY:**

**BOARD OF COUNTY COMMISSIONERS**

\_\_\_\_\_  
County Attorney                      Date

\_\_\_\_\_  
Ryan Schwebach, Member

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Javier Sanchez, Member

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Kevin McCall, Member

**ATTEST:**

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Linda Jaramillo, County Clerk

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



*Agenda Item  
No. 13-C*



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**TORRANCE COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION NO. R 2020-**

**A RESOLUTION ESTABLISHING THE TORRANCE COUNTY FLEET CARD AND  
PROCUREMENT CARD POLICY**

**WHEREAS**, Torrance County regularly purchases goods, services, and vehicle fuel in order to support the County's mission of promoting the safety and welfare of the citizens of Torrance County; and

**WHEREAS**, the Torrance County Board of Commissioners wishes to establish a clear, effective, efficient policy for the use of fleet cards and procurement cards; and

**WHEREAS**, the County must abide by the State of New Mexico Procurement Code.

**NOW, THEREFORE BE IT RESOLVED** the attached document entitled Torrance County Fleet Card and Procurement Card Policy is hereby adopted; and

**BE IT FURTHER RESOLVED** Any Fleet Card and Procurement Card Policy previous Fleet Card & Procurement Card Policy is hereby repealed.

**DONE THIS 8th<sup>th</sup> DAY OF January, 2020.**

**APPROVED AS TO FORM ONLY:**

**BOARD OF COUNTY COMMISSIONERS**

\_\_\_\_\_  
County Attorney                      Date

\_\_\_\_\_  
Ryan Schwebach, Chair

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Javier Sanchez, Vice Chair

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Kevin McCall, Member

**ATTEST:**

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Linda Jaramillo, County Clerk



# TORRANCE COUNTY

## Fleet Card & Procurement Card Policy

Resolution 2020 -

### SECTION I: GENERAL PROVISIONS

#### **1.1 Purpose**

The purpose of this Policy is to establish regulations when using a fleet card or a procurement card that is owned by Torrance County and to ensure that no inappropriate (misuse) use of government funds occurs with such fleet cards or procurement cards.

#### **1.2 Scope**

This Policy is to set rules and regulations for the use of fleet cards and procurement cards in accordance to the Torrance County Purchasing Policy and NM State Statutes. This Policy applies to all Torrance County Staff, Elected Officials, and Volunteers. This Policy supersedes all previously issued County fleet card and procurement card policies.

#### **1.3 Employee Knowledge and Information of Policy**

The County Manager or designee shall provide a copy of this Policy to current employees and to all new employees with instructions to read and know all the provisions of these rules. Employees, Elected officials, and volunteers shall sign a form acknowledging both receipt and understanding of the provisions of this Policy.

### SECTION II: DEFINITIONS

#### **2.1 Fleet Card Administrator**

The individuals who have administrative rights, ability to make changes, add new cards,

and maintain access over the Fleet Cards: County Manager, Deputy County Manager, Finance Director, Chief Procurement Officer, and Operations Manager.

**2.1 Procurement Card Administrator**

The individuals who have administrative rights over the Procurement Cards: County Manager, Deputy County Manager, Finance Director, and the Chief Procurement Officer.

**2.2 Fleet Card**

Card assigned to a vehicle that is used for fuel purchases carwashes and other vehicle related purchases such as emergency related repairs as approved by a Fleet Card Administrator.

**2.3 Procurement Card (P-Card)**

Card that is used for other purchases outside the aspect of a Fleet Card in accordance with the Torrance County Purchasing Policy - Resolution 2019-38 and NM State Statutes.

**2.4 Unauthorized Purchases**

Any purchase that does not comply with the Torrance County Purchasing Policy - Resolution 2019-38 or NM State Statutes.

**SECTION III: PROCEDURES**

**3.1 Access**

Fleet Card access shall be granted only to County Staff, Elected Officials, and Volunteers who acknowledge and adhere to the Torrance Fleet Card & Procurement Card Policy and the Torrance County Purchasing Policy - Resolution 2019-38.

**3.2 Fleet Card Assignment**

Fleet Cards shall be assigned to a specific vehicle and shall be used only for its specified vehicle and for purposes as defined in Section 2.2 of this Policy.

**A. Use of Fleet card on an Unassigned Vehicle**

In the event that a situation arises where a Fleet Card is not working and a vehicle is in need of fuel, a different fleet card may be used to fuel a vehicle to which the fleet card is not assigned. The use of a different card may be approved by any one of the Fleet Card Administrators. This approval is for a one time use only or as otherwise directed by the Card Administrator.

**B. Emergency Situations (Fleet Cards)**

In the event of an emergency situation and a Fleet Card is not working and there is no other card that can be used, a reimbursement may be authorized for the fuel purchase by a Fleet Card Administrator. All reimbursements must be accompanied with an original receipt of the purchase. Without proper authorization, any reimbursements shall not be guaranteed.

### **C. Damaged Card**

In the event a fleet card is damaged and does not work properly, a Card Administrator shall be contacted by the next business day to initiate a replacement card order.

### **3.3 Authorization for Use**

Any authorization for use of a fleet card shall be requested by the Department Head or designee. This request shall be written or emailed to a Fleet Card Administrator for the employee to be added to the list. When an employee is no longer employed by or an Elected Official no longer holds an elected office in the County, the HR Director shall email a Card Administrator to have that person removed from the list of authorized fleet card users. In the event a current employee or Elected Official no longer needs access to use a Fleet Card, the employee's Department Head or designee or Elected Official shall send a request to a Card Administrator to have the employee removed from the list of authorized Fleet Card Users.

### **3.4 Fleet Card Use**

Fleet Cards are for Official County Use Only.

#### **A. Receipts**

Receipts are required for all purchases with a Fleet Card. Digital copies (e.g. pictures and scanned copies of original receipt).

#### **B. No Receipt**

In the event a receipt cannot be obtained due to mechanical error or IT error by the vendor, a digital picture of the fuel pump showing total dollar amount and gallons shall be acceptable if provided with the vendor's name and address and a written justification explaining why a receipt could not be obtained. A notarized affidavit that includes this information shall be submitted for all fleet card transaction that do not have a receipt.

#### **C. Failure to Comply**

Failing to comply with this Policy may result in a loss of access to use fleet cards for Torrance County's Vehicle Fleet. The County Manager or designee has the authority to remove an employee or Elected Official's access to use Fleet Cards or to reprimand the employee for such failure. Repeated failures to comply with this Policy may result in disciplinary action up to and including termination. Unauthorized purchases on the Fleet Card shall result in the employee being personally liable for the charges

#### **D. Payments**

Once invoices are received, Departments shall issue account payable reports in accordance with the Torrance County Purchasing Policy - Resolution 2019-38.

### **3.5 Procurement Cards**

Procurement cards shall be issued only after written authorization is provided by the County Manager or designee and Chief Procurement Officer or designee.

#### **A. Making a Purchase**

All purchases made with a Procurement Card shall be in accordance with the Torrance County Purchasing Policy - Resolution 2019-38 and NM State Statutes. All purchases made with a procurement card shall be accompanied with a receipt, no exceptions.

**B. Failure to Comply**

Failing to comply with this Policy in regards to the use of a procurement card shall result in the employee being personally liable for the charges on the Procurement Card.

Unauthorized purchases on the Procurement Card shall result in the employee being personally liable for the charges. The County Manager or designee has the discretion and authority to have employees repay the County for any unauthorized purchases on the Procurement Card. The County Manager or designee may permanently disallow an employee or Elected Official access to the use of a Procurement Card for improper use of the Procurement Card. Repeated failure to comply with this Policy may result in disciplinary action up to and including termination.

**3.6 Lost/Stolen Card**

In the event that a fleet card or procurement card is lost or stolen, the person authorized to use this card shall immediately contact a Card Administrator upon the discovery of a card being lost or stolen. The Card Administrator shall then turn off the card for all purchases immediately.

**3.7 Audit**

From time to time, the County Manager or designee may initiate an internal audit for Fleet and/or Procurement Cards.



*Agenda Item  
No. 13-D*

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**TORRANCE COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION NO. R 2020-**

**Appointing & Acknowledging Members of the County Protest Board**

**WHEREAS**, pursuant to NMSA 1978, Section 7-38-21 property owners have the right to protest the value or classification determined for their property for property taxation purposes, and;

**WHEREAS**, NMSA 1978, Section 7-38-25 provides in pertinent part that there shall be a county protest board in each county, to hear and decide protest of determinations made by county assessors & protested under Section 7-37-24 NMSA 1978, consisting of three voting members & three alternatives who shall not hold any elective public office during the term of their appointment nor shall any such member or alternate be employed by the state, a political subdivision or a school district during the term of his appointment, and;

**WHEREAS**, NMSA 1978, Section 7-38-25 further provides that "one member and one alternate shall be a qualified elector of the county and shall be appointed by the board of county commissioners for the term of two years; one member and one alternate shall be a qualified elector of the county, shall have demonstrated experience in the field of valuation of property and shall be appointed by the board of county commissioners for a term of two years; and one member and one alternate shall be a property appraisal officer employed by the department, assigned by the director and shall be the chairman of the board."

**NOW, THEREFORE, BE IT RESOLVED**, that the Board of County Commissioners appoints the following members and their alternates pursuant to NMSA 1978, Section 7-38-25.

**Qualified Elector of Torrance County:**

Cheri Wallen Term Expiring On: January 1, 2022

*Member*

Danielle Johnson Term Expiring On: January 1, 2022

*Alternate*

CONTINUATION PAGE 2, RESOLUTION NO. \_\_\_\_\_  
RESOLUTION TITLE

1 **Qualified Elector of Torrance County with experience in the field of valuation of**  
2 **property: in the field of valuation of property:**

3  
4  
5 John Blatnik Term Expiring On: January 1, 2022  
6 *Member*

7  
8 Patsy Gustin Term Expiring On: January 1, 2022  
9 *Alternate*

10 **DONE THIS 8<sup>th</sup> DAY OF JANUARY, 2020.**

11  
12  
13 **APPROVED AS TO FORM ONLY:**

**BOARD OF COUNTY COMMISSIONERS**

14  
15  
16 County Attorney                      Date

Ryan Schwebach, Chair

17  
18 Kevin McCall, Member

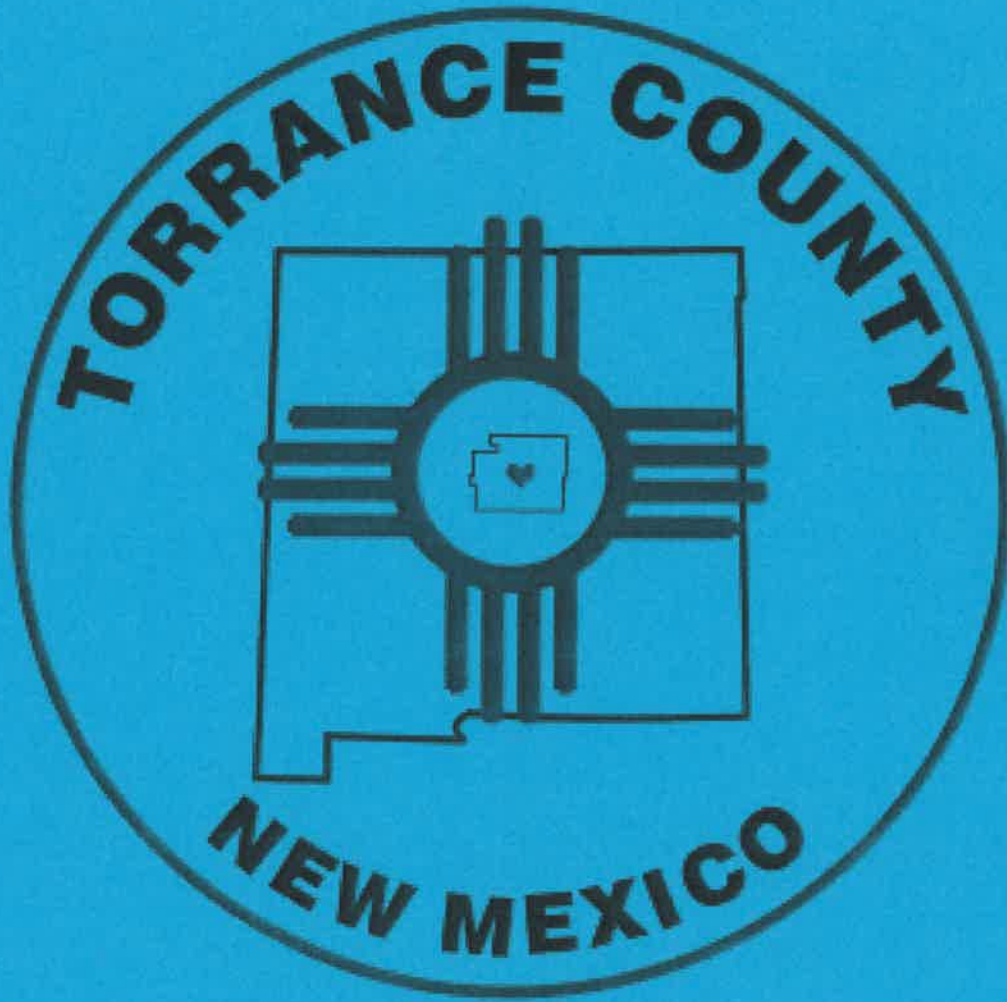
19  
20 Javier Sanchez, Vice Chair

21 **ATTEST:**

22  
23 Linda Jaramillo, County Clerk

24  
25 Date: \_\_\_\_\_





*Agenda Item  
No. 14-A*



*Agenda Item  
No. 14-B*



**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2021**

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

**Due Date: January 24, 2020**

**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** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2020**. 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>	Torrance County Fire Department- District 2 Indian Hills			131132
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
<b>Mailing Address:</b>	P.O. Box 48		Estancia	NM 87016
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
	✓ 1	2	3	(505) 544-4401 (505) 507-6172 (505) 384-3165
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #) (Fax Phone #)</i>
<b>Contact Person:</b>	Lester Gary		Fire Chief	lgay@tcnm.us
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>

<b>Applicant:</b>	County of Torrance			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	P.O. Box 48		Estancia	NM 87016
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
<b>Contact Person:</b>	Wayne Johnson		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	505-544-4702	505-384-5294	wjohnson@tcnm.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 checked="" type="checkbox"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <b>minimum of two NM licensed personnel.</b>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <b>minimum of two NM licensed personnel.</b>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <b>minimum of two NM licensed personnel.</b>
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<input checked="" type="checkbox"/> <b>Check if applicable</b> The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database
<input checked="" type="checkbox"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input checked="" type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> <b>Check if applicable</b> 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 priority 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>		
<b>Training:</b>		
<b>Mileage &amp; Per Diem:</b>		
<b>Supplies (Items Under \$500):</b>		
1	Procurement of and replacement of expended disposable medical supplies.	\$ 1,500.00
<b>**Capital Outlay (Items Over \$500):</b>		
<b>Other Operational Costs:</b>		
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$ 1,500.00</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 - 5 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. (Communication is key)

## 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.)

Torrance County would utilize available funding for the purchase of disposable supplies used in the daily operation of the organization; in support of providing the highest quality of patient care. This would also provide patient care givers appropriate and sufficient access to the supplies required to accomplish this mission. These supplies are continuously purchased throughout the year to ensure that adequate amounts are on hand, while assisting in off-setting the high cost of obtaining medical supplies and equipment.

**SERVICE NAME:**

Torrance County Fire Department- District 2 Indian Hills

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, **COUNTY OF**

Torrance

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

Mayor

OR

Chairman, Board of Commissioners

Torrance

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.

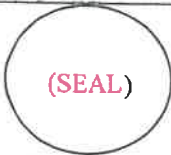
*Signature of Official Named Above*

*(Title)*

The above was sworn and subscribed to before this \_\_\_ day of \_\_\_\_\_, 20\_\_.

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

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



**PERSON COMPLETING FORM**

**Name:**

Lester Gary

Fire Chief

*(Name)*

*(Title)*

**Address:**

P.O. Box 48

Estancia

NM

87016

*(City)*

*(State)*

*(Zip)*

*(+4)*

(505) 544-4401

(505) 507-6172

lgary@tcnm.us

*(Work Phone)*

*(Home Phone)*

*(Cellular Phone)*

*(Email)*

**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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

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

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	✓	Other: (Specify)
EMSCOM (UHF) Radio	✓	
Spare Batteries/charger system	✓	

### Personal Protective Equipment

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

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	✓	Thermometer	✓
End Tidal CO2 monitoring device (optional)	✓	Other: (Specify)	
Glucose Monitoring Instrument	✓		
Penlights	✓		
Pulse Oximeter	✓		
Stethoscope	✓		



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

Basic Level			
Item Description	Available	Item Description	Available
Adhesive Tape 1" and 2"	✓	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	✓
Auto Ventilator Devices (ATV/MTV)	✓	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	✓
Bag Valve Mask Devices (Adult, Child and Infant)	✓	Oxygen Supply Tubing	✓
Band-Aids (Assorted Sizes)	✓	Patient Restraints	✓
Biohazard Clean-up Supplies	✓	Pediatric Drug Dosage Tape or chart	✓
Biohazard Waste bags	✓	Pediatric Restraint device/car seat	✓
Blankets	✓	Pillows	✓
Body Bags	✓	Portable Oxygen Equipment	✓
Cervical Collars - Rigid (Adult, Child and Infant)	✓	Portable Suction Unit	✓
Cervical Immobilization Devices	✓	Seated Spinal Immobilization Device	✓
Chair Stretcher	✓	Semi-Automatic Defibrillator with Pads	✓
Cold Pack	✓	Semi-Automatic Defibrillator Batteries	✓
Cold Weather Warming Devices	✓	Sharps Container	✓
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	✓	Sheets	✓
Emesis Basin	✓	Shoulder/chest/extremity straps	✓
Field Stretcher (Scoop, Collapsible, Vacuum)	✓	Spinal Immobilization device/backboard	✓
Foil Blanket	✓	Splints, Extremity (Rigid, Air, Vacuum)	✓
Hand Sanitizer	✓	Sterile Burn Sheets	✓
Heat Pack	✓	Sterile Gloves (Assorted Sizes)	✓
Inhalation Therapy Equipment	✓	Sterile Water	✓
Installed Oxygen System	✓	Stokes Basket	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	✓	Suction Catheters (Soft & Rigid)	✓
Long Backboard	✓	Supraglottic Airway Devices	✓
Multi-Level Stretcher	✓	Multi-lumen Airway Devices	✓
Multi-Lumen Airways	✓	Laryngeal Airway Devices	✓
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	✓	Towels	✓
Nasopharyngeal Airways	✓	Traction Splint	✓
Occlusive Dressings	✓	Trauma Dressings	✓
On-Board Suction System	✓	Trauma Shears	✓
On-Board Oxygen Supply	✓	Triangular Bandages	✓
		Urinal (Male and Female)	✓
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			✓
Other: (Specify)			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input checked="" type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input checked="" type="checkbox"/>
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	<input checked="" type="checkbox"/>	Laryngoscope Blades – Adult	<input type="checkbox"/>
Chest Decompression Catheters	<input checked="" type="checkbox"/>	Laryngoscope Blades – Peds	<input type="checkbox"/>
Cricothyroidotomy Kit	<input checked="" type="checkbox"/>	Laryngoscope Handle	<input type="checkbox"/>
EKG Monitor Electrodes	<input checked="" type="checkbox"/>	Magill Forceps	<input checked="" type="checkbox"/>
Electrode Defib Pads	<input checked="" type="checkbox"/>	Needles (Assorted Gauges)	<input checked="" type="checkbox"/>
Endotracheal Tubes (Assorted)	<input type="checkbox"/>	Pediatric Fluid Control Device	<input checked="" type="checkbox"/>
Ext. Cardiac Pacing Pads	<input checked="" type="checkbox"/>	Scalpels	<input checked="" type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>	Toomey Syringe (60cc)	<input checked="" type="checkbox"/>
Intraosseous Needles	<input checked="" type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input type="checkbox"/>
IV Catheters	<input checked="" type="checkbox"/>	Tubing, IV Administration (60gtts)	<input checked="" type="checkbox"/>
		Tubing, IV Administration Set (10gtts – 20gtts)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			<input checked="" type="checkbox"/>

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

Two Stokes Baskets are available in the north and south region of the county. Laryngoscopes are available to EMTP



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**LOCAL FUNDING PROGRAM**  
**APPLICATION**  
**FISCAL YEAR 2021**

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 Santa Fe, NM 87507  
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<b>Local Recipient:</b>	Torrance County Fire Department- District 3 McIntosh		131130	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	P.O. Box 48	Estancia	NM	87016
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	(505) 544-4401
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Lester Gary	Fire Chief	lgay@tcnm.us	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	County of Torrance			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	P.O. Box 48	Estancia	NM	87016
	<i>(Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Wayne Johnson	County Manager		
	<i>(Name)</i>	<i>(Title)</i>		
	505-544-4702	505-384-5294	wjohnson@tcnm.us	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	



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<input checked="" type="checkbox"/> <b>Check if applicable</b> The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database
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<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input checked="" type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> <b>Check if applicable</b> 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.
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- Use each priority 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>		
<b>Training:</b>		
<b>Mileage &amp; Per Diem:</b>		
<b>Supplies (Items Under \$500):</b>		
1	Procurement of and replacement of expended disposable medical supplies.	\$ 1,500.00
<b>**Capital Outlay (Items Over \$500):</b>		
<b>Other Operational Costs:</b>		
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$ 1,500.00</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 - 5 years
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- 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. (Communication is key)

## 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.)

Torrance County would utilize available funding for the purchase of disposable supplies used in the daily operation of the organization; in support of providing the highest quality of patient care. This would also provide patient care givers appropriate and sufficient access to the supplies required to accomplish this mission. These supplies are continuously purchased throughout the year to ensure that adequate amounts are on hand, while assisting in off-setting the high cost of obtaining medical supplies and equipment.

**SERVICE NAME:** Torrance County Fire Department- District 3 McIntosh

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, **COUNTY OF** Torrance

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

Mayor **OR** Chairman, Board of Commissioners

Torrance

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.

*Signature of Official Named Above* *(Title)*

The above was sworn and subscribed to before this \_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

(SEAL)

**PERSON COMPLETING FORM**

<b>Name:</b>	Lester Gary	Fire Chief
	<i>(Name)</i>	<i>(Title)</i>
<b>Address:</b>	P.O. Box 48	
	Estancia	NM 87016
	<i>(City)</i>	<i>(State) (Zip)</i>
(505) 544-4401	(505) 507-6172	lgary@tcnm.us
<i>(Work Phone)</i>	<i>(Home Phone)</i>	<i>(Cellular Phone)</i>
		<i>(Email)</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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

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

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
EMSCOM (UHF) Radio	<input checked="" type="checkbox"/>	
Spare Batteries/charger system	<input checked="" type="checkbox"/>	

### Personal Protective Equipment

Item Description	Available	Item Description
Exam Gloves	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
Eye Protection	<input checked="" type="checkbox"/>	
Gloves (Leather or heavy duty)	<input checked="" type="checkbox"/>	
Hearing Protection	<input checked="" type="checkbox"/>	
Helmet with Face Shield	<input checked="" type="checkbox"/>	
N-95 mask (or > particulate mask)	<input checked="" type="checkbox"/>	
Safety Vest/Jacket/(ANSI 2008 Compliant)	<input checked="" type="checkbox"/>	
Splash Protection (disposable)	<input checked="" type="checkbox"/>	

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	<input checked="" type="checkbox"/>	Thermometer	<input checked="" type="checkbox"/>
End Tidal CO2 monitoring device (optional)	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>	
Glucose Monitoring Instrument	<input checked="" type="checkbox"/>		
Penlights	<input checked="" type="checkbox"/>		
Pulse Oximeter	<input checked="" type="checkbox"/>		
Stethoscope	<input checked="" type="checkbox"/>		



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

Basic Level			
Item Description	Available	Item Description	Available
Adhesive Tape 1" and 2"	✓	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	✓
Auto Ventilator Devices (ATV/MTV)	✓	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	✓
Bag Valve Mask Devices (Adult, Child and Infant)	✓	Oxygen Supply Tubing	✓
Band-Aids (Assorted Sizes)	✓	Patient Restraints	✓
Biohazard Clean-up Supplies	✓	Pediatric Drug Dosage Tape or chart	✓
Biohazard Waste bags	✓	Pediatric Restraint device/car seat	✓
Blankets	✓	Pillows	✓
Body Bags	✓	Portable Oxygen Equipment	✓
Cervical Collars - Rigid (Adult, Child and Infant)	✓	Portable Suction Unit	✓
Cervical Immobilization Devices	✓	Seated Spinal Immobilization Device	✓
Chair Stretcher	✓	Semi-Automatic Defibrillator with Pads	✓
Cold Pack	✓	Semi-Automatic Defibrillator Batteries	✓
Cold Weather Warming Devices	✓	Sharps Container	✓
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	✓	Sheets	✓
Emesis Basin	✓	Shoulder/chest/extremity straps	✓
Field Stretcher (Scoop, Collapsible, Vacuum)	✓	Spinal Immobilization device/backboard	✓
Foil Blanket	✓	Splints, Extremity (Rigid, Air, Vacuum)	✓
Hand Sanitizer	✓	Sterile Burn Sheets	✓
Heat Pack	✓	Sterile Gloves (Assorted Sizes)	✓
Inhalation Therapy Equipment	✓	Sterile Water	✓
Installed Oxygen System	✓	Stokes Basket	
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	✓	Suction Catheters (Soft & Rigid)	✓
Long Backboard	✓	Supraglottic Airway Devices	✓
Multi-level Stretcher	✓	Multi-lumen Airway Devices	✓
Multi-Lumen Airways	✓	Laryngeal Airway Devices	✓
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	✓	Towels	✓
Nasopharyngeal Airways	✓	Traction Splint	✓
Occlusive Dressings	✓	Trauma Dressings	✓
On-Board Suction System	✓	Trauma Shears	✓
On-Board Oxygen Supply	✓	Triangular Bandages	✓
		Urinal (Male and Female)	✓
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			✓
Other: (Specify)			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input checked="" type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input checked="" type="checkbox"/>
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	<input checked="" type="checkbox"/>	Laryngoscope Blades – Adult	<input type="checkbox"/>
		Laryngoscope Blades – Peds	<input type="checkbox"/>
Chest Decompression Catheters	<input checked="" type="checkbox"/>	Laryngoscope Handle	<input type="checkbox"/>
Cricothyroidotomy Kit	<input checked="" type="checkbox"/>	Magill Forceps	<input checked="" type="checkbox"/>
EKG Monitor Electrodes	<input checked="" type="checkbox"/>	Needles (Assorted Gauges)	<input checked="" type="checkbox"/>
Electrode Defib Pads	<input checked="" type="checkbox"/>	Pediatric Fluid Control Device	<input checked="" type="checkbox"/>
Endotracheal Tubes (Assorted)	<input type="checkbox"/>	Scalpels	<input checked="" type="checkbox"/>
Ext. Cardiac Pacing Pads	<input checked="" type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input checked="" type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	Toomey Syringe (60cc)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input type="checkbox"/>
Intraosseous Needles	<input checked="" type="checkbox"/>		<input type="checkbox"/>
IV Catheters	<input checked="" type="checkbox"/>	Tubing, IV Administration (60gtts)	<input checked="" type="checkbox"/>
		Tubing, IV Administration Set (10gtts – 20gtts)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			<input checked="" type="checkbox"/>

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

Two Stokes Baskets are available in the north and south region of the county. Laryngoscopes are available to EMTP



**EMS FUND ACT**  
**LOCAL FUNDING PROGRAM**  
**APPLICATION**  
**FISCAL YEAR 2021**

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

**Due Date: January 24, 2020**

**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** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2020**. 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>	Torrance County Fire Department- District 5 Northeast			131131
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
<b>Mailing Address:</b>	P.O. Box 48	Estancia	NM	87016
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Lester Gary	Fire Chief	lgay@tcnm.us	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	County of Torrance			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	P.O. Box 48	Estancia	NM	87016
	<i>(Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Wayne Johnson		County Manager	
	<i>(Name)</i>		<i>(Title)</i>	
	505-544-4702	505-384-5294	wjohnson@tcnm.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 checked="" type="checkbox"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> Eighty percent (80%) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <b>minimum of two NM licensed personnel.</b>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <b>minimum of two NM licensed personnel.</b>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent (80%) of all runs covered by a NM licensed EMT-I or EMT-P level, <b>minimum of two NM licensed personnel.</b>
<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has Basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic & advanced medical supplies and equipment.
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<b>Training:</b>		
<b>Mileage &amp; Per Diem:</b>		
<b>Supplies (Items Under \$500):</b>		
1	Procurement of and replacement of expended disposable medical supplies.	\$ 1,500.00
<b>**Capital Outlay (Items Over \$500):</b>		
<b>Other Operational Costs:</b>		
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$ 1,500.00</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:

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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.)

Torrance County would utilize available funding for the purchase of disposable supplies used in the daily operation of the organization; in support of providing the highest quality of patient care. This would also provide patient care givers appropriate and sufficient access to the supplies required to accomplish this mission. These supplies are continuously purchased throughout the year to ensure that adequate amounts are on hand, while assisting in off-setting the high cost of obtaining medical supplies and equipment.

**SERVICE NAME:** Torrance County Fire Department- District 5 Northeast

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, **COUNTY OF** Torrance

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

Mayor **OR** Chairman, Board of Commissioners

Torrance

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:

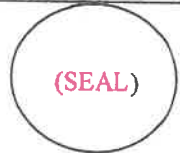
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political 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.

*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>	Lester Gary	Fire Chief
	<i>(Name)</i>	<i>(Title)</i>
<b>Address:</b>	P.O. Box 48	
	Estancia	NM 87016
	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
(505) 544-4401	(505) 507-6172	lgary@tcnm.us
<i>(Work Phone)</i>	<i>(Home Phone)</i>	<i>(Cellular Phone)</i> <i>(Email)</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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

Item Description	Available	Item Description	Available
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Flashlight	<input checked="" type="checkbox"/>	Vehicle Spotlight or auxiliary lighting	<input checked="" type="checkbox"/>
Fuses (appropriate sizes)	<input checked="" type="checkbox"/>	Warning Lights	<input checked="" type="checkbox"/>
Jack and Handle	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>	
Lug Wrench	<input checked="" type="checkbox"/>		
Maps or Navigational equipment	<input checked="" type="checkbox"/>		
Patient Care Reports or Reporting System	<input checked="" type="checkbox"/>		
Roadway warning devices	<input checked="" type="checkbox"/>		
Service Specific Protocols and guidelines	<input checked="" type="checkbox"/>		
Siren	<input checked="" type="checkbox"/>		
Spare Tire	<input checked="" type="checkbox"/>		
Star of Life Displayed	<input checked="" type="checkbox"/>		
Tool Box	<input checked="" type="checkbox"/>		
Triage Tags for MCI's	<input checked="" type="checkbox"/>		
U.S. DOT Emergency Response Guidebook	<input checked="" type="checkbox"/>		

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
EMSCOM (UHF) Radio	<input checked="" type="checkbox"/>	
Spare Batteries/charger system	<input checked="" type="checkbox"/>	

### Personal Protective Equipment

Item Description	Available	Item Description
Exam Gloves	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
Eye Protection	<input checked="" type="checkbox"/>	
Gloves (Leather or heavy duty)	<input checked="" type="checkbox"/>	
Hearing Protection	<input checked="" type="checkbox"/>	
Helmet with Face Shield	<input checked="" type="checkbox"/>	
N-95 mask (or > particulate mask)	<input checked="" type="checkbox"/>	
Safety Vest/Jacket/(ANSI 2008 Compliant)	<input checked="" type="checkbox"/>	
Splash Protection (disposable)	<input checked="" type="checkbox"/>	

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	<input checked="" type="checkbox"/>	Thermometer	<input checked="" type="checkbox"/>
End Tidal CO2 monitoring device (optional)	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>	
Glucose Monitoring Instrument	<input checked="" type="checkbox"/>		
Penlights	<input checked="" type="checkbox"/>		
Pulse Oximeter	<input checked="" type="checkbox"/>		
Stethoscope	<input checked="" type="checkbox"/>		



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

Basic Level			
Item Description	Available	Item Description	Available
Adhesive Tape 1" and 2"	<input checked="" type="checkbox"/>	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	<input checked="" type="checkbox"/>
Auto Ventilator Devices (ATV/MTV)	<input checked="" type="checkbox"/>	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	<input checked="" type="checkbox"/>
Bag Valve Mask Devices (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Oxygen Supply Tubing	<input checked="" type="checkbox"/>
Band-Aids (Assorted Sizes)	<input checked="" type="checkbox"/>	Patient Restraints	<input checked="" type="checkbox"/>
Biohazard Clean-up Supplies	<input checked="" type="checkbox"/>	Pediatric Drug Dosage Tape or chart	<input checked="" type="checkbox"/>
Biohazard Waste bags	<input checked="" type="checkbox"/>	Pediatric Restraint device/car seat	<input checked="" type="checkbox"/>
Blankets	<input checked="" type="checkbox"/>	Pillows	<input checked="" type="checkbox"/>
Body Bags	<input checked="" type="checkbox"/>	Portable Oxygen Equipment	<input checked="" type="checkbox"/>
Cervical Collars - Rigid (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Portable Suction Unit	<input checked="" type="checkbox"/>
Cervical Immobilization Devices	<input checked="" type="checkbox"/>	Seated Spinal Immobilization Device	<input checked="" type="checkbox"/>
Chair Stretcher	<input checked="" type="checkbox"/>	Semi-Automatic Defibrillator with Pads	<input checked="" type="checkbox"/>
Cold Pack	<input checked="" type="checkbox"/>	Semi-Automatic Defibrillator Batteries	<input checked="" type="checkbox"/>
Cold Weather Warming Devices	<input checked="" type="checkbox"/>	Sharps Container	<input checked="" type="checkbox"/>
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	<input checked="" type="checkbox"/>	Sheets	<input checked="" type="checkbox"/>
Emesis Basin	<input checked="" type="checkbox"/>	Shoulder/chest/extremity straps	<input checked="" type="checkbox"/>
Field Stretcher (Scoop, Collapsible, Vacuum)	<input checked="" type="checkbox"/>	Spinal Immobilization device/backboard	<input checked="" type="checkbox"/>
Foil Blanket	<input checked="" type="checkbox"/>	Splints, Extremity (Rigid, Air, Vacuum)	<input checked="" type="checkbox"/>
Hand Sanitizer	<input checked="" type="checkbox"/>	Sterile Burn Sheets	<input checked="" type="checkbox"/>
Heat Pack	<input checked="" type="checkbox"/>	Sterile Gloves (Assorted Sizes)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>	Sterile Water	<input checked="" type="checkbox"/>
Installed Oxygen System	<input checked="" type="checkbox"/>	Stokes Basket	<input type="checkbox"/>
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	<input checked="" type="checkbox"/>	Suction Catheters (Soft & Rigid)	<input checked="" type="checkbox"/>
Long Backboard	<input checked="" type="checkbox"/>	Supraglottic Airway Devices	<input checked="" type="checkbox"/>
Multi-level Stretcher	<input checked="" type="checkbox"/>	Multi-lumen Airway Devices	<input checked="" type="checkbox"/>
Multi-Lumen Airways	<input checked="" type="checkbox"/>	Laryngeal Airway Devices	<input checked="" type="checkbox"/>
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	<input checked="" type="checkbox"/>	Towels	<input checked="" type="checkbox"/>
Nasopharyngeal Airways	<input checked="" type="checkbox"/>	Traction Splint	<input checked="" type="checkbox"/>
Occlusive Dressings	<input checked="" type="checkbox"/>	Trauma Dressings	<input checked="" type="checkbox"/>
On-Board Suction System	<input checked="" type="checkbox"/>	Trauma Shears	<input checked="" type="checkbox"/>
On-Board Oxygen Supply	<input checked="" type="checkbox"/>	Triangular Bandages	<input checked="" type="checkbox"/>
		Urinal (Male and Female)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input checked="" type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input checked="" type="checkbox"/>
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	<input checked="" type="checkbox"/>	Laryngoscope Blades – Adult	<input type="checkbox"/>
Chest Decompression Catheters	<input checked="" type="checkbox"/>	Laryngoscope Blades – Peds	<input type="checkbox"/>
Cricothyroidotomy Kit	<input checked="" type="checkbox"/>	Laryngoscope Handle	<input type="checkbox"/>
EKG Monitor Electrodes	<input checked="" type="checkbox"/>	Magill Forceps	<input checked="" type="checkbox"/>
Electrode Defib Pads	<input checked="" type="checkbox"/>	Needles (Assorted Gauges)	<input checked="" type="checkbox"/>
Endotracheal Tubes (Assorted)	<input type="checkbox"/>	Pediatric Fluid Control Device	<input checked="" type="checkbox"/>
Ext. Cardiac Pacing Pads	<input checked="" type="checkbox"/>	Scalpels	<input checked="" type="checkbox"/>
Infusion Pumps	<input type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>	Toomey Syringe (60cc)	<input checked="" type="checkbox"/>
Intraosseous Needles	<input checked="" type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input type="checkbox"/>
IV Catheters	<input checked="" type="checkbox"/>	Tubing, IV Administration (60gts)	<input checked="" type="checkbox"/>
		Tubing, IV Administration Set (10gts – 20gts)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT-Paramedic, and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			<input checked="" type="checkbox"/>

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

Two Stokes Baskets are available in the north and south region of the county. Laryngoscopes are available to EMTP



**EMS FUND ACT  
LOCAL FUNDING PROGRAM  
APPLICATION  
FISCAL YEAR 2021**

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

**Due Date: January 24, 2020**

**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** (publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in state). Your service must also be compliant with NMEMSTARS Data V.3 Elite, and Medical Rescue Certification, if not a PRC Service.

Your Application and Annual Report **must be postmarked or hand-delivered** to the EMS Bureau by **5:00pm on Friday, January 24, 2020**. 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>	Superior Ambulance - Torrance County			131126	
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	P.O. Box 6482		Albuquerque	NM	87197
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	(505) 247-8840	(505) 934-8148
	<i>(EMS Region)</i>		<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Scott Wilson		QA, Training Manager	swilson@superior-nm.com	
	<i>(Name)</i>		<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	County of Torrance				
	<i>(County or Municipality serving as Fiscal Agent)</i>				
<b>Mailing Address:</b>	P.O. Box 48		Estancia	NM	87016
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Wayne Johnson		County Manager		
	<i>(Name)</i>		<i>(Title)</i>		
	505-544-4702		505-384-5294	wjohnson@tcnm.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  ( <b>\$1,500</b> )	Medical-Rescue Service First Responder  ( <b>\$3,000</b> )	Medical-Rescue Service/Ambulance Basic Level  ( <b>\$5,000</b> )	Medical-Rescue Service/Ambulance Advance Level  ( <b>\$7,000</b> )
<input type="checkbox"/> <b>Check if applicable</b> Fifty percent ( <b>50%</b> ) of all runs are covered by a NM licensed First Responder (within two years of the initial request for funding).	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent ( <b>80%</b> ) of all runs are covered by a NM licensed First Responder or NM licensed EMT, <b>minimum of two NM licensed personnel.</b>	<input type="checkbox"/> <b>Check if applicable</b> Eighty percent ( <b>80%</b> ) of all runs covered by a NM licensed EMT-Basic or higher NM licensed EMT personnel, <b>minimum of two NM licensed personnel.</b>	<input checked="" type="checkbox"/> <b>Check if applicable</b> Eighty percent ( <b>80%</b> ) of all runs covered by a NM licensed EMT-I or EMT-P level, <b>minimum of two NM licensed personnel.</b>
<input type="checkbox"/> <b>Check if applicable</b> Service has Basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input type="checkbox"/> <b>Check if applicable</b> Service has basic medical supplies and equipment.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has basic & advanced medical supplies and equipment.
<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <b>Attached copy(s)</b>	<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements. <b>Attached copy(s)</b>	<input type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <b>Attach copy(s)</b>	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has mutual aid agreements or other cooperative plan(s) with first response or transporting ambulance service(s). <b>Attach copy(s)</b>
<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a designated Training Coordinator.
<input type="checkbox"/> <b>Check if applicable</b> The Service is, or plans to submit all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database	<input checked="" type="checkbox"/> <b>Check if applicable</b> The Service is submitting all runs to NMEMSTARS Database
<input type="checkbox"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> 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"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director if performing skills requiring Medical Direction (see Scope of Practice) and appropriate medical protocols.	<input type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS medical protocols.	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service has a Medical Director and appropriate BLS and ALS medical protocols.
<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with NM EMS Bureau Medical Rescue Certification regulations	<input type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations	<input checked="" type="checkbox"/> <b>Check if applicable</b> Service complies with PRC 18.4.2 NMAC or EMS Bureau Medical Rescue Certification regulations
			<input type="checkbox"/> <b>Check if applicable</b> 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 priority 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>		
<b>Training:</b>		
<b>Mileage &amp; Per Diem:</b>		
<b>Supplies (Items Under \$500):</b>		
1	Procurement of and replacement of expended disposable medical supplies.	\$ 20,000.00
<b>**Capital Outlay (Items Over \$500):</b>		
<b>Other Operational Costs:</b>		
<b>TOTAL AMOUNT OF REQUEST:</b>		<b>\$ 20,000.00</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 - 5 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. (Communication is key)

## 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.)

Superior Ambulance - Torrance County would utilize available funding for the purchase of disposable supplies used in the daily operation of the organization; in support of providing the highest quality of patient care. This would also provide patient care givers appropriate and sufficient access to the supplies required to accomplish this mission. These supplies are continuously purchased throughout the year to ensure that adequate amounts are on hand, while assisting in off-setting the high cost of obtaining medical supplies and equipment.

**SERVICE NAME:** Superior Ambulance - Torrance County

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, **COUNTY OF** Torrance

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

Mayor OR 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:

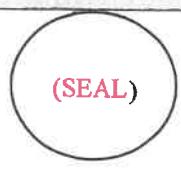
- That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.
- That authorization of the chief executive of the incorporated municipality or county is required, on behalf of the local recipient on vouchers issued by the treasurer of the political 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.

*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>	Scott Wilson <i>(Name)</i>	QA, Training Manager <i>(Title)</i>
<b>Address:</b>	Albuquerque <i>(City)</i>	P.O. Box 6482 NM 87197 <i>(State) (Zip) (+4)</i>
<i>(Work Phone)</i>	<i>(Home Phone)</i>	<i>(Cellular Phone)</i>
(505) 247-8840	(505) 934-8148	swilson@superior-nm.com <i>(Email)</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. If the equipment is in place or available for each unit used by your service, please fill in the check box.

### Front of Vehicle Cab or Optimal Location:

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

### Communications Equipment

Item Description	Available	Item Description
Dispatch Radio UHF/VHF	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
EMSCOM (UHF) Radio	<input checked="" type="checkbox"/>	
Spare Batteries/charger system	<input checked="" type="checkbox"/>	

### Personal Protective Equipment

Item Description	Available	Item Description
Exam Gloves	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>
Eye Protection	<input checked="" type="checkbox"/>	
Gloves (Leather or heavy duty)	<input checked="" type="checkbox"/>	
Hearing Protection	<input checked="" type="checkbox"/>	
Helmet with Face Shield	<input checked="" type="checkbox"/>	
N-95 mask (or > particulate mask)	<input checked="" type="checkbox"/>	
Safety Vest/Jacket/(ANSI 2008 Compliant)	<input checked="" type="checkbox"/>	
Splash Protection (disposable)	<input checked="" type="checkbox"/>	

### Diagnostic Equipment

Item Description	Available	Item Description	Available
Aneroid Sphygmomanometer with infant, pediatric, adult and obese size cuffs	<input checked="" type="checkbox"/>	Thermometer	<input checked="" type="checkbox"/>
End Tidal CO2 monitoring device (optional)	<input checked="" type="checkbox"/>	Other: <i>(Specify)</i>	
Glucose Monitoring Instrument	<input checked="" type="checkbox"/>		
Penlights	<input checked="" type="checkbox"/>		
Pulse Oximeter	<input checked="" type="checkbox"/>		
Stethoscope	<input checked="" type="checkbox"/>		



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

Basic Level			
Item Description	Available	Item Description	Available
Adhesive Tape 1" and 2"	<input checked="" type="checkbox"/>	Oropharyngeal Airway (Sizes 0 – 5, Infant – Adult)	<input checked="" type="checkbox"/>
Auto Ventilator Devices (ATV/MTV)	<input checked="" type="checkbox"/>	Oxygen Delivery Devices (Adult, Child and Infant Sizes)	<input checked="" type="checkbox"/>
Bag Valve Mask Devices (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Oxygen Supply Tubing	<input checked="" type="checkbox"/>
Band-Aids (Assorted Sizes)	<input checked="" type="checkbox"/>	Patient Restraints	<input checked="" type="checkbox"/>
Biohazard Clean-up Supplies	<input checked="" type="checkbox"/>	Pediatric Drug Dosage Tape or chart	<input checked="" type="checkbox"/>
Biohazard Waste bags	<input checked="" type="checkbox"/>	Pediatric Restraint device/car seat	<input checked="" type="checkbox"/>
Blankets	<input checked="" type="checkbox"/>	Pillows	<input checked="" type="checkbox"/>
Body Bags	<input type="checkbox"/>	Portable Oxygen Equipment	<input checked="" type="checkbox"/>
Cervical Collars - Rigid (Adult, Child and Infant)	<input checked="" type="checkbox"/>	Portable Suction Unit	<input checked="" type="checkbox"/>
Cervical Immobilization Devices	<input checked="" type="checkbox"/>	Seated Spinal Immobilization Device	<input checked="" type="checkbox"/>
Chair Stretcher	<input checked="" type="checkbox"/>	Semi-Automatic Defibrillator with Pads	<input checked="" type="checkbox"/>
Cold Pack	<input checked="" type="checkbox"/>	Semi-Automatic Defibrillator Batteries	<input checked="" type="checkbox"/>
Cold Weather Warming Devices	<input checked="" type="checkbox"/>	Sharps Container	<input checked="" type="checkbox"/>
Dressings Assorted (4x4, Kerlex, 2x2, etc.)	<input checked="" type="checkbox"/>	Sheets	<input checked="" type="checkbox"/>
Emesis Basin	<input checked="" type="checkbox"/>	Shoulder/chest/extremity straps	<input checked="" type="checkbox"/>
Field Stretcher (Scoop, Collapsible, Vacuum)	<input checked="" type="checkbox"/>	Spinal Immobilization device/backboard	<input checked="" type="checkbox"/>
Foil Blanket	<input type="checkbox"/>	Splints, Extremity (Rigid, Air, Vacuum)	<input checked="" type="checkbox"/>
Hand Sanitizer	<input checked="" type="checkbox"/>	Sterile Burn Sheets	<input checked="" type="checkbox"/>
Heat Pack	<input checked="" type="checkbox"/>	Sterile Gloves (Assorted Sizes)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>	Sterile Water	<input checked="" type="checkbox"/>
Installed Oxygen System	<input checked="" type="checkbox"/>	Stokes Basket	<input type="checkbox"/>
Latex/Vinyl Gloves (Non-Sterile) (Small, Medium, Large, X-Large)	<input checked="" type="checkbox"/>	Suction Catheters (Soft & Rigid)	<input checked="" type="checkbox"/>
Long Backboard	<input checked="" type="checkbox"/>	Supraglottic Airway Devices	<input checked="" type="checkbox"/>
Multi-level Stretcher	<input checked="" type="checkbox"/>	Multi-lumen Airway Devices	<input checked="" type="checkbox"/>
Multi-Lumen Airways	<input checked="" type="checkbox"/>	Laryngeal Airway Devices	<input checked="" type="checkbox"/>
Obstetrical Kit with Sterile Scissors or Equivalent to cutting umbilical cord	<input checked="" type="checkbox"/>	Towels	<input checked="" type="checkbox"/>
Nasopharyngeal Airways	<input checked="" type="checkbox"/>	Traction Splint	<input checked="" type="checkbox"/>
Occlusive Dressings	<input checked="" type="checkbox"/>	Trauma Dressings	<input checked="" type="checkbox"/>
On-Board Suction System	<input checked="" type="checkbox"/>	Trauma Shears	<input checked="" type="checkbox"/>
On-Board Oxygen Supply	<input checked="" type="checkbox"/>	Triangular Bandages	<input checked="" type="checkbox"/>
		Urinal (Male and Female)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for First Responder, EMT-Basic and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			

Advanced Level			
Item Description	Available	Item Description	Available
Alcohol and Betadine Prep Pads	<input checked="" type="checkbox"/>	IV Fluid (Normal Saline, D5W, LR)	<input checked="" type="checkbox"/>
Cardiac Monitor/ Defibrillator/Ext. Pacer (Manual)	<input checked="" type="checkbox"/>	Laryngoscope Blades – Adult	<input checked="" type="checkbox"/>
		Laryngoscope Blades – Peds	<input checked="" type="checkbox"/>
Chest Decompression Catheters	<input checked="" type="checkbox"/>	Laryngoscope Handle	<input checked="" type="checkbox"/>
Cricothyroidotomy Kit	<input checked="" type="checkbox"/>	Magill Forceps	<input checked="" type="checkbox"/>
EKG Monitor Electrodes	<input checked="" type="checkbox"/>	Needles (Assorted Gauges)	<input checked="" type="checkbox"/>
Electrode Defib Pads	<input checked="" type="checkbox"/>	Pediatric Fluid Control Device	<input checked="" type="checkbox"/>
Endotracheal Tubes (Assorted)	<input checked="" type="checkbox"/>	Scalpels	<input checked="" type="checkbox"/>
Ext. Cardiac Pacing Pads	<input checked="" type="checkbox"/>	Syringes (1cc, 3cc, 5cc, 10cc)	<input checked="" type="checkbox"/>
Infusion Pumps	<input checked="" type="checkbox"/>	Toomey Syringe (60cc)	<input checked="" type="checkbox"/>
Inhalation Therapy Equipment	<input checked="" type="checkbox"/>	Tubes, Blood Drawing (Assorted Sizes and Types)	<input checked="" type="checkbox"/>
Intraosseous Needles	<input checked="" type="checkbox"/>		
IV Catheters	<input checked="" type="checkbox"/>	Tubing, IV Administration (60gtts)	<input checked="" type="checkbox"/>
		Tubing, IV Administration Set (10gtts – 20gtts)	<input checked="" type="checkbox"/>
Pharmacological Equipment/Medications as approved by the NM Scope of Practice for EMT-Intermediate and EMT- Paramedic, and the Service Medical Director			<input checked="" type="checkbox"/>
Other: (Specify)			<input checked="" type="checkbox"/>

For any item above that are not marked as available, please identify why your department does not have these items and how many are needed in order to equip each unit.

Foil Blanket & Stokes Baskets are not required, utilized or a necessary component in the operational locations we serve.



*Agenda Item  
No. 15-A*



*Agenda Item  
No. 16-A*





*Agenda Item  
No. 16-B*



*Agenda Item  
No. 17*





*Agenda Item  
No. 18*