

# VALENCIA COUNTY BOARD OF COMMISSIONERS

## Organization/Regular Business Meeting

January 6, 2010

PRESENT	ABSENT
Pedro G. Rael, Chairman	
Donald E. Holliday, Vice-Chairman	
Georgia Otero-Kirkham, Member	
David R. Medina, Member	
Ron Gentry, Member	
Eric Zamora, County Manager	
Adren Nance & Dave Pato, County Attorneys	
Sally Perea, County Clerk	
Press and Public	

1) The meeting was called to order by Chairman Rael at 5:00 PM.

Chairman Rael led the Pledge of Allegiance.

### 3) Approval of Agenda

Commissioner Holliday moved for approval of the agenda. Commissioner Kirkham seconded. Motion carried unanimously.

### 4) Approval of Minutes

Commissioner Holliday moved for approval of the minutes of December 21, 2009 Public Hearing/ Business Meeting. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously.

Chairman Rael stated this being the first meeting of the year and an organizational meeting there would be no public comments, as is traditional.

### 5) Introduction of Present Commissioners

Chairman Rael requested that each commissioner introduce themselves.

Commissioner Georgia Otero Kirkham, Commissioner for District II, runs from Tome to Peralta all the way to the University and down to the river. This is her second term.

Commissioner Ron Gentry is the Commissioner for District IV.

Commissioner Pete Rael, Commissioner for District I, is basically Los Lunas to Los Chavez, to Highland Meadows and north to the Reservation.

Commissioner Donald Holliday is the Commissioner for District V.

Commissioner David Medina, who resides in Jarales, is the Commissioner for District III which consists of Jarales, Pueblitos, part of Bosque and Los Chavez.

### 6) Commissioner Communication/Questions

None

### 7) ACTION ITEMS:

#### a) Resolution 2010-01, Appointment of Chairperson & Vice-Chairperson

Chairman Rael said by Statute, it becomes incumbent upon the commission to select a chairperson and vice-chairperson for the year 2010. Commissioner Gentry nominated Commissioner David Medina for the Chair. Seconded by Commissioner Medina.

Chairman Rael nominated Commissioner Holliday for the Chair. Seconded by Commissioner Holliday. Chairman Rael called for a vote on the first nomination of Commissioner Medina for Chair. Commissioner Gentry voted yes. Commissioner Medina voted yes. Chairman Rael voted no. Commissioner Holliday voted no. Commissioner Otero-Kirkham voted no. Motion nomination failed 3-2.

Chairman Rael called for a vote on the nomination of Commissioner Holliday for Chair. Commissioner Otero-Kirkham voted yes. Chairman Rael voted yes. Commissioner

Holliday voted yes. Commissioner Gentry was silent. Commissioner Medina was absent for the vote. Motion carried 3-0.

Chairman Holliday took over the meeting and called for nominations for vice-chair. Commissioner Rael nominated Commissioner Georgia Otero-Kirkham. Seconded by Commissioner Otero-Kirkham. Commissioner Gentry nominated Commissioner David Medina. Seconded by Commissioner Medina.

Chairman Holliday called for the vote for Commissioner Georgia Otero-Kirkham for vice-chair. Commissioner Rael voted yes. Chairman Donald Holliday voted yes. Commissioner Otero-Kirkham voted yes. Motion carried 3-0.

County Clerk Sally Perea announced Resolution 2010-01. (See Exhibit A)

**b) Resolution 2010-02, Adoption of 2010 Open Meetings**

Commissioner Rael moved to adopt the Open Meetings Act for 2010 as presented. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously.

County Clerk Sally Perea announced Resolution 2010-02. (See Exhibit B)

**c) Resolution 2010-03, Adoption of Parliamentary Procedures and Robert's Rule of Order**

Commissioner Rael moved to adopt the Parliamentary Procedures and Robert's Rule of Order. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously.

County Clerk Sally Perea announced Resolution 2010-03. (See Exhibit C)

**d) Resolution 2010-, Rules of Order and Decorum for Valencia County Commission Meeting.**

Commissioner Rael stated he drafted the Rules of Order and Decorum that are in the commissioners packets. There is an amended resolution with not a lot of amendments, just a couple of concerns that were pointed out and these are simply a compilation of the Rules of Order and Decorum that have come from court rules, local and federal court rulings back east at the circuit level in the federal system and also from commission meetings the court has had. A great deal of research was done which basically tracks the Roberts Rules of Order that the commission has followed in terms of the case law that exists. Commissioner Rael feels they are within the balance of the first amendment rights of the public to speak and present their cases to the commission and to make public comments and the rights of the taxpayers to have their matters heard in an efficient and orderly manner at these meetings.

Commissioner Gentry asked if this was drawn up and reviewed by county counsel. County Attorney Dave Pato's response was they did have an opportunity to review it. They did have some concerns and the resolution was revised to address these concerns.

Commissioners Medina also had concerns and asked when it had been revised. County Attorney Adren Nance said his suggestion would be to work off the original and make those revisions as a body. If there are revisions, they will be explained and adopted as an amendment.

Commissioner Gentry has grave concerns about this particular policy which he hasn't had the opportunity to read, analyze or even ask intelligent questions about it. He feels at the very least it should be tabled until they can review it and have independent counsel look at it and then go forward.

Commissioner Rael would like to have the commission look at what's in the packet and be critical of that so the commission can have an idea on what is going to be reasonable and appropriate at the next meeting when they do have public comments and presentations made by the public.

Commissioner Medina asked the attorneys if any other counties had such a resolution and Attorney Nance replied that the other counties that they represent did not. Commissioner also feels that they should have some time to look at it, discuss it and then vote on it.

Chairman Holliday suggested the commission take this home, make sure they have the right one, study it, tweak it and then if any changes are needed have each commissioner look at it or throw it out altogether. If there are any questions, bring it back and have the attorneys look at it closely.

Commissioner Rael said he doesn't disagree with postponing this, but in the interest of clarification, these rules were drafted by him, he had consulted with the county attorney

and also with the attorney that represented them in the lawsuit. These rules comply with Rules of Order with a couple of the amendments made at the suggestion of the lawyers but since Commissioner Gentry has not had a chance to see them and is not willing to proceed Commissioner Rael made a motion to table until the next meeting to give the commissioners more time to review them. His understanding was that the decorum has already been presented to the ACLU through various taxpayers but has not heard from them so he assumes that they are fine. Commissioner Kirkham seconded the motion. Motion carried unanimously.

e) Resolution 2010-04, Inspection of Public Records Act  
Commissioner Medina moved for approval. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously.

County Clerk Sally Perea announced Resolution 2010-04. (See Exhibit D)

f) Resolution 2010-05, Establish Holidays & Work Hours  
Commissioner Otero-Kirkham suggested that since county employees are usually given half a day off on Christmas Eve it should be on the calendar. County Manager Eric Zamora said it would be at their discretion. He also noted a correction that New Year's Day 2010 falls on a Saturday so typically the correct date to honor that holiday would be Friday December 31<sup>st</sup> not January 1<sup>st</sup>. Commissioner Medina said since he's been on the commission they have always given employees the whole day on Christmas Eve. Commissioner Otero-Kirkham moved to amend the established holiday and work hours with the County Manager's approval, who said that Christmas Day is already been observed on Friday December 24, 2010. Seconded by Commissioner Medina. Discussion.

Commissioner Gentry had concerns, since New Year's Eve falls on Friday December 31<sup>st</sup> which is the last day of the year and businesses are trying to close financial business deals, he's concerned about cutting off that Friday and the County Clerk's staff being off therefore leaving people in the title and banking business cut off one day before the end of the year. There is a lot of business done outside of the title business and that is what worries him and in his opinion it was a bad business consideration closing on that day and so he suggested closing on Monday as the employee's day off for that holiday.

County Clerk Sally Perea stated the title companies are notified in order to make sure that all their transactions are in prior to this date and in doing this the clerk's office found out that most of the title companies were also going to be closed anyway. That day had very little activity in her office and Ms. Perea said she would be willing to work with a skeleton crew, her chief deputy and herself, in order for the rest of her staff to have off on that holiday.

Commissioner Otero-Kirkham agreed that not only are there others trying to do business but also trying to pay their property taxes. County Treasurer Dorothy Lovato stated New Year's Eve day business in her office was also extremely slow.

Chairman Holliday said not only was it at the discretion of Ms. Perea on having a skeleton crew on that day but as an elected official they know their business and know what they need to do.

County Manager Eric Zamora said this leave schedule historically has been based on the State leave calendar schedule. All State offices will be closed on Friday December 31<sup>st</sup>, based on their current leave calendar.

Commissioner Rael stated he understands the concerns that there may be, people coming in and wanting to record and pay taxes but what he has heard from the elected officials, the County Clerk and the County Treasurer, their offices are not busy that day. The county is giving people an entire years notice if that's what's going to happen and he feels they can adjust their schedules to do their business a day before and he doesn't see a problem doing that especially if the State offices are following that.

Commissioner Gentry wanted to make it very clear that he wasn't concerned about the employee's having a day off, unfortunately, he's more concerned about the citizens and the general business public having access to a government facility.

Commissioner Rael made a motion to approve the Holidays as presented with the date of December 31<sup>st</sup> instead of January 1<sup>st</sup> and that the employee's take off Friday, New

Year's Eve Day instead of Monday. Seconded by Commissioner Otero- Kirkham. Motion carried 4-1. Commissioner Gentry voted no.

County Clerk Sally Perea announced Resolution 2010-05. (See Exhibit E)

**g) Resolution 2010-06, Establish Depositories**

County Attorney Adren Nance stated that basically every bank in the county is potentially qualified. Commissioner Rael made a motion to approve the depositories as presented to the Commission. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously.

County Clerk Sally Perea announced Resolution 2010-06. (See Exhibit F)

**h) Resolution 2010- , Signature Authority on Checks**

Commissioner Rael moved to table the signature authority on checks indefinitely. Discussion. According to Attorney Nance passing this resolution was not necessary if the commission wanted to leave it to be that the Chairman, only, has to authority to sign and by Statute it makes it legal. Seconded by Commissioner Otero- Kirkham. Motion carried unanimously.

**i) Appointments Boards, Commissions & Committee**

The Valencia County Board of Commissioners approved the 2010 list of appointments with the changes listed below:

Board of County Commissioners: Donald E. Holliday, Chair  
Georgia Otero-Kirkham, Vice-Chair

Planning & Zoning Commission; District IV Mike McCartney will replace Sally Benavidez.

Indigent Board; District IV Frank Barr will replace Eloisa Tabet. District II, Georgia Otero-Kirkham will make her appointment at the next meeting.

Emergency Medical Services Board; Chief Casey Davis, Meadow Lake #4 has transitioned from Treasurer to Vice-Chair. Pedro Rael will replace John Cherry Sr., Ex Officio. Anthony Vialobos will replace Ruben Chavez, Member. Brian Culp will replace Charles Eaton, Member and Ann Pope is no longer on the board.

Fire Chiefs- Lynette Pinkston Ex Officio will be removed.

Mid-Region Council of Governments – Commissioner Medina will replace Commissioner Kirkham.

Water Resources Board – Jacobo Martinez will replace James Aranda.

County Board of Registration- Open

Older American Advisory Council - tabled

Hospital Board – Remove Bill Silva

Safety Committee – Tabled

Commissioner Gentry made a motion to approve the action the commission has taken on the Boards and Commissions with the exception of the items that have been put on hold. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously. (See Exhibit G)

**j) Approval of County Organization Chart**

County Manager Eric Zamora stated that Loss Prevention was taken off last year's chart and Information Technology needs to be removed.

Commissioner Kirkham motioned for approval with the removal of Information Technology. Seconded by Commissioner Rael. Motion carried. (See Exhibit H)

**k) Initiatives Discussion for 2009**

Commissioner Rael believes this discussion would consist of things the commission would like to accomplish during the year 2010 and would probably take more discussion

than the commission would like to engage in, but that would be up to the commission. Commissioner Rael recommends a workshop to discuss this.

Commissioner Otero-Kirkham also recommended a workshop as she has done many times in the past. County Attorney Dave Pato believes this can be set up as long as it's duly noted and the public would be able to attend.

Commissioner Rael made a motion to direct staff to look into the possibility of within the next few weeks exploring the possibility of having a workshop as has been described. Seconded by Commissioner Otero-Kirkham. Motion carried 3 yes and 2 silent.

#### **L) Other Organizational Issues/Discussions**

Commissioner Gentry asked counsel about telephonic voting? It was not in this year's Open Meetings Act Resolution and until we hear from the attorney General's Office we won't be doing that, was attorney Dave Pato's response. Mr. Pato said they'll have an opportunity to bring it before the board to discuss it and to advise the commission on the Attorney General's ruling.

Commissioner Holliday motioned since item (I) Other Organizational Issues/Discussions is not an action item that it be deleted. Seconded by Commissioner Rael. Motion carried.

#### **8) ACTION ITEMS(S)-Business Meeting**

##### **a) Consideration of Findings of Fact, Conclusions of Law and Decision:**

**Amending the Zone Map from RR-1 to C-1 with Conditional Use; Lionel Molinar/County Commission**

Commissioner Otero-Kirkham motioned for approval. Seconded by Commissioner Rael. Motion carried unanimously. (See Exhibit I)

**b) Consideration Of EMS Funding Applications To The State of New Mexico EMS Bureau For All Of The County Fire/EMS Departments – Charles Eaton**

Commissioner Medina motioned for approval. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously. (See Exhibit J)

##### **c) FINANCIAL MATTERS:**

##### **i) Consideration of approval: Payroll/Warrants – Wilma Abril**

Wilma Abril presented the attached computer printout list of all checks issued by the Manager's Office on December 18 & 23, 2009 covering vendor bills processed on the above date. Check #101645 thru check #101871 inclusive, for the total of \$651,673.52. (See Exhibit K)

Wilma Abril presented the attached computer printout list of all checks issued by the Manager's Office on 01/01/2010 covering payroll process on the above date. Direct Deposit check #13737 thru direct deposit check #13915 inclusive. Deduction Check #101831 thru deduction check #101866 inclusive. Payroll Check #86418 thru payroll check #86510 inclusive. Listing total \$373,597.74. (See Exhibit L)

Wilma Abril presented the attached computer printout list of all checks issued by the Managers Office on 12/31/2009 covering payroll process on the above date. Direct Deposit Check #\_\_thru direct deposit check #\_\_ inclusive. Deduction Check #101869 thru deduction check #101870 inclusive. Payroll checks #86511 thru payroll check #86744 inclusive. Listing Total \$65,385.52 Incentive Checks. (See Exhibit M)

Commissioner Otero-Kirkham moved to approve accounts payable, payroll and warrants. Seconded by Commissioner Rael. Motion carried unanimously. (See Exhibit N)

**9) EXECUTIVE SESSION-** Pursuant to Section 10-15-1 NMSA 1978, the following matters may be discussed in closed session: a.) limited personnel matters; Deputy Warden Detention Center b). Pending or threatened litigation and c.) Other specific limited topics that are allowed or authorized under the stated statute.

Commissioner Otero-Kirkham moved to go into Executive Session. Seconded by Commissioner Rael. Roll call vote. Commissioner Medina voted yes. Commissioner Rael voted yes. Chairman Holliday voted yes. Commissioner Gentry voted yes. Commissioner Otero-Kirkham voted yes. Motion carried 5-0.

Commissioner Rael motioned to go back into Regular Session. Seconded by Commissioner Otero-Kirkham. Motion carried unanimously.

County Attorney Adren Nance stated the matters that were discussed in Executive Session were limited to the PERA Settlement status and no final action was taken.

Roll call vote was taken to approve the summary as stated by counsel. Commissioner Medina voted yes. Commissioner Rael voted yes. Commissioner Gentry voted yes. Commissioner Otero-Kirkham voted yes. Chairman Holliday voted yes. Motion carried 5-0.

**10) ACTION ITEMS(S) ON EXECUTIVE SESSION DISCUSSION**

**1) Consideration of PERA Settlement**

**11) COUNTY MANAGER'S REPORT (Informational Only)**

County Manager Eric Zamora has received notice from the Los Lunas School Board and they would like to present quarterly updates to the commission on their general activities. Within the next three months there should be an update and will keep the commission updated. Mr. Zamora also gave a brief update on the status of the Solid Waste request for proposal.

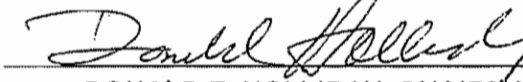
**12) The next Regular Meeting of the Valencia County Board of County Commission will be held on January 20, 2010 at 5:00 P.M. in the County Commission Room at the Valencia County Courthouse.**

**13) Adjournment**

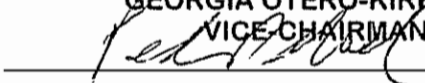
Commissioner Gentry motioned for adjournment. Seconded by Commissioner Rael. Motion carried unanimously. Time 7:04 P.M.

**NOTE:** All proposals, documents, items, etc., pertaining to items on the agenda of the January 6, 2010 Organization/Regular Meeting (presented to the Board of County Commissioners) are attached in consecutive order as stated in these minutes.

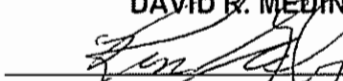
**VALENCIA COUNTY BOARD OF COMMISSIONERS**

  
DONALD E. HOLLIDAY, CHAIRMAN

  
GEORGIA OTERO-KIRKHAM,  
VICE CHAIRMAN

  
PEDRO G. RAEL, MEMBER

\_\_\_\_\_  
DAVID R. MEDINA, MEMBER

  
RON GENTRY, MEMBER

ATTEST:

  
SALLY PEREA, COUNTY CLERK

DATE

VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION 2010- 01

APPOINTMENT OF CHAIRPERSON AND VICE-CHAIRPERSON OF  
VALENCIA COUNTY COMMISSION

WHEREAS, the Valencia County Board of Commissioners upon notice of meeting duly published has considered appointment of a Chair of the Valencia County Commission, and a Vice-Chair, and upon motions duly made and seconded has voted by majority and appointed its Chair and Vice-Chair, in its regularly scheduled meeting at the Valencia County Administration Building, 444 Luna Avenue, Los Lunas, New Mexico 87301, commencing at 5:00 P.M., on January 6, 2010.

NOW, THEREFORE, BE IT RESOLVED THAT the Valencia County Commission appoints and names as Chair of the Commission,


Donald Holliday


and as Vice-Chair of the Commission,

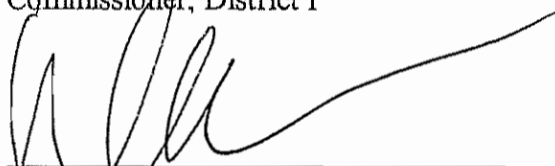
Georgia Otero-Kirkham

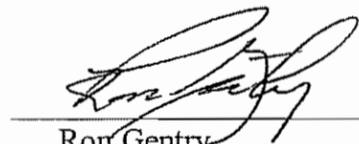
APPROVED, ADOPTED, AND PASSED on this 6<sup>th</sup> day of January, 2010.

BOARD OF COUNTY COMMISSIONERS

  
\_\_\_\_\_  
Pedro G. Rael  
Commissioner, District I

  
\_\_\_\_\_  
Georgia Otero-Kirkham  
Commissioner, District II

  
\_\_\_\_\_  
David R. Medina  
Commissioner, District III

  
\_\_\_\_\_  
Ron Gentry  
Commissioner, District IV

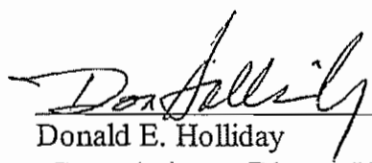
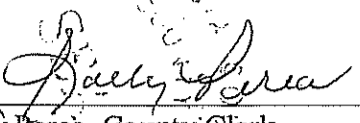
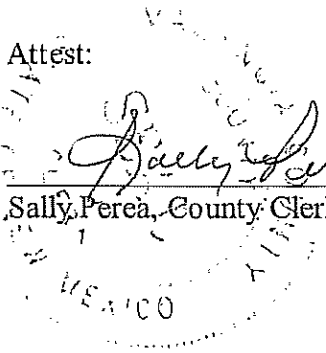
  
\_\_\_\_\_  
Donald E. Holliday  
Commissioner, District V

EXHIBIT A

Attest:

  
Sally Perea, County Clerk



**VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION 2010-02**

**OPEN MEETINGS ACT**

**WHEREAS**, the Valencia County Board of Commissioners met upon notice of meeting duly published at the Valencia County Administration Building, 444 Luna Avenue, Los Lunas, New Mexico 87301 on January 6, 2010, at 5:00 p.m. as required by law; and,

**WHEREAS**, Section 10-15-1 (B) of the Open Meetings Act (NMSA 1978, Section 10-15-1 to - 4) states that, except as may be otherwise provided in the Constitution or the provisions of the Open Meetings Act, all meetings of a quorum of members of any board, council, commission or their policy-making body of any state or local public agency held for the purpose of formulating public policy, or for the purpose of taking any action within the authority of such body, are declared to be public meetings open to the public at all times; and,

**WHEREAS**, any meetings subject to the Open Meetings Act at which the discussion or adoption of any proposed resolution, rule, regulation or formal action occurs shall be held only after reasonable notice to the public; and,

**WHEREAS**, Section 10-15-1 (D) of the Open Meetings Act requires the Valencia County Commission to determine annually what constitutes reasonable notice of its public meetings;

**NOW, THEREFORE, BE IT RESOLVED**, By the Valencia County Commission.

1. All meetings shall be held at the Valencia County Administration Building, 444 Luna Avenue, Los Lunas, New Mexico 87301 at 5:00 p.m. or as indicated on the meeting notice.
2. Business meetings shall start at 5:00 p.m. and Public Hearing meetings shall start at 5:00 p.m., or as indicated in the meeting notice. Business meetings will be held the first and third Wednesday of each month; and Public Hearing meetings will be held each month on the second Wednesday of each month, unless otherwise specified. The agenda will be available at least twenty-four hours prior to the meeting from the County Manager, whose office is located at 444 Luna Avenue, Los Lunas, New Mexico 87301. Notice of any other regular meetings will be given at least five days in advance of the meeting date. The notice shall indicate how a copy of the agenda may be obtained.

**EXHIBIT B**


3. Special meetings may be called by a majority of the members upon three days notice. The notice shall include an agenda for the meeting or information on how members of the public may obtain a copy of the agenda. The agenda shall be available to the public at least twenty-four hours before any special meeting.
4. Emergency meetings will be called only under unforeseen circumstances that demand immediate action to protect the health, safety and property of the citizens or to protect the public body from substantial financial loss. The Valencia County Commission will avoid emergency meetings whenever possible. Emergency meetings may be called by the Chairman or a majority of the members upon twenty-four hours notice, unless protecting Valencia County from substantial financial loss or a threat to the health, safety and property of the citizens of Valencia County requires less notice. The notice for all emergency meetings shall include an agenda for the meeting or information on how the public may obtain a copy of the agenda.
5. For the purposes of regular meetings and special meetings described in paragraphs 2 and 3 of this resolution, notice requirements are met if the notice of the date, time, place and agenda is placed in a newspaper of general circulation in Valencia County and at posted at the Valencia County Administration Office, 444 Luna Avenue, Los Lunas, New Mexico 87301. Copies of the written notice shall also be mailed, faxed or emailed to those broadcast stations licensed by the Federal Communications Commission and newspapers of general circulation that have made a written request for notice of public meetings.
6. For the purposes of emergency meetings described in paragraph 4 of this resolution, notice requirements are met if notice of the date, time, place and agenda is provided by telephone, facsimile or email to newspapers of general circulation in the County and posted on the Courthouse bulletin board and in the County Manager's Office. Notice shall also be given by telephone, facsimile or email to those broadcast stations licensed by the Federal Communications Commission and newspapers of general circulation that have made a written request for notice of public meetings.
7. In addition to the information specified above, all notices shall include the following language:

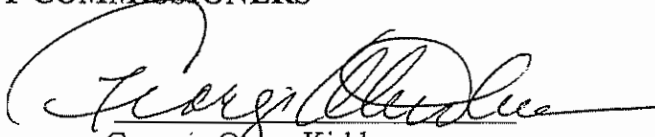
"If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing or meeting please contact the Valencia County Manager, at 444 Luna Avenue, Los Lunas, New Mexico 87301, phone (505) 866-2014 at least one (1) week prior to the meeting or as soon as possible. Public documents, including the agenda and minutes, can be provided in various accessible formats. Please contact the Valencia County Manager if a summary or other type of accessible format is needed."


8. The Valencia County Commission may close a meeting to the public only if the subject matter of such discussion or action is exempted from the Open Meeting requirement under Section 10-15-1 (H) (1 through 10) of the Open Meetings Act.
- A. If any meeting is closed during an open meeting, such closure shall be approved by a majority vote of a quorum of the County Commission taken during the open meeting. The authority for the closed meeting and the subjects to be discussed shall be stated with reasonable specificity in the motion to close and the vote of each individual member on the motion to close shall be recorded in the minutes. Only those subjects specified in the motion may be discussed in the closed meeting.
  - B. If a closed meeting is conducted when the Valencia County Commission is not in an open meeting, the closed meeting shall not be held until public notice, appropriate under the circumstances, stating the specific provision of law authorizing the closed meeting and the subjects to be discussed with reasonable specificity is given to the members of the general public.
  - C. Following completing of any closed meeting, the minutes of the open meeting that was closed, or the minutes of the next open meeting if the closed meeting was separately scheduled, shall state whether the matters discussed in the closed meeting were limited only to those specified in the motion or notice for closure.
  - D. Except as proved in Section 10-15-1(H) of the Open Meetings Act, any action taken as a result of discussions in a close meeting shall be made by vote of the Valencia County Commission in an open public meeting.

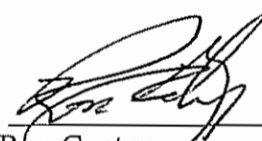
**APPROVED, ADOPTED, AND PASSED** on this 6<sup>th</sup> day of January, 2010. 7

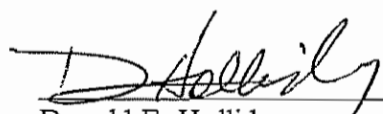
**BOARD OF COUNTY COMMISSIONERS**

  
Pedro G. Rael  
Commissioner, District I

  
Georgia Otero-Kirkham  
Commissioner, District II

  
David R. Medina  
Commissioner, District III

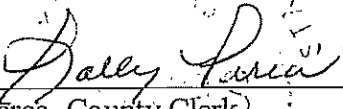
  
Ron Gentry  
Commissioner, District IV

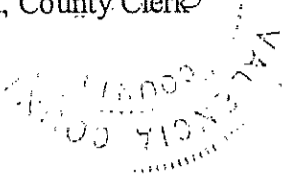
  
Donald E. Holliday  
Commissioner, District V

Attest:

BOOK 068

PAGE 721

  
Sally Perea, County Clerk



BOOK 068

PAGE 722

**VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION 2010- 03**

**PARLIAMENTARY PROCEDURES AND ROBERT'S RULES OF ORDER**

**WHEREAS**, the Valencia County Commission met upon notice of meeting duly published on January 6, 2010 at 5:00 P.M. in the Valencia County Administration Building, 444 Luna Avenue, Los Lunas, New Mexico 87301; and,

**WHEREAS**, the Board of County Commissioners will conduct their meetings using Robert's Rules of Order (10<sup>th</sup> ed.) as a guide to parliamentary authority, except as modified by this document; and,

**WHEREAS**, the Board of County Commissioner has five elected Commissioners representing five districts, and collectively, set policy for Valencia County outside of incorporated areas; and,

**WHEREAS**, collectively, the Board of County Commissioners, through simple majority, elect a Chairperson and Vice-Chairperson from among themselves, whose terms last until the first meeting of the next year; and,

**WHEREAS**, individually, the Board of County Commissioners are equal in their authority to represent not only their district but the entire County; and,

**WHEREAS**, to give equal representation for all five members of the Commission is appropriate to adopt special rules modifying Robert's Rules of Order.

**NOW, THEREFORE BE IT RESOLVED**, the Board of County Commissioners incorporates the above recitals, to be made a part of this resolution with the same force and effect as the remainder of this document.


**BE IT FURTHER RESOLVED**, that the Board of County Commissioners adopt the following "Special Rules" modifying Robert's Rules of Order for the purpose of conducting business during the meetings of the Board:


1. The Chairperson may make motions and shall have the same voting rights, no less and no more, as any other member of the Board.
2. The Chairperson shall not have any administrative, procedural, contractual or similar authority different than any other member of the Board, except as provided by statute.
3. Should the Chairperson vacate the office of Chairperson, the Vice-Chairperson shall serve the remainder of the term, and a new Vice-Chairperson shall be selected by a simple majority of a quorum of the Board.


4. Members of the Board are required to obtain the floor (i.e., must be recognized by the Chairperson) before making motions or speaking.
5. Any and all motions need to have a second before a vote may be taken.
6. Items appearing on the agenda of meetings of the Board shall be those necessary for the proper consideration and management of County business, as determined by the County Manager. Additionally, the County Manager shall place any item necessary for the proper consideration and management of County business requested by any individual member of the Board of County Commissioners on the agenda for the meetings of the Board.

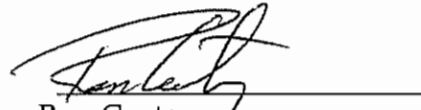
**APPROVED, ADOPTED, AND PASSED** on this 6<sup>th</sup> day of January, 2010.

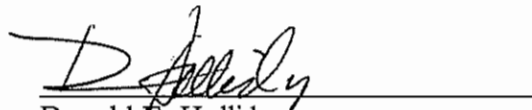
**BOARD OF COUNTY COMMISSIONERS**

  
Pedro G. Rael  
Commissioner, District I

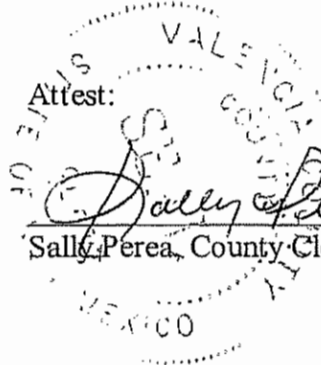
  
Georgia Otero-Kirkham  
Commissioner, District II

  
David R. Medina  
Commissioner, District III

  
Ron Gentry  
Commissioner, District IV

  
Donald E. Holliday  
Commissioner, District V

Attest:  
  
Sally Perea, County Clerk



**VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION 2010- 04**

**INSPECTION OF PUBLIC RECORDS ACT**

**Whereas**, the Board of County Commissioners of Valencia County, met upon notice of meeting duly published on January 6, 2010, at 5:00 P.M. in the Valencia County Administration Building, 444 Luna Avenue, Los Lunas, New Mexico 87301; and,

**Whereas**, Section 14-2-7 of the Inspection of Public Records Act (NMSA 1978, Section 14-2-1 to -12) states that each public body shall designate at least one custodian of public records who shall: Receive and respond to requests to inspect public records, provide proper and reasonable opportunities to inspect public records, and provide reasonable facilities to make or furnish copies of the Public Records during usual business hours;

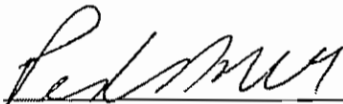
**NOW, THEREFORE, BE IT RESOLVED**, by the Valencia County Commission that it designates the Valencia County Manager as its custodian of public records.

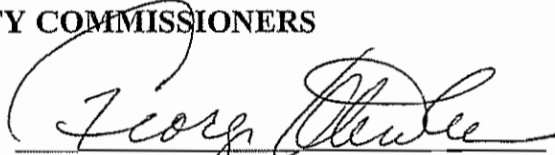
The County Manager shall:


1. Receive and respond to requests to inspect County Commission public records
2. Provide proper and reasonable opportunities to inspect County Commission public records
3. Provide reasonable facilities to make or furnish copies of County Commission public records during usual business hours.


**APPROVED, ADOPTED, AND PASSED** on this 6<sup>th</sup> day of January, 2010.

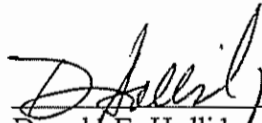
**BOARD OF COUNTY COMMISSIONERS**

  
\_\_\_\_\_  
Pedro G. Rael  
Commissioner, District I

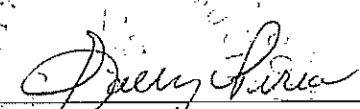
  
\_\_\_\_\_  
Georgia Otero-Kirkham  
Commissioner, District II

  
\_\_\_\_\_  
David R. Medina  
Commissioner, District III

  
\_\_\_\_\_  
Ron Gentry  
Commissioner, District IV

  
\_\_\_\_\_  
Donald E. Holliday  
Commissioner, District V

Attest:

  
Sally Perea, County Clerk

**VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION 2010-05**

**ESTABLISH HOLIDAYS & WORK HOURS**

**WHEREAS,** The Valencia County Commission met upon notice of meeting duly published on January 6, 2010 at 5:00 P.M. in the Valencia County Administration Building, 444 Luna Avenue, Los Lunas, New Mexico 87301; and,

**WHEREAS,** The Board of County Commissioners will establish regular working hours and holidays as follows:

**WORKING HOURS:**

Monday through Friday - 8:00 A.M. - 5:00 P.M. - five (5) days a week, with two (15) minute breaks every (4) hours, and one (1) hour for lunch break (Days and times for offices that require staggered shifts, part-time, emergency or personnel employed through grants, including the County Road Department, may vary according to need and as approved by the Elected Official/ Department Head and the County Manager).

**HOLIDAYS:**

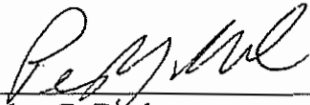
The Commission will follow State personnel memorandum of holidays, and amendments are to be made only by the Board of County Commissioners.

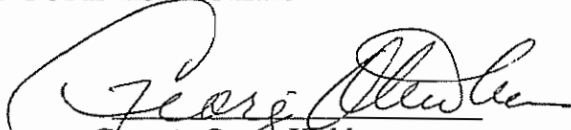
<b>HOLIDAY</b>	<b>DAY / DATE OBSERVED</b>
Martin Luther King Jr.'s Birthday	Monday, January 18, 2010
President's Day	Friday, November 26, 2010
Memorial Day	Monday, May 31, 2010
Independence Day	Monday, July 5, 2010
Labor Day	Monday, September 6, 2010
Columbus Day	Monday, October 11, 2010
Veteran's Day	Thursday, November 11, 2010
Thanksgiving Day	Thursday, November 25, 2010
Christmas Day	Friday, December 24, 2010
New Year's Day 2010	Friday, December 31, 2010

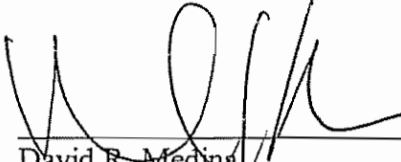
**NOW, THEREFORE, BE IT RESOLVED,** that the Valencia County Commissioners approve the above working hours and holidays on this 6<sup>th</sup> day of January, 2010.

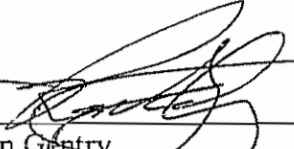
**APPROVED, ADOPTED, AND PASSED** on this 6<sup>th</sup> day of January, 2010.


BOARD OF COUNTY COMMISSIONERS

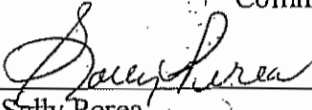
  
Pedro G. Rael  
Commissioner, District I

  
Georgia Otero-Kirkham  
Commissioner, District II

  
David R. Medina  
Commissioner, District III

  
Ron Gentry  
Commissioner, District IV

  
Donald E. Holliday  
Commissioner, District V

Attest:   
Sally Perea

**VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION 2010-06**

**ESTABLISH DEPOSITORIES**

**WHEREAS,** The Valencia County Commission met upon notice of meeting duly published on January 6th, 2010 at 5:00 P.M. in the Valencia County Administration Building, 444 Luna Avenue, Los Lunas, New Mexico 87301; and,

**WHEREAS,** The Board of County Commissioners will establish depositories for Valencia County funds, which will be located in Valencia County.


**BE IT RESOLVED** that the authorized depositories for Valencia County funds and investments shall be all six (6) Banks located in Valencia County, and/or New Mexico State Treasury and in conformance with the requirements of the New Mexico Statutes: 1) First Community Bank

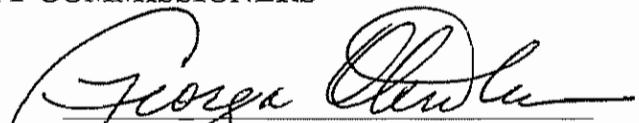
- 2) My Bank
- 3) Wells Fargo
- 4) Bank of Albuquerque
- 5) New Mexico Bank & Trust
- 6) Bank of the West

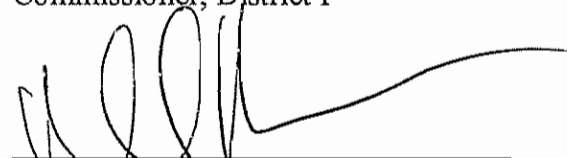
**BE IT FURTHER RESOLVED** that any and all investments of Valencia County assets shall be recommended by the County Treasurer and be approved by Board of County Commissioners sitting as County Board of Finance in accordance with NMSA 1978 Section 6-10-8 (1987) and all other Federal and New Mexico laws in such case made and provided. Investments shall not be made prior to all approvals.

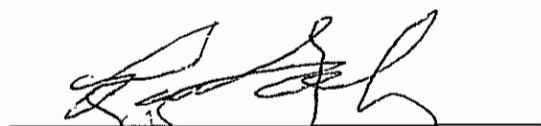
**APPROVED, ADOPTED, AND PASSED** on this 6<sup>th</sup> day of January, 2010.

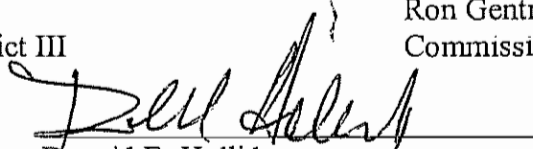
**BOARD OF COUNTY COMMISSIONERS**

  
\_\_\_\_\_  
Pedro G. Rael  
Commissioner, District I

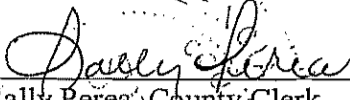
  
\_\_\_\_\_  
Georgia Otero-Kirkham  
Commissioner, District II

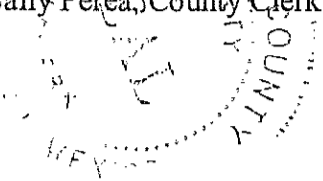
  
\_\_\_\_\_  
David R. Medina  
Commissioner, District III

  
\_\_\_\_\_  
Ron Gentry  
Commissioner, District IV

  
\_\_\_\_\_  
Donald E. Holliday  
Commissioner, District V

Attest:

  
Sally Perea, County Clerk



**Valencia County -- Board of County Commissioners**  
**2010 List of Appointments -- Boards, Committees, Commissions & Other Positions**

Revised: 2/3/2010

<u>Board, Commission or Committee</u>	<u>District</u>	<u>Commission</u> <u>2010 Appointment</u>
<b>Board of County Commissioners</b>		
	District V	Donald E. Holliday, Chair
	District II	Georgia Otero-Kirkham, Vice-Chair
(A 1 year term unless established otherwise by ordinance)		
<b>Planning &amp; Zoning Commission</b> (Standing Commission)		
	District I	Mike Peters
	District II	Steven Otero
	District III	Porfilo Silva
	District IV	Mike McCartney
	District V	Jim Lane
<b>Indigent Board</b> (Standing Board)		
	District I	Victoria Flores
	District II	Leona Herrell
	District III	Wayne Gallegos
	District IV	Frank Barr
	District V	Laura Simmons
<b>Emergency Medical Services Board</b> (Standing Board -- for Rescue Districts) Ordinance #99-05		
		Chief Jason Gonzales, Rio Grande Estates #1 Member
		Jack Dickey, Tome Adelino #2 Chairman
		Chief Tim Martinez, Valencia El Cerro #3 Member
		Chief Casey Davis, Meadow Lake #4 Vice-Chair
		Pedro G. Rael
		A. Chief Carlos Mireles, Los Lunas #6 Member
		Becky Culp, Los Chavez #7 Member
		Chief Manny Garcia, Belen #8 Member
		Andrew Molina, Jarales Pueblitos #9 Member
		Anthony Vialobos, Fire Dept. Reps. Chair
		Brian Culp, Valencia County Rep. Member
		Charles Eaton, Valencia County Rep. Member

Notes:

- [1] Standing Board, Commission, or Committee -- A policy- making board, etc. established by County ordinance, more permanent in nature
- [2] Special Board, Commission, or Committee -- An advisory board, etc. established by BoCC resolution or motion, anticipated to terminate upon completion of its assigned task(s)
- [3] NMAC Board of Directors representative elected among Valencia County elected officials annually in the Spring.
- [4] NMAC representative selected by voting membership (selected by election).

R = Representative; A= Alternate

Valencia County -- Board of County Commissioners  
2010 List of Appointments – Boards, Committees, Commissions & Other Positions

Revised: 2/3/2010

<u>Board, Commission or Committee</u>	<u>District</u>	<u>Commission</u> <u>2010 Appointment</u>
<b>Regional Dispatch Board</b>		Rene Rivera, Sheriff Charles Eaton
<b>County Board of Registration</b> Section 1-4-35 NMSA 1978		Lillie McNabb Lucy Holliday Edgar Cooper Alt. Lisa Chavez/ Belinda Chavez
<b>Employee Unclassified Positions</b> (Ordinances #2006-05) County Manager Business Manager Detention Director Code Enforcement Director Public Works Director		Eric Zamora Kenneth S. Griego Derek Williams Ruben Chavez Eric Zamora
<b>Fire Chiefs</b> (BoCC approves appointment)		Jason Gonzales Jack Dickey Tim Martinez Casey Davis Brian Culp John M. Cherry Jimmy Cooke Robert Sindich Pedro R. Rael
		Rio Grande Estates #1 Tome Adelino #2 Valencia El Cerro #3 Meadowlake #4 Los Chavez #7 Jarales Pueblitos Bosque #9 Manzano Vista #10 Highland Meadows #12 Ex Officio
<b>Mid-Region Council of Governments</b> Board of Directors (2 County members)		R Ron Gentry R David G. Medina
<b>Executive Board</b>		R Ron Gentry

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Valencia County -- Board of County Commissioners  
2010 List of Appointments -- Boards, Committees, Commissions & Other Positions

Revised: 2/3/2010

<u>Board, Commission or Committee</u>	<u>District</u>	<u>Commission</u> <u>2010 Appointment</u>
Water Resources Board	R A	Jacabo Martinez Donald E. Holliday
Regional Planning Authority (RPO):	R A	Eric Zamora Georgia Otero-Kirkham
VC Transportation Steering Committee	R A	Eric Zamora Georgia Otero-Kirkham
Regional Transit District Board	R	Ron Gentry
Workforce Investment Board CEO Board	R	David Medina
Mid-West CAP Board	R	Georgia Otero-Kirkham
New Mexico Association of Counties Board of Directors [3]	R	Viola Vallejos
Multi-Line/Risk Management Board [4]	R A	Kenny Griego Barbara Baker
ML/RMB -- Law Enforcement & Detent. Adv. Com	R	Rene Rivera
Workers' Compensation Board [4]	R A	Kenneth S. Griego Jacque Chavira

BOOK 068

PAGE 733

Notes:

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Valencia County -- Board of County Commissioners  
2010 List of Appointments – Boards, Committees, Commissions & Other Positions

Revised: 2/3/2010

Board, Commission or Committee      District      Commission  
2010 Appointment

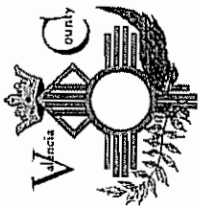
Hospital Board

Mike Wood  
Kathy McKenzie  
Andy Gomez  
Bill Johnson  
Kathy Chavez  
Dr. Schnieder, M.D.  
Mary Merrill

Safety Committee (Internal)  
(Appointed by Dept. Head/Director)

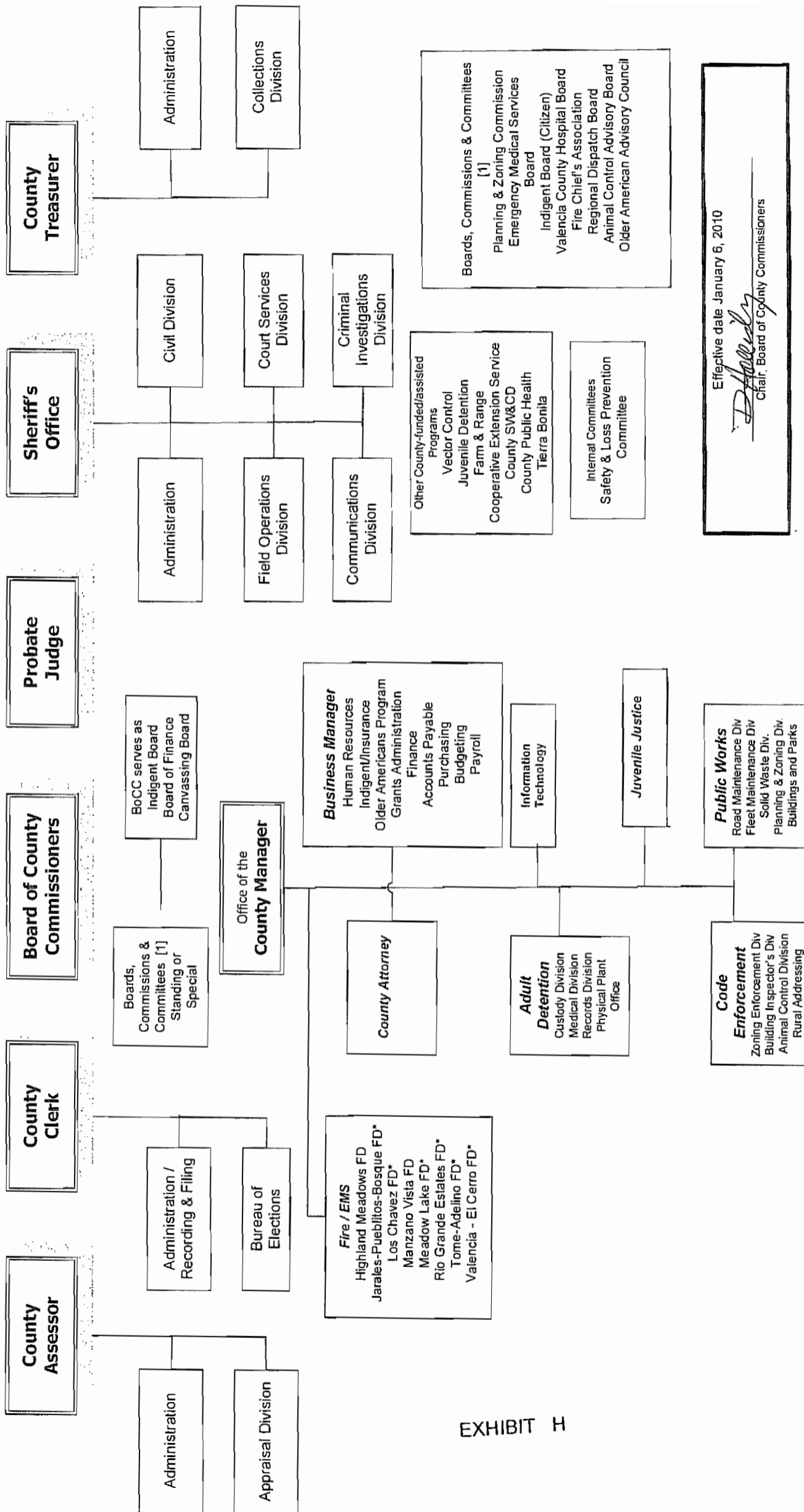
Barbara Baker, Chair  
Eric Tanner  
Jacquelyn Chavira  
Charles Eaton  
Gary Hall  
Marcial Jaramillo  
Patrick Otero  
Richard Padilla  
Olinda Reneau  
Freddie Villanueva

Notes:  
[1] Standing Board, Commission, or Committee – A policy- making board, etc. established by County ordinance, more permanent in nature  
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[3] NMAC Board of Directors representative elected among Valencia County elected officials annually in the Spring.  
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2010 -2011  
Organization Chart

# Valencia County Citizens



Effective date January 6, 2010

*D. Halliday*  
Chair, Board of County Commissioners

EXHIBIT H

BEFORE THE BOARD OF COUNTY COMMISSIONERS  
OF VALENCIA COUNTY

In the matter of Amending the Zone Map  
from RR-1 to C-1 with a Conditional Use,  
Valencia County, New Mexico, application  
by Lionel Molinar and Cindy Miranda

**FINDINGS OF FACT, CONCLUSIONS OF LAW AND DECISION**

**THIS MATTER** came before the Board of County Commissioners of Valencia County ("the Board") on December 21<sup>st</sup>, 2009, and was held pursuant to the applicants Lionel Molinar and Cindy Miranda application to Amend the Zoning Map from a Rural Residential-1 (RR-1) zoning designation to a Neighborhood Commercial (C-1) zoning designation on the property commonly described as: Section 8, T6N, R3E, Monterey Park Subdivision, Unit 3, Block A Lot 10; Zoned RR-1; NMPM; Filed in Book 305, Page 4066 of the Office of the Valencia County Clerk; Also known as 03 Molinero Road, Valencia County, NM.

The Board, having considered the documents in the record before it, testimony of staff, applicants and members of the public, and argument by the parties and/or their legal representatives,  
**FINDS:**

**Findings of Fact**

1. Notice of the regularly scheduled meeting of the Board of Commissioners of Valencia County, New Mexico (the "Board") on December 21<sup>st</sup>, 2009, at which the final hearing of the Application to Amend Zoning Maps was published according to New Mexico Statutes and the Valencia County Interim Comprehensive Zoning Ordinance, Ordinance 2004-05, as amended ("Zoning Ordinance").
2. The applicant's request is for an amendment to the Zoning Map from a Rural Residential-1 (RR-1) zoning designation to a Neighborhood Commercial (C-1) zoning designation on the property commonly described as: Section 8, T6N, R3E, Monterey Park Subdivision, Unit 3, Block A Lot 10; Zoned RR-1; NMPM; Filed in Book 305, Page 4066 of the Office of the Valencia County Clerk; Also known as 03 Molinero Road, Valencia County, NM.
3. Approval of the application will result in allowing for the operation of a Tortilleria on the subject property.
4. The property for which the zone change is requested has Rural Residential-1 (RR-1) zoning designation.
5. The purpose of the Rural Residential Districts is to provide for varying densities of rural residential development on selected lands identified in the comprehensive plan for preservation of low density rural living.
6. The proposed use is not permitted in the Rural Residential Districts.
7. The purpose of the Neighborhood Commercial (C-1) zoning district is to provide limited convenience commercial services for a specific residential market area and to maintain the service function of rural neighborhoods in the county; or to locate a present foreseeable demand for small-scale, local convenience centers in an area where access, traffic-turning movement and off-street parking can be provided in a convenient and economic manner.
8. The proposed use is a Tortilleria that is approximately housed in a 40 foot by 20 foot building.
9. The proposed use is a Permitted Use in the Neighborhood Commercial (C-1) zoning district.
10. The Planning and Zoning Commission heard this request at the monthly P&Z hearing on October 28, 2009. After hearing testimony from the applicant and taking public comments on the matter, the P&Z Commission voted 4-0 to recommend approval of the zone change:
11. The Board of County Commissioners held a Public Hearing on this request on December 9th, 2009. After hearing testimony from the applicant and taking public comments on the matter, the Board of County Commissioners voted 5-0 to conditionally approve this request on December 21, 2009. The conditions are as follows:
  - a. The applicant has two years from the date of the County Commission meeting (December 21, 2009) to develop the site as described by the applicant into a Tortilleria. If the applicant fails to have developed the site as described, the C-1 zone designation will revert back to an RR-1 zone designation.
12. In granting this conditional approval, the applicant agreed to the above conditions.

13. The findings made by the Board are each independent reasons for the decision of the Board in conditionally approving the zone change.

### Conclusions of Law

The following conclusions of law are cumulative, but are severable and independent of each other.

A. The County is a zoning authority with the power to regulate and restrict use of land. NMSA 1978, § 3-21-1 (1995).

B. The Board of County Commissioners is the body that exercises the powers of a county as a body politic and corporate. NMSA 1978, § 4-38-1 (1876).

C. The Board takes notice that the Zoning Ordinance was adopted according to New Mexico statutory authority and duly recorded in the records of the Clerk of Valencia County.

D. The Board has discretion in making zoning decisions. *See Singleterry v. City of Albuquerque*, 96 N.M. 468, 471, 632 P2d 345, 348 (1981).

E. The Board has authority and jurisdiction over the Petition for Zone Change filed by Jess Mestas and Marietta Mestas.

F. All parties entitled to notice were afforded notice in accordance with the applicable Valencia County Ordinances, New Mexico State Statutes, and common law.

G. The applicant and the public were afforded due process pursuant to the United States Constitution, the New Mexico Constitution, and in accordance with the applicable Valencia County Ordinances.

H. The Board takes notice that §154.061 of the Valencia County Zoning Code provides that the proposed zone change should be consistent with the goals, policies and any other applicable provisions of the Comprehensive Plan. As further delineated below, the Board's decision herein is consistent with the Comprehensive Plan.

I. The Board takes notice that the Valencia County Comprehensive Land Use Plan of October 7, 2005 ("Comprehensive Plan") is the comprehensive plan applicable to this matter, and was properly adopted according to New Mexico statutory authority.

J. Section 154.061 (C) (2) of the Zoning Ordinance provides that "The proposed change [be] appropriate considering...the surrounding land uses, density and pattern of development in the area..." The future land use intended by the Applicant is consistent with the Zoning Ordinance.

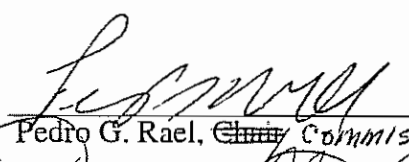
K. Section 154.057 (C) (1) of the Zoning Ordinance provides that "In approving an application for a conditional use, the P&Z may impose conditions to protect the area surrounding the proposed use and to preserve the basic purpose and intent of the underlying zoning district." The conditional approval is consistent with the Zoning Ordinance.

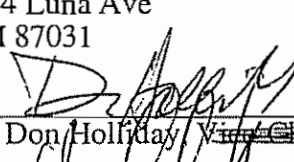
### Decision

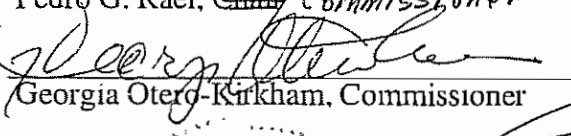
**IT IS, THEREFORE, ORDERED** that the zone change from Rural Residential-1 (RR-1) zoning designation to a Neighborhood Commercial (C-1) zoning designation on the condition that the applicant has two years from the date of the County Commission meeting (December 21, 2009) to develop the site as described by the applicant into a Tortilleria. If the applicant fails to have developed the site as described, the C-1 zone designation will revert back to an RR-1 zone designation. This zone change is requested by applicants Lionel Molinar and Cindy Miranda in their application to Amend the Zoning Map on the property commonly described as: Section 8, T6N, R3E, Monterey Park Subdivision, Unit 3, Block A Lot 10; Zoned RR-1; NMPM; Filed in Book 305, Page 4066 of the Office of the Valencia County Clerk; Also known as 03 Molinero Road, Valencia County, NM., is hereby conditionally granted by a vote of 5-0.

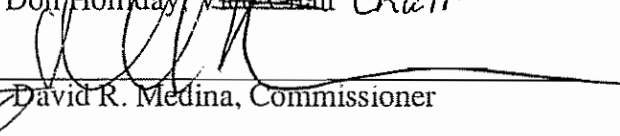
### BOARD OF COUNTY COMMISSIONERS OF VALENCIA COUNTY


P.O. Box 1119 / 444 Luna Ave  
Los Lunas, NM 87031

  
Pedro G. Rael, ~~Chair~~ Commissioner

  
Don Holliday, ~~Vice Chair~~ Chair

  
Georgia Otero-Kirkham, Commissioner

  
David R. Medina, Commissioner

  
Ron Gentry, Commissioner

ATTEST BY: 

Sally Perea, County Clerk

Date: 1-6-10

**EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011**

**Due Date: January 15, 2010**

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

<b>Local Recipient:</b>	Valencia County Emergency Services			133149
	<i>(EMS Service that will benefit)</i>			<i>(EMS Service #)</i>
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031
	<i>(Street/Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
	X 1	2	3	
	505-866-2040	505-865-2039	505-866-8749	
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	A. Brian Culp	Deputy Chief	brian.culp@co.valencia.nm.us	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Valencia County			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031
	<i>(Mailing Address)</i>		<i>(City)</i>	<i>(State) (Zip)</i>
<b>Contact Person:</b>	Wilma Abril	Finance Manager		
	<i>(Name)</i>		<i>(Title)</i>	
	505-866-2033	505-866-2424	Wilma.abril@co.valencia.nm.us	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
FR/BLS/ILS/ALS	3	39000	Basic	1214

**LICENSED EMS PERSONNEL**

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date		Paid/Volunteer
Charles Eaton	FR	00015390	03-31-2011	2009	Paid
Alton Brian Culp	EMT-P	00010772	03-31-2011	2009	Paid
Casey Davis	EMT-I	00017208	03-31-2011	2009	Paid
Steven Gonzales	EMT-B	02000759	03-31-2010	2009	Paid
Nathan Gonzales	EMT-B	07001577	03-31-2011	2009	Paid
Scott Shrider	EMT-B	00011557	03-31-2010	2009	Paid
Jerrett Fleming	EMT-B	05000255	03-31-2010	2009	Paid
Jamie Finch	EMT-I	07001570	03-31-2011	2009	Paid

EMS SERVICE FUNDING INFORMATION	
Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one level for which your service meets or exceeds the criteria. (All responses are subject to review and verification).	

EMS SERVICE FUNDING INFORMATION	
Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one 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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).		Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>	X	Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.		Basic medical supplies and equipment.	X	Basic medical supplies and equipment.		Basic medical supplies and equipment.
	At least one mutual aid agreement.		At least one mutual aid agreement.	X	At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.	X	A designated Training Coordinator.		A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.
			A Medical Director (if auto defibrillation capable).	X	A Medical Director and appropriate medical protocols.		A Medical Director and appropriate BLS and ALS medical protocols.
				X	Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.		Maintain at least one transport capable vehicle if appropriate within the local EMS System.
				X	Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.		Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
				X	Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.		Complies with Air Ambulance certification regulations, if applicable.
							Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical - rescue or the EMS Bureau regarding certificated ambulances.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED		
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.		
*Priority (Rank Order)	Description of Items (Please list in appropriate category and provide adequate detail on each priority item)	Estimated Cost (\$)
	Repair and Maintenance:	
2	Training:	2500.00
	Refreshers, CE Training	
	Mileage & Per Diem:	
1	Supplies (Items Under \$500):	5000.00
	General EMS Supplies	
	Capital Outlay (Items Over \$500):	
3	Replacement of AED units with Defib units	8000.00
	Other Operational Costs:	
	TOTAL AMOUNT OF REQUEST	15,500.00
*Please do not make all items Priority No. 1. Use each number only once. (Use additional sheets if necessary.)		

JUSTIFICATION OF TOP PRIORITIES
Please justify your top priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)
1. Supplies for daily EMS Operations
2. Training for Crews
3. Replacement of one AED unit for a Defib unit with Pacing Capability for EMT-P

SERVICE NAME:	Los Chavez Fire Department
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<b>EMS FUND ACT CERTIFICATION BY APPLICANT</b>	
STATE OF NEW MEXICO, COUNTY OF: <u>VALENCIA</u>	
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)	
Mayor	Donald Holliday <u>Pecko G. Rael</u>
	<b>OR</b> Chairman, Board of Commissioners
Valencia	
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:	
<ul style="list-style-type: none"><li>• That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.</li><li>• 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.</li><li>• 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.</li><li>• That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.</li></ul>	
<u>Donald Holliday</u> Signature of Official Named Above	<u>Chairman</u> (Title)
The above was sworn and subscribed to before this <u>6</u> day of <u>January</u> , 20 <u>10</u>	
Notary Public: <u>Darryl R. Garcia</u>	(SEAL)
My commission expires: <u>8-22-12</u>	

<b>PERSON COMPLETING FORM</b>				
Name:	Alton Brian Culp		Deputy Chief-EMS	
	(Name)		(Title)	
Address:	P.O. Box 1119			
	Los Lunas	NM	87031	
	(City)	(State)	(Zip)	(+4)
505-866-2040	505-319-0267		505-507-6964	Brian.culp@co.valencia.nm.us
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:	<u>[Signature]</u>			

<b>FOR BUREAU USE ONLY</b>	
Reviewer: _____	Date Reviewed: _____
Approved:      Yes              No	Final Award: _____
Comments/Problem:	
Date Corrected:	

EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011

Due Date: January 15, 2010

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

<b>Local Recipient:</b>	Rio Grande Estates Fire Department			
	(EMS Service that will benefit)			(EMS Service #)
<b>Mailing Address:</b>	PO Box 527	Belen	NM	87002
	(Street/Mailing Address)	(City)	(State)	(Zip)
	X 1 2 3	505-864-6161	505-666-2040	505-864-8695
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
<b>Contact Person:</b>	Jason Gonzales	Chief	rgef@hotmai.com	
	(Name)	(Title)	(E-mail Address)	

<b>Applicant:</b>	Valencia County			
	(County or Municipality serving as Fiscal Agent)			
<b>Mailing Address:</b>	PO Box 1119	Los Lunas	NM	87031
	(Mailing Address)	(City)	(State)	(Zip)
<b>Contact Person:</b>	Alton Brian Culp	Deputy Chief		
	(Name)	(Title)		
	505-866-2040	505-866-8749	Brian.culp@co.valencia.nm.us	
	(Telephone #)	(Fax Phone #)	(E-mail Address)	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
ALS	35	10,000	Advanced	684

**LICENSED EMS PERSONNEL**

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer
Jason Gonzales	EMT-I	02000758	03/31/2011	Volunteer
Narcy Baca	EMT-I	05000135	03/31/2011	Volunteer
Jaime Finch	EMT-I	07001570	03/31/2011	Volunteer
Elain Campbell	EMT-I	07001576	03/31/2011	Volunteer
Mike Ortega	EMT-I	00012312	03/31/2010	Volunteer
Edward Butler	FR	09001022	03/31/2012	Volunteer
Eric Jaramillo	EMT-B	08000436	03/31/2010	Volunteer

Reynaldo Carrillo	EMT-I	02001000	03/31/2011		Volunteer
Michael Taradash	EMT-P	01000461	03/31/2010		Volunteer
Nancy Alicia Martinez	EMT-B	08001679	03/31/2011		Volunteer
Amanda K. Sandoval	EMT-B	08000427	03/31/2011		Volunteer
James Certain	EMT-B	08001349	03/31/2012		Volunteer
James Grass	FR	00011166	03/31/2011		Volunteer
Tisha Finch	FR	09001451	03/31/2012		Volunteer
Valerie Selph	EMT-B	07001602	03/31/2010		Volunteer
Cassandra Shiplet	EMT-B	07001625	03/31/2011		Volunteer
Nicole Rawson	FR	09001128	03/31/2012		Volunteer
L.E. Rubin	RN	R25388	03/31/2011		Volunteer
Donna Butler	FR	09001021	03/31/2011		Volunteer
Michael Steininger	EMT-B	04000681	03/31/2011		Volunteer

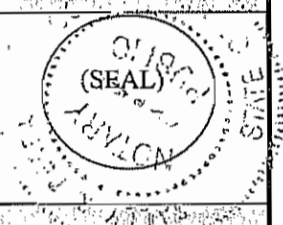
Medical-Rescue Service Entry Level (\$1,500)		Medical-Rescue Service First Responder (\$3,000)		Medical-Rescue Service/Ambulance Basic Level (\$5,000)		Medical-Rescue Service/Ambulance Advance Level (\$7,000)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).		Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>	X	Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.	X	Basic medical supplies and equipment.
	At least one mutual aid agreement.		At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).	X	At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.	X	A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.
			A Medical Director (if auto defibrillation capable).		A Medical Director and appropriate medical protocols.	X	A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.	X	Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.	X	Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.	N/A	Complies with Air Ambulance certification regulations, if applicable.
						N/A	Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED		
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.		
*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
3	Repair and Maintenance:	5,000
1	Training:	4,000
5	Mileage & Per Diem:	2,000
2	Supplies (Items Under \$500):	3,000
4	Capital Outlay (Items Over \$500):	3,000
	Other Operational Costs:	
	<b>TOTAL AMOUNT OF REQUEST</b>	17,000.00
*Please do not make all items Priority No. 1.                      Use each number only once.                      (Use additional sheets if necessary.)		

JUSTIFICATION OF TOP PRIORITIES
Please justify your top 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.)
We have expanded our roster to approx. 50 volunteers, which half of them need assistance in Obtaining CE's and paying renewal fees, and others would like to attend the classes to obtain A medical license. Priority #2 is needed to pay for the supplies used in day to day operations This department runs an average of 600 to 800 medical calls per year. We are staffed with FR, Basics, Intermediates, and Paramedics and cover approx. 600 square miles of rural land.

SERVICE NAME:	Rio Grande Estates Fire Department
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<b>EMS FUND ACT CERTIFICATION BY APPLICANT</b>	
STATE OF NEW MEXICO, COUNTY OF <u>Valencia</u>	
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)	
Mayor	<u>Donald Holliday</u> Chairman, Board of Commissioners
OR	
Municipality	<u>Valencia</u> 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:	
<ul style="list-style-type: none"><li>• That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.</li><li>• 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.</li><li>• 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.</li><li>• That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.</li></ul>	
<u>Donald Holliday</u> Signature of Official Named Above	<u>Chairman</u> (Title)
The above was sworn and subscribed to before this <u>6</u> day of <u>January</u> , 20 <u>10</u> .	
Notary Public:	<u>Jacely R. Lora</u>
My commission expires:	<u>8-22-12</u>



<b>PERSON COMPLETING FORM</b>					
Name:	<u>Brian Culp</u> (Name)			<u>Deputy Chief</u> (Title)	
Address:	<u>PO Box 1119</u>				
	<u>Los Lunas</u> (City)	<u>NM</u> (State)	<u>87031</u> (Zip)		
<u>505-866-2040</u> (Work Phone)	<u>505-319-0267</u> (Home Phone #)		<u>505-507-6964</u> (Cellular Phone #)	<u>Brian.culp@co.valencia.nm.us</u> (E-mail Address)	
<u>[Signature]</u> Signature:					

<b>FOR BUREAU USE ONLY</b>	
Reviewer: _____	Date Reviewed: _____
Approved:      Yes                  No	Final Award: _____
Comments/Problem: _____	
Date Corrected: _____	BOOK 068      PAGE 747



EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011

Due Date: January 15, 2010

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

Local Recipient:	Tomé-Adelino Fire Department			133140	
	(EMS Service that will benefit)			(EMS Service #)	
Mailing Address:	PO Box 27		Tomé	NM	87060
	(Street/Mailing Address)		(City)	(State)	(Zip)
	X	1	2	3	505-866-2040
	(EMS Region)		(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
Contact Person:	Ron Avila		Assistant District Chief	bigoso218@hotmail.com	
	(Name)		(Title)	(E-mail Address)	

Applicant:	Valencia County				
	(County or Municipality serving as Fiscal Agent)				
Mailing Address:	PO Box 1119		Los Lunas	NM	87031
	(Street/Mailing Address)		(City)	(State)	(Zip)
Contact Person:	A. Brian Culp		County Deputy Chief		
	(Name)		(Title)		
	505-866-2040		505-866-8747	Brian.Culp@co.valencia.nm.us	
	(Telephone #)		(Fax Phone #)	(E-mail Address)	

List the Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care)	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total # of EMS Runs For Prior Federal Fiscal Year (10/01/08 to 09/30/09)
BLS/ILS	6 years	7700	Basic	226

LICENSED EMS PERSONNEL					
List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)					
Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	EVOC Course Date	Paid/Volunteer
Laura Avila	EMT-B	06000073	3/31/11	1/09	Volunteer
Jessica Avila	EMS-FR	09001019	3/31/11	1/09	Volunteer
Ron Avila	EMT-B	06000072	3/31/11	1/09	Volunteer
Rob Barr	EMT-B	00216783	3/31/10	1/09	Volunteer
Robert Brown	EMT-B	00012173	3/31/11	1/09	Volunteer
Tammy Cabral	EMT-B	04000416	3/31/11	1/09	Volunteer
Jeremy Dear	EMT-B	06000321	3/31/11	1/09	Volunteer
Jack Dickey	EMS-FR	04000212	3/31/10	1/09	Volunteer
Robert Dowdy	EMT-B	08001346	3/31/11	1/09	Volunteer
Matthew Duran	EMT-B	02000761	3/31/11	1/09	Volunteer
Denis Fenton	EMT-B	08001345	3/31/11	1/09	Volunteer
Brian Hernandez	EMT-I	00023988	3/31/10	1/09	Volunteer
Rodrigo Padilla	EMS-FR	09001512	3/31/12	1/09	Volunteer

Chris Rael	EMS-FR	090001040	3/31/12	1/09	Volunteer

EMS FUNDING INFORMATION
Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement as evidence that your service meets or exceeds the criteria below. (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)
Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).	Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, minimum of two such personnel.	X	Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, minimum of two such personnel.
Basic medical supplies and equipment.	Basic medical supplies and equipment.	X	Basic medical supplies and equipment.
At least one mutual aid agreement.	At least one mutual aid agreement.	X	At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
A designated Training Coordinator.	A designated Training Coordinator.	X	A designated Training Coordinator.
Participate in the Pre-Hospital Database Program.	Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.
	A Medical Director (if auto defibrillation capable).	X	A Medical Director and appropriate BLS and ALS medical protocols.
		X	Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
		X	Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.
			Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.
			Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.

## LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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.

*Priority (Rank Order)	Description of Items (Please list in appropriate category and provide adequate detail on each priority item)	Estimated Cost (\$)
2	Repair and Maintenance: Periodic maintenance inspections by qualified mechanic, oil changes every 3000 miles, repairs as necessary.	\$1,500.00
3	Training: No new training technology costs predicted for FY2011. Rescue 2 is anticipating 3 persons attending 1 EMT-B class at an estimated cost of \$700.00/each	\$2,100.00
	Mileage & Per Diem: None.	
4	Supplies (Items Under \$500): Cost of supplies for a BLS Service is minimal. Estimate is based on historical supply consumption and the estimated 300 runs for FY 2011. Estimated cost for each BLS response is \$10.00 per call.	\$3,000.00
5	Capital Outlay (Items Over \$500): One new AED to match new AED purchased in CY 09 is needed. Three new computers, printer, and network hardware for EMS reporting are needed.	\$9,000.00
1	Other Operational Costs: Fuel costs are the most significant per call cost. This service averages 15 miles per call with fuel consumption of Rescue 2 averaging 10 miles per gallon. Estimate is based on 300 calls and diesel at \$3.00 per gallon.	\$1,350.00
<b>TOTAL AMOUNT OF REQUEST</b>		<b>\$16,950.00</b>

\*Please do not make all items Priority No. 1.

Use each number only once.

(Use additional sheets if necessary.)

## JUSTIFICATION OF TOP PRIORITIES

Please justify your top 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.)

Rescue 2's training technology is up-to-date. Other priorities are fairly self-explanatory and follow the logic that if your vehicles are not maintained, then you can't reach the patients and you need fuel to get you there. Once on scene, you need supplies and equipment to treat the patient. Experience shows that patient confidence is built with quality personnel and modern equipment. Rescue 2 is anticipating recruiting new members in early 2010. New computers, printer, and network hardware are needed to reduce data entry/reporting time and increase volunteer personnel productivity.

SERVICE NAME:	Tomé-Adelino Fire Department
---------------	------------------------------

EMS FUND ACT CERTIFICATION BY APPLICANT	
STATE OF NEW MEXICO, COUNTY OF	Valencia
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)	
Mayor	OR <u>Donald Holliday</u> Chairman, Board of Commissioners
Municipality	Valencia County
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:	
<ul style="list-style-type: none"> <li>That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.</li> <li>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.</li> <li>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.</li> <li>That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.</li> </ul>	
<u>Donald Holliday</u> Signature of Official Named Above	Chairperson (Title)
The above was sworn and subscribed to before this <u>6</u> day of <u>January</u> , 2009. 2010	
Notary Public: <u>Darryl R. Quera</u>	(SEAL)
My commission expires: <u>8.22-12</u>	

PERSON COMPLETING FORM				
Name:	Ron Avila (Name)		Assistant District Chief (Title)	
Address:	PO Box 27			
	Tomé (City)	NM (State)	87060 (Zip)	0027 (+4)
575-866-2040 (Work Phone)	505-865-2999 (Home Phone #)	None (Pager #)	505-720-3552 (Cellular Phone #)	Bigoso218@hotmail.com (E-mail Address)
Signature: <u>[Signature]</u>				

FOR BUREAU USE ONLY	
Reviewer: _____	Date Reviewed: _____
Approved:      Yes                  No	Final Award: _____
Comments/Problem:	
Date Corrected:	

EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011

Due Date: January 15, 2010

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

<b>Local Recipient:</b>	Valencia El-Cerro Fire Department		133137	
	(EMS Service that will benefit)		(EMS Service #)	
<b>Mailing Address:</b>	P.O. Box 116	Los Lunas	NM	87031
	(Street/Mailing Address)	(City)	(State)	(Zip)
	X 1 2 3	505-865-7201	505-865-2039	
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
<b>Contact Person:</b>	Edward T. Martinez	District Chief	ETMartinez@cabq.gov	
	(Name)	(Title)	(E-mail Address)	

<b>Applicant:</b>	Valencia County			
	(County or Municipality serving as Fiscal Agent)			
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031
	(Mailing Address)	(City)	(State)	(Zip)
<b>Contact Person:</b>	Wilma Abril	Finance Manager		
	(Name)	(Title)		
	505-866-2033	505-866-2424	Wilma.abril@co.valencia.nm.us	
	(Telephone #)	(Fax Phone #)	(E-mail Address)	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
FR/BLS/ILS/ALS	31	10000	Advanced	263

LICENSED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer
Kevin A. Bourque	EMT-B	02000506	03-31-2010	VOL
James G. Frickey	EMT-B	00023048	03-31-2010	VOL
Kathleen A. Frickey	EMT-B	00011562	03-31-2010	VOL
Virginia L. Humphreys	EMT-I	00020426	03-31-2010	VOL
Robert Hyde	EMT-B	00024017	03-31-2010	VOL
Steven R. Krammer	EMT-I	02000518	03-31-2011	VOL
Edward T. Martinez	EMT-I	00021255	03-31-2011	VOL
RoseMarie H. Martinez	EMT-I	00022986	03-31-2010	VOL

Frances R. Sanchez	EMT-B	00015512	03-31-2010		VOL
David R. Simonson	EMT-P	00016497	03-31-2011		VOL
Sylvia J. Stubben	EMT-B	00025328	03-31-2011		VOL
Isaac T. Bourne	EMS/FR	F4044092	04-30-2011		VOL

## EMS SERVICE FUNDING INFORMATION

Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one 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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).		Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>	X	Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.	X	Basic medical supplies and equipment.
	At least one mutual aid agreement.		At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).	X	At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.	X	A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.
			A Medical Director (If auto defibrillation capable).		A Medical Director and appropriate medical protocols.	X	A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.	X	Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.	X	Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.	N/A	Complies with Air Ambulance certification regulations, if applicable.
						X	Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.

**LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED**

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.

*Priority (Rank Order)	Description of Items (Please list in appropriate category and provide adequate detail on each priority item)	Estimated Cost (\$)
3	Repair and Maintenance: Regular scheduled and preventative maintenance to transport capable rescue vehicles. Regular maintenance to sophisticated equipment (ex. SAED)	\$2000.00
1	Training: Regional and Statewide EMS Conferences, EMS Academy Refresher courses and other EMS trainings as required.	\$3000.00
2	Mileage & Per Diem: Fuel costs for transport capable rescue vehicles.	\$2000.00
4	Supplies (Items Under \$500): All expendable supply items plus medications used by field EMS providers.	\$1500.00
	Capital Outlay (Items Over \$500):	
5	Other Operational Costs: Publications and office supplies.	\$500.00
	<b>TOTAL AMOUNT OF REQUEST</b>	<b>\$9000.00</b>

\*Please do not make all items Priority No. 1. Use each number only once. (Use additional sheets if necessary.)

**JUSTIFICATION OF TOP PRIORITIES**

Please justify your top 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.)

The priorities for this Fire Department based Rescue Service are the same as those facing all others operating in the state. Costs for maintenance and repairs are rising continually with no relief in sight. Replacement of supplies has also risen steadily over the past year. As newer equipment and supplies become available the service must make every effort to purchase the required items in order to maintain the appropriate level of patient care mandated by the new protocols. Training is the line item that has shown the greatest increases in recent times. It is

absolutely essential to keep up with all the emerging care trends through constant training.

SERVICE NAME: Valencia El-Cerro Fire Department

### EMS FUND ACT CERTIFICATION BY APPLICANT

STATE OF NEW MEXICO, COUNTY OF VALENCIA

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

Donald Holliday *Pedro G. Rangel*  
Mayor OR Chairman, Board of Commissioners

Valencia

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.

*Donald Holliday*  
Signature of Official Named Above

*Chairman*  
(Title)

The above was sworn and subscribed to before this 6 day of January, 2010.

Notary Public:

*Dolly P. Garcia*

(SEAL)

My commission expires: 8-22-12

### PERSON COMPLETING FORM

Name:	Alton Brian Culp	Deputy Chief-EMS
	(Name)	(Title)
Address:	P.O. Box 1119	
	Los Lunas	NM 87031
	(City)	(State) (Zip)
505-866-2040	505-319-0267	505-507-6964
(Work Phone)	(Home Phone #)	(Cellular Phone #)
Signature:	<i>Alton Brian Culp</i>	
	(E-mail Address): Brian.culp@co.valencia.nm.us	

### FOR BUREAU USE ONLY

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

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

Comments/Problem:

Date Corrected:

BOOK 068

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## **Funding Justification of Top Priorities Continued.**

We in the Emergency Medical Services are well aware of the fiscal issues confronting the state government at this time. I must enjoin my colleagues of the EMS Bureau to please seek reasonable funding for all Emergency Medical Services within its purview. We at the street level will continue to do our level best to maximize all funds given to us by realizing the most savings possible while still completing our tasks at serving our local constituencies.

Yours in service Edward T. Martinez, FFII, EMT-I  
Chief, Valencia-El Cerro Fire/Rescue Department.

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EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011

Due Date: January 15, 2010

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

<b>Local Recipient:</b>	Meadow Lake Fire Department		133059	
	(EMS Service that will benefit)		(EMS Service #)	
<b>Mailing Address:</b>	P.O. Box 1877	Los Lunas	NM	87031
	(Street/Mailing Address)	(City)	(State)	(Zip)
	X 1 2 3	505-865-9091	505-865-2039	505-866-8749
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
<b>Contact Person:</b>	Casey Davis	District Chief	casey.davis@co.valencia.nm.us	
	(Name)	(Title)	(E-mail Address)	

<b>Applicant:</b>	Valencia County			
	(County or Municipality serving as Fiscal Agent)			
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031
	(Mailing Address)	(City)	(State)	(Zip)
<b>Contact Person:</b>	Wilma Abril	Finance Manager		
	(Name)	(Title)		
	505-866-2033	505-866-2424	Wilma.abril@co.valencia.nm.us	
	(Telephone #)	(Fax Phone #)	(E-mail Address)	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
ILS	29	6000	Advanced	211

LICENSED EMS PERSONNEL

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer
Casey Davis	EMT-I	00017208	03-31-2011	Volunteer
John Villalovos	EMT-B	07000578	03-31-2010	Volunteer
Margaret Simmons	EMT-I	00020937	03-31-2011	Volunteer
Cherie Tom	EMT-B	08001035	03-31-2011	Volunteer
Ruth Kelly	EMT-B	08001343	03-31-2011	Volunteer
Eileen Davis	FR	00018976	03-31-2011	Volunteer
Kristin Davis	FR	09001023	03-31-2011	Volunteer

## EMS SERVICE FUNDING INFORMATION

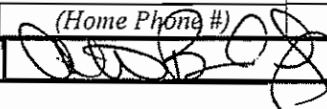
Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one level for which your service meets or exceeds the criteria. (All responses are subject to review and verification).

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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).		Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>	X	Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.	X	Basic medical supplies and equipment.
	At least one mutual aid agreement.		At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).	X	At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.	X	A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.
			A Medical Director (if auto defibrillation capable).		A Medical Director and appropriate medical protocols.	X	A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.	X	Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.	X	Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.	X	Complies with Air Ambulance certification regulations, if applicable.
						X	Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical - rescue or the EMS Bureau regarding certificated ambulances.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED		
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.		
*Priority (Rank Order)	Description of Items (Please list in appropriate category and provide adequate detail on each priority item)	Estimated Cost (\$)
1	Repair and Maintenance:	10,000.00
3	Training:	2,500.00
4	Mileage & Per Diem:	2,500.00
2	Supplies (Items Under \$500):	5,000.00
5	Capital Outlay (Items Over \$500):	3,000.00
	Other Operational Costs:	
	<b>TOTAL AMOUNT OF REQUEST</b>	<b>23,000.00</b>
*Please do not make all items Priority No. 1. Use each number only once. (Use additional sheets if necessary.)		

JUSTIFICATION OF TOP PRIORITIES
Please justify your top 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.)
<b>We currently staff (2) vehicles ILS care for our area. To sustain this we need to keep vehicles maintained and Supplied. We strive to maintain the highest level of care to our area.</b>

<b>SERVICE NAME:</b>	Meadow Lake Fire Department
<b>EMS FUND ACT CERTIFICATION BY APPLICANT</b>	
STATE OF NEW MEXICO, COUNTY OF <u>VALENCIA</u>	
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)	
Mayor	Donald Holliday / Pedro G. Raez
	OR Chairman, Board of Commissioners
Municipality	Valencia
	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:	
<ul style="list-style-type: none"><li>• That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.</li><li>• 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.</li><li>• 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.</li><li>• That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.</li></ul>	
Signature of Official Named Above	Chairman
The above was sworn and subscribed to before this <u>6</u> day of <u>January</u> 201 <u>0</u>	
Notary Public:	(SEAL)
My commission expires: <u>8-22-12</u>	

<b>PERSON COMPLETING FORM</b>				
Name:	Alton Brian Culp		Deputy Chief-EMS	
	(Name)		(Title)	
Address:	P.O. Box 1119			
	Los Lunas	NM	87031	
	(City)	(State)	(Zip)	(+4)
505-866-2040	505-319-0267		505-507-6964	Brian.culp@co.valencia.nm.us
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

<b>FOR BUREAU USE ONLY</b>	
Reviewer: _____	Date Reviewed: _____
Approved:      Yes              No	Final Award: _____
Comments/Problem: _____	
Date Corrected: _____	

**EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011**

**Due Date: January 15, 2010**

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

<b>Local Recipient:</b>	Los Chavez Fire Department		133137	
	<i>(EMS Service that will benefit)</i>		<i>(EMS Service #)</i>	
<b>Mailing Address:</b>	P.O. Box 775	Los Lunas	NM	87031
	<i>(Street/Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
	X 1 2 3	505-864-2000	505-865-2039	505-861-1938
	<i>(EMS Region)</i>	<i>(Business Phone #)</i>	<i>(Emergency Phone #)</i>	<i>(Fax Phone #)</i>
<b>Contact Person:</b>	Mike Brophy	Asst. Chief	brophms@yahoo.com	
	<i>(Name)</i>	<i>(Title)</i>	<i>(E-mail Address)</i>	

<b>Applicant:</b>	Valencia County			
	<i>(County or Municipality serving as Fiscal Agent)</i>			
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031
	<i>(Mailing Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>
<b>Contact Person:</b>	Wilma Abril	Finance Manager		
	<i>(Name)</i>	<i>(Title)</i>		
	505-866-2033	505-866-2424	Wilma.abril@co.valencia.nm.us	
	<i>(Telephone #)</i>	<i>(Fax Phone #)</i>	<i>(E-mail Address)</i>	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
FR/BLS/ILS/ALS	26	7000	Advanced	311

**LICENSED EMS PERSONNEL**

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date		Paid/Volunteer
Alton Brian Culp	EMT-P	00010772	03-31-2011	2009	Paid
Michael Brophy	EMT-I	00022098	03-31-2010	2009	VOL
Becky L. Culp	EMT-I	00021903	03-31-2011	2009	VOL
Karen Hughes	EMT-B	00014144	03-31-2011	2009	VOL
Donna Crockett	FR	00021583	03-31-2011	2009	VOL
Edward Hobbs	EMT-I	02000753	03-31-2011	2009	VOL
Jon Abeita	EMT-B	00016150	03-31-2011	2009	VOL
Teresa Martinez	EMT-I	03000589	03-31-2011	2009	VOL

Marianne Collado	EMT-B	04001714	03-31-2011	2009	VOL
Jennifer Hobbs	EMT-B	07000587	03-31-2010	2009	VOL
Tycee Abeita	EMT-B	07000580	03-31-2011	2009	VOL
Julian Richetti	EMT-I	02000532	03-31-2012	2009	VOL
Joshua Baca	EMT-B	02000763	03-31-2011	2009	VOL
Jeremy Fielder	EMT-B	08001344	03-31-2011	2009	VOL
Nicholas Moya	EMT-I	07000129	03-31-2011	2009	VOL

## EMS SERVICE FUNDING INFORMATION

Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one 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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).		Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>	X	Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.	X	Basic medical supplies and equipment.
	At least one mutual aid agreement.		At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).	X	At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.	X	A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.
			A Medical Director (if auto defibrillation capable).		A Medical Director and appropriate medical protocols.	X	A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.	X	Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.	X	Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.	X	Complies with Air Ambulance certification regulations, if applicable.
						X	Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.

### LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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.

*Priority (Rank Order)	Description of Items (Please list in appropriate category and provide adequate detail on each priority item)	Estimated Cost (\$)
2.	Repair and Maintenance:	\$6,000.00
1.	Training:	\$2,500.00
	Mileage & Per Diem:	
3.	Supplies (Items Under \$500):	\$5,000.00
4.	Capital Outlay (Items Over \$500):	\$4,000.00
	Auto Vent	
	Other Operational Costs:	
	<b>TOTAL AMOUNT OF REQUEST</b>	<b>\$17,500.00</b>

\*Please do not make all items Priority No. 1.      Use each number only once.      (Use additional sheets if necessary.)

\*Please do not make all items Priority No. 1.

Use each number only once.

(Use additional sheets if necessary.)

## JUSTIFICATION OF TOP PRIORITIES

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

1. For Training for all EMS personnel. If no training we can not continue.
2. Repairs of Equipment. If units are broken we can not continue.
3. Supplies for the units. If the units are not stocked we can not continue.
4. Los Chavez Fire Department would like to purchase an Auto vent to continue to provide Great care to our patients.

BOOK 068

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SERVICE NAME:	Los Chavez Fire Department
---------------	----------------------------

<b>EMS FUND ACT CERTIFICATION BY APPLICANT</b>	
STATE OF NEW MEXICO, COUNTY OF <u>VALENCIA</u>	
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)	
<u>Donald Holliday</u> Mayor	<u>Deputy G. Rael</u> OR Chairman, Board of Commissioners
<u>Valencia</u> 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:	
<ul style="list-style-type: none"><li>• That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.</li><li>• 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.</li><li>• 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.</li><li>• That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.</li></ul>	
<u>Donald Holliday</u> Signature of Official Named Above	<u>Chairman</u> (Title)
The above was sworn and subscribed to before this <u>6</u> day of <u>January</u> 20 <u>10</u> .	
Notary Public: <u>Deeey K. Quina</u>	(SEAL)
My commission expires: <u>8-22-12</u>	

<b>PERSON COMPLETING FORM</b>				
Name:	<u>Alton Brian Culp</u> (Name)		<u>Deputy Chief-EMS</u> (Title)	
Address:	<u>P.O. Box 1119</u>			
	<u>Los Lunas</u> (City)	<u>NM</u> (State)	<u>87031</u> (Zip)	<u></u> (+4)
<u>505-866-2040</u> (Work Phone)	<u>505-319-0267</u> (Home Phone #)	<u></u> (Pager #)	<u>505-507-6964</u> (Cellular Phone #)	<u>Brian.culp@co.valencia.nm.us</u> (E-mail Address)
<u>Signature:</u> <u>[Signature]</u>				

<b>FOR BUREAU USE ONLY</b>	
Reviewer: _____	Date Reviewed: _____
Approved:      Yes              No	Final Award: _____
Comments/Problem: _____	
Date Corrected: _____	

**EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011**

**Due Date: January 15, 2010**

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

<b>Local Recipient:</b>	Jarales Pueblitos Bosque Fire Department		133115	
	(EMS Service that will benefit)		(EMS Service #)	
<b>Mailing Address:</b>	P.O. Box 81	Jarales	NM	87023
	(Street/Mailing Address)		(City)	(State) (Zip)
	X 1 2 3	505-864-2853	505-865-2039	505-864-6995
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
<b>Contact Person:</b>	John Cherry	District Fire Chief	Johncherry@yahoo.com	
	(Name)	(Title)	(E-mail Address)	

<b>Applicant:</b>	Valencia County			
	(County or Municipality serving as Fiscal Agent)			
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031
	(Mailing Address)		(City)	(State) (Zip)
<b>Contact Person:</b>	Wilma Abril	Finance Manager		
	(Name)	(Title)		
	505-866-2033	505-866-2424	Wilma.abril@co.valencia.nm.us	
	(Telephone #)	(Fax Phone #)	(E-mail Address)	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
FR/BLS/ILS	24	5000	Advanced	149

**LICENSED EMS PERSONNEL**

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date		Paid/Volunteer
John M. Cherry	EMT-B	00025440	03-31-2011	11-2009	Volunteer
Beth Cherry	EMT-B	00015811	03-31-2011	11-2009	Volunteer
Francisco Salazar	EMT-I	05001086	03-31-2010	11-2009	Volunteer
Nolbert Torres	EMT-I	02001661	03-31-2011	11-2009	Volunteer
Andrew Molina	EMT-B	04000338	03-31-2011	11-2009	Volunteer
Carlos Chavez	EMT-I	07001580	03-31-2011	11-2009	Volunteer
Carolyn A. Romero	FR	08001454	03-31-2011	11-2009	Volunteer

## EMS SERVICE FUNDING INFORMATION

Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one 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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).		Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>	X	Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.	X	Basic medical supplies and equipment.
	At least one mutual aid agreement.		At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).	X	At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.	X	A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.
			A Medical Director (if auto defibrillation capable).		A Medical Director and appropriate medical protocols.	X	A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.	X	Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.	X	Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.	X	Complies with Air Ambulance certification regulations, if applicable.
						X	Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical - rescue or the EMS Bureau regarding certificated ambulances.

## LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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.

*Priority (Rank Order)	Description of Items (Please list in appropriate category and provide adequate detail on each priority item)	Estimated Cost (\$)
	Repair and Maintenance:	2000.00
2	Routine Maintenance	
	Training:	1800.00
1	New EMT-B, FR, and ILS classes	
4	Mileage & Per Diem:	1000.00
	For Training	
3	Supplies (Items Under \$500):	3000.00
	Disposable Items	
	Capital Outlay (Items Over \$500):	3000.00
5	New Zoll AED Pro	
	Other Operational Costs:	
	<b>TOTAL AMOUNT OF REQUEST</b>	<b>\$10,800.00</b>
*Please do not make all items Priority No. 1. Use each number only once. (Use additional sheets if necessary.)		

## JUSTIFICATION OF TOP PRIORITIES

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

1. Training is a priority always to maintain Volunteer Services
2. Maintenance and gas for Unit.
3. Needed for patient care.
4. Needed to pay for training and CE's for volunteers attending FR/EMT-B and EMT-I
5. For 2<sup>nd</sup> unit

**SERVICE NAME:** Jarales Pueblitos Bosque Fire Department

**EMS FUND ACT CERTIFICATION BY APPLICANT**

STATE OF NEW MEXICO, COUNTY OF VALENCIA

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

Donald Holliday *Deputy Chief*  
Mayor OR Chairman, Board of Commissioners

Valencia

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.

*Donald Holliday*  
Signature of Official Named Above

*Chairman*  
(Title)

The above was sworn and subscribed to before this 4 day of January, 2012.

Notary Public:

*Arley B. Quina*

(SEAL)

My commission expires:

8-22-12

**PERSON COMPLETING FORM**

Name:	Alton Brian Culp	Deputy Chief-EMS
	(Name)	(Title)
Address:	P.O. Box 1119	
	Los Lunas	NM 87031
	(City)	(State) (Zip) (+4)
505-866-2040	505-319-0267	505-507-6964
(Work Phone)	(Home Phone #)	(Cellular Phone #)
Signature:	Brian.culp@co.valencia.nm.us	
	(Pager #)	(E-mail Address)

**FOR BUREAU USE ONLY**

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

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

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

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

BOOK 068

PAGE 770

**EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011**

**Due Date: January 15, 2010**

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

<b>Local Recipient:</b>	Manzano Vista Fire Department				
	(EMS Service that will benefit)			(EMS Service #)	
<b>Mailing Address:</b>	P.O. Box 905	Peralta	NM	87042	
	(Street/Mailing Address)		(City)	(State)	(Zip)
	X   1   2   3	505-565-1042	505-864-2039	505-565-2401	
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)	
<b>Contact Person:</b>	Alton Brian Culp	Deputy Chief	Brian.culp@co.valencia.nm.us		
	(Name)	(Title)	(E-mail Address)		

<b>Applicant:</b>	Valencia County				
	(County or Municipality serving as Fiscal Agent)				
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031	
	(Mailing Address)		(City)	(State)	(Zip)
<b>Contact Person:</b>	Wilma Abril	Finance Manager			
	(Name)		(Title)		
	505-866-2033	505-866-2424	Wilma.abril@co.valencia.nm.us		
	(Telephone #)	(Fax Phone #)	(E-mail Address)		

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
FR	3	5000	FR	0

**LICENSED EMS PERSONNEL**

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date	Paid/Volunteer
Isaiah D. Salazar	FR	09001516	03-31-2012	Vol
Nicholas Moya	EMT-I	07000129	03-31-2011	VOL

## EMS SERVICE FUNDING INFORMATION

Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one 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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).	X	Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.	X	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.
	At least one mutual aid agreement.	X	At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.	X	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.
		X	A Medical Director (if auto defibrillation capable).		A Medical Director and appropriate medical protocols.		A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.		Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.		Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.		Complies with Air Ambulance certification regulations, if applicable.
							Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical - rescue or the EMS Bureau regarding certificated ambulances.

LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED		
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.		
*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
	Repair and Maintenance:	
2	Training:	1000.00
	Mileage & Per Diem:	
1	Supplies (Items Under \$500):	1500.00
3	Capital Outlay (Items Over \$500):	3000.00
	Purchase of an AED unit	
	Other Operational Costs:	
	<b>TOTAL AMOUNT OF REQUEST</b>	<b>5500.00</b>
*Please do not make all items Priority No. 1.      Use each number only once.      (Use additional sheets if necessary.)		

JUSTIFICATION OF TOP PRIORITIES
Please justify your top priorities on this application in accordance with the type and level of service you provide and the resources and capabilities of other EMS services in the area. Why are these top priorities? (Use additional sheets if necessary.)
1. Continued Purchasing of Supplies for Bags
2. Continued Training of Additional Members to the 1 <sup>st</sup> Responder Level
3. Purchase of a Pulse Ox

<b>SERVICE NAME:</b> Manzano Vista Fire Department	
<b>EMS FUND ACT CERTIFICATION BY APPLICANT</b>	
STATE OF NEW MEXICO, COUNTY OF VALENCIA	
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)	
Mayor	Donald Holliday <del>Pedro G. Rios</del>
	OR Chairman, Board of Commissioners
VALENCIA	
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:	
<ul style="list-style-type: none"><li>• That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.</li><li>• 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.</li><li>• 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.</li><li>• That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.</li></ul>	
Signature of Official Named Above	Chairman
The above was sworn and subscribed to before this 6 day of January, 2018.	
Notary Public:	(SEAL)
My commission expires: 8-22-12	

<b>PERSON COMPLETING FORM</b>				
Name:	Alton Brian Culp		Deputy Chief/EMS	
	(Name)		(Title)	
Address:	P.O. Box 1119			
	Los Lunas	NM	87031	
	(City)	(State)	(Zip)	(+4)
505-866-2040	505-865-5847	505-507-6964	Brian.culp@co.valencia.nm.us	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)
Signature:				

<b>FOR BUREAU USE ONLY</b>	
Reviewer: _____	Date Reviewed: _____
Approved:      Yes                  No	Final Award: _____
Comments/Problem:	
Date Corrected:	

**EMS FUND ACT  
LOCAL FUNDING PROGRAM APPLICATION  
FISCAL YEAR 2011**

**Due Date: January 15, 2010**

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

<b>Local Recipient:</b>	Highland Meadows Fire Department		133147	
	(EMS Service that will benefit)		(EMS Service #)	
<b>Mailing Address:</b>	HC-77 Box 301	Laguna	NM	87026
	(Street/Mailing Address)	(City)	(State)	(Zip)
	X 1 2 3	505-831-8898	505-865-2039	505-866-8749
	(EMS Region)	(Business Phone #)	(Emergency Phone #)	(Fax Phone #)
<b>Contact Person:</b>	Alton Brian Culp	Deputy Chief	Brian.culp@co.valencia.nm.us	
	(Name)	(Title)	(E-mail Address)	

<b>Applicant:</b>	Valencia County			
	(County or Municipality serving as Fiscal Agent)			
<b>Mailing Address:</b>	P.O. Box 1119	Los Lunas	NM	87031
	(Mailing Address)	(City)	(State)	(Zip)
<b>Contact Person:</b>	Wilma Abril	Finance Manager		
	(Name)	(Title)		
	505-866-2033	505-866-2424	Wilma.abril@co.valencia.nm.us	
	(Telephone #)	(Fax Phone #)	(E-mail Address)	

List the one Level of Service (FR, BLS, ILS, ALS, Critical/Specialty Care) you provide	# of Years In Operation	Estimated Population of Service Area	Fund Act Level (Entry, FR, Basic, Advanced)	Total EMS Runs 10/01/08 to 09/30/09 If different from NMEMSTARS database, document and include the reason.
FR	3	350	FR	0

**LICENSED EMS PERSONNEL**

List all personnel who are currently providing pre-hospital care with your service and identify their state certification or licensure levels, state certification or license numbers, and expiration dates. Also, please indicate the completion date of their emergency vehicle operator's course, if applicable. (Use additional pages as necessary.)

Name	Certification or Licensure Level	Certification or License Number	Certification or License Expiration Date		Paid/Volunteer
Robert Sindicich	FR	09001041	03-31-11		Volunteer

## EMS SERVICE FUNDING INFORMATION

Per rules, the minimum distribution of funds is based on the following criteria. Please check each requirement to determine the (1) one 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)	
	Fifty percent (50%) of all runs covered by a trained first responder (within two years of the initial request for funding).	X	Eighty percent (80%) of all runs covered by a certified first responder or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed EMT-Basic or higher licensed medical personnel, <u>minimum of two such personnel.</u>		Eighty percent (80%) of all runs covered by a licensed intermediate or paramedic level personnel; or if EMD is utilized, 80% of all runs determined by dispatch to require an advance level response covered by <u>licensed intermediate or paramedic level personnel and there must be at least one additional licensed EMT with the service.</u>
	Basic medical supplies and equipment.	X	Basic medical supplies and equipment.		Basic medical supplies and equipment.		Basic medical supplies and equipment.
	At least one mutual aid agreement.	X	At least one mutual aid agreement.		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).		At least one mutual aid agreement or other cooperative plan with first response or transporting ambulance service(s).
	A designated Training Coordinator.	X	A designated Training Coordinator.		A designated Training Coordinator.		A designated Training Coordinator.
	Participate in the Pre-Hospital Database Program.	X	Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.		Participate in the Pre-Hospital Database Program.
		X	A Medical Director (if auto defibrillation capable).		A Medical Director and appropriate medical protocols.		A Medical Director and appropriate BLS and ALS medical protocols.
					Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.		Maintain at least one transport capable vehicle if appropriate within the local EMS System.
					Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical rescue or the EMS Bureau regarding certificated ambulances.		Routinely responds when dispatched for all medical and traumatic emergencies within its primary response area.
					Complies with Air Ambulance certification regulations 7.27.5 NMAC, if applicable.		Complies with Air Ambulance certification regulations, if applicable.
							Complies with SCC Reg. 18.4.2 NMAC if applicable or other such regulations as may be adopted by the SCC regarding registered medical - rescue or the EMS Bureau regarding certificated ambulances.

## LIST OF ITEMS FOR WHICH FUNDS ARE REQUESTED

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.

*Priority (Rank Order)	Description of Items <i>(Please list in appropriate category and provide adequate detail on each priority item)</i>	Estimated Cost (\$)
	Repair and Maintenance:	
2	Training:	1000.00
	Mileage & Per Diem:	
1	Supplies (Items Under \$500):	1500.00
3	Capital Outlay (Items Over \$500):	3000.00
	Purchase of an AED unit	
	Other Operational Costs:	
<b>TOTAL AMOUNT OF REQUEST</b>		5500.00

\*Please do not make all items Priority No. 1.      Use each number only once.      (Use additional sheets if necessary.)

### JUSTIFICATION OF TOP PRIORITIES

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

1. Continued Purchasing of Supplies for Bags
2. Continued Training of Additional Members to the 1<sup>st</sup> Responder Level Jan/Feb 2010
3. Purchase of a Pulse Ox

Highland Meadows is trying to finish out our first out bags for EMS Calls. Our one 1<sup>st</sup> Responder is running calls with other Rescues to get experience before running calls within The response area.

<b>SERVICE NAME:</b>	Highland Meadows Fire Department
<b>EMS FUND ACT CERTIFICATION BY APPLICANT</b>	
STATE OF NEW MEXICO, COUNTY OF VALENCIA	
Pursuant to the Emergency Medical Services Fund Act Program 7.27.4 NMAC, I the undersigned: (TYPE OR PRINT)	
Donald Holliday / <del>Pedro G. Rael</del>	
Mayor	OR Chairman, Board of Commissioners
VALENCIA	
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:	
<ul style="list-style-type: none"><li>• That the funds received will be expended only for the purposes stated in the application and approved by the EMS Bureau.</li><li>• 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.</li><li>• 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.</li><li>• That the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes.</li></ul>	
<i>Donal Holliday</i> Signature of Official Named Above	<i>Chairman</i> (Title)
The above was sworn and subscribed to before this 6 day of January, 2010.	
Notary Public: <i>Duffy R. Garcia</i>	(SEAL)
My commission expires: 8-22-12	

<b>PERSON COMPLETING FORM</b>					
Name:	Alton Brian Culp			Deputy Chief/EMS	
	(Name)			(Title)	
Address:	P.O. Box 1119				
	Los Lunas	NM	87031		
	(City)	(State)	(Zip)	(+4)	
505-866-2040	505-865-5847		505-507-6964	Brian.culp@co.valencia.nm.us	
(Work Phone)	(Home Phone #)	(Pager #)	(Cellular Phone #)	(E-mail Address)	
Signature:	<i>[Signature]</i>				

<b>FOR BUREAU USE ONLY</b>	
Reviewer: _____	Date Reviewed: _____
Approved:      Yes                  No	Final Award: _____
Comments/Problem: _____	
Date Corrected: _____	
BOOK 068                  PAGE 778	

VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
PAYROLL AUTHORIZATION

The attached computer printout lists all checks issued by the Managers Office on  
01/01/2010 covering payroll process on the above date.

Direct Deposit Check # <u>13737</u>	thru direct deposit check# <u>13915</u>	inclusive.
Deduction Check# <u>101831</u>	thru deduction check# <u>101866</u>	inclusive.
Payroll Check # <u>86418</u>	thru payroll check # <u>86510</u>	inclusive.
Listing total \$ <u>373,597.74</u>		

All have been reviewed for:

1. Appropriate documentation and approvals
2. Authorized budget appropriations.
3. Compliance with New Mexico Statutes, and
4. DFA Rules and Regulations.

In recognition of the above, the Manager's Office request this action be officially recorded in the minutes of the regular county commission meeting before which body this matter came.

Recommended:

*Wilma Abril*  
Wilma Abril, Finance Director

Done this 6th day of January, 2010

VALENCIA COUNTY BOARD OF COMMISSIONERS

*Pedro G. Rael*  
Pedro G. Rael, Chair

*Georgia Otero-Kickham*  
Georgia Otero-Kickham, Vice-Chair

*David R. Medina*  
David R. Medina, Commissioner

*Ron Gentry*  
Ron Gentry, Commissioner

*Donald E. Holliday*  
Donald E. Holliday, Commissioner

ATTEST:

*Sally Perea*  
Sally Perea, County Clerk

EXHIBIT K

**VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
ACCOUNTS PAYABLE AUTHORIZATION**

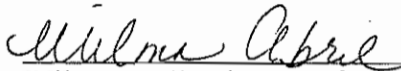
The attached computer printout lists all the checks issued by the Manager's Office on December 18 & 23, 2009 covering vendor bills processed on the above date. Check # 101645 thru Check # 101871 inclusive, for the total of \$ 651,673.52.

All have been reviewed for:

1. Appropriate documentation and approvals.
2. Authorized budget appropriations.
3. Compliance with New Mexico Statutes, and
4. DFA Rules and Regulations.

In recognition of the above, the Fiscal Office requests this action be officially recorded in the minutes of the regular county commission meeting before which body this matter came.

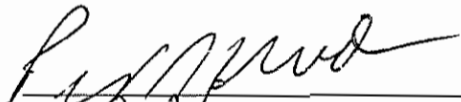
Recommended:



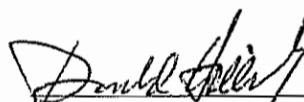
Wilma Abril, Director of Finance

Done this 6<sup>th</sup> day of January, 2009.

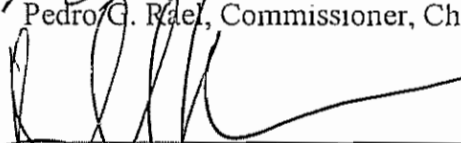
**VALENCIA COUNTY BOARD OF COMMISSIONERS**



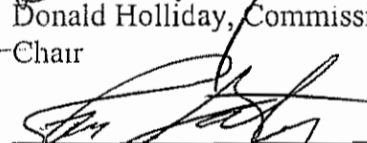
Pedro G. Rael, Commissioner, Chair



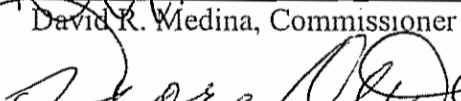
Donald Holliday, Commissioner, Vice  
Chair



David R. Medina, Commissioner

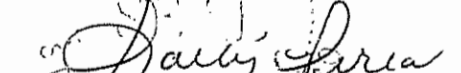


Ron Gentry, Commissioner



Georgia Otero-Kirkham, Commissioner

ATTEST



Sally Perea, County Clerk

EXHIBIT L

**VALENCIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
PAYROLL AUTHORIZATION**

The attached computer printout lists all checks issued by the Managers Office on  
12/31/2009 covering payroll process on the above date.

Direct Deposit Check # \_\_\_\_\_ thru direct deposit check# \_\_\_\_\_ inclusive.

Deduction Check# 101869 thru deduction check# 101870 inclusive.

Payroll Check # 86511 thru payroll check # 86744 inclusive.

Listing total \$ 65,385.52 Incentive Checks.

All have been reviewed for:

1. Appropriate documentation and approvals
2. Authorized budget appropriations.
3. Compliance with New Mexico Statutes, and
4. DFA Rules and Regulations.

In recognition of the above, the Manager's Office request this action be officially recorded in the minutes of the regular county commission meeting before which body this matter came.

Recommended:

Wilma Abril  
Wilma Abril, Finance Director

Done this 6th day of January, 2010

**VALENCIA COUNTY BOARD OF COMMISSIONERS**

Pedro G. Rael  
Pedro G. Rael, Chair

Georgia Otero-Kirkham  
Georgia Otero-Kirkham, Vice-Chair

David R. Medina  
David R. Medina, Commissioner

Ron Gentry  
Ron Gentry, Commissioner

Donald E. Holliday  
Donald E. Holliday, Commissioner

ATTEST:

Sally Perea  
Sally Perea, County Clerk

EXHIBIT M