

State of New Mexico

County of Grant

Resolution # R-04-20

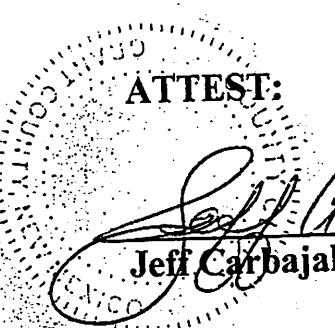
WHEREAS, the governing body of Grant County has operated a public transportation system for three years; and,

WHEREAS, the Grant County Commission supports Corre Caminos in applying for funding to continue Public Transportation for the fiscal year 2005-2006.

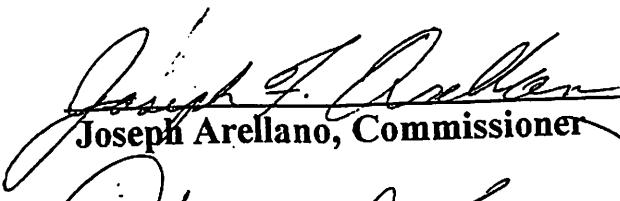
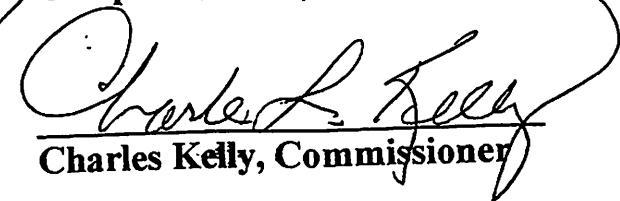
NOW, THEREFORE, BE IT HEREBY RESOLVED that the Grant County Commission adopts this resolution in support of Corre Caminos Transit's application for funding to continue transportation services during the fiscal year 2005-2006.

APPROVED AND ADOPTED in a regular meeting of the Grant County Board of County Commissioners this 22nd day of July, 2004.

ATTEST:

A circular seal with a decorative border containing the text "GRANT COUNTY NEW MEXICO" and "COMMISSIONERS".
Jeff Carbalal, Clerk

Grant County Commissioners


Henry Torres, Chairman
Joseph Arellano, Commissioner
Charles Kelly, Commissioner

COUNTY OF GRANT

RESOLUTION No. R-04-21

RESOLUTION TO AUTHORIZE AND SUPPORT
THE APPLICATION TO SUBMIT
CAPITAL OUTLAY REQUEST
For Planning Service Area II & IV – Area Agency on Aging

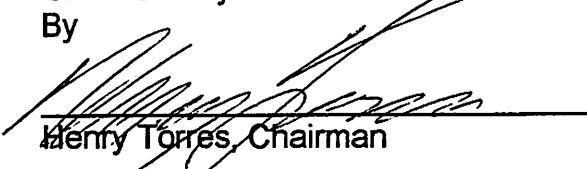
Whereas, the County of Grant has reviewed the Capital Outlay Request submitted by Grant County Senior Services, Inc., on July 9, 2004; and

Whereas, the Grant County Board of Commissioners was afforded an opportunity to comment on the Capital Outlay Requested submitted by Grant County Senior Services, Inc.; and

Now, therefore be it resolved by the Grant County Board of Commissioners and the Grant County Senior Services, Inc., have reached an understanding that Grant County will be the local government entity to enter into contract for the above-mentioned program with the New Mexico Aging and Long Term Services Department for the purchase of capital outlay.

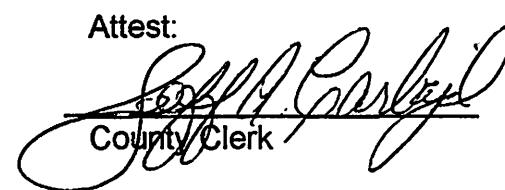
Grant County Board of Commissioners

By


Henry Torres, Chairman

Date 7/32/04

Attest:


County Clerk

Aging & Long Term Services Department

FY 2005 Capital Outlay Request

| APPLICANT INFORMATION | | REQUEST SUMMARY | |
|---|------------------------|--|--|
| Applicant Name: <u>Grant County Senior Services (Formerly ACCSSC, Inc)</u> | | New Construction/Major Addition | |
| Address: <u>P.O. Box 2990</u> | | <input type="text"/> 0 | |
| City: <u>Silver City</u> | Zip Code: <u>88061</u> | Renovation - Code Compliance | |
| County: <u>Grant</u> | PSA: <u>4</u> | <input type="text"/> 8,700 | |
| Senior Program: <u>Grant County Senior Services</u> | | Renovation or Other Improvements..... | |
| APPLICANT CONTACT | | | |
| Name: <u>Linda Detrick</u> | | Equipment - Meals | |
| Phone Number: <u>505-388-2523</u> | | <input type="text"/> 0 | |
| <i>Send one (1) copy to:</i> | | | |
| New Mexico Aging and Long-Term Services Department 2550 Cerrillos Road Santa Fe, NM 87505 | | | |
| <i>Send one (1) copy to the Area Agency on Aging for your area.</i> | | | |
| Deadline: <u>July 16, 2004</u> | | Equipment - Other | |
| | | Vehicles | |
| | | TOTAL REQUEST <input type="text"/> 15,200 | |

2005 CAPITAL OUTLAY REQUEST -- BASIS FOR REQUEST

Describe what is happening in your community or program that affects your facility, equipment or vehicle needs. Why do you need the requested capital outlay? What other resources are you seeking to address those needs and when will they be available?

Attach pages as needed.

Buildings for the senior centers were built before the current codes came into effect for the Leech system (Mimbres Senior Center) and the Range Hood Fires Suppression systems (Silver City Senior Center, Mimbres Senior Center, and Gila Senior Center). The Santa Clara Senior Center has the UL 300 system but needs some smaller upgrades.

The leech system at the Mimbres Senior Center is located too close to the main water line to be within code limits. The entire leach system needs to be moved to a distance that is more than 200 feet from the water line. The Grant County Public Works Department, who oversees maintenance at this location, needs the money to bring this building into compliance.

There are no other resources available locally to meet these needs.

2005 CAPITAL OUTLAY REQUEST -- FACILITY INVENTORY

Applicant:

CO-4

2005 CAPITAL OUTLAY REQUEST -- FIVE YEAR CAPITAL PLAN

Applicant: _____

Project Name: _____

2005 CAPITAL OUTLAY REQUEST - NEW CONSTRUCTION OR MAJOR ADDITION

ALL BOXES MUST BE COMPLETE! USE ONE SHEET PER PROJECT!

2005 CAPITAL OUTLAY REQUEST - ALTERATION/RENOVATION - CODE COMPLIANCE

| LOCATION/SITE | OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT | COST & SQUARE FOOT BREAKDOWN | |
|--|--|------------------------------|------|
| | | Amount Requested | 1550 |
| Silver City Senior Center 205 Victoria Street Silver City, NM County: Grant | Owned by Town of Silver City through capital outlay funds provided by legislature to build the senior center | Projected Total Cost | 1550 |
| | | Other Funds Available | 0 |
| | | Projected Square Feet | 0 |
| | | Projected Cost per Sq. Ft. | 0 |

Describe the Code Compliance issue and how it was identified (i.e. Fire Marshall, EID, DOH etc.).

Fire Marshall has warned us that the Range Hood fire suppression system need to be upgraded in kitchen to the UL 300 system to meet current code. Current system does not meet current UL 300 codes.

Describe the renovation project and how the renovation will address the Code Compliance issue.

UL 300 Range Hood system to be installed as per current codes.

(1) What methods were used to determine the projected cost?

Sought estimates from vendors who can supply and install proper system

(3) Do you have funds to operate the facility?

How much and what source of funds?

yes - funds for the Title III nutrition programs provided through state and federal money as contracted with NCNMEED

(4) Do you currently operate a senior center or meals program?

Where?

yes - at this location

(2) Are the "Other" funds committed to this project or are they still being sought?

no other funds at this time

(5) If you plan a major addition, who owns the existing facility?

N/A

Applicant: Grant County Senior Services (formerly ACCSSC, Inc)Project Name: Mimbres Valley Senior Center**2005 CAPITAL OUTLAY REQUEST -- ALTERATION/RENOVATION - CODE COMPLIANCE**

| LOCATION/SITE | OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT | COST & SQUARE FOOT BREAKDOWN | |
|--|---|------------------------------|------|
| | | Amount Requested | 1550 |
| Mimbres Valley Senior Center Hwy 35 Mimbres, NM County: Grant | Owned by Grant County Govt. through capital outlay funds provided by legislature to build the senior center | Projected Total Cost | 1550 |
| | | Other Funds Available | 0 |
| | | Projected Square Feet | 0 |
| | | Projected Cost per Sq. Ft. | 0 |

Describe the Code Compliance issue and how it was identified (i.e. Fire Marshall, EID, DOH etc.).

Fire Marshall has warned us that the Range Hood fire suppression system need to be upgraded in kitchen to the UL 300 system to meet current code. Current system does not meet current UL 300 codes.

Describe the renovation project and how the renovation will address the Code Compliance issue.

UL 300 Range Hood system to be installed as per current codes.

(1) What methods were used to determine the projected cost?

Sought estimates from vendors who can supply and install proper system

(3) Do you have funds to operate the facility?

How much and what source of funds?

yes - funds for the Title III nutrition programs provided through state and federal money as contracted with NCNMEDD

(4) Do you currently operate a senior center or meals program?

Where?

yes - at this location

(2) Are the "Other" funds committed to this project or are they still being sought?

no other funds at this time

(5) If you plan a major addition, who owns the existing facility?

N/A

Applicant: Grant County Senior Services (formerly ACCSSC, Inc)
Project Name: Mimbres Valley Senior Center

CO-6

2005 CAPITAL OUTLAY REQUEST -- ALTERATION/RENOVATION - CODE COMPLIANCE

| LOCATION/SITE | OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT | COST & SQUARE FOOT BREAKDOWN | | |
|---|---|--|----------------------|-----------------------|
| | | Amount Requested | Projected Total Cost | Other Funds Available |
| Mimbres Valley Senior Center Hwy 35 Mimbres, NM County: Grant | Owned by Grant County Govt. through capital outlay funds provided by legislature to build the senior center | 4000 | 4000 | 0 |
| | | Projected Square Feet | 0 | 0 |
| | | Projected Cost per Sq. Ft. | | |
| Describe the Code Compliance issue and how it was identified (i.e. Fire Marshall, EID, DOH etc.). | | | | |
| <p>Leech line needs to be moved to a location 200 feet from water line. Problem identified by the County of Grant Public Works director. Code requires this move.</p> | | | | |
| Describe the renovation project and how the renovation will address the Code Compliance issue. | | | | |
| <p>Leech line will be dug up and replaced with line the proper distance from the water line.</p> | | | | |
| (1) What methods were used to determine the projected cost? | | (3) Do you have funds to operate the facility? How much and what source of funds? | | |
| Sought estimates from vendors who can supply and install proper system | | yes - funds for the Title III nutrition programs provided through state and federal money as contracted with NCNMEDD | | |
| | | | | |
| | | | | |
| (4) Do you currently operate a senior center or meals program? Where? | | | | |
| yes - at this location | | | | |
| | | | | |
| (2) Are the "Other" funds committed to this project or are they still being sought? | | (5) If you plan a major addition, who owns the existing facility? | | |
| no other funds at this time | | N/A | | |
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ALL BOXES MUST BE COMPLETE! USE ONE SHEET PER PROJECT!

Applicant: Grant County Senior Services (formerly ACCSSC, Inc)Project Name: Gila Valley Senior Center**2005 CAPITAL OUTLAY REQUEST - ALTERATION/RENOVATION - CODE COMPLIANCE**

| LOCATION/SITE | OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT | COST & SQUARE FOOT BREAKDOWN | |
|---|---|------------------------------|------|
| | | Amount Requested | 1100 |
| Gila Valley Senior Center Hwy 211 Gila, NM County: Grant | Owned by Grant County Govt. through capital outlay funds provided by legislature to build the senior center | Projected Total Cost | 1100 |
| | | Other Funds Available | 0 |
| | | Projected Square Feet | 0 |
| | | Projected Cost per Sq. Ft. | 0 |

Describe the Code Compliance issue and how it was identified (i.e. Fire Marshall, BID, DOH etc.).

Fire Marshall has warned us that the Range Hood fire suppression system need to be upgraded in kitchen to the UL 300 system to meet current code. Current system does not meet current UL 300 codes.

Describe the renovation project and how the renovation will address the Code Compliance issue.

UL 300 Range Hood system to be installed as per current codes.

(1) What methods were used to determine the projected cost?

Sought estimates from vendors who can supply and install proper system

(3) Do you have funds to operate the facility?

How much and what source of funds?

yes - funds for the Title III nutrition programs provided through state and federal money as contracted with NCNMEDD

(4) Do you currently operate a senior center or meals program?

Where?

yes - at this location

(2) Are the "Other" funds committed to this project or are they still being sought?

no other funds at this time

(5) If you plan a major addition, who owns the existing facility?

N/A

2005 CAPITAL OUTLAY REQUEST – ALTERATION/RENOVATION - CODE COMPLIANCE

| LOCATION/SITE | OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT | COST & SQUARE FOOT BREAKDOWN | |
|--|---|--|-----|
| | | Amount Requested | 500 |
| Santa Clara Senior Center 107 N. East Street Santa Clara, NM County: Grant | Owned by Grant County Govt. through capital outlay funds provided by legislature to build the senior center | Projected Total Cost | 500 |
| | | Other Funds Available | 0 |
| | | Projected Square Feet | 0 |
| | | Projected Cost per Sq. Ft. | 0 |
| | | | |
| Describe the Code Compliance issue and how it was identified (i.e. Fire Marshall, EID, DOH etc.). | | | |
| Range Hood Fire Suppression system has UL 300 system but needs some upgrades to lines, etc. | | | |
| Describe the renovation project and how the renovation will address the Code Compliance issue. | | | |
| UL 300 Range Hood system to be upgraded as per current codes. | | | |
| (1) What methods were used to determine the projected cost? | | (3) Do you have funds to operate the facility? How much and what source of funds? | |
| Sought estimates from vendors who can supply and install proper system | | yes - funds for the Title III nutrition programs provided through state and federal money as contracted with NCNMEDD | |
| | | | |
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| | | | |
| (4) Do you currently operate a senior center or meals program? Where? yes - at this location | | | |
| | | | |
| (2) Are the "Other" funds committed to this project or are they still being sought? | | (5) If you plan a major addition, who owns the existing facility? | |
| no other funds at this time | | N/A | |
| | | | |
| | | | |

ALL BOXES MUST BE COMPLETE! USE ONE SHEET PER PROJECT!

Applicant: Grant County Senior Services (Formerly ACCSSC, Inc)

Project Name: _____

2005 CAPITAL OUTLAY REQUEST – ALTERATION / RENOVATION - OTHER PROJECTS

| LOCATION/SITE | OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT | COST & SQUARE FOOT BREAKDOWN | | |
|---|---|--|----------------------|----------------------------|
| | | Amount Requested | Projected Total Cost | Other Funds Available |
| County: | | Projected Square Feet | | Projected Cost per Sq. Ft. |
| <p>Describe the project. Identify the type of facility or addition to be constructed, the proposed use, and the need for the project.</p> <p>no request for other projects this year</p> | | | | |
| (1) What methods were used to determine the projected cost? | | (3) Do you have funds to operate the facility? How much and what source of funds? | | |
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| (2) Are the "Other" funds committed to this project or are they still being sought? | | (4) Do you currently operate a senior center or meals program? Where? | | |
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| | | (5) If you plan a major addition, who owns the existing facility? | | |
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ALL BOXES MUST BE COMPLETE! USE ONE SHEET PER PROJECT!

2005 CAPITAL OUTLAY REQUEST -- MEALS EQUIPMENT

Applicant: Grant County Senior Services (formerly ACCSSC, Inc.)

2005 CAPITAL OUTLAY REQUEST – OTHER EQUIPMENT

(1) Do not include items which are normally considered consumable supplies such as pots, pans, utensils, trays, etc.

(2) If necessary attach additional justification to support the request.

TOTAL AMOUNT REQUESTED ->

Applicant: Grant County Senior Services (formerly ACCSSC, Inc.)

CO-10

2005 CAPITAL OUTLAY REQUEST – VEHICLES

TOTAL AMOUNT REQUESTED

| JUSTIFICATION: | ESTIMATED PRICES TO BE USED | |
|--|--|----------------------------|
| Attach a narrative if any special types of vehicles, equipment or vehicle modifications are being requested and how the costs were determined. | | |
| (1) ADA requires 50% of all vehicles to be handicap accessible. | Minivan 12-Passenger Van 15-Passenger Van | 25,000 30,000 35,000 |
| (2) Refer to FORM CO-11, Column 1, VEH. NO. | Handicap modifications for vans Handicap accessible walk-in van | 15,000 50,000 |
| FORM CO-10 will not be accepted without FORM CO-11. | | |

Applicant: _____

CO-11

2005 CAPITAL OUTLAY REQUEST -- VEHICLE INVENTORY

| VEH. NO. | FUNDING SOURCE | LOCATION | MODEL | YEAR | MILEAGE | HANDICAP EQUIPPED? | CONDITION |
|----------|----------------|----------|-------|------|---------|--------------------|-----------|
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All columns must be complete for each vehicle listed
 All applicants must complete form whether requesting vehicles or not

Area Citizens Council for Services to Senior Citizens, Inc.

LIST OF VEHICLES

Revised: July 2004

| VEH. # | INSUR. STATUS | MAKE | MODEL | YEAR | CONDITION | MILEAGE | PLATE # | LOCATION | VIN # |
|--------|----------------|-----------|----------|------|-----------|---------|---------|---------------|-------------------|
| 18 | FULL COVERAGE | DODGE | CARAVAN | 2005 | EXCELLENT | 1,392 | G57600 | SILVER CITY | 1D4GP25R35B120564 |
| 19 | FULL COVERAGE | DODGE | CARAVAN | 2005 | EXCELLENT | 1,407 | G57599 | SILVER CITY | 1D4GP25R75B121149 |
| 20 | FULL COVERAGE | FORD | TAURUS | 2004 | EXCELLENT | 3,861 | G67373 | FGP | 1FAFP58UX4A139858 |
| 17 | FULL COVERAGE | CHEVROLET | CAVALIER | 2004 | EXCELLENT | 2,391 | G56942 | ACCSSC OFFICE | 1G1JC52F047221484 |
| 16 | FULL COVERAGE | CHEVROLET | CAVALIER | 2004 | EXCELLENT | 2,018 | G56943 | ACCSSC OFFICE | 1G1JC52F047221596 |
| 15 | FULL COVERAGE | CHEVROLET | CAVALIER | 2004 | EXCELLENT | 2,464 | G56941 | ACCSSC OFFICE | 1G1JC52F947221595 |
| 12 | FULL COVERAGE | CHEVROLET | MALIBU | 2002 | EXCELLENT | 18,618 | G50689 | ACCSSC OFFICE | 1G1ND52J92M685939 |
| 14 | FULL COVERAGE | CHEVROLET | MALIBU | 2002 | EXCELLENT | 19,940 | G60949 | ACCSSC OFFICE | 1G1ND52J62M686451 |
| 11 | FULL COVERAGE | CHEVROLET | S-10 | 2002 | EXCELLENT | 19,676 | G60433 | SILVER CITY | 1GCCS19W728211785 |
| 1 | FULL COVERAGE | CHEVROLET | ASTRO | 2000 | GOOD | 57,549 | G44760 | MIMBRES | 1GNDM19W7YB202909 |
| 4 | FULL COVERAGE | CHEVROLET | ASTRO | 2000 | GOOD | 49,156 | G44761 | SANTA CLARA | 1GNDM19W1YB203604 |
| 10 | FULL COVERAGE | CHEVROLET | ASTRO | 2000 | GOOD | 59,371 | G44560 | GILA VALLEY | 1GNDM19W0YB203397 |
| 9 | FULL COVERAGE | CHEVROLET | ASTRO | 2000 | GOOD | 38,202 | G44759 | ACCSSC OFFICE | 1GNDM19W0YB203142 |
| 8 | FULL COVERAGE | DODGE | RMW | 1998 | GOOD | 92,800 | G33370 | GILA VALLEY | 2B5WB35Z3TK163086 |
| 7 | FULL COVERAGE | CHEVROLET | CORSICA | 1993 | FAIR | 94,908 | G 26944 | SANTA CLARA | 1G1LT53T5PY265329 |
| 6* | LIABILITY ONLY | FORD | CLU | 1992 | FAIR | 96,921 | G 26945 | ACCSSC OFFICE | 1FBHE31H5NH08461 |

* Has wheelchair lift