

State of New Mexico

County of Grant

Resolution # R-04-10

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.

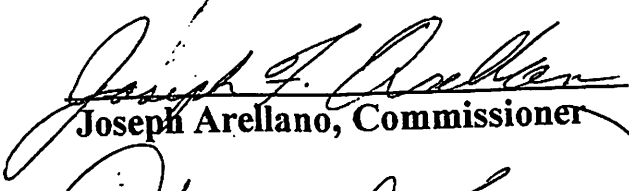
APPROVED AND ADOPTED in a regular meeting of the Grant County Board of County Commissioners this 22nd day of July, 2004.

ATTEST:

  
Jeff Carbajal, 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 7/22/04

Attest:

  
County Clerk

# Aging & Long Term Services Department

## FY 2005 Capital Outlay Request

### APPLICANT INFORMATION

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

Address: P.O. Box 2990

City: Silver City Zip Code: 88061

County: Grant PSA: 4

Senior Program: Grant County Senior Services

### APPLICANT CONTACT

Name: Linda Detrick

Phone Number: 505-388-2523

*Send one (1) copy to:*

New Mexico Aging and Long-Term Services Department  
2550 Cerrillos Road  
Santa Fe, NM 87505

*Send one (1) copy to the Area Agency on Aging for your area.*

**Deadline: July 16, 2004**

### REQUEST SUMMARY

New Construction/Major Addition .....

Renovation - Code Compliance .....

Renovation or Other Improvements....

Equipment - Meals .....

Equipment - Other .....

Vehicles .....

**TOTAL REQUEST**

**CO - 1**

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

CO-2

## 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.

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

## 2005 CAPITAL OUTLAY REQUEST -- FACILITY INVENTORY

[illegible]

CO-4

[illegible]

Applicant: \_\_\_\_\_

Project Name: \_\_\_\_\_

**2005 CAPITAL OUTLAY REQUEST -- NEW CONSTRUCTION OR MAJOR ADDITION**

LOCATION/SITE	OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT	COST & SQUARE FOOT BREAKDOWN	
		Amount Requested	
		Total Project Cost	
		Other Funds Available	
		Projected Square Feet	
County:		Projected Cost per Sq. Ft.	
Describe the project. Identify the type of facility or addition to be constructed, the proposed use, and the need for the project.			
<b>NOTE: Include all equipment and furnishings required to complete the project -- do not include them separately on the Equipment forms.</b>			
(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?		
(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?		
(5) If you plan a major addition, who owns the existing facility?			

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

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

CO-6

Project Name: Silver City Senior Center

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

LOCATION/SITE	OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT	COST & SQUARE FOOT BREAKDOWN	
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	Amount Requested	1550
		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.).			
<b>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.</b>			
Describe the renovation project and how the renovation will address the Code Compliance issue.			
<b>UL 300 Range Hood system to be installed as per current codes.</b>			
(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?	
<b>Sought estimates from vendors who can supply and install proper system</b>		<b>yes - funds for the Title III nutrition programs provided</b>	
		<b>through state and federal money as contracted with</b>	
		<b>NCNMEDD</b>	
		(4) Do you currently operate a senior center or meals program?	
		Where?	
		<b>yes - at this location</b>	
(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?	
<b>no other funds at this time</b>		<b>N/A</b>	

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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		
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	Amount Requested	1550	
		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.).				
<b>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.</b>				
Describe the renovation project and how the renovation will address the Code Compliance issue.				
<b>UL 300 Range Hood system to be installed as per current codes.</b>				
(1) What methods were used to determine the projected cost?		(3) Do you have funds to operate the facility?		
<b>Sought estimates from vendors who can supply and install proper system</b>		How much and what source of funds?		
		<b>yes - funds for the Title III nutrition programs provided</b>		
		<b>through state and federal money as contracted with</b>		
		<b>NCNMEDD</b>		
		(4) Do you currently operate a senior center or meals program?		
		Where?		
		<b>yes - at this location</b>		
(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?		
<b>no other funds at this time</b>		N/A		

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

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

CO-6

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	
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	Amount Requested	4000
		Projected Total Cost	4000
		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.).			
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.			
Describe the renovation project and how the renovation will address the Code Compliance issue.			
Leech line will be dug up and replaced with line the proper distance from the water line.			
(1) What methods were used to determine the projected cost?	(3) Do you have funds to operate the facility?		
Sought estimates from vendors who can supply and install proper system	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?	(5) If you plan a major addition, who owns the existing facility?		
no other funds at this time	N/A		

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Applicant: Grant County Senior Services (formerly ACCSSC, Inc)  
 Project Name: Gila 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		
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	Amount Requested	1100	
		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?		(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		

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

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

Project Name: Santa Clara Senior Center

CO-6

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

LOCATION/SITE	OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT	COST & SQUARE FOOT BREAKDOWN		
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	Amount Requested	500	
		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		
		(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!

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ACCSSC

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**Applicant:** Grant County Senior Services (Formerly ACCSSC, Inc)  
**Project Name:** \_\_\_\_\_

2005 CAPITAL OUTLAY REQUEST – ALTERATION / RENOVATION - OTHER PROJECTS

2005 CAPITAL OUTLAY REQUEST - ALTERATION/RENOVATION			
LOCATION/SITE	OWNERSHIP (LAND/BLDG) OR LEASE ARRANGEMENT	COST & SQUARE FOOT BREAKDOWN	
		Amount Requested	
		Projected Total Cost	
		Other Funds Available	
		Projected Square Feet	
		Projected Cost per Sq. Ft.	
County:			
Describe the project. Identify the type of facility or addition to be constructed, the proposed use, and the need for the project.			
no request for other projects this year			
(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?	
		(4) Do you currently operate a senior center or meals program? Where?	
(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?	

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

CO-8

[illegible]

CO-9

[illegible]

## 2005 CAPITAL OUTLAY REQUEST -- VEHICLES

[illegible]

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.	Minivan	25,000
	12-Passenger Van	30,000
	15-Passenger Van	35,000
(1) ADA requires 50% of all vehicles to be handicap accessible	Handicap modifications for vans	15,000
(2) Refer to FORM CO-11, Column 1, VEH. NO.	Handicap accessible walk-in van	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
1							
2							
3							
4							
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30							
31							
32							

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	3,851	G57373	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	G50949	ACCSSC OFFICE	1G1ND52J62M686451
11	FULL COVERAGE	CHEVROLET	S-10	2002	EXCELLENT	19,676	G50433	SILVER CITY	1G0CS19W728211785
1	FULL COVERAGE	CHEVROLET	ASTRO	2000	GOOD	57,549	G44760	MIMBRES	1GNNDM19W7YB202909
4	FULL COVERAGE	CHEVROLET	ASTRO	2000	GOOD	49,156	G44761	SANTA CLARA	1GNNDM19W1YB203604
10	FULL COVERAGE	CHEVROLET	ASTRO	2000	GOOD	59,371	G44560	GILA VALLEY	1GNNDM19W0YB203397
9	FULL COVERAGE	CHEVROLET	ASTRO	2000	GOOD	38,202	G44759	ACCSSC OFFICE	1GNNDM19W0YB203142
8	FULL COVERAGE	DODGE	PMW	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	1FBHE31H5NHB08461

\* Has wheelchair lift