

JOE SHIRLEY, JR.
VICE CHAIRMAN OF THE BOARD
DISTRICT I
P.O. Box 1952, Chinle, AZ 86503

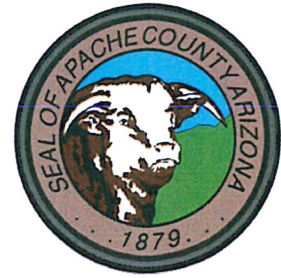
ALTON JOE SHEPHERD
CHAIRMAN OF THE BOARD
DISTRICT II
P.O. Box 994, Ganado, AZ 86505

TRAVIS SIMSHAUSER
MEMBER OF THE BOARD
DISTRICT III
P.O. Box 428, St. Johns, AZ 85936

**BOARD OF SUPERVISORS
OF APACHE COUNTY**

P.O. BOX 428
ST. JOHNS, ARIZONA 85936

TELEPHONE: (928) 337-7503
FACSIMILE: (928) 337-2003



RYAN N. PATTERSON
MANAGER-CLERK
ST. JOHNS, AZ 85936

**NOTICE OF A SPECIAL PUBLIC MEETING AND
AGENDA OF THE APACHE COUNTY BOARD OF SUPERVISORS
December 15, 2020
Board of Supervisors' Hearing Room, First Floor
75 West Cleveland Street
St. Johns, Arizona
1:00 p.m. MST**

1. District III: Discussion and possible approval of an amendment to Grant #SFA 19-101 extending the term of the agreement to June 30, 2021.
2. District III: Discussion and possible approval of an amendment to Grant #WFHF 18-202 extending the term of the agreement to June 30, 2021.
3. District III: Discussion and possible adoption of a resolution to accept grant funds in the amount of \$124,452 from the Pasqua Yaqui Tribe's Gaming Revenue Sharing Funds Program on behalf of the Concho Fire Department, for the purchase of emergency services equipment.
4. District II: Discussion and possible approval of an Intergovernmental Agreement (IGA) between the Winslow Indian Health Care Center (WIHCC) and Apache County (District II) for cooperation and coordination in COVID-19 winterization for communities within District II.

5. Human Resources: Request authorization to adjust current and new hire salaries to comply with the minimum wage increase, effective January 1, 2021.

Pursuant to the Americans with Disabilities Act, the Apache County Board of Supervisors endeavors to ensure the accessibility of its meetings to all persons with disabilities. If you need an accommodation for a meeting, please contact the Clerk of the Board's office at (928)337-7503, TDD (928)-337-4402 at least 24 hours prior to the meeting (not including weekends or holidays) so that an accommodation can be arranged. One or more members of the Board of Supervisors may participate telephonically or through video communication.

Posted this 14th day of December 2020, at 11:50 a.m. MST by 



Ryan N. Patterson
Clerk of the Board

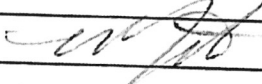
Apache County Board of Supervisors
AGENDA ITEM REVIEW FORM

date/time stamp

Submitter's Name: (Individual, Organization, or County Department)

District III

Date/Signature: 12/9/20



//

Describe in detail what you/ want to say to the Board and what action you want the Board to take: /

Discussion and possible approval of an amendment to grant #SFA 19-101 extending the term of the agreement to June 30, 2021.

//BOS Meeting Date Requested December 16, 2020

PRE-AGENDA ITEM REVIEW

Legal Review: __

Signature

Finance Review: _____

Signature /

Human Resources Review: _____

Signature

Other Review: _____

Signature

Reviews completed, item approved for Agenda.

Board Clerk's Initials _____



GRANT AMENDMENT

Arizona Department of Forestry and Fire Management

1110 W. Washington, Ste 100
Phoenix, Arizona 85007
(602) 771-1400

Grant No: SFA 19-101

Apache County

Amendment No: 1

It is mutually agreed that the referenced grant agreement is amended as follows:

1. Pursuant to Page 1, Item 4: TERM OF AGREEMENT, per the email request dated November 30th, 2020, the term of this agreement shall be extended to an end date of June 30, 2021.

All other provisions shall remain in their entirety

Grantee hereby acknowledges receipt and acceptance of above amendment. Amendment only becomes effective once signed by both Grantee and Arizona Department of Forestry and Fire Management.

The above referenced Grant Amendment is hereby executed as of the final signature date below.

Grantee: **Apache County**

Grantor: **Arizona Department of Forestry and Fire Management**

Signature

Date

Signature

Date

Authorized Signatory's Name and Title

State Forester

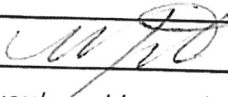
Apache County Board of Supervisors
AGENDA ITEM REVIEW FORM

date/time stamp

Submitter's Name: (Individual, Organization, or County Department)

District III

Date/Signature: 12/9/20



//

Describe in detail what you/ want to say to the Board and what action you want the Board to take: /

Discussion and possible approval of an amendment to grant #WFHF 18-202 extending the term of the agreement to June 30, 2021.

//BOS Meeting Date Requested December 16, 2020

PRE-AGENDA ITEM REVIEW

Legal Review: __

Signature _____

Finance Review: _____

Signature _____ /

Human Resources Review: _____

Signature _____

Other Review: _____

Signature _____

Reviews completed, item approved for Agenda.

Board Clerk's Initials _____



GRANT AMENDMENT

Arizona Department of
Forestry and Fire
Management

1110 W. Washington, Ste 100
Phoenix, Arizona 85007
(602) 771-1400

Grant No: WFHF 18-202

Apache County

Amendment No: 1

It is mutually agreed that the referenced grant agreement is amended as follows:

1. Pursuant to Page 1, Item 4: TERM OF AGREEMENT, per the email request dated November 30th, 2020, the term of this agreement shall be extended to an end date of June 30, 2021.

TOTAL project acres to be completed: 200 Acres

All Other provisions shall remain in their entirety

Grantee hereby acknowledges receipt and acceptance of above amendment. Amendment only becomes effective once signed by both Grantee and Arizona Department of Forestry and Fire Management.

The above referenced Grant Amendment is hereby executed as of the final signature date below.

Grantee: **Apache County**

Grantor: **Arizona Department of Forestry and Fire Management**

Signature

Date

Signature

Date

Authorized Signatory's Name and Title

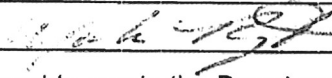
State Forester

Apache County Board of Supervisors
AGENDA ITEM REVIEW FORM

Submitter's Name: (Individual, Organization, or County Department)

District III

Date/Signature: 12/1/2020



//

Describe in detail what you/ want to say to the Board and what action you want the Board to take: /

Discussion and adoption of a resolution to accept grant funds in the amount of \$124,452.00 from the Pasqua Yaqui Tribe's Gaming Revenue Sharing Funds Program on behalf of the Concho Fire Department for the purchase of emergency services equipment.

//BOS Meeting Date Requested December 2020

PRE-AGENDA ITEM REVIEW

Legal Review: __

Signature _____

Finance Review: _____

Signature _____ /

Human Resources Review: _____

Signature _____

Other Review: _____

Signature _____

Reviews completed, item approved for Agenda. Board Clerk's Initials _____

RESOLUTION NUMBER: _____

**A RESOLUTION OF THE BOARD OF SUPERVISORS OF APACHE COUNTY,
ARIZONA, ACCEPTING GRANT MONEY FROM PASCUA YAQUI TRIBE GAMING
REVENUE SHARING FUNDS PROGRAM (GRSFP)
FOR PURCHASE OF EQUIPMENT**

WHEREAS, the Concho Fire District is in need of new patient Vitals Monitoring devices, AEDs, and an Automatic CPR device necessary to assist with life saving measures and;

WHEREAS, the Concho Fire District has applied for a grant to purchase such equipment with the Pascua Yaqui Tribe Gaming Revenue Sharing Funds Program (GRSFP) and;

WHEREAS, Pascua Yaqui Tribe has made a favorable but partial recommendation to make the grant in the amount of **\$124,452.00** pending resolution of the Apache County Board of Supervisors accepting these monies;

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors of the County of Apache, Arizona as follows:

That the grants funds proposed by the Pascua Yaqui Tribe Gaming Revenue Sharing Funds Program (GRSFP) in the amount of **\$124,452.00**, for the purchase of equipment be acknowledged and accepted.

PASSED AND ADOPTED by the Board of the County of Apache, Arizona, this _____ day of _____, 20_____.

ATTEST:

CHAIRMAN OF THE BOARD OF SUPERVISORS

CLERK OF THE BOARD

**CONCHO FIRE DISTRICT
P.O. Box 538
Concho, AZ 85924**

November 4, 2020

Apache County Board of Supervisors

Re: Pascua Yaqui Tribe Grant

Dear Supervisors,

The Concho Fire Department, with Concho Fire Board approval, has applied for the Pascua Yaqui Tribe Gaming Revenue Sharing Funds Program (GRSFP) for the 2020-2021 grant cycles.

Part of the grant process for Pascua Yaqui Tribe includes submitting a letter of support from our Governing Body (city, town, county). We would therefore, respectfully request, that the Apache County Board of Supervisors issue such a statement of support at your December, 2020 meeting. A copy of the grant application is attached for review also.

Additionally, since Concho is an unincorporated town it will be necessary to, if awarded the grant funds, to have Apache County act as a pass through for the funds. Apache County would then distribute the grant funds to pay for the equipment approved for funding. Apache County has acted as a pass through for Concho Fire in regards to awarded grant monies in the past. Pascua Yaqui Tribe asked that we contact the Board of Supervisors to obtain permission in advance of any grant award or distribution so that the process would be in place.

Please accept this letter as Concho Fire Department's request for Apache County to act as a pass through of any grant fund awarded to our organization from Pascua Yaqui Tribe.

If this requires further clarification please feel free to contact me at (443)375-7382 or jwood@conchofire.com.

Sincerely yours,

Jennifer L. Wood

Jennifer L. Wood
Administrative Assistant
Concho Fire Department/Board

JLW/jlw

Encl. Pascua Yaqui Tribe Grant Application

Identifying information, including:

- | | | |
|---------|--|--|
| (i) | Date of Application | 11/4/2020 |
| (ii) | Name of Applicant | Concho Fire District |
| (iii) | Work Number | 928-337-2681-station |
| (iv) | Cell Number | 443-375-7382-cell |
| (v) | Mailing Address of Program/Project Applying | PO Box 538 Concho, Arizona 85924 |
| (vi) | Email Address | jwood@conchofire.com |
| (vii) | Project or Program Type | ZOLL Monitor/Defibrillators/Auto Pulse |
| (viii) | Non-Profit Status; | _____ |
| (ix) | Amount Requesting | \$124,452.00 |
| (x) | Exact name that the check should be made out | Concho Fire District |
| (xi) | Mailing Address for check | PO Box 538, Concho, AZ 85924 |
| (xii) | Has Program/Project received funding from PY | No |
| (xiii) | Population Served by the Program/Project | 5000 |
| (xiv) | Program Goals | To replace current monitoring device with new. Put another monitoring device in service in our other primary response unit. Put into service defibrillator units in each of our responding units as well as in each of our two station buildings |
| (xv) | Results Measured | Results will be measured daily in the effective monitoring of vital in medical patients. Additionally, results will be able to be measured in the number of patients receiving life-saving care and/or defibrillation |
| (xvi) | Indicators of Success | Increase in survivability of patients |
| (xvii) | Current Source of Funding | None-Our budget doesn't allow for large expenditures at this time |
| (xviii) | Approached other Tribes for Funding | No, not on this project |

(xix) Programmatic Area:

c. Health Care

Ability to provide monitoring of vitals for patient care, including EKG, temperature, and SPO2 and life-saving defibrillation if called for as well as high quality automatic chest compression with the AutoPulse

e. Public Safety

Ability to have defibrillators available at our fire station and on our units to be used in case of emergencies and at fire department events for the public

XX Name of City, Town, County, or Non-Profit Concho, Concho Valley, Apache County, Arizona

XX Applicant Check List

(2) Description of the project or program by answering the following questions:

(i) What is the purpose of the program/project?

The purpose of this project is to replace the current, nearing end of life, ZOLL monitoring unit that we have with an updated new unit. The current unit we have will not be able to be supported for repairs or maintenance after 2021. Parts and supplies will no longer be available from the manufacturer. The current model we have in service will not be on the approved FDA list of devices as of 2022. Additionally, we have several units that respond to medical calls and only have one monitoring unit. This causes a potential issue should one unit be on a medical call and another were to come in. Our response area is vast and very rural and remote at times. Adding the Auto Pulse to our medical unit would enable chest compressions to be performed in a precise and regulated manner and also in a safer manner given the COVID 19 situation. The defibrillators would be put in service in each of our responding units as well as on the premises of our two stations. In this way every unit would have the capabilities to perform life-saving defibrillation should the need arise. Having the defibrillation units installed in each of our stations would also provide this coverage for public fire department events. Purchasing ZOLL devices will enable continuity of patient care because the ZOLL devices are compatible with the other EMS/Ambulance providers in our service area

(ii) What is the problem or issue being addressed?

The current unit we have will not be able to be supported for repairs or maintenance after 2021. Parts and supplies will no longer be available from the manufacturer. The current model we have in service will not be on the approved FDA list of devices as of 2022.

(iii) What is the target population?

The population we serve is approximately 5000 in number, varying in age from 0-100

(iv) What are the goals?

The goal is to be able to have a monitoring unit, with temperature, SPO2, and EKG capabilities, on our two main medical response units. One of these would be to replace an out of date, nearing end of life unit. Additionally, our goals include have defibrillator capabilities on each of our responding units, which we currently do not have. Minutes, seconds count and having a defibrator unit located in each of our stations, separate from the responding units, and available to both our personnel and the public should the need arise while having a fire department event would increase public safety. Having the AutoPulse at our disposal will also enable us to perform high quality chest compression while freeing up personnel to assist with other aspects of patient care. The AutoPulse also reduces the crews' exposure during the current COVID-19 pandemic.

(v) How will results be measured?

We report to NFIRS all calls, fire and medical to be included in national reporting.

More importantly results will be measured in lives saved. We use our monitoring system almost daily so results will be measured in increased patient care also.

(vi) What are indicators of success for the program/project?

Indicators of success in this project will be the increased monitoring capabilities and ability to perform life-saving defibrillation/chest compressions if necessary.

(vii) What impact will potential funding have on the program/project?

The impact of potential funding would be tremendous. Without the assistance of grants our department's budget doesn't allow for large expenditure. We cover a large overall response area, but our tax base is one of the smallest in Apache County.

(viii) Is this a new or continuing initiative?

This is a new initiative. The unit we currently have is almost 15 years old and is starting to have expected mechanical issues. Since our current unit will not be supported by the manufacturer for parts, maintenance and supplies the cost of all have increased dramatically. The prices of supplies (defibrillator pads) more than doubled in the last year. This is most likely due to the fact that these units will not be supported and parts and supplies are not being manufactured in normal numbers...limited stock.

(ix) What are the other current sources of funding?

At this time, we have not been able to obtain any other source of funding.

(x) Have you approached other Tribes for similar revenue sharing?

We have approached GILA River for similar revenue sharing to obtain our SCBA units in the past and received generous support for that expenditure.

(xi) Will any part of the Project be contracted out? If so, will it be competitively bid?

No.

In order to maintain continuity of patient care we need to be compatible with the EMS providers, to include St. Johns EMS, that service our area and they use ZOLL devices. We also have used ZOLL devices for the past 15+ years and find this enables us to easily transfer care of a patient to the EMS/Ambulance care providers servicing our area with the least interruption of care. Since we are dealing directly with ZOLL, not a third-party reseller, a bidding process will not take place. We have requested a quote for the units we are seeking directly from ZOLL Medical Corporation. This quote is very competitive as it is using the pricing as given to one of ZOLL's larger purchasers, the City of Tucson.

(xii) What is the Project time frame?

We would like to obtain these units as soon as possible, within the first quarter of 2021 would be ideal.

(3) The following information/documentation must also be included:

(i) Cover Letter from Senior Elected Official

See attached

(ii) Supporting Letter from the Governing Body (city, town, county)

A letter has been sent request to Apache County Board of Supervisors to request their support and also acceptance of the grant funds acting as a pass through, if awarded to Concho Fire. We will forward a copy of their Resolution once available. (Note: this has been accepted in the past by Apache County)

(iii) A Detailed Budget

See attached detailed quote of items budgeted in this request

(4) The following optional items may be included with the application:

(i) Letters of Support

See attached

(ii) Photographs

See attached

(iii) Multimedia

See attached



BOARD OF SUPERVISORS' AGENDA ITEM REVIEW FORM

Submitter's Name:

DISTRICT II

Gabriel A. Freeland

Date:

Signature:

Gabriel A. Freeland

District Manager

Describe in detail what you want to say to the Board and what action you want the Board to take:

AGENDA ITEM - District 2: Intergovernmental Agreement (IGA) between the Winslow Indian Health Care Center (WIHCC) & Apache County (District 2) for cooperation and coordination in COVID-19 winterization for communities within Apache County District 2 this is a partnership with Winslow Indian Health.

Date & Time Needed: _____

Review Routing: //legal//Finance//Purchasing//Human Resource//Other: _____

Legal Review: _____

Signature: _____

Finance Review: _____

Signature: _____

Purchasing Review: _____

Signature: _____

Human Resources Review: _____

Signature: _____

Other Review: _____

Signature: _____

Reviews completed, item approved for Agenda. Supervisors/Board Clerk's Initials _____

BOARD ACTION TAKEN

// Approved //Disapproved //Deleted //Continued to: _____

Signature Clerk of Board

Apache County Board of Supervisors
AGENDA ITEM REVIEW FORM

date/time stamp

Submitter's Name: (Individual, Organization, or County Department)

Human Resources

Date/Signature: _____

12/14/2020 for Stephens McCarty

Describe in detail what you want to say to the Board and what action you want the Board to take:

Request authorization to adjust current and new hire salaries to comply with the minimum wage increase, effective January 1, 2021.

BOS Meeting Date Requested 12/15/2020

PRE-AGENDA ITEM REVIEW

Legal Review: _____

Signature _____

Finance Review: _____

Signature _____

Human Resources Review: _____

Signature _____

Other Review: _____

Signature _____

Reviews completed, item approved for Agenda.

Board Clerk's Initials _____