

CITY OF FARMINGTON
CITY COUNCIL WORK SESSION AGENDA
April 15, 2014 – 9:00 a.m.

DEPARTMENT HEAD REPORTS

1. Employee of the Month Program award (Employee Council President Kathy Farley)
2. Adoption of Resolution No. 2014-1503 declaring the eligibility and intent of the City of Farmington to submit an application to the New Mexico Aging and Long Term Services Department for Federal Fiscal Year 2015 Aging Network Capital Outlay (Cory Styron)----- 1

Action Requested of Council:

Adoption of Resolution No. 2014-1503.

Background/Rationale:

The State of New Mexico requires that the Aging Network Capital Outlay Request Application be supported by the governing body. The resolution is presented for adoption today in order to meet the State's deadline.

Staff Recommendation:

Adoption of Resolution No. 2014-1503.

Instructions Upon Approval:

The Mayor to sign the Aging Network Capital Outlay Request Application and return it and a copy of the resolution to Parks, Recreation and Cultural Affairs for submission to the state.

Budgetary Impact:

None, the money being requested of the New Mexico Aging and Long Term Services Department through the Aging Network Capital Outlay Request should be enough to cover the project in its entirety.

3. Fiscal Year 2015 Budget Hearing #2 - Introduction of Capital Improvement Plan (Rob Mayes and Andy Mason)

Action Requested of Council:

Discussion and direction to staff.

COUNCIL BUSINESS

4. Appointment to the Community Relations Commission (Mayor)

AGENDA ITEM SUPPORT MATERIALS ARE AVAILABLE FOR INSPECTION AND/OR PURCHASE AT THE OFFICE OF THE CITY CLERK, 800 MUNICIPAL DRIVE, FARMINGTON, NEW MEXICO.

ATTENTION PERSONS WITH DISABILITIES: The meeting room and facilities are fully accessible to persons with mobility disabilities. If you plan to attend the meeting and will need an auxiliary aid or service, please contact the City Clerk's Office at 599-1106 or 599-1101 prior to the meeting so that arrangements can be made.

RESOLUTION NO. 2014-1503

A RESOLUTION DECLARING THE ELIGIBILITY AND INTENT OF THE CITY OF FARMINGTON TO SUBMIT AN APPLICATION TO THE NEWMEXICO AGING AND LONG TERM SERVICES DEPARTMENT FOR FEDERAL FISCAL YEAR 2015 AGING NETWORK CAPITAL OUTLAY

WHEREAS, the City of Farmington, New Mexico has the legal authority to apply for, receive and administer federal funds; and

WHEREAS, the City of Farmington is submitting an application for Fiscal Year 2015 New Mexico Aging and Long Term Services Department Aging Network Capital Outlay Request funds in the amount of \$291,420 for FY15; and

WHEREAS, the Bonnie Dallas Senior Center named in the New Mexico Aging Network Capital Outlay application is an eligible project under New Mexico Aging and Long Term Services Department guidelines; and

WHEREAS, the City of Farmington acknowledges availability of the State funds; and

WHEREAS, the City of Farmington agrees to pay any costs that exceed the project amount if the application is selected for funding; and

WHEREAS, the City of Farmington agrees to maintain all projects constructed with funds from the New Mexico Aging and Long Term Services Department for the useable life of the projects.

NOW, THEREFORE BE IT RESOLVED BY THE GOVERNING BODY of the City of Farmington, New Mexico, that:

1. The City of Farmington authorizes the Mayor to submit an application for FY15 Aging Network Capital Outlay funds in the amount of \$291,420 to the Aging and Long Term Services Department on behalf of the citizens of Farmington, New Mexico.

2. That the City of Farmington assures the Aging and Long Term Services Department that if funds are awarded, that any costs exceeding the award amount will be paid for by City of Farmington.

3. That the City of Farmington assures the Aging and Long Term Services Department that if awarded funds, sufficient funding for the operation and maintenance of the projects will be available for the life of the projects.

4. That the Mayor of City of Farmington is authorized to enter into an agreement with the Aging and Long Term Services Department for construction of projects using these funds as set forth by the Aging Network Capital Outlay application on behalf of the citizens of Farmington. The Mayor is authorized to act as the official representative of the City of Farmington in this and subsequent related activities. The Director of the Parks, Recreation and Cultural Affairs Department will be the contact person for all projects and will submit additional information as needed.

5. That the City of Farmington assures the Aging and Long Term Services Department that the City of Farmington is willing and able to administer all activities associated with the proposed projects.

PASSED, APPROVED, SIGNED AND ADOPTED this 15th day of April, 2014.

Tommy Roberts, Mayor

SEAL

ATTEST:

Melody Coyner, Deputy City Clerk



2015

New Mexico

Aging and Long Term Services Department

AGING NETWORK CAPITAL OUTLAY REQUEST APPLICATION

Submitted By: Larry Bomberger

Received by: ALTSD AAA Date & Time:

Due Date: April 11, 2014 by 5:00 p.m.

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Required Capital Outlay Forms & Attachments:

- CO Form 1: Allowable Equipment Specifications and Pricing Guidelines
CO Form 2: Vehicle Inventory Inspection Checklist
CO Form 3: Facility & Equipment Inspection Checklist
CO Form 4: Asset Management Plan

Attachment: 2015-2019 DFA Capital Infrastructure Capital Improvement Plan

Applicant /Fiscal Agent Information

Table with 3 columns: Applicant/ Fiscal Agent, PSA, Program. Values: City of Farmington, 2, Bonnie Dallas Senior Center

Mailing Address: 109 East LaPlata Street		County: San Juan
City/State/Zip: Farmington, New Mexico, 87401		
Phone#: 505-599-1380	Fax#: 505-564-9271	Email Address: lbomberger@fmtn.org

Check here if program does not wish to submit a 2015 Capital Outlay Request Application for the facility and obtain the appropriate signature in Certification section below.

Applicant Contact Information

(Name & contact information of person who can answer questions regarding the application.)

Name/Title: Larry Bomberger, Senior Citizens Administrator		
Facility/Program: Bonnie Dallas Senior Center		
Address: 109 East LaPlata Street, Farmington, NM 87401		
Phone#:505-599-1380	Fax#:505-564-9271	Email Address: lbomberger@fmtn.org
If you and/or your fiscal agent attended an ALTSD Training for the 2015 Capital Outlay Application Process, enter the names of the attendees and the location(s) of the training attended: Larry Bomberger & Shana Reeves: Feb. 25, 2014, Farmington's Bonnie Dallas Senior Center		

EXECUTIVE ORDER 13-006 REQUIREMENT: State agencies must determine whether a grantee has adequate accounting methods and procedures to expend state grant funds in accordance with applicable law and account for and safeguard grant funds and assets acquired by grant funds [EO ¶2(A)(3)(a)].

Applicant's annual audit current and filed with the state auditor's office: http://www.saonm.org X Yes FY__'15__ <input type="checkbox"/> No
Applicant's current fiscal operating budget approved by the Budget and Finance Bureau of the Local Government Division: http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx X Yes Date_March 2014__ <input type="checkbox"/> No
Applicant has submitted financial quarterly/monthly reports to the Budget and Finance Bureau of the Local Government Division: http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx X Yes Date_March 2014__ <input type="checkbox"/> No

Certification

I, the undersigned chief official of the applicant organization, certify that the attached application is supported by the governing body of the applicant and I have been authorized to file this application for assistance from the State of New Mexico. I further certify that the information contained herein is true and complete to the best of my knowledge and belief.

Chief Official Signature: _____ Date: _____

Legal Department
Approved as to form
By [Signature]
Date 8/4/10/14

2
P.O. Box 27118 2550 Cerrillos Rd., Santa Fe, New Mexico 87502-7118
Phone (505) 476-4768 Fax (505) 476-4836
www.nmdfa.state.nm.us

Submission and Attachment Checklist

ICIP – INFRASTRUCTURE CAPITAL IMPROVEMENT PLAN - A local infrastructure capital improvement plan (ICIP) is a plan that establishes priorities for anticipated capital projects. The state-coordinated ICIP process encourages entities to plan for the development of capital improvements so that they do not find themselves in emergency situations, but plan for, fund, and develop infrastructure at a pace that sustains their activities

- The applicant's proposed projects are included in the local government's current ICIP Plan <http://www.state.nm.us/capitalprojects/>
 The applicant is working with the local government to include senior projects on the 2016-2020 ICIP

Asset Management Plan - a plan developed for the management of one or more infrastructure assets that combines multi-disciplinary management techniques (including technical & financial) over the life cycle of the asset in the most cost effective manner to provide a specific level of service

Asset management plan completed	<input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> No
Asset management plan being developed	<input checked="" type="checkbox"/> Yes Date <u>April 2014</u> _____ <input type="checkbox"/> No

Feasibility and Readiness (check only if applicable)

<input type="checkbox"/> Plans and specs complete	<input checked="" type="checkbox"/> Cost estimates provided
<input type="checkbox"/> Additional funds secured	<input type="checkbox"/> Quotes provided NOTE: Reference fiscal agent's procurement code.
<input type="checkbox"/> Architect or engineer hired	<input type="checkbox"/> Other

Reviewed by AAA Staff _____ Reviewed by ALTSD Staff _____

BASIC APPLICATION

(Complete 1 form per Facility/Site)

Fiscal Agent: City of Farmington

Facility: Bonnie Dallas Senior Center

Contact Name: Larry Bomberger Phone: 505-599-1380 Email: lbomberger@fmtn.org

Instructions

Describe the building including ownership, current condition, age, documented repairs, services, and number of congregate meals and home delivered meals provided.

Part I: Building Data

1. Who owns the building?

City, County, Town, Tribe, Pueblo or Village

Private Entity (for Profit or Non Profit) – If this box is selected, contact ALTSD staff.

NOTE: Non-profits and private entities must provide a copy of a lease, operating agreement, or user agreement to assure fair market value trade.

Is there a lease and or operating agreement in place?

Yes; date executed: _____; leased to: _____; Attach Copy

No

2. Current Condition

Outstanding – Facility is in excellent condition.

Good – Facility has desirable and favorable conditions.

Satisfactory – Facility is acceptable.

Marginal - Potential threat exists.

Poor - Facility’s condition is not acceptable and poses a threat to the health and safety of clients; needs immediate attention.

3. What is the age of the building and sources of funding used to construct or improve the building within the past five (5) years (if applicable to this request)?

Age CAMPUS SETTING: MAIN; CERAMIC BLG; ANNEX; ACTIVITY CENTER (AC)

Funding Source AC: City Funds Amount \$100,000 Date: 2010

Funding Source AC: Capital Outlay Amount \$100,000 Date: 2010

Funding Source _____ Amount \$ _____ Date: _____

4. What repairs have been completed?

- X Roof Main (1992); Annex (2005); Activity Center (2010)
- X Structural Main (1992); Annex (2005); Activity Center (2010)
- X Floor Main (1992); Annex (2005); Activity Center (2010)
- X HVAC Main (1992); Annex (2005); Activity Center (2010)
- X Parking Lot Main (1992); Annex (2005); Activity Center (2010)
- X Other Ceramic Shop was built around 1978 and has repairs as needed

Part II: Uses

5. How many meals are served annually? (Use SAMS Data)

Congregate FY'13: 43,526
Home Delivered FY'13: 27,057

6. What other services are provided at the facility? (Use SAMS Data)

- Homemaker/Chore _____
- Adult Day Care _____
- Respite Care _____
- X Case Management SHIP Counseling
- X Health Promotion Monthly Menu Handouts; Monthly Seminars
- X Transportation 100 Miles / Day; Congregate Meals; Meals on Wheels; Medical Appts; Shopping; Trips
- X Other 50+ Activity/Recreation Center

7. Is the size of the building sufficient? (5 square feet/person)

- X Yes
- No If no why? _____

8. Is the location of the building accessible to those served?

- X Yes
- No If no why? _____

Part III: Operation and Maintenance

9. Does the program receive funds from an AAA? For Nutrition and Transportation Programs

- X Yes; amount \$ \$169,000 ; from: North West NM Seniors, Inc (AAA)
- No

10. List all program funding & status (other than AAA funding):

- X Local: source: City of Farmington ; amount: FY'14: \$736,459
- In-Kind from Program: source: _____ ; amount: \$ _____
- Private Donations-source: _____ ; amount: \$ _____
- Other: source: _____ ; amount: \$ _____

11. Does a local government provide operating staff?

X Yes # of employees: 20 Hours per day: 130

No

X Yes # of volunteers 140 Hours per day: varies: some work daily, weekly; others for special events.

No

12. Is the current program funding sufficient?

X No; describe: Additional funding is needed in order to expand our operational hours to meet the needs of "Boomers", who still remain part of the workforce.

13. Was additional funding requested in 2014?

X Yes; describe: Additional Staff as well as Additional Operational Hours; More Parking Space

No

14. Has participation increased during the past year?

X Yes; increase in # of people served: 100; increase in # of meals served: 2,862

No

15. Is outreach conducted to increase participation?

X Yes; describe: Web Site; Handouts; Press Releases; Radio Shows; PRCA Program Guide; NWNMSI

No

16. Is a routine inventory conducted for capital assets?

X Yes; describe: PRCA Department maintains an updated Capital Assets listing via the City of Farmington

No; describe: _____

17. How many of the following types of vehicles are utilized?

Client Transportation and Meal Delivery	<u>4</u>
Administrative	<u>1</u>
Handicap-accessible	<u>1</u>
Other	_____

**A-1 NEW CONSTRUCTION/MAJOR RENOVATION REQUEST FORM
(Complete 1 form per Facility/Site)**

Fiscal Agent: City of Farmington

Facility: Bonnie Dallas Senior Center, 109 East LaPlata Street, Farmington, NM 87401

Contact Name: Larry Bomberger **Phone:** 505-599-1380 **Email:** lsbomberger@fmtn.org

Total Project Cost: \$ 0

Amount of Request: \$ 0

Other Funding Sources: \$ _____

(If multiple sources, list each source and amount)

1. Is this a new building?

- Yes; explain: _____
 No

2. Major renovation is defined as increasing capacity by at least 35%. Will this project increase capacity by 35% or more [i.e. 1,000 sq. ft. x .35=1,350 sq. ft.]?

- Yes
 No; why? _____

3. Have construction plans or drawings been completed?

- Yes; completion date: _____;

Note: Attach a letter of verification from the architect/engineering firm.

- No

4. Describe the scope of work for this project:

5. What specific outcomes will result from completion of this project?

- New building
 Increased capacity
 Corrected deficiencies
 Corrected health and safety issues

6. Has funding for this project been requested in prior years?

- Yes, describe:
 No

7. Has funding been appropriated in prior years for this project?

- Yes; provide grant # and amount, and describe work completed:
 No

8. Describe the outcome of not receiving this funding:

9. What is the current status of this project?

- No activity
- Plan and design, date of finalized plan _____
- Construction Plans and Specs completed, date _____
- Other, describe:

10. Is this project ready for construction?

- Yes, describe:
- No

Provide any other details imperative to the project: _____

For ALTSD and AAA Use Only)

Project Score: _____

Note: _____

A-2 RENOVATION/CODE COMPLIANCE REQUEST FORM
(Complete 1 form per Facility/Site)

Fiscal Agent: City of Farmington

Facility: Bonnie Dallas Senior Center, 109 East LaPlata Street, Farmington, NM 87401

Contact Name: Larry Bomberger **Phone:** 505-599-1380 **Email:** lsbomberger@fmtn.org

Total Project Cost: \$ \$97,600

Amount of Request: \$ \$97,600

Other Funding Sources: \$ _____

(If multiple sources, list each source and amount)

1. What area(s) will funding be used to address?

- Roof _____ Kitchen _____
 Structural Ceramic Expansion Bathroom _____
 Floor _____ ADA Compliance ADA Door Operators
 HVAC _____ Plumbing _____
 Parking Lot _____ Windows/Doors _____
 Fire Alarms _____ Other _____

2. Has a notice of non-compliance been issued?

- Yes, reason: _____; date: _____; Attach Copy
 No

3. Have construction plans or drawings been completed?

- Yes, date completed: _____;

Note: Attach a letter of verification from the architect/engineering firm.

- No

4. Describe the scope of work for this project:

A. \$40,000: ADA OPENERS (\$5,000 per Opener – total of 8 doorways)

ADA Automatic Door Openers for the following doorways:

2- Rest Rooms: AC Upper Level Men & Women

2- Rest Rooms: AC Lower Level Men & Women

1- Annex: North Entrance Single Door

1- Main Center: Main Entrance South Doors: Exterior Doorway & Interior Doorway

2- Main Center Men's & Women's Rest Rooms

(estimate provided by Sun Glass via Jimmie Edwards, Building & Maintenance).

B. \$57,600: Upgrade / Improvement: Enlarge the Ceramic Building: 24' X 24' x

\$100 per square feet; this would allow us to accommodate an increase in participation; Estimate provided by Jimmie Edwards.