



New Mexico Aging & Long-Term Services Department

Michelle Lujan Grisham, Governor
Emily Kaltenbach, Cabinet Secretary
Antoinette Vigil, Deputy Cabinet Secretary
Angelina Flores-Montoya, Deputy Cabinet Secretary

APPLICATION FOR EMERGENCY FUNDING

In Laws 2022 Chapter 53, Section 5, - \$1,000,000 was identified for FY2023 through FY2026 for emergency requests to plan, design, renovate, improve, equip and furnish senior centers, including delivery and installation of building systems and purchase and installation of meals equipment, and to purchase and equip vehicles for senior centers statewide.

ALTSD received a list of senior center capital needs identified through the Food Farm and Hunger Initiative (FFH) application which can be funded using this funding source that did not meet the \$10K threshold for capital outlay funding through the normal application process.

Please complete this form and obtain the chief elected officials' signature to allow ALTSD to enter into a contract. \*Only include the items requested through the FFH funding application.

Use of the asset must comply with NM Constitution Article IX, Section 14 (Anti-Donation Clause). A license to use agreement must be in place to allow non-profit provider use of the asset. The asset must meet the useful life criteria of 7 - 10 years and the asset must be maintained by the local public body. Capital outlay funds cannot be used for indirect program costs, operating expenses, and items that are not tangible. The local public body must agree to the conditions and restrictions of the grant agreement. The expense must be made and reimbursement for qualifying expenses submitted on the prescribed forms, including the copy of the purchase order, copy of the invoice and copy of the canceled check within the quarter the expense was made.

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ CENTER NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF THE INDIVIDUAL REQUESTED ASSET, AGE OF THE ASSET (if applicable), AND JUSTIFICATION FOR NEED:

Three horizontal lines for providing a brief description of the individual requested asset, age of the asset, and justification for need.

Internal Use Only: \_\_\_\_\_

Capital Outlay Bureau Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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ASSET DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

COST OF THE ASSET(S): \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL AMOUNT OF THE REQUEST: \$ \_\_\_\_\_

**(provide copies of cost estimates or quotes in support of the request)**

BRIEF DESCRIPTION OF THE OUTCOME OF NOT RECEIVING THE FUNDING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CHIEF ELECTED OFFICIAL SIGNATURE: \_\_\_\_\_

Internal Use Only:

Capital Outlay Bureau Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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