

2024 CAPITAL OUTLAY APPLICATION TRAINING

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FEBRUARY 2023



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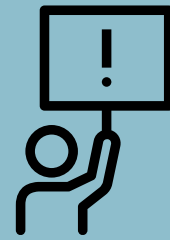


OVERVIEW OF CONTENTS

- Capital Outlay Grant Application
- Purpose
- Application Categories
 - A1: Code Compliance
 - A2: Renovation
 - A3: Meals or Other Equipment
 - A4: Vehicle
 - A5: New Construction or Major Addition
 - A6: Plan & Design
- Getting Prepared - Checklist
- Beginning the Process
- Who is Involved
 - Project Development Team
 - Fact Gathers
 - Action Group
- Capital Outlay Funding Application Eligibility
- Operating & Use Agreement Form (Nonprofits)
- Applicant Information & Certification
- Basic Application
- Facility Application
- Asset Management Forms
 - Meals Equipment & Other Equipment Inventory Listing
 - Vehicle Condition Inspection Checklist
 - Facility Condition Inspection Checklist
- Subject Matter Expert Form
- ICIP 24-28
- Things to Consider
- Project Funding Timeline
- Funded Projects
 - Executive Order 2013-006 Agency Responsibilities
 - State Board of Finance Bond Project (BOND RULE)
 - Project Prioritization Scoring Criteria
- Ineligible Project Applications

CAPITAL OUTLAY GRANT APPLICATION

Applications should identify the following:



Critical need



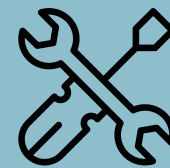
Endangers the safety of the client



Action is immediate



No funds available to remedy the situation



Not a direct result of poor maintenance



Project ready



Realistic project

PURPOSE

Capital Outlay Bureau will only consider projects that rise to a critical status which will address an urgent need or emergency situation that immediately endangers occupants of the premises or creates a serious threat to the health and safety of citizens.

Immediate action should be taken if:

The situation would disrupt a senior center from operating; or failure is imminent if not corrected in a timely manner

The threat can be supported by a subject matter expert

The situation was not a direct cause of poor maintenance or neglect, and steps were taken to prevent, alleviate, or correct the situation

The resources required to correct the situation were unavailable

APPLICATION CATEGORIES

A1	Code Compliance
A2	Renovation
A3	Meals or Other Equipment
A4	Vehicle
A5	New Construction or Major Addition
A6	Plan & Design

A1: CODE COMPLIANCE



- Protecting property values & the environment
- Complying with regulations such as land use & zoning ordinances
- Health & housing codes
- Uniform building standards & fire codes
- Complying with the Americans with Disabilities Act (ADA)

Code compliance renovation & improvements must be detailed & fully identify the specific issue(s) being addressed. Describe how the issue was identified & how the renovation will address the issue.

The request must include documentation in support of the request , such as letters from the State Fire Marshall's Office, NMEnvironment Department, NMDOH - Office of Environmental Health or other relevant oversight entities.

A2: RENOVATION



- Restoring a building to an earlier condition by repairing or remodeling
- Making improvements to something already in existence

Renovation of privately-owned facilities is prohibited by the New Mexico Constitution. Privately-owned is defined as facilities owned by private individuals, corporations, or other organizations, including non-profit organizations & religious entities.

A3: MEALS/OTHER EQUIPMENT



- Machinery or apparatus, components & any other articles for use in preparing, cooking and serving a meal
- Machinery or apparatus, components & any other article to make an action, operation or activity easier to serve a particular purpose
- Bundle Purchases under \$10,000.00

Equipment must have a useful life of at least 7-10 years and be valued at \$10,000 or more.
Do not include consumable supplies or other non-capital items, such as pots, pens, utensils or trays.

A4: VEHICLE



- A vehicle for transporting people and/or goods
- 50% of vehicles in fleet must be accessible for people with disabilities
- Must meet useful life

Vehicles must have over 100,000 miles and be more than 10 years old or provide documentation that states vehicle is in disrepair or no longer meets the needs of the center.

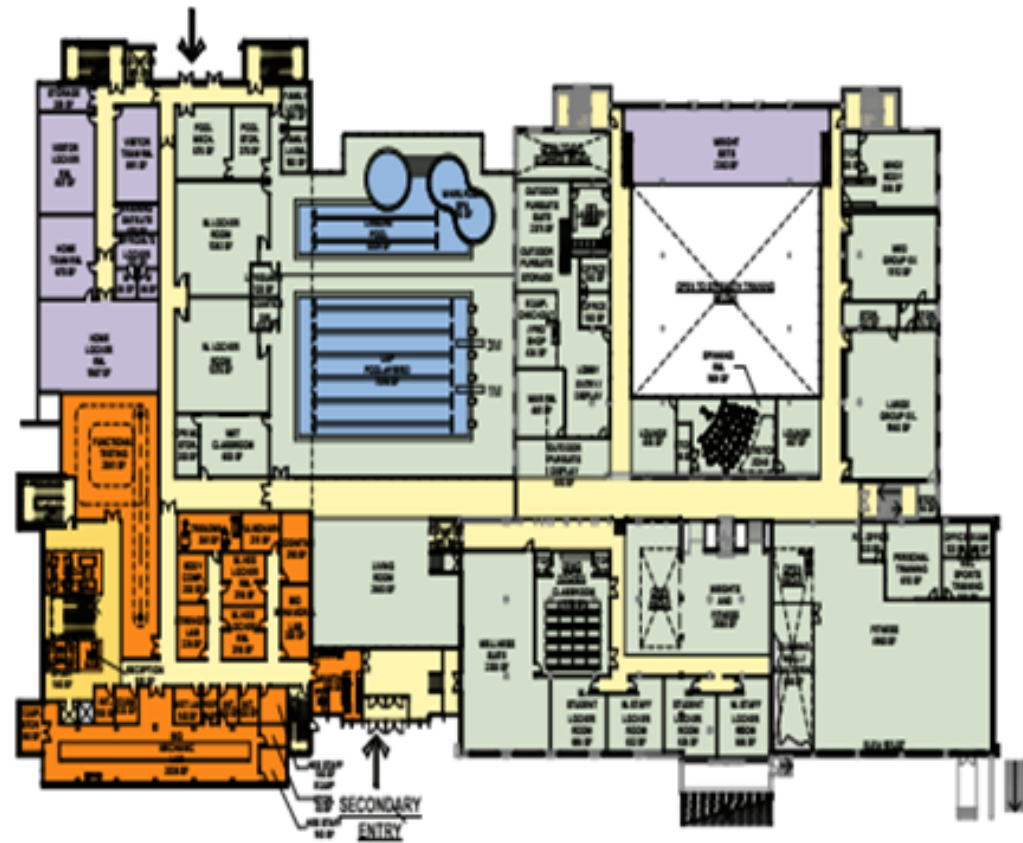
A5: NEW CONSTRUCTION/MAJOR ADDITION



- Building a new structure
- Increasing the square footage by 35%+ of its footprint
- Demolishing/reconstructing 35%+ of the exterior walls or structural members of a building*

*If you intend on including demolition as part of the cost, it must be noted in order to include the language in the appropriation

A6: PLAN/DESIGN



- A plan, blueprint, or drawing made to scale showing the look and function, of the proposed building and other features before construction

GETTING PREPARED - CHECKLIST



Gather and complete the asset inventory listing form



Meet with your government council or committee members to discuss facility needs



Contact subject matter experts to evaluate projects (for construction & renovation projects)



Gather quotes/cost estimates for the project for construction & complete Subject Matter Expert Form



Set up project team meetings to discuss project execution from beginning to end.



Schedule a visit with AAA or COG to screen application (programs and COG know what is needed)



Determine if project is critical or it can wait until the next application cycle

BEGINNING THE PROCESS

The land or property for the facility should already be acquired & owned by the local government to be eligible to proceed with application for funding.

A copy of an Operating and Use Agreement must be valid if working with a non-profit or for-profit provider for services.

aging.nm.gov/for-our-partners/capital-outlay - Resource Documents

Asset inventory listings must be completed & submitted with the application:

<https://aging.nm.gov/for-our-partners/capital-outlay>

Senior Facility ICIP 2024-2028 must be current & submitted with application

ICIP webpage:
<https://www.nmdfa.state.nm.us/local-government/icip/>

Support from the local government (county, city, town, tribal) administering the project

WHO IS INVOLVED

PROJECT DEVELOPMENT TEAM

- Present needs & assess priorities
- Determine if they can be phased



FACT GATHERS

- Solicit professional guidance
- Determine cost estimates
- Develop timelines

ACTION GROUP

- Assist in preparing the application
- Seek community input

PROJECT DEVELOPMENT TEAM

NEEDS

- Are the needs critical in nature?
- What is the effect on the clients served?

URGENCY

- What are the asset management listings?
- Is there a code compliance issue?
- What is the professional opinion?

PAYMENT

- Do we have any Operation & Management (O&M) funds available?

MAJOR v. PHASED

- Is there a need to phase the project?
- Can we meet the obligation requirements?

FACT GATHERS

SOLICIT PROFESSIONAL OPINIONS

- What types of professionals do we need?
- Do we need roofing, flooring, structural or plumbing professionals?

DETERMINE PRELIMINARY COST ESTIMATES

- Obtain a cost proposal or estimate from one or more professionals
- Always better to obtain a couple of proposals to compare

DEVELOP TIMELINE

- Develop a realistic timeline
- Determine if the project needs to be phased; if phased, working phase must be complete

ACTION GROUP

DESIGNATE RESPONSIBLE PARTY FOR APPLICATION COMPLETION

- Who should be responsible? Ex. Mayor, finance director, senior center director, etc.

DETERMINE TIME NEEDED TO COMPLETE

- How much time should be dedicated?
- Plan on this taking around 2 months to complete the process
 - Schedule professionals at the start
 - Hold meetings 2x a month & increase the duration closer to submission time

OUTLINE EXPECTATIONS POST SUBMISSION

- Once submitted, determine if agency (ALTSD) calls you or you notify us

CAPITAL OUTLAY FUNDING

APPLICATION ELIGIBILITY

WHO CAN APPLY?

- Government entities who own senior center facilities & are the Fiscal Agents for
 - Cities
 - Counties
 - Municipalities
 - Tribes
- Nonprofit entities that occupy or share a facility/senior center & offer services that benefit seniors

HOW DO THEY REQUEST?

- Capital Outlay can be requested from the fiscal agent of the qualified entity
 - The Fiscal Agent applies for Capital Outlay funding requests on behalf of the nonprofit
 - Operating and Use Agreement must be in place for this option

OPERATING AND USE AGREEMENT FORM

(SPECIFIC TO NONPROFITS)

OPERATING AND USE AGREEMENT

This Operating and Use Agreement (the "Agreement") dated this _____ day of _____ 20____ is between [Local Government], herein referred to as "Local Government" and [Service Provider], herein referred to as "Service Provider," (together referred to as the "Parties").

Service Provider has agreed to provide services to the Local Government on the terms and conditions set out in this Agreement, while Local Government is of the opinion that Service Provider has the proper and necessary qualifications, experience and abilities to provide services to Local Government.

Therefore in consideration of the matters described above, the receipt and sufficiency of which consideration is hereby acknowledged, the Parties agree as follows:

1. Governing Law

The goal of Title III of the Older Americans Act ("OAA") is to reduce hunger and food insecurity and promote socialization and health among vulnerable older Americans to include but not limited to, providing meals, health screenings, education and community support, and transportation services ("Services"). Both state and federal law mandate that the Aging and Long Term Services Department ("ALTSD") provide health and welfare-related services to older adults in New Mexico. ALTSD, through its partner agencies, specifically the Area Agency on Aging ("AAA") network, contract with area service providers to provide Services to older adults mandated by the OAA.

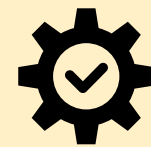
Form can be located at
aging.nm.gov/for-our-partners/capital-outlay
Resource Documents section

APPLICANT INFORMATION & CERTIFICATION



Contact information

- Should be the person with knowledge of the project & facility

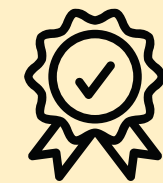


Executive order compliance

- Current annual audit
- Approved annual budget from DFA/Local Government Division
- Submission of quarterly financial reports



Senior Facility Infrastructure Capital Improvement Plan (ICIP) 2019-2023



Certification from Chief Elected Official (or Designee)

BASIC APPLICATION

Complete one basic application per facility

Used by the Department & the AAA to gather important information about each facility

- Ownership
- Condition of facility
- Operation & maintenance
- Staffing requirements
- Types & number of participants for each service provided
- Capital assets
- Funding sources
- Documented repairs
- Uses, size and location
- All other pertinent information that would provide insight as to the current & future Capital Outlay needs of the facility

FACILITY INFORMATION

Part I

Facility Data

- Ownership
- Age
- Condition
- Types of past repairs

Part II

Use

- Size
- Location
- Nearest similar facility

Part III

Cost Benefit

- Types of services
- Number of users

Part IV

Operating & Maintenance

- Operating staff
- Utility costs
- Funding sources

MEALS EQUIPMENT & OTHER EQUIPMENT INVENTORY LISTING

NAME OF FACILITY: _____ SENIOR CENTER ADMINISTRATOR: _____ MONITOR: _____
DATE: _____ INVENTORY TAKEN BY: _____ BI-ANNUAL OR ANNUAL INVENTORY: _____

[illegible]

ASSET MANAGEMENT FORMS

VEHICLE CONDITION INSPECTION CHECKLIST

VEHICLE CONDITION INSPECTION CHECK LIST

NAME OF FACILITY: _____ SENIOR CENTER ADMINISTRATOR: _____ MONITOR: _____

DATE: _____ VEHICLE INSPECTION BY: _____ BI-ANNUAL OR ANNUAL INSPECTION: _____

SENIOR CENTER	VEHICLE # 1	VEHICLE # 2	VEHICLE # 3	VEHICLE # 4	Comments / Findings <input type="checkbox"/> Critical <input type="checkbox"/> Non Critical <input type="checkbox"/> No Findings Corrective Action Description
VEHICLE ADMINISTRATION RECORDS					
Year/ Make/ Model					
License Plate Number					
Vin Number					
Mileage					
Title Certificate					
Registration Certificate					
Insurance					
Vehicle Maintenance Report					
UNDER HOOD					
Oil Level Full					
Battery Secure & Free of Corrosion					
Windshield Washer Fluid Full					
Hoses/Belts in Satisfactory Condition					
Coolant Level Satisfactory					
EXTERIOR					
Tires in Good Condition; 1/8" Minimum Tread					
Windows Free of Cracks					
Windows Clean and Visibility Satisfactory					
Headlights Working Properly					
Windshield Wipers Working Properly					
Windshield Wipers in Good Condition					
Rear Wipers Working Properly					
Rear Wipers in Good Condition					
Mirrors Free of Cracks					
Taillights Working Properly					
Signal Lights Working Properly					
Brake Lights Working Properly					
Emergency (Hazard) Lights Working Properly					

ASSET MANAGEMENT FORMS

FACILITY CONDITION INSPECTION CHECKLIST

FACILITY CONDITION INSPECTION CHECK LIST

NAME OF FACILITY: _____ SENIOR CENTER ADMINISTRATOR: _____ MONITOR: _____

DATE: _____ FACILITY INSPECTION BY: _____ BI-ANNUAL OR ANNUAL INSPECTION: _____

Area	Outstanding	Good	Satisfactory	Poor	Comments / Findings <input type="checkbox"/> Critical <input type="checkbox"/> Non Critical <input type="checkbox"/> No Findings Corrective Action Description
Performance Items					
Roadway\Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recreation Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Exterior					
Windows\Calking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walls/Finishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entry\Exterior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roof\Flashing\Gutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area	Outstanding	Good	Satisfactory	Poor	
Building Interior					
Walls\Floors\Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Equipment and Systems					
Electrical Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Protection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heating\Cooling\Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Equipment\Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing\Water Heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area	Outstanding	Good	Satisfactory	Poor	
Maintenance Management					
Preventive Maintenance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIMS and Equipment Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance Contractor Oversight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilities Master Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUBJECT MATTER EXPERT FORM

NEW MEXICO AGING & LONG-TERM SERVICES DEPARTMENT – CAPITAL PROJECTS BUREAU

SUBJECT MATTER EXPERT FORM

CAPITAL OUTLAY REQUEST APPLICATION (REQUIRED ATTACHMENT)

The Aging and Long Term Services Department will consider applications that demonstrate high and critical needs that address an urgent or emergency situation which may endanger occupants of the premises or create a serious threat to the health and/or safety of citizens.

Name of Project:

Applicant:

Project contact name, phone number & email address:

PROJECT EVALUATION STATEMENTS BY SUBJECT MATTER EXPERT

The subject matter expert must have thoroughly evaluated the proposed project and provide an unbiased statement specifically addressing the issue(s). Please attach a detailed cost estimate or quote and provide a budget breakdown for the total project costs. Subject matter experts may include State Fire Marshall's Office, Environment Department, Department of Health, Office of Environmental Health, facility managers/ engineers, nutrition experts, vendors, or other independent contractors.

This required attachment is available electronically on the ALTSD website:
<http://www.nmaging.state.nm.us/capital-outlay.aspx>

From the subject matter expert's point of view, please explain why the situation requires immediate action to remediate the issue.

In your expert opinion, verify that the proposed project was not a direct cause of poor maintenance or neglect; and/or how steps were taken to prevent, alleviate and or correct the situation.

Explain how the situation will disrupt a senior center from operating or how failure is imminent if the issues are not corrected in a timely manner.

Subject matter expert statement and evaluation of findings:

Provide budget a breakdown for the total project cost. *Attach a copy of the cost estimate/quote.*

Total Project Cost

FY 2024-2028 Infrastructure Capital Improvement Plan

The ICIP is a planning tool that encourages entities to develop and update their five-year plan annually which is submitted to the State.

Infrastructure Capital Improvement Plan FY 2024-2028													
Project Summary													
Project ID	Year	Rank	Project Title	Category	Funded to date	2024	2025	2026	2027	2028	Total Project Cost	Amount Not Yet Funded	Phases?
Acoma Senior Center / 33051													
8041	2024-001		Rehabilitate Senior Center Building	Facilities - Senior Facilities	0	100,500	0	0	0	0	100,500	100,500	No
0775	2024-002		New HVAC System	Facilities - Senior Facilities	0	20,000	0	0	0	0	20,000	20,000	No
8046	2024-003		Carpet Replacement	Facilities - Senior Facilities	0	45,000	0	0	0	0	45,000	45,000	No
8044	2024-004		Replace Doors	Facilities - Senior Facilities	0	45,000	0	0	0	0	45,000	45,000	No
8043	2024-005		Install Energy Efficient Windows	Facilities - Senior Facilities	0	60,000	0	0	0	0	60,000	60,000	No
0772	2024-006		Road Imporvement Project	Facilities - Administrative Facilities	0	100,000	0	0	0	0	100,000	100,000	No
8038	2024-007		Handicap Accessible Bus	Vehicles - Senior Facility Vehicle	0	110,000	0	0	0	0	110,000	110,000	No
8047	2024-008		Senior Residential Housing	Facilities - Housing-Related Cap Infrastructure	0	268,000	1,400,000	1,332,000	0	0	3,000,000	3,000,000	Yes
Subtotal for Acoma Senior Center				8 projects	0	748,500	1,400,000	1,332,000	0	0	3,480,500	3,480,500	

ICIP is available : <https://www.nmdfa.state.nm.us/local-government/icip/>

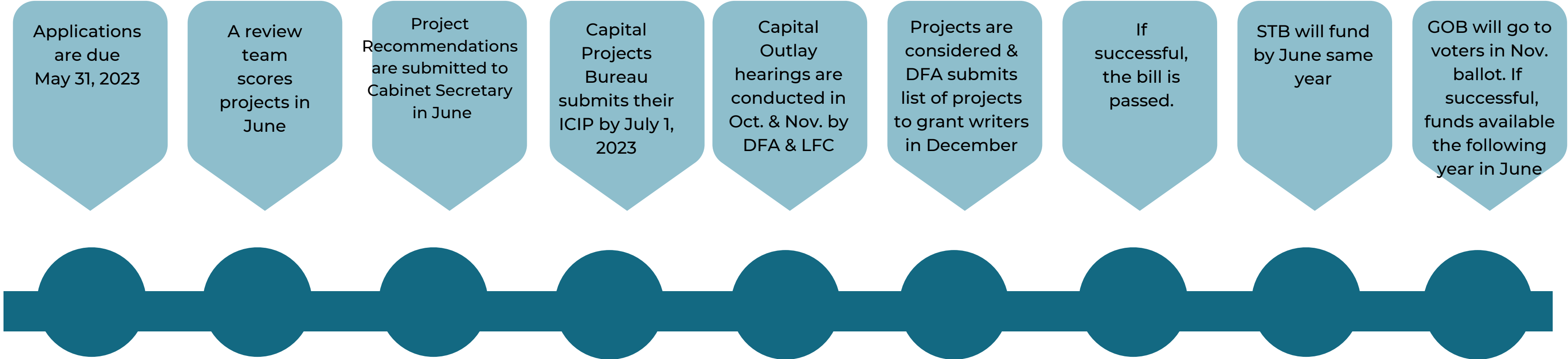
THINGS TO CONSIDER

QUESTIONS TO ASK

- What is the need?
 - Is it critical?
 - Can it be justified?
- Is the facility code compliant?
 - Does the equipment meet safety standards?
- Is the facility or equipment in disrepair, non-operable, or requires extensive repair?
- Is the facility or equipment not functional for the needs of the seniors?
- Is it an urgent issue?
 - Is there a risk to seniors?

- Has the project been supported by a Subject Matter Expert?
- Is there a plan for operating & maintenance?
 - Is routine maintenance conducted?
- Do you have support from the community & the governing body?
- Are you able to provide a detailed project description?
- Will the item have a useful life of 7-10 years?

PROJECT FUNDING TIMELINE



FUNDED PROJECTS



You will receive a bond questionnaire from SBOF. This needs to be completed in a timely manner.



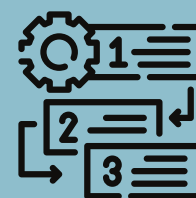
Bonds will be sold about a month later



Once bonds are sold, DFA will prepare budgets & notify ALTSD when complete



Ensure compliance with Executive Order 2013-006



ALTSD will prepare Notice of Grant Award requesting compliance with special conditions (if applicable) & request a Scope of Work



Upon receipt, ALTSD will review documentation then initiate grant agreement. Clock starts ticking.

EXECUTIVE ORDER 2013-006

AGENCY RESPONSIBILITIES

- Review audit for deficiencies identified in:
 - Opinion letter
 - Financial statements
 - Management discussion & analysis
 - Supplemental information
 - Internal control
 - Schedule of findings
 - Questioned costs
 - Summary of prior year findings
- Check for deficiencies in special conditions
 - Budget
 - Capital Asset
 - Travel & Per Diem
 - Late Audit
 - Cash Management

- Determine if grantee has resources to implement the grant agreement
 - If NOT, find suitable fiscal agent
- Complete funding questionnaire for each grantee
- Monitor grantees compliance with uniform funding criteria & mitigate non-compliance
- Receive approval of deviations to grant template from any of the policies and procedures from DFA Cabinet Secretary prior to implementation
- Monitor the private use of state capital assets
- Revise & utilize new grant agreement templates

STATE BOARD OF FINANCE

BOND PROJECT SPEND DOWN

severance tax bond proceeds, the project must be developed sufficiently so that the agency reasonably expects to:

- (1) incur within six months after the applicable bond proceeds are available for the project a substantial binding obligation to a third party to expend at least five percent of the bond proceeds for the project; and
- (2) spend at least eighty-five percent of the bond proceeds within three years after the applicable bond

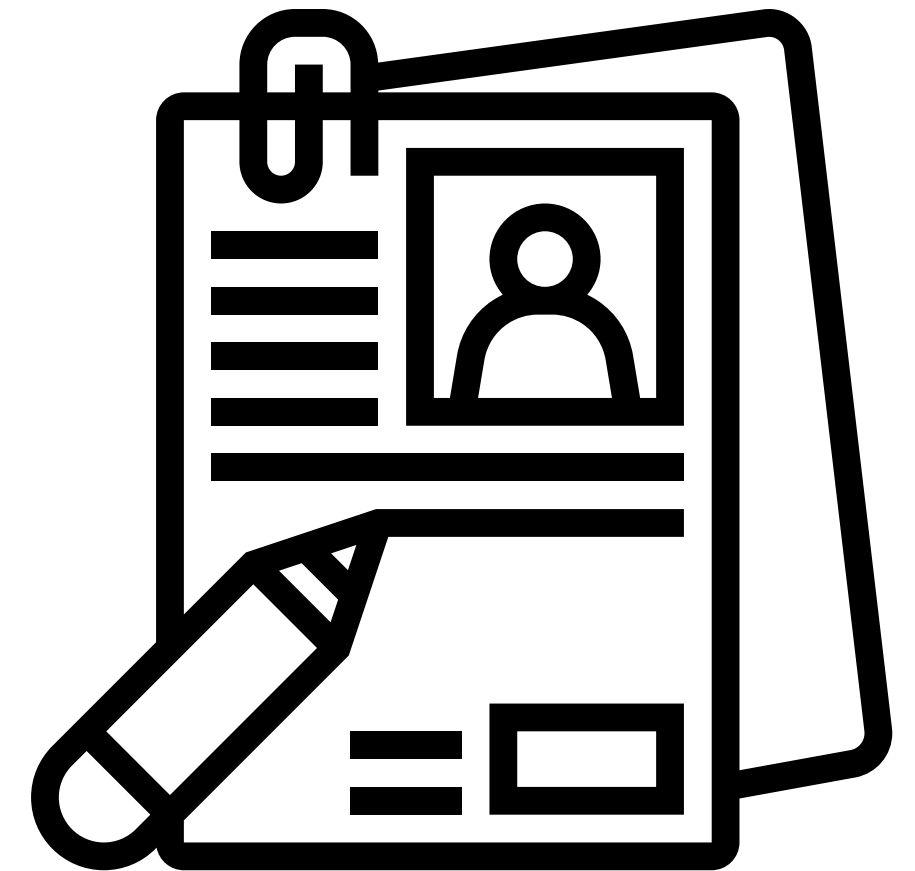
PROJECT PRIORITIZATION SCORING CRITERIA

SCORING CRITERIA ON APPLICATIONS	POINTS
Application Narrative Summary & Background	5
Criticality of Need	30
Readiness to Proceed	30
Project Oversight	30
Project Management	5
Total Possible Points	100

INELIGIBLE PROJECT APPLICATION

Includes one, any or all of the following:

- Application *is not signed* by a Chief Elected Official
- Applicant *did not provide* mandatory forms
- Applicant *did not provide* mandatory quotes or cost estimates
- Applicant *did not provide* sufficient justification of critical need
- Project *is not eligible* for funding
- *Cannot comply* with NM Constitution "Anti-Donation" clause
- Project was *funded in a prior year* (duplicate)



QUESTIONS & DISCUSSION

Aging & Long-Term Services Department
2550 Cerillos Road
Santa Fe, NM 87502



aging.nm.gov

[@NewMexicoAging](https://www.instagram.com/NewMexicoAging)

