Aging and Long-Term Services (ALTSD)

Request for Statewide Funding

**EMERGENCY APPLICATION**

Logo

Description automatically generated

In Laws 2023 Chapter 199, Section 4, Paragraph 65 - $3,000,000 was identified for FY2024 through FY2027 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 is seeking requests for funding that did not meet the $10K threshold for capital outlay funding through the normal application process, or a project request that demonstrates an urgent or critical need to carry out a service offered at the senior center, and that without the asset, would disrupt a senior center from operating or failure is imminent.

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 a non-profit provider use of the asset. The asset must meet the useful life criteria of 7 - 10 years. The asset must be maintained by the local public body. Capital outlay funds cannot be used for indirect program costs or 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 cancelled check within the quarter the expense was made.

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DATE:

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

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

* **Asset Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Provide a brief description of the condition and age of the old asset, and justification for new needed asset.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **COST OF ASSETs:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Include delivery & installation if applicable).

**TOTAL AMOUNT:**  $

* **Briefly describe outcome, if funds are not received, and what services will be disrupted and how many seniors will be affected. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*Estimates or quotes must be attached in support of this request.**

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PRINTED NAME:

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CHIEF ELECTED OFFICIAL SIGNATURE: