

**ALTSD CAPITAL OUTLAY GRANT
MONTHLY/FINAL REPORT FORM & REQUEST FOR PAYMENT**

INSTRUCTIONS

When preparing the pay request, ensure that expenditures are only for the intended purpose. Contact ALTSD Capital Projects Bureau (CPB) staff if you have questions about whether an item to be purchased or constructed is an allowable expense. The scope of work that was submitted when you received the Notice of Award Letter is where you will find the allowable expense. The LANGUAGE ON YOUR GRANT IS WHAT YOU CAN PURCHASE/BUILD. Expenditures must not be made prior to you receiving and approved Notice of Obligation copy signed by CPB.

Reimbursement must be submitted at least 20 days from the end of the quarter in which the expenditure was made. The DFA State Board of Finance limits pay request to \$1500 or more unless it is the end of the fiscal year or it is the last reimbursement request for the project. Exhibit 1 can found at the ALTSD website www.nmaging.state.nm.us/capital-outlay.aspx. The form must be typed and all computations must be correct or the pay request will be rejected. All Request for Payments must include a copy of the invoice, notice of obligation and cancelled check(s). For vehicle purchases, the grantee must provide a copy of the certificate of title or origin, the odometer disclosure, and the buyer's/purchase agreement with the pay request.

MONTHLY/FINAL REPORT FORM & REQUEST FOR PAYMENT INSTRUCTIONS		
1	MONTHLY REP.	Hard copies are no longer required but you must submit progress to CPMS on a monthly basis.
2	PROJECT TITLE	As it appears on the Grant Agreement, i.e. City of Santa Fe, M. E. Gonzales Renovation Project
3	PAY REQUEST NO.	Indicate whether it is pay request #1, #2, #3, etc. depending on how many prior requests have been submitted.
4	DATE	The date that the Request for Payment is being prepared by the grantee.
5	Grantee	The name of the entity named in the appropriation language.
6	Grant Number	The number assigned by DFA, which can be found on the grant agreement (top right corner).
7	Report Period	Grantees are required to report monthly; the month ending date for the reporting period.
8	Grant Exp. Date	The project end date which can be found on the grant agreement or (CPMS).
9	Address	Address on Request for Payment must match the Vendor address in SHARE
10	Preparer's Name & Phone Number	The responsible staff person that can be contacted if there are questions about the pay request.
11	Project Phase	Check the appropriate box that best explains the project phase.
12	Project Update	Detailed narrative explaining the status of the project, timeline, and anticipated completion date.
13	Grant Amount	Total dollar amount of the grant agreement/appropriation.
14	AIPP Amount	If applicable, it can be found on the front page of the grant agreement. If no, enter \$0.00.
15	Funds Requested to Date	Cumulative amount requested (not paid) to date. Do not include the amount being requested for this payment. If this is the 1 st request, enter \$0.00.
16	Amt Requested this Payment	Amount requested for this payment and it does not exceed invoice amounts applicable to this grant.
17	Grant Balance	Total remaining grant balance. (Total grant amount minus AIPP (if applicable) minus funds requested to date minus amount requested this payment equals grant balance.
18	Date of Invoice	Date billed by the vendor
19	Vendor Name	Enter the name of the payee.
20	Amount of Inv.	Enter the total amount listed on the invoice.
21	Amt Applicable to this Grant	Enter the amount you are charging to this grant (do not include credits). *Also please remember to deduct the CES administration fees from the amount applicable.
22	Final Report Fiscal Year End	Only check this box if the project is complete and you will not be seeking additional reimbursements in the future. FY21 is (July 1, 2020 thru June 30, 2021). FY22 is (July 1, 2021 thru June 30, 2022).
23	Monthly, Final Rpt, Procurement Method	Check the applicable boxes to certify that funds are being expended in accordance with all requirements including following applicable procurement method
24	Certification Signatures	Request for Payment must be signed by the grantee fiscal officer, and grantee representative.



EXHIBIT 1
ALTSD CAPITAL OUTLAY GRANT
MONTHLY / FINAL REPORT FORM & REQUEST FOR PAYMENT

MONTHLY REPORT PROJECT TITLE: _____ PAY REQUEST NO. _____
(Due on the last day of the month)

Grantee: _____ Grant Number: _____ Reporting Period: _____ DATE: _____
 Grant Expiration Date: _____

Address: _____ City _____ State _____ Zip _____ Preparer's Name & Phone Number: _____

Please provide a detailed status of project referenced above. Please check the box that would best explain the **project phase**.

- Bonds Sold Plan / Design Bid Documents Construction/Improvements/Renovation in Process
 Purchase in Process Substantial Completion Project Complete Other *(Please specify in narrative section)*

Provide a project update and the anticipated timeline for commencement and completion for each phase. *(Attach extra sheet if needed)*

REQUEST FOR PAYMENT

VENDOR INVOICE DETAIL *(Attach extra sheet if needed)*

Grant Amount: _____
 AIPP Amount *(if applicable)*: _____
 Funds Requested to Date: _____
 Amount Requested This Payment: _____
 Grant Balance: _____

Date of Invoice	Vendor Name	Amount of Invoice	Amount Applicable to This Grant
Amount Requested This Payment:			

FINAL REPORT
 Fiscal Year Expenditure Period Ending
(check one)
 (Jan-Jun) (Jul-Dec)
 Fiscal Year _____

MONTHLY REPORT: I hereby certify that the aforementioned Capital Outlay Project funds are being expended in accordance with all requirements of the Grant Agreement, and in compliance with all other applicable requirements.

FINAL REPORT: I hereby certify that the aforementioned Capital Outlay Project funds have been completed and funds were expended in accordance with all requirements of the Grant Agreement, and in compliance with all other applicable state/ regulatory requirements. The remaining balance is requested to be reverted to the appropriate funding source.

PROCUREMENT METHOD: Grantee received approval from ALTSD and Notice of Obligation was issued and signed prior to reimbursement request.

CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented, are valid expenditures or actual receipts; and comply with NM State Procurement Code NMSA 13-1-21 through 13-1-199; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti-donation" clause.

 Grantee Fiscal Officer Signature & Printed Name

 Grantee Representative Signature & Printed Name *(Preparer)*

STATE AGENCY USE ONLY

I certify that the ALTSD Financial and vendor file information agree with the above submitted information.

 ALTSD Fiscal Date

 ALTSD Capital Projects Bureau Date