

Official Letterhead

Grantee

Certifying Official Name, Title

Grantee Address

Date

New Mexico Aging and Long-Term Services Capital Outlay Department

I, [insert certifying name and title of municipality, county, nation, tribe or pueblo] give permission to [name of person applying] to apply for the ALTSD 2026 Capital Outlay for the following facility/facilities: [insert facility name(s)]

Sincerely,

[signature]

[name of certifying official, title]