

**STATE OF NEW MEXICO  
CAPITAL GRANT PROJECT  
Request for Payment Form  
Exhibit 1**

**I. Grantee Information**

(Make sure information is complete & accurate)

- A. Grantee: \_\_\_\_\_
- B. Senior Center (Name): \_\_\_\_\_
- C. Street Address: \_\_\_\_\_  
(Complete Mailing, including Suite, if applicable)
- \_\_\_\_\_
- City State Zip
- D. Phone No: \_\_\_\_\_
- E. Grant No: \_\_\_\_\_
- F. Grant Expiration Date: \_\_\_\_\_

**II. Payment Computation**

- A. Payment Request No. \_\_\_\_\_
- B. Grant Amount: \_\_\_\_\_
- C. AIPP Amount (If Applicable) : \_\_\_\_\_
- D. Funds Requested to Date: \_\_\_\_\_
- E.
- | Date of Invoice | Vendor Name | Amount of Invoice | Amount Applicable to this Grant |
|-----------------|-------------|-------------------|---------------------------------|
|                 |             |                   |                                 |
|                 |             |                   |                                 |
|                 |             |                   |                                 |
|                 |             |                   |                                 |
|                 |             |                   |                                 |
|                 |             |                   |                                 |
- Amount Requested this Payment: \_\_\_\_\_
- F. Reversion Amount (If Applicable) : \_\_\_\_\_
- G. Grant Balance: \_\_\_\_\_
- H. ☐ GF ☐ GOB ☐ STB (attach wire if first draw)
- I. ☐ Final Request for Payment (if Applicable)

**III. Fiscal Year :** \_\_\_\_\_

(The State of NM Fiscal Year is July 1, 20XX through June 30, 20XX of the following year)

- IV. ☐ **Reporting Certification:** I hereby certify to the best of my knowledge and belief, that database reporting is up to date; to include the accuracy of expenditures and grant balance, project status, project phase, achievements and milestones; and in compliance with Article VIII of the Capital Outlay Grant Agreement.
- V. ☐ **Compliance 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, and are valid expenditures or actual receipts; 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  
or Fiscal Agent (if applicable)

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Grantee Representative

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

(State Agency Use Only)

Vendor: \_\_\_\_\_ Fund No.: \_\_\_\_\_ Loc No.: \_\_\_\_\_

I certify that the State Agency financial and vendor file information agree with the above submitted information.

\_\_\_\_\_  
ALTSD Capital Outlay Bureau Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
ALTSD Capital Outlay Fiscal Coordinator

\_\_\_\_\_  
Date

**PLEASE SUBMIT TO: [capital.outlay@altsd.nm.gov](mailto:capital.outlay@altsd.nm.gov)**

## GRANTEE REQUEST FOR PAYMENT (RFP) CHECKLIST

RFPs **MUST** be submitted as soon as grantee payment has cleared.

- \_\_\_ RFP # \_\_\_\_\_ (Verify that you are submitting the correct RFP #)
- \_\_\_ A-Code \_\_\_\_\_ (Verify that you are requesting payment for the correct grant #)
- \_\_\_ Verify \$ amount on the RFP corresponds with the total amount of all invoices and proof of payment (i.e., canceled check, credit card receipt)?
- \_\_\_ Did you include the grant expiration date, and is it a valid date?
- \_\_\_ Has CPMS been updated within the current quarter of RFP submittal?

1st Quarter	July 1 – September 30
2 <sup>nd</sup> Quarter	October 1 – December 31
3rd Quarter	January 1 – March 31
4 <sup>th</sup> Quarter	April 1 – June 30

\_\_\_ Verify that “Amount of invoice” and “Amount applicable to this Grant” are correct. (For example, if an invoice is for \$100.00 but only \$50.00 applies to the grant, ensure this is correctly captured on the RFP).

Example:

Date of Invoice	Vendor Name	Amount of Invoice	Amount Applicable to this Grant
6/10/2025	ABC construction	\$100.00	\$50.00
E	X A M P	L E	
Amount Requested this Payment:			\$50.00

Are the following required documents included?

*RFPs for equipment, construction, and vehicles*

- \_\_\_ Invoice (All PRs)
- \_\_\_ Proof of payment (canceled check/ACH payment) (All PRs)
- \_\_\_ Grantee PO (All PRs)
- \_\_\_ Approved NOO

*Additional supporting documents for Vehicles (all the above and the following):*

- \_\_\_ Certificate of Origin (all the above and PRs for Vehicles)
- \_\_\_ Odometer Disclosure
- \_\_\_ Buyers’ Agreement

Please ensure VINs on all supporting documents match.

**NOTE: Be advised that 85% of grant funds must be spent 6 months prior to the reversion date.**

**This is for your use only DO NOT submit with RFP**