# Emergency Grant Application Process

## Section 1: Application Stage

### Step 1. Submit Application

a. Complete the attached Emergency Grant Application, Notice of Obligation (NOO) form and the Scope of Work (SOW) form.
b. Include all relevant price quotes that apply to the project. Each quote should list the vendor contact info (same as on W9), item description, all associated costs, including delivery.

***Important**: Submitting the application and NOO does not guarantee immediate approval. These documents will be reviewed before any spending or reimbursement is authorized.*

### Step 2: Application Review & Approval

~~a.~~ The Capital Outlay Bureau will review the application. Notice will be provided if the application moves forward.

## Section 2: Agreement Stage

### Step 3: Grantee Signature

a. Upon approval, the Emergency Grant Agreement (EGA) will be sent to the authorized certifying official (e.g., Mayor or Governor for Tribal entities), for signature, with a copy to the submitter. The signed copy is to be returned to ALTSD CO within 3 business days.

### Step 4: State Signature & Execution

a. The EGA is then routed internally in ALTSD CO for final signatures.
b. Once fully executed, a copy will be sent to the authorized certifying official, along with the original Notice of Obligation (NOO) confirming that the initial request for obligation has not changed.
    i. If no revisions are required, the NOO will be submitted for review and approval.
c. Grantee will receive the approved NOO and can then proceed with the purchase/services.

### Step 5: Purchase & Request for Payment (RFP)

a. After the goods and services are complete and payment for such expenses has occurred, The grantee is to submit a Request for Payment (RFP) within 30 days of the Grantee's payment date.
b. Instructions will be attached to the executed EGA, which includes a templated blank RFP for use.
c. Once final Request for Payment (RFP) has been received, processed and reconciled, Capital Outlay staff will confirm closure of project.

Aging and Long-Term Services (ALTSD)
Request for Statewide Funding

# EMERGENCY APPLICATION

In the Laws of (XXXX) Chapter (XXX), Section (X), Paragraph (XX), the Legislature made an appropriation to Aging and Long Term Services Department making available funding for FY20(xx) through FY20(xx) 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 applications for emergency capital outlay funding requests to address an urgent or critical senior center need. Applicants must be able to show that the emergency capital outlay funding is necessary to maintain services at a senior center and that without the funding the senior center would be unable to provide safe, ongoing senior center services. Use of the asset must comply with NM Constitution Article IX, Section 14 (Anti-Donation Clause). A user agreement must be in place for a non-profit provider's use of the asset. The asset must meet the useful life criteria of 7 - 10 years. The asset(s) must be maintained by the local public body. ***Capital outlay funds cannot be used for indirect program costs or operating expenses.***

The local public body must agree to comply with the State Procurement Code and all other conditions and restrictions of the capital outlay Emergency Grant Agreement (EGA). The expense must be made and reimbursement for qualifying expenses submitted on the approved form, to include the copy of the purchase order, copy of the invoice and copy of the cancelled check or proof of ACH within the 30 days from when the payment was made.

Date: _____
Grantee: _____
Contact Name: _____
Senior Center Name: _____
Phone Number:_____ E-mail:_____

1. Will the emergency request be listed on the next DFA ICIP cycle? ☐ Yes ☐No

*Note: ALSTD CO Bureau will verify ICIP information for any future funding requests.*

2. Is there a current or potential code violation (Food, Building, Fire, other code compliance matter)

☐ Yes, ☐No If Yes, please describe violation and necessary corrective action below:

_____

_____

_____

_____

3. If the emergency request is a replacement of a food or transportation vehicle, have you applied for funding from NM Dept of Transportation 5310 or 5311 program? ___Yes ___ NO

If the emergency request is a replacement of a food or transportation vehicle, would this cause an impact to current service delivery, if so please describe:

._____

_____

4. If the emergency request is for a “hot shot” or transportation vehicle, does the grantee have vehicle maintenance logs to provide upon request? ___Yes ___No

Does the grantee have an annual asset management system in place? If so, please attach that information to the application.

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**Asset Description:**
Provide a detailed description of the condition and age of the existing asset, why it no longer meets operation needs, and justification for the new replacement asset. (if more space is needed, attached additional documents)

**Emergency Justification:**
Explain why this request qualifies as an emergency (e.g., safety concerns, service disruption, urgent replacement need). Describe the immediate risks or consequences if the issue is not addressed promptly. (if more space is needed, attached additional documents)

**OUTCOME IF FUNDING IS NOT APPROVED** Briefly describe the impact on services if this request is not funded. Include what programs or operations will be disrupted and how many seniors or community members will be directly affected by the delay or denial of funding.

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

**Total Cost of Project**:$ _____

(Include delivery & installation if applicable)

**Matching Amount** (Grantee contribution): $ _____

(Provide the amount of funds being matched or contributed by the grantee)

**Amount of ALTSD Funding Requested** (less Grantee contribution): $ _____

Printed Name:_____ Date: _____

Signature: _____

**Must be signed by an authorized representative with authority to bind the organization to all the terms and conditions outlined in this application agreement.**

*NOTE: Application cannot be signed from a non-profit entity*

## Complete the SOW with timeline below

**Scope of Work (SOW) and Timeline for Completion Form**

Project Title:
Contact Person:
Date:

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1. Project Overview/Scope of Work

*Provide a brief description of the project, including objectives and desired outcomes:*

_____

_____

_____

_____

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2. Timeline for Completion

| Task No. | Task Description | Start Date | End Date | Status |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

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3. Assumptions and Constraints

*Document any assumptions, limitations, or dependencies that could affect project completion:*

_____

_____

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