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 (I*f 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

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
2nd Quarter	October 1 – December 31
3rd Quarter	January 1 – March 31
4th 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