

AGENCY: Department of Finance and Administration

APPROPRIATION RECIPIENT:

City of Gallup

<u>APPROPRIATION NUMBER:</u>	<u>APPROPRIATION AMOUNT:</u>	<u>REVERSION DATE:</u>
ZD9023	\$100,000	June 30 th , 2020

APPROPRIATION LANGUAGE

One hundred thousand dollars (\$100,000) for a comprehensive housing analysis for the greater Gallup area. Grant funds unexpended by June 30th, 2020 will be reverted to the State of New Mexico's general fund.

APPROPRIATION REIMBURSEMENT

The appropriation funds will be disbursed through a reimbursement process. The Appropriation Recipient will submit to the Agency Exhibit A: Request for Payment form along with supporting document(s) that evidence the expenses to be reimbursed. The Agency will review these documents to ensure all reimbursed expenses reflect the intent and purpose of the appropriation language. All expenditures for which the Appropriation Recipient requests reimbursement must occur prior to the reversion date. The latest date the Appropriation Recipient may submit a Request for Payment is July 17th, 2020. With the submission of the final Exhibit A: Request for Payment, the Appropriation Recipient must include a completed Exhibit B: Final Report form in order to receive the final reimbursement.

CERTIFICATION

I hereby certify that **City of Gallup**

1. Will only use the appropriation funds to carry out and/or perform activities described in appropriation language.
2. Will comply with State Procurement Code and execution of binding written obligations or purchase orders with third party contractors or vendors for the provision of services, including professional services, or the purchase of tangible personal property and real property for the project.
3. Ensures that the appropriation funds only benefit entities in accordance with applicable law, including, but not limited to Article IX, Section 14 of the Constitution of the State of New Mexico, "Anti-Donation Clause."
4. Will follow the procedure described in "Appropriation Reimbursement" for reimbursement of appropriated funds.

Date

APPROVAL

In accordance with the authority conferred on the Department of Finance and Administration by the statute appropriating these funds, I hereby approve this certification for appropriation number ZD9023 in the amount of \$100,000.

Donnie Quintana
Director, Local Government Division
Department of Finance and Administration

Date

STATE OF NEW MEXICO House Bill 2 Junior Appropriation Request for Payment Form Exhibit A	
I. Appropriation Recipient Information (Make sure information is complete & accurate)	II. Payment Computation
A. Appropriation Recipient: _____ B. Address: _____ <small>(Complete Mailing, including Suite, if applicable)</small> _____ <small>City, State, Zip</small> C. Phone No.: _____ D. Appropriation No.: _____ E. Appropriation Title: _____ F. Appropriation Expiration Date: _____	A. Payment Request No.: _____ B. Appropriation Amount: _____ C. Funds Requested to Date: _____ D. Amount Requested this Payment: _____ E. Reversion Amount (If Applicable): _____ F. Appropriation Balance: _____ G. <input type="checkbox"/> Final Request for Payment (if Applicable) H. <input type="checkbox"/> Final Report Included (if Applicable)
III. Fiscal Year: _____ 2020 (July 1, 2019- June 30, 2020) _____ <small>(The State of NM Fiscal Year is July 1, 20XX through June 30, 20XX of the following year)</small>	
IV. <input checked="" type="checkbox"/> 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 use of the appropriation funds is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti donation" clause.	
_____ Appropriation Recipient Fiscal Officer or Fiscal Agent (if applicable)	_____ Appropriation Recipient Representative
_____ Printed Name	_____ Printed Name
_____ Date:	_____ Date:
(State Agency Use Only)	
Vendor Code: _____	Fund No.: _____
Loc No.: _____	
I certify that the State Agency financial and vendor file information agree with the above submitted information.	
_____ Division Fiscal Officer	_____ Division Appropriation Manager
_____ Date	_____ Date

AGENCY: Department of Finance and Administration

STATE OF NEW MEXICO
House Bill 2 Junior Appropriation
Final Report Form
Exhibit B

Appropriation Recipient: _____

Appropriation Number: _____

Use of Appropriation Funds	Amount
Personnel Expenses	
Other Operating Expenses	
Capital Expenses	
Other	
Total Amount of Appropriation Funds Expended	

<p>Narrative <i>Describe the outcomes, results, benefit, and or uses of the appropriation funds</i></p>
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