

Instructions to complete and submit Exhibit 1 Request for Payment Form (RFP)

1. Complete Grantee Information

I. Grantee Information

- A. Grantee Name (i.e., Happy Town)
- B. Address (address information from Grant Agreement)
- C. Contact Name/Phone#
- D. Grant No: (from grant agreement i.e., 21-F1234)
- E. Project Title: (i.e. Town Hall Improvements)
- F. Grant Expiration Date: (from grant agreement)

II. Payment Computation

- A. Payment Request No. (i.e., 1, 2, etc.)
- B. Grant Amount (must equal total grant amount from grant agreement)
- C. AIPP Amount (if Applicable): (available on page 2 of grant agreement)
- D. Funds Requested to Date: (if 1st request must be zero (0))
- E. Amount Requested this Payment: (must equal total request from backup provided)
 - a. Backup for pay request must include copy of invoice and proof of payment
- F. Reversion Amount (if applicable): (add reversion amount when final payment is submitted and there is a balance)
- G. Grant Balance: (will auto populate to include B., minus C., D., and E.)
- H. Check appropriate box for type of allocation (identified in CPMS) GF (General Fund); GOB (General Obligation Bonds); or STB (Severance Tax Bond)
- I. Check box if Final Request for Payment

III. Fiscal Year: Use the arrow keys on your keyboard to select the appropriate fiscal year. (drop down is available for the fiscal year – each fiscal year begins July 1st and ends June 30th)

IV. Reporting Certification: check box to certify that you are complying with the reporting in the Capital Projects Monitoring System (CPMS) per your grant agreement. Must include project balance, status, phase, achievements and milestones.

V. Compliance Certification: check box to certify that all of the information provided with request for payment form is correct and properly documented per the grant agreement.

2. Provide signatures (digital signature is allowable), printed name, and date for Grantee Fiscal Officer/Fiscal Agent and Grantee Representative identified in grant agreement.

a. To add your digital signature in the PDF form complete the following steps:

- Save Exhibit 1 as shown on 3a.
- Click on Tools; Fill & Sign; drag signature to appropriate location; date (choose from calendar drop down)
- If signature is not yet created, click on Fill & Sign; Create Signature; Type name; Save Signature; Apply

3. To Submit Exhibit 1 Request for Payment Form complete the following steps:

- a. Save the request for payment in to your documents (in PDF format) as entity RFP#, Grant Number, and Entity Name (i.e., RFP#1 20-E1234 City of Happy)
- b. Send RFP via email to include backup (in PDF format) to Project Manager (PM).
- c. Include information on 3a in subject line of email.
- d. PM will contact you if any additional information or clarification is required.
- e. Upon verification, PM will sign, date and submit to the LGD Fiscal department.
- f. Fiscal department will submit the approved RFP to the DFA Administrative Services Department (ASD) for payment. (Please note: if allocation is identified as a STB, draws are processed on the 1st and 15th of each month)

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. Address:	
<small>(Complete Mailing, including State, if applicable)</small>	
City, State, Zip	
C. Contact Name/Phone #:	
D. Grant No:	
E. Project Title:	
F. Grant Expiration Date:	
II. Payment Computation	
A. Payment Request No.	
B. Grant Amount:	\$ 0.00
C. AIPP Amount (if Applicable):	\$ 0.00
D. Funds Requested to Date:	\$ 0.00
E. Amount Requested this Payment:	\$ 0.00
F. Reversion Amount (if Applicable):	\$ 0.00
G. Grant Balance:	\$ 0.00
H. <input type="checkbox"/> GF <input type="checkbox"/> GOB <input type="checkbox"/> STB (attach wire if first draw)	
I. <input type="checkbox"/> Final Request for Payment (if Applicable)	
III. Fiscal Year : 2021 (July 1, 2020-June 30, 2021) <small>(The State of NM Fiscal Year is July 1, 20XX through June 30, 20XX of the following year)</small>	
IV. <input type="checkbox"/> 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. <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 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)	
Grantee Representative	
Printed Name	
Date:	
(State Agency Use Only)	
Vendor Code:	Fund No.:
I certify that the State Agency financial and vendor file information agree with the above submitted information.	
Division Fiscal Officer	Division Project Manager
Date	Date