



**Nonprofit Organization (NPO)**

**State Capital Outlay Request Form - 2017 Legislative Session**

**Required by Bernalillo County**

This form is required if your organization intends to pursue capital outlay funding from the 2017 New Mexico State Legislature that is to be accepted and administered by Bernalillo County.

Please complete this form and submit it, by May 20, 2016 to:

The Office of the County Manager, Bernalillo County, ATTN: Meaghan Ellsworth, Special Projects Coordinator, One Civic Plaza NW, 10<sup>th</sup> Floor, Albuquerque, NM 87102; or by email to: [deputycountymgr\\_communityservices@bernco.gov](mailto:deputycountymgr_communityservices@bernco.gov).

**Basic Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mission/Purpose/Service Provided

Clientele Served

**Current Contract/Agreement(s) with Bernalillo County?** Yes  No

If you have answered yes, please use the Contract Agreement Identification Form to complete the required information and attach to this form for submittal.

**Has NPO received State of New Mexico Capital Outlay from any of the last three Legislative Sessions (FY 2014, 2015 and/or 2016?)** Yes  No



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*If you have answered yes, please use the Capital Outlay Identification Form to complete the required information and attach to this form for submittal. Please identify if the capital outlay was a re-appropriation of an earlier grant.*

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**2017 Capital Outlay Request**

Amount: \$ \_\_\_\_\_

Project Description and Purpose (legislative language request):

Does capital project have a master plan or cost estimate? Yes  No

**Please attach all supporting documentation**

Organization's Leadership Signature: \_\_\_\_\_

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

***For County Use Only***

*County Division/Department to manage DFA Grant/Project:*

\_\_\_\_\_

*County Division/Department Project Manager:*

\_\_\_\_\_

*Revised or new agreement needed:* \_\_\_\_\_

*County ICIP Project No. (Project must be included on the BC ICIP):* \_\_\_\_\_