

# New Mexico Match Fund

Application Samples

Infrastructure Planning and  
Development Division (IPDD)



New Mexico  
Department of Finance  
and Administration



# **Matching Grant Application**

**THIS IS NOT AN OFFICIAL APPLICATION  
FOR REFERENCE ONLY**

## **2024 NM Match Fund**

### **Matching Grant Application**

**\$62,500,000 in grant funds available as of June 12, 2024.**

The Fiscal Year 2025, the Matching Grant is available for eligible entities that require additional funding to meet the minimum match requirement for a federal grant. DFA will award at least 40% of the available funds reserved for rural, frontier, and tribal governments.

#### **Required Eligibility Information**

Please complete this pre-application section to confirm the entity requesting funding is eligible for the Match Fund.

- 1. What is the name of the entity applying for the federal matching grant?**

*Enter your answer*

- 2. Is the applying entity a political subdivision of the state eligible to receive state funding?  
Please select the type of qualifying entity below.**

County

Municipality (city, town or village)

Drainage, conservancy, irrigation, soil and water conservation, water or sanitation district, solid waste authority

Public water cooperative association (Mutual Domestic Water Consumers Association or Mutual Sewage Works Association)

Community ditch association (Irrigation ditch or acequia)

Public schools, including post-secondary education institution

State of New Mexico or any of its branches, agencies, departments, boards, instrumentalities or institutions

Federally recognized Indian nation, tribe or pueblo, the boundaries of which are located wholly or partially in New Mexico

Any other political subdivision of the state

3. **Is the entity a rural, frontier, or tribal community?**

(Review definitions of these terms in the Grant Programs Management Policy available at <https://www.nmdfa.state.nm.us/nmmatchfund/>.)

Yes

No

4. **Please select the date your entity has applied or will apply for the federal grant. DFA requires documentation showing your entity is ready to proceed and has either submitted a federal grant application or will submit a federal grant application within 120 days.**

*Please input date (M/d/yyyy)*

5. **Please select the date of the federal grant application deadline.**

(Should not be more than 120 days out from today's date)

<https://www.calculator.net/date-calculator.html>

*Please input date (M/d/yyyy)*

6. **Please name the federal grant associated with this match request. Include the full name of the grant you are seeking match for, along with the Catalog of Federal Domestic Assistance/Catalog of Federal State Assistance (CFDA/CFSA) number.**

**(Example: USDA - XX.XXX)**

*Enter your answer*

## Entity Information

Detailed information about the entity applying for funding.

7. **In which county or counties will the grant funding be utilized? If the funding is for a statewide program or project, indicate "statewide".**

Statewide

Bernalillo

Catron

- Chaves
- Cibola
- Colfax
- Curry
- De Baca
- Dona Ana
- Eddy
- Grant
- Guadalupe
- Harding
- Hidalgo
- Lea
- Lincoln
- Los Alamos
- Luna
- McKinley
- Mora
- Otero
- Quay
- Rio Arriba
- Roosevelt
- Sandoval
- San Juan
- San Miguel

- Santa Fe
- Sierra
- Socorro
- Taos
- Torrance
- Union
- Valencia

8. **Provide the first and last name of person submitting this application.**

*Enter your answer*

9. **Email for person submitting the application.**

*Enter your answer*

10. **Phone number for person submitting the application.**

*Enter your answer*

11. **Provide the first and last name of the primary contact person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

12. **Email for person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

13. **Phone number for person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

14. **If you are required to have a fiscal agent to administer state funds, which entity is the fiscal agent? Otherwise, enter "N/A" in this field.**

*Enter your answer*

## **Funding Information**

Detailed information about the funding in the application.

15. **Please select the federal department/agency to which you are applying for a federal grant.**

- Agency for International Development (AID)

- Architectural and Transportation Barriers Compliance Board (ATBCB)
- Consumer Financial Protection Bureau (CFPB)
- Corporation for National and Community Service (CNCS)
- U.S. Copyright Office (COLC)
- Committee for Purchase From People Who Are Blind Or Severely Disabled (CPPBSD)
- Consumer Product Safety Commission (CPSC)
- Chemical Safety and Hazard Investigation Board (CSB)
- Department of Homeland Security (DHS)
- Department of Commerce (DOC)
- Department of Defense (DOD)
- Department of Energy (DOE)
- Department of the Interior (DOI)
- Department of Justice (DOJ)
- Department of Labor (DOL)
- U.S. Department of State (DOS)
- Department of Transportation (DOT)
- Department of Education (ED)
- Equal Employment Opportunity Commission (EEOC)
- Export Import Bank of the United States (EIB)
- Executive Office of the President (EOP)
- Environmental Protection Agency (EPA)
- Federal Financial Institutions Examination Council (FFIEC)

- Federal Maritime Commission (FMC)
- Federal Retirement Thrift Investment Board (FRTIB)
- Federal Trade Commission (FTC)
- Gsa Acquisition Policy Federal Advisory Committee (GAPFAC)
- General Services Administration (GSA)
- Department of Health and Human Services (HHS)
- Department of Housing and Urban Development (HUD)
- National Archives and Records Administration (NARA)
- National Aeronautics and Space Administration (NASA)
- National Credit Union Administration (NCUA)
- National Labor Relations Board (NLRB)
- Nuclear Regulatory Commission (NRC)
- National Science Foundation (NSF)
- National Transportation Safety Board (NTSB)
- Office of the National Cyber Director (ONCD)
- Office of Personnel Management (OPM)
- Pension Benefit Guaranty Corporation (PBGC)
- Privacy and Civil Liberties Oversight Board (PCLOB)
- Small Business Administration (SBA)
- Social Security Administration (SSA)
- Department of the Treasury (TREAS)
- United States Courts (USC)



- Department of Agriculture (USDA)
- Department of Veterans Affairs (VA)
- Other

16. **What is the total amount requested in your matching grant application? (Example: \$50,000)**  
*Enter your answer*

17. **What is the total percentage match required for the federal grant? (Example: 10%)**  
*Enter your answer*

18. **What is the total amount you are requesting from the federal agency for the federal grant? (Example: \$500,000)**  
*Enter your answer*

19. **Provide a list of each individual source of match and the amount for each source. Include the estimated value of in-kind match, if accepted by the federal agency. (Example: Local General Obligation Bond - \$500,000 or Behavioral Health Services - \$500,000)**  
*Enter your answer*

20. **If the match funds requested are for a capital project, what number is this project ranked on your most recent ICIP? (Example: 2026-01 - XXXXX)(Each ICIP is assigned a 5 digit number) If unrelated to your ICIP, enter "N/A".**  
*Enter your answer*

## **Certification and Compliance**

Certify that the information provided is accurate and true and that documentation will be provided.

21. **I understand that documentation must be submitted to [matchfund@dfa.nm.gov](mailto:matchfund@dfa.nm.gov) demonstrating the application deadline for federal funds. A copy of the federal award notice or a copy of the federal application will need to be submitted to [matchfund@dfa.nm.gov](mailto:matchfund@dfa.nm.gov) showing the type of grant, the total amount being requested as well as the total match required. A copy of the federal grant award letter will be required prior to receiving the grant agreement for NM Match Funds. I understand that not submitting this documentation within any deadline set by DFA may result in disqualification of this application.**

- Yes
- No

22. I certify that to the best of my knowledge and belief that all of the information on this form is correct and my entity is currently in compliance with Executive Order 2013-006, if applicable. I also understand that failure to report completely and accurately may result in disqualification of this application.

Yes

No

REFERENCE ONLY

The background of the page features a series of horizontal, wavy stripes in a muted teal color, creating a rhythmic, organic pattern. The stripes are evenly spaced and extend across the entire width of the page.

**Project Implementation  
Grant Application**

**THIS IS NOT AN OFFICIAL APPLICATION  
FOR REFERENCE ONLY**

## **Project Implementation Grant Application**

\$7,500,000 in grant funds available as of June 12, 2024.

For Fiscal Year 2025, the Project Implement Grant offers assistance to eligible entities for state matching funds, not exceeding 5% of the total federal and state grant amount.

### **Eligibility and Criteria Information**

- 1) The entity applying for a Project Implementation Grant must have applied for and received a Matching Grant award.
- 2) The entity applying must have an award from the federal government that is associated with the Matching Grant award and provide to DFA documentation of the award amount and term of the federal grant award.
- 3) The entity applying for the Grant must submit a written plan and proposed budget for how the entity intends to utilize the Project Implementation Grant. The plan and budget must demonstrate how the Project Implementation Grant will support the entity's ability to manage both the federal grant award and the Matching Grant to complete all grant funded activities on time and in compliance with all applicable grant requirements.

**1. I certify that I have read and understand the Eligibility and Criteria Information above.**

- Yes
- No

### **Entity Information**

**Detailed information about the entity applying for funding.**

**2. What is the name of the entity applying for the project implementation grant? (Example: City of Albuquerque)**

*Enter your answer*

**3. In which county or counties will the grant funding be utilized? If the funding is for a statewide program or project, indicate "statewide".**

- Statewide
- Bernalillo
- Catron
- Chaves
- Cibola
- Colfax
- Curry
- De Baca
- Dona Ana
- Eddy
- Grant
- Guadalupe
- Harding
- Hidalgo
- Lea
- Lincoln
- Los Alamos
- Luna
- McKinley
- Mora
- Otero
- Quay
- Rio Arriba
- Roosevelt
- Sandoval
- San Juan
- San Miguel
- Santa Fe
- Sierra
- Socorro
- Taos
- Tarrant
- Union
- Valencia

**4. Provide the first and last name of the person submitting this application.**

*Enter your answer*

**5. Email for the person submitting the application.**

*Enter your answer*

**6. Phone number for the person submitting the application.**

*Enter your answer*

**7. Provide the first and last name of the primary contact person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

**8. Email for the person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

**9. Phone number for the person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

**10. If you are required to have a fiscal agent to administer state funds, which entity is the fiscal agent? Otherwise, enter "N/A" in this field.**

*Enter your answer*

## **Funding Information**

**Detailed information about the funding requested.**

**11. What is the total amount of the federal grant and state matching funds awarded?  
(Example - \$1,100,000)**

*Enter your answer*

**12. What is the total amount you are requesting from the Project Implementation Fund?  
(Example: \$55,000)**

**The total amount requested shall not exceed five percent (5%) of the combined total amount of the federal grant and state matching funds awarded to an eligible entity**

*Enter your answer*

### **Certification and Compliance**

**Certify that the information provided is accurate and true and that documentation will be provided.**

**13. I understand that a written plan and proposed budget for how the entity intends to utilize the Project Implementation Grant must be submitted to [matchfund@dfa.nm.gov](mailto:matchfund@dfa.nm.gov). The plan and budget must demonstrate how the Project Implementation Grant will support the entity's ability to manage both the federal grant award and the Matching Grant to complete all grant funded activities on time and in compliance with all applicable grant requirements. This information will be required prior to receiving a grant agreement. I understand that not submitting this documentation within any deadline set by DFA may result in disqualification of this application.**

- Yes
- No

**14. I certify that to the best of my knowledge and belief that all of the information on this form is correct and my entity is currently in compliance with Executive Order 2013-006, if applicable. I also understand that failure to report completely and accurately may result in disqualification of this application.**

- Yes
- No



**Federal Compliance Offset  
Grant Application**



**THIS IS NOT AN OFFICIAL APPLICATION  
FOR REFERENCE ONLY**

## **Federal Compliance Offset Grant Application**

\$3,000,000 in grant funds available as of June 12, 2024.

For Fiscal Year 2025, the Federal Compliance Offset Grant helps eligible entities cover higher project costs due to federal compliance, such as using US-made materials for construction projects.

### **Required Eligibility and Criteria Information**

Please complete this pre-application section to confirm the entity requesting funding is eligible for the Federal Compliance Offset Grant.

- 1. What is the name of the entity applying for the federal compliance offset grant?**  
(Example: City of Albuquerque)  
*Enter your answer*
- 2. Is the entity a political subdivision of the state eligible to receive state funding? Please select the qualifying entity below. If selecting "Other", please enter the name of the political subdivision.**
  - County
  - Municipality (city, town, or village)
  - Drainage, conservancy, irrigation, soil and water conservation, water or sanitation district, solid waste authority
  - Public water cooperative association (Mutual Domestic Water Consumers Association or Mutual Sewage Works Association)
  - Community ditch association (Irrigation ditch or acequia)
  - Public schools, including post-secondary education institution
  - State of New Mexico or any of its branches, agencies, departments, boards, instrumentalities, or institutions
  - Federally recognized Indian nation, tribe or pueblo, the boundaries of which are located wholly or partially in New Mexico
  - Any other political subdivision of the state
  -

3. **Please name the federal grant associated with this match request. Include the full name of the grant you are seeking match for, along with the Catalog of Federal Domestic Assistance/Catalog of Federal State Assistance (CFDA/CFSA) number. (Example: USDA - XX.XXX)**

*Enter your answer*

4. **Can you provide documentation showing how the cost increase was calculated, including a comparison of project cost estimates with and without federal compliance?**

Yes

No

### **Entity Information**

Detailed information about the entity applying for funding.

5. **In which county or counties will the grant funding be utilized? If the funding is for a statewide program or project, indicate "statewide".**

Statewide

Bernalillo

Catron

Chaves

Cibola

Colfax

Curry

De Baca

Doña Ana

Eddy

Grant

Guadalupe

Harding

Hidalgo

Lea

Lincoln

Los Alamos

Luna

McKinley

Mora

- Otero
- Quay
- Rio Arriba
- Roosevelt
- Sandoval
- San Juan
- San Miguel
- Santa Fe
- Sierra
- Socorro
- Taos
- Tarrant
- Union
- Valencia

6. **Provide the first and last name of person submitting this application.**

*Enter your answer*

7. **Email for person submitting the application.**

*Enter your answer*

8. **Phone number for person submitting the application.**

*Enter your answer*

9. **Provide the first and last name of the primary contact person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

10. **Email for person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

11. **Phone number for person administering the grant. If it's the same person listed above then enter "N/A" in this field.**

*Enter your answer*

12. **If you are required to have a fiscal agent to administer state funds, which entity is the fiscal agent? (Example: MRCOG or Bernalillo County, fiscal agent agreement will be required) Otherwise, enter "N/A" in this field.**

*Enter your answer*

## Funding Information

Detailed information about the funding in the application.

**13. Please identify the federal department/agency providing all or part of the funding that triggers federal requirements. Select all that apply.**

- Agency for International Development (AID)
- Architectural and Transportation Barriers Compliance Board (ATBCB)
- Consumer Financial Protection Bureau (CFPB)
- Corporation for National and Community Service (CNCS)
- U.S. Copyright Office (COLC)
- Committee for Purchase From People Who Are Blind Or Severely Disabled (CPPBSD)
- Consumer Product Safety Commission (CPSC)
- Chemical Safety and Hazard Investigation Board (CSB)
- Department of Homeland Security (DHS)
- Department of Commerce (DOC)
- Department of Defense (DOD)
- Department of Energy (DOE)
- Department of the Interior (DOI)
- Department of Justice (DOJ)
- Department of Labor (DOL)
- U.S. Department of State (DOS)
- Department of Transportation (DOT)
- Department of Education (ED)
- Equal Employment Opportunity Commission (EEOC)
- Export Import Bank of the United States (EIB)
- Executive Office of the President (EOP)
- Environmental Protection Agency (EPA)
- Federal Financial Institutions Examination Council (FFIEC)
- Federal Maritime Commission (FMC)
- Federal Retirement Thrift Investment Board (FRTIB)
- Federal Trade Commission (FTC)
- Gsa Acquisition Policy Federal Advisory Committee (GAPFAC)
- General Services Administration (GSA)

- Department of Health and Human Services (HHS)
- Department of Housing and Urban Development (HUD)
- National Archives and Records Administration (NARA)
- National Aeronautics and Space Administration (NASA)
- National Credit Union Administration (NCUA)
- National Labor Relations Board (NLRB)
- Nuclear Regulatory Commission (NRC)
- National Science Foundation (NSF)
- National Transportation Safety Board (NTSB)
- Office of the National Cyber Director (ONCD)
- Office of Personnel Management (OPM)
- Pension Benefit Guaranty Corporation (PBGC)
- Privacy and Civil Liberties Oversight Board (PCLOB)
- Small Business Administration (SBA)
- Social Security Administration (SSA)
- Department of the Treasury (TREAS)
- United States Courts (USC)
- Department of Agriculture (USDA)
- Department of Veterans Affairs (VA)
- Other
- 

14. **What is the total amount you are requesting from the Federal Compliance Offset Grant program? (Example: \$250,000)**

*Enter your answer*

15. **What is the total amount without federal requirements? (Example: \$2,000,000)**

*Enter your answer*

16. **What is the total amount with federal requirements? (Example: \$2,250,000)**

*Enter your answer*

### **Certification and Compliance**

Certify that the information provided is accurate and true and that documentation will be provided.

**17. I understand that documentation will need to be provided showing the federal award has been received by the entity and documentation will need to be provided showing how the cost increase was calculated, including a comparison of project cost estimates with and without federal compliance. This documentation along with a copy of the associated federal program grant or loan agreement, must be submitted to [matchfund@dfa.nm.gov](mailto:matchfund@dfa.nm.gov). I understand that not submitting this documentation within any deadline set by DFA may result in disqualification of this application.**

Yes

No

**18. I certify that to the best of my knowledge and belief that all of the information on this form is correct and my entity is currently in compliance with Executive Order 2013-006, if applicable. I also understand that failure to report completely and accurately may result in disqualification of this application.**

Yes

No



New Mexico  
**Department of Finance  
and Administration**