

FISCAL IMPACT REPORT

General Information:

(Check) Bill: _____ Resolution: X

Short Title(s): Authorized Representatives and Agents for DFA Appropriation ID Number G3169, NMDOT Control Number C5223169

Sponsor(s): Councilor Amanda Chavez

Reviewing Department(s): Public Works Department

Staff Completing FIR: Regina Wheeler, Public Works Director Date: 1/26/2025 Phone: (505) 690-4197

Reviewed by City Attorney:  Date: Feb 7, 2025

Reviewed by Finance Director:  Date: Feb 7, 2025

Summary:

The Resolution designates authorized representatives and agents for an agreement with New Mexico Department of Finance and Administration (DFA) about appropriation ID Number G3169, New Mexico Department of Transportation (NMDOT) Control Number C5223169 (“Grant Agreement”). The Grant Agreement makes available three hundred thousand dollars (\$300,000), appropriated by the New Mexico Legislature, for a project to acquire easements and rights of way and to plan, design, construct and repair Governor Miles Road from Richards Avenue to Nizhoni Drive in the city of Santa Fe in Santa Fe County.

Departments Affected:

Public Works Department.

Consequences of Not Enacting Legislation:

If this legislation is not adopted, the City of Santa Fe (“City”) will not satisfy Article X. B. (v) of the Grant Agreement, which requires the Governing Body to adopt a resolution authorizing the person identified as the official representative of the City to sign the Grant Agreement and to sign Requests for Payment. Additionally, without the adoption of this Resolution the City would not receive NMDOT’s funding in the amount of three hundred thousand dollars (\$300,000).

Conflict, Duplication, Companionship, or Relationship to Other Legislation:

The Governing Body will be approving the agreement through a separate action.

Performance and Administrative Implications:

Public Works Department staff will acquire easements and rights of way for and to plan, design, and construct and repair Governor Miles Road from Richards Avenue to Nizhoni Drive for the city of Santa Fe in Santa Fe County in association with this Grant Agreement. Public Works staff and Finance Department staff will also administer the grant.

Fiscal Implications:

**Although there is not a fiscal impact for authorizing and naming agents, it is worth pointing out that Amendment No. 1 to the Intergovernmental Agreement states that “NCNMEDD has agreed to provide the agreed upon services at one percent (1%) of the dollar amount(s) the City expends during the term of this Agreement towards the completion of the Projects”. If the City expends the total agreement amount of three hundred thousand dollars (\$300,000), then NCNMEDD will receive three thousand dollars (\$3,000) as one percent (1%) of the expense. The City will pay the 1% from City funds separate from the grant funds. The Governing Body will approve the agreement through a separate action and will budget funds for fiscal agent fees in a separate action.

Fiscal Impact

 X Check here if no fiscal impact

Expenditures

Expenditure Type	FYE 2025	FYE 2026	FYE 2027	Require BAR (Y/N)	Recurring (R) or Non-recurring (NR)	Fund	3-Year Total Cost
<u>Personnel and Benefits*</u>	\$ _____	\$ _____	\$ _____	_____	_____	_____	
<u>Capital Outlay</u>	\$ _____	\$ _____	\$ _____	_____	_____	_____	
<u>Contractual/</u>	\$ _____	\$ _____	\$ _____		_____	_____	
<u>Professional Services</u>							
<u>Operating</u>	\$ _____	\$ _____	\$ _____		_____	_____	\$ _____
<u>Total:</u>	\$ _____	\$ _____	\$ _____				\$ _____

Expenditure Narrative:

**See "Fiscal Implications" narrative above.

Revenue

Revenue Type	FYE 2025	FYE 2026	FYE 2027	Recurring (R) or Non-recurring (NR)	Fund
General Fund	\$ _____	\$ _____	\$ _____	_____	_____
Special Revenue	\$ _____	\$ _____	\$ _____	_____	_____
CIP	\$ _____	\$ _____	\$ _____	_____	_____
Enterprise	\$ _____	\$ _____	\$ _____	_____	_____
Internal Service	\$ _____	\$ _____	\$ _____	_____	_____
Trust and Agency	\$ _____	\$ _____	\$ _____	_____	_____
Federal	\$ _____	\$ _____	\$ _____	_____	_____
Other	\$ _____	\$ _____	\$ _____	_____	_____
Total	\$ _____	\$ _____	\$ _____		

Revenue Narrative:

Signature: 
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