

The Purchasing Memo

Date: April 2, 2025

To: Governing Body and Finance Committee and Quality of Life Committee

From: Julie Sanchez, Youth and Family Services Division Director


JULIE SANCHEZ 4/2/2025 13:37 (MDT)

Via: Henri Hammond-Paul, Community Health and Safety Department Director 

Subject: Approval of Grant Agreement from the State of New Mexico's Department of Finance and Administration in the amount of \$90,000 for transitional housing and shelter facilities for victims of domestic violence. (Julie Sanchez, Youth and Family Services Division Director, jjsanchez@santafenm.gov)

Request for Approval of a Budget Amendment Resolution (BAR) to Budget \$90,000 into FY25 Revenue and Expenses for transitional housing and shelter facilities for victims of domestic violence. (Julie Sanchez, Youth and Family Services Division Director, jjsanchez@santafenm.gov)

ITEM AND ISSUE:

Request for Approval of a Grant Agreement from the State of New Mexico's Department of Finance and Administration in the Total Amount of \$90,000 for Transitional Housing and Shelter Facilities for Victims of Domestic Violence. (Julie Sanchez, Youth and Family Services Division Director; jjsanchez@santafenm.gov)

1. Requests for Approval of a Budget Amendment Resolution (BAR) in the Total Amount of \$90,000 into FY 25 Revenue and Expenses for Transitional Housing and Shelter Facilities for Victims of Domestic Violence.

BACKGROUND AND SUMMARY:

The City of Santa Fe has received an appropriation from the State of New Mexico's Department of Finance and Administration for \$90,000 to reimburse funding for transitional housing and shelter facilities for victims of domestic violence. All reimbursement requests must be made by July 15th, 2025.

PRIOR APPROVALS AND SUPPORTING INFORMATION:

FUNDING SOURCE:

Fund Name/Number: [Human Services Fund/240]

Munis Org Name/Number: [Youth and Family/2400122]

Munis Object Name/Number: [Furniture and Fixtures >\$5000/570600]

Budget Officer / Designee: Andy Hopkins Date: Apr 3, 2025

Budget Officer Comment/Exceptions: -

ASSOCIATED APPROVALS:

IT Components included? Yes | No

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Vehicles included? Yes | No

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Construction to City Facilities, Furniture, and/or Fixtures included? Yes | No

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Is this an externally funded purchase? Yes | No

If yes, what is the issuing agency: _____

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

Is this a Capital Asset or Project? Yes | No

Project Ledger Number: _____

Approval: _____ Title: _____ Date: _____

Comment/Exceptions: _____

ATTACHMENTS:

Grant agreement

Budget Amendment Resolution (BAR)

Project Ledger



City of Santa Fe New Mexico

Finance Department

Project Ledger Request Form



Date of Request: 3/6/2025

Project Title: Consuelo's Place Furniture

Project Type: CIP Grant Internal Tracking

Department: Community Health and Safety Project Manager: Julie Sanchez Ext: 6678

Project Date Range: 3/6/2025 to 6/30/2025 Create Fixed Asset

Project ID: COM2524002

Grant ID: S2562

Approved By: Erika Lujan
Erika Lujan (Mar 28, 2025 17:19 MDT)

CT (Finance Use Only)

Multi-Funding (complete all funding sources, should equal 100%)

Funding Source: NM Department of Finance and Administration % of Funding: 100

MUNIS ORG: 2400122 MUNIS OBJ: 490210 Awarded Amount: 90,000

Funding Source: _____ % of Funding: _____

MUNIS ORG: _____ MUNIS OBJ: _____ Awarded Amount: _____

Expense String Phase:

A project must have at least one phase identified, this can be used as an additional level of tracking, for example, CIP - Design, Construction, etc. For Grants can be used as reimbursable types, such as transportation, salaries.

(You can create more than one phase and you can default MUNIS ORGs and OBJs, optional)

Phase: Furnitures and Fixtures MUNIS ORG: 2400122 MUNIS OBJ: 570600

Grants Only (list all grants if applicable):

Grantor Name: NMDFA CAP# 24-Z15052-15 Awarded Amount: 90,000

AR Charge Code: 2400122.490210 Grant funds multiple projects
(Complete a form for each project)

Grantor Id: 700007 Federal CFDA (if applicable): N/A

Grantor Name: _____ Awarded Amount: _____

AR Charge Code: _____ Grant funds multiple projects
(Complete a form for each project)

Grantor Id: _____ Federal CFDA (if applicable): _____

(If grants please provide all grant award documents with form) Attached Grant Documentation

APPROPRIATIONRECIPIENT:

City of Santa Fe

APPROPRIATION NUMBER: APPROPRIATION AMOUNT: REVERSION DATE:

24-ZI5052-15

\$90,000

June 30, 2025

APPROPRIATION LANGUAGE

Ninety Thousand dollars (\$90,000) for transitional housing and shelter facilities for victims of domestic violence for facilities in New Mexico. Funds unexpended by June 30th, 2025, will be reverted to the State of New Mexico's general fund unless reauthorized by the state legislature.

APPROPRIATION REIMBURSEMENT

The appropriation funds will be disbursed through a reimbursement process. The Appropriation Recipient will submit to the Reimbursing Agency the Exhibit A: Request for Payment form along with supporting document(s) that evidence the expenses to be reimbursed. The Reimbursing Agency will review these documents to ensure all expenses to be reimbursed 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 15th, 2025. 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 Santa Fe

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.

Appropriation Recipient Representative

Date

Appropriation Recipient CFO

Date

APPROVAL

In accordance with the authority conferred on the Department of Finance & Administration by the statute appropriating these funds, I hereby approve this certification for appropriation number 24-ZI5052-15 in the amount of \$90,000.

Cecilia Mavrommatis
Director, Local Government Division

Date

IN WITNESS WHEREOF, the Parties have executed this Appropriation as of the date of their signatures by the required approval authorities.

CITY OF SANTA FE:

CITY MANAGER

DATE: _____

ATTEST:

CITY CLERK

CITY ATTORNEY'S OFFICE:



ASSISTANT CITY ATTORNEY

APPROVED FOR FINANCES:

FINANCE DIRECTOR

STATE OF NEW MEXICO
HB2 Transitional Housing Appropriation
Request for Payment Form
Exhibit A

I. Grantee Information

(Make sure information is complete & accurate)

- A. Grantee: _____
- B. Address: _____
 (Complete Mailing, including Suite, if applicable)

 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
- C. AIPP Amount (If Applicable): \$0
- D. Funds Requested to Date: \$0
- E. Amount Requested this Payment: \$0
- F. Reversion Amount (If Applicable): \$0
- G. Grant Balance: \$0
- H. GF GOB STB (attach wire if first draw)
- I. Final Request for Payment (if Applicable)

III. Fiscal Year : _____

(The State of NM Fiscal Year is July 1, 20XX through June 30, 20XX of the following year)

IV.

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

 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

 Date

 Division Project Manager

 Date

