

**LEGISLATIVE COUNCIL SERVICE
52ND LEGISLATURE-SECOND SESSION-2016
CAPITAL OUTLAY REQUEST FORM (revised 8/25/15)**

This form is designed to assist you in describing your proposed capital outlay project. Please provide complete and accurate information. You may be asked to provide copies of the request form with supporting documentation to sponsors, other legislators and committees.

EACH CAPITAL OUTLAY REQUEST MUST BE SIGNED BY THE SPONSORING LEGISLATOR.

A separate, signed form is required for each legislative sponsor.

Forms must be submitted to the Legislative Council Service capital outlay office by:
5 p.m., Sunday, January 31, 2016.

DOCUMENTATION REQUIREMENTS

Capital assets must be owned by the state or a political subdivision of the state. If the asset will be leased to another organization, the owner will be asked to certify that the item is leased at fair market value and that the asset will be properly maintained prior to the release of funding. **Economic development projects** that represent a public-private partnership under the Local Economic Development Act (LEDA) require local or regional government approval and a project participation agreement in accordance with ordinances adopted pursuant to that act.

REMEMBER TO GIVE A COPY OF THE SIGNED, COMPLETED REQUEST TO EACH SPONSOR AND
RETAIN A COPY FOR YOUR FILES.

This form may be copied or downloaded from the legislature's web site (www.nmlegis.gov).
The form is available in PDF format or as an editable MS-Word document.

PLEASE REMOVE THIS PAGE BEFORE SUBMITTING YOUR REQUEST.

**LEGISLATIVE COUNCIL SERVICE
52ND LEGISLATURE-SECOND SESSION-2016
CAPITAL OUTLAY REQUEST FORM**

Legislative Sponsor: _____

Sponsor's Signature: _____

Legislative Aide: _____ Phone: _____ Email: _____

Project Contact: _____ Phone: _____ Email: _____

Other Legislative Sponsors?: _____
(Be sure to submit a separate signed Capital Outlay Request Form for each legislative sponsor.)

PROJECT DESCRIPTION

1. What is the TOTAL cost for the project or this phase of the project?: \$ _____
(Individual legislators may fund part or all of this cost during the funding phase following the request deadline.)

2. Brief project description (please specify the proposed use of capital funds, such as "to plan, design and construct a multipurpose center"; "to design and construct a dam"; or "to purchase and equip a vehicle"):

3. Location of this project (city, town, school district, chapter, pueblo): _____

4. County in which the project will be located?: _____

5. Entity requesting funding for this project?: _____

6. Fiscal agent (entity to receive funding) for this project? (Only the state or political subdivisions of the state are eligible to receive funding.): _____

7. Entity that will own the project upon completion?: _____

8. Is the project:	YES	NO	N/A
a public school project that is included in a Facilities Master Plan (FMP)?:	___	S___	___
a local government project that is included in the local Infrastructure Capital Improvement Plan (ICIP)?:	___	___

9. If the project is included in the ICIP, please provide the ICIP identification #: _____

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PROJECT BUDGET

Please provide a breakdown of the total estimated project cost, including completed phases of the project:

	<u>COMPLETED</u>	<u>UNCOMPLETED</u>	<u>TOTAL</u>
Planning:	\$ _____	\$ _____	\$ _____
Design (Architectural/Engineering):	\$ _____	\$ _____	\$ _____
Construction:	\$ _____	\$ _____	\$ _____
Land Purchase:	\$ _____	\$ _____	\$ _____
Equipment:	\$ _____	\$ _____	\$ _____
Rights of Way/Easements:	\$ _____	\$ _____	\$ _____
Other (specify _____):	\$ _____	\$ _____	\$ _____
Other (specify _____):	\$ _____	\$ _____	\$ _____
Other (specify _____):	\$ _____	\$ _____	\$ _____
Total Estimated Cost:	\$ _____	\$ _____	\$ _____

Please list PRIOR FUNDING SOURCES for the project:	YEAR	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____

Please list any MATCHING FUNDS secured for the project:	AMOUNT
_____	\$ _____
_____	\$ _____

OTHER INFORMATION

<u>Will the project:</u>	YES	NO	N/A
eliminate health or safety hazards or other liability issues?	___	___	___
address federal, state or local judicial mandates or requirements?	___	___	___
prevent or correct deterioration of capital asset(s)?	___	___	___
address issues of population or client growth?	___	___	___
be constructed on state-owned property?	___	___	___

<u>Has the project:</u>	YES	NO	N/A
been designed to be energy efficient?	___	___	___
received public input and endorsement?	___	___	___
planned for future operational costs?	___	___	___
acquired land for the project? (land owner: _____)	___	___	___

<u>Can the project:</u>	YES	NO	N/A
be successfully phased, so that each phase will be operational?	___	___	___
be completed with this legislative appropriation?	___	___	___

If the project is located in a major metropolitan area (Albuquerque [including Los Lunas], Santa Fe, or Las Cruces) and will serve a state agency or facility, is the project in compliance with the state master plan for that area?	YES	NO	N/A
	___	___	___

Proposed project start date: _____

If the capital asset will be leased to another organization, please submit a letter from the fiscal agent identifying the owner of the asset (capital assets must be owned by the state or a political subdivision of the state) and certifying that the asset will be leased at fair market value and appropriately maintained.

If the project is a local economic development project representing a public-private partnership under the Local Economic Development Act, please submit a copy of the project participation agreement between the private entity and the applicable local or regional government.