

**LEGISLATIVE COUNCIL SERVICE
57TH LEGISLATURE – FIRST SESSION - 2025
CAPITAL OUTLAY REAUTHORIZATION REQUEST FORM
(8/28/24)**

Legislative Sponsor: _____

Sponsor's Signature: _____

Project Contact: _____ **Phone:** _____ **Email:** _____

Please provide the following information about the appropriation being reauthorized:

(If you need assistance, the Department of Finance and Administration offers a link to search capital project appropriations at: http://www.nmdfa.state.nm.us/Capital_Outlay_Bureau.aspx.)

1. DFA appropriation identification number (Appr ID): _____

2. Current balance on this appropriation: _____

3. Are any binding contracts in place for this appropriation? _____

4. How many times has this appropriation been reauthorized? _____

5. What was the original purpose of this appropriation?

6. What is the change to the purpose or the language of the appropriation that you are requesting? *

7. Does the time of expenditure need to be extended? Yes ____ No ____

8. Does the agency receiving the appropriation need to be changed? Yes ____ No ____

If yes, what is the new receiving agency? _____

9. Enter original citation: Laws (year)_____, Chapter_____, Section_____, Subsection_____

10. Enter any reauthorizing citations: Laws (year)_____, Chapter_____, Section_____, Subsection_____

Laws (year)_____, Chapter_____, Section_____, Subsection_____

11. Entity requesting reauthorization: _____

12. Entity to receive funding for this project (only the state and political subdivisions of the state are eligible to receive funding): _____

13. Entity that will own the asset upon completion _____

If changing the purpose of the appropriation, refer to the documentation requirements posted here: www.nmlegis.gov/Legislation/BillFinder/Capital_Outlay