

LEGISLATIVE COUNCIL SERVICE
52ND LEGISLATURE-SECOND SESSION-2016
CAPITAL OUTLAY REAUTHORIZATION REQUEST FORM (revised 8/31/15)

Legislative Sponsor: _____

Sponsor's Signature: _____

Project Contact: _____ Phone Number: _____

Email: _____

Legislative Aide: _____ Phone Number: _____

Email: _____

Please answer the following questions about the project being reauthorized.

(If you need assistance, please refer to the department of finance and administration (DFA) local government division capital outlay unit's website: <http://www.state.nm.us/capitalprojects>. Click on "Funded Projects" and search for the project.)

1. What is the DFA appropriation identification number (Appr ID)? _____

2. What is the current balance on this project? _____

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

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

5. What was the original purpose of this appropriation?

6. What is the language change you are requesting? *

7. Does the expenditure period 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. What entity is requesting funding for this project? _____

12. What entity will receive funding for this project? (Only the state and political subdivisions of the state are eligible to receive funding.) _____

13. What entity will own the project upon completion? _____

*** If changing the purpose of the appropriation, please refer to the documentation requirements included in the standard 2016 capital outlay request form.**