



New Mexico Economic Development Department (EDD)

New Mexico MainStreet Capital Outlay Grant FY2008

INVOICING INSTRUCTIONS

Please use the attached forms to draw down your 2008 New Mexico MainStreet Capital Outlay Grant Funds.

All of your Grant Funds must be spent by June 30, 2010.

Your complete Final Payment Request, including your Final Report and all other required signatures and attachments, must be received in the EDD office by 2:00 pm MST on July 10, 2010. **All unspent funds will be reverted to EDD.** Reverting funds will negatively impact your future applications for New Mexico MainStreet Capital Outlay and Special Appropriation Grants.

This packet includes 3 forms:

1. Payment Request Form

You must fully complete a **Payment Request Form** each time that you would like to draw down your grant funds, according to the schedule below. A complete Payment Request Form has all information filled out, includes all attachments in the proper order, and has all necessary signatures notarized. Any incomplete form or illegible form will not be processed.

Use the following reporting schedule to submit Payment Request Forms. If you have no expenses that cleared your financial institution during the Reporting Period, you do not need to submit a Payment Request Form for that Reporting Period.

Please note that you may only submit a Payment Request Form for work that is already completed and purchases that are already finalized and that have cleared your financial institution. You may only bill for services completed and purchases made by June 30, 2010.

Reporting Period	Description of Reporting Period	Due Date for Payment Request Form (must be received at EDD by this date)
Period 1: 1/1/09 - 3/31/09	Payment Requests for all expenses which have cleared the organization's financial institution between January 1, 2009 and March 31, 2009	April 15, 2009
Period 2: 4/1/09 - 4/30/09	Payment Requests for all expenses which have cleared the organization's financial institution between April 1, 2009 and April 30, 2009	May 15, 2009

Reporting Period	Description of Reporting Period	Due Date for Payment Request Form (must be received at EDD by this date)
Period 3: 5/1/09 - 6/15/09	Payment Requests for all expenses which have cleared the organization's financial institution between May 1, 2009 and June 15, 2009	June 30, 2009
Period 4: 6/16/09 - 6/30/09	Payment Requests for all expenses which have cleared the organization's financial institution between June 16, 2009 and June 30, 2009	July 10, 2009, by 2:00 pm MST
Period 5: 7/1/09 - 9/30/09	Payment Requests for all expenses which have cleared the organization's financial institution between July 1, 2009 and September 30, 2009	October 15, 2009
Period 6: 10/1/09 - 12/31/09	Payment Requests for all expenses which have cleared the organization's financial institution between October 1, 2009 and December 31, 2009	January 15, 2010
Period 7: 1/1/10 - 3/31/10	Payment Requests for all expenses which have cleared the organization's financial institution between January 1, 2010 and March 31, 2010	April 15, 2010
Period 8: 4/1/10 - 4/30/10	Payment Requests for all expenses which have cleared the organization's financial institution between April 1, 2010 and April 30, 2010	May 15, 2010
Period 9: 5/1/10 - 6/15/10	Payment Requests for all expenses which have cleared the organization's financial institution between May 1, 2010 and June 15, 2010	June 30, 2010
Period 10: 6/16/10 - 6/30/10	Payment Requests for all expenses which have cleared the organization's financial institution between June 16, 2010 and June 30, 2010	July 10, 2010, by 2:00 pm MST

According to your executed Grant Agreement, you may not request reimbursement for the following activities:

- Administrative costs -Funds cannot be used to pay for administrative costs, although the match may include such costs;
- Planning design and construction activities not related to a specific physical improvement project within the MainStreet District boundary;
- Parking lots the only purpose of which is to park cars, and parking structures;
- Demolition of historic or cultural properties which removal, alteration or adaptive reuse would be deemed to be of significant negative impact by the Historic Preservation Division of the Department of Cultural Affairs or if such historic or cultural property is listed on the State and or National Registries of Historic and Cultural Properties;

- Cash Transfers - Contract or distribution funds will not be transferred by the awardee to any other fund in the fiscal agent's budget. Funds must be accounted for by a separate MainStreet Project Fund established for this contract;
- Planning activities (other than planning activities shown in Section I.C.2 in the grant agreement) that are not related to a specific physical improvement project;
- Marketing and promotion.

2. Grantee Match Detail Form

The **Grantee Match Detail Form** must accompany each Payment Request Form that you submit. Your 2008 New Mexico MainStreet Capital Outlay Grant Agreement requires that you match \$1.00 for every \$2.00 of your grant award. Use this form to document how you are meeting this requirement with either a cash match or in-kind contribution. Any incomplete form or illegible form will not be processed.

3. Final Report

The **Final Report** must be submitted at the same time as your Final Payment Request Form. This form only needs to be submitted one time, as an attachment to your Final Payment Request Form. This form should be completed by the Grant Supervisor, as identified on your executed Grant Agreement. Any incomplete form or illegible form will not be processed.

These forms are also available online on the EDD website under the "Forms for Members Section" at:

<http://www.edd.state.nm.us/mainStreet/insideTrack/index.html>

Submit all forms and direct all questions to:

Meghan Bayer, Assistant Director
New Mexico MainStreet Program
Economic Development Department
Joseph Montoya Building
1100 St. Francis Drive
Santa Fe, NM 87505-4147

Phone: 505-827-5650 (direct) or 1-800-374-3061

Email: meghan.bayer@state.nm.us

Attention: Send your documents to the exact address listed above. Please verify that your documents are received at EDD by contacting Meghan Bayer. EDD will assume no responsibility for nor be obligated to consider any Payment Request Forms or documents whose delivery is not verified by EDD. Verification of receipt of documents must be done directly with Meghan Bayer via email or telephone. It is recommended that you send your Payment Request Forms and supporting documents via certified mail or use a delivery service with a tracking option.



Payment Request Form (To Be Used for FY2008 Grants Only)

This form must be completed in its entirety. Any incomplete form or illegible form will not be processed.

Grant Number: _____ Reporting Period: _____
 Title of Project: _____ Date of Request: _____

I. Grantee Information

- A. Grantee _____
- B. Payee (entity that the check should be made out to)

- C. Payee Mailing Address (must be official address on file with DFA)

- D. Contact Person Regarding this Form

- E. Telephone _____
- F. Email _____

II. Payment Computation

- Check One: Partial Payment Final Payment (due by 7/10/10)
- A. Total Grant Amount _____
 - B. Grant Funds Received to Date _____
 - C. Total Grantee Match to Date _____
 - D. Total Invoice Amount For This Payment Request _____
 - E. Total Invoice Amount Excluding Taxes _____
(EDD will not reimburse for taxes paid by the Grantee.)
 - F. Total Amount Requested For This Payment _____
 - G. Grantee Match For This Payment _____
 - H. Grant Balance _____

III. Attachments

Attachments **REQUIRED** with submittal for reimbursement*: *(Must be submitted in this order)

- A. Proof of when services were entered into and completed or when purchases were made (dated invoice from contractor or consultant, dated receipt, etc.). All services and purchases must correspond with the detailed budget, Exhibit A of your executed Grant Agreement.
- B. Proof of Payment (copies of both sides of cancelled checks).
- C. Grantee Match Detail Form.
- D. Final Report, if applicable. (Only attach if requesting Final Payment.)

IV. 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. Grantee's match in the form of cash expenditures and in-kind contributions are properly documented, and are valid expenditures or contributions or actual receipts.

 Grantee Fiscal Officer, print name Date

/s/ _____

Date: _____

SWORN TO AND SUBSCRIBED

before me on this _____ day

of _____, 200__

Notary Public _____

My Commission expires _____

 Grantee Representative, print name Date

/s/ _____

Date: _____

SWORN TO AND SUBSCRIBED

before me on this _____ day

of _____, 200__

Notary Public _____

My Commission expires _____

 (EDD/NMMS Use Only)

 Meghan Bayer, Grant Monitor DATE

 Rich Williams, NM MainStreet Director DATE



New Mexico Economic Development Department (EDD)
New Mexico MainStreet Capital Outlay Grant FY2008

Grantee Match Detail Form (To Be Used for FY2008 Grants Only)

Your 2008 New Mexico MainStreet Capital Outlay Grant Agreement requires that the Grantee provide matching funds of one dollar (\$1.00) in match for every two dollars (\$2.00).

The Grantee's match may be in the form of cash or in-kind contributions by the Grantee or any of the Grantee's partners specifically identified on the Grant Agreement.

An in-kind contribution is any item of cost that is necessary for the completion of the work and that has a verifiable and accountable economic value. Some examples of eligible in-kind contributions include the following:

- MainStreet Manager's time dedicated to coordinating project activities;
- Value of the time and cost associated with a town planner or designer to project activities;
- Items of cost borne by the Town or one of the Town's partners involved in the project;
- The cost of publicizing notices of meetings and events.

To Be Completed by the Grantee and Submitted with Each Payment Request Form

This form must be completed in its entirety. Any incomplete form or illegible form will not be processed.

I. Grantee Information

Grant Number _____ Reporting Period _____

Grantee _____

Title of Project _____

Total Grant Amount _____

Total Amount Requested For This Payment _____

II. Grantee Match

Grantee Match for this Payment (must equal at least 50% of Amount Requested for this Payment) _____

Breakdown of Grantee Match: Cash Match (specify dollar amount) _____

In-Kind Match (specify dollar amount) _____

Total _____

III. Explanation of Grantee Match

Provide Detailed Explanation of Grantee Match for this Payment.

Example:

Item #	Description	Dollar Amount
1	Cash	\$10,000
2	In-Kind, MainStreet Manager's time; 30 hours at \$20.00/hour	\$600
Total Match by Grantee for this Payment		\$10,600

To be filled out by Grantee:

Item #	Description	Dollar Amount
1		
2		
3		
4		
5		
Total Match by Grantee for this Payment		\$



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Final Report (To Be Used for FY2008 Grants Only)

To be completed by Grant Supervisor (as identified in your executed Grant Agreement) and **submitted with the Final Payment Request Form**

This form must be completed in its entirety. Any incomplete form or illegible form will not be processed.

I. Grantee Information

Grant Number _____

Date of Final Report _____

Grantee _____

Title of Project _____

Total Grant Amount _____

II. Please provide a detailed report on the project referenced above. Include the following information:

- Description of accomplishments to date,
- Methods and procedures used,
- Statement of the impact of the project,
- Detailed budget breakdown of expenditures,
- Description of any problems or delays encountered, and
- Any other information that may be of assistance to the Economic Development Department in its evaluation of your project.

I hereby certify that the aforementioned 2008 New Mexico MainStreet Capital Outlay Project has been completed and funds were expended in accordance with the Project Description and Budget (Exhibit A) of the Grant Agreement, and in compliance with all other applicable state/regulatory requirements.

Grant Supervisor:

Printed Name

Title

Signature

Date