

RESOLUTION NO. R-17-12

APPROVAL FOR THE 2018 CAPITAL OUTLAY REQUEST APPLICATION 2018 GENERAL OBLIGATION BONDS

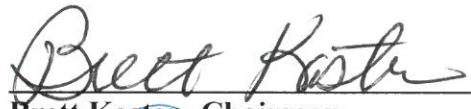
**WHEREAS**, municipalities, counties or other entities that accept grant funds must adopt certain required federal and state regulations; and

**WHEREAS**, the County of Grant (hereinafter referred to as the Grantee) wishes to ensure compliance with federal and state regulations by approving the 2018 Capital Outlay Request Application 2018 General Obligation Bonds from the Aging and Long-Term Services Department:

**NOW, THEREFORE, BE IT RESOLVED**, that the Grantee approves the 2018 Capital Outlay Request Application 2018 General Obligation Bonds from the Aging and Long-Term Services Department.

Passed, Approved and Adopted by the Board of Grant County Commissioners this 23rd day of March 2017.

BOARD OF COUNTY COMMISSIONERS  
GRANT COUNTY, NEW MEXICO:

  
Brett Kasten, Chairman

  
Gabriel Ramos, Vice Chairman

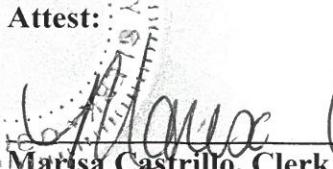
  
Alicia Edwards, Member

  
Gerald W. Billings Jr., Member

  
Harry Browne, Member

[SEAL]

Attest:

  
Marisa Castrillo, Clerk

Due April 14, 2017 by 5:00 pm



# 2018 GENERAL OBLIGATION BOND CAPITAL OUTLAY REQUEST APPLICATION

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The Aging and Long Term Services Department will consider applications to fund Aging Network capital projects statewide in support of the agency programs and services designed to meet the needs of older adults and adults with disabilities authorized under the Older Americans Act. Applications will be accepted for code compliance/other renovations, meals equipment/other equipment, vehicles, new construction/major addition, and plan/design projects. The applicant must provide documentation to show the support of the project by the local government; must be in compliance with Governor Martinez's Executive Order 2013-006; have submitted a Senior Facilities Infrastructure Capital Improvement Plan (ICIP 2018-2022); provide an Operating and Use Agreement; and Project Evaluation Form certified by subject matter expert(s) to demonstrate critical need and project readiness.

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## Application Checklist

### Applicant Information and Certification

- Basic Application Form**
- A-1: Code Compliance/Other Renovation Request Form**
- A-2: Meals Equipment/Other Equipment Request Form**
- A-3: Vehicle Request Form**
- A-4: New Construction / Major Addition Request Form**
- A-5: Plan & Design Request Form**

### Required Capital Outlay Forms and Attachments

- Asset Management Form: Meals Equipment Inventory Listing**
- Asset Management Form: Vehicle Inventory Listing**
- Asset Management Form: Facility/Fixture Inventory Listing**
- Project Evaluation-Subject Matter Expert Certification**
- Infrastructure Capital Improvement Plan (ICIP 2018-2022)**
- Quotes and/or Cost Estimates for the Proposed Project(s)**
- Operating and Use Agreement (applicable to non-profit providers only)**
- Schematic Designs (applicable to construction related projects)**

## Applicant Contact Information

(Name & contact information of person regarding content of the application.)

Name/Title: Randy Villa		
Facility: Grant County Gila Senior Center		
Address: 403 Hwy 211 Gila NM 88038		
Phone #: (575) 388-2523	Fax#:	Email Address: rvilla@grantcountynam.com

**Check here if the local government does not wish to submit a 2018 Capital Outlay Request Application for the facility and obtain the appropriate signature in Certification section below.**

**Executive Order 13-006 Requirement:** - State agencies must determine whether a grantee has adequate accounting methods and procedures to expend state grant funds in accordance with applicable law and account for and safeguard grant funds and assets acquired by grant funds [EO ¶2(A)(3)(a)].

Applicant's annual audit current and filed with the state auditor's office: <a href="http://www.saonm.org">http://www.saonm.org</a>		
<input checked="" type="checkbox"/> Yes <u>FY2016</u> <input type="checkbox"/> No		
Applicant's current fiscal operating budget approved by the Budget and Finance Bureau of the Local Government Division: <a href="http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx">http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx</a>		
<input checked="" type="checkbox"/> Yes <u>Date08/29/16</u> <input type="checkbox"/> No		
Applicant has submitted financial quarterly/monthly reports to the Budget and Finance Bureau of the Local Government Division: <a href="http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx">http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx</a>		
<input checked="" type="checkbox"/> Yes <u>Date01/31/17</u> <input type="checkbox"/> No		

**Infrastructure Capital Improvement Plan** - Local infrastructure capital improvement plan (ICIP) is a plan that establishes priorities for anticipated capital projects. The state-coordinated ICIP process encourages entities to plan for the development of capital improvements at a pace that sustains their activities. Is the proposed project a documented priority (1 through 5) on the most recently submitted Senior Facility ICIP?

**The current 2018-2022 ICIP Plan is attached.**

### Certification

I, the undersigned chief official of the applicant organization, certify that the attached application is supported by the governing body of the applicant and I have been authorized to file this application for assistance from the State of New Mexico. I further certify that the information contained herein is true and complete to the best of my knowledge and belief.

Chief Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: Charlene Webb Title: County Manager

**Facility Information**  
**(Complete 1 form per Facility/Site)**

**Facility:** Grant County Gila Senior Center

**Contact Name:** Randy Villa      **Phone:** (575) 388-2523      **Email:** rvilla@grantcountynm.com

**Part I: Facility Data**

**Instructions**

Describe the facility including ownership, current condition, age, documented repairs, services, and number of congregate meals and home delivered meals provided.

**1. Who owns the facility?**

- City, County, Nation, Pueblo, Town, Pueblo or Village \_\_\_\_\_
- Private (for Profit or Non-Profit) – If this box is selected, contact ALTSD staff.  
NOTE: Private entities, including non-profits, must provide a copy of a lease, operating agreement, or user agreement to assure fair market value trade. Applications will not be considered without these documents.

**2. Is a use agreement (for equipment or vehicles) or service agreement (for real property) in place?**

- Yes; Copy of Agreement is provided.
- No; explain: Grant County owns all vehicles and equipment

**3. What is the age of the facility? Age: 27**

**4. What sources of funding were used to construct or improve the facility within the past five (5) years (if applicable to this request)?**

Funding Source N/A Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Funding Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

**5. Current Condition** – as described in the Facility/Fixture inventory listing.

- Outstanding – Facility is in excellent condition.
- Good – Facility has desirable and favorable conditions.
- Satisfactory – Facility is acceptable.
- Marginal – Potential threat exists.
- Poor – Facility's condition is not acceptable and poses a threat to the health and safety of clients; needs immediate attention.

**6. How often is the Facility/Fixture Inventory Listing updated (attach form)?**

- Monthly
- Quarterly
- Annually

No; explain: \_\_\_\_\_

**7. What repairs/improvements have been made to the facility, and when?**

<input checked="" type="checkbox"/> Roof	Date <u>03/20/11</u>
<input type="checkbox"/> Structural	Date _____
<input type="checkbox"/> Floor	Date _____
<input checked="" type="checkbox"/> HVAC	Date <u>04/30/13</u>
<input checked="" type="checkbox"/> Parking Lot	Date <u>09/18/10</u>
<input checked="" type="checkbox"/> Other (describe) <u>Chain Link Fence</u>	Date <u>10/20/10</u>

## Part II: Uses

8. What is the size of the facility (in square feet) 2576
9. Is the facility sufficient in size? (15 square feet/person)? This determination is based on the number of clients that use the facility on a daily basis.
  - Yes
  - No; explain \_\_\_\_\_
  - Has participation increased during the past year and by how much? \_\_\_\_\_
  - Do you have a waiting list for your services? \_\_\_\_\_
10. Is the location of the facility accessible to those served?
  - Yes
  - No; explain \_\_\_\_\_
11. How close is the nearest other similar facility? (distance in miles) 39 miles

## Part III: Cost Benefit

12. How many unduplicated persons are served daily for all services (average)? 25
13. How many meals are prepared annually? (Use SAMS Data)  
Congregate 4800  
Home Delivered 500
14. What services are provided at the facility daily?
  - Congregate meals; daily count: 18
  - Fitness/education activities; daily count: \_\_\_\_\_
  - Other services; specify \_\_\_\_\_ daily count: \_\_\_\_\_
15. How many transportation services are provided daily?  
#Units 3 #Miles/day 90

## Part IV: Operation and Maintenance

16. Does a local government provide operating staff?
  - Yes (Hours per day) employee 3 volunteers 0
  - No
17. List all other sources of program funding and status:

<input type="checkbox"/> AAA-source: _____	\$ <u>246440</u>
<input type="checkbox"/> Local-source: _____	\$ _____
<input type="checkbox"/> In-Kind -source: <u>Grant County</u>	\$ <u>115976</u>
<input type="checkbox"/> Other-source: <u>Federal</u>	\$ <u>139560</u>
18. What is the average monthly operational cost for the following expenses:

<input type="checkbox"/> Gas: <u>Propane</u>	\$ <u>500</u>
<input type="checkbox"/> Electricity: _____	\$ <u>490</u>
<input type="checkbox"/> Water: _____	\$ <u>375</u>
<input type="checkbox"/> Refuse: _____	\$ _____
<input type="checkbox"/> Sewer: _____	\$ _____
<input type="checkbox"/> Maintenance: _____	\$ _____

**19. What types of vehicles are utilized?**

<input checked="" type="checkbox"/> Client Transportation	#1	4X4 #	_____
<input checked="" type="checkbox"/> Meal Delivery	#1	4X4 #	_____
<input type="checkbox"/> Handicap-accessible	#		
<input type="checkbox"/> Other vehicle types	#	Describe:	_____

**A-1 CODE COMPLIANCE/OTHER RENOVATION REQUEST FORM**  
**(Complete 1 form per Facility/Site)**

**Facility:** Grant County Gila Senior Center

**Project Title:** Renovating Kitchen

**Check One:**

**Code Compliance** – complying with regulations regarding land use, zoning ordinances, health and housing codes, uniform building and fire codes, Americans with Disabilities Act (ADA).  
 **Renovation Other** – restoring a current facility to an earlier condition by repairing or remodeling for health and safety issues.

**Project Summary**

*The Project Summary narrative should be at least 50 words and should include the amount of funding requested. Please give the most general description of how the funds will be used.*

remodel kitchen to be in compliance with state fire marshal code. Replace cabinets, flooring, counter tops, water heater, sink \$132,000

**Amount of Request:** \$ 120,000.00

**Funds Committed:** \$ 12,000.00

**Total Project Cost:** \$ 132,000.00

**Background**

*The Background narrative section, should provide the reader with an explanation of the problem that has created the need for the capital outlay funds that will be requested in this application. It should provide evidence that the problem exists as well as how the proposed project will contribute to a solution to the problem or will reduce the harmful impact of the problem. It should highlight media and government publications suggesting that the problem is a high priority and that the proposed solution is one that decision-makers support and believe in. It is important that the reader who reviews this section understands why your project should be funded over others.*

This kitchen facility has never been upgraded. To help meet fire codes and compliance, the kitchen needs to be remodeled

**1. Are additional funds committed for this project as match, or leverage or received prior year funding (i.e. CDBG, NMDOT 5310 Program, NMFA, or TIF)?**

If yes; provide the following:

Source \_\_\_\_\_ Grant # (if applicable) \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date Available: \_\_\_\_\_

No; explain: Never applied for

**2. Will plan and design be required for the proposed code compliance/other renovation project?**

Yes; describe: to meet compliance/codes  
 Do you have a schematic design? If yes, provide it as an attachment to the application.  
 No; explain: \_\_\_\_\_

**3. Provide copy of code compliance citation(s) or other supporting documentation.**

Yes; describe: \_\_\_\_\_  
 No; explain: No citations

**4. Does the project address a health, safety, risk or hazard to the public that immediately endangers occupants of the facility?**

Tripping hazard, explain: Un-even floor tiles  
 ADA compliance issue, explain: \_\_\_\_\_  
 Structural damage, explain: \_\_\_\_\_  
 Sanitary issue, explain: \_\_\_\_\_  
 Other, explain Fire code/compliance

**5. How will the proposed project alleviate a risk/health and safety issue?**

Bringing kitchen up to meet compliance issues will help in the safety of all employees and visitors.

**6. Is corrective action urgent and unavoidable?**

Yes; explain: \_\_\_\_\_  
 No; explain: No code violations yet

#### **Project Description**

*The Project Description narrative should give the reader a detailed description of the project that will be funded by the requested grant. This description should explain the duration of time during which the funds will support the project, the goals of the project, how they will be achieved, how success or failure will be measured, what services you promise to deliver to what population and what results you expect to bring about.*

Plan, design, furnish and equip new kitchen to include replacement of flooring, cabinets, countertops, water heater and sink.

**7. Is the project ready to proceed (the site is prepared, plans are complete, infrastructure in place, the property or land has been secured):**

Yes; describe Facility is owned by Grant County

No; explain \_\_\_\_\_

Do the requested funds complete a fully functional phase?  Yes  No  
If Yes, explain: Complete remodel of kitchen

Property secured; Right of way easements obtained on: \_\_\_\_\_ (date)

Plan/design completed by (name of contractor & date) : \_\_\_\_\_

Construction plan and specs completed by (name of contractor & date): \_\_\_\_\_

Vendor selected (name of vendor & date): \_\_\_\_\_

Cost estimates/quotes are provided.  Yes  No

Other, describe: \_\_\_\_\_

**8. After the completion of the project will there be additional operating and maintenance cost to consider?  Yes  No**

Explain how applicant will provide for the operation and maintenance costs?

Manitance costs are already budgeted

**9. Has an evaluation for the proposed project been documented by a subject matter expert to clearly establish the criticality of need for the project?**

Yes Date: \_\_\_\_\_ Project Evaluation is attached (required).  
 No; explain: N/A

**10. During the evaluation, what findings and issues were identified?**

N/A

**11. Why is this funding necessary? Describe the outcome of not receiving this funding.**

Kitchen will still need to be remodeled for compliance/codes

**12. Project Budget**

Using your Project Description narrative, provide a budget breakdown that outlines projected expenses. Also include information about when the requested funds will be spent to support each activity. **Example Only:**

Expenditure Category	GOB Fund Request	Funds from Other Sources	Total	Estimated spend down schedule
Architectural & Engineering*				
Construction	50,000.00		50,000.00	12 Months
Equipment	70,000.00		70,000.00	12 Months
Delivery/install				
<b>Totals</b>			120,000.00	12 Months

\*A&E Fees should not exceed 10-15% of the total construction budget.

**13. Describe the oversight process that would ensure timely construction and completion of the project.** Provide information about the staff who will work on the project, their experience and qualifications to perform the activities that will be funded.

***Example Only: Please customize table to reflect the proposed project activities and timeline.***

Project Timeline (Insert milestones/activities specific to the proposed project.)	Upon full execution of the Grant Agreement the following tasks will commence to meet the timeline/milestones.	Oversight/Responsible Staff
Advertise for Bids	Month 1	Jacob Zamora
Pre-Bid Meeting & Bid Opening	Month 1	Jacob Zamora
Bid Award to Contractor	Month 2	Jacob Zamora
Preconstruction Meeting and Notice to Proceed	Month 2	Jacob Zamora
Contract Administration	Months 3-12	Randy Villa
Substantial Completion	Month 3-12	Randy Villa
Certificate of Occupancy	Month 11-12	Randy Villa
Submit Exhibit 1 – Monthly / Final Report Form & Request for Payment according to contractual requirements as set forth in Articles Grant Agreement including	Months 1-12	Randy Villa

***Attach Asset Management Form: Facility/Fixture Inventory Listing***

**Contact Name:** Randy Villa    **Phone:** (575) 388-2523    **Email:** rvilla@grantcountynam.com

## Infrastructure Capital Improvement Plan FY 2018-2022

### Gila Senior Center Project Summary

ID	Year	Rank	Project Title	Category	Funded to date						Total Project Cost	Amount Not Yet Funded	Amount Phases?	
					2018	2019	2020	2021	2022					
31593	2018	001	Renovating New Kitchen	Senior Facilities	0	120,000	0	0	0	120,000	120,000	120,000	No	
<b>Number of projects:</b> 1														
<b>Grand Totals</b>		<b>Funded to date:</b> 0		<b>Year 1:</b> 120,000	<b>Year 2:</b> 0	<b>Year 3:</b> 0	<b>Year 4:</b> 0	<b>Year 5:</b> 0		<b>Total Project Cost:</b> 120,000	<b>Total Not Yet Funded:</b> 120,000			

April 14, 2017 by 5:00 pm



# 2018 GENERAL OBLIGATION BOND CAPITAL OUTLAY REQUEST APPLICATION

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The Aging and Long Term Services Department will consider applications to fund Aging Network capital projects statewide in support of the agency programs and services designed to meet the needs of older adults and adults with disabilities authorized under the Older Americans Act. Applications will be accepted for code compliance/other renovations, meals equipment/other equipment, vehicles, new construction/major addition, and plan/design projects. The applicant must provide documentation to show the support of the project by the local government; must be in compliance with Governor Martinez's Executive Order 2013-006; have submitted a Senior Facilities Infrastructure Capital Improvement Plan (ICIP 2018-2022); provide an Operating and Use Agreement; and Project Evaluation Form certified by subject matter expert(s) to demonstrate critical need and project readiness.

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- Infrastructure Capital Improvement Plan (ICIP 2018-2022)**
- Quotes and/or Cost Estimates for the Proposed Project(s)**
- Operating and Use Agreement (applicable to non-profit providers only)**
- Schematic Designs (applicable to construction related projects)**

## Applicant Contact Information

(Name & contact information of person regarding content of the application.)

Name/Title: Randy Villa		
Facility: Mimbres Senior Center		
Address: 2620 Highway 35 Mimbres NM 88035		
Phone #: (575) 388-2523	Fax#:	Email Address: rvilla@grantcountynm.com

**Check here if the local government does not wish to submit a 2018 Capital Outlay Request Application for the facility and obtain the appropriate signature in Certification section below.**

**Executive Order 13-006 Requirement:** - State agencies must determine whether a grantee has adequate accounting methods and procedures to expend state grant funds in accordance with applicable law and account for and safeguard grant funds and assets acquired by grant funds [EO ¶2(A)(3)(a)].

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<input checked="" type="checkbox"/> Yes <u>FY2016</u> <input type="checkbox"/> No
Applicant's current fiscal operating budget approved by the Budget and Finance Bureau of the Local Government Division: <a href="http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx">http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx</a>
<input checked="" type="checkbox"/> Yes <u>Date08/29/16</u> <input type="checkbox"/> No
Applicant has submitted financial quarterly/monthly reports to the Budget and Finance Bureau of the Local Government Division: <a href="http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx">http://www.nmdfa.state.nm.us/budget-financial-and-audit-status.aspx</a>
<input checked="" type="checkbox"/> Yes <u>Date01/31/17</u> <input type="checkbox"/> No

**Infrastructure Capital Improvement Plan** - Local infrastructure capital improvement plan (ICIP) is a plan that establishes priorities for anticipated capital projects. The state-coordinated ICIP process encourages entities to plan for the development of capital improvements at a pace that sustains their activities. Is the proposed project a documented priority (1 through 5) on the most recently submitted Senior Facility ICIP?

**The current 2018-2022 ICIP Plan is attached.**

### Certification

I, the undersigned chief official of the applicant organization, certify that the attached application is supported by the governing body of the applicant and I have been authorized to file this application for assistance from the State of New Mexico. I further certify that the information contained herein is true and complete to the best of my knowledge and belief.

Chief Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: Charlene Webb Title: County Manager

**Facility Information**  
**(Complete 1 form per Facility/Site)**

**Facility:** Mimbres Senior Center

**Contact Name:** Randy Villa      **Phone:** (575) 574-0070      **Email:** rvilla@grantcountynm.com

**Part I: Facility Data**

**Instructions**

Describe the facility including ownership, current condition, age, documented repairs, services, and number of congregate meals and home delivered meals provided.

**1. Who owns the facility?**

- City, County, Nation, Pueblo, Town, Pueblo or Village \_\_\_\_\_
- Private (for Profit or Non-Profit) – If this box is selected, contact ALTSD staff.  
NOTE: Private entities, including non-profits, must provide a copy of a lease, operating agreement, or user agreement to assure fair market value trade. Applications will not be considered without these documents.

**2. Is a use agreement (for equipment or vehicles) or service agreement (for real property) in place?**

- Yes; Copy of Agreement is provided.
- No; explain: Grant County owns Facility site

**3. What is the age of the facility? Age: 26**

**4. What sources of funding were used to construct or improve the facility within the past five (5) years (if applicable to this request)?**

Funding Source N/A Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Funding Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_

**5. Current Condition** – as described in the Facility/Fixture inventory listing.

- Outstanding – Facility is in excellent condition.
- Good – Facility has desirable and favorable conditions.
- Satisfactory – Facility is acceptable.
- Marginal – Potential threat exists.
- Poor – Facility's condition is not acceptable and poses a threat to the health and safety of clients; needs immediate attention.

**6. How often is the Facility/Fixture Inventory Listing updated (attach form)?**

- Monthly
- Quarterly
- Annually

No; explain: procurement officer

**7. What repairs/improvements have been made to the facility, and when?**

<input checked="" type="checkbox"/> Roof	Date <u>06/30/10</u>
<input checked="" type="checkbox"/> Structural	Date <u>09/30/10</u>
<input type="checkbox"/> Floor	Date _____
<input checked="" type="checkbox"/> HVAC	Date <u>07/31/10</u>
<input checked="" type="checkbox"/> Parking Lot	Date <u>09/30/10</u>
<input checked="" type="checkbox"/> Other (describe) <u>Chainlink fence</u>	Date <u>10/31/10</u>

## Part II: Uses

8. What is the size of the facility (in square feet) 3500

9. Is the facility sufficient in size? (15 square feet/person)? This determination is based on the number of clients that use the facility on a daily basis.

- Yes
- No; explain \_\_\_\_\_
- Has participation increased during the past year and by how much? \_\_\_\_\_
- Do you have a waiting list for your services? \_\_\_\_\_

10. Is the location of the facility accessible to those served?

- Yes
- No; explain \_\_\_\_\_

11. How close is the nearest other similar facility? (distance in miles) 35 miles

## Part III: Cost Benefit

12. How many unduplicated persons are served daily for all services (average)? 21

13. How many meals are prepared annually? (Use SAMS Data)  
Congregate 4000  
Home Delivered 1300

14. What services are provided at the facility daily?  
 Congregate meals; daily count: 15  
 Fitness/education activities; daily count: \_\_\_\_\_  
 Other services; specify \_\_\_\_\_ daily count: \_\_\_\_\_

15. How many transportation services are provided daily?  
#Units 4 #Miles/day 15/ Days

## Part IV: Operation and Maintenance

16. Does a local government provide operating staff?  
 Yes (Hours per day) employee \_\_\_\_\_ volunteers \_\_\_\_\_  
 No

17. List all other sources of program funding and status:  
 AAA-source: Fed/ State \_\_\_\_\_ \$ \_\_\_\_\_  
 Local-source: \_\_\_\_\_ \$ \_\_\_\_\_  
 In-Kind -source: Grant County \_\_\_\_\_ \$ 15,000  
 Other-source: \_\_\_\_\_ \$ \_\_\_\_\_

18. What is the average monthly operational cost for the following expenses:  
 Gas: Propane \_\_\_\_\_ \$ 500.00  
 Electricity: PNM \_\_\_\_\_ \$ 325.00  
 Water: Well \_\_\_\_\_ \$ \_\_\_\_\_  
 Refuse: Trash pickup \_\_\_\_\_ \$ 40.00  
 Sewer: Septic \_\_\_\_\_ \$ \_\_\_\_\_  
 Maintenance: \_\_\_\_\_ \$ \_\_\_\_\_

**A-4 NEW CONSTRUCTION/MAJOR ADDITION REQUEST FORM**  
**(Complete 1 form per Facility/Site)**

**Facility:** Mimbres Senior Center

**Project Title:** New Construction addition

**New Construction/Major Addition:** building a new structure, increasing the size of a structure by more than 35 percent of its footprint, demolishing or reconstructing more than 35 percent of the exterior walls or structural members of a building.

- New construction or major addition requests must include estimated costs for equipment and furnishings. Equipment and furnishings cannot be separated and requested on other forms.
- Projects for enlarging a facility or completing construction of a center, estimated at \$200,000 or more, must be documented as "new construction/major addition".
- Parking lots and landscaping must be included in the plans for new construction/major addition.
- Planning and design for new construction/major addition.

**Project Summary**

*The Project Summary narrative should be at least 50 words and should include the amount of funding requested. Please give the most general description of how the funds will be used.*

Plan, Design and Construct equipment and furnish a 3000 Sq. foot addition to teh Mimbres Senior Center for the Heath, Safety and well being of teh Senior Community.

**Amount of Request:** \$ 585,000.00

**Funds Committed:** \$ 60,000.00

**Total Project Cost:** \$ 525,000.00

**Background**

*The Background narrative section, should provide the reader with an explanation of the problem that has created the need for the capital outlay funds that will be requested in this application. It should provide evidence that the problem exists as well as how the proposed project will contribute to a solution to the problem or will reduce the harmful impact of the problem. It should highlight media and government publications suggesting that the problem is a high priority and that the proposed solution is one that decision-makers support and believe in. It is important that the reader who reviews this section understands why your project should be funded over others.*

Currently in teh Mimbres Valley Seniors have only a medical center which is located seperate from the senior center. Seniors have a need for medical, dental, mental health and nutritional services without driving over 30 minutes to obtain all the services. For the health, safety and well being of teh Senior Community in the Mimbres Valley the addition is required.

- 1. Are additional funds committed for this project as match, or leverage or received prior year funding (i.e. CDBG, NMDOT 5310 Program, NMFA, or TIF)?**  
 If yes; provide the following:  
Source \_\_\_\_\_ Grant # (if applicable) \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Date Available: \_\_\_\_\_  
 No; explain: This is a new cooperative effort between Grant County and HMS
- 2. Do you anticipate any of the funds to be used for plan/design (>10%) for the new construction/major addition project?**  
 Yes; describe: Architecture workshop has been contacted  
 Do you have a schematic design? If yes, provide it as an attachment to the application.  
 No; explain: Architecture workshop has done several plans for both Grant County and HMS
- 3. Provide copy of code compliance citation(s) or other supporting documentation.**  
 Yes; describe: \_\_\_\_\_  
 No; explain: \_\_\_\_\_
- 4. State the specific health, safety, risk or hazard to the public that immediately endangers occupants of the facility?**  
 Tripping hazard, explain: \_\_\_\_\_  
 ADA compliance issue, explain: \_\_\_\_\_  
 Structural damage, explain: \_\_\_\_\_  
 Sanitary issue, explain: \_\_\_\_\_  
 Other, explain: \_\_\_\_\_
- 5. Describe how will the proposed project alleviate a risk/health and safety issue?**  
By providing the Senior Community with routine health services.
- 6. Is corrective action urgent and unavoidable?**  
 Yes; explain: \_\_\_\_\_  
 No; explain: \_\_\_\_\_

#### **Project Description**

*The following section should give the evaluator a detailed description of the project that will be funded by the requested grant. This description should explain the duration of time during which the funds will support the project, the goals of the project, how they will be achieved, how success or failure will be measured, what services you promise to deliver to what population and what results you expect to bring about.*

Hidalgo Medical Services (HMS) is taking over the Senior programs in Grant County. HMS in Hidalgo County has a one stop shop by providing a safe environment for Seniors to gather. The seniors in the rural areas have a need for medical, dental and mental health services along with nutrition. The addition to the existing Senior Center will provide this same model to the Seniors of the Mimbres Valley.

**7. Is the project ready to proceed (the site is prepared, plans are complete, infrastructure in place, the property or land has been secured):**

- Yes; describe The County already owns the land
- No; explain \_\_\_\_\_
- Do the requested funds complete a fully functional phase?  Yes  No  
If Yes, explain: \_\_\_\_\_
- Property secured; Right of way easements obtained on: \_\_\_\_\_ (date)
- Plan / Design completed by (name of contractor & date) : \_\_\_\_\_
- Construction Plan & Specs completed by (name of contractor & date): \_\_\_\_\_
- Vendor selected (name of vendor & date): \_\_\_\_\_
- Quotes/cost estimates are provided.  Yes  No
- Other; describe: \_\_\_\_\_

**8. After the completion of the project will there be additional operating and maintenance cost to consider?  Yes  No**

Explain how applicant will provide for the operation and maintenance costs?

Currently Grant County will provide maintenance cost over \$5,000. HMS will handle all operational cost.

**9. Has an evaluation for the proposed project been documented by a subject matter expert to clearly establish the criticality of need for the project?**

- Yes Date: \_\_\_\_\_ Project Evaluation is attached (required).
- No; explain: A new cooperative effort between Grant County and H.M.S

**10. During the evaluation, what findings and issues were identified?**

N/A

**11. Why is this funding necessary? Describe the outcome of not receiving this funding.**

N/A

**12. Project Budget**

Using your Project Description narrative, provide a budget breakdown that outlines projected expenses. Also include information about when the requested funds will be spent to support each activity. Example Only:

Expenditure Category	GOB Fund Request	Funds from Other Sources	Total	Estimated spend down schedule
Architectural & Engineering*	\$52,000.00		\$52,000.00	1 year
Construction	\$473,000.00		\$473,000.00	12-18 months
Equipment		\$60,000.00	\$60,000.00	12-18 months
Delivery/install				
<b>Totals</b>				

\*A&E Fees should not exceed 10-15% of the total construction budget.

**14. Describe the oversight process that would ensure timely construction and completion of the project.** Provide information about the staff who will work on the project, their experience and qualifications to perform the activities that will be funded.

*Example Only: Please customize table to reflect the proposed project activities and timeline.*

Project Timeline (Insert milestones/activities specific to the proposed project.)	Upon full execution of the Grant Agreement the following tasks will commence to meet the timeline/milestones.	Oversight/Responsible Staff
Advertise for Bids	Month 1	Jacob Zamora
Pre-Bid Meeting & Bid Opening	Month 2	Jacob Zamora
Bid Award to Contractor	Month 3	Jacob Zamora
Predesign Meeting and Notice to Proceed	Month 4	Jacob Zamora
Contract Administration	Months 1-17	Randy Villa
Substantial Completion	Month 16	Randy Villa
Submit <u>Exhibit 1 – Monthly / Final Report Form &amp; Request for Payment</u> according to contractual requirements as set forth in Articles Grant Agreement including	Months 1-17	Randy Villa

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Infrastructure Capital Improvement Plan FY 2018-2022

### Mimbres Valley Senior Center Project Summary

ID	Year	Rank	Project Title	Category	Funded to date						Total Project Cost	Amount Not Yet Funded	Amount Funded	Amount Phases?	
					2018	2019	2020	2021	2022						
31591	2018	001	Facility Interior Improvements	Senior Facilities	0	60,000	0	0	0	0	60,000	60,000	60,000	No	
<b>Number of projects:</b> 1															
<b>Grand Totals</b>		<b>Funded to date:</b> 0		<b>Year 1:</b> 60,000	<b>Year 2:</b> 0	<b>Year 3:</b> 0	<b>Year 4:</b> 0	<b>Year 5:</b> 0			<b>Total Project Cost:</b> 60,000		<b>Total Not Yet Funded:</b> 60,000		