

NOTICE OF INTENT TO APPLY FOR 2019 COLONIAS INFRASTRUCTURE BOARD FUNDING

This Notice of Intent (“NOI”) serves as 1) notification of the Applicant’s desire to apply for Colonias Infrastructure Board (“CIB”) funding for the 2019 cycle, and 2) the initial step of the registration process to access the New Mexico Finance Authority’s (“NMFA”) online application and account system, EnABLE™ (“EnABLE”) for CIB funding. CIB funding applications may only be submitted via EnABLE.

Registration involves completing this NOI and identifying the individual who will be the Primary Contact for submitting the application. The Primary Contact, upon completion of the registration process, will be empowered to create additional users for the EnABLE application system who will have access to the Applicant’s EnABLE account. ***The Primary Contact and any additional users created by the Primary Contact must be members or employees of the Applicant.***

Through this NOI, the applicant may also request access for up to two designated consultants who may assist in the application and upload documentation. Access for any additional consultants may be requested through Colonias@nmfa.net.

Upon receipt of a properly completed NOI, the NMFA will send, by email, confirmation of our acceptance of your registration, and, if applicable, our acceptance of the registration of any consultant to use EnABLE, along with an assigned User name and temporary Password. The Primary Contact will also be provided instructions on how to create additional users for the EnABLE system. To access EnABLE, a user will be asked to submit a correct User name and Password, as well as acknowledge certain terms of use.

I. APPLICANT INFORMATION:

Applicant Name:		
Applicant Mailing Address:		
Applicant Street Address:		
City:		State:
County:		Zip:
Email:		Phone:

BENEFITTING COLONIA(S):

APPLICANT LEGAL ENTITY TYPE (Check One):	
	Authority (specify):
	Municipal or County Government
	Mutual Domestic/Sanitary Projects Act Entity
	Special District (specify):
	Other (specify):

APPLICANT PRIMARY CONTACT (Authorized to and Submit Application and manage EnABLE users)		
Name:	Title:	
Mailing Address (if different from Applicant):		
City:	State:	Zip:
Email:	Phone:	

APPLICANT SECONDARY CONTACT (Primary Project Contact)		
Name:	Title:	
Mailing Address (if different from Applicant):		
City:	State:	Zip:
Email:	Phone:	

Consultant Authorized to access EnABLE application system		
Name:	Title:	
Firm:		
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	

Consultant Authorized to access EnABLE application system		
Name:	Title:	
Firm:		
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	

II. PROJECT INFORMATION

Project Name:
Amount Requested: \$ _____ (\$1.35 million maximum allowed)
<i>Note: Per CIB policy, Applicants may not receive more than 15% of the available funds in any year. The net available funding for the 2019 cycle is estimated to be approximately \$9 million, therefore, the 15% cap for the 2019 cycle is approximately \$1.35 million.</i>

Project Type – Check One That Applies

Water Infrastructure

Wastewater Infrastructure

Roads/Drainage

Flood Prevention

Solid Waste

III. PROJECT DESCRIPTION

Please provide a brief (35 words or less) description of the actual scope of work to be completed with the requested funding, the project goal, and the phase or phases to be funded.

Scope of work: () Planning () Design () Construction [Check all that apply]

Phase or Phases to be Funded:

Project Goal:

IV. DECLARATION OF PROJECT URGENCY

<p>Section 1.1 of the Colonias Infrastructure Board Project Management Policies provides additional consideration to projects determined to be Urgent Needs.</p> <ul style="list-style-type: none"> Does your project meet any of the following definitions of Urgent Needs? Check all that are applicable; <u>if Yes you must attach evidence of the urgency determination from a Cabinet Secretary or authorized designee.</u> 		
Regulatory Compliance: Projects that cure regulatory compliance issues cited by the New Mexico Environment Department.	Yes	No
Public Health Threats: Projects that address existing and imminent public health threats resulting from waterborne disease outbreak, wastewater treatment and inadequate water supply.	Yes	No
Safe Drinking Water Act Compliance: Projects that address existing and imminent threats resulting from acute and chronic risk contaminants. System must demonstrate that it has received three violations in the past year.	Yes	No
Flood and Drainage: Projects that address issues resulting from non-existent, inadequate or poorly designed infrastructure causing health and safety issues.	Yes	No
Dam Safety: Projects that correct safety deficiencies identified by the Office of the State Engineer and restore dams to a satisfactory condition.	Yes	No
Governor's Emergency Declaration: Projects that address conditions declared an emergency by a Governor's Emergency Declaration?	Yes	No
<p>Other: Projects that identify human health and safety concerns and overall degree of benefit to public health.</p> <p>Include a brief description and analysis of project need and benefit.</p>	Yes	No

V. APPLICATION RESOLUTION ADOPTION DATE: _____

PLEASE PROVIDE THE DATE of the Governing Board's Adoption or Expected Adoption of Resolution Authorizing the Submission of an application to the Colonias Infrastructure Board. *Please note that the resolution is due with the application on January 17, 2019.*

VI. ACKNOWLEDGEMENT:

I have reviewed a copy of the **CIB Project Management Policies Revised and Restated as of August 29, 2018.** I understand that I will be invited to make a brief project presentation to the Colonias Board at its meeting currently scheduled for March 19, 2019.

I CERTIFY THAT:

- I have the authority to designate a Primary Contact who is authorized to submit an application via EnABLE;
- The identified Primary Contact will have authority and ability to enroll local users to use EnABLE;
- I have the authority to allow identified consultants to access EnABLE; and
- To the best of my knowledge, all information contained in this NOI is valid and accurate.

Signature: _____
Highest Elected Official or Authorized Officer

Print Title: _____

Print Name: _____

Date: _____