

## NOTICE OF INTENT TO APPLY FOR 2020 WATER TRUST BOARD FUNDING

This Notice of Intent (“NOI”) serves as i) notification of the Applicant’s desire to apply for Water Trust Board (“WTB”) funding for the 2020 cycle, and ii) the initial step of the enrollment process to access the New Mexico Finance Authority’s (“NMFA”) online application and account system, EnABLE™ (“EnABLE”) for WTB funding. WTB funding applications may only be submitted via EnABLE.

Enrollment involves completing this NOI to identify the individual who will be the Primary Contact for submitting the application.

Through this NOI, the applicant may also request access for a Secondary Contact and up to two Designated Consultants who may assist in the application and upload documentation. Access for additional contacts or consultants may be requested through [WTBAdmin@nmfa.net](mailto:WTBAdmin@nmfa.net).

Upon receipt of a properly completed NOI, the NMFA will send, by email, confirmation of our acceptance of your enrollment, and, if applicable, our acceptance of the enrollment of any additional contacts or consultant to use EnABLE, along with an assigned User name and temporary Password. 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:

<b>Applicant Name:</b>		
<b>Applicant Mailing Address:</b>		
<b>Applicant Street Address:</b>		
<b>City:</b>		<b>State:</b>
<b>County:</b>		<b>Zip:</b>
<b>Email:</b>		<b>Phone:</b>

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

<b>APPLICANT PRIMARY CONTACT</b> (Authorized to Submit Application and Request Access for EnABLE users)		
<b>Name:</b>	<b>Title:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

<b>APPLICANT SECONDARY CONTACT</b> (Authorized to Access EnABLE Application System)		
<b>Name:</b>	<b>Title:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

<b>Consultant Authorized to Access EnABLE Application System</b>		
<b>Name:</b>	<b>Title:</b>	
<b>Firm:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

<b>Consultant Authorized to Access EnABLE Application System</b>		
<b>Name:</b>	<b>Title:</b>	
<b>Firm:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

## II. PROJECT INFORMATION

**Project Name:**

**Amount Requested:** \$ \_\_\_\_\_

*Note: Per WTB policy, Applicants may not receive more than 15% of the available funds in any year. The available funding for the 2020 cycle is estimated to be approximately \$30.3 million, therefore, the 15% cap for the 2020 cycle is approximately \$4.54 million.*

**Project Type – Check One That Applies**

- Water Storage, Conveyance and Delivery
- Watershed Restoration and Management
- Endangered Species Act Collaborative
- Flood Prevention
- Water Conservation or Treatment, Recycling or Reuse

## III. PROJECT DESCRIPTION

**Please provide the Project Location, the Scope of Work to be completed with the requested funding, the Phase or phases to be funded, and a brief description of the Project Goal.**

**Project Location:**

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

**Phase or Phases to be Funded:**

**Project Goal (35 words or less):**

## IV. DECLARATION OF PROJECT URGENCY

Section 1.3 of the Water Trust Board Project Management Policies provides additional consideration to projects that are deemed Urgent. Does your project meet any of the following definitions of Urgent (check all that are applicable) and attach evidence of the determination from a Cabinet Secretary or designee.

<b>Public Health Threats:</b> Projects that address existing and imminent public health threats resulting from waterborne disease outbreak and inadequate water supply.	<b>Yes</b>	<b>No</b>
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<b>Safe Drinking Water Act Compliance:</b> 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.	<b>Yes</b>	<b>No</b>
<b>Wildfire Public Safety:</b> Watershed projects that modify or break up fuels in such a way as to lessen catastrophic fire and its threat to public safety and damage to property?	<b>Yes</b>	<b>No</b>
<b>Dam Safety:</b> Projects that correct safety deficiencies identified by the Office of the State Engineer and restore dams to a satisfactory condition.	<b>Yes</b>	<b>No</b>
<b>Other:</b> Does your project address other conditions declared an emergency by the Governor of New Mexico or by a Cabinet Secretary of a state agency? If yes, briefly describe the emergency conditions:	<b>Yes</b>	<b>No</b>

**V. APPLICATION RESOLUTION ADOPTION DATE:** \_\_\_\_\_

**PLEASE PROVIDE THE DATE of Governing Board’s Adoption or Expected Adoption of Resolution Authorizing the Submission of an application to the Water Trust Board.** *Please note that the resolution is due with the application on October 3, 2019.* Applicants who need additional time to work through their governing body approval process may submit a draft resolution with the application and receive an extension to submit the final resolution by November 1, 2019.

**VI. ACKNOWLEDGEMENT:** I have reviewed a copy of the **Water Trust Board Project Management Policies Revised and Restated as of July 6, 2016.** I understand that I will be invited to make a brief presentation regarding the application to the Water Trust Board at its meeting expected to be held on October 29-30, 2019.

**I CERTIFY THAT:**

- I have the authority to designate a Primary Contact who will be authorized to submit an application via EnABLE;
- I have the authority to designate local users to access EnABLE;
- I have the authority to designate 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/Authorized Officer**

Print Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_