

**State of New Mexico STATE Grant Application Form**  
**RFP 23-780-P707-00700**

Complete each individual field as directed, each section is mandatory and must be completed as indicated. **Any omissions will be deemed as non-responsive and applications will be rejected. "Same as above" is not a valid response.**

Component 1

Component 2

Component 3

**Please indicate targeted communities and counties**

**Applicant Agency/Organization:**

Agency/Organization Mailing Address

Street:  City:  Zip +4:

County:  Phone:  Fax:

Project Contact Mailing Address

Street:  City:  Zip +4:

Phone:  Ext:  Fax:

E-mail:

**Project Contact:**

Title:

**Note: The person designated as the *Project Contact* shall serve as the project's point person and be responsible for receiving and responding to project related requests**

Finance Officer Mailing Address

Street:  City:  Zip +4:

Phone:  Ext:  E-mail:

**Finance Officer:**

Title:

Authorizing Official Mailing Address

Street:  City:  Zip +4:

Phone:  Ext:  E-mail:

**Authorizing Official:**

Title:

Signature

Date:

**Person responsible for reporting civil rights findings of discrimination:**

Name:

Phone:

E-mail:

**Project Summary: Summarize the program activities for the application. (750 characters maximum)**

Total Project Amount Requested: \$ 0.00

**Standard Conditions**

Non-supplanting: If the Crime Victims Reparation Commission should award funds they will be used to supplement, not supplant, other federal, state, or local funding sources during the period of the contract. Supplanting of funds is strictly prohibited.

The applicant will provide, as an attachment and as instructed in the RFP, a copy of the most recent Audit .

The applicant will provide, as an attachment and as instructed in the RFP, a copy of your agency's FY23 proposed budget.

The applicant agrees to adhere to their Limited English Proficiency (LEP) plan to address outreach and service provision to clients with LEP.

Agreement to standard subgrant conditions: To the best of my knowledge and belief, the data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the mandatory elements of the solicitation if the subgrant is approved.

**Authorized Signatory:**

Signature:

Date:

Print Name:

Title:

**State of New Mexico Crime Victims Reparation Commission FY22 Budget**

Agency

Project Period

		0.0	10.0	20.0	30.0	40.0	50.0	60.0	80.0	95.0	Total
		Personnel	Personnel Benefits	Instate Travel	Maintenance/Repairs	Supplies	Contractual/Consultants	Operation Costs	Capital Outlay	Out of State Travel/Other	
A.	State Program Budget										\$ 0.00

**State of New Mexico Crime Victims Reparation Commission Budget Narrative**

0.00	Personnel	Position	Annual Salary	Hourly Rate	Total Hrs Wk	Grant Hrs Wk	# Months	Amount
<b>TOTAL</b>								<b>0.00</b>

10.0	Personnel Benefits	Position	Itemize Description	Total Gross	SAS %	Amount
<b>TOTAL</b>						<b>0.00</b>

\*Breakout benefits individually. (i.e FICA,7.65%, WC 3%, Retirement 2%, etc.)

20.0	Instate Travel	Itemize Description	Amount
<b>TOTAL</b>			<b>0.00</b>

30.0	Maintenance/ Repairs	Itemize Description	Amount
		TOTAL	0.00

40.0	Supplies	Itemize Description	Amount
		TOTAL	0.00

50.0	Contractual/ Consultants	Itemize Description	Amount
		TOTAL	0.00

60.0	Operation Costs	Itemize Description	Amount
		TOTAL	0.00

80.0	Capital Outlay	Itemize Description	Amount
		TOTAL	0.00

95.0	Out of State Travel/Other	Itemize Description	Amount
		TOTAL	0.00

## Primary Project Components (PPC) Form

GOAL #       

--	--

MO #       

--	--

### Primary Implementing Activities, Time Line and Impact Evaluation Activities

<b>1) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>2) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>3) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

**Note: Make sure you complete a form for each and every measurable objective of your project.**

## Primary Project Components (PPC) Form

GOAL #       

--

MO #       

--

### Primary Implementing Activities, Time Line and Impact Evaluation Activities

<b>1) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>2) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>3) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

**Note: Make sure you complete a form for each and every measurable objective of your project.**

# Primary Project Components (PPC) Form

GOAL #       

--

MO #       

--

## Primary Implementing Activities, Time Line and Impact Evaluation Activities

<b>1) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>2) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>3) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

**Note: Make sure you complete a form for each and every measurable objective of your project.**



## Primary Project Components (PPC) Form

GOAL #       

--

MO #       

--

### Primary Implementing Activities, Time Line and Impact Evaluation Activities

<b>1) IMPLEMENTING ACTIVITY</b>	
<b>PERFORMED BY</b>	
<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
<b>IMPACT EVALUATION ACTIVITY</b>	
<b>2) IMPLEMENTING ACTIVITY</b>	
<b>PERFORMED BY</b>	
<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
<b>IMPACT EVALUATION ACTIVITY</b>	
<b>3) IMPLEMENTING ACTIVITY</b>	
<b>PERFORMED BY</b>	
<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
<b>IMPACT EVALUATION ACTIVITY</b>	

**Note: Make sure you complete a form for each and every measurable objective of your project.**

## Primary Project Components (PPC) Form

GOAL #       

--

MO #       

--

### Primary Implementing Activities, Time Line and Impact Evaluation Activities

<b>1) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>2) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>3) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

**Note: Make sure you complete a form for each and every measurable objective of your project.**

## Primary Project Components (PPC) Form

GOAL #       

--

MO #       

--

### Primary Implementing Activities, Time Line and Impact Evaluation Activities

<b>1) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>2) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

<b>3) IMPLEMENTING ACTIVITY</b>	

<b>PERFORMED BY</b>	
---------------------	--

--	--

<b>TIMELINE</b>	<input type="checkbox"/> 1 <sup>st</sup> Qtr <input type="checkbox"/> 2 <sup>nd</sup> Qtr <input type="checkbox"/> 3 <sup>rd</sup> Qtr <input type="checkbox"/> 4 <sup>th</sup> Qtr
-----------------	---

<b>IMPACT EVALUATION ACTIVITY</b>	
-----------------------------------	--

--	--

**Note: Make sure you complete a form for each and every measurable objective of your project.**