



**NEW MEXICO DEPARTMENT OF GAME AND FISH
OFF-HIGHWAY VEHICLE PROGRAM GRANT
APPLICATION AND INSTRUCTIONS**

New Mexico Department of Game and Fish

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Albuquerque, New Mexico 87120

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PURPOSE AND NEED

The New Mexico Department of Game and Fish Off-Highway Vehicle (OHV) Program (hereinafter referred to as “Department”), is accepting proposals for grants to be distributed from the Off-Highway Vehicle Trail Safety Fund (hereinafter referred to as “Fund”). Successful funding of grant proposals will result in agreements in furtherance of the provisions of the OHV Program as outlined in section 66-3-1001 NMSA.

Respondents to this request must use the appropriate Grant Application Form issued by the Department. The Grant Application Form is available on the Department’s website, www.B4uRide.com, or by contacting Desi Ortiz at 505-321-0858 or via email at desi.ortiz@dgf.nm.gov.

OHVs include off-highway motorcycles, all-terrain vehicles, recreational off-highway vehicles, snowmobiles, and specialty off-highway vehicles that are used for recreational purposes. The OHV Program encourages projects that maximize statewide or regional geographic benefit.

The program operates on a reimbursement basis. Please see the definition section of this Grant Application for detailed descriptions of the reimbursement process.

The OHV Grant Program provides funding to federal, state, local, and tribal (if public access/use) government agencies and qualified non-profit organizations for the purpose of advancing the provisions of the OHV Act. Grants will be for projects related to public recreational use of OHVs and OHV safety and education. If a project includes OHV areas or trails, it must be on lands open to the public for OHV use.

The program intends to award funds and enter into agreement with more than one eligible applying entity. Awarded entities may be subject to interim evaluations and review during the agreement period. Funding for the OHV Grant Program comes from the Trail Safety Fund with revenue from OHV registration fees collected in the State of New Mexico and is contingent upon budgetary approval made by the New Mexico State Legislature.

STATUTORY AUTHORITY FOR OHV GRANT PROGRAM

66-3-1018. Department; powers and duties.

B. The Department:

(8) shall accept and evaluate all applications for grants from the fund for implementation of the provisions of the Off-Highway Motor Vehicle Act. The Department shall establish criteria for grants from the fund that include consideration of the:

- (a) applicant's financial and legal status;
- (b) applicant's management plan, including specific measures to avoid or minimize environmental damage to public and private lands, and danger to users and spectators;
- (c) operating budget for the park, trail, facility or staging area;
- (d) availability of matching funds; and
- (e) public participation and input.

Applicant Financial Status: Entities must be eligible to receive payment from the State of New Mexico Department of Finance and Administration (DFA), either through transfer payments or state purchase orders. A New-Mexico-specific Form W-9 must be completed if required by DFA.

Applicant Legal Status: Federal agencies, state, local, and tribal governments, and other political subdivisions of the state and non-profit organizations as designated by the Internal Revenue Service are eligible to apply for and receive grants. Private sector or for-profit entities are not eligible to apply for and receive grants.

Applicant Proof of Eligibility: Proof of the organization's non-profit status must be submitted with the Proposal/Application Form. Provide one (1) copy of the non-profit status letter issued by the Internal Revenue Service (IRS). In the event an organization is awarded funding but is either not in compliance with the requirement that it has received a tax-exempt designation from the Internal Revenue Service, or it becomes non-compliant after an award is made, the organization shall immediately meet compliance, or it shall return all awarded funds upon written request from the Department. A proposal will not be considered if the awarded funds will result in a private benefit which is a violation of the rules, regulations, statutes, or Constitution of the State of New Mexico.

Proposal Funding: Funding for OHV grants comes from the Trail Safety Fund administered by the New Mexico Department of Game and Fish under budgetary authority granted by the New Mexico State Legislature. The maximum grant amount that can be requested by any sole applicant per proposal and application is \$20,000.00. The actual amount awarded per proposal may be less. Not all proposals will be funded. Several factors determine the amount awarded to any proposal. Factors include but are not limited to available funding, number of applicants, leverage, and the evaluation score of the proposal submitted. Awarded funds may have a match

requirement based upon the project proposal. See the definitions for “Match” and “Leverage” outlined on this application.

Agreement Effective and Termination Dates: The intent of the Department in managing the OHV Grant Program is to have all agreements effective July 1, 2023 and terminate June 16, 2024 or sooner. Commitments and eligible expenses for each awarded proposal must occur after the effective date and prior to the termination of the agreement in order to be eligible for reimbursement.


PROPOSAL SUBMITTAL REQUIREMENTS

How to apply: please read, complete, and submit the 2023-2024 Grant Instructions and Application form along with the required information defined below. The form is available for download on the Department website, www.B4uRide.com, or by contacting Desi Ortiz at 505-321-0858, or via email at desi.ortiz@dgf.nm.gov.

Due Date: 2023-2024 Grant applications will only be accepted by email at desi.ortiz@dgf.nm.gov on or before **Friday, April 7, 2023**.

Submittal package requirements: Each proposal submittal application must include:

- Completed OHV Grant application form - All parties to a consortium or partnership making application must sign. Digital signatures will be accepted.
- Project application form: Sponsor, project information, and description (scope of work) of specific project details.
- Project Budget form: Itemized specific funding requests corresponding with project components described in the scope work.
- Approval/Support: Letters of approval and expression of support for project from land management agency or landowner if applicable.
- Maps: Project vicinity map
- IRS Letter designating non-profit status
- Completed W-9 form

Submit by email to: 

desi.ortiz@dgf.nm.gov

Delivery Specifications: Friday **April 7, 2023** is the deadline for grant submissions. Please retain proof of delivery for verification that the deadline has been met.

Unacceptable proposals: Proposal packages received after the deadline will be rejected. Proposal packages missing required documents will be rejected.

DEFINITIONS

The following definitions are only for the purpose of this request for proposal.

Consortium: A complementing effort between two or more entities, all of whom are considered eligible as defined under the “Eligibility” section of this request for proposal; within a geographic area/region, industry or theme agreeing to cooperatively advertise, market, or promote OHV safety programs, enforcement, and trail or staging area development and/or maintenance, and/or restoration.

Department: New Mexico Department of Game and Fish.

Eligible Costs: Please refer to the list at the end of this request for proposal for a complete listing of eligible and non-eligible costs. Please contact the Department of Game and Fish OHV Program if clarification is needed.

Entity: Entities are non-profit 501(c) organizations or federal, state, local, or tribal government agencies located in or registered to operate in New Mexico. Legal non-profit organizations are as designated by the IRS. Proof of this designation is required by providing a copy of the status letter from the IRS with the proposal package.

Fully-executed Agreement: A fully-executed agreement is one which has been signed by the New Mexico Department of Game and Fish, and it is fully in effect and binding to the terms and conditions indicated within.

Funding Request: The amount of eligible costs to be considered for grant award. A “match requirement” may be incorporated as an agreement of the grant. See definition of “match requirement” for further explanation.

Leverage: The dollar amount or equivalent of funds, in-kind services, materials, and trail acquisition costs for this project provided by outside sources will be used to leverage OHV grants against competing applications.

Project Plan (Scope of Work): The scope of work shall identify the mission, goals, and objectives of the applying project. The scope shall also specify an implementation plan, timelines, and desired outcome on how the project will advance the provisions of the OHV Act. If a user fee will be assessed for access to the final project, that information should be included in the management plan.

Match Requirement (for comparing competing applications): The varying ratio of matching funds from the Department, depending on an applicant’s “project budget.” Match is not required but will be used as leverage against competing applications. If an awarded entity receives a grant with no match required (100%), the Department will reimburse 100% of expended eligible costs, up to the amount awarded. For example, if an entity is awarded \$20,000.00 and the entity expends \$20,000.00 in defined eligible costs, the Department will reimburse the entity \$20,000.00. If an awarded entity receives a grant with a 50% matching funds requirement, the Department will reimburse 50% of the expended eligible costs, up to the amount awarded. For example, if an entity agrees to expend a minimum of \$10,000.00 in defined eligible costs, the Department will reimburse \$5,000.00.

OHV: An Off-Highway Vehicle, as defined by the Off-Highway Motor Vehicle Act (Section 66-3-1001.1 NMSA 1978), is an off-highway motorcycle (dirt bike), all-terrain vehicle (ATV), recreational off-highway vehicle (ROV), snowmobile, or specialty OHV.

Partnership: A formal cooperative agreement between entities including, but not limited to: local government, civic, and private entities will assist in achieving the mission, goals, and objectives of the applying entity. Partners may contribute to the entity financially, by in-kind contributions or through other means as defined. A list of partners is required in the Grant Application Form. Please refer to the definition of a “Consortium” to describe those partners.

Project Budget Form: A tool for quantifying the costs in the various categories of the project.

Reimbursement-based Grant: An OHV grant is an award of money for which the awarded applicant may expend funds on eligible items as defined in the original Grant Application Form, and as defined in the agreement, and for which the expended funds must be paid (if funds are available), prior to requesting reimbursement from the State. Requests are due on a quarterly basis. See the “request for payment” section for instructions.

Sponsored Entity: A sponsored entity is one who is submitting a proposal through the use of a fiscal agent; using their non-profit status.

Total Project Costs: All costs must be represented as an entity’s entire budget for the project (not just the portion in the Grant request). The project budget should be completed on the provided Project Budget form.

OHV GRANT APPLICATION ELEMENTS

OHV Grant Application Form

Complete the OHV Grant application form in its entirety.

All parties must sign and date the form.

The 2023-2024 OHV Grant application form must be used for responding applicants. Additional pages can be added.

Statement of Need

Provide a clear description of the project, location, major budget items, and the project's contribution to the provisions of the OHV Act (one page maximum). Also include information on the consequences of not funding the request.

Project Budget/Financial Capability

Include the OHV Project Budget form provided with the application.

Provide information supporting the applicant's financial capability to complete the proposed project. Remember that grant amounts awarded are reimbursements for eligible expenses paid in full. An applicant must have the financial capability to absorb the entire costs of implementing the project. The invoices must be paid in full, and then reimbursement can be requested up to the awarded amount. A request for payment submitted in any quarter must provide itemized documentation indicating the expense has been paid and is in accordance with the proposed project. Reimbursement will be made at the match percentage level, if applicable. See "Match Requirement" for details.

Land Manager Letters of Approval

Provide if the project is located on land owned by any federal agency, including U.S. Forest Service, Bureau of Land Management, National Park Service, U.S. Army Corps of Engineers, or private owner if the project infringes on private property.

Environmental information and Approval

Provide if the project is located on land in any non-federal ownership, such as a state agency, a town or city, a county, a non-profit organization, a private owner, or corporation.

Maps and Site Plans

If applicable, provide one (1) map of the project vicinity and one (1) map of the project itself.

Acknowledgments

Acknowledge the New Mexico Department of Game and Fish OHV Program in all publications or presentations that result from work conducted under this application. During the period of this application and/or impending project, any presentations made or publications, reports, or other materials produced by the applicant for this project will not contradict the Department's mission. This mission is to "conserve, regulate, propagate, and protect the wildlife and fish within the State using a flexible management system that ensures sustainable use for public food supply, recreation, and safety; and to provide for off-highway motor vehicle recreation that recognizes cultural, historic, and resource values while ensuring public safety. The Department retains rights of review and approval on all products produced using grants from the Trail Safety Fund.

REQUESTS FOR PAYMENT

After proposals are awarded and agreements are fully executed, invoices for payments are due on a quarterly basis. Requests not submitted on or before the established deadline may be declined.

Each request for payment must include the following:

- Proof of work performed (zero-balance invoices, before/after pictures, etc.)
- Proof of payment (front or back of check or bank statement – online statement is allowable.)
- Letter on agency or organization letterhead requesting reimbursement for monies already spent. The letter should include the requested reimbursement amount and date of request.

Quarterly Due Dates

For the purpose of the OHV Grant Program, quarters, and respective due dates are as follows:

Quarter:	Invoice Due:
1st Quarter: July – September	October 15
2nd Quarter: October – December	January 15
3rd Quarter: January – March	April 15
4th Quarter: April – June	June 16 (fiscal year end requirement)

Project Tracking

A report summarizing work performed is due with or before each request for payment and at the end of each quarter. Failure to submit a completed report by the established deadline can result in a loss of funding.

ELIGIBLE COSTS VS. NON-ELIGIBLE COSTS

Eligible for Funding and Reimbursement:

- Safety and ethics education, enforcement programs including trail outreach, brochures, displays, videos, posters, trail ambassadors, safety equipment, etc.
- New Mexico-specific written, video, or other educational materials and educational programs, not to be sold, that address the impact of off-highway motor vehicles on traditional living culture, agricultural land, and private property.
- Projects that implement strategies to minimize the impacts of OHVs on or adjacent to private property, public lands, traditional living culture, individuals engaged in agriculture, hunters and anglers, or other non-motorized recreation.
- Trail projects on routes legally designated or otherwise approved by the land managing agency. A letter of support from the land management agency is required.
- Rehabilitation and maintenance of existing trails open to OHV use including:
 - Trail clearing projects on federal lands, granted that the clearing is completed to the clearing standards identified in the appropriate federal agency trail guidelines.
 - Trails legally designated by the appropriate forest plan, resource plan, or travel plan on federal lands.
 - Broad-scale maintenance with specific trail identification and specific description of work to be done.
 - Weed control related to trail projects.
- Trail projects for routes that are not currently under litigation.
- Restoration of areas damaged by OHV use.
- Rental of equipment needed to build or maintain OHV trails.
- Features to provide access for disabled individuals on existing OHV trails or at trailheads.
- Trailhead facilities such as kiosks providing regulatory, guiding, and interpretive signage on existing trails.
- Trail grading, surfacing, and drainage improvements.
- Water crossing structures, bridges, railings, ramps, and fencing.
- Bank stabilization and retaining structures.
- Trail corridor re-vegetation and erosion control.
- Trailhead facilities for motorized trails, such as parking areas, restrooms, and related facilities.

- Construction of new trails on allowable federal, state, county, municipal, private, and customized easement lands, where a recreational need for such construction is shown.
- Maintenance for combined motorized/non-motorized trails.
- Equipment for which a specific purpose in support of OHV program mission can be justified, and for which rental is not possible; i.e. shovels, rakes, etc.

Not Eligible for Funding

- Projects not open to the public, projects without NEPA approval, projects that displace fish and wildlife species or reduce habitat, or projects that don't follow the purpose of the OHV Act as determined by the Department.
- Trail construction or improvements that exclude public OHV use or trail projects on routes not approved by the appropriate land management agency or private landowner.
- Telephone expenses, IT equipment, applications and software, cameras, cases, chargers, grant writing costs, copying costs, mailing costs, etc.
- Administration - salaries, per diem (travel expenses, mileage, gasoline, meals, or lodging), cost over-runs, entertainment, supplies, taxes, personal expenses, monetary awards or donations, and other categories not specifically allowed in eligible costs.
- Items for sale - promotional items produced for sale such as CDs, DVDs, brochures, t-shirts, posters, calendars, etc.
- Equipment - Any purchase of machinery, equipment, or furnishings, any maintenance and repair of equipment or machines, or any replacement of stolen equipment.
- Trail construction or improvements that exclude OHV use.
- Anything contrary to state or federal law.
- Items purchased in multiples or quantities to stock inventories or for future use after the project period ends, such as office supplies.

APPLICATION CHECK LIST

- Application Form:** Did you include the complete, signed application form?
- Projects on Federal Land:** Did you include a signed project approval letter from each applicable land management agency?
- Projects not on Federal land:** Did you include a signed letter from each applicable property owner stating approval of your project?
- Maps/Site Plan:** Did you include a project vicinity map or a site plan for trail development, planning, research, or improvement projects?
- Other Creative Elements:** Did you show how Department and OHV Program contribution will be acknowledged?
- Budget:** Did you include a complete project cost worksheet showing sources and uses of funds?
- Did you include information supporting the applicant's financial capability to absorb the entire costs of implementing the project prior to reimbursement?
- Are all budget items eligible for funding for this application type?
- Did you include in-kind contribution for your Volunteer Labor?
- Does your packet have, in the following order?
- Application format:**
1. OHV Grant application
 2. Land Manager/Owner Approval letters (if applicable)
 3. Maps/Site plan
 4. Other creative elements
 5. Project cost worksheet
 6. Support letters and documents from project partnerships

APPLICATION FORM

Name of Project: (please limit to five words or less)	Grant Request: \$
Applying Entity Information:	
Applying entity name:	Applying entity address:
Applying entity Federal Tax ID number:	Applying entity NM vendor number:
Applying entity point of contact:	Point of contact Phone number:
Point of contact email:	Point of contact fax number:
If Applying Entity is fiscal sponsor for another entity, complete:	
Name and address of the sponsored entity:	
Sponsored Entity point of contact name, phone, and email:	
<p>CONSORTIUM APPLICANTS ONLY – List partners below: (Each member must meet the appropriate eligibility requirements)</p>	<p>Which of the partners is the fiscal agent? (The fiscal agent must be listed as “Applying Entity” above):</p>

Applying entity type:			
<input type="checkbox"/>		IRS designated not-for-profit organization	
<input type="checkbox"/>		Federal agency	
<input type="checkbox"/>		State agency	
<input type="checkbox"/>		Local agency	
<input type="checkbox"/>		Tribal agency	
Grant Category: (check one):			
<input type="checkbox"/>		Type 1: Trail or staging area development, maintenance, or restoration	
<input type="checkbox"/>		Type 2: Safety education, marketing, promotion, or public outreach	
Is this project: (check one)			
<input type="checkbox"/>		A stand-alone project	
<input type="checkbox"/>		A project in consortium with another project	
Project Location Information			
<input type="checkbox"/>		Nearest town or city:	
<input type="checkbox"/>		County:	
<input type="checkbox"/>		Township/range/section or coordinates:	
Land Ownership (Grant Type 1):			
Name of Landowner:			
<input type="checkbox"/>			
I certify that the project is under the control and tenure of the project Applicant or Sponsored Entity.			
Staging area and/or trail corridor:		<input type="checkbox"/> Fee simple	<input type="checkbox"/> Lease
Land for this project is controlled by:		<input type="checkbox"/> License	<input type="checkbox"/> Right-of-way
<input type="checkbox"/>		Land acquisition ownership to be obtained	
<input type="checkbox"/>		Other (explain):	
Trail Users (Please check all that apply):			
<input type="checkbox"/> ATV	<input type="checkbox"/> ROV (side-by-side)	<input type="checkbox"/> Motorcycling	
<input type="checkbox"/> Hiking	<input type="checkbox"/> Running	<input type="checkbox"/> Equestrian	
<input type="checkbox"/> Biking	<input type="checkbox"/> In-line skating	<input type="checkbox"/> Skateboarding	
<input type="checkbox"/> Snowshoeing	<input type="checkbox"/> X-country skiing	<input type="checkbox"/> Snowmobiling	
<input type="checkbox"/> Other:			

Trail/Staging Area information (Please check all that apply):		
Motorized recreation	Non-motorized recreation	Disability access
Motor boating	Canoeing/kayaking	Other:
Trail construction/development/maintenance information:		
Miles of new trail construction:	Miles of trail reconstruction:	
Miles of trail maintenance:	Miles of trail grooming:	
Miles of trail to be signed:	Miles of trails being planned:	
Size of new trail head (staging) construction/reconstruction	Miles of inter-connecting travel benefiting from the project	
Type of trail/staging area surface:		
Asphalt	Concrete	Other:
Native	Crusher fines	
Type of marketing effort:		
Mass media	Direct mail	Printed material
Other:		
Type of educational effort:		
Event	Education/enforcement	Safety education
Other:		
Total Project Cost:		
Grant Amount Requested (round off to nearest \$100):		

PROJECT BUDGET COST WORKSHEET

Project Cost Category	Sponsor Funds	In-kind Contributions	Total Category Costs
Design and Engineering			
Labor			
Materials			
Equipment Rental			
Subcontractor Contracts			
Purchase of Equipment			
Operator Costs			
Total Category/Project Costs			
Total Project Cost			

Important: Use space below to identify amount and sources of sponsor funds and in-kind contributions, including the value of volunteer labor, materials, maintenance, equipment purchase, rental or lease. Be specific: for labor, list the number of persons and total number of hours to complete the project. List quantities of materials and cost thereof. For rental or lease of equipment, list the item, duration of rental, and cost per item. Be as specific as possible!

BRIEF DESCRIPTION OF PROJECT REQUEST

(Please limit your description to the space provided here)

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Submitted by: Signature

Printed Name:

Printed Title:

PROJECT SCORING CRITERIA

Provide answers to each of the following five criteria on separate pages as part of the submittal packet:

1. Advancement of the Missions and Objectives of the Department:

Describe the objectives of your project and how it will advance the Missions and Objectives of the Department.

- a) What will your project accomplish?
- b) How will your project encourage responsible OHV use and address sensitivity to traditional culture, private property issues, and environmental impacts of OHV use?
- c) How will your project promote OHV safety training and education?
- d) How will your project improve or create OHV riding opportunities?
- e) Will your project provide maintenance to keep OHV riding opportunities available?
- f) How will your project promote Off-Highway Vehicle Registration Compliance?
- g) How many and what types of OHV enthusiasts will benefit from your project?
- h) If applicable, describe how your project manages multiple uses of the trail.
- i) If applicable, describe how your project provides economic and quality-of-life benefits to local communities.
- j) If applicable, describe how your project addresses access for special needs groups and people with disabilities as outlined in the federal Americans with Disabilities Act.

2. Management Plan:

Review of the management plan for this project.

- a. Management experience or work experience related to the project
- b. Project Cost Worksheet – completed form required
- c. NOTE: The grant program is reimbursement based. The applying entity must have the fiscal capacity to pay all expenses in full prior to requesting reimbursement from the State. Sources of sponsor funds on the Project Cost Worksheet are required.
- d. Timeline for the project (see quarterly reporting dates)

2A. Environment and Planning:

- a) Show how the project addresses the protection or improvement of the environment by fixing any existing problems, avoiding or minimizing impacts of the project, or both; AND describe how this project relates to plans for trail development, recreation management, transportation, and other local, state, or federal plans.
Some examples are:
 - Cleaning up, rehabilitating, or creating wildlife habitat and wetlands

- Re-routing a trail around sensitive habitat areas, and/or educating the public about wildlife concerns
- Re-vegetation of eroded areas along the trail or protecting resources
- Improving drainage structures to prevent erosion or repair damage from runoff
- Planning, design, and management that will minimize impacts to the trail environment
- Providing educational signs or kiosks at trailheads and/or along the trail
- Monitoring or researching impacts of OHV trail activities

In addition:

- b) Describe how the project meets land management agency objectives.
- c) Describe how the project relates to local, regional, or federal planning documents.
- d) Describe how the project will improve the sustainability of the trail or facility.

2B. Marketing and Promotion Planning:

- a) Target Issue(s)
 - List the specific safety program targeted
 - List the specific OHV safety issue(s) targeted
- b) Target Market(s)
 - Geographic location, age, income, education, gender, ethnicity
 - OHV product type – motorcycle, ATV, side by side, and/or snowmobile
 - OHV user experience level
- c) Define the specific SMART Goal(s) of the plan
 SMART = Specific, Measurable, Attainable, Realistic, Timely
- d) Explain the research and/or evidence used to determine the issue(s), market(s), and goal(s) of the plan.
- e) Provide distribution or media plan
- f) Provide one set of creative elements to support your project as available. Examples: samples, mock-ups, story boards, scripts, brochures, video/DVD/CD, outlines, etc.

3. Leverage through Matching Funds:

List the amounts and sources of funds, in-kind services and materials for this project that will be used to leverage this application. Even though matching funds are not required, it is the policy of the Department to encourage contributions to trail projects in order to accomplish as much as possible with the limited grants money available.

- a) Describe use of volunteers for this project; volunteer labor does qualify as a funding match but salary costs do not.
- b) Donations, contributions, materials, and other ways that this project will be leveraged

c) Funds from other types of grants - Examples: RTP or local grants

4. Partnerships:

Provide evidence of support for this project from trail users, agencies, local governments, community groups, or individuals (letters, petitions, news articles, event descriptions, etc. must be attached to your application packet).

Applicants need to demonstrate that the project has a variety of support:

- OHV users in compliance with the Act
- Organizations involved in trail activities, conservation, and outdoor interests
- Community organizations, businesses, and institutions
- Agencies and elected officials of local, state, and/or federal governments

5. Presentation of Project: Presentation and Application

Your application should be succinct and professional in its presentation.

DO NOT SEND TO
IRS - SUBMIT
FORM TO
REQUESTING
AGENCY

FCD 04/2021

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION
FINANCIAL CONTROL DIVISION
SUBSTITUTE FORM W-9



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: SUPPLIER INFORMATION

1. Name: (as shown on your income tax return). Name is required; do not leave blank.		2. Business name/disregarded entity name, if different from #1:	
3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):			
Individual / Sole Proprietorship / Single Member LLC		Government (Local, State, Federal, Tribe)	
Partnership		Tax-Exempt organization under IRC Section 501 C	
C Corporation / S Corporation		State of New Mexico Employee (Agency No.)	
Trust / Estate			
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > _____)			
4. 1099 Reporting: Services provided to the State by vendor:			
Health care or medical service	Royalties	Agency Volunteer (Agency No.)	
Attorney services	State of NM Appointed Board member /	DUAL Supplier & Active NM Employee	
Rental of Real Property	commissioner / committee member	Other	

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)			
2. Taxpayer Identification Type (check appropriate box):			
Employer ID No. (EIN)	Social Security No. (SSN)	Employee ID	N/A (Non-United States Business Entity)

PART III: ADDRESS

1. Address: (Location where payments and correspondances can be sent) (if a NM state employee, enter Agency name and Field Office Address) Address Line #1		2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable) Address Line #1			
Address Line #2		Address Line #2			
Address Line #3		Address Line #3			
City	State	Zip - 9 Digit	City	State	Zip - 9 Digit

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), **AND**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have **not** been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **AND**
- I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name	Occupation	Telephone Number
Signature	Email for receiving ACH advices	Date (mm/dd/yyyy)

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments	Type of Account	Checking	Savings
	I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.		
Signature	Printed Name		

Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from the State of New Mexico and/or you are a vendor who provides goods and services to the State of New Mexico. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, the State of New Mexico is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow the State to confirm that our records contain the official name of your business, the Tax Identification Number (TIN) that the IRS has on file for your business and business type.

Check the appropriate box(s) that this form is to be utilized and fill in the corresponding section(s) indicated next to the box(s) checked.

PART I: VENDOR INFORMATION

- 1. Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration.
- 2. DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (doing business as) name. All Others: Complete only if business name is different than Legal Name.
- 3. Entity Type** Check ONE box which describes business entity. If a current, past, or becoming a state employee, please also mark the State of New Mexico Employee box and enter the Business Unit number for the agency. Also, provide the 6 digit employee ID as assigned in SHARE HCM in the Part II Taxpayer Identification Number (TIN) & Taxpayer Identification Type section and mark the Employee ID box.
- 4. 1099 Reporting** Check the appropriate box that applies to the type of services being provided to the State. If the type of service is not specifically stated, enter the type of service in the Other box.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

- 1. Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
 - a. TIN** is always a 9-digit number. Provide the Social Security Number (SSN) assigned by the Social Security Administration (SSA) or the Federal Employer Identification Number (FEIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
 - b. Employee ID** is always a 6-digit number. Provide the employee ID assigned by the State of New Mexico for payroll processing in SHARE HCM.
- 2. TIN Identification Type** Mark the appropriate box for the TIN provided above.

PART III: ADDRESS

- 1. Address** Where correspondence, payment(s), purchase order(s) or 1099s should be sent.
 - a. Employees** If a current employee, please provide this following:
 - i. Address Line #1:** State Agency Name
 - ii. Address Line #2:** Field Office Mailing Address
 - iii. Address Line #3:** N/A
 - b. CDBG** When providing a Community Development Block Grant (CDBG) remittance address, enter CDBG on line #1 and entities remittance address in address line #2
- 2. Remittance Address** If different than Address
- 3. Zip Code and Phone Number** The 5 + 4 code will be required to be entered for all zip codes. If the last 4 digits are unknown, then 4 zeros (0) can be entered. Do not enter the "-" as part of the zip code. When entering the phone number, only enter the 10 digit number. Do not enter the "(")" or "-" as part of the phone number.

PART IV: CERTIFICATION

By signing this document you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the New Mexico State Employee for which the vendor account is established.

Identifying information is required of the person signing the form.

PART V: OPTIONAL DIRECT DEPOSIT (ACH) You may elect to receive payments from the State of New Mexico through Automated Clearing House (ACH) direct deposit. Please provide a copy of a voided check or letter from financial institution with the banking information. Without one of the two items, ACH information WILL NOT be entered and payments will be made by warrant. Select the type of account being provided.

I Acknowledge Print name and sign to acknowledge the IAT warning and to authorize the State of New Mexico to initiate direct deposit of funds to your financial institution provided.

Privacy Act Notice Section 6109 requires you to furnish your correct TIN to persons who must file information