



**New Mexico Hunter Education
Online Hunter Education After School Program
Grant Instructions & Application
2017-2018**

New Mexico Department of Game and Fish
3841 Midway Place NE
Albuquerque, New Mexico 87109

Department Contact:
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NEW MEXICO ONLINE HUNTER EDUCATION AFTER SCHOOL PROGRAM GRANT APPLICATION

The New Mexico Department of Game and Fish (Department) is accepting grant proposals for the facilitation of an Online Hunter Education After School Program (Program) for the school year of 2017-2018. Successful funding of grant proposals will result in agreements in furtherance of the provisions of the Department's Hunter Education Program as outlined in Sections 17-2-33 through 17-2-35 NMSA of the Hunter Training Act. Respondents to this request must utilize the appropriate Grant Application Form issued by the Department that is included in the Grant Application Packet. The Grant Application Form is also available on the Department's website at www.wildlife.state.nm.us/education/hunter-education, by contacting Jennifer Morgan at 505-222-4722, or via e-mail at jennifer.morgan@state.nm.us.

The Department will provide funding to schools for the purpose of advancing the provisions of the Hunter Training Act. Grants will pay stipends for faculty training, planning, preparation and facilitation of the online hunter education course as an after school program. The Program is designed as an online course facilitated by teachers, faculty or individuals sponsored by the school ("partners") that will be trained and certified by the Department. The grant program operates on a reimbursement basis only. Schools are not required to provide upfront costs to participate in the Program. Please see the definition section of this Grant Application packet for detailed descriptions of the reimbursement process.

The Department intends to award funds and enter into agreements with all schools that meet the grant funding criteria. Schools selected for awards may be subject to interim evaluations and review during the agreement period.

Funding for this grant program is derived from hunters, anglers, and trappers and the federal excise dollars collected by the Pittman-Robertson Fund. Funding is contingent upon budgetary approval made by the New Mexico State Legislature and the Department.

DEFINITIONS

The following definitions are for the purpose of this Grant Application

DEPARTMENT

New Mexico Department of Game and Fish.

ELIGIBLE COSTS

Please refer to the section at the end of this guide for a complete listing of eligible and non-eligible costs. Please contact the Department's, Hunter Education Program if clarification is needed.

ENTITY

Refers to the type of applicant applying for the Program grant whether it be a public, private, charter school or a school district.

CONSORTIUM

A complementing effort between a school or district, all of whom are considered Eligible as defined under the "Eligibility" section of this grant application, and an outside entity, group or person(s).

FUNDING REQUEST

The Grant Application requires the applicant to list all expenses associated with implementing the Program. Only eligible costs will be considered. Please see the section at the end of this packet for a description of eligible costs.

FULLY EXECUTED AGREEMENT

An agreement that has been signed by the Department and the selected entity (school or district administrative representative). An executed agreement will be binding on the parties as to its terms and conditions.

GRANT APPLICATION FORM

The Department form used to apply for the grant. The Grant Application Packet is available on the Department website at www.wildlife.state.nm.us/education/hunter-education, by contacting Jennifer Morgan at 505-222-4722, or via e-mail at jennifer.morgan@state.nm.us. Proposals submitted in another format will NOT be considered.

INFORMATION STATEMENT

The Information Statement is contained within this Grant Application packet. The Information Statement is a statement by the school or district of the significance to the student body in implementing a hunter education after school program. An Information Statement provides the school's location, student grade level(s) the grant will target, and budget items the grant will fund. The statement should include information on whether the school has in-place computer workstations to administer an online hunter education program and identify who will be facilitating the program (e.g. teachers, faculty, sponsors/partners) for the Entity. The statement should also include the possible consequences of denial of the grant.

PARTNER

A formal cooperative agreement between entities or individuals including, but not limited to; local government, civic and private entities that will assist in achieving the mission, goals and objectives of the applying Entity for the administration of this Program. Partners may contribute to the Entity via in-kind or through other means as defined. If an Entity utilizes sponsors/partners, they must be identified in the Grant Application Form to be considered. Please refer to the definition of a "Consortium" to describe those partners.

REIMBURSEMENT BASED GRANT

A reimbursement grant provides funding to grant recipients after expenses have been incurred. The entity awarded the grant must follow the procedures as outlined in the Grant Application to obtain reimbursement. Reimbursements are provided after the Entity has submitted the required documents to verify expenses. The following is an example of the start to finish reimbursement based grant process: 1. An Entity submits a completed Grant Application Form. 2. The application is reviewed and evaluated by the Department. 3. A decision is made by the Department to award funds. 4. The successful Entity is informed via written correspondence if funds are awarded and the process of entering into an agreement begins. 5. The Entity is provided training by the Department to administer the Program. 6. The Entity administers the Program. 7. The Entity completes and submits the required documentation to receive reimbursement. 7. The Entity is reimbursed by the State for services rendered for administering the Program.

Funds must be expended on eligible items as defined in the Grant Application and as defined in the agreement. The Program facilitation must be complete and the completion forms submitted prior to requesting reimbursement from the Department. Requests are due within 30 days upon facilitation completion.

I. Entities Eligible for Funding

A. Public, private, local charter or state charter and A,B,C,D,F Schools

B. School Districts on Behalf of One or More Schools

- i. Applications on behalf of more than one school will be considered one application. If a district would like to be considered for funding for more than one site then separate applications by site are required. Preference is not given to a single school application or a multi school application.

C. Not Eligible. For Profit Entities.

*In the event a school or district is awarded funding but becomes non-compliant after an award is made, the school or district shall immediately take the steps needed to become compliant or the school shall become ineligible and must return all awarded funds upon written request from the Department.

Proposals submitted that would result in a private benefit would be considered to be in violation of the anti-donation clause and will not be considered for selection of an award.

II. Selection Criteria

A. Faculty or Individuals Sponsored by the School (“Partners”) Who Wish to Teach Students Proper Hunter Education Safety

- a. The School or District must include in the Grant Application the name(s) of faculty members and or outside sponsors/partners interested in becoming certified as facilitators for the Program. Outside partners (non-faculty) should be at least 21 years of age and keenly interested in promoting hunter education safety and responsible outdoor behavior. Online hunter education facilitation certification will be provided by the Department to all interested partners.
- b. If a school utilizes sponsors/partners that are not a public, private or charter school employees, the Principal and or Superintendent of the school or district must provide a

written endorsement of the non-faculty partner in order for the partner to become a facilitator for Program.

- a. Non-school employee partners will be subject to a thorough background check administered by the Department.
- b. Non-school employee partners may be subject to complete a facility use form at schools discretion.

B. Appropriate Workstations to Facilitate the After School Program

- a. Schools must provide and maintain a computer lab and/or classroom facility including any and all necessary computers/laptops, software, internet capabilities, audio components and monitors for one workstation per registered student per after school online session.

C. Application & Information Statement

- a. Information in the application showing the grade levels that will benefit from the funding. Grade levels associated with this program are 5th -12th grade with participating student age limits set from 11 – 18 years of age at time of the session.
- b. The number of hours it should take each grade level to complete the online course are as follows:
 - i. 5th Grade: up to16 hours.
 - ii. 6th – 8th Grade: up to14 hours.
 - iii. 9th – 12th Grade: up to12 hours.

III. Funding

Funding is available from the Department and budgetary authority granted by the New Mexico State Legislature and will be awarded to qualified applicants on a first-come first serve basis. The Department will reimburse the district and or the school the eligible costs associated with the administration of the after school program. It is then the responsibility of the district, and or the school, to distribute appropriate payment(s) to the teacher(s), faculty, and or partner(s).

- Maximum grant amount **\$3,000.00**.
- Grant amounts will be based on several factors including, but not limited to, available funding and number of applicants. Awards requested may be less than \$3,000.00.

IV. Grant Period

After a school is selected for an award the school (or District) will enter into an agreement for Hunter Education Services with the Department. Agreements for Hunter Education Services will be effective at any time starting after **August 18, 2017**, and thereafter and shall terminate anytime up to and including **June 30, 2018**.

Commitments and eligible expenses must be incurred after the effective date of the agreement and prior to the termination of the agreement in order to be eligible for grant funding.

V. Proposal Submittal

A. Proposals Must be Submitted by Mail, Electronic or Hand Delivered.

B. Proposal Deadline. Proposals may be submitted at any time via mail, electronically or hand delivered starting **August 18, 2017 through April 30, 2018**. Applicants are advised to retain

proof of delivery (eg. certified mail, return receipt requested). Applications postmarked or received after **April 30, 2018** will be returned to the Applicant. Grant funding will be awarded on a first-come basis.

C. Proposal Packet. Each applicant shall submit each of the following:

1. **Application Form.** Applicant will include an Information Statement in the application. The Information Statement should provide a clear and brief statement of the importance of implementing the Program for the applicant's student body. The statement should provide the applicant's location, student grade levels the grant will assist, and budget items the grant will fund. Applicants should also include any information on the consequences of not having a request funded.
2. **Cost Worksheet.** The Cost Worksheet should provide detailed information on the costs estimates necessary to fund the Program. This should include a calculation of the compensation necessary for a faculty member or partner to administer the Program and the compensation necessary for faculty or partner preparation of classes. Applicants should also include a line item for the appropriate percentage payment of employee benefit contributions and federal taxes for faculty who are members of the Educational Retirement Board. You may need to work with your school administrator or school/district business office to obtain these amounts.
3. **W-9 Form.** Note: some schools or districts may already be an approved vendor with the State. If your school or district is currently an approved vendor with the state you will not need to resubmit this form. If your school or district was previously registered as an approved vendor and that registration has lapsed you will need to resubmit a W-9. Please note that the processing time for W-9 applications may run approximately 30 days. Schools must use and submit the attached, approved W-9 form included in this grant packet. Other W-9 forms will be rejected.

D. Signatures. Applicants should ensure that the grant application form is completed in its entirety. This includes ensuring that all required parties have signed and dated the form (e.g. Principal, Superintendent, Director).

E. Forms. To apply for this grant opportunity, please submit the appropriate Grant Application Form. The form is available on the Department website www.wildlife.state.nm.us/education/hunter-education, or by contacting Jennifer Morgan at 505-222-4722, or via e-mail at jennifer.morgan@state.nm.us. The only acceptable alterations to the form are changes to the margins and adjusting the size of the paragraphs. Additional pages should not be added. Applications may be rejected for not providing the necessary information to the Department and by not completing the form correctly.

F. Submission Address.

**NEW MEXICO DEPARTMENT OF GAME AND FISH
Attention: Jennifer Morgan, Hunter Education Program Manager
3841 Midway Place NE
Albuquerque, NM 87109**

Electronic submissions send to: jennifer.morgan@state.nm.us

Applications submitted without the required items above will be deemed **INCOMPLETE** and returned to the applicant.

After selection all applicants/entities must agree to sign the Department's grant agreement in order to be eligible for funding.

Please submit your completed Grant Application by clearly marking on the exterior envelope/package or in the email subject line: **ONLINE HUNTER EDUCATION GRANT APPLICATION 2017-2018.**

VI. Requests for Payment.

- A. Reimbursement.** Each Program session must be completed prior to submitting a request for reimbursement along with the required supporting documents. A request for payment submitted must provide itemized documentation indicating: how many hours were documented for faculty/partner training, planning and preparation time and how many hours were documented for faculty/partner facilitation for the Program. Reimbursement will be made based on the items listed on the submitted reimbursement request and supporting documentation.
- B. Reimbursement Deadline.** Following implementation of a Program, a reimbursement request for payment is due within 30 days upon completion of each Program session. Reimbursement packets not submitted on or before the established 30 day deadline may be declined. A Program session consists of a series of after school sessions making up one online hunter education course.
- C. Reimbursement Request Packets Must Include the Following Documents:**
- i. The facilitator is responsible for completing a final report at the end of each session (final report document is provided by the Department to each trained facilitator(s)). This document must have the original signature(s) of each facilitator(s) and provide proof of work performed and documented hours.
 - ii. The school/district administrator must submit an accompanying letter on school or district letterhead requesting reimbursement for the corresponding, completed Program session. The letter should include the total requested reimbursement amount, list the facilitator(s) conducting the Program, and reflect the amount of hours and type of hours submitted on the Final Report to conduct the Program along with the date of request.
 - iii. A brief report summarizing work performed and accomplished by the facilitator(s), how many students participated, any issues that may have arose. Failure to submit a completed report by the established deadline can result in a loss of funding.
- Failure to submit a completed report by the established deadline can result in a loss of funding.
- D. Program Evaluation.**
- i. At the end of a grant segment each participating school/district must complete an over-all Program evaluation (document provided by the Department).

VII. ELIGIBLE COSTS

- A. Course Facilitation** (Compensation for Facilitator-Direct Student Interaction). All facilitators are required to provide instruction in a classroom setting that is compliant with all school and school district policies and all applicable state and federal laws.

- B. Facilitator Costs** (Faculty/Partner training, planning, preparation, i.e. Non-Direct Student Interaction).
- C. Taxes and Certain Employee Benefits.** Schools will be reimbursed for the approved hourly facilitator compensation amounts (gross pay) along with the associated costs of Social Security, Medicare, Educational Retirement Board (ERB) contributions and Retiree Health (RH) Care contributions.

These costs must be factored into the Cost Worksheet funding request to be considered for reimbursement. Schools and/or districts who utilize partners (non- faculty) as facilitators will most likely engage such facilitators through an independent contractor agreement and will therefore not likely be required to reimburse the partner for these types of additional costs. You may need to work with your school administrator and/or school/district business office to factor these costs into your Cost Worksheet.

***Note** If a school chooses to offer more than one after school opportunity per school year and/or requires more than one facilitator to offer each Program session, these costs must be reflected when submitting the Cost Worksheet funding request.

***Note** Schools may wish to enter into independent contractor agreements with their individual sponsors/partners which outline the compensation for facilitation. The Department recommends that any such compensation should be within the guidelines set forth in the most recurrent established set of Occupational Wage & Survey Guidelines.

VIII. INELIGIBLE COSTS

- A. Materials.** Envelopes and supplies.
- B. Communication Expenses.** Telephone expenses, internet expenses etc.
- C. Administration.** Faculty salaries, per diem (travel expenses, mileage, gasoline meals or lodging), overtime, entertainment, taxes and other categories not specifically allowed in eligible costs.
- D. Educational Items.** Items produced for sale such as video/CD's/DVD's, brochures, posters, etc.
- E. Equipment.** Any purchase of equipment and or furnishings, computer equipment, software, office furnishings, utility fees, facility maintenance fees.
- F. Food.**
- G. Any Item or Service in Contravention of State or Federal Law.**

GRANT APPLICATION CHECK LIST

Application Form:

_____ Is the application form fully complete and included?

Budget:

_____ Are all budget items eligible for funding for this application type?

_____ Is a complete Cost Worksheet form included showing uses of funds?

Copies:

_____ Are there two (2) copies of the application form, letters, cost worksheet, and W-9's if being mailed?

_____ Are signatures included on necessary forms?

_____ Is the required W-9 on the correct form provided by the Department?

Application Format:

_____ Are the copies of your application packet in the following order?

- NM Online Hunter Education After School Program Grant Program Application Form
- Cost Worksheet form
- Superintendent and or Principal endorsement letter of participating Entity partner(s)
- W-9's

**APPLICATION FORM
2017-2018 ONLINE HUNTER EDUCATION AFTER SCHOOL GRANT PROGRAM**

Full Name of School or District: _____ Date _____

ENTITY GRADE LEVEL:

Check ALL that apply:

Elementary School Middle School High School

APPLICATION ENTITY TYPE

Public School Private School Charter School

APPLICANT ENTITY

Name and address of the Applicant Entity:

Principal: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Federal Tax ID Number: _____

State Tax ID Number: _____

COMPUTER LAB/CLASSROOM INFORMATION :

The following workstation will be provided to each registered after school program student (Please check all that apply and include an approximate amount of each item)

Laptops Headphones Other _____

Desktops w/monitor Keyboards Other _____

Disability Access (Briefly describe accommodations that are provided to students with disabilities such as alternate testing formats, etc.) _____

APPLICATION FORM
2017-2018 ONLINE HUNTER EDUCATION AFTER SCHOOL GRANT PROGRAM

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BRIEF BUT DETAILED DESCRIPTION OF INFORMATION STATEMENT: (Please refer to the Definitions section for the information required in this section. Please limit your description to the space provided here:

STAFFING: In the space provided identify the faculty and or sponsors/partners that will become trained facilitator(s) with the Department to administer the after school program.

Faculty Name: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Faculty Name: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Faculty Name: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Partner Name: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

Partner Name: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

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STUDENTS SERVED/FACILITATION HOURS: In the space provided below, please describe, 1.) the percentage of the targeted student population (e.g., number of students in the school that you anticipate will be served by the Program, 2.) Hours of operation including: a.) number of days during the week the Program will be offered, b.) the daily hours of operation, and c.) number of weeks during the 2017-2018 school year the Program will be offered. Include a clear rational for the number of students served and the hours of operation for the proposed Program.

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SCHOOL/DISTRICT ASSURANCE

Required signatures include the school district superintendent/director of charter school and the principal of the school(s) in which funds will be utilized. The application will not be considered complete without all required signatures.

We the undersigned assure that:

1. The information included in the enclosed application packet is true and accurate.
2. We will participate in all evaluation activities associated with the Program during the funding period.
3. The monies received as a result of this grant will be utilized for facilitation of the Program in the school/district included in this proposal.
4. The monies received as a result of this grant will be utilized for the Program and will be expended by June 30, 2018.
5. We agree to comply with all the guidelines associated with this grant as presented by the New Mexico Department of Game and Fish.
6. We agree to comply with all existing and appropriate local, state and federal guidelines.

School Name: _____

Superintendent/Director of Charter Signature

Date

Principal Signature

Date

Received by the Department:

Hunter Education Program Manger

Date

2017-2018 ONLINE HUNTER EDUCATION AFTER SCHOOL GRANT PROGRAM

Cost Worksheet

On the budget form below provide an exact and detailed calculated cost for each expense. Please provide support in the justification column for how you arrived at the amount. You may need to work with your school administrator and/or school/district business office to obtain the information required for this document.

<u>Description</u>		<u>Justification</u>
Compensation for Direct Costs- Student Instruction By The Facilitator	Total Amount:	(Include description and estimated time and costs to include # of staff and hourly rate)
Compensation for In-Direct Costs- Planning/preparation/ Training of the Facilitator	Total Amount:	(Include description and estimated time and costs to include # of staff and hourly rate)
Other Compensation: (this may include employee benefits including Social Security; Medicare; ERB; RH)	Total Amount:	(Include formula for determining compensation- e.g., # staff x hourly rate x anticipated hours; benefits %, etc.)

GRANT REQUEST	
Amount Requested (round off figure to the nearest \$100):	
TOTAL PROJECT COST	\$ _____
GRANT REQUEST AMOUNT	\$ _____

REMIT TO address for payment reimbursement (this must match the address on the W-9):

DO NOT SEND TO
IRS - SUBMIT
FORM TO
REQUESTING
AGENCY

FCD 04/2016

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



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION

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

PART I: VENDOR INFORMATION		
1. Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028) <input style="width:90%; height: 15px;" type="text"/>	2. If you use a DBA/Trade Name, please list below: <input style="width:90%; height: 15px;" type="text"/>	
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):		
<input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Single Member / LLC (Individual) <input type="checkbox"/> Government (Local, State, Federal) <input type="checkbox"/> Partnership General / LLC <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Corporation / Professional Corporation / LLC <input type="checkbox"/> Tax-Exempt organization under IRC Section 501 C <input style="width: 50px;" type="text"/> <input type="checkbox"/> Non-United States Business Entity <input type="checkbox"/> State of New Mexico Employee (Enter BU) <input style="width: 50px;" type="text"/>		
4. 1099 Reporting: Services provided to the State by vendor, if not applicable skip:		
<input type="checkbox"/> Health care or medical service <input type="checkbox"/> Horse hire / NM Employee <input type="checkbox"/> Agency Volunteer (specify agency) <input style="width: 50px;" type="text"/> <input type="checkbox"/> Legal or attorney services <input type="checkbox"/> Urban search & rescue member <input type="checkbox"/> State of NM Appointed Board member / commissioner / committee member <input type="checkbox"/> Rental of Real Property <input type="checkbox"/> Royalties		
PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE		
1. Enter your TIN here (DO NOT USE DASHES) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		
2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Employee ID <input type="checkbox"/> N/A (Non-United States Business Entity)		
PART III: ADDRESS		
1. Address: (if a state employee, enter Agency name and Field Office Address) Address Line #1 <input style="width:95%; height: 15px;" type="text"/> Address Line #2 <input style="width:95%; height: 15px;" type="text"/> Address Line #3 <input style="width:95%; height: 15px;" type="text"/> City <input style="width: 30%; height: 15px;" type="text"/> State <input style="width: 10%; height: 15px;" type="text"/> Zip + 4 Code <input style="width: 30%; height: 15px;" type="text"/>	2. Remittance Address, IF DIFFERENT: Address Line #1 <input style="width:95%; height: 15px;" type="text"/> Address Line #2 <input style="width:95%; height: 15px;" type="text"/> Address Line #3 <input style="width:95%; height: 15px;" type="text"/> City <input style="width: 30%; height: 15px;" type="text"/> State <input style="width: 10%; height: 15px;" type="text"/> Zip + 4 Code <input style="width: 30%; height: 15px;" type="text"/>	
PART IV: CERTIFICATION		
Under penalties of perjury, I certify that: 1. 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 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have <u>not</u> 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 3. I am a U.S. Citizen or other U.S. person. <p style="text-align: center;">The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding</p>		
Printed Name <input style="width:95%; height: 15px;" type="text"/>	Printed Title <input style="width:95%; height: 15px;" type="text"/>	Telephone Number <input style="width:95%; height: 15px;" type="text"/>
Signature <input style="width:95%; height: 15px;" type="text"/>	Email <input style="width:95%; height: 15px;" type="text"/>	Date (mm/dd/yyyy) <input style="width:95%; height: 15px;" type="text"/>
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 <input checked="" type="radio"/> Checking <input type="radio"/> 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 <input style="width:95%; height: 15px;" type="text"/>		Printed Name <input style="width:95%; height: 15px;" type="text"/>
PART VI: OFFICE USE ONLY		
OFFICIAL / POC USE ONLY BUSINESS UNIT <input style="width: 30%; height: 15px;" type="text"/> DATE (mm/dd/yyyy) <input style="width: 30%; height: 15px;" type="text"/> PHONE NO. <input style="width: 30%; height: 15px;" type="text"/> POC (Print name) <input style="width: 30%; height: 15px;" type="text"/> POC Initials <input style="width: 30%; height: 15px;" type="text"/>	DFA / FCD USE ONLY <input style="width: 100%; height: 15px;" type="text"/>	

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, then leave blank.

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, provide bank name in address line #1 and physical 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