

MEMORANDUM

TO: Santa Fe Board of County Commissioners

FROM: Lisa M. Garcia
Steve Shepherd
SF County Health & Human Services Division

DATE: July 26, 2011

RE: Resolution #2011-_____; A Resolution Creating and Defining the
Duties of the Santa Fe County Maternal and Child Health Planning
Council

Issue:

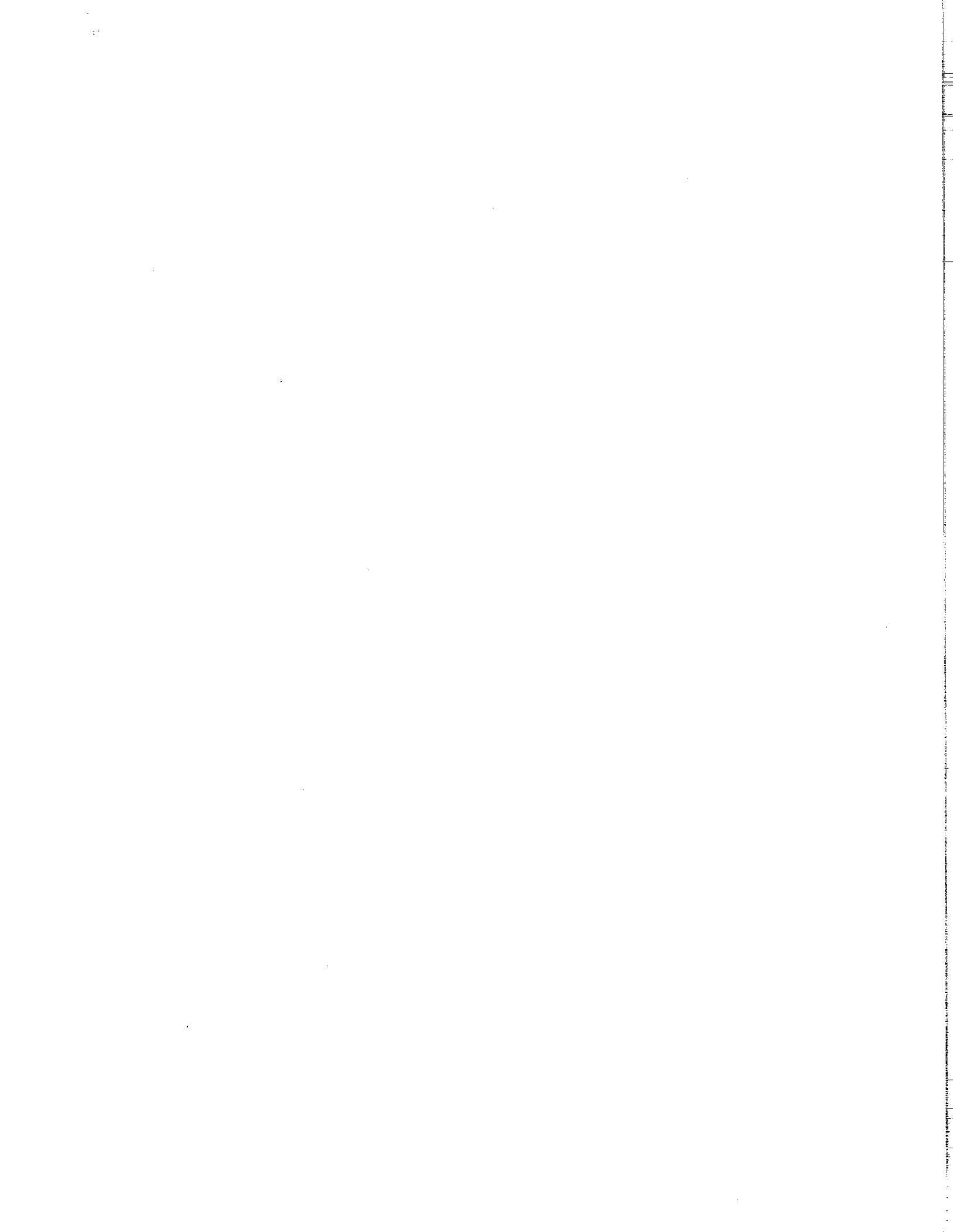
Members of the Santa Fe County Maternal and Child Health Planning Council (the "Council") worked collaboratively for a number of months to create a resolution that defines the purpose, functions, membership, structure and administrative functions of the Council. The resolution is presented to the Santa Fe Board of County Commissioners for consideration.

Background:

The Council was originally created by appointment of twelve (12) members at the June 21, 1991 meeting of the BCC. At that time the BCC intended to increase the Council by an additional eight (8) members. The purpose and function of the Council was generally defined by the County Maternal and Child Health Plan Act and Regulations promulgated by the Secretary of the Health Department pursuant to the authority granted by the Act.

The Santa Fe County Council has a desire to specify the purpose, functions, membership, structure and administrative functions of the Council and therefore have developed a Resolution for the BCC consideration.

The membership of the Council is suggested by the Act. Specifically, the Act recommends that members of the planning council shall be selected to represent a broad spectrum of interests that may include elected officials, tribal officials, community-based program providers, childbearing and parenting families, residents, local school administrators, local political leaders, employees of the income support office, employees of the county field health office, maternal and child health care providers, obstetricians, family physicians, nurses, mid-level providers and hospital administrators.



Although the County typically limits the number of committee members to seven (7), the Council is requesting the County approve a membership of nine (9) persons that generally can represent the list above.

Highlights of the Resolution include:

- Membership is set at nine (9) persons and includes Term Limits of two (2) consecutive terms.
- Membership will be suggested that represents a broad spectrum of interests, the diversity of the community and most importantly persons who have knowledge and experience with the services necessary to meet the needs of child-bearing women, infants between 0-3 and their families.
- The core functions of the Council are to provide programmatic input, support the development and maintenance of programs, participate in the development of an ongoing County Maternal and Child Health Plan, promote cooperation among health entities and seek funding for maternal and child health needs in Santa Fe County.

Staff Recommendations:

Staff recommends that the Santa Fe Board of County Commissioners approve the Resolution to define the purpose, functions, membership, structure and administrative functions of the Council.

SANTA FE COUNTY

Resolution No. 2011 –

A RESOLUTION RELATED TO THE MATERNAL AND CHILD HEALTH PLANNING COUNCIL TO DEFINE ITS PURPOSE, FUNCTIONS, MEMBERSHIP, STRUCTURE, AND OTHER REQUIREMENTS

WHEREAS, the Board of County Commissioners (BCC) recognizes the importance of developing comprehensive, community-based maternal and child health services to meet the needs of childbearing women and their families;

WHEREAS, active public involvement of County residents can augment the County's ability to participate in planning for and delivering services to children aged 0-3 and their families;

WHEREAS, Section 24-1B-4 NMSA 1978 authorizes the BCC to establish a County maternal and child health planning council;

WHEREAS, in 1991 the BCC appointed members to the Maternal and Child Health Planning Council ("Council");

WHEREAS, in 1992, the BCC by Resolution No. 1992-83 established a separate fund entitled the County Maternal and Child Health Planning Act; and

WHEREAS, the BCC recognizes the importance of clearly defining the purpose, functions, membership, structure and other responsibilities of the Council.

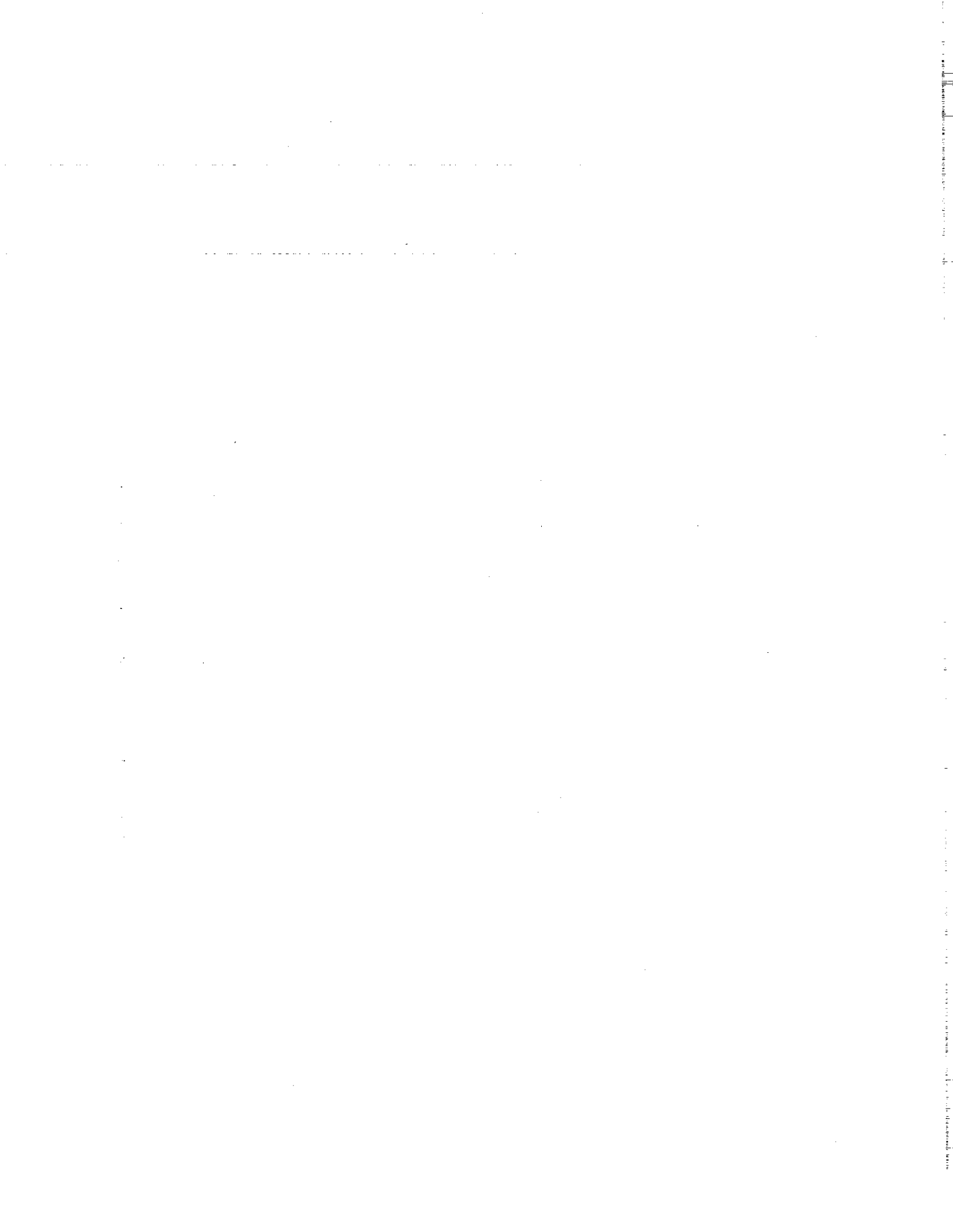
NOW, THEREFORE, the Board of County Commissioners hereby proclaims as follows:

1. The Maternal and Child Health Planning Council shall be organized as set forth herein and shall have the authority and purpose as set forth herein.

2. Any resolution or policy of the County that is inconsistent herewith shall be, and hereby is, rescinded.

3. The express purpose of the Council is to plan, coordinate and support comprehensive and sustainable community-based maternal and child health programs, infrastructure and funding resources that have a positive and lasting impact on the health and well-being of childbearing women and their families.

4. The duties and responsibilities of the Council are to:



- a. Assist the Santa Fe County Health and Human Services Division by providing input on programmatic and health issues specifically focused on the 0-3 aged population and their families;
- b. Provide support for the development and maintenance of comprehensive, community-based maternal and child health services to meet the needs of childbearing women and their families and thereby improve the long-term health of Santa Fe County residents by mobilizing and supporting community resources as deemed necessary;
- c. Participate in the development of a County maternal and child health plan, as that plan is defined in Section 24-1B-5 NMSA 1978, in order to promote comprehensive community-based maternal, child and family health services. The plan shall include recommendations for priorities identified by focus groups and needs assessments as part of the updating of the community profile and health plan, which will occur at least every two years;
- d. Advise the BCC on matters of maternal, child and family health when requested to do so;
- e. Maintain a working relationship with the BCC and Health Policy and Planning Commission;
- f. Coordinate identified strategies to address the priorities as identified in the most current plan;
- g. Promote cooperation among various maternal/child health entities;
- h. Form partnerships with entities that have a similar focus for more comprehensive planning; and
- i. Seek funding to address the maternal and child health issues and needs in Santa Fe County.

5. Members will be selected by the Board of County Commissioners after considering letters of interest, qualifications, county-wide representation, and advice from the Santa Fe County Health & Human Services Division staff. Members should be of diverse backgrounds, representative of the varied interest and expertise with issues affecting children from 0-3 and their families; including health promotion, disease and behavioral risk prevention, and healthcare provision targeted to the 0-3 population and their families.

6. The Council shall be made up of nine (9) members appointed by the BCC. Of the initial appointments, five (5) shall serve for a two year term, and four (4) shall serve for a three year



term. Subsequent terms shall be for three years to maintain staggering of terms. Members shall be limited to two (2) consecutive terms. The chairperson shall serve for a two year term and shall be selected by majority vote of the members of the Council. Vacancies shall be filled for the remainder of the unexpired term. Members may be removed by the BCC with, or without cause.

7. All Council members shall reside within Santa Fe County and shall represent the following entities according to the County Maternal and Child Health Plan, Section 24-1B-4. The membership may include county officials, community-based program providers, childbearing and parenting families, local school administration, local political leaders, employees of the income support office, employees of the county field health office, maternal and child health care providers, obstetricians, family physicians, nurses, mid-level providers and hospital administrators. One member shall reside in each of the Commission Districts in order to provide diversity of representation; the remaining members shall be at large and may reside in any area of the County and be nominated by any Commissioner. Notwithstanding the geographic distribution of the members, all members shall be charged with representing the best interests of the County as a whole.

8. A non-voting membership opportunity will be available to community members that can't make the long-term commitment to the Council. These members will not be appointed by the BCC but can serve as a representative of a community based entity that provides maternal and child health services. They will be providing insight to the needs of families with young children and provide guidance to Council members when addressing critical issues.

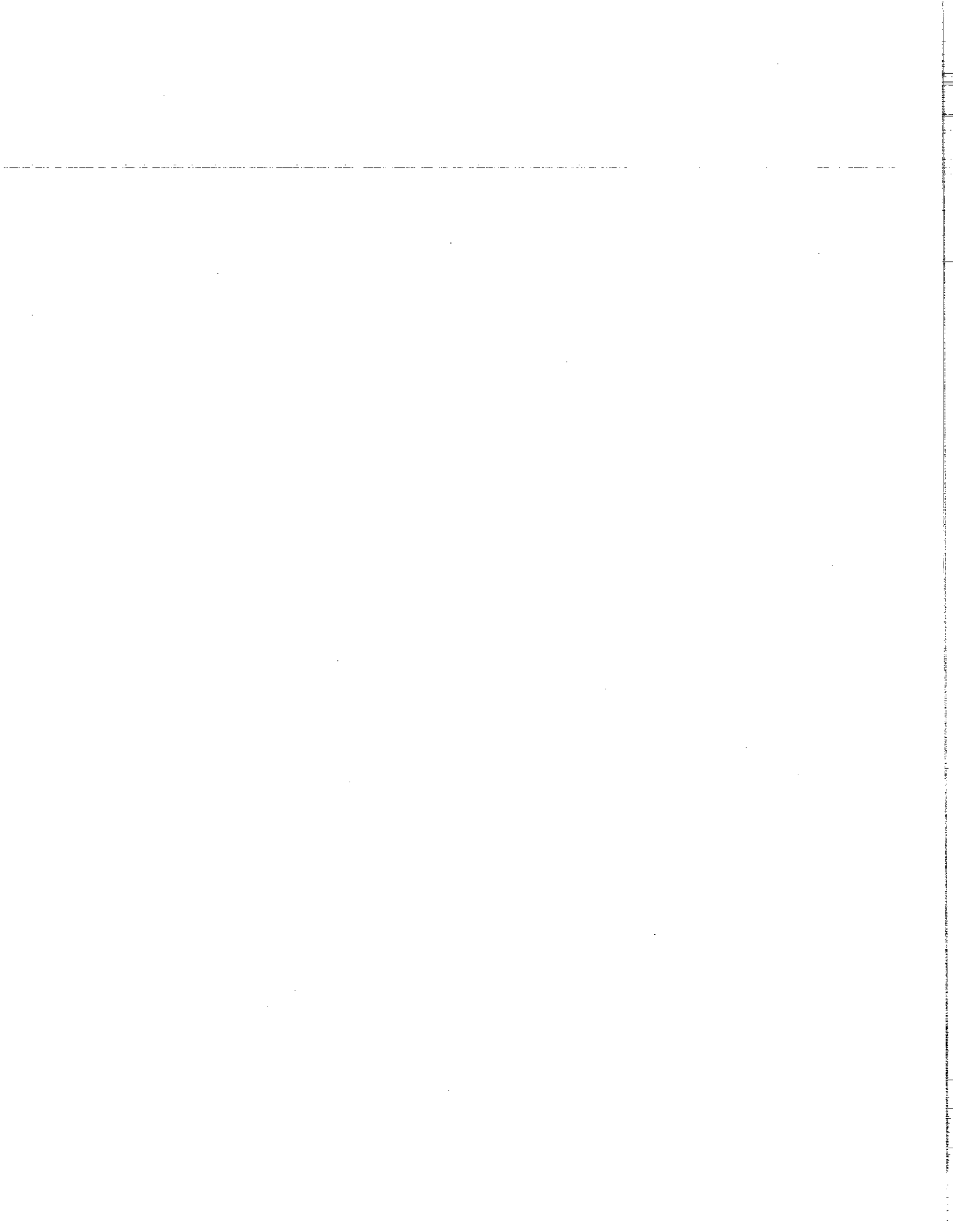
9. The Council shall meet as often as necessary to carry out their work, preferably monthly but not less than quarterly. The meetings of the Council shall be held at the Santa Fe County Health & Human Services Building, located at 2052 South Galisteo Street, Santa Fe, NM, and such other locations as may be conducive to visible and publicly accessible meetings. Meetings shall be held in accordance with the County's Resolution Determining Reasonable Notice for Public Meetings of the Board of County Commissioners of Santa Fe County, and for Boards and Committees Appointed by or Acting Under the Authority of the Board of County Commissioners as well as the County's Resolution Establishing Rules of Order for Meetings of the Board of County Commissioners of Santa Fe County and for Certain Specified Committees.

10. All matters coming before the Council shall be resolved by majority vote of the quorum.

11. The County Manager shall appoint a member of the County staff to serve as liaison to the Council. The liaison shall be responsible for stenographic services during meetings, shall ensure that packets are prepared for Council members prior to each meeting, and that notices and agendas are created and posted in accordance with the County's Open Meetings Act Resolution.

12. All members must adhere to the requirements of the Code of Conduct Ordinance No. 2010-12.

13. The Council shall re-evaluate its core functions on an annual basis to ensure that they meet the needs of the County, and to identify ways to improve its own performance. Such a



review should specifically address changes needed as a result of changes in laws, regulations and professional standards as may occur from time to time.

PASSED, APPROVED, and ADOPTED this 26th day of July 2011.

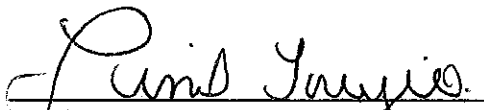
BOARD OF COUNTY COMMISSIONERS

Virginia Vigil, Board of County Commission Chair

ATTEST:

Valerie Espinoza, Santa Fe County Clerk

APPROVED AS TO FORM:



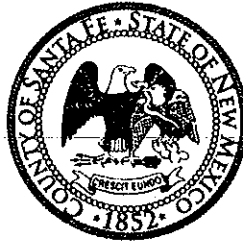
Stephen C. Ross, Santa Fe County Attorney



Daniel "Danny" Mayfield
Commissioner, District 1

Virgina Vigil
Commissioner, District 2

Robert A. Anaya
Commissioner, District 3



Kathy Holian
Commissioner, District 4

Liz Stefanics
Commissioner, District 5

Katherine Miller
County Manager

Memorandum

Date: July 26, 2011

To: Board of County Commissioners

From: Joseph Gutierrez, Director, Community Services Department

Re: **Approval of Change Order No. 7 to the Contract Between Santa Fe County and Bradbury Stamm Construction, Inc., for Construction of the First Judicial Courthouse Project in the amount of \$174,636.85, exclusive of Gross Receipts Tax.**

Background:

Santa Fe County has initiated the construction of the new First Judicial District Courthouse facility in Santa Fe. The County has contracted with Bradbury Stamm, Inc. for construction of the First Judicial Courthouse project. As the project has been under construction, several items have been identified for changes to provide for a safe and reliable building.

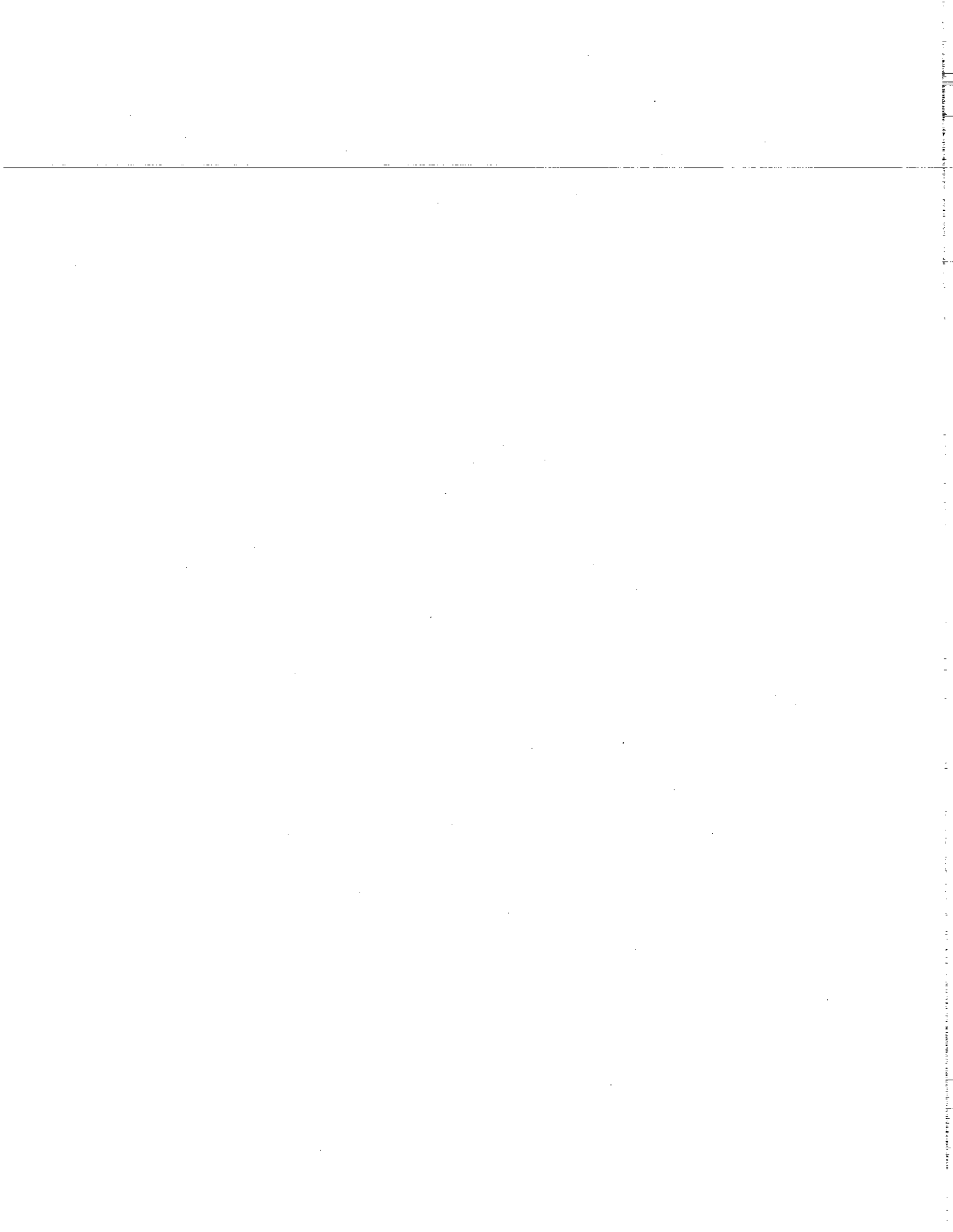
Specifically, the additional activities outlined in Change Order No. 7 provide for the following:

- Costs for installation of an intrusion alarm system.
- Cost for additional lighting at the plaza area for increased safety.
- Costs for mat slab modifications to eliminate penetrations to the liner system.
- Credit to the County for value engineering by replacing certain light fixtures at a lower cost.
- Credit to the County for value engineering by replacing cornice system with similar system at a lower cost.
- Costs for installation of vent risers from the upper basement level to the roof top for passive venting of the garage under the building.
- Costs for installation of sewer manholes on Sandoval Street and Montezuma Avenue.
- Costs for installation of security hardware for access control on two elevators.

The total cost for the additional construction services and activities outlined in Change Order No. 7 will be \$174,636.85. The gross receipts taxes will total \$14,298.39. The total increase to the project will be \$188,935.24. The items identified in this change order have been reviewed by the Construction Manager and the project team has verified the costs as accurate and to represent an added value to the project.

Action Requested:

Staff recommends the approval of Change Order No. 7 to the contract between Santa Fe County and Bradbury Stamm Construction, Inc. for construction of the New First Judicial Courthouse Project totaling \$174,636.85, exclusive of gross receipts taxes.





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Change Order

PROJECT (Name and address): Steve Herrera Judicial Complex Corner of Sandoval Street and Montezuma Street, Santa Fe, New Mexico	CHANGE ORDER NUMBER: 007 DATE: June 23, 2011	OWNER: <input type="checkbox"/> ARCHITECT: <input type="checkbox"/> CONTRACTOR: <input type="checkbox"/> FIELD: <input type="checkbox"/> OTHER: <input type="checkbox"/>
TO CONTRACTOR (Name and address): Bradbury Stamm 7110 Second Street NW Albuquerque, NM 87107	ARCHITECT'S PROJECT NUMBER: A07.05 CONTRACT DATE: February 21, 2011 CONTRACT FOR: General Construction	

THE CONTRACT IS CHANGED AS FOLLOWS:

(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)

Item 1: Provide labor and material to install intrusion alarm system and required electrical rough-ins as requested by Owner. Pricing has been verified to be accurate and is value added to the project. Costs associated with this change order item is \$34,359.00.

Item 2: Provide labor and material to install additional site lighting at the plaza area. This item was a field change to allow for additional plaza lighting and associated foot candles. Pricing has been verified to be accurate and is value added to the project. Costs associated with this change order item is \$13,287.00.

Item 3: Provide labor and material to construct mat slab per final design. The mat slab design was a field change to allow for additional waterproofing protection by eliminating penetrations through the waterproofing membrane with this redesigned mat slab. Pricing has been verified to be accurate and is value added to the project. Costs associated with this change order item is \$138,850.04.

Item 4: Provide credit to change manufacturer for light fixtures AW, D, F, G, R, R1 and XI light fixtures. This was a value engineering suggestion as requested by the Owner. Credit amount has been verified to be accurate and will allow the same lighting foot candles and performance as the original specified light fixtures. Credit associated with this change order item is (\$63,713.00).

Item 4: Provide credit to change brick cornice detail from (2) 10 5/8" high soldier course brick to (3) 8" high soldier course brick at 1'-4" o.c.. This was a value engineering suggestion as requested by the Owner. Credit amount has been verified to be accurate. Credit associated with this change order item is (\$3,656.00).

Item 5: Provide labor and material to install (2) 8" cast iron vent risers from the upper level basement to the roof. This was a field change requested by the Owner to allow for extraction of possible petroleum vapors in the ground below the slab on grade. Pricing has been verified to be accurate and is value added to the project. Costs associated with this change order item is \$18,661.00.

Item 6: Provide labor and material to install sewer manholes at Sandoval Street and Montezuma Street per revised sheet C-112 dated April 3, 2009. This was a field change. Pricing has been verified to be accurate and is value added to the project. Costs associated with this change order item is \$9,251.00.

Item 7: Provide labor and material to install revised door and frame and hardware per ASI 2 - revised and RFQ #010 and revise elevators #5 and #6 operations to allow for both control room control and manual control of the elevators. This was a field change requested by the Owner and User. Pricing has been verified to be accurate and is value added to the project. Costs associated with this change order item is \$27,597.81.

Cost associated with this change order \$174,636.85.

The original Contract Sum was	\$ 38,112,000.00
The net change by previously authorized Change Orders	\$ 5,529,899.30
The Contract Sum prior to this Change Order was	\$ 43,641,899.30
The Contract Sum will be increased by this Change Order in the amount of	\$ 174,636.85
The new Contract Sum including this Change Order will be	\$ 43,816,536.15

The Contract Time will be unchanged by Zero (0) days.

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User Notes:

(1395748146)



The date of Substantial Completion as of the date of this Change Order therefore is December 20, 2012

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive..

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

NCA Architect
ARCHITECT (Firm name)

1306 Rio Grande NW, Albuquerque,
New Mexico 87104

ADDRESS

BY (Signature)

Robert M. Calvani

(Typed name)

DATE

6/29/11

Bradbury Stamm
CONTRACTOR (Firm name)

7110 Second Street NW, Albuquerque,
NM 87107

ADDRESS

BY (Signature)

Dan Lyons

(Typed name)

DATE

6/30/11

Santa Fe County
OWNER (Firm name)

102 Grant Avenue, Santa Fe, New
Mexico 87504

ADDRESS

BY (Signature)

Virginia Vigil, Chairperson, Santa Fe
Board of Commissioners

(Typed name)

DATE

Approved as to form
Santa Fe County Attorney

By: 

Date: July 18, 2011



Gerald Martin Construction Management
Santa Fe County Representative

901 West Alameda, Suite 20C, Santa Fe, New Mexico 87504
Address


By (signature)

~~Robert X. Martinez~~ Sherry Keefe
(typed name)

6-30-11
Date

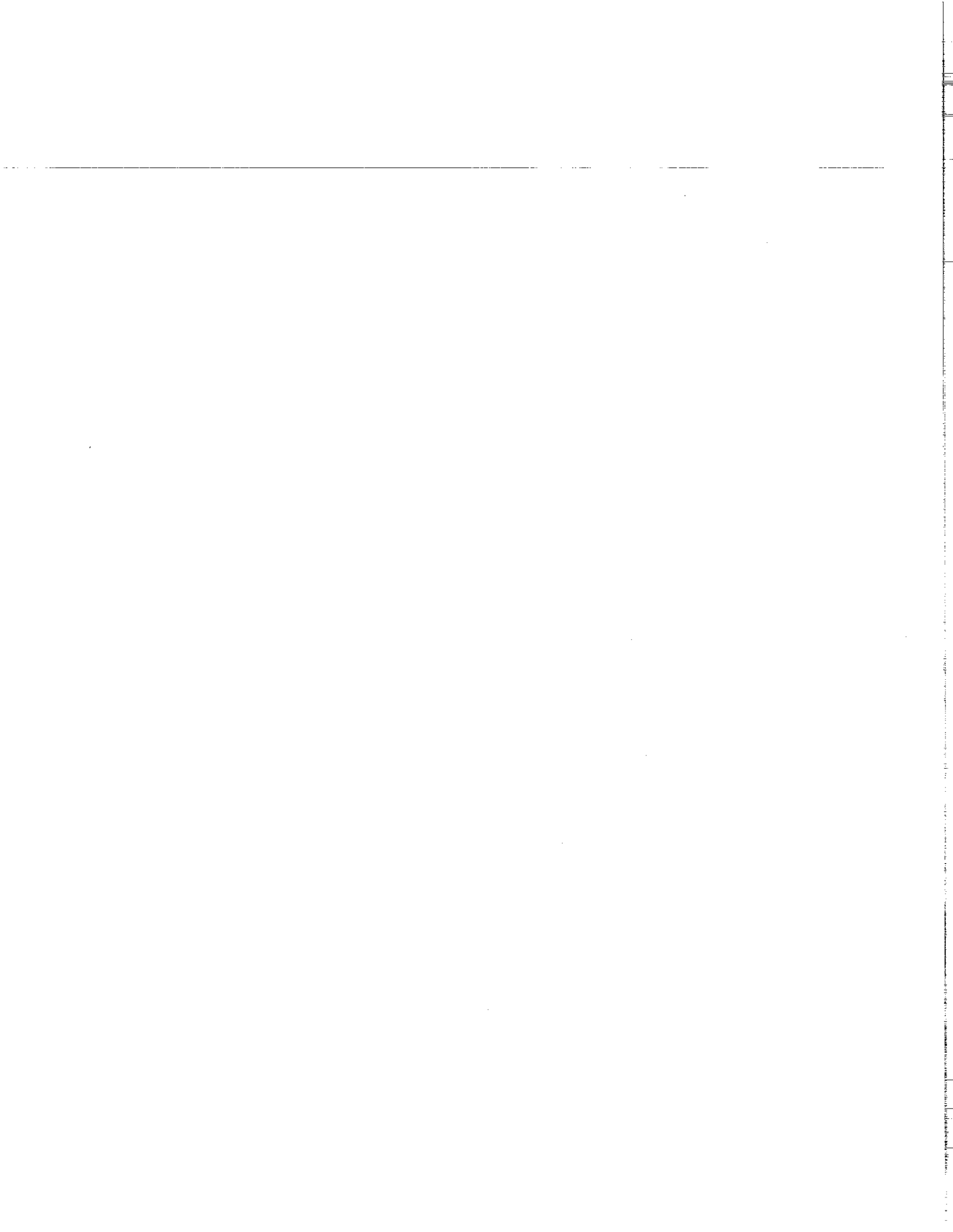
Approved as to Formed by SFC Legal Department
Santa Fe County Legal Department

P.O. Box 91450, Albuquerque, NM 87199-1450
Address


By (signature)

Steve Ross
(typed name)

July 18, 2011
Date



Memorandum

To: Santa Fe County Board of County Commissioners

Through: Stephen Shepherd
Santa Fe County Community Services/HHSD Department

From: Rebecca Beardsley *RB*
Santa Fe County DWI Program

Date: July 26, 2011

Subject: Request Approval of DWI Grant Agreement No. 12-X-I-G-27 with the New Mexico Department of Finance and Administration, Local Government Division, in the amount of \$300,000 to Provide Detoxification Services in Santa Fe County

Issue:

Request Approval of DWI Grant Agreement No. 12-X-I-G-27 with the New Mexico Department of Finance and Administration, Local Government Division, in the amount of \$300,000 to Provide Detoxification Services in Santa Fe County

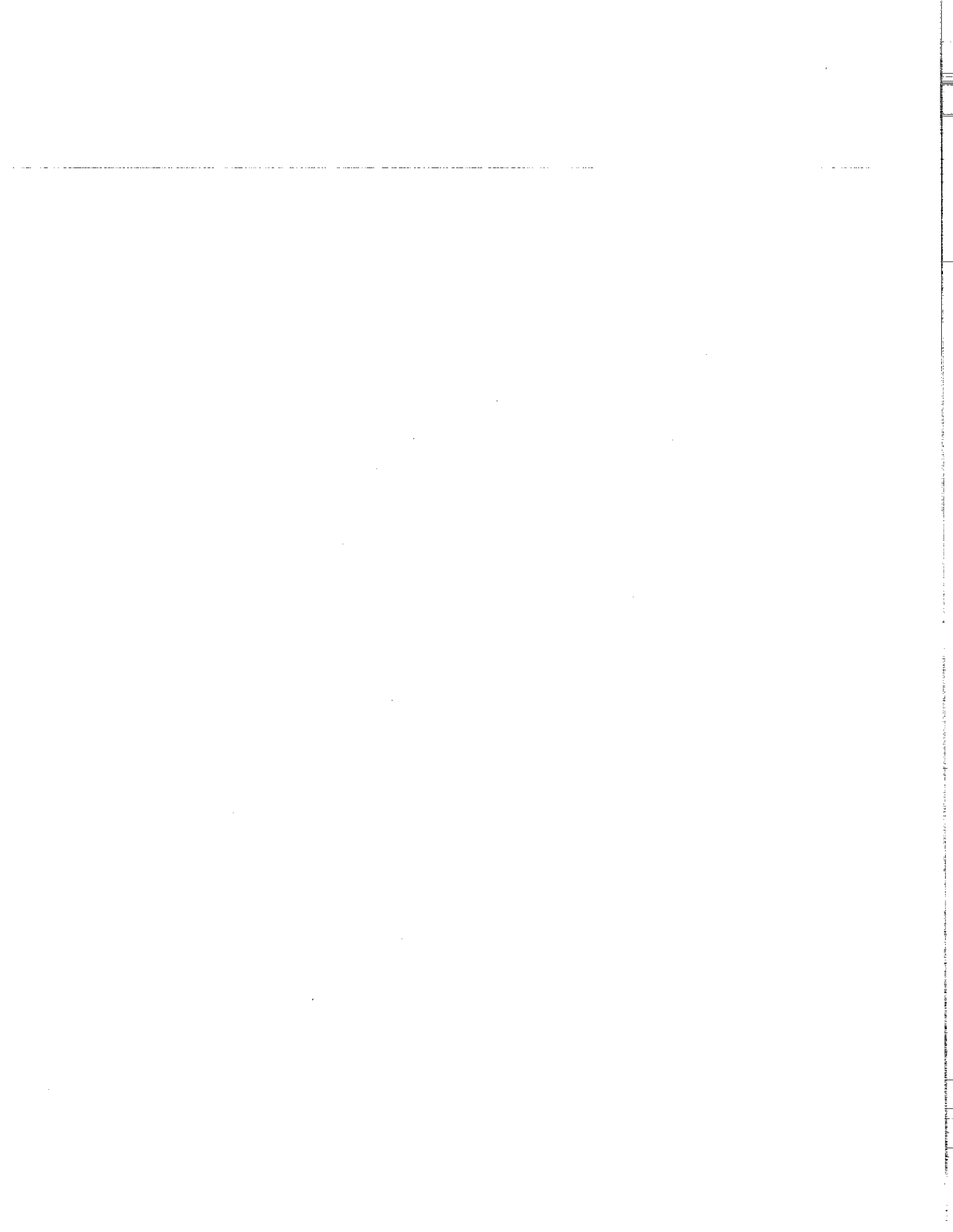
Background:

Local DWI (LDWI) funds are generated from excise tax on the sale of alcohol, collected by the New Mexico Department of Taxation and Revenue, and administered by the Department of Finance and Administration (DFA). In addition to a distribution which funds the Santa Fe County DWI Program, the County is also eligible to receive \$300,000 to provide detoxification services in Santa Fe County.

These services had been provided by the Santa Fe County Sobering Center until FY 2011 when CHRISTUS St. Vincent Regional Medical Center assumed oversight of the Center. The services were then provided via a Professional Service Agreement to continue providing detoxification services in Santa Fe County. This Grant Agreement will provide \$300,000 to Santa Fe County which we will again use to pay for these services in FY 12.

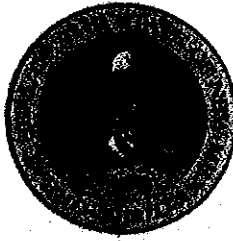
Staff Recommendation:

Staff recommends approval of this Grant Agreement.



SUSANA MARTINEZ
GOVERNOR

RICHARD MAY
SECRETARY



SAM OJINAGA
ACTING DIRECTOR

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION
LOCAL GOVERNMENT DIVISION
Bataan Memorial Building, Suite 201 ♦ Santa Fe, New Mexico 87501
(505) 827-4950 ♦ FAX No. (505) 827-4948

June 2, 2011

Mrs. Virginia Vigil
Santa Fe County Commission Chairperson
PO Box 276
Santa Fe, 87504

Re: DWI Grant Agreement No. 12-X-I-G-27

Dear Mrs. Vigil:

Enclosed are two Detox Grant Agreements for the above-referenced project for your review and approval. **Please note that original signatures and notarization are required on page 9 of both copies of the Agreements.** After signature and notarization, please return both original copies of the Agreements to us for execution. We will send one fully executed copy of the Agreement for your files.

Reimbursement requests for expenditures made prior to the full execution of the Grant Agreement will not be accepted.

If you have any questions or require additional information, please feel free to contact me or Jonathan Fernandez at 827-4748.

Sincerely,

Handwritten signature of Sam Ojinaga in cursive script.

Sam Ojinaga
Acting Director

Cc: Joyce Johnson
Liza Luboff

Enclosures

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION
LOCAL GOVERNMENT DIVISION
DWI GRANT PROGRAM
DETOX Grant
GRANT AGREEMENT

Project No. 12-X-I-G-27

THIS GRANT AGREEMENT made and entered into as of this ____ day of **June, 2011**, by and between the Department of Finance and Administration, State of New Mexico, acting through the Local Government Division, Bataan Memorial Building, Suite 201, Santa Fe, New Mexico 87501, hereinafter called the **DIVISION**, and the County of Santa Fe, hereinafter called the **GRANTEE**.

WITNESSETH:

WHEREAS, this Grant Agreement is made by and between the Department of Finance and Administration, State of New Mexico, acting through the Local Government Division, and the Grantee, pursuant to the Local DWI Grant Program Act Sections 11-6A-1 through 11-6A-6, NMSA 1978, as amended (the "Act") and the Local DWI Grant Program Regulations 2 NMAC 110.4 (the "Regulations").

NOW, THEREFORE, the parties hereto do mutually agree as follows:

ARTICLE I - SCOPE OF WORK

- A. The Grantee agrees that it will implement, in all respects, the activities outlined in its Project Description, attached hereto as Exhibit "A" and made as part of this Grant Agreement.
- B. The Grantee agrees to make no change in the Project Description herein described without first submitting a written request to the Division and obtaining the Division's written approval of the proposed change.

ARTICLE II - LENGTH OF GRANT AGREEMENT

- A. The term of this Grant Agreement shall be from, July 1, 2011, through June 30, 2012 and **SHALL NOT BECOME EFFECTIVE UNTIL APPROVED AND SIGNED BY BOTH THE GRANTEE AND THE DIVISION.**
- B. In the event that, due to unusual circumstances, it becomes apparent that this Grant Agreement cannot be brought to full completion within the time period set forth in Paragraph A of this Article II, the Grantee shall so notify the Division in writing at least thirty (30) days prior to the termination date of

this Grant Agreement, in order that the Grantee and the Division may review the work accomplished to date and determine whether there is need or sufficient justification to amend this Grant Agreement to provide additional time for completion of the same.

ARTICLE III - REPORTS

A. Evaluation

1. The grantee agrees that data entered into the ADE screening and tracking program and the Managerial Data Set is complete and accurate to allow the Department of Finance and Administration's designated evaluation contractor to develop and implement an evaluation system.

B. Progress Reports

1. In order that the Division may adequately evaluate the progress of the Grant Agreement, the Grantee shall be required to make periodic quarterly Progress Reports to the Division. The said reports shall contain a narrative and/or bulleted highlights of accomplishments and/or problems and delays encountered to date, a detailed budget breakdown of expenditures to date, a summary of any fees collected and/or expended, the Managerial Data Set, Planning Council meeting agendas and minutes, Exhibit B (certification of the report), and such other information following the objectives of the county's evaluation as may be of assistance to the Division in its evaluation. The first quarterly report is due **October 31, 2011**.
2. Grantee assures that Reports submitted to the Division will not contain any "individually identifiable health information" as defined by the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, the Regulations promulgated by the Department of Health & Human Services pursuant to HIPAA, the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Regulations").
3. One copy of the corresponding quarterly progress report shall be submitted to the Division not later than **October 31, 2011**, **January 31, 2012** and **April 30, 2012** for review and comment.
4. In order that the Division may adequately evaluate the progress of the Local DWI grant program statewide, the Grantee shall provide within 30 days, upon request of DFA's evaluator(s), information and access to program records and records of contractors working for the Grantee, provided that such information shall not contain any

“individually identifiable health information” as defined by the HIPAA Regulations.

C. Final Report

1. The Grantee shall submit to the Division one copy of the Final Report for this project. The Final Report shall only include the information called for in Article III, Paragraph B.1 and B.2 for the entire term of the agreement.
2. The Final Report and final reimbursement shall include sufficient detail to evaluate the effectiveness of each program component in the project and shall be submitted no later than July 16, 2012.

ARTICLE IV - CONSIDERATION AND METHOD OF PAYMENT

- A. In consideration of the Grantee's satisfactory completion of all work and services required to be performed under the terms of this Grant Agreement, and in compliance with all other Grant Agreement requirements herein stated, the Division shall pay the Grantee a sum not to exceed Three Hundred Thousand Dollars (\$300,000.00). The funds are to be expended in accordance with the proposed budget attached as Exhibit "C" and made a part hereof. It is understood and agreed that the Grantee's expenditure of these monies shall not deviate from the budget categories of said budget by more than 10% of the total grant amount without the prior written approval of the Division.
- B. It is understood and agreed that should any portion of the funds paid hereunder by the Division to the Grantee for the purposes designated herein remain unexpended at the completion of this Grant Agreement period, the said unexpended funds shall revert to the Division for disposition.
- C. All payments will be made on a reimbursement of actual cost basis upon receipt by the Division of individual quarterly reports accompanied by these completed forms: Request for Payment Form, Exhibit D; and Detailed Breakdown by Budget Category Form, Exhibit G; made a part hereof. Requests for Payment shall specify all administrative costs and capital outlay expenditures with justifications.
- D. Payment shall be made only for those services as specified in the contract and not funded by any other public-entity funding source. **The Grantee shall not bill the Division for the same service or services billed to another funding agency or source.**

ARTICLE V - MODIFICATION AND TERMINATION

- A. The Division, by written notice to the Grantee, shall have the right to terminate this Grant Agreement if, at any time, in the judgment of the Division, the provisions of this Agreement have been violated or the activities described in the Project Description do not progress satisfactorily. In this regard, the Division may demand refund of all or part of the funds dispersed to the Grantee.
- B. The parties may modify any and all terms and conditions of the Grant Agreement by mutual written agreement between the Grantee and the Division.
- C. Early Termination for Convenience: Except as provided in Article X, Appropriations, either the Division or Grantee may terminate this Agreement by providing the other party with a minimum of thirty (30) days advance, written notice of the termination.
- D. Liability in the Event of Early Termination: In the event of early termination of this Agreement by either party, the Division's sole liability shall be to reimburse Grantee in accordance with this Agreement for qualifying expenditures that were:
 - a. Incurred pursuant to a legally binding agreement entered into by Grantee before Grantee's receipt of the Division's notice of early termination or the issuance by the Grantee of a notice of early termination;
 - b. Incurred on or before the termination date in the notice of early termination;
 - c. For permissible purposes under this Agreement's Project Description and procured and executed in accordance applicable law; and
 - d. The subject of a request for payment properly and timely submitted in accordance with Article IV of this Agreement.

ARTICLE VI - CERTIFICATION

The Grantee hereby assures and certifies that it will comply with State regulations, policies, guidelines, and requirements with respect to the acceptance and use of State funds. Also, the Grantee gives assurances and certifies with respect to the grant that:

- A. It has the legal authority to receive and expend the funds as described in the Project Description.

- B. It shall meet all requirements of the Act and the Regulations and all other New Mexico State laws, and regulations as they pertain to all activity conducted under this Agreement and provide verification thereof to the Division.
- C. It shall finance its share (if any) of the costs of the project, including all project overruns.
- D. Every treatment facility, program or other provider it contracts with to perform the activities that are subject of this Agreement, shall, at all times, comply with all applicable state and federal laws and regulations and any and all licensure requirements governing treatment facilities, programs or providers. All Contracts shall contain the following provisions: "The Contractor agrees to comply, at all times, with all applicable state and federal laws and regulations and any and all licensure requirements governing its program and facility." The Grantee agrees it shall be solely liable for the failure of any of its providers to meet and comply with all applicable state and federal laws and licensure requirements governing the treatment provider or the program.
- E. It shall comply with the State Procurement Code. All professional services, activities or programs provided through a service provider must be implemented through a professional service contract. The Grantee will submit all project related contracts, and agreements to the Division for review and approval prior to execution. Amendments to existing contracts must also be submitted to the Division for review and approval prior to execution.

Grantees will be **required** to complete a request-for-proposal (RFP) for contracts over \$50,000 unless their County's guidelines have more stringent requirements. In which case, the County's guidelines must be followed. Sole Source contracts can be utilized if justification can be provided that the organization(s) is the only one in the area that can provide the services. The Grantee will be required to submit to DFA written documentation as to the reason for sole source contracting prior to entering into the contract and all provisions of the Procurement Code **MUST** be adhered to in regard to the requirements.

- F. It will adhere to all financial and accounting requirements of the Department of Finance and Administration.
- G. It will comply with all applicable conditions and requirements prescribed by the Division in relation to receipt of State DWI Grant Funds.
- H. It shall not at any time utilize or convert any equipment or property acquired or developed pursuant to this Agreement for other than the uses specified in the scope of work as defined in the Grant Agreement without the prior approval of

the Division.

- I. No member, officer, employee or family member(s) of the Grantee, or its designees or agents, no member of the governing body of the locality in which the program is situated, and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the program during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any contract, or the process thereof, for work to be performed in connection with the program assisted under the grant, and the Grantee shall incorporate, in all such contracts, a provision prohibiting such interest pursuant to the purposes of this certification.
- J. If applicable, it will comply with all HIPAA requirements and HIPAA Regulations.

ARTICLE VII - RETENTION OF RECORDS

- A. The Grantee shall keep such records as will fully disclose the amount and disposition of the total funds from all sources budgeted for the Grant Agreement period, the purpose for which such funds were used, the amount and nature of all contributions from other sources, and such other records as the Division shall prescribe. Such records shall be preserved for a period of not less than six (6) years following completion of all the conditions of this Agreement.

ARTICLE VIII - GRANTEE REPRESENTATIVE

- A. The Grantee hereby designates the person listed below as the official Grantee Representative responsible for overall supervision of the approved project.

Name: Rebecca Beardsley
Title: DWI Coordinator
Address: P.O. Box 276
Santa Fe, NM 87504
Phone: 505-992-9842
Fax: 505-992-9855
Email: rbeardsley@santafecounty.org

ARTICLE IX - SPECIAL CONDITIONS

- A. The Grantee shall budget and expend a minimum of 10% of the total DWI grant

funding awarded for the twelve-month period in local match-in-kind monies. The Grantee shall not budget administrative expenses except as in-kind match pursuant to the DWI Grant Council's administrative policy. The Grantee hereby budgets **\$30,000.00 (10 percent)** of local revenues as its matching funds commitment.

- B. The **ten percent (10%)** limit on capital outlay expenditures does not apply to this grant. Requests for payment shall specify all capital outlay expenditures with justification.
- C. The Grantee shall submit to the Division written copies of the description of the **treatment program protocol**; its daily activities/curriculum schedule; rules/expectations for clients and staff and any handout or testing material to be utilized throughout the course of the treatment program. One (1) written copy of such material and program description identified above shall be submitted to the Division no later than **30 days prior to component implementation**, for review and comment. All changes and modifications made to the treatment program, including its materials, shall be reported to the Division for its review and comment, as necessary.
- D. The Grantee shall adopt the taxonomy provided in the New Mexico Interagency Behavioral Health Service Requirements and Utilization Guidelines for Alcohol and/or Drug Services. Alcohol treatment and detoxifications programs and protocols shall conform to these definitions and descriptions of services. Patient placement criteria shall conform with the ASAM Patient Placement Criteria, Second Edition.
- E. The Grantee shall submit a quarterly report consisting of two elements: 1) a financial statement of expenditures, and 2) a narrative summary of the activities related to those expenditures in carrying out the adopted scope of work.
- F. The Grantee shall be solely responsible for fiscal or other sanctions, penalties, or fines occasioned as a result of its own violation or alleged violation of requirements applicable to performance of this Agreement. The Grantee shall be liable for its acts or failure to act in accordance with this agreement, subject to the immunities and limitations of the New Mexico Tort Claims Act.
- G. Where applicable, the Grantee shall enter screening and tracking data online at the ADE, Inc. screening and tracking program website. Data shall be entered and maintained in a current up-to-date status.

ARTICLE X - APPROPRIATIONS

- A. The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Legislature of New Mexico for the

performance of the Agreement. If sufficient appropriations and authorizations are not made by the Legislature, the Division may **immediately** terminate this Agreement, in whole or in part, regardless of any existing legally binding third party contracts entered into by or between Grantee and a third party, by giving Grantee written notice of such early termination. The Division's decision as to whether sufficient appropriations are available shall be accepted by the Grantee and shall be final. The Grantee shall include a substantively identical clause in all contracts between it and third parties that are (i) funded in whole or part by funds made available under this Agreement and (ii) entered into between the effective date of this Agreement and the Termination Date or early termination date.

ARTICLE XI – REQUIRED TERMINATION CLAUSE IN CONTRACTS FUNDED IN WHOLE OR PART BY FUNDS MADE AVAILABLE UNDER THIS AGREEMENT

- A. Grantee shall include the following or a substantially similar termination clause in all contracts that are (i) funded in whole or part by funds made available under this agreement and (ii) entered into after the effective date of this Agreement:

“This contract is funded in whole or in part by funds made available under Department of Finance and Administration Local Government Division (Division) grant agreement. Should the Division terminate the grant agreement, the [County/City] may terminate this contract by providing contractor written notice of such termination in accordance with the notice provisions in this contract. In the event of termination pursuant to this paragraph, the [County/City] only liability shall be to pay contractor for acceptable goods and/or services delivered and accepted prior to the termination date.”

EXHIBIT "A"

PROJECT DESCRIPTION

Name of Grantee: Santa Fe County

Grant No.: 12-X-I-G- 27

Grant Amount: 300,000.00

Santa Fe County will contract with an entity which serves public inebriates and others to provide safe, temporary lodging, and an opportunity to access treatment or other services, thereby reducing the burden on law enforcement and on hospital emergency services.

Goals of the Contractor will include:

1. To provide a community-wide, uniform approach to diversion from jail and from Christus/St. Vincent Regional Medical Center Emergency Department admissions due to intoxication of adult men and women.
2. To reduce alcohol and drug addiction through an active referral and case management system, treatment and non-traditional healing.
3. To establish a continuum of care for those people suffering from alcohol and/or drug addiction.

Contractor's Program Objectives will include:

1. To operate a facility with 10 beds for males and five for females that is open 24 hours a day, 365 days a year to provide a safe, secure and therapeutic environment in which to recover from an episode of inebriation.
2. To intervene with 600-700 clients per year.
3. To utilize existing funding sources including the Access To Recovery vouchers, Health Care Assistance Funds, Medicaid and other funding to pay for treatment of those people who cannot afford it.
4. To provide clinical substance abuse and mental health assessments, utilizing CARE Connection Assessment Center therapists.
5. To conduct therapeutic group sessions for clients in Sobering;
6. To provide accudetox services to clients.
7. To provide case management services to every client.
8. To refer clients out to community programs for treatment and recovery support services.
9. To utilize a data collection system that allows for evaluation of the program.

Contractor will have Sobering and Assessment resources in the same building or readily available so that Assessment Center staff can provide clinical assessments of sobering clients and also provide access to vouchers which can be applied to treatment, transportation, job development, spiritual guidance, traditional healing, peer support, and other services. Contractor will have Therapists to conduct group sessions with Sobering clients and case managers to assist sobering clients to develop a recovery plan.

All clients who seek detoxification services will have a medical clearance from a physician, generally at the Christus/St.

Vincent Emergency Department, a private physician, Health Care for the Homeless, La Familia Health Center or from the Santa Fe Indian Hospital. Once the medical clearance is complete, the hospital or other referral source will call the Contractor to transport that client to facility for sobering services.

It is anticipated that the client will stay at the facility for 3-5 days however a longer stay may occur in the event that a client is awaiting a guaranteed bed on a certain date at a long term, intensive treatment facility, halfway house, etc. While at the facility, the Contractor will provide Librium or other drugs to assist clients with their detox process and will pay for other medications needed for clients including those for including but limited to diabetes, high blood pressure, seizure management and/or psychotropic medications.

Since case management plays a major role in getting the client into services that will support their treatment and recovery, the Contractor will ensure that a case manager meets with every client to assess their desire for change and assesses the services in the community that best meet their needs. In addition, the Case Manager will maintain a resource directory of all community agencies that can provide services to Sobering clients and will help the client access those community resources. He or she will get donations from the community of clothes, blankets, shoes, gloves and other items that homeless clients may need. And the case manager will assist clients in developing goals and areas of need, and follows client treatment plans which are assessed regularly by the Program Manager.

A full range of behavioral health service providers has been recruited within Santa Fe County to provide a broad range of services to Sobering and Assessment clients. Santa Fe County will ensure that the Contractor can assist with access to and/or provide all levels of care available to clients.

**DWI GRANT PROGRAM
DISTRIBUTION/GRANT FUNDING PROGRESS/FINAL REPORT**

Program: Santa Fe County

Grant Amount : 300,000.00

Project Number Reporting Period

DWI Progress or Final Report

1. Please describe the work accomplished this reporting period for each component. Please include clear goals, objectives, methods, and number of activities, evaluation process and procedures utilized. Please state the number of people served, targeted audience and what was the desired outcome. (Attach additional sheets if necessary.)
2. Please describe any problems encountered and/or delays experienced in the implementation and administration of the project as planned. Also, discuss action or methods used or to be utilized in their alleviation. Address progress to date accomplishing program component objectives. Discuss any training or technical assistance from DFA that might of helped you in problem solving. (Attach additional sheets if necessary.)
3. If this is a final report, please include a detailed explanation of the impact of the project on the problems/conditions addressed utilizing Evaluation Plan. Identify the goals and objectives that have be attained and the outcome. (Attach additional sheets if necessary.)
4. Please summarize your County DWI Planning Council's participation. Provide copies of minutes and sign-in sheets from meetings. Please send in a copy of the by-laws that govern the DWI Planning Council in the first quarterly report. (Minutes must be signed).
5. Please attach a copy of category budget breakdown of expenditures to date reported on the Request for Payment/Financial Status Report Form, Exhibit D for grants and the Distribution Fund Financial Status Report, Exhibit F (1) for distribution funded programs, activities and services.
6. Please attach a copy of the breakdown by program of grant and distribution expenditures and in kind/local match to date reported on the second page of the Request for Payment/Financial Status Report Form, Exhibit D for grants and

the Distribution Fund Financial Status Report, Exhibit F (1) for distribution funded programs, activities and services.

7. Please attach a copy of the Exhibit E (The Fees Collected Summary) and G (Detailed breakdown by budget Category).

Certification

1. I certify the programs are in accordance with the county DWI plan approved by the Human Services Department (HSD) and meet all applicable HSD regulations, standards or guidelines.
2. I certify that all payments made from LDWI grant and distribution monies were verified and accounted for by locally implemented policies and controls.
3. I certify the DWI Progress and Final Reports contain no "individually identifiable health information" as defined by the HIPAA Regulations.
4. Under penalty of law, I hereby certify that to the best of my knowledge and belief, the information contained in this report is correct and true and that **no other funding source is reimbursing these specific expenditures.**

Please sign and submit this form as part of each quarterly report.

Grantee Representative

County Manager or Mayor

Date

Date

Local DWI Grant Fund
Revenue/Expenditure Summary

Applicant/Grantee
Santa Fe County

Project No.: 12-X-I-G-27 **Total Treatment/Detoxification Grant Funds**
\$300,000

REVENUES BY SOURCE	EXPENDITURE BY CATEGORY	Grant Expenditures	In-Kind/Match Local Funds	TOTAL Budget
Local DWI Program Grant	Personnel Services		0.00	0.00
Program Generated Fees	Employee Benefits		0.00	0.00
	Travel			0.00
Local Match (Cash or In-Kind)	Contractual Services			0.00
County	Operating Expenses		0.00	0.00
City				
Judicial/Courts				
Other (list):	Personnel Services	0.00	0.00	0.00
	Employee Benefits	0.00	0.00	0.00
	Travel (In-State)	0.00		0.00
	Travel (Out-of-State)			0.00
	Supplies	0.00	0.00	0.00
	Operating Costs	0.00		0.00
	Contractual Services	300,000.00	30,000.00	330,000.00
	Minor Equipment	0.00		0.00
	Capital Outlay*	0.00	0.00	0.00
TOTAL REVENUES	TOTAL EXPENDITURES	300,000.00	30,000.00	330,000.00

(*) Capital Outlay cannot exceed 10%
10% = 30,000.00

Grant Expenditures:

**Exhibit C(1)
LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report**

Budget

300,000.00

Treatment

Totals: 300,000.00

300,000.00

ck

Santa Fe County
PO Box 276
Santa Fe, NM 87504
505-992-9858
12-X-I-G-27

In-Kind/Match Expenditures:

Budget

30,000.00

Treatment

Totals: 30,000.00

30,000.00

ck

EXHIBIT C(1)

Tot. Bud. Expd: 330,000.00 ck

330,000.00

LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report

I. A. Grantee: Santa Fe County
B. Address: PO Box 276
 Santa Fe, NM 87504

C. Telephone No.: 505-992-9858
D. Grant No.: 12-X-I-G-27

Payment Request No.: 1

ii. Payment Computation:
A. Grant Award: \$300,000.00
B. Funds Received To Date: \$0.00
C. Amount Requested This Payment: \$0.00
D. Grant Balance: \$300,000.00

iii. Report Period Ending: 300000.00

Budget Categories	Approved Budget		Expenditures Year to Date		Expenditures This Request		Total Expenditures
	Grant Funds	In/Kind Match	Grant Funds	In/Kind Match	Grant Funds	In/Kind Match	
ADMINISTRATIVE*							
Personnel Services	0.00	0.00	0.00	0.00	0.00	0.00	Per. Serv.
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	Empl. Ben.
Travel	0.00	0.00	0.00	0.00	0.00	0.00	Travel In
Contractual Services	0.00	0.00	0.00	0.00	0.00	0.00	Contract
Operating Expenses	0.00	0.00	0.00	0.00	0.00	0.00	Operating
PROGRAM							
Personnel Services	0.00	0.00	0.00	0.00	0.00	0.00	Per. Serv.
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00	Empl. Ben.
Travel (In-State)	0.00	0.00	0.00	0.00	0.00	0.00	Travel In
Travel (Out-of-State)	0.00	0.00	0.00	0.00	0.00	0.00	Travel Out
Supplies	0.00	0.00	0.00	0.00	0.00	0.00	Supplies
Operating Costs	0.00	0.00	0.00	0.00	0.00	0.00	Operating
Contractual Services	300,000.00	30,000.00	0.00	0.00	0.00	0.00	Contractual
Minor Equipment	0.00	0.00	0.00	0.00	0.00	0.00	Minor Equip.
Capital Outlay*	0.00	0.00	0.00	0.00	0.00	0.00	Capital Outlay
TOTAL EXPENDITURES	300,000.00	30,000.00	330,000.00	0.00	0.00	0.00	0.00

IV. CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

Tax ID No.: _____

Grantee Fiscal Officer _____ Date _____

Grantee Representative _____ Date _____

Division Fiscal Officer _____ Date _____

Division Project Representative _____ Date _____

(DFM Local Government Division Use Only)

LOCAL DWI GRANT PROGRAM
Request for Payment/Financial Status Report
Breakdown By Program Component Expenditures D(1)

Grantee: Santa Fe County
 Project No.: 12-X1-G-27
 Request No. 1

Total Grant Funds Requested This Request: 0.00
 Total Matching Funds Reported This Request: 0.00
 Total Expenditures Reported This Request: 0.00

Grant Expenditures:

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Treatment	<u>300,000.00</u>		<u>0.00</u>
Totals:	<u>300,000.00</u>	<u>0.00</u>	<u>0.00</u>

In-Kind/Match Expenditures:

	<u>Budget</u>	<u>This Request</u>	<u>YTD</u>
Treatment	<u>30,000.00</u>		<u>0.00</u>
Totals:	<u>30,000.00</u>	<u>0.00</u>	<u>0.00</u>

Check
 Total Expenditures This Reimbursement: 0.00
 Total Expenditures Year to Date: 0.00

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

Exhibit G

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Santa Fe County
 Project No.: 12-X-I-G-27
 Request No.: _____

Total Grant Funds Requested This Request: 0.00
 Total Matching Funds Reported This Request: 0.00
 Total Expenditures Reported This Request: 0.00

Grant or Distribution Expenditures:

ADMINISTRATIVE

Administrative expenses are not allowed.

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>

Total Personnel Services:				0.00	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>

Total Employee Benefits:				0.00	

Travel (In-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>

Total Travel (In-State):					0.00	

Travel (Out-of-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>

Total Travel (Out-of-State):					0.00	

Supplies (*Please list Prevention Giveaways/Promotional Items separately below)

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>

Total Supplies:					0.00	

*Prevention Giveaways/Promotional Items

Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>

Total Operating Costs: 0.00

Contractual Services

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
					Total Contractual Services:	<u>0.00</u>

Minor Equipment

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
					Total Minor Equipment:	<u>0.00</u>

Capital Outlay

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
					Total Capital Outlay:	<u>0.00</u>

Total Grant Fund Reimbursement Request: 0.00

Check: 0.00

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required / matching funds have been spent / obligated in the reported amount, and that copies of all required documentation are attached or on file for review. The documentation for this payment is true and reflects correct copies of the originals. I certify that the items listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program. I certify that all payment requests listed are not funded by any other funding source and that the service provider shall not bill this grant/distribution fund and any other funding source for the same service provided to the same client at the same time.

Name

Title

Date

Exhibit G

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Santa Fe County
 Project No.: 12-X-I-G-27
 Request No.: 0

Total Grant Funds Requested This Request: 0.00
 Total Matching Funds Reported This Request: 0.00
 Total Expenditures Reported This Request: 0.00

In-Kind/Match Expenditures:

ADMINISTRATIVE expenses are allowed for in-Kind Match only.

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Personnel Services:				<u>0.00</u>	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				<u>0.00</u>	

Travel

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Travel:					<u>0.00</u>	

Contractual Services

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Contractual Services:					<u>0.00</u>	

Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Operating Costs:					<u>0.00</u>	

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Personnel Services:				<u>0.00</u>	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				<u>0.00</u>	

Travel (In-State)

<u>Date of Travel/Locatio</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>In-Kind/Match</u>
Total Travel (In-State):					<u>0.00</u>	

Travel (Out-of-State)

<u>Date of Travel/Locatio</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Travel (Out-of-State):					<u>0.00</u>	

Supplies

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Supplies:					<u>0.00</u>	

Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Operating Costs:					<u>0.00</u>	

Contractual Services

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Contractual Services:					<u>0.00</u>	

Minor Equipment

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Minor Equipment:					<u>0.00</u>	

Capital Outlay

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Capital Outlay:					<u>0.00</u>	

Total In-Kind/ Matching Reimbursement Request: 0.00

Check: 0.00

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required / matching funds have been spent / obligated in the reported amount, and that copies of all required documentation I certify that the items listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program. I certify that all payment requests listed are not funded by any other funding source and that the service provider shall not bill this grant/distribution fund and any other funding source for the same service provided to the same client at the same time.

Name Title Date

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION
LOCAL GOVERNMENT DIVISION
DWI GRANT PROGRAM
DETOX Grant
GRANT AGREEMENT

Project No. 12-X-I-G-27

THIS GRANT AGREEMENT made and entered into as of this ____ day of **June, 2011**, by and between the Department of Finance and Administration, State of New Mexico, acting through the Local Government Division, Bataan Memorial Building, Suite 201, Santa Fe, New Mexico 87501, hereinafter called the **DIVISION**, and the **County of Santa Fe**, hereinafter called the **GRANTEE**.

WITNESSETH:

WHEREAS, this Grant Agreement is made by and between the Department of Finance and Administration, State of New Mexico, acting through the Local Government Division, and the Grantee, pursuant to the Local DWI Grant Program Act Sections 11-6A-1 through 11-6A-6, NMSA 1978, as amended (the "Act") and the Local DWI Grant Program Regulations 2 NMAC 110.4 (the "Regulations").

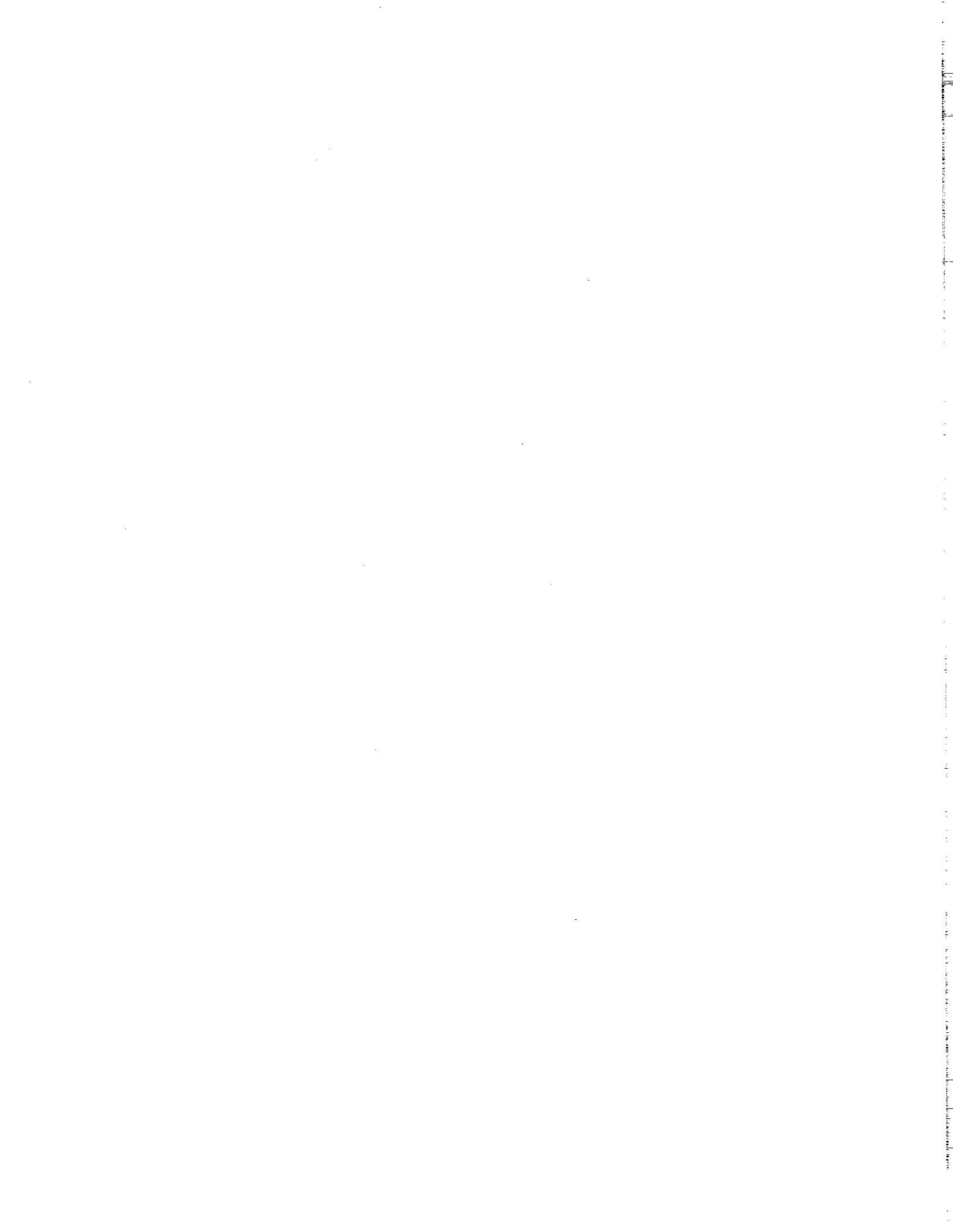
NOW, THEREFORE, the parties hereto do mutually agree as follows:

ARTICLE I - SCOPE OF WORK

- A. The Grantee agrees that it will implement, in all respects, the activities outlined in its Project Description, attached hereto as Exhibit "A" and made as part of this Grant Agreement.
- B. The Grantee agrees to make no change in the Project Description herein described without first submitting a written request to the Division and obtaining the Division's written approval of the proposed change.

ARTICLE II - LENGTH OF GRANT AGREEMENT

- A. The term of this Grant Agreement shall be from, **July 1, 2011**, through **June 30, 2012** and **SHALL NOT BECOME EFFECTIVE UNTIL APPROVED AND SIGNED BY BOTH THE GRANTEE AND THE DIVISION.**
- B. In the event that, due to unusual circumstances, it becomes apparent that this Grant Agreement cannot be brought to full completion within the time period set forth in Paragraph A of this Article II, the Grantee shall so notify the Division in writing at least thirty (30) days prior to the termination date of



this Grant Agreement, in order that the Grantee and the Division may review the work accomplished to date and determine whether there is need or sufficient justification to amend this Grant Agreement to provide additional time for completion of the same.

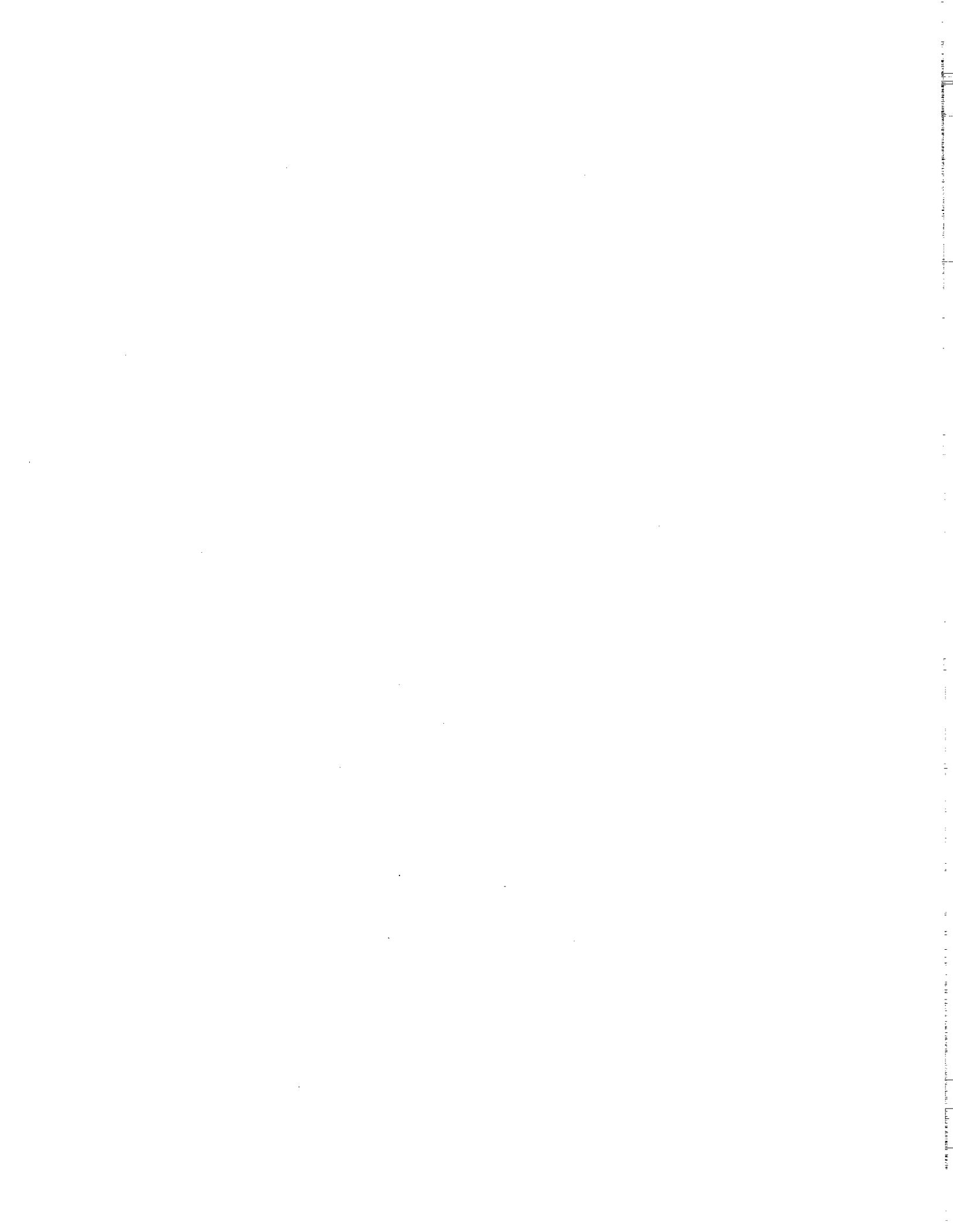
ARTICLE III - REPORTS

A. Evaluation

1. The grantee agrees that data entered into the ADE screening and tracking program and the Managerial Data Set is complete and accurate to allow the Department of Finance and Administration's designated evaluation contractor to develop and implement an evaluation system.

B. Progress Reports

1. In order that the Division may adequately evaluate the progress of the Grant Agreement, the Grantee shall be required to make periodic quarterly Progress Reports to the Division. The said reports shall contain a narrative and/or bulleted highlights of accomplishments and/or problems and delays encountered to date, a detailed budget breakdown of expenditures to date, a summary of any fees collected and/or expended, the Managerial Data Set, Planning Council meeting agendas and minutes, Exhibit B (certification of the report), and such other information following the objectives of the county's evaluation as may be of assistance to the Division in its evaluation. The first quarterly report is due **October 31, 2011**.
2. Grantee assures that Reports submitted to the Division will not contain any "individually identifiable health information" as defined by the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, the Regulations promulgated by the Department of Health & Human Services pursuant to HIPAA, the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Regulations").
3. One copy of the corresponding quarterly progress report shall be submitted to the Division not later than **October 31, 2011**, **January 31, 2012** and **April 30, 2012** for review and comment.
4. In order that the Division may adequately evaluate the progress of the Local DWI grant program statewide, the Grantee shall provide within 30 days, upon request of DFA's evaluator(s), information and access to program records and records of contractors working for the Grantee, provided that such information shall not contain any



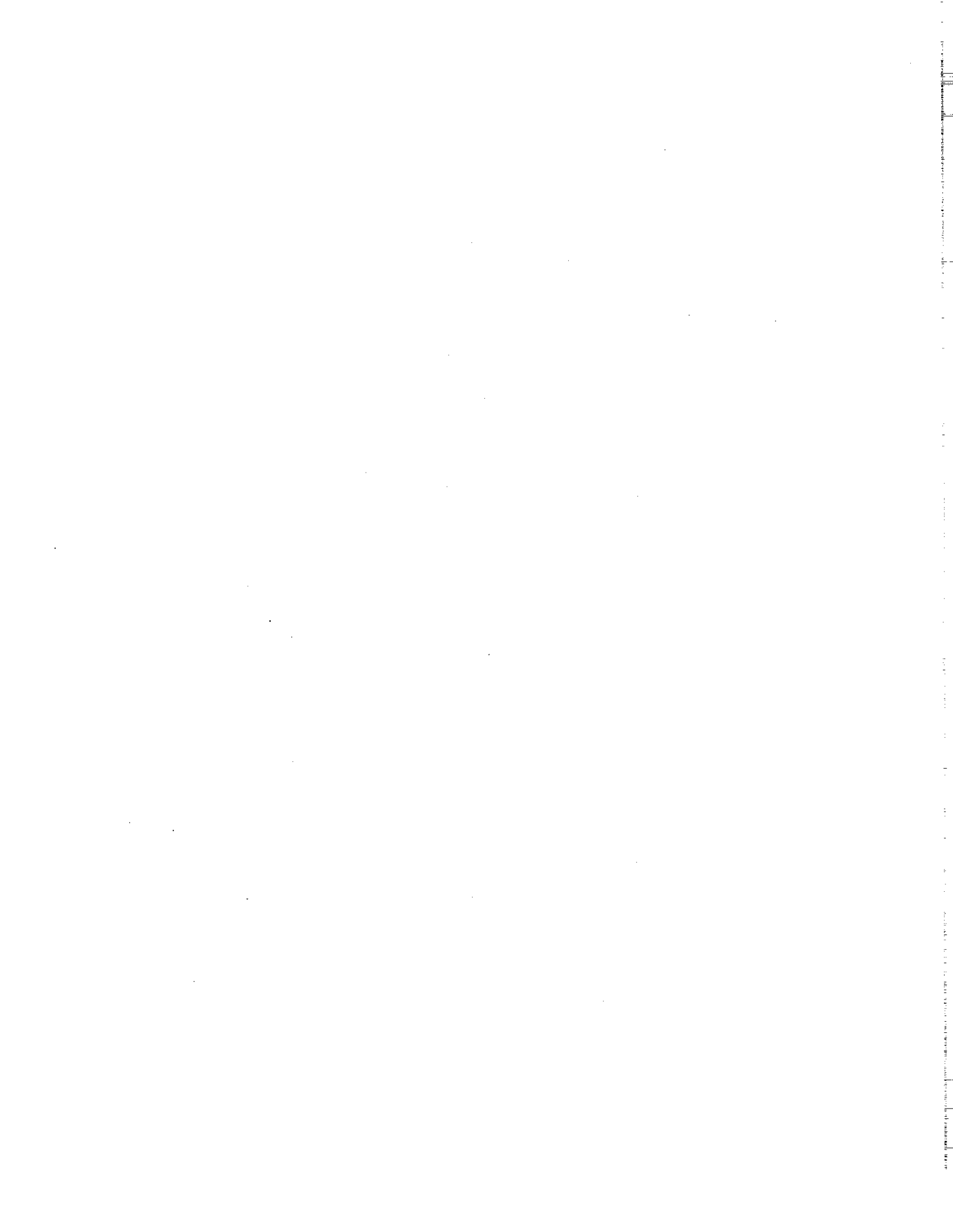
"individually identifiable health information" as defined by the HIPAA Regulations.

C. Final Report

1. The Grantee shall submit to the Division one copy of the Final Report for this project. The Final Report shall only include the information called for in Article III, Paragraph B.1 and B.2 for the entire term of the agreement.
2. The Final Report and final reimbursement shall include sufficient detail to evaluate the effectiveness of each program component in the project and shall be submitted no later than **July 16, 2012.**

ARTICLE IV - CONSIDERATION AND METHOD OF PAYMENT

- A. In consideration of the Grantee's satisfactory completion of all work and services required to be performed under the terms of this Grant Agreement, and in compliance with all other Grant Agreement requirements herein stated, the Division shall pay the Grantee a sum not to exceed **Three Hundred Thousand Dollars (\$300,000.00)**. The funds are to be expended in accordance with the proposed budget attached as Exhibit "C" and made a part hereof. It is understood and agreed that the Grantee's expenditure of these monies shall not deviate from the budget categories of said budget by more than 10% of the total grant amount without the prior written approval of the Division.
- B. It is understood and agreed that should any portion of the funds paid hereunder by the Division to the Grantee for the purposes designated herein remain unexpended at the completion of this Grant Agreement period, the said unexpended funds shall revert to the Division for disposition.
- C. All payments will be made on a reimbursement of actual cost basis upon receipt by the Division of individual quarterly reports accompanied by these completed forms: Request for Payment Form, Exhibit D; and Detailed Breakdown by Budget Category Form, Exhibit G; made a part hereof. Requests for Payment shall specify all administrative costs and capital outlay expenditures with justifications.
- D. Payment shall be made only for those services as specified in the contract and not funded by any other public-entity funding source. **The Grantee shall not bill the Division for the same service or services billed to another funding agency or source.**



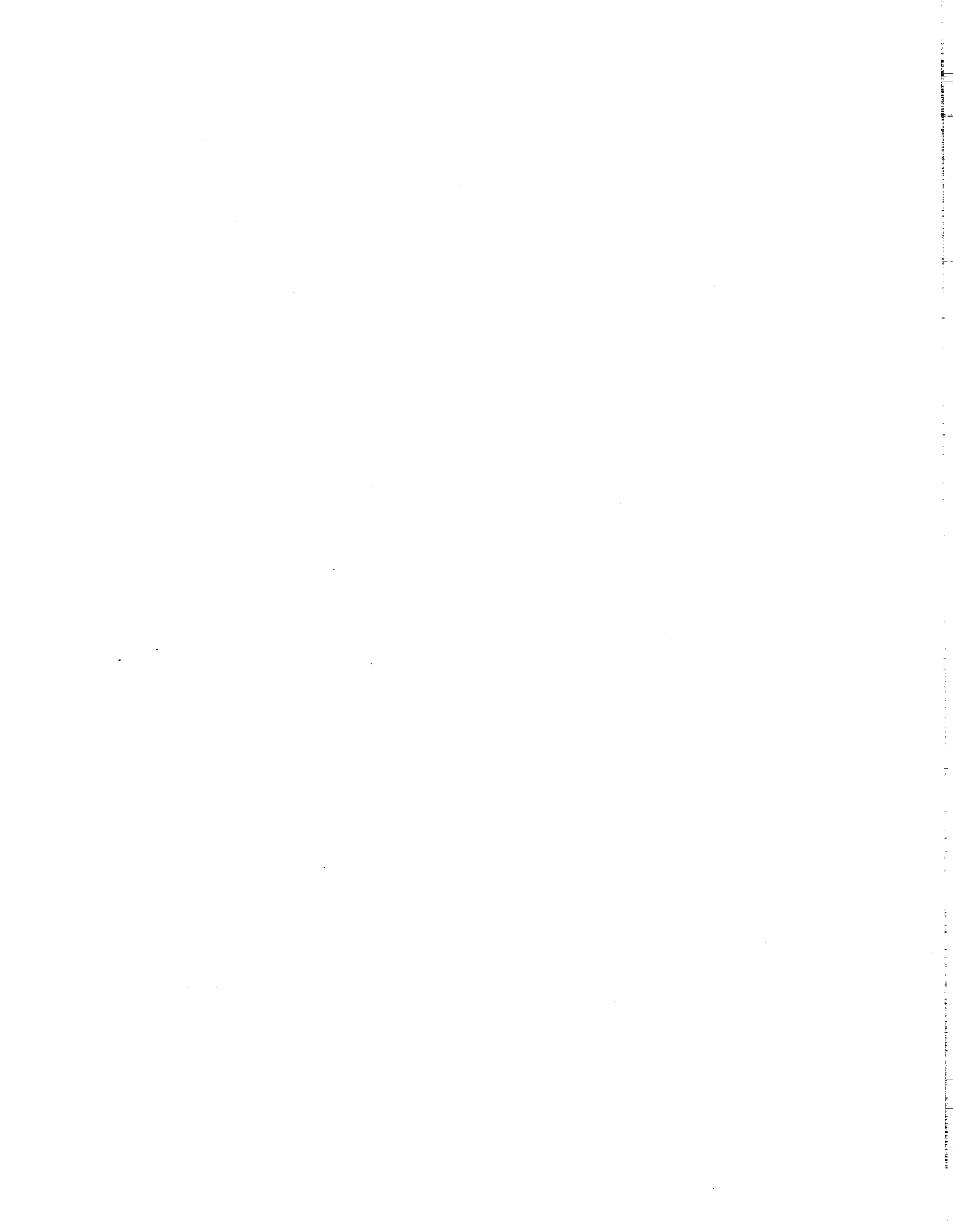
ARTICLE V - MODIFICATION AND TERMINATION

- A. The Division, by written notice to the Grantee, shall have the right to terminate this Grant Agreement if, at any time, in the judgment of the Division, the provisions of this Agreement have been violated or the activities described in the Project Description do not progress satisfactorily. In this regard, the Division may demand refund of all or part of the funds dispersed to the Grantee.
- B. The parties may modify any and all terms and conditions of the Grant Agreement by mutual written agreement between the Grantee and the Division.
- C. Early Termination for Convenience: Except as provided in Article X, Appropriations, either the Division or Grantee may terminate this Agreement by providing the other party with a minimum of thirty (30) days advance, written notice of the termination.
- D. Liability in the Event of Early Termination: In the event of early termination of this Agreement by either party, the Division's sole liability shall be to reimburse Grantee in accordance with this Agreement for qualifying expenditures that were:
 - a. Incurred pursuant to a legally binding agreement entered into by Grantee before Grantee's receipt of the Division's notice of early termination or the issuance by the Grantee of a notice of early termination;
 - b. Incurred on or before the termination date in the notice of early termination;
 - c. For permissible purposes under this Agreement's Project Description and procured and executed in accordance applicable law; and
 - d. The subject of a request for payment properly and timely submitted in accordance with Article IV of this Agreement.

ARTICLE VI - CERTIFICATION

The Grantee hereby assures and certifies that it will comply with State regulations, policies, guidelines, and requirements with respect to the acceptance and use of State funds. Also, the Grantee gives assurances and certifies with respect to the grant that:

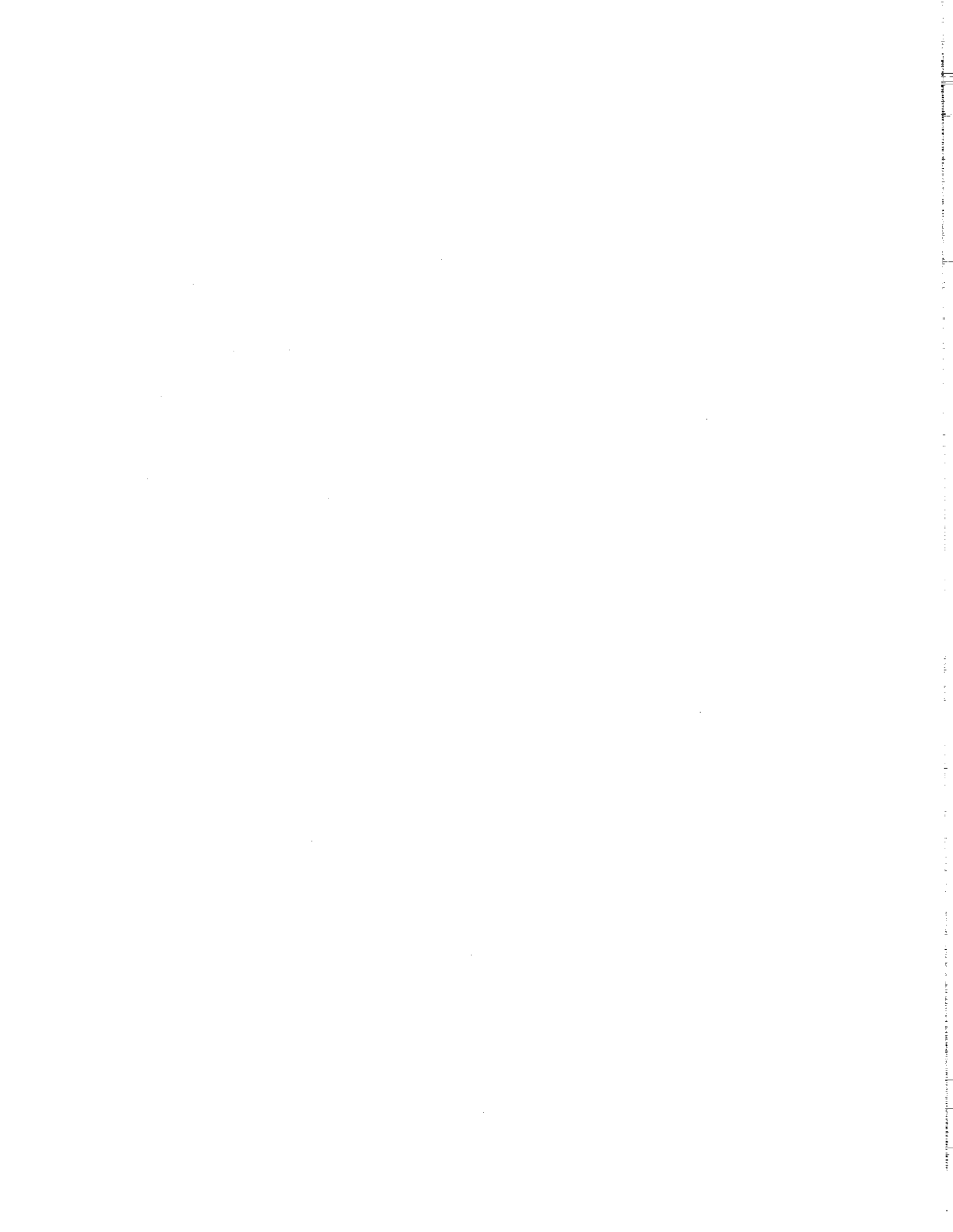
- A. It has the legal authority to receive and expend the funds as described in the Project Description.



- B. It shall meet all requirements of the Act and the Regulations and all other New Mexico State laws, and regulations as they pertain to all activity conducted under this Agreement and provide verification thereof to the Division.
- C. It shall finance its share (if any) of the costs of the project, including all project overruns.
- D. Every treatment facility, program or other provider it contracts with to perform the activities that are subject of this Agreement, shall, at all times, comply with all applicable state and federal laws and regulations and any and all licensure requirements governing treatment facilities, programs or providers. All Contracts shall contain the following provisions: "The Contractor agrees to comply, at all times, with all applicable state and federal laws and regulations and any and all licensure requirements governing its program and facility." The Grantee agrees it shall be solely liable for the failure of any of its providers to meet and comply with all applicable state and federal laws and licensure requirements governing the treatment provider or the program.
- E. It shall comply with the State Procurement Code. All professional services, activities or programs provided through a service provider must be implemented through a professional service contract. The Grantee will submit all project related contracts, and agreements to the Division for review and approval prior to execution. Amendments to existing contracts must also be submitted to the Division for review and approval prior to execution.

Grantees will be **required** to complete a request-for-proposal (RFP) for contracts over \$50,000 unless their County's guidelines have more stringent requirements. In which case, the County's guidelines must be followed. Sole Source contracts can be utilized if justification can be provided that the organization(s) is the only one in the area that can provide the services. The Grantee will be required to submit to DFA written documentation as to the reason for sole source contracting prior to entering into the contract and all provisions of the Procurement Code **MUST** be adhered to in regard to the requirements.

- F. It will adhere to all financial and accounting requirements of the Department of Finance and Administration.
- G. It will comply with all applicable conditions and requirements prescribed by the Division in relation to receipt of State DWI Grant Funds.
- H. It shall not at any time utilize or convert any equipment or property acquired or developed pursuant to this Agreement for other than the uses specified in the scope of work as defined in the Grant Agreement without the prior approval of



the Division.

- I. No member, officer, employee or family member(s) of the Grantee, or its designees or agents, no member of the governing body of the locality in which the program is situated, and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the program during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in any contract, or the process thereof, for work to be performed in connection with the program assisted under the grant, and the Grantee shall incorporate, in all such contracts, a provision prohibiting such interest pursuant to the purposes of this certification.
- J. If applicable, it will comply with all HIPAA requirements and HIPAA Regulations.

ARTICLE VII - RETENTION OF RECORDS

- A. The Grantee shall keep such records as will fully disclose the amount and disposition of the total funds from all sources budgeted for the Grant Agreement period, the purpose for which such funds were used, the amount and nature of all contributions from other sources, and such other records as the Division shall prescribe. Such records shall be preserved for a period of not less than six (6) years following completion of all the conditions of this Agreement.

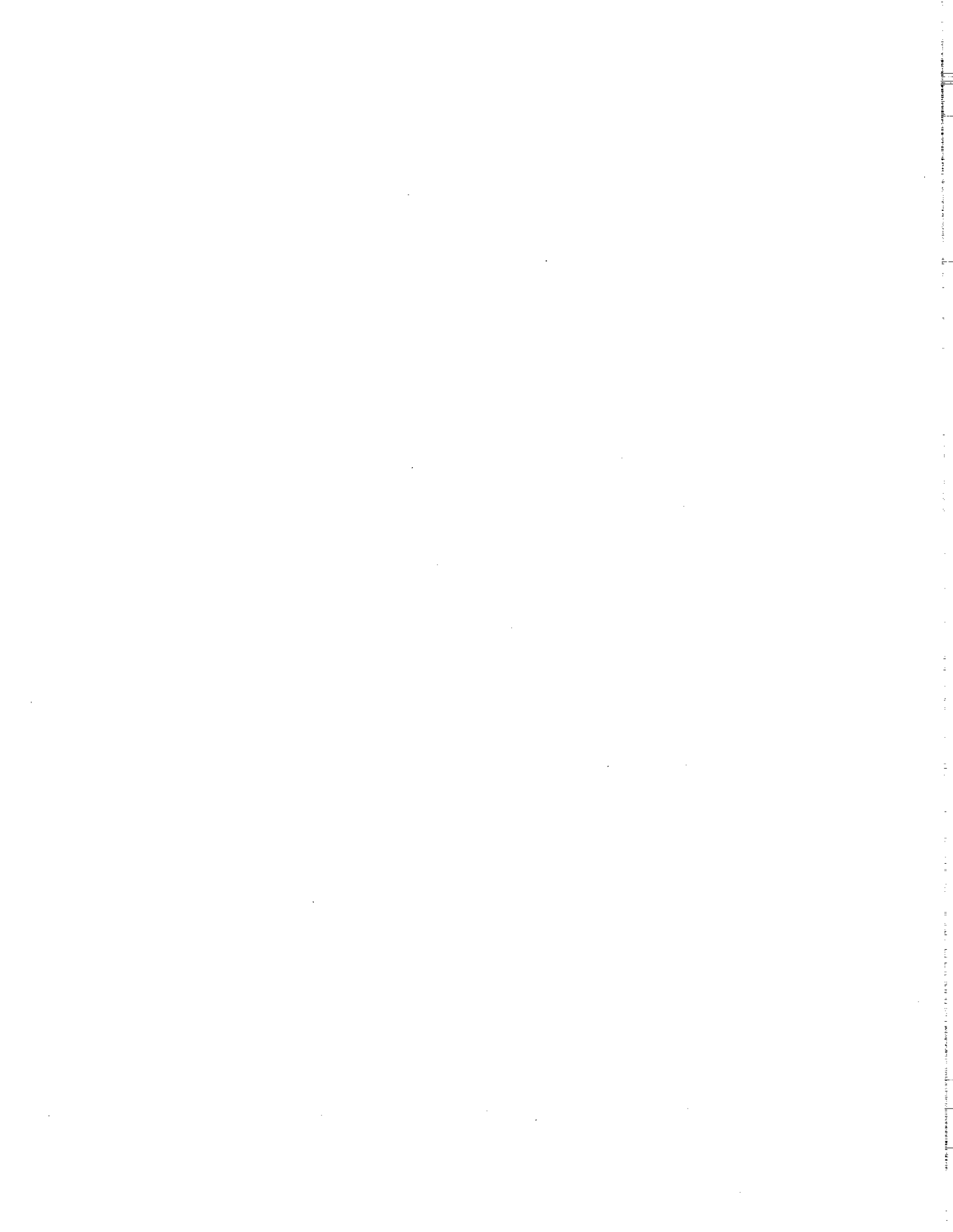
ARTICLE VIII - GRANTEE REPRESENTATIVE

- A. The Grantee hereby designates the person listed below as the official Grantee Representative responsible for overall supervision of the approved project.

Name: Rebecca Beardsley
Title: DWI Coordinator
Address: P.O. Box 276
Santa Fe, NM 87504
Phone: 505-992-9842
Fax: 505-992-9855
Email: rbeardsley@santafecounty.org

ARTICLE IX - SPECIAL CONDITIONS

- A. The Grantee shall budget and expend a minimum of 10% of the total DWI grant



funding awarded for the twelve-month period in local match-in-kind monies. The Grantee shall not budget administrative expenses except as in-kind match pursuant to the DWI Grant Council's administrative policy. The Grantee hereby budgets **\$30,000.00 (10 percent)** of local revenues as its matching funds commitment.

- B. The **ten percent (10%)** limit on capital outlay expenditures does not apply to this grant. Requests for payment shall specify all capital outlay expenditures with justification.
- C. The Grantee shall submit to the Division written copies of the description of the **treatment program protocol**; its daily activities/curriculum schedule; rules/expectations for clients and staff and any handout or testing material to be utilized throughout the course of the treatment program. One (1) written copy of such material and program description identified above shall be submitted to the Division no later than **30 days prior to component implementation**, for review and comment. All changes and modifications made to the treatment program, including its materials, shall be reported to the Division for its review and comment, as necessary.
- D. The Grantee shall adopt the taxonomy provided in the New Mexico Interagency Behavioral Health Service Requirements and Utilization Guidelines for Alcohol and/or Drug Services. Alcohol treatment and detoxifications programs and protocols shall conform to these definitions and descriptions of services. Patient placement criteria shall conform with the ASAM Patient Placement Criteria, Second Edition.
- E. The Grantee shall submit a quarterly report consisting of two elements: 1) a financial statement of expenditures, and 2) a narrative summary of the activities related to those expenditures in carrying out the adopted scope of work.
- F. The Grantee shall be solely responsible for fiscal or other sanctions, penalties, or fines occasioned as a result of its own violation or alleged violation of requirements applicable to performance of this Agreement. The Grantee shall be liable for its acts or failure to act in accordance with this agreement, subject to the immunities and limitations of the New Mexico Tort Claims Act.
- G. Where applicable, the Grantee shall enter screening and tracking data online at the ADE, Inc. screening and tracking program website. Data shall be entered and maintained in a current up-to-date status.

ARTICLE X - APPROPRIATIONS

- A. The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Legislature of New Mexico for the



performance of the Agreement. If sufficient appropriations and authorizations are not made by the Legislature, the Division may ***immediately*** terminate this Agreement, in whole or in part, regardless of any existing legally binding third party contracts entered into by or between Grantee and a third party, by giving Grantee written notice of such early termination. The Division's decision as to whether sufficient appropriations are available shall be accepted by the Grantee and shall be final. The Grantee shall include a substantively identical clause in all contracts between it and third parties that are (i) funded in whole or part by funds made available under this Agreement and (ii) entered into between the effective date of this Agreement and the Termination Date or early termination date.

ARTICLE XI – REQUIRED TERMINATION CLAUSE IN CONTRACTS FUNDED IN WHOLE OR PART BY FUNDS MADE AVAILABLE UNDER THIS AGREEMENT

- A. Grantee shall include the following or a substantially similar termination clause in all contracts that are (i) funded in whole or part by funds made available under this agreement and (ii) entered into after the effective date of this Agreement:

“This contract is funded in whole or in part by funds made available under Department of Finance and Administration Local Government Division (Division) grant agreement. Should the Division terminate the grant agreement, the [County/City] may terminate this contract by providing contractor written notice of such termination in accordance with the notice provisions in this contract. In the event of termination pursuant to this paragraph, the [County/City] only liability shall be to pay contractor for acceptable goods and/or services delivered and accepted prior to the termination date.”

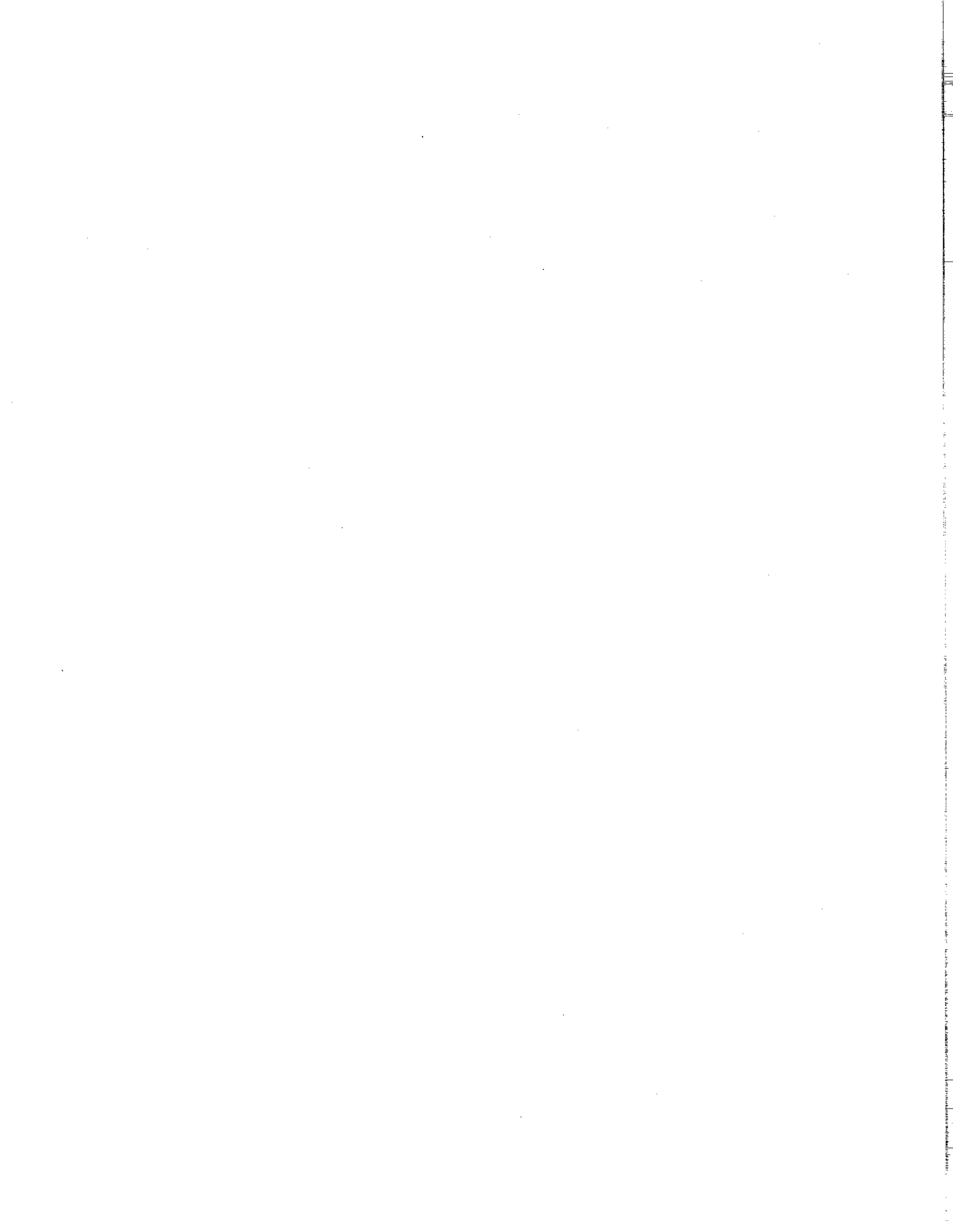


EXHIBIT "A"

PROJECT DESCRIPTION

Name of Grantee: Santa Fe County

Grant No.: 12-X-I-G- 27

Grant Amount: 300,000.00

Santa Fe County will contract with an entity which serves public inebriates and others to provide safe, temporary lodging, and an opportunity to access treatment or other services, thereby reducing the burden on law enforcement and on hospital emergency services.

Goals of the Contractor will include:

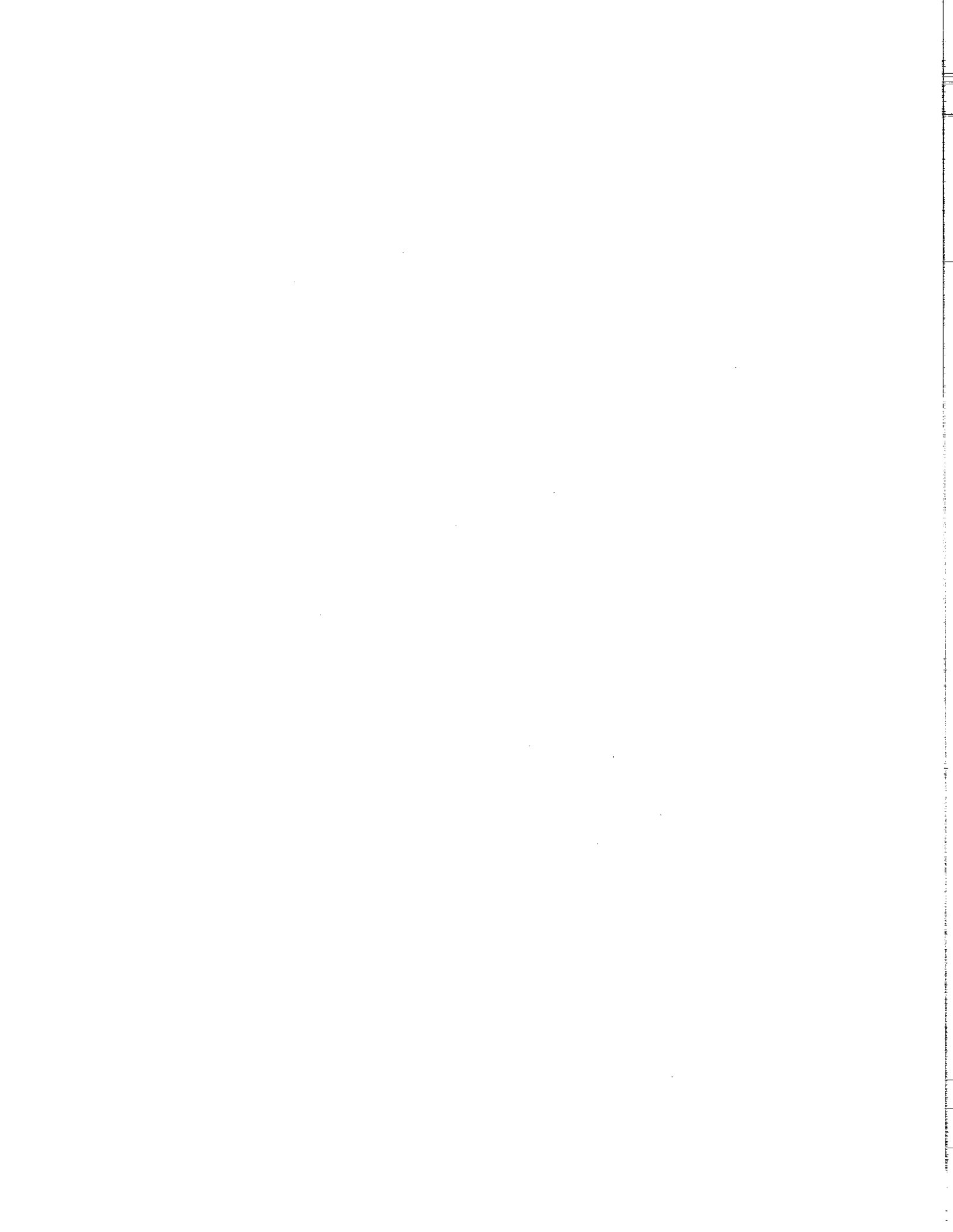
1. To provide a community-wide, uniform approach to diversion from jail and from Christus/St. Vincent Regional Medical Center Emergency Department admissions due to intoxication of adult men and women.
2. To reduce alcohol and drug addiction through an active referral and case management system, treatment and non-traditional healing.
3. To establish a continuum of care for those people suffering from alcohol and/or drug addiction.

Contractor's Program Objectives will include:

1. To operate a facility with 10 beds for males and five for females that is open 24 hours a day, 365 days a year to provide a safe, secure and therapeutic environment in which to recover from an episode of inebriation.
2. To intervene with 600-700 clients per year.
3. To utilize existing funding sources including the Access To Recovery vouchers, Health Care Assistance Funds, Medicaid and other funding to pay for treatment of those people who cannot afford it.
4. To provide clinical substance abuse and mental health assessments, utilizing CARE Connection Assessment Center therapists.
5. To conduct therapeutic group sessions for clients in Sobering;
6. To provide accudetox services to clients.
7. To provide case management services to every client.
8. To refer clients out to community programs for treatment and recovery support services.
9. To utilize a data collection system that allows for evaluation of the program.

Contractor will have Sobering and Assessment resources in the same building or readily available so that Assessment Center staff can provide clinical assessments of sobering clients and also provide access to vouchers which can be applied to treatment, transportation, job development, spiritual guidance, traditional healing, peer support, and other services. Contractor will have Therapists to conduct group sessions with Sobering clients and case managers to assist sobering clients to develop a recovery plan.

All clients who seek detoxification services will have a medical clearance from a physician, generally at the Christus/St.

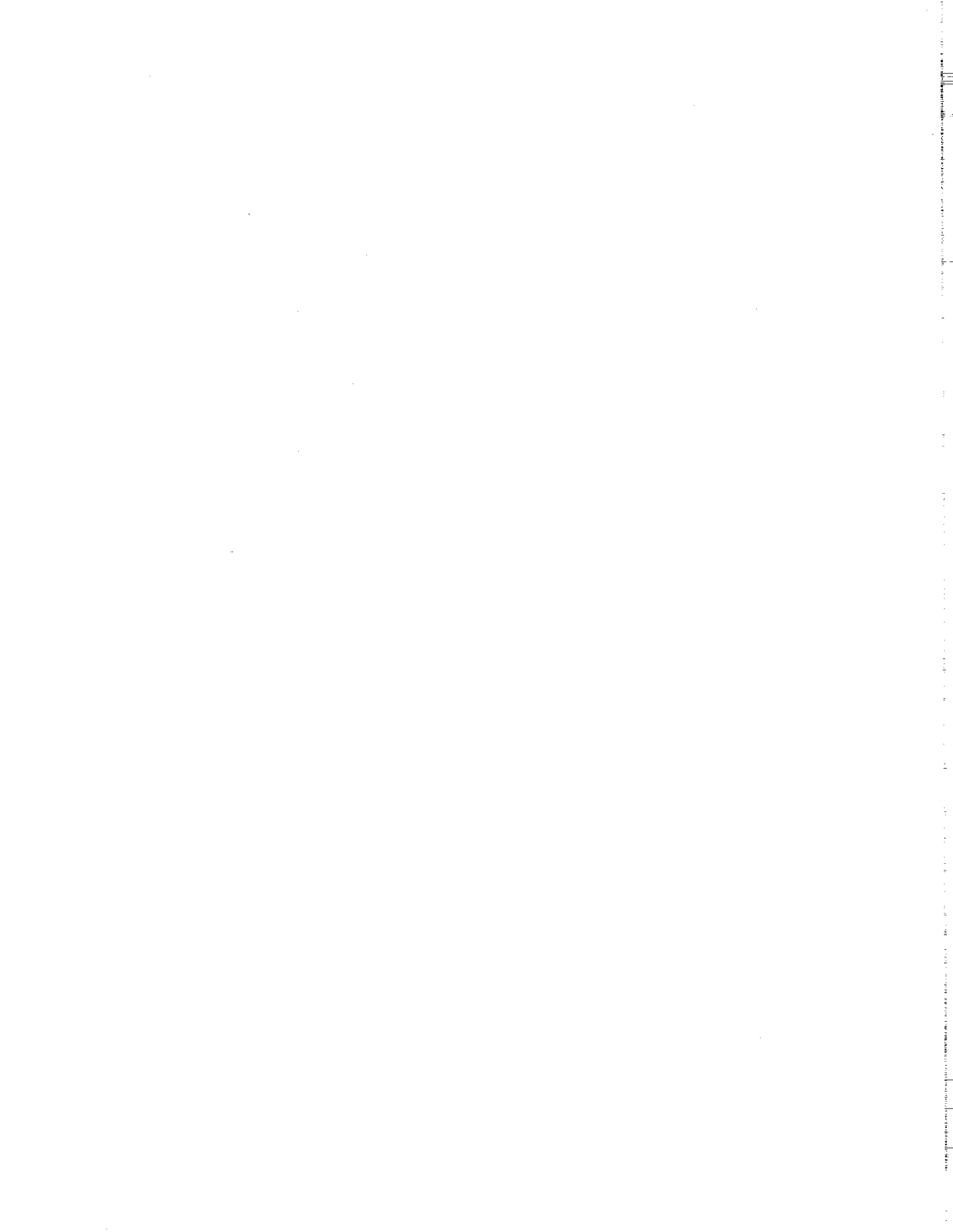


Vincent Emergency Department, a private physician, Health Care for the Homeless, La Familia Health Center or from the Santa Fe Indian Hospital. Once the medical clearance is complete, the hospital or other referral source will call the Contractor to transport that client to facility for sobering services.

It is anticipated that the client will stay at the facility for 3-5 days however a longer stay may occur in the event that a client is awaiting a guaranteed bed on a certain date at a long term, intensive treatment facility, halfway house, etc. While at the facility, the Contractor will provide Librium or other drugs to assist clients with their detox process and will pay for other medications needed for clients including those for including but limited to diabetes, high blood pressure, seizure management and/or psychotropic medications.

Since case management plays a major role in getting the client into services that will support their treatment and recovery, the Contractor will ensure that a case manager meets with every client to assess their desire for change and assesses the services in the community that best meet their needs. In addition, the Case Manager will maintain a resource directory of all community agencies that can provide services to Sobering clients and will help the client access those community resources. He or she will get donations from the community of clothes, blankets, shoes, gloves and other items that homeless clients may need. And the case manager will assist clients in developing goals and areas of need, and follows client treatment plans which are assessed regularly by the Program Manager.

A full range of behavioral health service providers has been recruited within Santa Fe County to provide a broad range of services to Sobering and Assessment clients. Santa Fe County will ensure that the Contractor can assist with access to and/or provide all levels of care available to clients.



**DWI GRANT PROGRAM
DISTRIBUTION/GRANT FUNDING PROGRESS/FINAL REPORT**

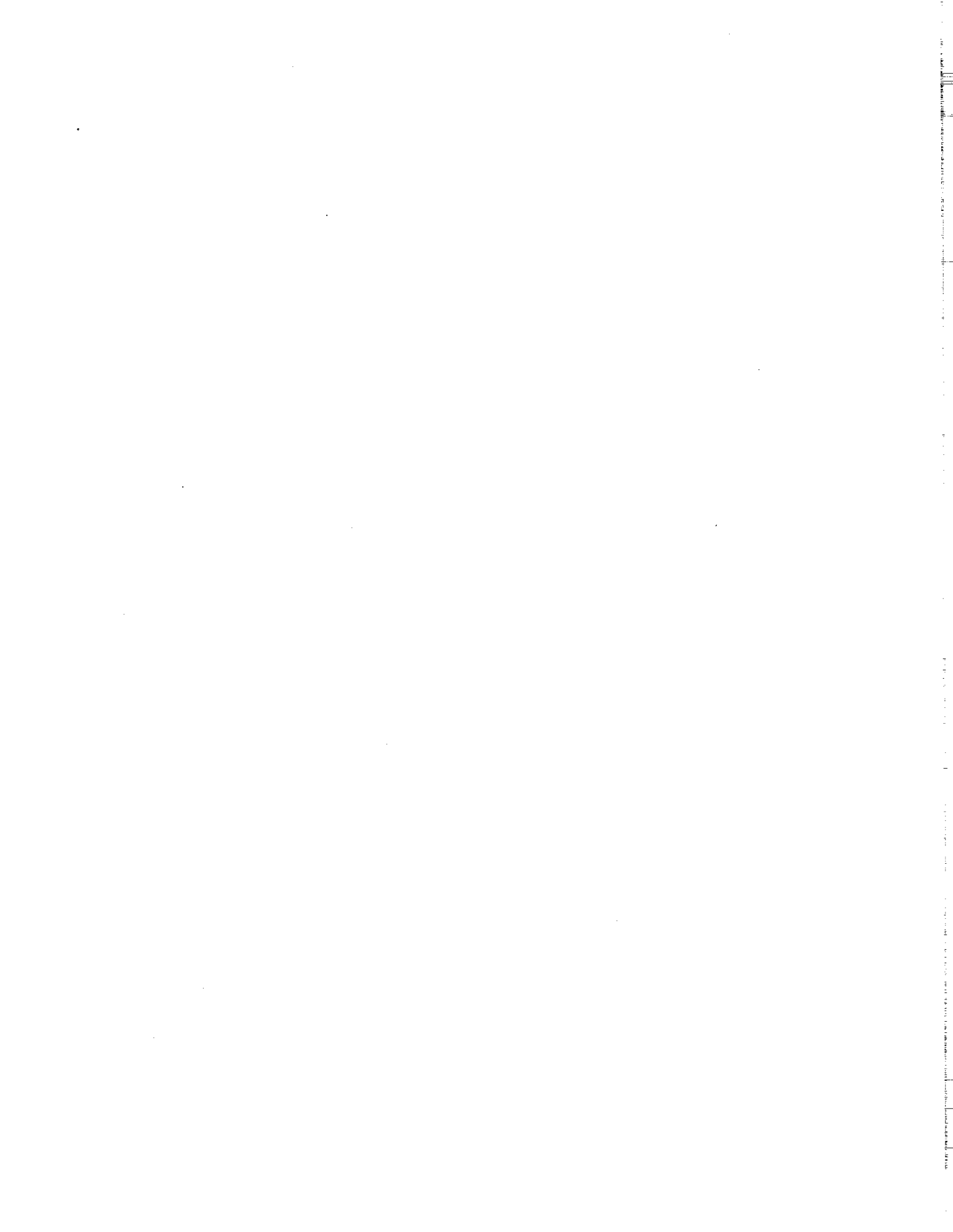
Program: Santa Fe County

Grant Amount : 300,000.00

Project Number Reporting Period

DWI Progress or Final Report

1. Please describe the work accomplished this reporting period for each component. Please include clear goals, objectives, methods, and number of activities, evaluation process and procedures utilized. Please state the number of people served, targeted audience and what was the desired outcome. (Attach additional sheets if necessary.)
2. Please describe any problems encountered and/or delays experienced in the implementation and administration of the project as planned. Also, discuss action or methods used or to be utilized in their alleviation. Address progress to date accomplishing program component objectives. Discuss any training or technical assistance from DFA that might of helped you in problem solving. (Attach additional sheets if necessary.)
3. If this is a final report, please include a detailed explanation of the impact of the project on the problems/conditions addressed utilizing Evaluation Plan. Identify the goals and objectives that have be attained and the outcome. (Attach additional sheets if necessary.)
4. Please summarize your County DWI Planning Council's participation. Provide copies of minutes and sign-in sheets from meetings. Please send in a copy of the by-laws that govern the DWI Planning Council in the first quarterly report. (Minutes must be signed).
5. Please attach a copy of category budget breakdown of expenditures to date reported on the Request for Payment/Financial Status Report Form, Exhibit D for grants and the Distribution Fund Financial Status Report, Exhibit F (1) for distribution funded programs, activities and services.
6. Please attach a copy of the breakdown by program of grant and distribution expenditures and in kind/local match to date reported on the second page of the Request for Payment/Financial Status Report Form, Exhibit D for grants and



the Distribution Fund Financial Status Report, Exhibit F (1) for distribution funded programs, activities and services.

7. Please attach a copy of the Exhibit E (The Fees Collected Summary) and G (Detailed breakdown by budget Category).

Certification

1. I certify the programs are in accordance with the county DWI plan approved by the Human Services Department (HSD) and meet all applicable HSD regulations, standards or guidelines.
2. I certify that all payments made from LDWI grant and distribution monies were verified and accounted for by locally implemented policies and controls.
3. I certify the DWI Progress and Final Reports contain no "individually identifiable health information" as defined by the HIPAA Regulations.
4. Under penalty of law, I hereby certify that to the best of my knowledge and belief, the information contained in this report is correct and true and that **no other funding source is reimbursing these specific expenditures.**

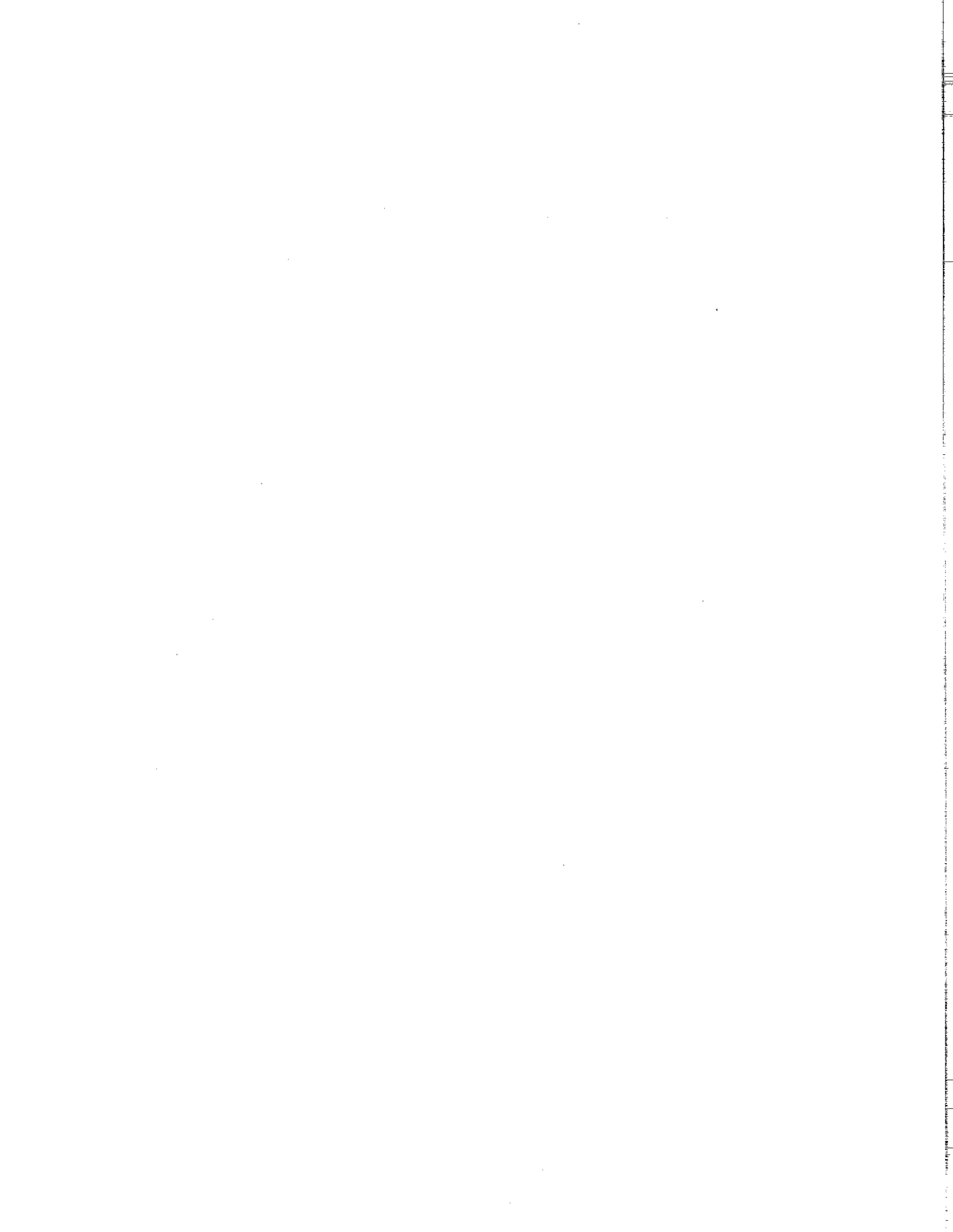
Please sign and submit this form as part of each quarterly report.

Grantee Representative

County Manager or Mayor

Date

Date



**Local DWI Grant Fund
Revenue/Expenditure Summary**

Applicant/Grantee
Santa Fe County

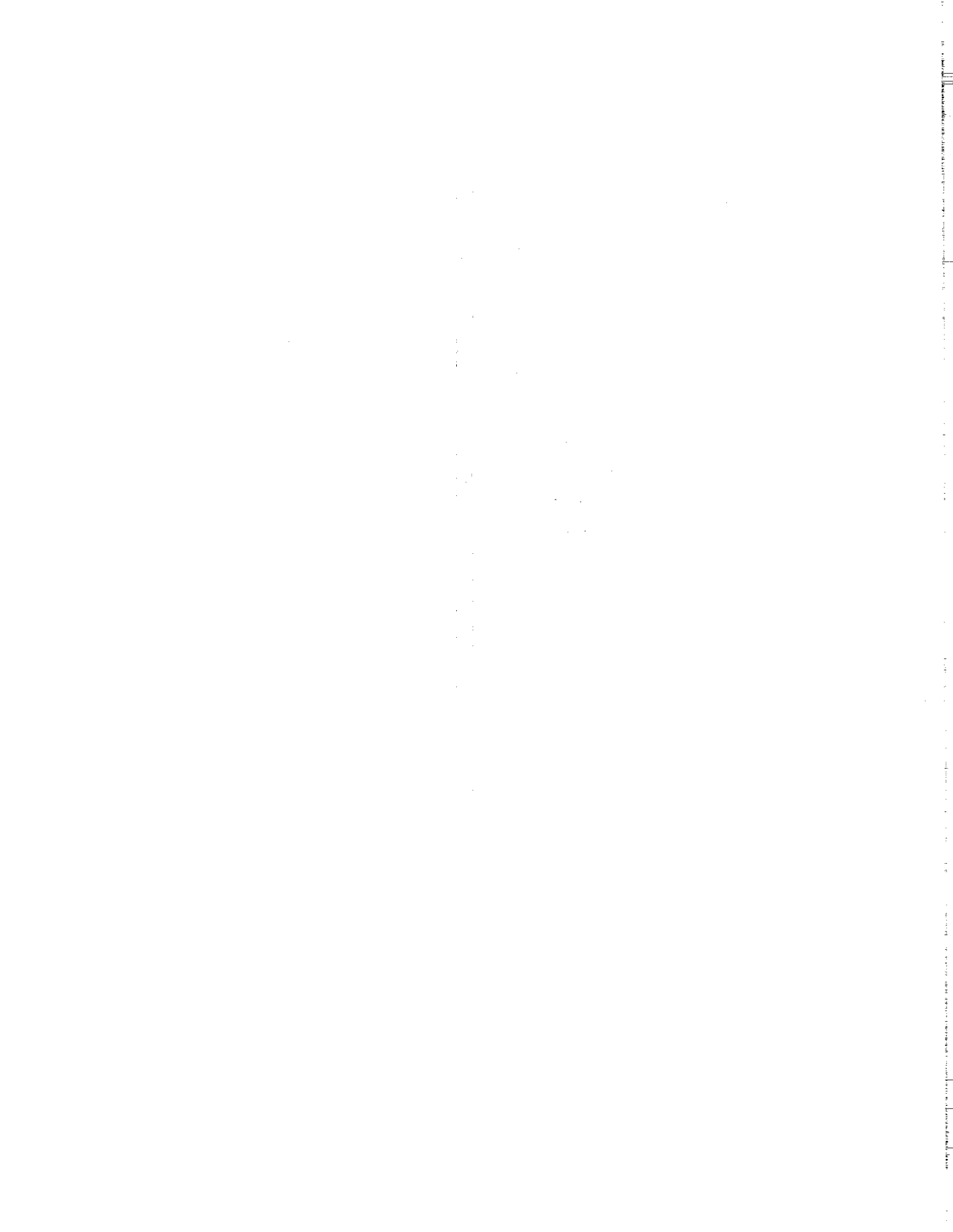
Total Treatment/Detoxification Grant Funds
\$300,000

Project No.: 12-X-I-G-27

REVENUES BY SOURCE	EXPENDITURE BY CATEGORY	Grant Expenditures	In-Kind/Match Local Funds	TOTAL Budget
Local DWI Program Grant	Personnel Services		0.00	0.00
Program Generated Fees	Employee Benefits		0.00	0.00
	Travel			0.00
Local Match (Cash or In-Kind)	Contractual Services			0.00
County	Operating Expenses		0.00	0.00
City				
Judicial/Courts				
Other (list):				
	Personnel Services	0.00	0.00	0.00
	Employee Benefits	0.00	0.00	0.00
	Travel (In-State)	0.00		0.00
	Travel (Out-of-State)			0.00
	Supplies	0.00	0.00	0.00
	Operating Costs	0.00		0.00
	Contractual Services	300,000.00	30,000.00	330,000.00
	Minor Equipment	0.00		0.00
	Capital Outlay*	0.00	0.00	0.00
TOTAL REVENUES	TOTAL EXPENDITURES	300,000.00	30,000.00	330,000.00

(* Capital Outlay cannot exceed 10%

10% = 30,000.00



Grant Expenditures:

Exhibit C(1)
LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report

Budget

Treatment 300,000.00

Totals: 300,000.00

ck 300,000.00

In-Kind/Match Expenditures:

Budget

Treatment 30,000.00

Totals: 30,000.00

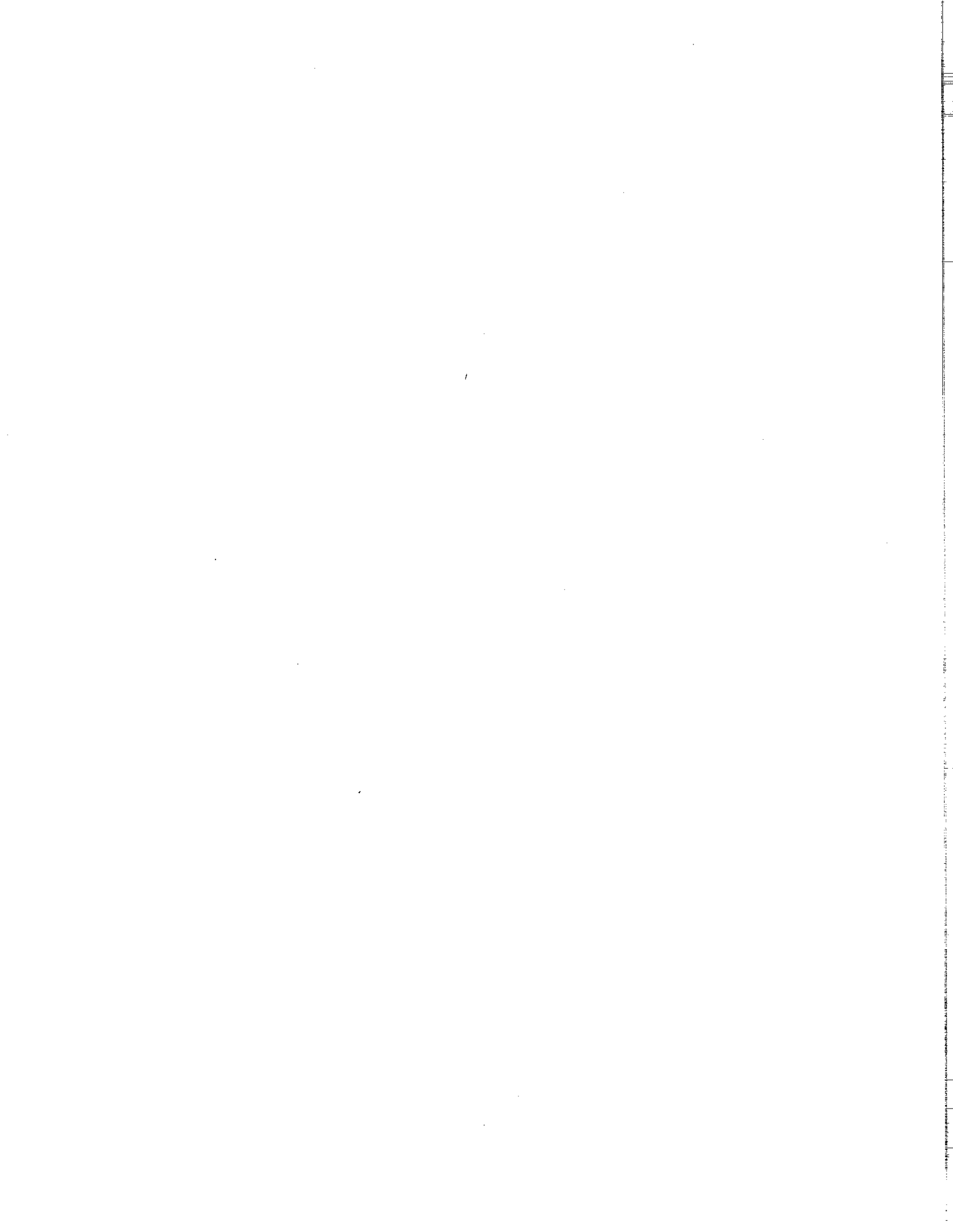
ck 30,000.00

EXHIBIT C(1)

Tot. Bud. Expd: 330,000.00 ck

330,000.00

Santa Fe County
PO Box 276
Santa Fe, NM 87504
505-992-9858
12-X-I-G-27



LOCAL DWI GRANT PROGRAM
Request For Payment/Financial Status Report

Payment Request No.: 1

i. A. Grantee: Santa Fe County
B. Address: PO Box 276
 Santa Fe, NM 87504
C. Telephone No.: 505-992-9858
D. Grant No.: 12-X-HG-27

Budget Categories	Approved Budget			Expenditures Year to Date			Expenditures This Request		
	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Budget	Grant Funds	In/Kind Match	Total Expenditures
ADMINISTRATIVE*									
Personnel Services		0.00	0.00		0.00	0.00		0.00	0.00
Employee Benefits		0.00	0.00		0.00	0.00		0.00	0.00
Travel		0.00	0.00		0.00	0.00		0.00	0.00
Contractual Services		0.00	0.00		0.00	0.00		0.00	0.00
Operating Expenses		0.00	0.00		0.00	0.00		0.00	0.00
PROGRAM									
Personnel Services	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Employee Benefits	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Travel (In-State)	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Travel (Out-of-State)	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Supplies	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Operating Costs	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Contractual Services	300,000.00	30,000.00	330,000.00	0.00	0.00	0.00		0.00	0.00
Minor Equipment	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Capital Outlay*	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
TOTAL EXPENDITURES	300,000.00	30,000.00	330,000.00	0.00	0.00	0.00	0.00	0.00	0.00

300000.00

Per. Serv.
Empl. Ben.
Travel In
Contract
Operating

Per. Serv.
Empl. Ben.
Travel In
Travel Out
Supplies
Operating
Contractual
Minor Equip.
Capital Outlay

IV. CERTIFICATION: Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

Tax ID No.: _____

Grantee Fiscal Officer _____ Date _____

Grantee Representative _____ Date _____



LOCAL DWI GRANT PROGRAM
 Request for Payment/Financial Status Report
 Breakdown By Program Component Expenditures D(1)

Grantee: Santa Fe County
 Project No.: 12-X-1-G-27
 Request No. 1

Total Grant Funds Requested This Request: 0.00
 Total Matching Funds Reported This Request: 0.00
 Total Expenditures Reported This Request: 0.00

Grant Expenditures:

	Budget	This Request	YTD
Treatment	<u>300,000.00</u>	<u> </u>	<u>0.00</u>
Totals:	<u><u>300,000.00</u></u>	<u>0.00</u>	<u><u>0.00</u></u>

In-Kind/Match Expenditures:

	Budget	This Request	YTD
Treatment	<u>30,000.00</u>	<u> </u>	<u>0.00</u>
Totals:	<u><u>30,000.00</u></u>	<u>0.00</u>	<u><u>0.00</u></u>

Check
 Total Expenditures This Reimbursement: 0.00
 Total Expenditures Year to Date: 0.00

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required/matching funds have been spent/obligated in the reported amount, and the copies of all required documentation are attached, or on file for review. The documentation for this payment is true and reflects correct copies of the originals. All payment requests listed are not funded by any other funding source. The service provider shall not bill the grantee and another funding source for the same client at the same time.

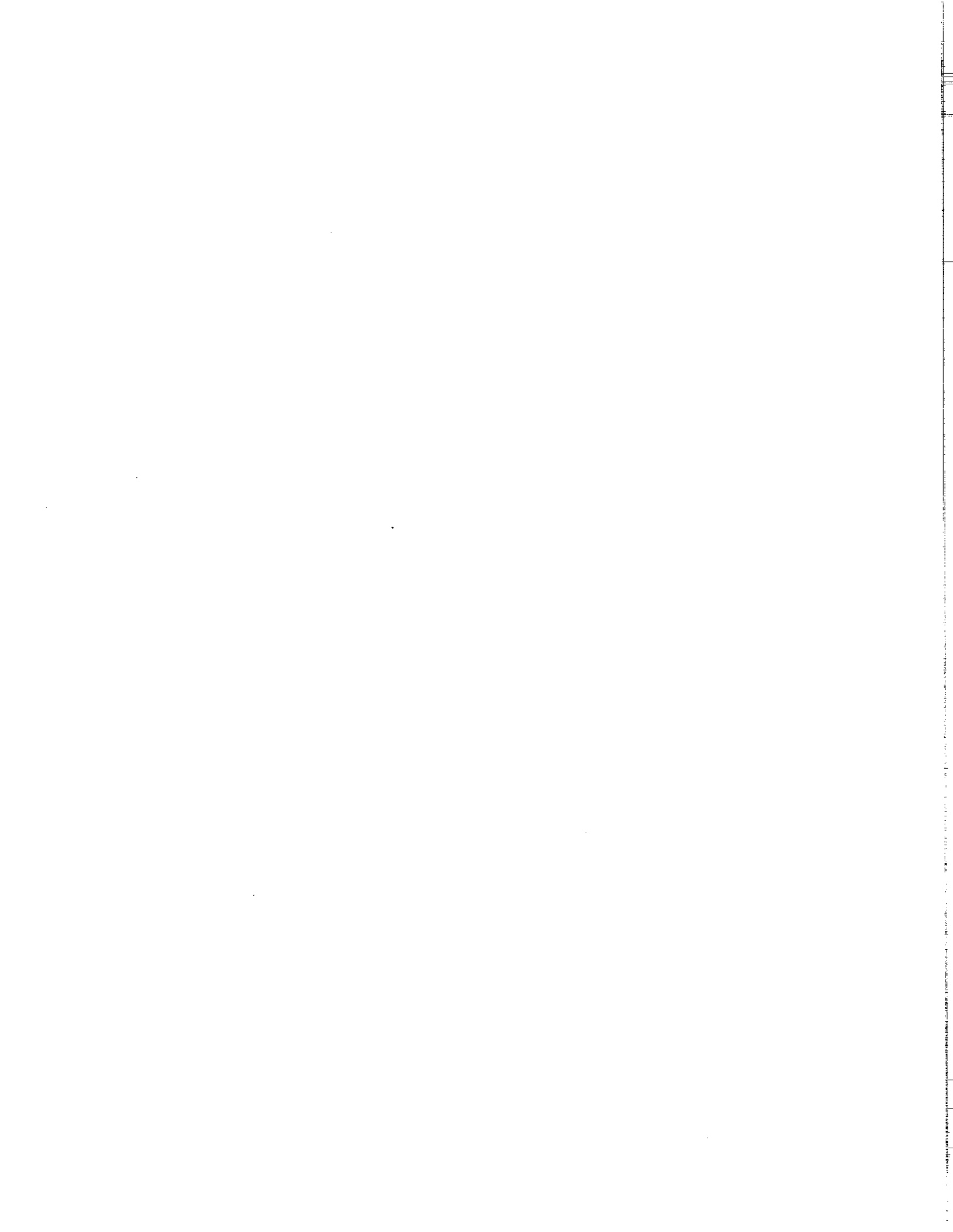


Exhibit G
Detailed Breakdown By Budget Category
LOCAL DWI GRANT PROGRAM

Grantee: Santa Fe County
 Project No.: 12-X-I-G-27
 Request No.: _____

Total Grant Funds Requested This Request: 0.00
 Total Matching Funds Reported This Request: 0.00
 Total Expenditures Reported This Request: 0.00

Grant or Distribution Expenditures:

ADMINISTRATIVE

Administrative expenses are not allowed.

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Personnel Services:				<u>0.00</u>	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				<u>0.00</u>	

Travel (In-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Travel (In-State):						<u>0.00</u>

Travel (Out-of-State)

<u>Date of Travel/Location</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Travel (Out-of-State):						<u>0.00</u>

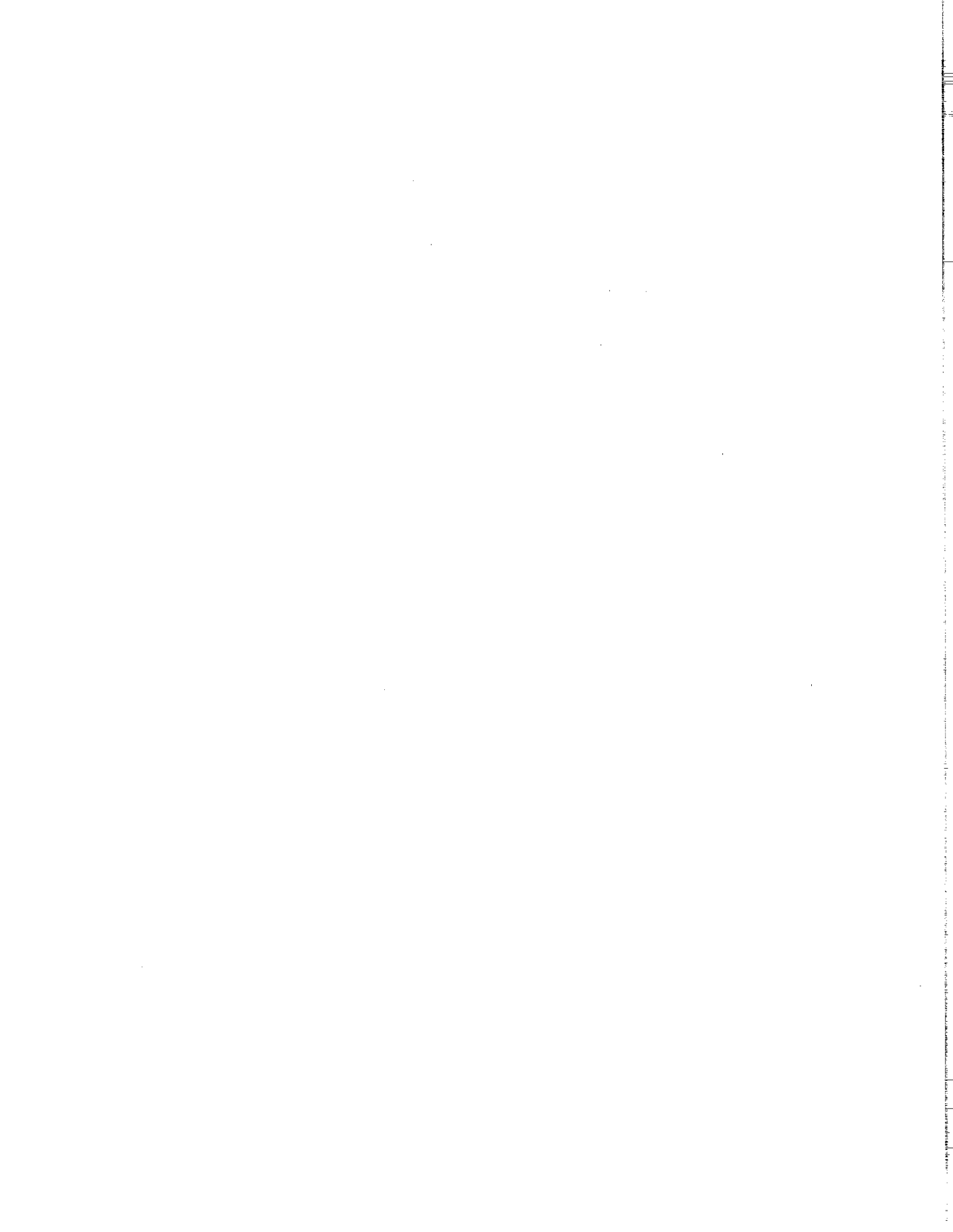
Supplies (*Please list Prevention Giveaways/Promotional Items separately below)

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Supplies:						<u>0.00</u>

*Prevention Giveaways/Promotional Items

Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>



Total Operating Costs: 0.00

Contractual Services

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Contractual Services:					<u>0.00</u>	

Minor Equipment

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Minor Equipment:					<u>0.00</u>	

Capital Outlay

<u>Date of Order</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Capital Outlay:					<u>0.00</u>	

Total Grant Fund Reimbursement Request: 0.00

Check: 0.00

I hereby certify to the best of my knowledge and belief, the above information is correct, expenditures are properly documented, required / matching funds have been spent / obligated in the reported amount, and that copies of all required documentation are attached or on file for review. The documentation for this payment is true and reflects correct copies of the originals. I certify that the items listed in this report have not been billed or reported previously to the Local DWI Grant & Distribution program. I certify that all payment requests listed are not funded by any other funding source and that the service provider shall not bill this grant/distribution fund and any other funding source for the same service provided to the same client at the same time.

Name

Title

Date

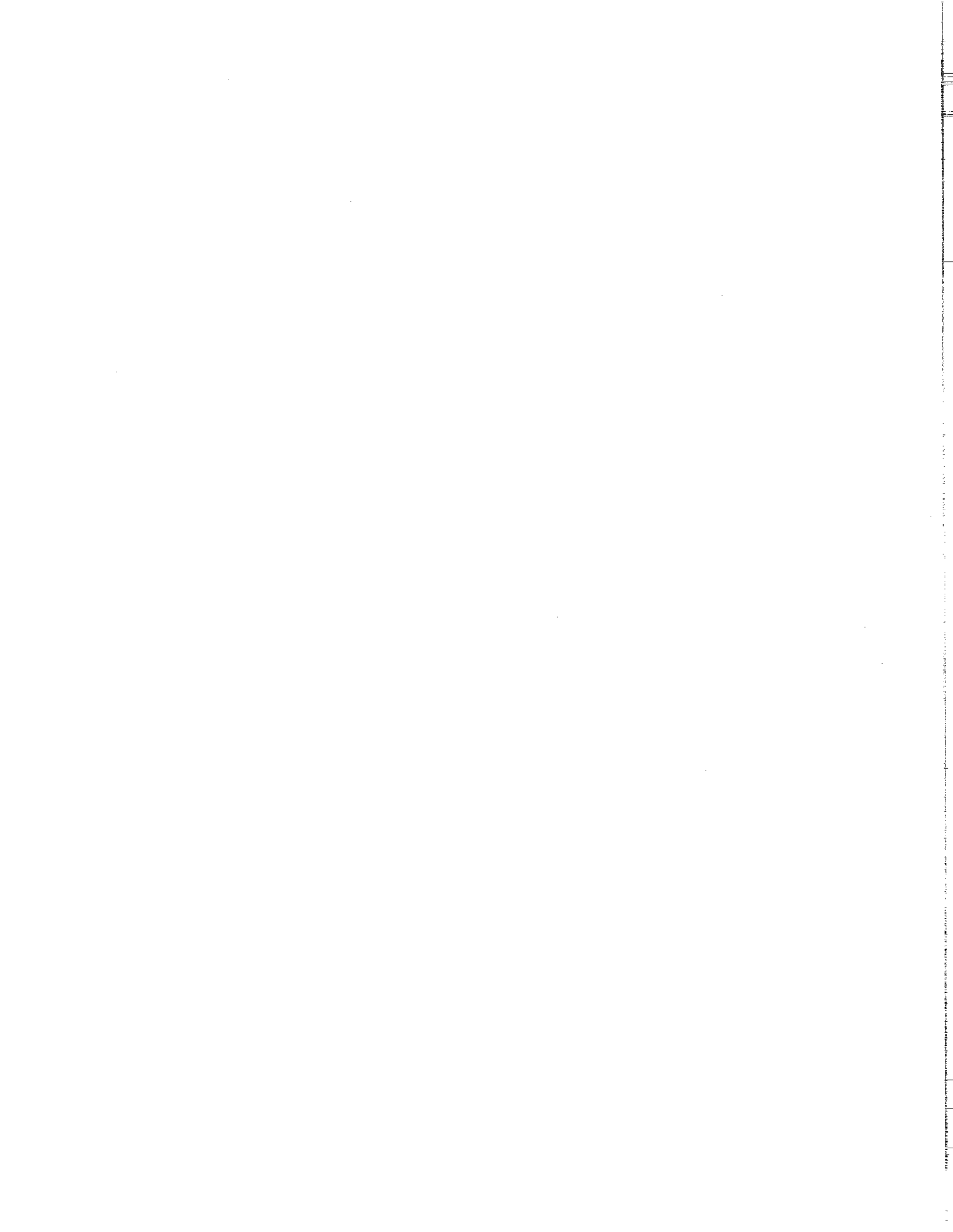


Exhibit G

Detailed Breakdown By Budget Category LOCAL DWI GRANT PROGRAM

Grantee: Santa Fe County
Project No.: 12-X-I-G-27
Request No.: 0

Total Grant Funds Requested This Request: 0.00
Total Matching Funds Reported This Request: 0.00
Total Expenditures Reported This Request: 0.00

In-Kind/Match Expenditures:

ADMINISTRATIVE expenses are allowed for In-Kind Match only.

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Personnel Services:				0.00	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				0.00	

Travel

<u>Date of Travel/Locatio</u>	<u>Purpose of Travel</u>	<u>Check Date</u>	<u>Name</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Travel:					0.00	

Contractual Services

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Contractual Services:					0.00	

Operating Costs

<u>Period Covered</u>	<u>Check Date</u>	<u>Vendor/Item</u>	<u>Description</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Operating Costs:					0.00	

PROGRAM

Personnel Services

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Personnel Services:				0.00	

Employee Benefits

<u>Pay Period</u>	<u>Name</u>	<u>Job Title</u>	<u>Check Number</u>	<u>Amount</u>	<u>Explanation</u>
Total Employee Benefits:				0.00	



