

**NEW MEXICO ENVIRONMENT DEPARTMENT  
CONSTRUCTION PROGRAMS BUREAU  
DISBURSEMENT REQUEST  
SPECIAL APPROPRIATIONS PROGRAM (SAP)**

Refer to page 2 of the PDF document for further details on items 1-17

A. NAME OF ENTITY 1 \_\_\_\_\_ C. DISBURSEMENT REQUEST NUMBER 3  
 B. PROJECT NUMBER 2 \_\_\_\_\_ D. GRANT AMOUNT 4 \_\_\_\_\_

|                         | PREVIOUS EXPENDITURES  |   | CURRENT EXPENDITURES   |   | CUMULATIVE   |  | FUNDS REMAINING   |  |
|-------------------------|--|---|--|---|--|--|---|--|
|                         | NMED-PROGRAM <span style="border: 1px solid black; padding: 2px;">5</span> | OTHER FUNDS <span style="border: 1px solid black; padding: 2px;">6</span> | NMED-PROGRAM <span style="border: 1px solid black; padding: 2px;">7</span> | OTHER FUNDS <span style="border: 1px solid black; padding: 2px;">8</span> | NMED-PROGRAM <span style="border: 1px solid black; padding: 2px;">9</span> | OTHER FUNDS <span style="border: 1px solid black; padding: 2px;">10</span> | NMED-PROGRAM <span style="border: 1px solid black; padding: 2px;">11</span> | OTHER FUNDS <span style="border: 1px solid black; padding: 2px;">12</span> |
| Administrative Expenses | XXXXXXXXXX   |   | XXXXXXXXXX   |   | XXXXXXXXXX   |  | XXXXXXXXXX  | \$ -   |
| Engineer Fees           |  |   |  |   |  |  | \$ -  | \$ -   |
| Other Professional      |  |   |  |   |  |  | \$ -  | \$ -   |
| Service Fees            |  |   |  |   |  |  | \$ -  | \$ -   |
| Inspection Fees         |  |   |  |   |  |  | \$ -  | \$ -   |
| Property Acquisition    |  |   |  |   |  |  | \$ -  | \$ -   |
| Construction Cost       |  |   |  |   |  |  | \$ -  | \$ -   |
| Planning Cost           |  |   |  |   |  |  | \$ -  | \$ -   |
| Equipment               |  |   |  |   |  |  | \$ -  | \$ -   |
| Other Costs (specify)   |  |   |  |   |  |  | \$ -  | \$ -   |
| Contingencies           |  |   |  |   |  |  | \$ -  | \$ -   |
| <b>TOTAL</b>            |  | \$ -  | \$ -   | \$ -  | \$ -   | \$ -   | \$ -  | \$ -   |

**Certification:** Under penalty of law, I certify that all the above expenditures are true and correct and are for appropriate purposes in accordance with the terms and conditions of the pertinent Loan/Grant Agreement; that all of the above expenses are properly documented, and are actual invoices; that payment has not been received; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti-donation" clause.

|  |   |   |  |
|--|---|---|--|
| Signature of Authorized Official: <span style="border: 1px solid black; padding: 2px;">13</span> | Typed or Printed Name: <span style="border: 1px solid black; padding: 2px;">14</span> | Phone: <span style="border: 1px solid black; padding: 2px;">15</span> | Date: <span style="border: 1px solid black; padding: 2px;">16</span> |
|--|---|---|--|

17 SWORN TO AND SUBSCRIBED before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_

**NEW MEXICO ENVIRONMENT DEPARTMENT  
CONSTRUCTION PROGRAMS BUREAU**

**INSTRUCTIONS FOR (SAP)  
DISBURSEMENT REQUEST**

1. **NAME OF ENTITY**  
The name of the entity on the loan or grant agreement documents.
2. **PROJECT NUMBER**  
Available from the loan or grant agreement.
3. **DISBURSEMENT REQUEST NUMBER**  
The number of the pay request. (Self Explanatory)
4. **GRANT AMOUNT**  
The approved budget amount of the Grant. Expenditures should be listed by category i.e. engineering, construction, etc.
5. **NMED PROGRAM (Previous Expenditures)**  
The first disbursement request will be zero. After the first disbursement request, the "PREVIOUS EXPENDITURES" column should reflect the "Cumulative Expenditures" figures from the previous disbursement request. (Example: "Previous Expenditures" in disbursement request number four should be identical to "Cumulative Expenditures" in disbursement request number three.)
6. **OTHER FUNDS (Previous Expenditures) (Optional)**  
Report expenditures for other funds.
7. **NMED PROGRAM (Current expenditures)**  
You must reflect the dollar amount you are requesting payment for on this disbursement request.
8. **OTHER FUNDS (Current expenditures) (Optional)**  
Same as Number 6, except report current expenditures from other funds.
9. **NMED PROGRAM (Cumulative)**  
Add the "Previous Expenditures" column and the "Current Expenditures" column and reflect the sum in this column.
10. **OTHER FUNDS (Cumulative) (Optional)**  
Same as Number 8, except report other funds cumulative.
11. **NMED PROGRAM (Funds Remaining)**  
The Grant Amount Less the Cumulative.
12. **OTHER FUNDS (Funds Remaining) (Optional)**

Report other funds remaining.

**13. SIGNATURE OF AUTHORIZED OFFICIAL**

The person signing must be an authorized representative who has been designated by resolution of the governing body as the signatory authority for this project.

**14. TYPED OR PRINTED NAME**

The typed or legibly printed name of the authorized Signatory Authority who signed the disbursement request.

**15. PHONE**

Enter authorized Signatory Authority's phone number.

**16. DATE**

Date disbursement request is signed.

**17. NOTARY PUBLIC**

Disbursement must be notarized.