

# New Mexico Land Grant Council

## Land Grant-Merced Support Fund Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Land Grant-Merced*

Address: \_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Applicant Preparer/Staff Contact Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Funding Category and Amount Requested

Legal Services	\$
Administrative Services/Goods/Equipment	\$
Community Development	\$
Economic Development	\$
Small Capital and/or Equipment Purchase	\$
Land acquisition and related services	\$
Land use planning & zoning	\$
Common land improvements	\$
Historic and cultural preservation	\$
Outreach and community education	\$

### Accompanying Documentation Checklist

Names & contact info of current members of the Board of Trustees if not already filed with NM Land Grant Registry  
Copy of current bylaws if not already filed with NM Land Grant Registry  
Copy of most recent Tier Certification or AUP Report submitted to State Auditor  
Copy of most recent Fiscal Year Budget submitted and approved by DFA (when applicable)  
Copy of current Land Grant-Merced's Open Meetings Act Resolution

**Description of what the funds will be utilized for including measurable product outcomes**

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**Process by which services/purchases funded will be procured**

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**Plan on how the Land Grant-Merced will expend funds in a timely fashion**

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**Board of Trustees**

<u>Name</u>	<u>Position</u>

**Certification**

I certify that to the best of my knowledge and belief, the above and attached information is true and correct. All required documentation is attached and reflects correct copies of the originals. The application has been duly authorized by the governing body of the applicant; and the applicant will comply with all applicable federal and state laws and requirements.

\_\_\_\_\_  
Board President Signature

\_\_\_\_\_  
Typed Name of Board President

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Board Secretary Signature

\_\_\_\_\_  
Typed Name of Board Secretary

\_\_\_\_\_  
Date