AUTHORITY:

Policies CD-010100 and CD-023100

REFERENCES:

A. Guidelines for individual grants.

PURPOSE:

To ensure consistent and proper handling and reporting of all grants and to establish uniform procedures.

APPLICABILITY:

All employees of the New Mexico Corrections Department who, on behalf of the Department, apply for or administer grants or grant-funded programs.

FORMS:

Authority to request a Grant Award form (CD-020501.1) (2 pages)

ATTACHMENTS:

None

DEFINITIONS:

None

POLICY:

A. The Corrections Department will be proactive in locating and applying for grants appropriate to its needs.
B. All grants proposals must be sent for approval to the Grants Manager in the Administrative Services Division (ASD) prior to the application preparation.

C. The ASD Grants Manager will ensure that all authorizing signatures are secured (i.e. Secretary of Corrections, Deputy Secretary, Budget Bureau Chief, and Program Managers) prior to the application being sent.

D. The Administrative Services Division will identify the recipient of all grant funds for the Corrections Department and will review and audit all aspects of these grants.

E. Project managers/business managers will ensure that all progress and financial reports are completed and submitted to the Financial Management Bureau (FMB) Accountant in a timely manner, in accordance with the grant requirements and ensure that grant revenues are received for expenditures, based on reports submitted to the FMB Accountant and/or the granting agency.

F. Project managers/business managers will ensure that the grant award is properly budgeted within the Statewide Human Resources, Accounting and Management Reporting (SHARE) system or other authorized accounting system; that all grant expenditures are monitored and recorded; and that all grant revenue as stated on the grant expenditure report is collected and received.

G. The ASD Grants Manager will review all grant requirements and either the Grants Manager or the FMB Accountant, or both, will audit grants for compliance with all reporting requirements and stipulations.

H. All grant related travel expenses paid under the terms allowed by the grant must be pre-approved by the Business Manager. In addition, all out of state travel must also be pre-approved by the Secretary of Corrections and any other required individuals, e.g. budget bureau chief, director, deputy secretary, bureau chief, etc.

_______________________________
David Jablonski, Secretary of Corrections
New Mexico Corrections Department
AUTHORITY:

CD-020500

PROCEDURES:

A. Pre-Application Approval:

1. The Administrative Services Division (ASD) Grants Manager shall use all available resources to locate potential grants for the Department, and shall forward such information to the proper authority to determine the level of interest/ability to utilize the grant. If there is interest, please submit the Authority to Request a Grant Award form (CD-020501.1) to the ASD Grants Manager for approval.

2. Grant opportunities located by other individuals shall be forwarded on the Authority to Request a Grant Award form (CD-020501.1) to the ASD Grants Manager for approval.

3. Approval for permission to apply shall always include the Secretary of Corrections and the ASD Budget Bureau Chief.

4. Approved proposals shall be returned to the proposed Project Manager who will be responsible for writing the grant application.

5. Proposals that are not approved will be returned to the writer with a written statement as to the reason for denial.

B. Application Process:

1. The Project Manager or designee shall prepare all grant applications as directed by the grantor.

2. To the greatest extent possible, the ASD Grants Manager will provide additional information or support documents as requested to complete the grant application.

3. The completed application and supporting documents shall be sent to the ASD Grants Manager for final review, signatures and submission at least two weeks prior to the application deadline.
C. All correspondence regarding an application for grant funds shall be forwarded to the ASD Grants Manager.

D. Application Outcomes:

1. If the grant application is approved, the ASD Grants Manager shall:
   a. Notify the Project Manager within three working days;
   b. Secure signatures required for acceptance;
   c. Return acceptance documents to the grantor;
   d. Notify the Budget Bureau and FMB; and
   e. Forward copies of the award and acceptance documents to the Project Manager and FMB Accountant.

2. If the grant is not awarded, the ASD Grants Manager shall notify the Project Manager and forward a copy of the notification.

E. Grant Program Operation:

1. The Project Manager is responsible for establishing the project within grant guidelines, and working with the project person designated to set up and maintain the budget and other financial records.

2. The Project Manager shall ensure that all functions performed within the grant adhere to State and Federal procurement and personnel rules and regulations, as appropriate.

3. The Budget Bureau shall notify the FMB Accounting Manager before a Budget Adjustment Request (BAR) is submitted to the Department of Finance and Administration (DFA) so that the proper internal department and sub-account codes can be set up.

4. No accounts may be activated nor expenditures made from grant funds until DFA has approved the BAR, unique to the grant.

5. The FMB Accounting Manager shall notify the Business Manager of the cost center codes established for the project once the BAR is approved and the grant funds are available.
6. The Project Manager shall notify the ASD Grants Manager and FMB Accountant of any major problems in administering the grant, e.g. the necessity to request an extension of the grant period, so that such efforts may be coordinated.

F. Grants Reporting:

1. The Project Manager shall be responsible for ensuring that all financial and program reports are written and submitted to the granting authority within the time frame specified in the grant agreement.

2. The Program Manager/Business Manager shall submit copies of payment vouchers to the FMB Accountant to support expenditures made from grant funds at the time the expenditure is reimbursed.

3. The FMB Accountant will ensure that all financial reports and requests for payments are complete and accurate, and will work with the Project Manager to improve any identified problem areas.

4. The FMB Accountant shall maintain the master file for all grants and shall ensure their readiness for state and/or federal audits.

G. All correspondence regarding grant operations will be coordinated through the ASD Grants Manager.

H. To the extent possible, project evaluations shall be conducted and written reports submitted to the ASD Grants Manager by the Program Manager to assist in future grant considerations.

I. Documentation on all completed grants shall be maintained by the ASD Grants Manager and the FMB Accountant as required by the grantor.

__________________________________________  02/28/17
David Jablonski, Secretary of Corrections  Date
New Mexico Corrections Department
**NEW MEXICO CORRECTIONS DEPARTMENT**  
**AUTHORITY TO REQUEST A GRANT AWARD**

<table>
<thead>
<tr>
<th>Requested by:</th>
<th>Date:</th>
<th>Division/Facility/Activity</th>
<th>Telephone #</th>
</tr>
</thead>
</table>

1. What is the dollar amount of the grant award being sought? __________________________

2. What entity is offering the grant (source)? ________________________________________

Type of Grant (Circle one)  | Formula Grant | Competitive Grant | Block Grant |
|---------------------------|---------------|-------------------|-------------|

3. Are matching funds required? (Circle one) Yes  No

   If yes:  
   - Cash? How much? $__________
   - Materials/supplies? What amount? $__________
   - Man Hours - How many? ________

4. Explain how match will be met: __________________________________________________

5. General description of the goals and objectives to be accomplished through this grant:

   __________________________________________________
   __________________________________________________
   __________________________________________________

6. What are the post-grant obligations of the Department? _____________________________

7. What is the length of the Department's commitment? _______________________________

8. Is grant renewable? (Circle one) Yes  No

   If renewable, for how many years? _________

9. Realistic expectations of accomplishing goals and objectives (discuss potential problems):

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
NEW MEXICO CORRECTIONS DEPARTMENT
AUTHORITY TO REQUEST A GRANT AWARD

(Continued)

10. Legal consequences if grant conditions are not met: _______________________________

_________________________________________________________________________

_________________________________________________________________________

11. Name of intended Project Manager: ___________________________________________

12. Qualifications of Project Manager: ____________________________________________

_________________________________________________________________________

_________________________________________________________________________

Submit completed request to the ASD Grants Manager in Central Office for required approvals. Copies of grant invitation or application guidelines must be attached.

Approved/Disapproved: _________________________________   ______________

Requesting Director/Warden        Date

Approved/Disapproved: _________________________________   ______________

Budget Bureau Chief               Date

Approved/Disapproved: _________________  ______________

Chief Financial Officer        Date

Approved/Disapproved: _________________  ______________

Deputy Secretary of Administration  Date

Approved/Disapproved: _________________  ______________

Secretary of Corrections        Date

If disapproved, please provide reason: _____________________________________________

_________________________________________________________________________

_________________________________________________________________________

Return completed form to ASD Grants Manager for action.