

NOO - this is sent in first / determines if your purchase is eligible for reimbursement

STATE OF NEW MEXICO  
CAPITAL GRANT PROJECT - 2018 GO Bonds  
NOTICE OF OBLIGATION TO REIMBURSE GRANTEE

DATE: Date you are submitting this form

TO: Grantee Representative: this is the town, city, village, tribe

FROM: Department Representative: Patricia Moore (I represent the State Library)

SUBJECT: Notice of Obligation to Reimburse Grantee

Project Number: A18C5074 (public libraries) / A18C5075 (tribal public libraries) Circle correct one

As the designated representative of the Department for Grant Agreement number [A18C5074 / A18C5075] entered into circle correct one between Grantee and the Department, I certify that the Grantee has submitted to the Department the following third party obligation executed, in writing, by the third party's authorized representative:

GO Bond PO# for the Library: this is the library's GOB PO#, not the vendor

Vendor/Third Party Obligation Amount: example: Baker & Taylor / # 3,422.16

Termination/Reversion Date: April 1, 2022

I certify that the State is issuing this Notice of Obligation to Reimburse Grantee for permissible purposes within the scope of the project description, subject to all the terms and conditions of the above referenced Grant Agreement.

Library's 2018 GO Bond Grant Amount: #

The Amount of this Notice of Obligation: #

The Total Amount of all Previously Issued Notices of Obligation: \_\_\_\_\_

Available Balance as of this Date: \_\_\_\_\_

Department Representative: Patricia Moore

Title: GO Bond Consultant / NMSL

Signature: Patricia's Signature goes here

Date: date of signature

① NOO can be emailed to me

② I'll review, sign, scan and email back

③ Documentation that I review is generally a vendor's quote. It can be a link to a company's online catalog. If you're ordering from Amazon or any vendor not 'library-related', you can send a scan of your shopping cart so I can review all items under consideration.



Exhibit 1 - always include in reimbursement request;  
required

STATE OF NEW MEXICO  
2018 GENERAL OBLIGATION BONDS FOR PUBLIC LIBRARIES  
PAPER PERIODIC/FINAL REPORT  
EXHIBIT 1

which one? → ☐ PERIODIC REPORT → ☐ FINAL REPORT

Grantee: town, city, village, tribe

Library: Name of library

Circle →  
correct  
one

Project No.: A18-C5074 (Publics) / A18-C5075 (Tribal Publics) Reporting Period: this date must be in FY22 - can be monthly, quarterly, a range ...

1. Please provide a detailed status of project referenced above.

*Third Party Obligations*

GO Bond Purchase Order #: this is not the vendor PO#

Vendor(s): if two or more, you can just put "Various"

Total Amount of Third Party Obligation: add up total dollars

Date Executed: if two or more checks, you can just put "Various"

Termination/Reversion Date: June 30, 2022 / April 1, 2022 - final date for all paperwork

2. A. 2018 GO Bond Grant Amount: \$ Original GO Bond allocation

B. Total Grant Amount Expended by Grantee as of this Date: \$ \_\_\_\_\_

C. Grant Balance as of this Date: \$ this dollar amount should match  
a - b = c Exhibit 2, II, G

☐ PERIODIC REPORT

I hereby certify that the aforementioned Capital Grant Project funds are being expended in accordance with all requirements of the Grant Agreement, and in compliance with all other applicable requirements.

☐ FINAL REPORT

I hereby certify that the aforementioned Capital Grant Project funds have been completed and funds were expended in accordance with all requirements of the Grant Agreement, and in compliance with all other applicable state/regulatory requirements.

this needs to be a signature

Grantee Representative / Title

or digital signature

Date

- this can be finance staff  
or the director

we need  
a date please

which? →



# Exhibit 2 - Required

## STATE OF NEW MEXICO 2018 General Obligation Bonds for Public Libraries Request for Payment Form Exhibit 2

**I. Grantee Information** *this info should match the vendor info on the GO Bond PO*  
(Make sure information is complete & accurate)  
A. Grantee: \_\_\_\_\_  
B. Address: \_\_\_\_\_  
(Complete Mailing, including Suite, if applicable)  
*\*let me know if your PO is not correct*  
C. City \_\_\_\_\_ State \_\_\_\_\_  
D. Phone No: \_\_\_\_\_  
E. Grant No. (Circle): A18C-5074 / A18C-5075  
F. Project Title: 2018 General Obligation Bonds  
G. Grant Expiration Date: 4/1/2022

**II. Payment Computation**  
A. Payment Request No. *this is your internal no. ex. no. 1, no. 2, no. 3*  
B. Grant Amount: *your allocation* → \_\_\_\_\_  
C. AIPP Amount (If Applicable): \_\_\_\_\_ N.A.  
D. Funds Requested to Date: \_\_\_\_\_  
E. Amount Requested THIS Payment: \_\_\_\_\_  
F. Reversion Amount (If Applicable): \_\_\_\_\_ N.A.  
G. Grant Balance: \_\_\_\_\_  
H. ☒ GOB ☐ ☐  
I. ☐ Final Request for Payment (when Applicable)

**III. Fiscal Year Expenditure Period Ending (Circle):** FY2020 / FY2021 / FY2022  
(The State of NM Fiscal Year is July 1, 20XX through June 30, 20XX of the following year)

**IV. Reporting Certification:** ☐ I hereby certify to the best of my knowledge and belief, that database reporting is up to date; to include the accuracy of expenditures and grant balance, project status, project phase, achievements and milestones; and in compliance with Article VIII of the Capital Outlay Grant Agreement. *Determined by date submitted. We are in FY22*

**V. Compliance 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, and are valid expenditures or actual receipts; 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.

*Someone in the town, city, village, tribe office*  
Grantee Fiscal Officer  
or Fiscal Agent (if applicable) *-signature*

*this can be director signature*  
Grantee Representative

*should have two different signatures*

Printed Name \_\_\_\_\_  
Date: \_\_\_\_\_

Printed Name \_\_\_\_\_  
Date: \_\_\_\_\_

### (State Agency Use Only)

Vendor Code: \_\_\_\_\_ Fund No.: \_\_\_\_\_ Loc No.: \_\_\_\_\_

I certify that the State Agency financial and vendor file information agree with the above submitted information.

Division Fiscal Officer \_\_\_\_\_ Date \_\_\_\_\_

Division Project Manager \_\_\_\_\_ Date \_\_\_\_\_