

_____ COUNTY RESOLUTION
Resolution No. _____

**A RESOLUTION AUTHORIZING THE COUNTY TO SUBMIT AN APPLICATION TO THE
DEPARTMENT OF FINANCE AND ADMINISTRATION, LOCAL GOVERNMENT DIVISION
TO PARTICIPATE IN THE LOCAL DWI GRANT AND DISTRIBUTION PROGRAM.**

WHEREAS, the Legislature enacted Section 11-6A-1 through 11-6A-6 NMSA 1978 as amended to address the serious problems of Driving While Intoxicated (DWI) in the State; and

WHEREAS, a program is established to make grant and distribution funding available to counties and municipalities for new, innovative or model programs, services or activities to prevent or reduce the incidence of DWI, alcoholism, alcohol abuse and alcohol related domestic abuse; and

WHEREAS, the County DWI planning council and other governmental entities approval must be received in order to apply for grant and distribution funding; and

WHEREAS, the County along with participating agencies is making an application to the Department of Finance and Administration, Local Government Division for program funding.

NOW THEREFORE, BE IT RESOLVED by the governing body of the _____, that the County Chairperson, on behalf of the County and all participating entities is authorized to submit an application for Distribution and/or Grant Fiscal Year 2027 program funding under the regulations established by the Local Government Division.

APPROVED AND ADOPTED by the governing body at its meeting of _____, 20__.

County Commission Chairperson

Attest:

DWI Planning Council Representative

County Clerk (SEAL)

STATEMENT OF ASSURANCES

Local DWI Grant and Distribution Program

Fiscal Year 2027: July 1, 2026 – June 30, 2027

The applicant hereby assures and certifies compliance with the following statutes, rules, regulations, and guidelines associated with the acceptance and use of funds under the New Mexico Local DWI Grant and Distribution Program:

1. Compliance with the provisions of the New Mexico Local DWI Grant Program Act, Sections 11-6A-1 through 11-6A-6 NMSA 1978 as amended, the NMAC Title 2, Chapter 110 Part 4 Regulations, and the approved LDWI Guidelines.
2. The applicant has the responsibility and legal authority to receive and expend funds as described in the grant and distribution project description, as well as to finance the grantee share (minimum 10%) of costs of the project, including all project overruns.
3. Compliance with the State Procurement Code, Sections 13-1-21 through 13-1-199, NMSA 1978 as amended, with the exception of Home Ruled Governments. All project-related services, activities or programs done through a service provider must be implemented through a professional services contract. Any project-related contract, subcontract, or agreement and related amendments, providing services to the grant or distribution program, must be submitted for administrative review by the Local Government Division prior to execution.
4. Adherence to all financial, accounting, and reporting requirements of the Department of Finance and Administration. Distribution programs will include the Exhibit F, the Local DWI Distribution Fund Financial Status Report. Grant programs will include the Local DWI Program Request for Payment/Financial Status Report, Exhibit D. The said reports shall include a narrative of successes and challenges, a detailed budget breakdown of expenditures to date, a summary of any screening fees collected and/or expended, the Database Quarterly Report, the Managerial Data Set (MDS) Report, Planning Council meeting agendas, sign in sheets, and minutes, the Quarterly Evaluation update and such other information following the objectives of the county's evaluation as may be of assistance to the Division in its evaluation.
5. Compliance with the requirement to not budget, nor expend, any of the grant amount awarded or the amount distributed for indirect administrative costs incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall document all direct program administrative expenditures and in-kind/match administrative expenditures.
6. Compliance with the requirement to not budget, nor expend, greater than ten percent of the grant amount awarded or the amount distributed for capital purchases incurred during the grant or distribution fiscal period. Requests for payment or financial status reports shall

specify all capital purchases. The ten percent cap for capital purchases does not apply to the Detoxification Grants.

7. Compliance with all required reports, including but not limited to: the first quarter narrative and fiscal reports due on the last working day of October; the second quarter narrative and fiscal reports due on the last working day of January; the third quarter narrative and fiscal reports due on the last working day of April; and the fourth and the final quarter Grant Fiscal report due by the 10th of July and the fourth and final narrative and distribution fiscal reports for the fiscal year due the last working day of July. Annual protocols for the screening, treatment, and compliance monitoring components are due the last working day of July for the current fiscal year. The annual reports which include program evaluation are due the last working day of August for the prior fiscal year.
8. Compliance with the current Local DWI Grant Program Screening Guidelines. To avoid any conflict of interest, or appearance of conflict of interest, screeners should not be affiliated with any contracted treatment agency.
9. If applicable to the applicant, compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Health and Human Services regulation entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
10. Any distribution program under run amount for the fiscal year must be returned to the Local DWI Grant Fund by September 30 of the following fiscal year. Failure to remit an under run to the Local DWI Grant Fund will cause suspension of grant reimbursements and/or future distributions until the remittance is made.
11. Grant program under runs revert to the Local DWI Grant Fund.
12. Compliance with all applicable conditions and requirements prescribed by the Division in relation to receipt/accountability of State Funds.
13. The grant applicant will follow the scope of work for the grant program, as negotiated with the Local Government Division, and in accordance with the local planning council's approved plan. The applicant will submit any proposed modifications/amendments to the scope of work to the Division for its approval, prior to execution.
14. The distribution program applicant will follow the application as approved by DWI Grant Council in the application review process. The applicant will submit any proposed modifications/amendments to this proposal to the Division for its written approval, prior to execution of changes to programs.
15. Compliance with conflict of interest prohibitions whereby no member, officer, or employee of the grant or the distribution program, or its designee or agents, no voting member of the local

planning council or of the governing body of the locality in which the program is situated, and no other public official of such locality 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 subcontract for work to be performed in the program. The grant and/or the distribution program shall incorporate, in all such contracts or subcontracts, a provision prohibiting such interest pursuant to the purposes of these stated provisions.

16. Compliance with the maintenance of records as will fully disclose the amount and disposition of the total funds from all sources budgeted for the grant or distribution agreement period, the purpose of undertaking for which such funds were used and the amount and nature of all contributions from other sources, and such other records as the Division shall prescribe. All Program records must adhere to the New Mexico State Records Center and Archives Rule for Functional Retention and Disposition Schedule, 1.21.2 NMAC.
17. The applicant will provide access to authorized State officials and representatives of all books, accounts, records, reports, files, and other papers, things, or property pertaining to the project in order to make audits, examinations, excerpts and transcripts.
18. The applicant will provide DFA's auditor and evaluator timely access to all program records and information. Additionally, the applicant will assure that records of subcontractors working for the applicant are retained and made available to DFA's auditor and evaluator.

County Commission Chairperson (or Designee) (Please Print)

Signature

Date

MEMORANDUM OF UNDERSTANDING

The _____ County DWI Program (hereinafter referred to as the "Program") and the New Mexico Department of Finance and Administration/Local Government Division/Driving While Intoxicated Program (hereinafter referred to as "Division") hereby exchange the following assurances and enter the following Memorandum of Understanding (MOU):

The Division assures:

1. That Division is in full compliance with the provisions concerning security for records and research activities in accordance with Federal Confidentiality regulations, 42 CFR Part 2.16 and 2.52.
2. That client identifying information will not be re-disclosed except back to the Program from which the information was obtained, or according to the terms of this MOU.
3. That in receiving, storing, processing, or otherwise dealing with any information from the Program about the clients in the Program, the Division acknowledges it is bound by the provisions of the Federal confidentiality regulations, 42 CFR Part 2.
4. That the Division shall undertake to resist any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in the Federal confidentiality regulations, 42 CFR Part 2.
5. That the Division is not a "covered entity" as defined by the Department of Health and Human Services Regulations entitled "Standards for Privacy of Individually Identifiable Health Information", 45 CFR Parts 160 and 164, implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA); (the HIPAA Regulations).
6. That the Division shall never possess treatment or maintain any "individually identifiable health information" or transmit "protected health information" as defined by the HIPAA Regulations and in the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

The Program agrees to:

1. Upon request, provide the Division or other parties authorized with client records for those clients provided services through the Local Government Division DWI Grant Program, for the purpose of conducting outcome

monitoring research activities, and evaluation of LDWI Program interventions.

2. If applicable, comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) and the Department of Health and Human Services Regulation entitled “Standards for Privacy of Individually Identifiable Health Information”, 45 CFR Parts 160 and 164, applicable to entities covered by HIPAA; (the HIPAA Regulations).
3. Report or transmit data to the Division that deletes and contains no “individually identifiable health information” or “protected health information” as defined by the HIPAA Regulations and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act).

County Commission Chairperson (or Designee)
(Please Print)

Signature

Date

Cecilia Mavrommatis, Director
Local Government Division

Date

Local DWI Program Personnel – *Complete all contact information.*

Coordinator: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____ Cell: _____	Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____
Prevention: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____
Screening: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____
Treatment: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____
Compliance: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____
Alternative Sentencing: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____
Evaluation: Name: _____ Title/Organization: _____ Email: _____	Other (Identify Component): _____ Name: _____ Title/Organization: _____ Email: _____

County/City Personnel - Complete all contact information.

County/City Manager: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____	Mayor: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____
County Commission Chair: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____	Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____
Finance Director: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____	Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____
County/City Treasurer: Name: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____	Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____
Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____	Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____
Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____	Other: Name: _____ Title/Organization: _____ Address: _____ City: _____ Zip Code: _____ Email: _____ Phone: _____

Local DWI Planning Council Members- Voting Members Only

Complete all contact information.

[illegible]

Law Enforcement Funding Request FY27

COMPLETE ONE FORM FOR EACH PARTICIPATING AGENCY

Law Enforcement Agency: _____						
Operation(s) Type: <i>Check all that apply</i>		Number of planned operations	Number of anticipated DWI/alcohol related arrests	Number of officers required for each operation	Estimated number of hours for each operation	Estimated total cost
Checkpoints						
Directed patrols						
Shoulder taps						
Underage drinking						
Other:						
TOTAL						
Equipment Must be related to DWI enforcement operations.		Type of Equipment – Please include name and description		Cost per unit	Number of units	Total cost
TOTAL COSTS:						
If requesting equipment, provide justification:						
By signing below, agencies understand that all requests are subject to approval. If approved, a formal agreement, such as an MOU, will be established between the local DWI program and law enforcement agency.						
Authorized Signature of Law Enforcement Agency: _____				Date: _____		
Printed Name: _____				Title: _____		