Public Safety Workforce Building Program - Application

Application Form - Department of Finance and Administration

Instructions: Complete all sections fully. Incomplete applications may be returned without review. Attach all requi dicated. Contact DFA with questions before submitting. Fields marked * are required.

* Required

SECTION 1 - APPLICATION INFORMATION

1. Applicant Entity Name

2. Applicant Type

- ◯ Municipality
- ◯ County
- ◯ State Ageny
- ◯ Tribal Government

3. County *

4. Mailing Address - Street *

5. City, State *

6. Zip Code *

7. Primary Contact Name *

8. Title *

9. Phone Number *

The value must be a number

10. Email *

Please enter an email

Target Population

11. Targeted Public Safety Professionals

- [ ] Law Enforcement
- [ ] Firefighters
- [ ] Detention/Corrections
- [ ] District Attorneys
- [ ] Public Defender

12. Estimated Number of Posititons Impacted

Please enter a whole number

Initiative Overview

Please see **NMAC 2.110.7** https://www.nmdfa.state.nm.us/proposed-rulemakings/

13. Initiative Title *

14. Initiative Short Description (250 words maximum)

Detailed Narrative up to **5 pages.** Include: **purpose**, **activities/tasks**, **partners/collaborators and roles**, and **expected outcomes**. Emailed to bianca.quintana@dfa.nm.gov

Program Objective Alignment

NMAC 2.110.7 https://www.nmdfa.state.nm.us/proposed-rulemakings/

15. Program Objective Alignment *

300 words maximum — Describe how the proposed initiative aligns with program objectives and increases workforce/capacity for public safety professionals

16. Estimated Completion Date *

Award Criteria

This section collects information used by the Department of Finance and Administration when evaluating grant applications pursuant to 2.110.7.9 NMAC.

17. Current Number of Vacant Public Safety Positions *

Please enter a whole number

18. Total Authorized Public Safety Positions *

Please enter a whole number

19. Describe the comparable market compensation for the affected public safety professionals in your locality. *

20. Describe the public safety needs or crime conditions that support this initiative. *

21. Does this initiative target recruitment of experienced public safety professionals who are NOT currently employed by a governmental entity within New Mexico? *

- ◯ Yes
- ◯ No

22. Please explain how this initiative targets experienced public safety professionals. *

23. Does this initiative include collaboration between overlapping jurisdictions? *

- ◯ Yes
- ◯ No

24. Identify the participating jurisdictions and describe each entity's role.

Submit Letters of Support / Partnership agreements to PSWC@dfa.nm.gov

25. Does this initiative increase: *

- ☐ Investigative Capacity
- ☐ Response Capacity
- ☐ Case Management Capacity
- ☐ No

26. Please explain each: *

Project Schedule & Milestones

27. Proposed Start Date

28. Proposed Completion Date

29. Submit a project schedule to PSWC@dfa.nm.gov

- ◯ Submitted

Budget & Financials

30. Total Amount Requested *

Please enter a whole number

31. Administrative Costs Requested *

Please enter a whole number

32. Please submit a detailed budget using the following to PSWC@dfa.nm.gov *

Budget Category (Personnel, Recruitment, Training & Professional Development, Equipment & Upgrades, Other) / Description / Amount

- ◯ Submitted Budget

33. Recurring Initiative — Sustainability Plan Submitted? *

If this is a recurring initiative, attach plan to replace nonrecurring grant funds with recurring funds.

- ◯ Included
- ◯ N/A

Reporting, Vacancy & Local Data

Reporting Acknowledgements

34. **Quarterly Progress Reports:** First report due within **90 days** of receiving grant, then every **90 days** until initiative completion or full expenditure.

- ◯ Acknowledged

35. **Unexpended Funds Return:** Funds unexpended at initiative end must be returned within **30 days**. Funds unexpended after **2 years** must be returned **immediately**.

- ◯ Acknowledged

36. What is the current vacancy rate for the targeted positions that will be supported by this initiative?

Provide the targeted position(s), total authorized positions, number of filled positions, number of current vacancies, and calculated vacancy rate percentage.

37. Local Comparable Market Compensation Summary emailed to PSWC@dfa.nm.gov

- ◯ Yes
- ◯ No

38. Local Crime Rate Summary / Source emailed to PSWC@dfa.nm.gov

- ◯ Yes
- ◯ No

Attachments Checklist

Please submit one email with all necessary attachments to PSWC@dfa.nm.gov.
Subject: PSWC Attachments

39. Check each item included with this application. *

- [ ] Initiative Narrative (up to 5 pages)
- [ ] Detailed Budget & Supporting Quotes
- [ ] Project Schedule / Milestones
- [ ] Letters of Support / Partnership Agreements
- [ ] Data — Vacancy Rate / Compensation / Crime Rate
- [ ] Entity Authorization / Resolution
- [ ] Other

Submission Instructions

Submit the completed application form and all required attachments to:

New Mexico Department of Finance and Administration
Submit in the form and manner prescribed by DFA — contact DFA for current submission method, form version, and deadlines.

DFA Contact for Questions: Bianca Quintana, 505-231-3052, bianca.quintana@dfa.nm.gov

40. ⚠️ Submission of a false or misleading application may result in disqualification and recovery of any awarded funds. All information submitted is subject to applicable New Mexico public records laws.

◯ Acknowledge