



NEW MEXICO GOVERNOR'S COMMISSION ON DISABILITY

APPLICATION

QUALITY OF LIFE GRANT PROGRAM FISCAL YEAR 2026

To Improve the Lives of New Mexicans with Disabilities

Important Information

Please read the Information and Instructions Packet before completing this application.

All applications and supporting documents **must** be received by the Governor's Commission on Disability no later than

5:00pm June 16, 2025

Follow the instructions in the grant application information packet when filling out this application.

■ SECTION ONE: ORGANIZATION INFORMATION

Organization

Name: _____

Address: _____

City

State

Zip

Tax Exempt ID Number: _____

Director/CEO

Name: _____

Address: _____

(Complete **only** if different than organization address given above)

City

State

Zip

Phone

Fax

E-Mail

Contact Person for Quality of Life Grant

Note: Complete this information **only** if this is an individual other than the Director/CEO

Name: _____

Address: _____

(Complete **only** if different than organization address given above)

City

State

Zip

Phone

Fax

E-Mail

Number of Paid and Volunteer Staff

All Locations: Paid + Volunteer = Total

Grant Location: + =
Paid *Volunteer* *Total*

Organizational Budget and Funding Sources

What is the organization's total annual budget? \$ _____

Please indicate APPROXIMATE percentages of total budget during last fiscal year for each source listed. (Should total 100%)

Public sources (Federal, State, Local Government): _____%

Grants from foundations or other philanthropic organizations: _____%

Donations other than grants: _____%

Fee-for-Service: _____%

Other: _____%

TOTAL: 100%

■ SECTION TWO: PROJECT NARRATIVE

Project Narrative must be no more than five (5) typed pages, double-spaced. At the top left-hand side of each page of the Project Narrative, please place the title of the proposed project. Number pages consecutively. **Use this outline as a template; include all headers in this order and answer all sections.**

Important Note:

*Please read the section of the Information and Instruction packet, page 5, titled, "A Quick Guide to Evaluation" **before** writing this document.*

A. Brief Description of the Organization

Please provide a brief description of the organization and its primary audience(s). Also include a brief overview of the services provided.

B. Description of Existing Program or Service

- What is the name of the existing program or service for which you are seeking the QOL grant? When was it started?
- How many people do you currently serve? In what geographic location is your program or service provided?
- What are the objectives of the program or service?
- Do you provide more than one service in the program?
- Describe the process of service delivery of your organization.

C. Project Description

- What are the major goals and objectives of the project? What is the expected impact on the quality of life of New Mexicans with disabilities?
- What activities will be utilized to accomplish the project goals and objectives listed? How will the money be used? [Note: in the narrative, provide only a written description of how grant funds will be used. Provide detailed numbers in the Proposed Project Budget Section Three on use of funds].
- What expanded or enhanced services will be offered? Will additional individuals with disabilities be served; if so, how many more?
- In what geographic location will your expanded or enhanced program or service be provided?

- What is the timeline for the project? Provide start and end dates. Project end date must be completed no later than **June 15, 2026**. Identify and describe major project milestones.
- How will you ensure that client/consumer participation is maximized in planning and implementing the project?

D. Project Impact and Evaluation

- Describe the impact of QOL funds on your project, for example, the increased number of people served and/or the expanded scope of services offered as output and outcome indicators.
- Provide an evaluation plan for the project (**See page 5 of the Information and Instructions, “A Quick Guide to Evaluation” and note that a robust evaluation plan is required in order to receive funding**).

E. Sustainability

- What will your organization do to ensure that the program(s) and/or service(s) funded by QOL grant will continue after the grant period ends?

SECTION THREE: PROPOSED PROJECT BUDGET

Budget Summary

What is the total amount of grant funds requested? \$_____

Will any other sources of funds be used to support this project? ☐ Yes ☐ No

If “**Yes**”, please provide the source and amount.

Note: matching funds are not required under QOL grant program.

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Budget Schedule

Complete the attached Proposed Project Budget Schedule (page 6 and 7 of the Application Packet) which **includes a detailed breakdown of all proposed funds requested**. Please read the instructions in the “Proposed Project Budget,” Section Three, of the Information and Instructions packet before completing this section of the proposal. If your project has funds coming from additional sources, ensure that the Budget Schedule clearly shows what items the QOL grant funds will be used for.

Actual expenses will be reimbursed with the submission of an invoice and a receipt. A copy of map miles traveled, printed from the internet, can be used as a receipt for travel. See Budget Schedule examples on page 7 for maximum allowable dollar reimbursement amounts for in-state travel.

■ SECTION FOUR: ATTACHMENTS

The following are required:

(Automatic disqualification for any missing documents)

- Copy of Tax-Exempt Status
- List of Board of Directors, or explanation if there is no board
- Organization Information from Section One
- Project Narrative from Section Two
- Proposed Project Budget Summary
- Proposed Project Budget Schedule (DETAILED)
- The most recent Organizational Annual Report
- W-9 from State of New Mexico (located on QOL web page with application)

Proposed Project Budget Schedule

Project Title:			
Project Personnel Expenditures			
Name of Employee and Staff Working Directly on Project. Include the names of all sub-contractors and consultants. This will require further approval by GCD Management.	Total Hours Worked Over the Duration of the Project	Rate of Pay (Including Benefits and Taxes) Per Hour	Line Item Cost
(example: Mr. Smith)	200	\$15.00	\$3,000.00
Total Cost for Personnel			
Supplies			
Description, Quantity and Cost			Line Item Cost
(example: ink cartridges for printing flyers to announce event 5@\$20.00 each)			\$100.00

Total Cost for Supplies	
Rentals	
Description of Rental	Line Item Cost
(examples: venue, equipment, etc.)	
Total Cost for Rentals	
In State Travel	
Description of Travel	Line Item Cost
(example: hotel maximum allowance \$215/day, meals maximum allowance \$59/day and mileage maximum allowance @ .47 per mile)	
Total Cost for Travel	
Miscellaneous Expenses	
Description of Miscellaneous Expenses and/or Other Costs	Line Item Cost
(example: printing, photocopying for the project etc.)	

Total Cost for Miscellaneous Expenses	
Grand Total	