

## ENABLE™ ENROLLMENT FORM LOCAL GOVERNMENT PLANNING FUND

This Enrollment Form serves as: i) notification of the Applicant’s desire to apply for Local Government Planning Fund (“LGPF”) grant funding, and ii) the *initial step of the enrollment process* to access the New Mexico Finance Authority’s (“NMFA”) online application system, EnABLE™ (“EnABLE”). Please submit this form to [LGPF@nmfa.net](mailto:LGPF@nmfa.net) to enroll for access to the EnABLE online funding application.

Applications for the LGPF may only be submitted via the New Mexico Finance Authority’s online application and account system. Enrollment involves completing this form to identify the individual who will be the Primary Contact for submitting the application. Through this enrollment form, the applicant may also request access for a Secondary Contact and up to two designated consultants who may assist in the application and upload documentation. Access for any additional secondary contacts or consultants may be requested through [LGPF@nmfa.net](mailto:LGPF@nmfa.net).

Upon receipt of a properly completed Enrollment Form, the NMFA will send, by email, confirmation of our acceptance of your enrollment, and, if applicable, our acceptance of the enrollment of any additional contacts or consultant to use EnABLE, along with an assigned Username and temporary Password. To access EnABLE, a user will be asked to submit a correct Username and Password, as well as acknowledge certain terms of use.

### I. APPLICANT INFORMATION:

<b>Applicant (Name of Legal Entity):</b>			
<b>Applicant Mailing Address:</b>			
<b>Applicant Street Address:</b>			
<b>City:</b>		<b>State:</b>	
<b>County:</b>		<b>Zip:</b>	
<b>Email:</b>		<b>Phone:</b>	

<b>APPLICANT LEGAL ENTITY TYPE (Check One):</b>	
	<b>Authority (specify):</b>
	<b>Municipal or County Government</b>
	<b>Mutual Domestic/Sanitary Projects Act Entity</b>
	<b>Special District (specify):</b>
	<b>Tribe or Pueblo</b>
	<b>Other (specify):</b>

**NOTE -- Each Contact must have a separate, unique email address.**

<b>APPLICANT PRIMARY CONTACT</b> <i>(Authorized to Submit Application and Request Access for EnABLE users)</i>		
<b>Name:</b>	<b>Title:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

<b>APPLICANT SECONDARY CONTACT</b> <i>(Authorized to Access EnABLE Application System)</i>		
<b>Name:</b>	<b>Title:</b>	
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

<b>Consultant Authorized to Access EnABLE Application System</b>		
<b>Name:</b>	<b>Title:</b>	
<b>Firm:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

<b>Consultant Authorized to Access EnABLE Application System</b>		
<b>Name:</b>	<b>Title:</b>	
<b>Firm:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email:</b>	<b>Phone:</b>	

**NOTE: Only the Primary Contact designated above can "Submit" the EnABLE online application.**

## II. PROJECT INFORMATION

### Project Type – *Check One That Applies*

- Affordable Housing Act Plan
- Archaeological Clearances
- Asset Management Plan
- Economic Development Feasibility Study
- Energy Audits
- Environmental Information Document
- Flood Inundation Map(s)
- Local Economic Development Act Plans (LEDA)
- Long-term Master Plan
- Metropolitan Redevelopment Act Plan
- Preliminary Engineering Report
- Water Conservation Plan
- Water Development Plan

## III. CERTIFICATION

### I CERTIFY THAT:

- I have the authority to designate a Primary Contact who will be authorized to submit an application via EnABLE;
- I have the authority to designate local users to access EnABLE;
- I have the authority to designate identified consultants to access EnABLE; and
- To the best of my knowledge, all information contained in this form is valid and accurate.

Signature: \_\_\_\_\_  
*Highest Elected Official or Board Officer*

Print Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_