

NOTICE OF INTENT TO APPLY FOR 2026 COLONIAS INFRASTRUCTURE BOARD FUNDING

This Notice of Intent (“NOI”) serves as 1) notification of the Applicant’s desire to apply for Colonias Infrastructure Board (“CIB”) funding for the 2026 cycle, and 2) the initial step of the registration process to access the New Mexico Finance Authority’s (“NMFA”) online application and account system, EnABLE™ (“EnABLE”) for CIB funding. CIB funding applications may only be submitted via EnABLE.

Enrollment involves completing this NOI to identify the individual who will be the Primary Contact for submitting the application.

Through this NOI, 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 additional contacts or consultants may be requested through Colonias@nmfa.net.

Upon receipt of a properly completed NOI, 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 consultants to use EnABLE, along with an assigned User name and temporary Password. To access EnABLE, a user will be asked to submit a correct User name and Password, as well as acknowledge certain terms of use.

I. APPLICANT INFORMATION:

Applicant Name:			
Mailing Address:			
Street Address:			
City:	State:	Zip:	
County:	Phone:		
Email:			

BENEFITTING COLONIA(S):

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

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

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

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

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

II. PROJECT INFORMATION

Project Name:
Amount Requested:
<i>Note: Per CIB policy, Applicants may not receive more than 15% of the available funds in any year. The available funding for the 2026 cycle is estimated to be approximately \$80 million, therefore, the 15% cap for the 2026 cycle is approximately \$12 million.</i>

Project Type – Check One That Applies

- Water Infrastructure
- Wastewater Infrastructure
- Roads/Drainage
- Flood Prevention
- Solid Waste
- Housing Infrastructure (see Section IV)

III. PROJECT DESCRIPTION

Please provide the Project Location, the Scope of Work to be completed with the requested funding, the phase or phases to be funded, and a brief description of the Project Goal.

Project Location: _____

Scope of Work: Planning Design Construction [Check all that apply]

Phase or Phases to be Funded: _____

Project Goal (35 words or less):

IV. HOUSING INFRASTRUCTURE PROJECT ELIGIBILITY (for Housing Infrastructure Projects only)

- A. Do you have a Housing Plan approved by the New Mexico Mortgage Finance Authority (MFA) that is compliant with the Affordable Housing Act?

Date of Approval or Expected Approval: _____

- B. Do you have an Ordinance allowing donation to affordable housing that has been adopted and approved by MFA and compliant with the Affordable Housing Act?

Date of Approval or Expected Approval: _____

V. DECLARATION OF PROJECT URGENCY

<p>Section 1.1 of the Colonias Infrastructure Board Project Management Policies provides greater policy consideration to projects determined to be Urgent.</p> <ul style="list-style-type: none"> • Does your project meet any of the following definitions of Urgent Needs? • Check yes or no. • <u>Attach evidence of the urgency determination from a Cabinet Secretary or authorized designee if any are determined "yes".</u> 		
Regulatory Compliance: Projects that cure regulatory compliance issues cited by the New Mexico Environment Department.	Yes	No
Public Health Threats: Projects that address existing and imminent public health threats resulting from waterborne disease outbreak, wastewater treatment and inadequate water supply.	Yes	No
Safe Drinking Water Act Compliance: Projects that address existing and imminent threats resulting from acute and chronic risk contaminants. System must demonstrate that it has received three violations in the past year.	Yes	No
Flood and Drainage: Projects that address issues resulting from non-existent, inadequate or poorly designed infrastructure causing health and safety issues.	Yes	No
Dam Safety: Projects that correct safety deficiencies identified by the Office of the State Engineer and restore dams to a satisfactory condition.	Yes	No
Governor’s Emergency Declaration: Projects that address conditions declared an emergency by a Governor’s Emergency Declaration?	Yes	No
Other: Projects that identify human health and safety concerns and overall degree of benefit to public health. Brief description and analysis of project need and benefit:	Yes	No
<p><i>For any box above checked 'Yes', you must attach evidence of the urgency determination from a Cabinet Secretary or authorized designee.</i></p>		

VI. APPLICATION RESOLUTION ADOPTION DATE: _____

PLEASE PROVIDE THE DATE of the Governing Board’s Adoption or Expected Adoption of Resolution Authorizing the Submission of an application to the Colonias Infrastructure Board. Please note that the resolution is due with the application on March 5, 2026.

VII. ACKNOWLEDGEMENT:

I have reviewed a copy of the **CIB Project Management Policies Revised and Restated as of September 15, 2022.**

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 NOI is valid and accurate.

Signature: _____
**Highest Government Elected Official or
Legal Entity's Authorized Officer**

Print Title: _____

Print Name: _____

Date: _____