



## Martin Luther King Jr. State Commission **Request for Funding Proposal**

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All requests should align in pursuant to 28-19-3 NMSA 1978. The mission of Martin Luther King Jr. State Commission which is to promote Martin Luther King Jr.'s philosophy on human rights, equality, nonviolence, social change, and unity/interconnectedness to the people of New Mexico through remembrance, celebration, and celebration and action.

### **APPROVALS**

All approvals are contingent upon appropriations and funding availability. All information submitted will be reviewed by the Martin Luther King, Jr. Commission Board to establish funding. **The maximum approved amount may not exceed \$3,000.** If there is a desire for increased funding for program delivery, or contractual service agreements it would need to be discussed with the Executive Director.

### **Please Note:**

Incomplete proposals will not be considered.

Due to state procurement codes, all funding is processed on a reimbursement basis ONLY.

Funding will not cover food or travel expenses.

Request for funding must be turned in for review at least two months in advance of the event date.

### **Check One**

Program or event supports one or more of the Martin Luther King Jr. Commission focus areas: (Circle All That Apply)

- Advocacy and Policy
- Educational Advancement
- Economic Empowerment
- Health Care
- Community Development
- Social Justice

Date of Event: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Amount Requested from Martin Luther King Jr. Commission \_\_\_\_\_

*Please Type or Print responses to the following on separate paper and submit with this Proposal.*

**ORGANIZATION AND MISSION**

Give a brief history of your organization or program. mission, organization/program goals, program/event curriculum structure, and which New Mexico communities are impacted.

**PUBLICITY**

**The Martin Luther King Jr. State Commission must be advertised on all marketing material, programs, and social media platforms to receive funding.**

**COMMUNITY NEED**

Define the need for how this funding will impact your program, what effect it will have on the community, and what are the expected outcomes.

**PROGRAM/EVENT OBJECTIVES**

Name who, what, when, where, and how the funding will assist your organization on achieving program/event objectives.

**BUDGET INFORMATION**

What expenses are related to Program/Event?


**GOODS AND SERVICES**

List goods or services to be reimbursed with funding support from the Martin Luther King Jr. State Commission. Note: **Funding may not be reimbursed for certain categories (i.e., food, travel, and salaries).** Only validated itemized receipts must be submitted for reimbursement – no written receipts will be accepted in lieu of originals.

Total Cost of Program/Event: \_\_\_\_\_

**INVOICE**

**An invoice must be submitted no later than two weeks to the MLK Commission after goods and services have been rendered via email or by the mailing address below.** An invoice should

contain the supplier's name, and remit to address, invoice or account number/date, dates of goods received, or services provided, and current dollar amount due.

**VERIFICATION**

Have you ever received funding from MLK Commission or any other State Agency? Yes/No \_\_\_

Vendor # \_\_\_\_\_ or attach a State-Substitute W-9 or Federal W-9

**CERTIFICATION**

I certify that all information submitted in proposal is complete and is a true representation of all program/event services, objectives, outcomes, budget, and purpose of funding support.

I also authorize the Martin Luther King Jr. State Commission to utilize program information for public records, including but not limited to publicizing and reporting.

I further understand that all funds are given on a reimbursement basis (after all duties have been performed or completed) and are subject to eligibility of approval (information in proposal must be complete and concise). All funding is contingent based on available appropriations.

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

**Return completed Proposal Information to:**

Attn: Beverly Gaines  
New Mexico Office of Martin Luther King Jr. Commission  
310 San Pedro Dr. NE Suite 210  
Albuquerque, NM 87108  
Email: [beverly.gaines@mlkjrc.nm.gov](mailto:beverly.gaines@mlkjrc.nm.gov)  
Phone: (505) 222-6466

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**Agency Use Only**

*This Funding Request for \$ \_\_\_\_\_ has been approved in the amount of \$ \_\_\_\_\_*

Acting Executive Director \_\_\_\_\_ Date: \_\_\_\_\_

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