CROSS AGENCY TEAM CONTACT LIST:

Sam Baca
Sam.Baca@state.nm.us
37 Plaza La Prensa
Santa Fe, New Mexico 87507
O: 505-476-9293  C: 505-670-4592
F: 505-476-9277
Local Collaboratives 1 & 13

Becky Ballantine
Rebecca.Ballantine@state.nm.us
1015 Tijeras Dr. NW
Albuquerque, NM  87102
C: 505-250-1900
F: 505-222-9431
Local Collaboratives 15, 16 & 18

Jesse Chavez
Jesse.Chavez1@state.nm.us
#4 Grande Ave. Plaza
Roswell, NM 88202
C: 575-228-5944
F: 575-624-6190
Local Collaboratives 5, 9 & 10

Rebecca Estrada
Rebecca.Estrada@state.nm.us
524 Demoss St., Ste. 2
Lordsburg, NM 88045
O: 575-542-9896 x100  C: 575-494-0719
F: 575-542-9083
Local Collaboratives 3, 6, 7 & 12

Patricia Gallegos
Patricia.Gallegos@state.nm.us
3695 Hot Springs Blvd. Box #43
Las Vegas, NM 87701
O: 505-454-2681
F: 505-454-2350
Local Collaboratives 4 & 8

Valerie Quintana
Valerie.Quintana@state.nm.us
1015 Tijeras Dr. NW
Albuquerque, NM  87102
O: 505-222-9439  C: 505-690-6084
F: 505-222-9431
Local Collaboratives 2 & 17

Tami Spellbring
Tami.Spellbring@state.nm.us
2800 Farmington Ave.
Farmington, NM 87401
O: 505-327-5316 xt.1020  C: 505-360-0280
F: 505-599-9680
Local Collaborative 11 & assists with 15

Suzanne Pearlman, CAT Team Lead
SuzanneL.Pearlman@state.nm.us
37 Plaza La Prensa
Santa Fe, New Mexico 87507
O: 505-476-7103 C: 505-670-5617
F: 505-476-7183
Local Collaborative 14
Table of Contents

Introduction................................................................................................3
Getting Started............................................................................................4
Helpful Phone Numbers and Website Information.................................4

Section 1:
Local Collaborative 2010 Budget......................................................... 5-7
Break Down of Dollars.............................................................................8

Section 2:
IRS 1099 Information ..........................................................................9

Section 3:
Forms ...................................................................................................10-18
   2010 Local Collaborative Request for Funding
   Local Collaborative Reimbursement Form
   Local Collaborative Advance Request Form
   Mileage Chart
   Local Collaborative Equipment Inventory Log
   Sample Administrative Support Agreement
   Sample Administrative Support Invoice
   Sample IRS 1099 Form

CD of Forms and instructions .................................................................10
Cross-Agency Team Contact Information.............................................20

Example of a 1099 Form:

To find this form on the IRS Website go to:

On their site search for: 1099 misc

Compiled by the Behavioral Health Collaborative, your Local Collaborative Cross-Agency Team & The Life Link, Inc.

May 2009
**Jasper Doe LC 17 P.O.C.**

**INVOICE**

SSN: 555-55-5555  
4618 Hilltop Drive  
Santa Fe, NM 87501  
Phone 505.555-5555  Fax 505.555-5556

**DATE:** May 7, 2008  
**INVOICE #** 1  
**FOR:** LC 17 Point of contact contract invoice

Bill To:  
LifeLink  
Carol Luna-Anderson  
Carol@thelifelink.org  
Fax 505.438.6011

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>hours worked</td>
<td></td>
</tr>
<tr>
<td>11/20/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>11/22/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>11/27/2006 3:00 hours worked</td>
<td>45.00</td>
</tr>
<tr>
<td>11/28/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>11/29/06 1:00 hours worked</td>
<td>15.00</td>
</tr>
<tr>
<td>12/01/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>12/04/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>12/05/06 3:00 hours worked</td>
<td>45.00</td>
</tr>
<tr>
<td>12/06/06 1:00 hours worked</td>
<td>15.00</td>
</tr>
<tr>
<td>12/07/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>12/08/06 1:00 hours worked</td>
<td>15.00</td>
</tr>
<tr>
<td>12/11/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>12/12/06 2:00 hours worked</td>
<td>30.00</td>
</tr>
<tr>
<td>12/13/06 1:00 hours worked</td>
<td>15.00</td>
</tr>
<tr>
<td>12/14/06 1:00 hours worked</td>
<td>15.00</td>
</tr>
<tr>
<td>12/15-12/21/06 8:00 hours worked</td>
<td>120.00</td>
</tr>
</tbody>
</table>

**TOTAL $** 525.00

*If submitting electronically to Life Link please submit supporting documentation to confirm that it has been approved*

Make all checks payable to Jasper Doe  
If you have any questions concerning this invoice: Jasper Doe, 505-555-5555, jasperdoo@fakeemail.com  
Local Collaborative Authorized Representative: Patricia Cornwall 1/08/07

---

**Introduction**

Welcome to the 2010 edition of the Fiscal Guidebook! Please review carefully because we have included information about the changes in funding sources as well as included new forms and process information. Although money will be coming from multiple sources you will still only need to be concerned with one budget timeline (July 2009 through June 2010)!

Each Local Collaborative will need to complete the enclosed 2010 Local Collaborative Request for Funding (found on page 11 and also accessible by the disc included in this guidebook on page 10). All funds that have gone unspent by June 30, 2010 will revert. Reports similar to those you have received in the past will be generated monthly by The Life Link Inc., or through your chosen Fiscal Agent, and will be available to you through your Cross Agency Team (CAT) Member.

Please contact your CAT Team lead by June 30, 2009 if you wish to change your Fiscal Agent.

You can expect that each year you will be given the opportunity to change your Fiscal Agent and will also be asked to revisit the operating structure and membership of each Local Collaborative.

**Please note:** Regardless of Fiscal Agent you must adhere to information and guidelines contained in this Guidebook.
Getting Started
The first section of this guidebook includes information regarding your 2010 budget. Subsequent sections will review forms and contact information.

Helpful Phone Numbers and Website information:

BH Collaborative Website:
http://www.bhc.state.nm.us/collaboratives

The Life Link:
505.438.0010 Ext 0012 or Ext. 0040
www.thelifelink.org

OptumHealth New Mexico:
www.optumhealthnewmexico.com

Protection & Advocacy: 1-800-432-4682 (statewide)
256-3100 (Albuquerque)

Medicaid BH Ombudsperson: 1-877-247-2583

Community and Recovery Supports, Consumer Affairs; Disaster Management: 505-476-9274

Office of Consumer and Family Engagement:
1-800-362-2013

1. SUBSTANCES
The use of illegal and unlawful substances is prohibited under this contract. Any Contract Staff suspected of using drugs or abusing substances shall be required to take a urine test. Should the test prove positive, it shall be grounds for immediate termination of the contract.

2. CONFIDENTIALITY
The confidential information provided to or developed by the Contract Staff in the performance of this agreement shall be kept confidential and shall not be made available to any individual or organization by the Contract Staff without prior written approval of the Collaborative.

3. TERMINATION
This agreement may be terminated by either party upon written notice delivered to the other party at least ten (10) days prior to the intended date of termination. By such termination, neither party may nullify obligations already incurred for performance or failure to perform prior to the date of termination.

4. AMENDMENT
This contract shall not be altered, changed or amended except by a written document signed by the parties to this contract hereto.

IN WITNESS WHEREOF, the parties have executed this agreement as of the date recorded below.

CONTRACTOR

Signature ____________________________________________
Print Name ____________________________________________
Address ____________________________________________
Social Security Number: ____________________________________________
Date: _____________________________________________________________________

Cross Agency Team Staff for Local Collaborative

By: ____________________________________________ Date: ________________________

Local Collaborative Leadership Approval

By: ____________________________________________ Date: ________________________

THE LIFE LINK, INC.

By: ____________________________________________ Date: ________________________

Carolyn Luna-Anderson
Executive Director
THE LIFE LINK, INC.
PROFESSIONAL SERVICES AGREEMENT

LOCAL COLLABORATIVE #______

This AGREEMENT is made and entered into by and between The Life Link, Inc., a fiscal agent for the New Mexico Human Services Department (HSD) – Behavioral Health Services Division (BHSD) and Local Collaborative # ___ and _______________________, hereinafter referred to as the contract staff.

The vision of a Local Collaborative is

1. SCOPE OF WORK
The LOCAL COLLABORATIVE CONTRACT STAFF shall render the following services:

   General (whatever contract staff will be doing for Local Collaborative - for example)
   a. Serve as co-chairperson of Local Collaborative
   b. Serve as office and communication staff

Reporting and Conduct
   a. The Local Collaborative contract staff shall submit billings and timesheets in accordance with instructions provided.
   b. At all times, the Local Collaborative contract staff shall maintain conduct and appearance that reflect quality and ethical standards.

2. COMPENSATION
Upon review by the Contract Staff of Local Collaborative and approval by the Cross Agency Team Staff, The Life Link, Inc. shall pay the Contract Staff for services rendered at the rate of XXXX dollars ($________) per hour not to exceed an average of ________ hours per week. In addition, The Life Link, Inc., upon prior approval by the Contract Staff of Local Collaborative, shall pay the Contract Staff for mileage at the rate of $0.32 per mile and per diem at the rate of $85.00 per night.

The total amount of funds to be paid under this contract shall not exceed $7,000.00 within the state fiscal year the contract is effective.

3. TERM
The agreement is effective from July 1, 2009 through June 30, 2010.

4. STATUS OF CONTRACT STAFF
The Contract Staff is an independent contractor performing professional services for the Local Collaborative with payment made by The Life Link, Inc. and is not an employee of The Life Link, Inc.
The Contract Staff is responsible for obtaining an Employee Identification Number (EIN) from the NM Taxation and Revenue Department and for reporting that number to the Cross Agency Team Staff and to The Life Link, Inc.
The Contract Staff shall not accrue leave, retirement, insurance, or any other benefits from The Life Link, Inc. The Contract Staff is responsible for paying all applicable local, state and federal taxes. Contract Staff acknowledges that all sums received under this contract are personally reportable by him/her for income tax purposes as self-employment or business income, and are reportable for self-employment tax.

5. WORK PERFORMANCE
The Contractor is expected to perform contractual work at a level of quality consistent with their skills and abilities. As a representative of The Life Link, Inc. and NEW MEXICO Interagency Behavioral Health Purchasing Collaborative (the Collaborative), only the highest standards of performance are acceptable.

Contract renewal is dependent upon the success of the Contractor’s performance during the previous fiscal year and the availability of funding for this purpose.

SECTION 1:
Local Collaborative 2010 Budget

The total budget for your Local Collaborative for 2010 (July 1, 2009 through June 30, 2010) is $21,000.

The intent is that the funds be used as follows:
30% - 50%: Consumer and Family Engagement
50% - 70%: Operating Costs

2010 Budget Request Form can be found in Section 3 on page 11.
Please note: No expenses can be incurred until budget is approved.

Consumer and Family Engagement:
30%-50% to support the involvement of consumers and families in Local Collaborative. Costs include mileage, per diem, stipends, local collaborative training activities and child care.

All rates are based upon the State of New Mexico rates established for State employees regarding per diem, map mileage, child care meals and transportation (see Forms Section beginning on page 10).

Operating Costs:
The remaining 50% - 70% may be used to underwrite costs incurred to manage the Local Collaboratives such as administrative staff, the procurement of Local Collaborative initiatives and activities, conferences, skills training and empowerment workshops, self-help and special interest support groups. This also includes payment for brochures, flyers, workbooks and other materials deemed necessary by the Local Collaborative.

Expected Budget Practices:
• Local Collaboratives should implement a budget process that involves the entire Local Collaborative.
The Local Collaborative membership should be given updates frequently on the status of the budget and spending.

There should be at least two (2) individuals at each Local Collaborative who can sign off on Local Collaborative expenditures.

No individual may sign off on their own reimbursement

Any paid position of the Local Collaborative should have a written agreement of the terms of their position. This includes administrative support, leadership positions, trainers, etc. These positions and terms should be agreed upon by the Local Collaborative.

A. TRAVEL: Any travel that requires a reimbursable overnight stay must be (verbally or in writing) approved in advance by the Local Collaborative authorized representative. Mileage and per diem will be paid in accordance with the New Mexico Per Diem Act.

   **Mileage:** Mileage will be paid at the state rate of $.32 per mile. Reimbursement for mileage will be approved only for travel related to approved projects. Mileage may include costs for bus fare

   **Per Diem:** Per diem will be paid at the rate of $85/day for food and in-state lodging. Lodging portion is $62.50 and food allowance is $22.50 for an eight hour period. Reimbursement for per diem will be approved only for travel related to approved activities.

Besides handicap, if special accommodations are needed it will be up to the individual to make and pay for those arrangements.

B. WHAT IS BILLABLE / REIMBURSABLE?
Prior approval must be received before incurring expenses and requesting payment from the Local Collaborative authorized representative.

Reimbursement Procedures:

Reimbursement requests for authorized expenditures must have
completed paperwork submitted within 10 business days of travel. All paperwork received will be paid within 10 business days from the date received.

2. Advances from The Life Link Inc.:
Advances must be requested no later than 10 business days before they are needed. Advances will be paid only for mileage (at 80% of the total amount), per diem, and child care. The remaining 20% may be requested for reimbursement after completion of function.

**Advance requests must be pre-approved by Local Collaborative.**

**FORMS (actual forms can be found in Section 3 and on accompanying CD, page 10):**

- **Reimbursement Request:**
  Use this form to request reimbursement for pre-approved-project-related expenses or to account for the expenditures related to an advance for these expenses.

- **Advance Request:**
  Use this form to request an advance for per diem and mileage expenses only. Advance on time cannot be given. Advances are paid at 80% of the total requested. This form should accompany either your Time Sheet or Reimbursement Request.

**Please note:** If you receive an advance and do not attend the event you received the advance for then you are responsible for repayment of the entire amount.

**Mileage Chart:**
All mileage must be calculated by State chart form (see forms section).

*All forms should be legible and must include a full name and address including city and zip code.*
**BREAK DOWN OF DOLLARS:**

<table>
<thead>
<tr>
<th>LC Budget:</th>
<th>TSIG</th>
<th>OHNM</th>
<th>Total Funds:</th>
</tr>
</thead>
<tbody>
<tr>
<td>July of 2009</td>
<td>$324,000</td>
<td>$54,000</td>
<td>$378,000</td>
</tr>
<tr>
<td>Per Local Collaborative</td>
<td>$18,000</td>
<td>$3,000</td>
<td>$21,000</td>
</tr>
</tbody>
</table>

**TSIG (Transformation Grant Dollars):** $324,000 - Similar to previous years these dollars are a result of the Transformation Grant, which expires in 2010.

**OHNM (OptumHealth New Mexico Dollars):** $54,000 - these dollars are a result of a contribution of OHNM to support consumer engagement and the work of Local Collaboratives.

**BREAK DOWN OF HOW DOLLARS NEED TO BE SPENT:**

<table>
<thead>
<tr>
<th>Consumer/Family Engagement</th>
<th>Operating Costs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% - 50%</td>
<td>50% - 70%</td>
</tr>
<tr>
<td>$6,300 - $10,500</td>
<td>$10,500 - $14,700</td>
</tr>
</tbody>
</table>

**Local Collaborative ADVANCE REQUEST FORM 2010**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Location:</th>
<th>Purpose:</th>
<th>Per Diem:</th>
<th>Mileage:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotals: 

Total: 

Advance Total = 80% of Total: 

Fax or Email Advance Request to:  
Attn: Angel Roybal  
Fax: 505.476.9277 or Email: Angel.Roybal@state.nm.us

Notes:

I hereby certify that I will attend a Local Collaborative approved activity on the date(s) indicated. I am requesting an advance for the above expense(s) for which I will not receive payment from any other source.

**Person Requesting Payment:**

Signed and Submitted by: ___________________________ Date: __________

**Local Collaborative Authorized Representative:**

Signed and Submitted by: ___________________________ Date: __________
### Local Collaborative

**REIMBURSEMENT REQUEST**

Name:

Address:

City, State, Zip:

Name of Judicial District/Local Collaborative: Local Collaborative # _____

| Date | Location | For                  | Mileage @ .55/ mile | Per Diem $85.00/day | Stipend $25.00 | Child Care $9.00/hr. | LC Mgmt.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Column Totals

Subtotal

Less Advance

**TOTAL**

Fax or Email reimbursement request to:

Attn: Angel Roybal
Fax: 505.476.9277 or Email: Angel.Roybal@state.nm.us

**Explanation of items under Mgmt./Notes:**

- Is this reimbursement for:
  - An LC Meeting (If so, LC #____)
  - Other
  - Please describe:

I hereby certify that I attended the listed activity/activities on the date(s) indicated. I am requesting reimbursement for the above associated expense(s), for which I will not receive payment from any other source. Any extraordinary expenses have been approved in advance.

**Person Requesting Payment:**

Signed and submitted by: ___________________________ Date: __________

**Local Collaborative Authorized Representative:**

Signed and submitted by: ___________________________ Date: __________

**State Representative:**

Signed and submitted by: ___________________________ Date: __________

---

### Section 2: IRS Form 1099

U.S. tax law requires businesses to submit a Form 1099 for every contractor paid more than $600 for services during a calendar year. It is important to note that compensation does not include any type of reimbursement, such as mileage reimbursement.

Individuals who will receive this tax form from The Life Link are persons who were contracted to do work for Local Collaboratives, such as administrative assistants. The 1099 is a document showing earned income and utilized to file your annual taxes.

If you have questions about whether you will receive a 1099 form please contact The Life Link (contact numbers can be found on page 4).

* A Sample 1099 form can be found in the Forms Section on page 19 of this guidebook.
Section 3: Forms Section

- 2010 Local Collaborative Request for Funding (p. 11)
- Local Collaborative Reimbursement Form (p. 12)
- Local Collaborative Advance Request Form (p. 13)
- Mileage Chart (p. 14)
- Local Collaborative Equipment Log (p. 15)
- Sample Administrative Support Agreement (pgs. 16-17)
- Sample Administrative Support Invoice (p. 18)
- Sample IRS 1099 Form (p. 19)

Compact Disc: Includes all forms & Fiscal Guidebook:

Insert compact disc here here

Local Collaborative
REIMBURSEMENT REQUEST 2010

Name:

Address:

City, State, Zip:

Name of Judicial District/Local Collaborative: Local Collaborative # _____

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>For</th>
<th>Mileage @ .32/ mile</th>
<th>Per Diem $85.00/day</th>
<th>Stipend $25.00</th>
<th>Child Care $9.00/hr.</th>
<th>LC Mgmt.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Column Totals

Subtotal

Less Advance

TOTAL

Fax or Email reimbursement request to:
Attn: Angel Roybal
Fax: 505.476.9277 or Email: Angel.Roybal@state.nm.us

Explanation of items under Mgmt./Notes:

Is this reimbursement for:

☐ An LC Meeting (If so, LC #_____)  
☐ Other  

Please describe:

I hereby certify that I attended the listed activity/activities on the date(s) indicated. I am requesting reimbursement for the above associated expense(s), for which I will not receive payment from any other source. Any extraordinary expenses have been approved in advance.

Person Requesting Payment:
Signed and submitted by: _________________________ Date: __________

Local Collaborative Authorized Representative:
Signed and submitted by: _________________________ Date: __________

State Representative:
Signed and submitted by: _________________________ Date: __________