

## Santa Fe County Purchasing Process Request Form

|                                               |                                                        |                                                                                                                          |                               |
|-----------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Date Submitted:</b>                        | 7/2/2026                                               | <b>Requesting User Agency:</b>                                                                                           | Community Services Department |
| <b>Name &amp; Phone of Contact Person:</b>    | Chanelle Delgado 992-9875 or LeAnne Rodriguez 992-9830 |                                                                                                                          |                               |
| <b>Contract Tracking #/Buyer (Purchasing)</b> | 2022-0271-A-CSD/MR                                     | <b>BCC Approval?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, please indicate date |                               |

**AGENCY REQUEST:** (Lease, MOU, Grant, Professional Services Agreement, Construction, Application, etc.) Describe the County, Public and/or Agency need. Describe what you are attempting to purchase, obtain or accomplish. Attach additional information relating to your request (scope of work, specifications, bid items on etc.)

The Santa Fe County Community Services Department requests approval of Amendment No. 5 to Contract No. 2022-0271 A CSD between Santa Fe County and The Mountain Center, which is currently set to expire on July 5, 2026.

This amendment requests a one-year extension, July 5, 2027, of the contract term only. There are no changes to the scope of work, and no additional compensation is being requested. The purpose of this amendment is solely to extend the contract term to ensure the continued provision of services while maintaining the existing terms and conditions of the agreement.

**Does this request require IT approval?** ☐ Yes ☒ No **If yes, is the approved work order attached?** ☐ Yes ☐ No

### PURCHASING STATUS:

**FINANCIAL / BUDGETARY INFORMATION:** (If applicable, include a breakdown of project cost estimates; is funding already appropriated? If this action will result in revenue to the County, include the total compensation and timetable. Include funding information (GF, GRT, Grant, Grant Match, In Kind requirements, etc.)

| <u>Grants</u>                                                                              | <u>Capital, Fund &amp; Cost Center Approval</u>                                                | <u>Budget Approval:</u> |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| Is this grant related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is this a capital project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         |
| If yes: provide fund(s)                                                                    | Capital approval: _____                                                                        |                         |
| Grant approval: _____                                                                      | Fund/Cost Center approval: _____                                                               |                         |

Please provide account number(s) for this request:

No funds attached to this request.

**LEGAL FORM:** (Is this a new contract or an amendment or change of a previously submitted procurement or contract? Identify any known liabilities and/or risks to the County.

**No know liabilities.**

**LEGAL APPROVAL:** (sign and date)

**FINANCE DIRECTOR APPROVAL:** (sign and date)

**COUNTY MANAGER APPROVAL:** (sign and date)

