



1        WHEREAS, the W.K. Kellogg Foundation has provided a grant to the City of  
2 Albuquerque Office of Equity and Inclusion to host an event to promote the  
3 National Day of Racial Healing; and

4        WHEREAS, The Office of Equity and Inclusion is committed to using the  
5 grant to carry out the purposes of the Human Rights Ordinance.

6        WHEREAS, the grant would be dispersed immediately.

7        BE IT RESOLVED BY THE COUNCIL, THE GOVERNING BODY OF THE CITY OF  
8 ALBUQUERQUE:

9        Section 1. That the agreement with the W.K. Kellogg Foundation in the  
10 amount of \$25,000 is hereby approved, and its acceptance and filing with  
11 appropriate official or office is an in all respects approved.

12        Section 2. That funds in the amount of \$25,000 are hereby appropriated to  
13 the Legal Department Office of Equity and Inclusion in the Operating Grants  
14 Fund (265) for Fiscal Year 2019.

15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

[Bracketed/Underscored Material] - New  
[Bracketed/Strikethrough Material] - Deletion



# City of Albuquerque

## Legal Department


Timothy M. Keller, Mayor

### Interoffice Memorandum

January 3, 2019

---

**To:** Klarissa Peña, President, City Council

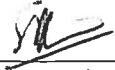
**From:** Timothy M. Keller, Mayor 

**Subject:** Resolution Authorizing Grant from W.K. Kellogg Foundation for Office of Equity and Inclusion Event on National Day of Racial Healing

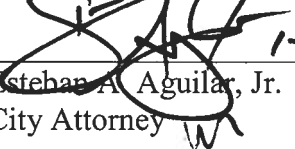
Attached is a resolution authorizing appropriation of grant funds from the W.K. Kellogg Foundation in the amount of \$25,000 for the Office of Equity and Inclusion in the Legal Department. This grant is to support an event on the National Day of Racial Healing to be convened by the Office of Equity and Inclusion. This grant is consistent with the mission of the Office of Equity and Inclusion and with the Human Rights Ordinance to foster inclusion of all people, of different backgrounds, into the civic life of Albuquerque. The W.K. Kellogg Foundation works with cities who are interested in supporting efforts to address racism. The grant for \$25,000 will result in a community conversation on the National Day of Racial Healing with stakeholders.

**Subject: Resolution Authorizing Grant from W.K. Kellogg Foundation for Office of Equity and Inclusion Event on National Day of Racial Healing**


Approved:

  
\_\_\_\_\_  
Sarita Nair Date  
Chief Administrative Officer 1/04/18

Approved as to Legal Form:

  
\_\_\_\_\_  
Esteban A. Aguilar, Jr. Date  
City Attorney 1-4-19

Recommended:

  
\_\_\_\_\_  
Office of Equity and Inclusion Date  
Michelle Melendez 1/4/19

## Cover Analysis

### **1. What is it?**

Legislation to approve Resolution Authorizing Grant from W.K. Kellogg Foundation for Office of Equity and Inclusion Event on National Day of Racial Healing

### **2. What will this piece of legislation do?**

Approves Resolution Authorizing Grant from W.K. Kellogg Foundation for Office of Equity and Inclusion Event on National Day of Racial Healing

### **3. Why is this project needed?**

To appropriate \$25,000 to the Legal Department Office of Equity and Inclusion in the Operating Grants Fund (265) for Fiscal Year 2019 for the National Day of Racial Healing.

### **4. How much will it cost and what is the funding source?**

\$25,000 from Operating Grants Fund (265)

### **5. Is there a revenue source associated with this Plan? If so, what level of income is projected?**

No.

### FISCAL IMPACT ANALYSIS

TITLE: Resolution Approving and Authorizing the acceptance of grant funds from W.K. Kellogg Foundation to the Legal Department

R: XX  
FUND: 265  
DEPT: Legal

- No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.
- (If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		Fiscal Years			
		2019	2020	2021	Total
Base Salary/Wages					-
Fringe Benefits at	0.0000%	-	-	-	-
Subtotal Personnel		-	-	-	-
Operating Expenses		25,000	-	-	25,000
Property		-	-	-	-
Indirect Costs	0.00%	-	-	-	-
<b>Total Expenses</b>		<b>\$ 25,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,000</b>
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		25,000	-	-	25,000
City Cash Match					
City Inkind Match					
City IDOH		-	-	-	-
<b>Total Revenue</b>		<b>\$ 25,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,000</b>

These estimates do not include any adjustment for inflation.

\* Range if not easily quantifiable.

Number of Positions created           0          

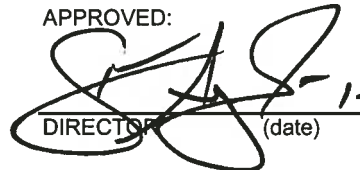
**COMMENTS:** A grant from W.K.Kellogg Foundation for \$25,000 for the Legal Department Office of Equity and Inclusion. This grant does not require a City Cash Match nor IDOH. This grant provides funding for an event on the National Day of Racial Healing that will be hosted by the Office of Equity and Inclusion.

**COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:**

PREPARED BY:

  
FISCAL ANALYST

APPROVED:

  
DIRECTOR (date) 1-4-19

REVIEWED BY:

  
EXECUTIVE BUDGET ANALYST

 1/4/19  
BUDGET OFFICER (date)

 1/4/19  
CITY ECONOMIST

## Melendez, Michelle

---

**From:** Melendez, Michelle  
**Sent:** Wednesday, January 2, 2019 4:40 PM  
**To:** deanna.warren@wkkf.org  
**Subject:** Fwd: Thank you for your submission to the W.K. Kellogg Foundation

Sent from my iPhone

Begin forwarded message:

**From:** "Stewart, Sunalei" <sstewart@cabq.gov>  
**Date:** December 27, 2018 at 1:22:37 PM MST  
**To:** "Nair, Sarita" <snair@cabq.gov>, "Melendez, Michelle" <michellemelendez@cabq.gov>  
**Subject:** FW: Thank you for your submission to the W.K. Kellogg Foundation

---

**From:** wkkf@wkkf.org <wkkf@wkkf.org>  
**Sent:** Thursday, December 27, 2018 12:12 PM  
**To:** Stewart, Sunalei <sstewart@cabq.gov>  
**Subject:** Thank you for your submission to the W.K. Kellogg Foundation

## Reference Number: P0131758

### Request Information

**\*Project Name:**

OneAlbuquerque National Day of Racial Healing

**\*Amount Requested:**

\$25,000

**\*Project Start Date**

January 2019

**\*Project End Date**

**\*The project purpose for which you are requesting Kellogg funding:**

Mayor Tim Keller has centered equity and inclusion as core values and has empowered all departments to apply an equity lens across the many programs, services and budget decisions. He has come out publicly as a champion of immigrants and refugees by strengthening our city's status as a sanctuary city; has broadened the Commission on Indian Affairs and committed to funding a full-time Native American liaison; and has brought LGBTQ, cultural sensitivity, implicit bias and racial equity training to City Hall and to APD and AFR. His actions have matched his campaign promises to restore our city's brand around our authentic self - OneAlbuquerque, and has established and charged the new Office of Equity and Inclusion with inspiring and equipping city government to embrace racial and gender equity as the means to achieve a safe, inclusive and innovative city that works for all of its residents. Specifically he respects and understands the sovereignty and needs of Native American residents.

**\*Project Overview:**

The City of Albuquerque Office of Equity and Inclusion would convene a community conversation about race and racism on the National Day of Racial Healing at a city facility or another appropriate venue, depending on availability. The Office of Equity and Inclusion would subcontract with one or more trusted community-based organizations to plan the event and facilitate the event. The city would provide the contractor with a set of principles and parameters to frame the conversation. The event would be open to the public and would engage youth and elders of all backgrounds to come together, listen, learn and foster healing on the National Day of Racial Healing.

**\*Project Goals and Objectives:**

The goal of the event is to begin a community conversation about race and racism, to foster healing. The objectives are to provide a space, a dedicated time, and a safe and open forum for community members to express themselves, share their experiences and begin to identify ways to address racism so that the healing process can begin. This may become the first in a series of conversations, depending on the community response to this initial conversation.

**\*Project Activities:**

Identify one or more trusted community-based organizations; Identify the framework for the event. Centering indigeneity. Co-plan the event, taking into consideration the expressed desire of people to share their experiences, while also recognizing the importance of moving conversations toward healing. Identifying a space, such as the Indian Pueblo Cultural Center, National Hispanic Cultural Center, or Albuquerque Museum - spaces that are conducive to conversations, small groups, fish bowl and other approaches to sharing/listening. Conducting broad community outreach and engaging key stakeholders to participate in the event.

**\*Expected Project Outcomes:**

The measurable outcome is an event centered around racial healing in Albuquerque.

**Contact Information - Grantee Organization**



**\*Legal Name:**

City of Albuquerque

**Other Name(s)/Acronyms:**

**\*Preferred Mailing Address:**

PO Box 1293

**\*City:**

Albuquerque

**\*State/Province:**

New Mexico

**\*Zip/Postal Code:**

87103

**\*Country:**

United States

**\*Phone Number:**

(505) 768-3000

**Website:**

[www.cabq.gov](http://www.cabq.gov)

**Employer Identification Number (EIN):**

85-6000102

**Additional Organizational Questions**

**\*Is this organization/individual located outside the United States?**

No

**\*Does this organization program/work internationally or transfer funds to organizations or individual outside the US?**

No

**\*Does this organization receive funds from organizations or individuals outside the US?**

No

### Contact Information - Grantee Legal Designee

**\*Salutation:**

Ms.

**\*First Name:**

Sarita

**Middle Initial:**

**\*Last Name:**

Nair

**\*Title:**

Chief Administrative Officer

**\*Preferred Mailing Address:**

PO Box 1293

**\*City:**

Albuquerque

**\*State/Province:**

New Mexico

**\*Zip/Postal Code:**

87103

**\*Country:**

United States

**\*Phone Number:**

(505) 768-3000

**\*Email Address:**

snair@cabq.gov

**Contact Information - Grantee Financial Designee**

**\*Salutation:**

Ms.

**\*First Name:**

Marianne

**Middle Initial:**

T.

**\*Last Name:**

Kemp

**\*Title:**

Grant Administrator

**\*Preferred Mailing Address:**

PO Box 1293

**\*City:**

Albuquerque

**\*State/Province:**

New Mexico

**\*Zip/Postal Code:**

87103

**\*Country:**

United States

**\*Phone Number:**

505-768-3134

**\*Email Address:**

[mkemp@cabq.gov](mailto:mkemp@cabq.gov)

## Contact Information - Project Director or Coordinator

**\*Does the project director have a title/role with the grantee organization?**

Yes

**If no, do you verify there is/will be a contractual agreement between your organization and the project director?**

Not Selected

If the answer to question 1 is No, please answer question 2 and provide a short explanation of the PD role in the comments box below

**Comments:**

**\*Salutation:**

Ms.

**\*First Name:**

Michelle

**Middle Initial:**

**\*Last Name:**

Melendez

**\*Title:**

Director of Office of Equity and Inclusion

**\*Preferred Mailing Address:**

400 Marquette NE

**\*City:**

Albuquerque

**\*State/Province:**

New Mexico

**\*Zip/Postal Code:**

87102

**\*Country:**

United States

**\*Phone Number:**

(505) 768-3000

**\*Email Address:**

[michellemelendez@cabq.gov](mailto:michellemelendez@cabq.gov)

## Payee Information

Please verify or correct the following payee information we have for your organization's request:

**\*Legal Name:**

City of Albuquerque

**\*Preferred Mailing Address:**

PO Box 1293

**\*City:**

Albuquerque

**\*State/Province:**

New Mexico

**\*Zip/Postal Code:**

87103

**\*Country:**

United States

## Payment Options

**\*Please indicate the method of payment to be used**

EFT/ACH

## EFT/ACH Information

**\*Payee Name**

City of Albuquerque

**Address**

1 Civic Plaza NW 1 Civic Plaza NW

**Address**

Room 108B

**City**

Albuquerque

**State**

NM

**Zip/Postal Code:**

87102

**Payee Address**

United States

**\*Bank Name**

Wells Fargo Bank N.A.

**\*Bank Routing Number**

121000248

**\*Payee Account Number**

xxxxxx6783

**\*Name on Account**

A/R Receipts

**Type Of Account**

Checking

**\*Person to Contact for EFT Questions:**

Michelle Melendez

**\*EFT Contact Phone Number:**

505-768-3307

**\*EFT Contact E-Mail Address:**

michellemelendez@cabq.gov

**Confirmation of Support**

As the legal designee of the organization, I certify that:

- ? I have the authority to bind/contract on behalf of the organization.
- ? If approved, I understand our role as grantee will be to administer and oversee the project activities.
- ? If approved, I understand the payee's role would be to receive and disburse funds ensuring they are spent in accordance with the project purpose and budget.
- ? I am aware of and support the project as detailed in the previous pages or with adjustments noted in the comments box.

**Legal Designee Comments:**

Legal Designee: Michele Melendez

**\*Check the box to indicate your agreement with the bulleted items in order to proceed with the final review and submission of your confirmation.**

Yes

=====

This message has been analyzed by Deep Discovery Email Inspector.