

City of Albuquerque
Department of Family and Community Services
APP #1: Proposal Summary and Certification Form

Name of Applicant Organization:		
2. Mailing Address (City, State, and Zip Code)	3. Name and telephone number of contact person	
4. City Program Name (from Request for Proposals):		
5. RFP Number:	6. Priority # (if applicable)	7. Due Date:
8. Title of Applicant's Project and Brief Descriptive Summary:		
9. Amount of City Funding requested:	10. Matching Funds Amount (if requested):	11. Date Submitted:
12. Certification: It is understood and agreed by the undersigned that: 1) Any funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable Federal, state, and city regulations and restrictions; and 2) the undersigned hereby gives assurances that this proposal has been prepared according to the policies and procedures of the above named organization, obtained all necessary approvals by its governing body prior to submission, the material presented is factual and accurate to the best of her/his knowledge, and that she/he has been duly authorized by action of the governing body to bind the Corporation.		
a. Typed Name of Authorized Board Official:	b. Title	c. Telephone Number
Signature of Authorized Board Official		d. Date signed:

Instructions for Completing The Proposal Summary and Certification Form

1. Enter the name of the organization submitting the application.
2. Enter the mailing address of the organization.
3. Enter the name and telephone number of a contact person from whom information about the proposal can be obtained.
4. Enter the name of the City program from which funding is being requested. The name of the program should be taken from the Request for Proposals.
5. Enter the number assigned to the RFP from the Request for Proposals.
6. Enter the priority number from the Request for Proposals if one is assigned to the area in which the applicant is seeking funds.
7. Enter the date the proposal is due to be received by the City of Albuquerque from the Request for Proposals.
8. Enter the title of the project for which the applicant is seeking funds and a brief narrative description of that project. The length of the narrative must be limited to the space available.
9. Enter the total amount of City funding requested in the proposal.
10. Enter the amount of matching funds to be provided by the applicant, if matching funds are requested in the Request for Proposal.

City of Albuquerque
Department of Family and Community Services
App #2: Expense Summary Form

Agency Name: _____ Project Title: _____

Expenditure Category	Project Total	City Funding Requested	Percent Request
Personnel Costs			
Salaries & Wages			
Payroll Taxes and Employee Benefits			
Total Personnel Costs			
Operating Costs			
Contractual Services			
Audit Costs			
Consumable Supplies			
Telephone			
Postage and Shipping			
Occupancy			
a. Rent			
b. Utilities			
c. Other			
Equipment Lease			
Equipment Maintenance			
Printing & Publications			
Travel			
a. Local Travel			
b. Out of Town Travel			
Conferences, Meetings, Etc.			
Direct Assistance to Beneficiaries			
Membership Dues			
Equipment, Land, Buildings			
Insurance			
Miscellaneous			
Total Operating			
Total Direct Costs			
Indirect Costs			
Total Project Expenses			

Instructions for Completing Expense Summary Form

Expenditure Category

Personnel Costs:

Salaries and Wages: Enter the amounts budgeted to pay salaries and wages for regular staff of the organization employed to carry out project-related activities. Costs charged to salaries and wages must conform to *Administrative Requirements* 3.1.3.

Payroll and Benefits: Enter the amounts budgeted to pay payroll taxes, and employee benefits. Payroll taxes should include legally mandated payroll taxes for regular employees of the organization, including FICA and unemployment compensation. The amounts charged to the City must constitute an appropriate percentage of salaries and wages. Costs charged to payroll taxes must conform to *Administrative Requirements* 3.1.3.

Total Personnel Costs: Enter the sum of salaries and wages, payroll taxes, and employee benefits.

Operating Costs

Contractual Services: Enter the amount budgeted to pay the costs of services provided to the project through contractual agreements with individuals and organizations who are no regular employees, with the exception of the costs for conducting annual or special audits. Costs charged to contractual services must conform to *Administrative Requirements* 3.1.15 and 5.5.

Audit Costs: Enter the amount budgeted to pay the costs of conducting annual or special audits of the organization. The amount budgeted to the City shall not exceed the proportion that the City contract is of the total agency budget. Costs charged to audit costs must conform

Consumable Supplies: Enter the amount budgeted to pay the costs of supplies and equipment utilized by the project which have a price which does not exceed \$250 per unit. Costs charged to consumable supplies must conform to *Administrative Requirements* 3.1.8, 5.4.4, and 5.5.

Telephone: Enter the amount budgeted to pay for the costs of project-related telephone services, including installation, local service, and long-distance tolls. Costs charged to telephone must conform to *Administrative Requirements* 3.1.2.

Postage and Shipping: Enter the amount budgeted for project-related postage and shipping. Costs charged to postage and shipping must conform to *Administrative Requirements* 3.1.2 and 3.1.22.

Occupancy:
Rent: Enter the amount budgeted for space lease/rental costs related to the project. Costs charged to rent must conform to *Administrative Requirements* 3.1.19.

Utilities: Enter the amount budgeted for the cost of project related electrical services, heating and cooling, sewer, water, and other utilities charged not otherwise included in rental or other charges for space. Costs charged to utilities must conform to *Administrative Requirements* 3.2.24.

Other: Enter the amount budgeted for other project related occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold improvements not exceeding \$250, and related occupancy costs not otherwise included in rental or other charges for space. Costs charged to other occupancy must conform to *Administrative Requirements* 3.2.14.

Equipment Lease: Enter the amounts

Travel Costs:

Local Travel: Enter the amount budgeted for the costs of project-related travel within Bernalillo County, including costs for mileage reimbursement and/or operating and maintenance costs of agency owned or hired vehicles use to provide transportation to staff or clients within Bernalillo County. Costs charged to local travel must conform to *Administrative Requirements* 3.1.23.

Out-of-Town Travel: Enter the amount budgeted for the costs of project-related travel outside of Bernalillo County, including costs for transportation, lodging, subsistence, and related expenses incurred by employees, board members, or clients who are in travel status on official business related to the project. Costs charged to out-of-town travel must conform to *Administrative Requirements* 3.1.23.

Conferences, Meetings, etc.: Enter the amount budgeted for the costs of registration and materials for staff, board, or clients attendance at meetings and conferences related to the funded project or for the costs of meetings conducted by the agency in connection with that contract. Costs charged to conferences and meetings must conform to *Administrative Requirements* 3.1.9 or 3.1.10(c).

Direct Assistance to Beneficiaries: Enter the costs budgeted for the payment of participant wages and benefits, stipends, food, clothing, and other goods and services purchased directly on behalf of clients. Costs charged to direct assistance to beneficiaries must conform to *Administrative Requirements* 3.1.13. *Membership Dues:* Enter the amount budgeted to pay the costs of dues paid by the agency on behalf of staff, board

to *Administrative Requirement* 3.1.15 and 5.5.

Insurance: Enter the amount budgeted to pay the costs of insurance, including bonding. Costs charged to insurance must conform to *Administrative Requirement* 3.1.1, 3.1.6, and 5.5.

Miscellaneous: Enter the amount budget or pay direct costs that cannot be included in any of the line items above. Such costs must be kept to a minimum and must be detailed specifically in the Budget Detail Form. *Administrative Requirements* 3.2.2 explicitly disallows contingency provisions.

Total Operating Costs: Enter the sum of all line items under operating costs.

Total Direct Costs: Enter the sum of Total Personnel Costs and Total Operating Costs.

Indirect Costs: Enter the amounts budgeted to pay indirect costs charged to the project. Indirect cost charges must conform to *Administrative Requirements* 3.3.

Total Project Expenses: Enter the sum of Total Direct Costs and Indirect Costs.

budgeted for the lease of equipment. Costs charged to equipment lease.

Equipment Maintenance: Enter the amount budgeted to maintain or repair existing agency equipment utilized in a funded project. Costs charged to equipment maintenance must conform to *Administrative Requirements* 3.1.5(e).

Printing and Publications: Enter the amount budgeted for the purchase and/or reproduction of project-related printed materials, including the cost of photo-reproduction.

members, or the agency itself to professional organization related to the purposes of the project. Costs charged to membership dues must conform to *Administrative Requirements* 3.1.10.

Equipment, Land, Buildings: Enter the amount budgeted for the purchase of equipment, land, and for the acquisition or construction of buildings, the cost of which exceeds \$1000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to *Administrative Requirements* 5.4.1, 5.4.2, and 5.5.

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City of Albuquerque
Department of Family and Community Services
App #3: Revenue Summary Form

Agency Name: _____ Project Name: _____

Revenue Sources	Agency Total	% of Agency Budget
1. Government Revenues		
Revenues from Federal Government other than Medicaid Reimbursement. <i>(List each Agency of the Federal Government)</i>		
Medicaid Reimbursements		
Subtotal Federal Agencies		
Revenues from State Government <i>(List each Agency of the State Government providing funding and the amount of funding)</i>		
Subtotal State Agencies		
Total Revenues from County Government		
Total Revenues from the City of Albuquerque		
Total Other Municipal Government Revenue		
TOTAL GOVERNMENT REVENUES FROM ALL SOURCES		
2. Other Revenue:		
Contributions		
United Way Revenue		
Other Revenue		
TOTAL OTHER REVENUES		
3. Total Revenues:		

Instructions for Completing Revenue Summary Form

For government revenues received by the agency, list each agency of the federal or state government providing funding in the column "Revenue Source."

Enter the anticipated revenues for the total agency budget from each of the listed funding sources in the column headed "Agency Total," and show the percentage of all agency funding from that source.

Definitions:

Contributions, Etc.

Contributions means funds donated to the agency by the general public, excluding United Way administered donor options.

Government Revenues

Fees from Government Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Grants from Governmental Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Other Revenues

Other Revenue means income to the agency from sources not falling into another category.

United Way Revenue

United Way Allocation means all funding provided by the United Way of Central

Instructions for Completing Project Budget Detail Form – Personnel

Line 1. Enter the name of the agency submitting the proposal.

Line 2. Enter the project title as shown on the Proposal Summary and Certification form.

Line 3. For the column labeled “Number FTE on Project”, show the number of full time equivalent staff for each position working on this project, regardless of funding source. For the column labeled “Position Title,” give the title of each position working on this project. For the column labeled “Annual Salary,” enter the annual salary for the positions multiplied by the number of FTE for that position. For the column labeled “Amount Requested,” enter the amount of funding for the position requested from the City. For the column “Percent Requested,” enter the percent of the annual salaries for the position to be charged to the City.

Line 4. Enter the sums of the column “Annual Salary,” and “Amount Requested.” Enter the “Percent Requested” for total salary and wages.

Line 5. Enter the total amount of payroll taxes and employee benefits for project salaries in the column labeled “Annual Salary,” the “Amount Requested” from the City, and the percent of the total to be charged to the City.

Line 6. Enter the sum of the lines 4 and 5 in the column’s labeled “Annual Salary,” and “Amount Requested.” Enter the percentage of the total amount to be charged to the City.

Line 7. Enter the percentage of salaries and wages charged to FICA, Unemployment Compensation, health insurance, retirement, and other employee benefits.

City of Albuquerque
Department of Family and Community Services
App #5: Project Budget Detail Form – Operating
Page 1 of _____

1. Agency Name:

2. Project Title:

3. Operating Costs: For each line item included on the Expense Summary Form, describe the item and indicate the basis for determining the cost (e.g., travel calculated as # of miles/month x \$/per mile x # months = total local travel). Use additional sheets as necessary.

Line Item (Non-Personnel)	Project Total	Amount Requested	Amount Other	Percent Requested

**Instructions for Completing
Project Budget Detail Form
Operating**

1. Enter the name of the agency.
 2. Enter the project title.
 3. For each line item on the Expense Summary Form, the applicant should describe all elements included in the line item costs and indicate the basis used for determining the costs.
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n the column headed "Project Total," enter the total costs of the line item; in the column headed "Amount Requested," enter the amount requested from the City, in the column headed "Amount Other," enter the amount to be paid from other sources, and in the column headed "Percent Requested," enter the percent of the total amount requested from the City.

City of Albuquerque
Department of Family and Community Services
App #6: Budget Detail Form: Projected Drawdown Schedule

Indicate the amount and percent of total requested funds which you anticipate expending on a quarterly basis, providing a written explanation of any projected drawdowns which exceed 25% of the total requested funds in any one quarter.

Quarter Ending	Amount to be Requested	Percent of Total

Explanation:

**Instructions for Completing
Budget Detail Form: Projected Drawdown Schedule**

The applicant must estimate the amount and percent of City funding it anticipates expending during each quarter of the fiscal year.

For each of the quarterly periods indicated, enter the amount of funding it projects expending in the column headed "Amount to be Requested." In the column headed "Percent of Total" enter the percentage of all City funds which will be expended during the quarter.

If the applicant anticipates expending more than 25% of the total requested from the City in any one quarter, provide a brief explanation of these expenditures in the space provided.

Instructions for Completing Applicant Work Program Summary

1. Enter the name of the agency.
2. Enter the mailing address of the agency.
3. Enter the project title, from the Proposal Summary and Certification form.
4. If the work summary is submitted as part of an initial application check the box marked "new";

If it is submitted as part of a request for work program revision, check the box marked "revision."

5. Under the column headed "Major Project Activities," enter the major tasks or activities to be undertaken through the project. For each task listed, enter the measurable objectives of the task in the column headed "Measurable Objectives" and the date those objectives will be completed in the column headed "Date to be Completed."

Applicants should not try to include every project activity, but should restrict their entries to major activities for which measurable objectives can be provided and for which they will be accountable if a contract is awarded.

City of Albuquerque
Department of Family and Community Services
App #8: Representations and Certifications

The undersigned HEREBY GIVE ASSURANCE THAT:

The applicant agency named below will comply and act in accordance with all Federal laws and Executive Orders relating to the enforcement of civil rights, including but not limited to, Federal Code, Title 5, USCA 7142, Sub-Chapter 11, Anti-discrimination in Employment, and Executive Order number 11246, Equal Opportunity in Employment; and

That the applicant agency named below will comply with all New Mexico State Statutes and City Ordinances regarding enforcement of civil rights; and

That no funds awarded as a result of this request will be used for sectarian religious purposes, specifically that (a) there shall be no religious test for admission for services; (b) there shall be no requirement for attendance of religious services; (c) there shall be no inquiry as to a client's religious preference or affiliations; (d) there shall be no proselytizing; and (e) services provided shall be essentially secular, however, eligible activities, as determined by the fund source, and inherently religious activities may occur in the same structure so long as the religious activity is voluntarily and separated in time and/or location.

Agency Name _____

Typed Name of Authorized Board Official: _____

Title: _____

Signature: _____ Date: _____

Lobby
December 2005

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City of Albuquerque
Department of Family and Community Services
App #9: Attachment on File

Instructions: If an applicant has received a human services contract from the City of Albuquerque within the past 12 months and submitted the required attachments, it is not necessary to resubmit the attachments if there has been no change in the information requested. If the documents currently on file with the City remain current, check the box marked current. If there has been any change in status of documents currently on file (e.g. changes in board members, organizational structure, etc.) check the box marked "Revised Attached" and submit the revised document with the project proposal.

Document	Current	Revised Attached
Certificate of Non-Profit Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Current Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Licenses	<input type="checkbox"/>	<input type="checkbox"/>
Listing of Current Board Members	<input type="checkbox"/>	<input type="checkbox"/>
Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>
Travel Reimbursement Policies	<input type="checkbox"/>	<input type="checkbox"/>
Accounting Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>

Lobby
December 2005

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**City of Albuquerque - Department of Family and Community Services
App #10: Drug Free Workplace Requirement Certification Form**

- A. The agency certifies that it will provide a drug-free workplace by:
1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency's workplace, and specifying the actions that will be taken against employees for violation of such prohibition;
 2. Establishing a drug-free awareness program to inform employees of:
 - a. The dangers of drug abuse in the workplace;
 - b. The agency's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 3. Making it a requirement that each employee to be engaged in the performance of an agreement with the City be given a copy of the agency's drug-free workplace statement.
 4. Notifying each employer that as a condition of employment under the City's agreement, that employee will:
 - a. Abide by the terms of the agency's drug-free workplace statement, and
 - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.
 5. Notifying the City of Albuquerque, Department of Family and Community Services within ten (10) days after receiving an employee notice or otherwise receiving actual notice of an employee drug statute conviction for a violation occurring in the workplace.
 6. Taking one of the following actions within thirty (30) days of receiving notice of an employee's drug statute conviction for a violation occurring in the workplace:
 - a. Taking appropriate personnel action against such an employee, up to and including termination;
 - b. or requiring such employee to participate satisfactorily at a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and
 7. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of the above requirements.
 8. **The agency also certifies that the agency's drug-free workplace requirements will apply to all locations where services are offered under the agreement with the City of Albuquerque.**

Such locations are identified as follows:

Street Address _____ City _____
State _____ Zip _____ E-mail _____
Typed Name of Authorized board Official _____ Title _____

Signature of Authorized Board Official

Date Signed

Lobby
December 2005

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City of Albuquerque
Department of Family and Community Services
App. #11: Disbarment, Suspension, Ineligibility and Exclusion Certification

I certify that the agency has not been debarred, suspended or otherwise found ineligible to receive funds by any agency of the executive branch of the federal government.

I further certify that should any notice of disbarment, suspension, ineligibility or exclusion be received by the agency, the City of Albuquerque, Department of Family and Community Services will be notified immediately.

Agency: _____

Typed Name of Authorized Board Official

Title:

Signature of Authorized Board Official

Date Signed:

Lobby
December 2005

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United States Department of Housing and Urban Development
2006 Income Thresholds Effective - 03/2006
Albuquerque, New Mexico

ADJUSTED INCOME LIMITS

Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% (Extremely Low)	11400	13000	14650	16250	17550	18850	20150	21450
50% (Very Low Income)	18950	21700	24400	27100	29250	31450	33600	35750
60% (Low)	22740	26040	29280	32520	35100	37740	40320	42900
80% (Moderate)	30350	34700	39000	43350	46850	50300	53750	57250
Median Income	37900	43400	48800	54200	58500	62900	67200	71500

Please note that these amounts are the same as those for 2005.

HOME PROGRAM RENT LIMITS

PROGRAM	Efficiency	1 bedroom	2 bedroom	3 bedroom	4 bedroom	5 bedroom	6 bedroom
Albuquerque, NM							
Low Home Rent Limit	473	508	610	704	786	866	948
High Home Rent Limit	485	571	721	882	965	1046	1128
<i>For Information Only:</i>							
Fair Market Rent	485	571	721	1050	1259	1448	1637
50 Rent Limit	473	508	610	704	786	866	948
65 Rent Limit	598	641	772	882	965	1046	1128

These rent limits were updated April 6, 2006

Lobby
December 2005

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INSURANCE COVERAGE INSTRUCTIONS

The Contractor shall procure and maintain at its expense until final payment by the City for Services covered by the Agreement, insurance in the kinds and amounts hereinafter provided with insurance companies authorized to do business in the State of new Mexico, covering all operations under this Agreement, whether performed by it or its agents. Before commencing the Services, the Contractor shall furnish to the City a certificate or certificates in form satisfactory to the City showing that it has complied with this Section. All certificate of insurance shall provide that thirty (30) days written notice is given to Director, Risk management Department, City of Albuquerque, P.O. Box 1293, Albuquerque, New Mexico, 87102, before a policy is canceled, materially changed, or not renewed. **Please note, that the phrases “endeavor to” and “but failure to mail such notice shall impose no obligations or liability of any kind upon the company, its agency or representatives” must be stricken through on the certificates** (see sample). Various types of required insurance may be written in one or more policies. Kinds and amounts of insurance are as follows:

Comprehensive General Liability Insurance Including Automobile: Comprehensive general liability and automobile insurance policy with liability for bodily injury including death and property damage in any one occurrence.

Said policies of insurance must include coverage for all operation performed for the City by the contractor, coverage for the use of all owned, non-owned, hired automobiles, vehicles and other equipment both on and off work, and contractual liability coverage shall specifically insure the hold harmless provisions of this Agreement. The City shall be named an additional Insured.

Worker’s Compensation Insurance: Workers’ Compensation Insurance for its employees in accordance with the provisions of the Workers’ Compensation Act of the State of New Mexico.

Please remember that we must have original certificates for all Comprehensive, General Liability, Auto and Property insurance, Worker’s Compensation coverage can be noted on the same certificate as other insurance, or on a separate form. If you are not required to carry Worker’s Compensation coverage, you will need to sign and return the waiver form enclosed in this packet. Please be sure you have your agent actually mail the certificates to the Department of Family and Community Services, Attention: Program Management Section, P.O. Box 1293, 5th. Floor, Room 504, Albuquerque, New Mexico 87103, so that we may attach the certificates to the final contracts for processing. The Risk Manager shall be named the certificate holder.

For your reference please find enclosed, a sample certificate that is acceptable as to form. Please use this as a guide when submitting your form. Submission of insurance certificates properly prepared will expedite the processing of your contract. Insurance Certificates should be made available to the City as soon as possible.

If you have any questions, please contact the Program Management Staff of the Department.

Lobby
December 2005

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ACORD CERTIFICATE OF LIABILITY INSURANCE		Clear	Save	DATE (MM/DD/YYYY)												
PRODUCER INSURED COVERAGES	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr><td>INSURER A</td><td></td></tr> <tr><td>INSURER B</td><td></td></tr> <tr><td>INSURER C</td><td></td></tr> <tr><td>INSURER D</td><td></td></tr> <tr><td>INSURER E</td><td></td></tr> </table>				INSURERS AFFORDING COVERAGE	NAIC #	INSURER A		INSURER B		INSURER C		INSURER D		INSURER E	
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INSURER A																
INSURER B																
INSURER C																
INSURER D																
INSURER E																
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																
TYPE	COVERAGE	TITLE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRY DATE (MM/DD/YYYY)	LIMITS										
	<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DEDUCTIBLE/COINSURE PREMIUM (Per occurrence) \$ MEDICAL/LEGAL FEES \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS / COMP/OP/ASS \$										
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per auto) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$										
	<input type="checkbox"/>	BOAT LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - SA ACCIDENT \$ OTHER THAN AUTO ONLY - SA \$ AGG \$										
	<input type="checkbox"/>	EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$										
	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROVISIONS PARTIAL OR EXCLUSIVE OFN COVERED BY EXCLUDED BY If yes, describe under SPECIAL PROVISIONS below OTHER:				B.C. EACH ACCIDENT \$ B.C. DISEASE / SABB/EMPLOYEE \$ DISEASE / POLICY LIMIT \$										
(CHECKED POLICY OR OPERATIONS LOCATIONS) (VEHICLE) (EXCLUSIONS ADDED BY ENDORSEMENT) (SPECIAL PROVISIONS)																
CERTIFICATE HOLDER			CANCELLATION													
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL endeavor to mail _____ DATE WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHENTIC REPRESENTATIVE													
ACORD 25 (2001/05)			© ACORD CORPORATION 1999													

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATION OF WORKERS' COMPENSATION APPLICABILITY

I, _____, hereby certify that I employ less than three employees and am therefore not subject to the provisions of the Workers' Compensation Act of the State of New Mexico. I further certify that should I employ three or more persons during the term of my contract with the City, I will comply with the provisions of the New Mexico Workers' Compensation Act and provide proof of such compliance to the City of Albuquerque.

Dated: _____ Agency/Organization: _____

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DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known:</i> Congressional District, <i>if known:</i> 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known:</i>	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable:</i> _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.