City of Albuquerque
Department of Family & Community Services
Division of Homeless Programs and Initiatives
Request for Proposals from Non-Profit or Governmental Agencies for Social Services and Emergency Housing Services for Fiscal Year 2020

RFP Number: RFP-DFCS-HPI-19-01

REQUEST FOR PROPOSALS

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1.0 Background

The City of Albuquerque has established priorities for funding and they include the following goals:

Goal 1: Human and Family Development: People of all ages have the opportunity to participate in the community and economy and are well sheltered, safe, healthy, and educated.

Goal 2: Public Safety: The public is safe and secure, and shares responsibility for maintaining a safe environment.

The Department of Family and Community Services mission is to improve the quality, delivery, and effectiveness of health, social, recreational, nutritional, educational, housing, and other human service programs for residents of the Albuquerque metropolitan area; to increase the available services through resource sharing and coordination; and to improve the quality of life for low and moderate income residents.

In addition, the Department of Family and Community Services has established a priority to fund projects that address the Social Determinants of Health to achieve greater well-being and equity for all. Substantial evidence confirms the link between social, economic and physical conditions and health outcome disparities. Social Determinants of Health include access to healthcare

services, availability of services to support housing and behavioral health stability, lifelong education options, public safety and social services[1].

The City of Albuquerque, through the Coordinated Human Services Contract Program (CHSCP), has adopted a uniform process for soliciting and reviewing project proposals. Priority Activities described in Section 4.0 may be eligible for two additional one-year funding renewals after the original one year contract term as indicated under each Scope of Service Description. Funds for this program are subject to final approval of the City Council and availability of City General Funds and where applicable, receipt of Grant funds from the U.S. Department of Housing and Urban Development.

1.1 City Acknowledgement of Federal Funding

A contract awarded pursuant to this RFP will include federal funds as follows: (1) 0% ($0) of the total program or project costs financed with federal funds, and (2) 0% ($0) of the total costs financed by non-governmental sources. If the percentage of federal funds that makes up the total program or project costs is greater than 0%, please prepare and attach APPENDIX #13.

2.0 Purpose

The purpose of this Request for Proposals (RFP) is to solicit effective proposals from qualified non-profit organizations interested in providing services for populations experiencing homelessness to implement the Better Way Employment Program for panhandlers.

The City's Department of Family and Community Services has recently completed a series of City-wide Community Needs Assessments. The City sought input from Albuquerque residents and program stakeholders by circulating the Housing and Community Development Survey of its 2018-2022 Consolidated Plan to rate the need in Albuquerque for additional or improved housing facilities, housing services, infrastructure, community facilities, community services, special needs population services, and business and job services of low-income individuals and families, homeless individuals and families, and youth and/or other persons with special needs.

Although these are not the only populations that are eligible for and the focus of City funding, they are Department priorities. Therefore, when applicable to the specific project, please address in the proposal narratives how proposed projects will support the Department in meeting its 2018-2022 identified priorities.

There are additional populations and priorities set forth by the Department that are also contained within this RFP, that are to be addressed with equal diligence as those detailed in the 2018-2022 Consolidated Plan.

Proposals will be accepted until **4:00 pm on Friday January 25, 2019,** and are to be submitted to:

[1] U.S. Department of Health and Human Services. Healthy People 2020 "Social Determinants of Health." 2015 http://sharepoint.cabq.gov/fcs/Contracts/Shared Documents/FY20 RFPs/RFP-HPI-19-01-011119.docxhttp://sharepoint.cabq.gov/fcs/Contracts/Shared Documents/FY20 RFPs/RFP-HPI-19-01-011119.docx

Office of the City Clerk
Plaza del Sol
600 2nd Street NW
7th floor
Albuquerque, NM 87102

3.0 Administrative Requirements

Potential responders to this RFP are strongly advised to become familiar with the content of the most current version of the publication entitled ***"Administrative Requirements for Contracts Awarded under the City of Albuquerque, Department of Family and Community Services Social Services Program"*** (hereinafter referred to as the "*Administrative Requirements*"). The publication contains uniform administrative rules for contracts awarded pursuant to the Department's Social Services Program. Contractors are expected to understand and comply with all applicable rules contained within the publication.

The *Administrative Requirements* are available online on the Department's website at http://www.cabq.gov/family/documents/publications/Admin-Requirements-Sept2010-FINAL.pdf/view (.) A printed copy can also be obtained, Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, 5th floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

Certain priority areas detailed below may also be required to comply with applicable sections of the most recent version of the *Albuquerque Minimum Standards for Substance Abuse Treatment and Prevention Services* (hereinafter referred to as the "*Minimum Standards*"), depending on the proposal. Contractors are expected to understand and comply with all applicable rules contained within the publication. A printed copy can also be obtained, Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, 5th floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

In addition, it is advisable that interested responders are familiar with the City's Consolidated Plan. They available online on the Department's website at http://www.cabq.gov/family/services/housing-services-programs/consolidated-plans. Hard copies are available upon request Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, 5th floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

4.0 Outcome Measures and Scope of Work

4.1 Outcome Measures

The City of Albuquerque is focused on improving the well-being of all people and has identified racial equity as a priority goal to address longstanding, racially disparate economic and social outcomes. In addition, the Department of Family and Community Services prioritizes investment in services that can demonstrate improved outcomes related to the customer's needs.

The City of Albuquerque Department of Family and Community Services is committed to providing cost effective services that will improve the well-being of participants and Albuquerque as a whole. Respondents will be required to participate in evaluation activities that will be designed to protect individual privacy and to the extent possible, will be aligned with the service delivery.

The Department of Family and Community Services has established a priority to fund projects that lead to improved outcomes to 1) Increase Behavioral Health Stability, 2) Increase Housing Stability, 3) Increase Public Safety, and 4) Increase Family Resilience. This involves a focus on addressing the Social Determinants of Health to achieve greater well-being and equity for all. Substantial evidence confirms the link between social, economic and physical conditions and health outcome disparities. Social Determinants of Health include access to healthcare services, availability of services to support housing and behavioral health stability, lifelong education options, public safety and social services[2].

Explanation of Outcomes

Increased Behavioral Health Stability: People who have otherwise experienced substance use and/or mental health disorders are actively engaged in services that address their identified needs and have reduced or eliminated the utilization of crisis services, are able to maintain employment and have increased daily functioning in the community and at home.

Possible indicators of progress during the service period may include:

- Progress on individual treatment plans
- Progress and completion of education and/or training
- Increase of stable employment and income
- Obtainment of supportive housing with case management
- Reduction of crisis events and utilization of crisis services (metrics include 911 calls, emergency and inpatient hospital use, detox services, or interactions with the criminal justice system).

Increased Housing Stability: People who have otherwise been precariously housed or experienced homelessness maintain residence in a safe and affordable dwelling.

Indicators of progress during the service period may include:

- Successful placement in housing
- Retention of housing for 6, 12 and 18 months after placement
- Retention in a housing program and/or exit to permanent housing
- Obtainment of affordable housing (e.g., 30% or less of total household income)
- Reduction of homeless events as measured by data collection systems and use of emergency shelters

Increased Public Safety: Adult and/or juvenile criminal justice system involvement is reduced or eliminated for people who have otherwise been arrested, incarcerated or court involved.

Indicators of progress during the service period may include:

- Reduction of interactions with the criminal justice system (metrics include 911 calls, arrest, court involvement, incarceration)
- Increase in compliance with parole and probation

[2] U.S. Department of Health and Human Services. Healthy People 2020 "Social Determinants of Health." 2015 http://sharepoint.cabq.gov/fcs/Contracts/Shared Documents/FY20 RFPs/RFP-HPI-19-01-011119.docxhttp://sharepoint.cabq.gov/fcs/Contracts/Shared Documents/FY20 RFPs/RFP-HPI-19-01-011119.docx

- Increase in employment and educational attainment

Increasing Family Resilience: Family resilience refers to the functioning of the family system in dealing with adversity.[3] The family becomes able to withstand and rebound from disruptive life challenges, becomes strengthened and more resourceful.

Indicators of progress during the service period may include:

- Increase in family employment and income
- Increase in food security
- Increase in pay equity
- Reduction of domestic violence or maltreatment
- Increase of community services such out-of-school-time enrichment activities

Community Building

In addition to the above outcomes, the City is dedicated to helping all our residents and neighborhoods to be their best selves. Contractors are expected to engage with the community and build productive relationships with their neighbors as they provide services to improve outcomes for all of Albuquerque. Examples include, but are not limited to, joining the local Neighborhood Association, updating neighbors on services and progress, maintaining their surroundings as clean and litter free, reminding participants to maintain respect of the neighborhood and promptly responding to any 311 inquiries.

4.2 Scopes of Work

This request for proposals is focused on filling service gaps for people experiencing homelessness.

In order to effectively address these service needs, offerors must demonstrate a connection between the proposed activities and outputs to the identified outcomes, and define metrics and measurement tools to reliably assess progress toward achieving the identified outcomes.

4.2.1 Better Way Employment Program for Panhandlers

The Department will allocate up to $421,473 for the implementation of the Better Way Employment Program for panhandlers. Services must include, but not be limited to: (1) Providing employment opportunities for panhandlers at the City's busiest intersections through roving van outreach; (2) Providing referrals to the workers for housing and supportive services; (3) Assisting the workers to obtain permanent and/or improved employment opportunities; and (4) Provide participants with the opportunity to complete a common assessment for the Coordinated Entry System

[3] Applying a Family Resilience Framework in Training, Practice, and Research: Mastering the Art of the Possible, By Froma Walsh PhD, University of Chicago; Family Process 55(4):616-632 · December 2016 DOI: 10.1111/famp.12260

The proposal should describe how the Offeror will work with the community to be a good neighbor as services are provided.

The proposal should demonstrate the evidence and/or logic of how the proposed activities will lead to improved outcomes and describe the use of practices (for instance, trauma-informed care, harm reduction, a person-centered approach, and community collaboration).Proposals should include a description of how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome. The program must work collaboratively with other City Department partner(s).

For the next two to three years, the City is planning to convert the current emergency winter shelter facility to serve as a year-round emergency housing facility that will be open 24 hours, 7 days a week. Please describe how you will collaborate with this emergency housing facility to ensure that emergency housing residents have access to the services described in your proposal.

4.3 Service Period

Services funded by this RFP are to commence July 1, 2019 and continue through June 30, 2020. This contract is eligible for renewal for two additional one-year periods based upon performance and availability of funds.

5.0 Eligible Responders

5.1 General Eligibility

An agency which is a unit of state or local government and/or an agency currently incorporated as a nonprofit corporation, duly registered and in good standing with the State of New Mexico Public Regulation Commission, which has not-for-profit status under 501(c)(3) of the U.S. Internal Revenue Service Code and which has demonstrated capability in providing the services for which it is applying is an eligible responder for award of a contract pursuant to this RFP. Basic eligibility requirements are identified in the *Administrative Requirements*, § 10 (A)(1). Ineligible entities as defined in Section 7.3 of the *Social Services Contracts Procurement Rules and Regulations* of the Department are restricted from submitting a proposal. A printed copy may be obtained, Monday through Friday, between 8:00 a.m. and 5:00 p.m., at the City of Albuquerque, Department of Family and Community Services, 5th floor, Room 504, Old City Hall, One Civic Plaza, Albuquerque, New Mexico 87102.

5.2 Limitations on Assistance to Primarily Religious Organizations

Contractors are required to assure that no funds awarded through the program will be used for sectarian religious purposes. Independent, not-for-profit entities established by primarily religious organizations, however, may be assisted as long as: a) there is no religious test for admission for services; b) there is no requirement for attendance at religious services; c) there is no inquiry as to a client's religious preference or affiliation; d) there is no proselytizing; and e) services provided are secular and non-sectarian. *See Administrative Requirements*, § 10 (E)(2). This provision does not prohibit a primarily religious organization from carrying out the eligible activities as long as such activities are carried out in a manner free from religious influences

pursuant to conditions prescribed in the Representations and Certifications form (Appendix #8) attached to this RFP and required as an attachment to the responder's proposal.

5.3 Cultural Equity

The City of Albuquerque has identified racial equity as a priority goal to address longstanding, racially disparate economic and social outcomes. Local government dollars used for contracting, consulting and procurement should benefit the communities we serve, proportionate to the demographics in our community. Responder organizations must address how their proposal will contribute to addressing racial inequities by describing: (1) the demographics of the leadership of their organization; (2) the demographics of the proposal's beneficiaries as specifically as possible; and (3) any racial equity practices, programs or initiatives of the organization.

5.4 Preferences for City Local, Small and/or Veteran-Owned Businesses and Pay Equity

According to City Ordinance Article 5 R.O.A. 1994 Public Purchases Ordinance, scoring preferences may be available for this procurement. Please refer to https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility.pdf and Appendix #14 of this RFP for additional information on how to certify for a maximum of 10% preference in Scoring Criteria in Section 9 of this RFP. **Please Note: preferences are NOT available for any solicitation for which all or a part of the funds used are from federal grant sources.**

A 5% Small Business Preference, a 5% Local Business Preference, a 5% State Resident Business Preference, a 5% Pay Equity Preference and/or a 5% State Resident Veteran Business Preference (collectively the latter two, "State Preference") are available for this procurement. To qualify, an Offeror MUST complete and submit this Preference Certification Form WITH ITS PROPOSAL. For a Pay Equity Preference, the City Pay Equity Business Certificate MUST be attached. For State Preference the New Mexico State certification of eligibility MUST be attached. If a Proposal is received without this Preference Certification Form and any required certifications attached, completed, signed and certified, or if this Preference Certification Form is received without the required information, the preference shall not be applied. NO FORM SHALL BE ACCEPTED AFTER THE DEADLINE FOR RECEIPT OF BIDS OR PROPOSALS.

To qualify for the Small business or Local Business Preference, a business must have its principal office and place of business in the Greater Albuquerque Metropolitan Area. The business location identified on the Preference Certification Form must be a physical location, street address, and may not use a post office box or other postal address.

Pay Equity: A pay equity business is any business that maintains a deviation of 10% or less between the salaries paid to men and the salaries paid to women for comparable positions, as reported in the Pay Equity Reporting form required to be submitted by each offeror as prescribed under § 5-5-31(A) of the Albuquerque Code of Ordinances, Article 5: Public Purchases. A business that maintains pay equity as defined therein, or that holds a valid Pay Equity Business Certificate issued by the City's Office of Diversity and Human Rights, shall receive a 5% preference from the Central Purchasing Office or the CIP Official prior to making a recommendation of award.

5.6 ADA Compliance

Contractors must agree to meet all the requirements of the Americans with Disabilities Act of 1990 (ADA), and all applicable rules and regulations which are imposed directly on the Contractor or which would be imposed on the City as a public entity. The Contractor must agree to be responsible for knowing all applicable requirements of the ADA.

5.7 Additional Requirements

a. Personnel Policies:
Organizations applying for a contract under this solicitation must have a written set of personnel policies and procedures that have been formally adopted by its governing board. This document must specify policies governing terms and conditions for employment; compensation and fringe benefits; holidays, vacation and sick leave; conflict of interest; travel reimbursement; and employee grievance procedures.

b. Conflict of Interest Policies:
Organizations submitting proposals under this solicitation must have in force a written conflict of interest policy that at a minimum:

(1) Applies to the procurement and disposition of all real property, equipment, supplies, and services by the agency and to the agency's provision of assistance to individuals, businesses, and other private entities.

(2) Provides that no employee, board member, or other person who exercises any decision making function with respect to agency activities may obtain a personal or financial benefit from such activities for themselves or those with whom they have family or business ties during their tenure with the agency or for one year thereafter.

c. Accounting Policies:
Responder organizations must have in place a set of financial, accounting, and procurement policies and procedures that meet the standards established by the City in the *Administrative Requirements*, Accounting for DFCS Social Services Contract Funds.

d. Active Board:
Nonprofit responders must be able to document that its governing board is constituted in compliance with approved bylaws and that it actively fulfills its responsibilities for policy direction, including regularly scheduled meetings for which minutes are kept. The organization must verify board compliance with the Open Meetings Act.

e. Nepotism:
The organization shall not employ “immediate family” or any “close relative” of any board member, officer or managing employee and shall not employ any two people who are immediate family or close relatives of each other. *See* definitions contained in the *Administrative Requirements*, § 10 (A)(2)(e)(iii).

f. Background Checks:
If the Social Services provided require the contractor selected through this RFP to work with or be in proximity to children, or other vulnerable populations, the contractor will not

employ any person or volunteer who is registered as a sex offender in any United States jurisdiction, or who has a criminal background unacceptable to the City. The contractor shall ensure that all its employees and volunteers directly involved in performing services have been screened for a criminal background and reference checks, finger-printing, and interviews. *See Administrative Requirements*, § 10 (A)(2)(a).

g. Reporting Requirements

The final contract between the successful responder(s) and the City will contain specific reporting requirements that include, but may not be limited to, program data and data regarding outcomes for program participants. A critical component of initiatives funded through the City of Albuquerque, Department of Family and Community Services will be a rigorous evaluation to determine program success and cost-effectiveness. Selected Offerors must comply with participant data reporting requirements conducted by the City or evaluation and research partners as part of ongoing evaluation activities.

6.0 Eligible Beneficiaries

Programs supported, in whole or in part, with funding awarded as a result of this RFP must be targeted to residents of Albuquerque.

a. Income:

Programs should target those whose annual family incomes are at or below 80% of the median family income for the Albuquerque Metropolitan Statistical Area (MSA) as established by the U.S. Department of Housing and Urban Development, unless otherwise specified.

b. Programs Serving Lower Income Populations:

Support may be made to available programs, services, and activities that do not require all participants to meet an income test, if it can be demonstrated that support of such activities offers the most efficient and expeditious means of serving the eligible population, and if at least 70% of those served meet the income test.

c. Critical Emergency Needs:

Services designed to meet critical emergency needs such as rape crisis assistance, assistance to victims of domestic violence, assistance to abused and neglected children, the homeless, and the like, need not meet an income test.

d. Other Characteristics:

Specific characteristics, such as persons with disabilities, senior citizens or other individual requirements applicable to specific funding sources.

e. Community Development Strategy Areas:

Certain public facilities improvement activities which contribute to the development of local communities must be targeted primarily to benefit designated Community Development Strategy Areas.

7.0 Technical Assistance

Technical assistance will be provided at the request of responder agencies by the City of Albuquerque Department of Family & Community Services, Heidi Shultz, Homeless Programs Division Manager, 505-768-2844 or hlshultz@cabq.gov during regular working hours.

8.0 Instructions for Completing Applications

8.1 Proposal Format

The proposal should be completed and assembled as indicated below. Appendices or non-required attachments including letters of endorsement, agency brochures, or news clips may be included if copied onto 8 1/2" x 11" paper. To expedite handling, please do not use covers, binders, or tabs. Please paginate and collate.

8.2 Cover Sheet

Responders must use the attached Proposal Summary and Certification Form (APPENDIX #1) as a cover sheet for their proposals. An authorized official of the governmental agency or of the policy board of a non-profit agency to whom agency staff are responsible must sign the form.

8.3 Project Narrative

The project narrative, not including attachments, shall not exceed 13 typed, double-spaced, 8 1/2" x 11" pages, with 12 point font. The narrative should be prepared according to the format outlined below.

a. Need for Project

The responder should clearly describe their understanding of the community conditions, as well as the specific population and needs to be addressed by the project, including gaps and overlaps in services and how this project will alleviate those gaps and/or overlaps. The responder should also include a rationale for how the proposed project will address the stated need and gaps as well as their understanding of what works to address the target population and the community needs. The responder should take into account how the proposal will contribute to addressing racial inequities by describing: (1) the demographics of the leadership of their organization; (2) the demographics of the proposal's beneficiaries as specifically as possible; and (3) any racial equity practices, programs or initiatives of the organization.

b. Inputs

The Responder must describe the resources invested in this project (money, staff, organizational skills, volunteers, time, in-kind contributions, materials, facilities, equipment) and whether there any constraints on resources that may affect success of the project. The responder should identify linkages to other agencies and resources such as referral sources, service partners, and Memoranda of Understandings (MOUs) or Cooperative Work Agreements (CWA) in place Identify specific source, type and amount of other sources of project funding and identify if other funds are committed or pending approval.

c. Project Methods

The responder should describe specific plans for conducting the project that identifies the solution to the defined problem, including (1) characteristics of the project, (2) major activities and sub-activities to be performed and the evidence basis for those activities, (3) service outputs (number of participants or service units) that will be provided with the requested City funds (4) describe specific and measurable outcome indicators for each task, (5) time frame within which outputs and outcomes are to be accomplished, and (6) personnel (by position) who will complete the tasks, including the specific responsibilities and levels of experience and training required. Résumés of existing personnel filling these positions, or job descriptions for unfilled positions, should be included as an attachment.

d. Plan for Monitoring and Evaluation

The responder should describe a specific plan by which the agency will monitor and evaluate the project activities, outputs and outcome progress indicators; schedule and process for monitoring project activities; and, overall process for collecting, compiling and analyzing project data. The responder should include in this plan, a method for monitoring staff performance in attaining the above-mentioned goals and continuous quality improvement of project methods. In addition, the responder should propose a process to monitor customer and stakeholder satisfaction with specific projects.

e. Organizational Capability

The responder should describe the organization of the proposing nonprofit agency and the types and quantities of goods and/or services it provides, including descriptions of its experience and outcomes in providing services required in Section 4.0 Priority Activities.

8.4 Work Program Summary

On the attached Applicant Work Program Summary form (APPENDIX #7), the responder should summarize the major activities to be performed through the project, detailed in the methods section, the specific objective for each activity (in quantifiable terms where possible), and the dates that these objectives will be completed.

8.5 Project Budget

The responder must submit a complete budget on the attached forms (APPENDIX #2-APPENDIX #6).

8.6 Insurance Requirements

All contractors selected pursuant to this RFP will be required to procure and maintain, through the life of each of their contracts, a commercial general liability and an automobile liability insurance policy each with liability limits in amounts not less than $1,000,000 per occurrence and in the aggregate. If any part of the contract is sublet, the contractor must include the subcontractor in its coverage or require the subcontractor to obtain all necessary coverage. Policies must be written by companies authorized to write such insurance in the State of New Mexico.

Policies must include coverage for all operations performed for the City by the contractor, coverage for the use of all owned and all non-owned hired automobiles, vehicles, and other equipment both on and off work, and contractual liability coverage shall specifically insure the

hold harmless provision of the contract. The City must be named an additional insured on commercial general liability and the policies must provide that 30 days written notice will be given to the City before a policy is canceled, materially changed, or not renewed.

The contractor shall ensure that all staff for whom professional liability is required by their licensing agent, including but not limited to, professionals providing health and behavioral health services, maintain professional liability insurance, errors and omissions coverage, or other additional coverages the city deems necessary, in amounts not less than required by the New Mexico Tort Claims Act as it is amended from time to time, for single limit of liability per occurrence and for the general aggregate.

The contractor must also comply with the provisions of the Worker's Compensation Act, the Subsequent Injury Act**,** and the New Mexico Occupational Disease Disablement Law.

During construction, if any, a contractor must maintain Builders Risk Insurance in an amount equal to the full construction cost to cover the construction work for fire, theft, extended coverage, vandalism and malicious mischief.

If, during the life of the contract, the Legislature of the State of New Mexico increases the maximum limits of liability under the Tort Claims Act (Section 41-4-1 through 41-4-27 NMSA 1978), the City may require the contractor to increase the maximum limits of any insurance required.

Proof of insurance is not a requirement for submission of a proposal, but responders should be aware that no work may begin under a contract funded through this program until the required insurance has been obtained and proper certificates (or policies) are filed with the City. Before submitting a proposal, the agency should contact its insurance agent to determine if it can obtain the required coverage.

8.7 Other Assurances

a. Compliance with Civil Rights Laws and Executive Orders
Contractors are required to comply and act in accordance with all federal laws and Executive Orders related to the enforcement of civil rights. In addition, recipients will be required to comply with all New Mexico State Statutes and City of Albuquerque Ordinances regarding enforcement of civil rights (APPENDIX #8).

b. Assurance of Drug Free Facilities
Applicants for funding must submit an assurance that they will administer a policy designed to ensure that the assisted program is free from the illegal use, possession or distribution of drugs or alcohol by its staff and beneficiaries (APPENDIX #10).

c. Certification of Receipt of Administrative Requirements
Applicants for funding must submit a certification signed by an authorized board official and the organization director of receipt and adherence to the *Department Administrative Requirement for Social Services Contracts*.

d. Audit Requirements

Contractors who expend $750,000 or more of federal funds during the year must have an audit conducted in accordance with the Federal Government's Office of Management and Budget Circular A-133 as amended. The audit shall be made by an independent auditor in accordance with generally accepted government auditing standards. Contractors who receive $25,000 or more in funding from the City, and who do not fall under A-133, must have a financial statement audit conducted by an independent auditor in accordance with generally accepted auditing standards. If the contractor is not subject to this requirement because it has not previously had a contract with the City, the Contractor must provide Form 990. Additional audit requirements are set out in the *Administrative Requirements*.

e. Goods Produced Under Decent Working Conditions

It is the policy of the City not to purchase, lease, or rent goods for use or for resale at City owned enterprises that were produced under sweatshop conditions. The responder certifies, by submittal of its proposal in response to this solicitation, that the goods offered to the City were produced under decent working conditions. The City defines "under decent working conditions" as production in a factory in which child labor and forced labor are not employed; in which adequate wages and benefits are paid to workers; in which workers are not required to work more than 48 hours per week (or less if a shorter workweek applies); in which employees can speak freely about working conditions and can participate in and form unions.

8.8 Required Attachments

The responder, including all parties to a joint venture or consortium, an individual or a non-profit agency, as applicable, must attach to its proposal (unless current information is on file with the Department and the responder so indicates in the proposal):

(1) Acknowledgment of Amendments to the RFP, if applicable;
(2) APPENDIX #1: Proposal Summary and Certification Form, completed and signed by an authorized official;
(3) Project Narrative (maximum 13 typed, double-spaced, 8 1/2" x 11" pages, with 12 pt. font);
(4) APPENDIX #7: Applicant Work Program Summary;
(5) Budget Forms as detailed in checklist;
(6) Résumés of key personnel or job descriptions of unfilled positions;
(7) List of references, including name of organization, contact person and telephone number, to verify performance history and customer satisfaction;
(8) Copy of the organization's most recent audit as required by Section 8.7(d), above;
(9) APPENDIX #8: Representations and Certifications;
(10) Certificate of Non-Profit Incorporation;
(11) Organization's Articles of Incorporation filed with the State of New Mexico;
(12) Copy of current by-laws:
(13) Relevant licenses to operate as a business and conduct proposed activities;
(14) Listing of current board members;
(15) Current organizational chart;
(16) Copy of the organization's travel reimbursement policies, if travel funds are requested;
(17) Copy of the organization's written accounting policies and procedures, which include procurement procedures;
(18) Copy of the organization's personnel policies and procedures;
(19) Copy of the organization's conflict of interest policy;

(20) Certificate of Good Standing and Comparison issued by the State of New Mexico within the past 30 days;
(21) APPENDIX #9: Attachments on File;
(22) APPENDIX #10: Drug Free Work Place Requirement Certification Form;
(23) APPENDIX #11: Debarment, Suspension, Ineligibility and Exclusion Certification;
(24) APPENDIX #12: Certification of Receipt of Administrative Requirements;
(25) Copy of the Internal Revenue Service (IRS) status letter indicating tax exempt status and documentation showing that the status has not been revoked by the IRS;
(26) APPENDIX #13: Certification of Compliance with Federal Funding Requirements;
(27) APPENDIX #14: City of Albuquerque Preference Affidavit of Eligibility https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility.pdf/@@download/file/vendor-preference-affidavit-of-eligibility.pdf
(28) APPENDIX #15: City of Albuquerque Request for Supplier Information, Form W-9
(29) APPENDIX #16: Disclosure of Lobbying Activities

Additionally, include FIVE (5) COMPLETE copies of the following: (1) Project Narrative, and any attachments referenced, (2) APPENDIX #7: Work Program Summary Form, and (3) all Budget Forms.

9.0 Compliance with Social Services Contracts Procurement Rules and Regulations

Applicants must comply with all applicable procurement rules and regulations, including, but not limited to, the City of Albuquerque Procurement Rules and Regulations for the Department of Family and Community Services, found at: https://www.cabq.gov/family/documents/publications/FCS-Social-Services-Procurement-Guidelines-06.pdf Applicants should also be guided by the Albuquerque Code of Ordinances, Article 5, which may be found at: http://library.amlegal.com/nxt/gateway.dll/New%20Mexico/albuqwin/cityofalbuquerquenewmexicocodeofordinanc?f=templates$fn=default.htm$3.0$vid=amlegal:albuquerque_nm_mc$anc=JD_TopofInfobase

9.1 Review Criteria: Proposals will be reviewed based on the criteria that follow in 9.1.a through 9.1.e. **Please note:** it is acceptable for proposals to offer services for a specific portion of the Scope of Work 4.2.1. If so, please provide a clear listing of the specific scopes of work you propose to serve and the associated budget requested in the narrative, work plan and budget. Scoring will be allocated for the quality of the proposed work within the budget context.

Note that is also acceptable to bid on multiple Scopes of Work in Section 4 and that a separate proposal packet must be submitted for each Scope of Work.

a. **Project Goal and Target Population:** Demonstrated understanding of the community conditions, as well as the specific populations and corresponding needs to be addressed by the project, including gaps and overlaps in services and how this project intends to alleviate those gaps and/or overlaps. Identifies the specific target population(s) and how the Project will conduct outreach to recruit and retain a consistent level of client engagement. Describes how services impact at least 2 out of the 4 outcomes described in 4.0, and suggest at least one measurable progress indicator per outcome. Describes how the Project contributes to addressing racial inequities by describing: (1) the demographics of the leadership of their

organization; (2) the demographics of the proposal's beneficiaries as specifically as possible; and (3) any racial equity practices, programs or initiatives of the organization. (20 Points)

b. Service Delivery: Provides a comprehensive explanation of the Project design, including a rationale for the selected approach, the evidence/logic basis for how the proposed activities and outputs are connected to improved outcomes, as described in Section 4.0, for the target population and stated need. Describes proposed practices (for instance, trauma-informed care, harm reduction, a person-centered approach, community collaboration, etc.) and their connection to yielding improved outcomes. Specifies the number of clients to be served (outputs) for each major activity aligned with requested City funds. Describes how activities will be implemented throughout the project cycle. The specific plan describes: (1) a summary of the project; (2) the major activities and sub-activities to be performed associated with the requested City budget; (3) the specific and measurable number of outputs associated with the requested City budget (4) links activities and outputs to the stated outcomes; (5) provides a time frame to accomplish; and (6) describes how the Offeror will work with the community to be a good neighbor as these services are provided in the community. Describes the level of experience and training required to conduct activities and a list of personnel (by position) responsible to conduct the activities. Provides résumés of existing personnel filling these positions or job descriptions for unfilled positions as an attachment. If applicable, describe the role of collaborating agencies to provide complementary services and planned efforts to be a good neighbor (20 points)

c. Measuring Progress: Describes the target outcomes, the indicators of progress for achieving the selected outcomes and the measurement tools to monitor outcomes. Provides an evidence basis or logic that connects the activities and outputs and indicators to the selected outcomes (as described in Section 4 or other relevant outcomes). Provides a detailed plan for monitoring activities, outputs, indicators of progress and outcomes. Describes the process and schedule for monitoring the quality of project activities, methods and how continuous quality improvement will be incorporated. Describes the process to accurately collect, analyze and report the data and how customer and stakeholder satisfaction will be measured. (20 points)

d. Organizational Capacity Describes how the agency/organization will effectively implement project activities and reach output and outcome goals. Describes agency resources dedicated to the project, including staff and collaborative partnerships (supported with a copy of pertinent MOUs or CWAs with partner agencies). Describes how the agency and staff may be currently providing services and activities similar to those contained in this proposal. If the agency has had a contract with the City providing similar services in the past three years, the City will include past performance in the scoring. As applicable, please describe how the program will work collaboratively with other partners. Preference points will be allocated in accordance with the City Procurement Ordinance per the Certification information provided in the form (see APPENDIX 14). (20 points)

e. Alignment of proposed budget with the proposed work plan. Aligns the proposed activities, services and outputs to the requested City funds. Clearly represents the complementary/leveraged funds that may provide services to a larger population beyond the number that can be served with the requested City funds. Provides reasonable administrative and unit-of-service costs. Demonstrates organizational and financial capacity and the ability to meet the City of Albuquerque's administrative requirements. The fiscal audit/report results will be assessed in the scoring. (20 Points)

9.2 Review Process/Deadlines

a. Preliminary Staff Review

Proposals will be initially reviewed by staff of the Department of Family and Community Services to determine if the proposal is complete and conforms to this RFP. Completeness means that all required forms and attachments are included and comply with the *Administrative Requirements***.** Conformity means that the proposal has been prepared according to guidelines regarding length, organization, and format as specified in section 8.0 above. Incomplete, nonconforming or late proposals may be deemed unresponsive.

b. Review Panel

The Department Director will, in writing, approve the composition of an ad hoc committee (minimum of 3 persons) from the Department of Family and Community Services and may include a representative(s) from affected neighborhoods, constituents, service users and/or citizens that will review all proposals. The proposals will be rated according to the review criteria specified in section 9.1 above. Based on these ratings, the committee will recommend contract awards and amounts to the Director of the Department. A recommendation for award does not constitute an award of contract. The award occurs after a contract is negotiated and Approved by the City.

If, during the review process, additional information is needed regarding a proposal, the Department staff will request such information from the responder. In addition, responders may be interviewed directly as part of the review process. Agencies will be advised of the time and date of such interviews.

During evaluation, proposals submitted shall be kept confidential. The Department will use its best efforts to restrict distribution to those individuals involved in the review and analysis of the proposals, but in any event, the City shall not be liable for disclosure of any information contained in the proposals during the review process. The proposals shall be open to public inspection after award of contract.

9.3 Competitive Considerations

Proposals will be rated according to the review criteria in section 9.1 above. The Department may require responders being considered for an award to participate in interviews or other discussions to explain or verify any aspect of the proposal submitted. The Department reserves the right to reject any or all proposals. The Department may negotiate the terms of any proposal after making a recommendation of award, in order to development a contract in the best interest of the City or the target population. The Department may award more than one contract per Priority Activity.

9.4 RFP Appeals Process

Responders whose proposals are not selected may submit a written appeal. Letters of Appeal must be submitted and arrive in the office of the Department Director not later than ten (10) working days after receipt of the notice of non-selection. Letters must be specific as to the matter being appealed. Appeals not submitted in writing, not specific in nature, or which arrive late may not be considered. The Department Director's decision concerning the Appeal is final

and will be provided within 30 days of receipt of the Appeal letter. Letters must be addressed as follows:

Carol M. Pierce, Director
Department of Family and Community Services
City of Albuquerque
P.O. Box 1293
Albuquerque, NM 87103

The envelope must clearly indicate:
APPEAL, DFCS – Social Services – RFP-DFCS-HPI-19-01

All Appeals will be responded to by the Department Director in writing.

10.0 Submission Process

10.1 Submission Requirements

Submit one complete original of the proposal, including all required attachments as listed in Section 8.7 Also submit 5 copies of the Project Narrative (8.3 above), Work Program Summary (8.4 above) and budget sections (8.5 above), and any attachments referenced in the narrative.

Both the complete original and 5 copies are required for the proposal to be considered a complete submission. Label the submitted sealed packages **Social Services – RFP-DFCS-HPI-19-01** and as "ORIGINAL" or "COPY" as appropriate. Please paginate and collate. Do not use covers, binders or tabs. Proposals must be received prior to **4:00 p.m. local time, Friday, January 25, 2019** at the City of Albuquerque, Office of the City Clerk. Proposals will be date/time stamped by the Office of the City Clerk when they are received. Proposals stamped later than 4:00 p.m. local time, on **Friday, January 25, 2019** will be ruled non-responsive to this RFP and will not be considered for award.

The Department recommends that responders hand deliver their proposals, in advance of the deadline to:

Office of the City Clerk
Plaza del Sol
600 2nd Street NW
7th floor
Albuquerque, NM 87102

If the responder chooses to mail its proposal, certified mail is recommended and it should be sent to the following address:

City of Albuquerque
Office of the City Clerk
P.O. Box 1293
Albuquerque, NM 87103

Sufficient mailing time should be allowed to ensure delivery in advance of the deadline.

10.2 Clarification

Any explanation desired by a responder regarding the meaning or interpretation of this RFP must be requested in writing not less than ten (10) working days prior to the hour and date specified for the receipt of proposals to allow sufficient time for a reply to each responder before the submission of their proposals. All inquiries must be directed Heidi Shultz, Homeless Programs Division Manager, 505-768-2844 or hlshultz@cabq.gov or fax 505-768-2799. Oral explanations or instructions given before the deadline for receipt of proposals will not be binding. Any information given to a prospective responder concerning this RFP will be furnished to all prospective responders attending the pre-proposal conference as an amendment of this RFP, if such information is necessary to responders in submitting proposals on this RFP or if the lack of such information would be prejudicial to uninformed responders.

10.3 Acknowledgment of Amendments to the Request for Proposal

Receipt of an amendment to the RFP by a responder must be acknowledged (a) by signing and returning the amendment or (b) by letter. Such acknowledgment must be received prior to the hour and date specified for receipt of proposals.

10.4 Modification

Proposals may be modified or withdrawn by written notice provided such notice is received prior to the hour and date specified for receipt of proposals.

PROPOSAL CHECKLIST

Prior to submitting the proposal, Offerors are recommended to use the following checklist to ensure that the proposal contains all elements required for a complete submittal. This checklist is used in the technical review of the Application. Items in the check list with identifying numbers refer to the numbers to be found on required Department of Family & Community Services forms included as attachments to this RFP.

- ❑ **Acknowledgment of Amendments to the RFP, if applicable.**

- ❑ **Proposal Summary and Certification Form (APPENDIX #1) completed and signed by an authorized official.**

- ❑ **Original Project Narrative (maximum 13 pages).**

- ❑ **Original Applicant Work Program Summary (APPENDIX #7)**

- ❑ **Original Budget Forms**
  - o Expense Summary Form (APPENDIX #2)
  - o Revenue Summary Form (APPENDIX #3)
  - o Project Budget Detail Form -- Personnel (APPENDIX #4)
  - o Project Budget Detail Form -- Operating Costs (APPENDIX #5)
  - o Budget Detail Form: Projected Drawdown Schedule (APPENDIX #6)

- ❑ **Résumés of key personnel or job descriptions of unfilled positions.**

- ❑ **List of references, including name of organization, contact person and telephone number, to verify performance history and customer satisfaction.**

- ❑ **Copy of the organization's most recent audit or applicable financial statement.**

- ❑ **Attachments on File (APPENDIX #9)**

- ❑ **Certificate of Non-Profit Incorporation**

- ❑ **Organization's Articles of Incorporation filed with the State of New Mexico**

- ❑ **Copy of current by-laws.**

- ❑ **Relevant licenses to operate as a business.**

- ❑ **Listing of current board members.**

- ❑ **Current organizational chart.**

- ❑ **Copy of the organization's travel reimbursement policies, if travel funds are requested.**

- ❑ **Copy of the organization's written accounting policies and procedures, which include procurement procedures.**

- **Copy of the organization's personnel policies and procedures.**
- **Copy of the organization's conflict of interest policy.**
- **Certificate of Good Standing and Comparison issued by the State of New Mexico.**
- **Representations and Certifications (APPENDIX #8)**
- **Drug Free Work Place Requirement Certification Form (APPENDIX #10)**
- **Debarment, Suspension, Ineligibility and Exclusion Certification (APPENDIX #11)**
- **Certification of Receipt of Administrative Requirements (APPENDIX #12)**
- **Certification of Compliance with Federal Funding Requirements, Refer to Section 1.1 for further information (APPENDIX #13)**
- **Vendor Preference Affidavit of Eligibility, if applicable (APPENDIX #14)**
- **Modified W-9 (APPENDIX #15)**
- **Disclosure of Lobbying Activities (APPENDIX #16)**
- **Five (5) packets** that each include 1 copy of the following: Project Narrative, Work Program Summary, all budget section forms, and any attachments referenced in the narrative.

City of Albuquerque
Department of Family and Community Services
APPENDIX #1: Proposal Summary and Certification Form - *Instructions*

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.

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
APPENDIX #1: Proposal Summary and Certification Form

1. Name of Applicant Organization:

2. Mailing Address (City, State, and Zip Code)	3. Name and telephone number of contact person

City Program Name (from Request for Proposals):

RFP Number: **RFP-DFCS-HPI–19-01**	Scope of Work #:	Due Date: **January 25, 2019**

Title of Applicant's Project and Brief Descriptive Summary:

Amount of City Funding requested:	Matching Funds Amount (if requested):	Date Submitted:

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:

City of Albuquerque
Department of Family and Community Services
APPENDIX #2: Expense Summary Form - *Instructions*

Instructions for Completing Expense Summary Form

Expenditure Category
Expenditures charged to Social Services category must conform to Administrative Requirements, be reasonable, allowable and allocable

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.

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 insurance tax. . The amounts charged to the City must constitute an allocable percentage of salaries and wages.

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 organizations and individuals who are not regular employees, with the exception of the costs for conducting annual or special audits.

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 revenue is of the total agency revenue budget.

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 $5,000 per unit.

Telephone: Enter the amount budgeted to pay for the costs of project telephone services, including installation, local service, and long-distance tolls.

Postage and Shipping: Enter the amount budgeted for project postage and shipping.

Occupancy
Rent: Enter the amount budgeted for space lease/rental costs allocable to the project.

Utilities: Enter the amount budgeted for the cost of project allocable electrical services, heating and cooling, sewer, water, and other utilities charged not otherwise included in rental or other charges for space.

Other: Enter the amount budgeted for other project allocable occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold

improvements not exceeding $5,000, and related occupancy costs not otherwise included in rental or other charges for space.

Equipment Lease: Enter the amounts budgeted for the purchase or lease of equipment allocable to the project

Equipment Maintenance: Enter the amount budgeted to maintain or repair existing agency equipment utilized in a funded project.

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

Travel Costs
Local Travel: Enter the amount budgeted for the costs of project travel within Bernalillo County, including costs for mileage reimbursement and/or allocable operating and maintenance costs of agency owned or hired vehicles use to provide transportation to staff or clients within Bernalillo County.

Out-of-Town Travel: Enter the amount budgeted for the costs of project 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 allocable to the project.

Conferences, Meetings, etc.: Enter the amount budgeted for the costs of registration and materials for staff, board, or clients attendance at meetings and conferences allocable to the funded project or for the costs of meetings conducted by the agency in connection with that contract.

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.

Membership Dues: Enter the amount budgeted to pay the costs of dues paid by the agency on behalf of staff, board members, or the agency itself to professional organization related to the purposes of the project.

Equipment, Land, Buildings: Enter the amount budgeted for the purchase of equipment, land, and for the acquisition or construction of buildings allocable to the project, the cost of which exceeds $5,000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to Administrative Requirements

Insurance: Enter the amount budgeted to pay the costs of insurance, including bonding, allocable to the project.

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 for the project. Costs charged to Indirect must conform to Administrative Requirements

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

City of Albuquerque
Department of Family and Community Services
APPENDIX #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 - Direct			
Contractual Services			
Audit Costs			
Consumable Supplies			
Telephone			
Postage and Shipping			
Occupancy			
a. Rent			
b. Utilities			
c. Other			
Equip ment 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			
Total Operating			
Total Direct Costs (Personnel & Operating)			
Indirect Costs (_____%; attach Rate Letter)			
Total Project Expenses			

City of Albuquerque
Department of Family and Community Services
APPENDIX #3: Revenue Summary Form- *Instructions*

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:

Government Revenues

Fees from Government Agencies are funds paid to the Agency by a unit of Federal, State or local government for goods or services provided as a contractor.

Grants from Government Agencies are funds paid to the agency as a recipient or sub-recipient by a unit of Federal, State or local government.

> *[2 CFR Section 200.300 Subrecipient and contractor determinations sets forth the considerations in determining whether payments constitute a Federal award or a payment for goods or services provided as a contractor.]*

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 New Mexico.

City of Albuquerque
Department of Family and Community Services
APPENDIX #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. (*List each Agency of the Federal Government)*		
Fees from Federal Government Agencies:		
Grants from Federal Government Agencies:		
Medicaid Reimbursements		
Subtotal Federal Agencies		
Revenues from State Government (*List each Agency of the State Government providing funding and the amount of funding)*		
Fees from State Government Agencies:		
Grants from State Government Agencies:		
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:		

City of Albuquerque
Department of Family and Community Services
APPENDIX #4: Project Budget Detail Form – Personnel - *Instructions*

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 the 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
APPENDIX #4: Project Budget Detail Form – Personnel
Page 1 of _____

1. Agency Name:

2. Project Title:

Personnel costs: Use this form to identify all salaries, wages, payroll taxes and fringe benefits shown on the Expense Summary Form. Add additional rows as necessary.

Number FTE on Project	Position Title	Annual Salary	Amount Requested	Percent Requested
4. Salaries & Wages				
5. Payroll Taxes & Employee Benefits*				
6. Total Personnel Costs				

7. *Payroll Taxes: FICA@_____%: Unemployment Insurance @_____%
Employee Benefits: Health Insurance @_____% Retirement@_____%
Other_____@ %

City of Albuquerque
Department of Family and Community Services
APPENDIX #5: Project Budget Detail Form – Operating - *Instructions*

Instructions for Completing Project Budget Detail Form -- Operating

1. Enter the name of the agency.

2. Enter the project title.

3. For each operating cost 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. If cost is allocated, provide the allocation plan. For indirect cost line item provide an explanation of basis for the indirect cost or an Approved cost rate letter from cognizant Federal agency.

In 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
APPENDIX #5: Project Budget Detail Form – Operating
Page 1 of _____

1. Agency Name:

2. Project Title:

3. Direct and Indirect Costs: For each operating cost 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. If cost is allocated, provide the allocation plan. For indirect cost line item provide an explanation of basis for the indirect cost or an Approved cost rate letter from cognizant Federal agency. (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

City of Albuquerque
Department of Family and Community Services

APPENDIX #6: Budget Detail Form: Projected Drawdown Schedule - *Instructions*

Instructions for Completing Budget Detail Form: Projected Drawdown Schedule

The Applicant must estimate the amount and percent of City funding it anticipates expending funds 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.

City of Albuquerque
Department of Family and Community Services
APPENDIX #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:

City of Albuquerque
Department of Family and Community Services
APPENDIX #7: Applicant Work Program Summary - *Instructions*

Instructions for Completing Form

1. Enter the name of the agency.
2. Enter the project title, from the Proposal Summary and Certification form.
3. If the work summary is submitted as part of an initial Application, check the box marked "new"; if it is submitted as a renewal, check the box "renewal"; if it is submitted as part of a request for work program revision, check the box marked "revision."
4. Measurable Results:
   A. Under the column headed "Major Project Activities and Services," enter the major tasks or activities to be undertaken through the project.
   B. Under Timeframe, enter the quarters in the fiscal year that these activities will be performed / services will be provided
   C. For each task listed, enter the measurable outputs of the task in the column headed "Outputs from Requested City Funds" with the service units that match the requested City funding level and proposed budget allocation in Appendix #5. The expectation is that funding of service outputs are directly associated with the budget allocation and must not reflect funding from multiple sources per service unit.

Measurable outcomes in the column headed "Measurable Outcomes" refer to Section 4.0 and add other outcomes that apply.
and the data collection or progress assessment tool used in the column titled "Measurement Tool", and the name of the personnel who will be assigned responsibility to carry out the activity and data collection and progress measurement in the column titled "Responsible Personnel" 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. Please separate different outputs associated with an activity in different rows. Multiple outcomes associated with an activity may be listed in one row.

Applicants may format the workplan as landscape orientation to improve readability.

City of Albuquerque
Department of Family and Community Services
APPENDIX #7: Applicant Work Program Summary

1. Agency Name:

2. Project Title	3. Applicant Type ☐ New ☐ Renewal ☐ Revised

4. Measurable Results: List the major project tasks/activities, the outputs for each that will be associated with City funds only, outcomes, outcome indicators and measurement tools					
Major Project Activities and Services	Timeframe	Outputs from Requested City Funds	Outcomes	Outcome Progress Indicator	Measurement Tool(s)

(Format as Landscape and use additional sheets as necessary)

City of Albuquerque
Department of Family and Community Services
APPENDIX #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, as specified in the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services*, § 10 (E)(2), 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:_____

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

Instructions: If an Applicant has received a human services contract from the Department of Family and Community Services 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	☐		☐
Articles of Incorporation	☐		☐
Current Bylaws	☐		☐
Applicable Licenses	☐		☐
Listing of Current Board Members	☐		☐
Organization Chart	☐		☐
Travel Reimbursement Policies (if Applicable)	☐		☐
Accounting Policies and Procedures	☐		☐
Personnel Policies and Procedures	☐		☐
Conflict of Interest Statement	☐		☐
Certificate of Good Standing and Comparison	☐		☐
Resumes of Key Personnel/Job Descriptions of Open Positions	☐		☐
Agency's Most Recent Audit	☐		☐

City of Albuquerque
Department of Family and Community Services

APPENDIX #10: Drug Free Workplace Requirement Certification Form

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; or
   b. 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: _____

Please return completed document to: City of Albuquerque Division, PO Box 1293, Albuquerque, NM 87103

Typed Name of Authorized board Official: _____ Title: _____

_____ _____

Signature of Authorized Board Official Date Signed

City of Albuquerque
Department of Family and Community Services

APPENDIX #11: Debarment, 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 debarment, 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:

_____ _____

City of Albuquerque
Department of Family and Community Services
APPENDIX #12: Certification of Receipt of *Administrative Requirements*

The undersigned HEREBY CERTIFY THAT:

1. The agency/organization has received a copy of the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, revised September 2010*; and
2. The agency/organization named below will adhere to the *Administrative Requirements* in its operation of City-funded programs.

Agency/Organization Name:_____

_____ _____
Typed Name of Authorized Board Official Typed Name of Executive Director

_____ _____
Signature Signature

Date:_____ Date:_____

City of Albuquerque
Department of Family and Community Services

APPENDIX #13: Certification of Compliance with Federal Funding Requirements

The undersigned HEREBY GIVE ASSURANCE THAT:

If the percentage of federal funds that makes up the total program or project costs is greater than 0%, the Applicant agency named below will specifically comply and act in accordance with all applicable federal law governing programs receiving federal funds, including but not necessarily limited to:

1. Age Discrimination Act of 1975, prohibiting discrimination on the basis of age. 45 CFR Part 91.
2. Civil Rights Act of 1964 (Title VI), providing that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination. 45 CFR Part 80.
3. Education Amendments of 1972 (Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686), providing that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity. 45 CFR Part 86.
4. Rehabilitation Act of 1973 (Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, providing that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination.
5. USA Patriot Act (amending 18 U.S.C. 175-175c), prescribing criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. “Restricted persons,” as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent.
6. Public Health Security and Bioterrorism Preparedness and Response Act, provides protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the US homeland, or other criminal act. 42 U.S.C. 262a; 42 CFR Part 73.
7. Controlled Substances Act provides that grantees are prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by Section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the recipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
8. Limited English Proficiency. Recipients of federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. Title VI of the Civil Rights Act of 1964.
9. Construction-Related Requirements
   a. Architectural Barriers Act of 1968 (as amended 42 U.S.C. 4151 et seq.) sets forth requirements to make facilities accessible to, and usable by, the physically handicapped and include minimum design standards. All new facilities designed or constructed with HHS grant support must comply with these requirements. 41 CFR 102-76; 36 CFR 1191.
   b. Clean Air and Clean Water Act provides for the protection and enhancement of the quality of the nation’s air resources to promote public health and welfare and for restoring and maintaining the chemical, physical, and biological integrity of the nation’s waters. 42 U.S.C. 7606 and EO 11738.
   c. Safe Drinking Water Act provides for the protection of underground sources of drinking water that have an aquifer, which is the sole source of drinking water. No grant may be entered into for any project that the EPA Administrator determines may contaminate such aquifer.

10. Health, Safety, and Related Requirements
    a. HHS funds may not be spent for an abortion.
    b. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
    c. Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS's OCR and is codified at 45 CFR Parts 160 and 164. The Privacy Rule applies only to covered entities.
    d. Confidentiality of Patient/Client Records. Section 543 of the PHS Act, 42 U.S.C. 290dd-2, requires that records of substance abuse patients be kept confidential except under specified circumstances and purposes. The covered records are those that include the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research that is conducted, regulated or directly or indirectly assisted by any department or agency of the United States. 42 CFR Part 2.
    e. Drug Free Workplace Act of 1988, requires that all organizations receiving grants from any federal agency agree to maintain a drug free workplace. The recipient must notify the awarding office if any employee of the recipient is convicted of violating a criminal drug statute. 42 U.S.C. 701 et seq.; 45 CFR Part 82.
    f. Pro-Children Act imposes restrictions on smoking in facilities where federally funded children's services are provided. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased or contracted for) used for the routine or regular provision of federally funded health car, day care, or early childhood development. 20 U.S.C. 7183.

Agency Name_____

Typed Name of Authorized Board Official:_____

Title:_____

Signature:_____Date:_____

City of Albuquerque
Department of Family and Community Services
APPENDIX #14: Vendor Preference Form and Instructions

https://www.cabq.gov/dfa/documents/vendor-documents/vendor-preference-affidavit-of-eligibility.pdf/@@download/file/vendor-preference-affidavit-of-eligibility.pdf

Instructions for PREFERENCE CERTIFICATION FORM
For City Local, Small, or Pay Equity Preferences and/or State Resident Business and Veteran Preferences (Goods & Services)

ALL INFORMATION MUST BE PROVIDED. A 5% Small Business Preference, a 5% Local Business Preference, a 5% State Resident Business Preference, a 5% Pay Equity Preference and/or a 5% State Resident Veteran Business Preference (collectively the latter two, "State Preference") are available for this procurement. To qualify, an Offeror **MUST** complete and submit this Preference Certification Form **WITH ITS PROPOSAL.** For a Pay Equity Preference, the City Pay Equity Business Certificate MUST be attached. For State Preference the New Mexico State certification of eligibility MUST be attached. If a Proposal is received without this Preference Certification Form and any required certifications attached, completed, signed and certified, or if this Preference Certification Form is received without the required information, the preference shall not be applied. **NO FORM SHALL BE ACCEPTED AFTER THE DEADLINE FOR RECEIPT OF BIDS OR PROPOSALS.**

PHYSICAL LOCATION MUST BE STATED. To qualify for the Small business or Local Business Preference, a business must have its principal office and place of business in the Greater Albuquerque Metropolitan Area. The business location identified on the Preference Certification Form must be a physical location, street address or such. **DO NOT** use a post office box or other postal address.

PREFERENCE CERTIFICATION FORM MUST BE COMPLETED BY PRINCIPAL OFFEROR. This Preference Certification Form must be completed for the Principal Offeror, or one of the Principal Offerors if the Offeror is a joint venture or partnership, or by an individual authorized to sign for the Offeror. Subcontractors of the Offeror shall not be used to qualify a Proposal for a preference and should not complete or submit the Form.

APPLICATION OF PREFERENCES. The State Resident Business Preference or State Resident Veteran Business Preference shall be applied to any Proposals submitted that include a valid, State of New Mexico-issued, Resident Business or Resident Veteran Business Certification Number. The Small Business Preference, and the Local Business Preference shall be applied to all Proposals submitted by eligible small businesses. The local preference only will be applied to all Proposals submitted by eligible local businesses which are not small businesses. The Pay Equity Preference shall be applied to all Proposals submitted that include a City Pay Equity Business Certificate. The total percentage of all preferences awarded shall not exceed ten percent (10%).

DEFINITIONS. The following definitions apply:

The Greater Albuquerque Metropolitan Area includes all locations within the City of Albuquerque and Bernalillo County.

A Local Business is a business with its Principal Office and Place of Business in the Greater Albuquerque Metropolitan Area.

A Small Business is a Local Business that employs an average of fewer than fifty (50) full-time employees in a calendar year. The calendar year immediately prior to the request for the preference should be used.

A Principal Office is the headquarters, main or home office of the business as identified in tax returns, business licenses and other official business documents.

A Place of Business a business' location in the Greater Albuquerque Metropolitan Areas that is staffed and open to the public on a regular basis.

A full-time employee is an employee of the business who is hired to work at least forty (40) hours per week, whether in a permanent, temporary or seasonal status. If all full-time employees of the business are hired to work a shorter work week, the Chief Procurement Officer may reduce this requirement, upon receipt of adequate documentation.

Pay Equity Preference shall be applicable as provided in City Ordinance 5-5-31 (as amended by C/S O-17-33).

State Resident Business and State Resident Veteran Business shall be applicable as provided in 13-1-21 NMSA 1978.

ADDITIONAL DOCUMENTATION. If requested, a business shall provide, within three (3) working days of receipt of the request, documentation to substantiate the information provided on the Preference Certification Form. The Chief Procurement Officer shall determine the sufficiency of such documentation.

NO PREFERENCES SHALL BE APPLIED IF FEDERAL FUNDS ARE USED.

Substitute Form **W9** **Department of Finance and Administrative Services**

APPENDIX #15: FOR DEMONSTRATION PURPOSE ONLY. DOWNLOAD

SECTION 1: CONTACT INFORMATION AND TAXPAYER IDENTIFICATION NUMBER

NAME (as shown on your income tax return). Name is required on this line; do not leave this line blank.

BUSINESS NAME/ disregarded entity name, if different from above.

PRIMARY ADDRESS (number, street, and apt or suite no)	**REMITTANCE ADDRESS** (number, street, and apt or suite no)
CITY, STATE, and ZIP CODE	**REMITTANCE CITY, STATE, and ZIP CODE**
PHONE	**EMAIL ADDRESS**

SOCIAL SECURITY NUMBER - - **OR** **EMPLOYER IDENTIFICATION NUMBER** - - **New Mexico CRS TAX ID (if applicable)** - - -

TAX CLASSIFICATION (check only one)

INDIVIDUAL/SOLE PROPRIETOR or single-member LLC C CORPORATION S CORPORATION

PARTNERSHIP TRUST/ESTATE

LIMITED LIABILITY COMPANY – Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____

Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

501(C)3/NON-PROFIT ORGANIZATION OTHER (SEE INSRUCTIONS)

EXEMPTIONS (codes apply to certain entities, not individuals; see instructions)

EXEMPT PAYEE CODE (if any)

_____

EXEMPTION FROM FATCA REPORTING CODE (if any)

SECTION 2: CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.

SIGNATURE of U.S. person	**DATE**
PRINT NAME	**TITLE**

SECTION 3: BUSINESS DEMOGRAPHICS (PLEASE CHECK ALL THAT APPLY)

Local Business - Maintains its principal office and place of business within the Greater Albuquerque Metropolitan Area (City of Albuquerque or Bernalillo County) and ownership resides 51% here.

Doing Business Locally - *Does not maintain its principal office here*, but maintains a storefront in the Greater Albuquerque Area and employs one or more Albuquerque residents.

Woman Owned Business - at least 51% owned and controlled by one or more women, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more women.

MBE - Minority Business Enterprise Owned (at least 51% owned and controlled by one or more racial/ethnic minorities or, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more minorities).

None of the Categories Apply **Not a local business**

If your business is minority owned, please specify the race/ethnicity of minority owner(s). Check all that apply:

American Indian or Alaska Native

Asian

Black or African American

Hispanic

Native Hawaiian or Other Pacific Islander

Two or more races

White

PURCHASE ORDERS (COMPLETE ONLY IF YOU ACCEPT POs)

INVOICE SUBMISSION ☐Electronic – Transcepta	Provide a "Remit to" Email Address:	**PO (Contact Information, Full Name and Position)**
☐Electronic - Email	Provide an "Order From" Email Address:	

Please return completed document to: City of Albuquerque Division, PO Box 1293, Albuquerque, NM 87103

Download form at https://www.cabq.gov/dfa/documents/modified-w9-supplier-form-2018.pdf

Form is provided for information purposes only. Please download and fill out the form at this website:

https://www.cabq.gov/dfa/documents/modified-w9-supplier-form-2018.pdf

Section 1- Supplier Information

Information on how to fill-out Section 1 can be found at: https://www.irs.gov/pub/irs-pdf/fw9.pdf

Section 2 – Business Demographics

A. Select all for which the business has self-certified or for which it believes it is eligible.
B. The Greater Albuquerque Metropolitan Area includes all locations within the City of Albuquerque and Bernalillo County.
C. A local business is a business with its principal office and place of business in the Greater Albuquerque Metropolitan Area.
D. A principal office is the main or home office of the business as identified in tax returns, business licenses and other official business documents.
E. A place of business is a location where the business conducts its daily operations, for the general public, if applicable.
F. Minority is defined to include Hispanic Americans, Black Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, Female, or belonging to groups found to be economically and socially disadvantaged by the U.S. Small Business Administration.

The State of New Mexico and the U.S. Federal Government have their own certification programs. State of New Mexico Certifications Include: State Resident Business; State Resident Contractor; Resident Veteran Business; and Resident Veteran Contractor. More information can be found at:

http://www.tax.newmexico.gov/Businesses/in-state-veteran-preference-certification.aspx

Federal Certifications include: SBE (Small Business Enterprise with SBA); MBE (Minority Business Enterprise); WBE (Women Business Enterprise); VOSB (Veteran-Owned Small Business). More information can be found at: www.sba.gov

Section 3- Purchase Order Acceptance

A. To obtain purchase orders and procurement contracts electronically, suppliers must provide a current e-mail address.

B. Transcepta, is an electronic purchase order and invoicing system that delivers purchase orders from the City to suppliers and in turn, receives inbound invoices, purchase order acknowledgements and advance shipping notices from City suppliers. Transcepta also provides a portal for suppliers to check document processing. To participate in Transcepta follow the instructions at http://connect.transcepta.com/abq/

Appendix # 16

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 organizationallevel 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.

Appendix # 16

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[ ] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[ ] a. bid/offer/application b. initial award c. post-award	[ ] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☐ **Prime** ☐ **Subawardee** Tier _____, *if known*: **Congressional District**, *if known*: 4c	**Congressional District**, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):
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)

Please return completed document to: City of Albuquerque Division, PO Box 1293, Albuquerque, NM 87103