

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 and reviewed a copy of the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, as revised and effective July 1, 2019*; and
2. The agency/organization named below will adhere to these *Administrative Requirements* in its operation of City-funded programs; and
3. The *Administrative Requirements* are shared and accessible to all relevant staff.

Agency/Organization Name: _____

Typed Name of Authorized Board Official

Typed Name of Executive Director

Signature

Signature

Date: _____

Date: _____