

## Certification of Receipt and Training of Administrative Requirements

The undersigned HEREBY CERTIFIES THAT:

1. The agency/organization has access to, and has had an opportunity to review a copy of the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, as may be revised from time to time*; and
2. The agency/organization named below attended, or viewed a recording of, the City-provided training on \_\_\_\_\_.

Agency/Organization Name: \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

--- Please complete and send to Stacy Ruiz at [stacyruiz@cabq.gov](mailto:stacyruiz@cabq.gov). ----