REQUEST FOR PROPOSALS

Contents:
1.0 Background
2.0 Purpose
3.0 Administrative Requirements
4.0 Scope of Service
5.0 Eligible Responders
6.0 Eligible Beneficiaries
7.0 Technical Assistance
8.0 Instructions for Completing Application
9.0 Compliance with Social Services Agreements, Procurement Rules and Regulations
10.0 Submission Process/Deadlines

1.0 Background

The City of Albuquerque, Department of Family and Community Services has established a series of priorities for funding. 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 renewal funding after the original “pilot year” contract term as indicated under each Scope of Service Description. Funds for this program are subject to final approval of the City Council, availability of City General Funds and where applicable, receipt of Grant funds from the U.S. Department of Housing and Urban Development.

2.0 Purpose

The purpose of this request for Proposals is to solicit innovative and effective proposals from qualified non-profit organizations interested in providing services for populations in need of specific social services.

The City’s Department of Family and Community Services has completed a series of City-wide Community Needs Assessments in the areas of “affordable housing”, “social services/supportive housing”, “fair housing” and “economic development.” Based on the results of these assessments, the Department with the help of the Albuquerque Community has identified nine (9) priority populations and nine (9) priority geographic areas that will be one of the focuses of the Department’s programming activities over the 2013-2017 Program Period. The nine (9) priority populations are: Youth Transitioning from Foster care and/or the Juvenile Justice System, Female Veterans and Two Parent Veteran Families, Seniors Raising Grandchildren and Seniors over the age of 75, Adults with Behavioral Health/Mental Health issues, Persons with Physical Disabilities including Persons with HIV/AIDS, Persons with a History of Incarceration, Single Parent Families, Victims of Domestic Violence, Minority populations especially Native American, African American and Hispanic populations. The nine (9) priority neighborhoods are: Alta Monte, Barelas, Santa Barbara Martineztown, Trumbull, Crest Planning Area, West Mesa, Sawmill, Downtown Core, and San Jose.

Although these are not the only populations and/or neighborhoods 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 2013-2017 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 Action Plan.

Proposals will be accepted until **October 11, 2017**, and can be submitted to the Office of the City Clerk.

### 3.0 Administrative Requirements

Potential responders to this Request for Proposals 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. Among the topics covered in the publication are: Allowable Activities; Beneficiary Populations; Definitions; Application for Funding through City of Albuquerque Community Development Program; Eligible Entities; Required Assurances; Budgetary Guidelines for Community Development Contracts; Award Procedures and Contract Expenditures; Accounting for Community Development Contract Funds; Work Plans; Amendments; Program Performance Reports; Suspension and Termination Procedures; and Standard Forms for City Contracts.

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](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.

In addition, it is advisable that interested responders are familiar with the City’s Consolidated plan found at this link [http://www.cabq.gov/family/documents/publications/Consolidated-Workforce-Housing-Plan-2008-2012-final.pdf/view](http://www.cabq.gov/family/documents/publications/Consolidated-Workforce-Housing-Plan-2008-2012-final.pdf/view). 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 Scope of Services

#### 4.1 Provide community shuttle for downtown and surrounding areas to individuals experiencing homelessness and/or with mental or behavioral issues.

The department will allocate up to $234,000 to address the transportation gap within our community. The proposal will supplement existing public transportation with a shuttle service that focuses on transporting homeless or street-bound individuals who have difficulty accessing public transportation to reach specific destinations, such as, but not limited to, service providers, food pantries, community centers, and state/county offices. In addition to an experienced driver, the shuttle will be staffed with one peer support/care coordination individual who will be tasked with monitoring and assisting riders to navigate their planned destinations and provide support as needed.

Services in this program should include, but not be limited to, (1) providing free transportation in an ADA accessible shuttle primarily to individuals experiencing homelessness and/or with mental or behavioral issues that prevent them from navigating available public transportation, and (2) providing a peer support/navigation staff on board the shuttle to assist passengers. The proposal should include best practices, including trauma informed care, harm reduction and person-centered approach, and community collaboration, that deliver improved outcomes for the passengers. Driver and navigator must be trained in proposed best practices which include harm reduction and peer support models. Outcomes should be measurable showing increased access to services for those targeted individuals by means of reducing transportation barriers.
Respondents may propose to provide (1) or (2) and contract the other scope of service to an organization that has the capacity and expertise in the area. This approach must be clearly stated and outlined in the proposal.

This is a “pilot project.” Renewal funding after the “pilot year” is contingent to meeting performance, City Council approval and/or availability of City General 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. Ineligible entities as defined in Section 6.3 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

Federal regulations and other restrictions prohibit the use of City funds to renovate, rehabilitate, or convert buildings owned by primarily religious organizations. Independent, not-for-profit entities established by primarily religious organizations, however, may be assisted. 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 (APP #8) attached to this RFP and required as an attachment to the responder’s proposal.

5.3 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 and (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 accounting policies that meet the minimum 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 meeting for which minutes are kept.

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. In accordance with the Administrative Requirements, programs must target residents of Albuquerque 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. At the discretion of the Department, income tests lower than 80% of the median income may be established for specific programs supported through DFCS social services contracts. Income eligibility levels by family size will be published annually by the Department.

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, Stacy Ruiz, FCS Program Specialist (505.768.2862) during regular working hours.

7.1 Pre-Proposal Meeting

Staff of the Department of Family and Community Services will conduct one mandatory pre-proposal conference for entities interested in submitting proposals in response to this solicitation:

Date: Thursday, October 5, 2017
Time: 10:30 am
Location: Department of Family and Community Services
          Conference Room
          Old City Hall Building
          5th floor, Room 504
          One Civic Plaza
          Albuquerque, NM 87102

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 (APP #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, single-sided 8 1/2" x 11" pages. 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, to be addressed by the project and their understanding of best practices to address the target population and the community needs.

b. Inputs

What are the resources invested in this project (money, staff, organizational skills, volunteers, time, in-kind contributions, materials, facilities, equipment)? Are there any constraints on resources that may affect success of the project? Identify linkages to other agencies and resources: who are your referral sources? Who are your partners? Do you have specific MOU’s in place and with whom? Identify specific source, type and amount of leveraged funding for the project. Identify if the leveraged funds are committed or anticipated, pending approval.

c. Project Methods

The responder should describe specific plans for conducting the project, including (1) the characteristics of the project, (2) the major subtasks, subdivisions or sub activities to be performed in order to complete the project; (3) the specific and measurable objectives for each task; (4) the time frame within which these objectives are to be accomplished.; and (5) the personnel (by position) who will complete the tasks, including the specific responsibilities and levels of experience and training required. Resumes 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 staff performance in attaining the above-mentioned goals, implementing the project methods and tracking performance. 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 (APP# 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 (APP #2 – APP #6).

8.6 Insurance Requirements and Other Assurances

a. 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 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 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 N.M.S.A. 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.

b. Other Assurances

The responder must submit, as an attachment to its proposal, a copy of the attached Representations and Certifications form (APP #8) giving assurances regarding compliance with certain civil rights laws and assuring that funds will not be used for sectarian religious purposes.

A successful responder may consult with the City contact to assure compliance with all applicable federal, state and local regulations, laws and ordinances.

c. Audit Requirements

Contractors who expend $500,000 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. Additional audit requirements are set out in the Administrative Requirements.

d. 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.

8.7 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 indication to that effect is made in the proposal): (1) its certificate of not-for-profit incorporation; (2) the organization’s Articles of Incorporation filed with the New Mexico Public Regulation Commission; (3) a copy of the organizations current by-laws; (4) a listing of current board members; (5) a current organizational chart; (6) a copy of the organization’s travel reimbursement policies, if travel funds are requested; (7) a copy of the organization’s written accounting.
policies and procedures, which include procurement procedures; (8) a copy of the organization’s personnel policies and procedures; (9) a copy of the organization’s conflict of interest policy; (10) relevant licenses to operate as a business; (11) a Certificate of Good Standing and Comparison issued by the State of New Mexico; (12) the Debarment, Suspension, Ineligibility and Exclusion Certificate (APP #11); (13) the Representations and Certifications form (APP #8); (14) resumes of key personnel or job descriptions of unfilled positions; (15) a copy of the organization’s most recent audit as required by Section 8.6.e. above; (16) a list of references including name of organization, contact person and telephone number to verify performance history and customer satisfaction; (17) the Attachments on File form (APP #9); and (18) the Drug Free Workplace Requirement Certification Form (APP #10).

9.0 Compliance with Social Services Contracts Procurement Rules and Regulations

The City of Albuquerque’s Public Purchases Ordinance exempts agreements for Social Services and social maintenance program services which shall be procured in accordance with written regulations promulgated by the Department of Family and Community Services and approved by the City Purchasing Officer. The City Purchasing Officer, by approval of these regulations has delegated authority to the Department to procure Social Services in accordance with the regulations. Section 5-5-20 (A) (2) ROA 1994.

The Department of Family and Community Services has adopted the Social Services Contracts Procurement Rules and Regulations. Procurement for, and review of, proposals will comply with the procedures set out in said regulations.

9.1 Review Criteria

Proposals will be reviewed based on the following criteria:

   a. Demonstrated understanding of the need(s) of target population(s), gaps and overlaps in service delivery to target populations, and, rationale for the overall need for the Project taking in account current socio-economic factors and how Project fits with City programming priorities. (20 Points)

   b. Comprehensive explanation of Project design including rational for Project Objectives and activities and discussions on how activities will be implemented throughout the Project cycle and the best practices used in described Project. (25 points)

   c. Detailed plan for monitoring and evaluation of Project Objectives and activities to include output and outcome indicators, schedule and process for monitoring project activities, and, overall process for collecting, compiling and analyzing Project data. (15 points)

   d. Organizational capacity to effectively implement Project activities and reach Project Objectives to include discussions of agency resources dedicated to the Project such as staff, skill sets, additional funds, collaborative partnerships, etc., including descriptions of its experience and outcomes in providing services. (15 points)

   e. Consistency of budget with program goals and anticipated outcomes in addition to the amount and reasonableness of administrative and unit of service costs for the proposed activities. (25 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 Request for Proposals. 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 develop 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:

Director
Department of Family & Community Services
City of Albuquerque
P.O. Box 1293
Albuquerque, NM 87103

The envelope must clearly indicate:

APPEAL
DFCS – Social Services –
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-DHPI-16-05 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, Wednesday, October 11, 2017, 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., Wednesday, October 11, 2017, will be ruled non-responsive to this Request for Proposals 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
PO 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 to Stacy Ruiz, Division of Homeless Programs and Initiatives, Department of Family and Community Services, P. O. Box 1293, Albuquerque, New Mexico, 87103 or email stacyruiz@cabq.gov. 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

Prior to submitting the proposal, the following checklist should be used to ensure that the proposal contains all elements required for a complete submittal. 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.

CHECKLIST

- [ ] Acknowledgment of Amendments to the RFP, if applicable.
- [ ] Proposal Summary and Certification Form (APP#1) completed and signed by an authorized official.
- Project Narrative (maximum 13 pages).
- Applicant Work Program Summary (APP#7)
- Budget Forms
  - Cost Reimbursement Budget
    - Expense Summary Form (APP #2)
    - Revenue Summary Form (APP #3)
    - Project Budget Detail Form -- Personnel (APP #4)
    - Project Budget Detail Form -- Operating Costs (APP #5)
    - Budget Detail Form: Projected Drawdown Schedule (APP #6)
- Resumes 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.
- Attachments on File (APP#9)
- Certificate of Non-Profit Incorporation
- Organization’s Articles of Incorporation filed with the New Mexico Public Regulation Commission.
- 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 (APP#8)
- Drug Free Work Place Requirement Certification Form (APP#10)
- Debarment, Suspension, Ineligibility and Exclusion Certification (APP #11).
- Certification of Receipt of Administrative Requirements (APP #12).

Attachments

APP Forms #1-#12
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
APP #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):

<table>
<thead>
<tr>
<th>RFP Number:</th>
<th>Priority # (if applicable)</th>
<th>Due Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP-DFCS-DHPI-16-05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Title of Applicant’s Project and Brief Descriptive Summary:

<table>
<thead>
<tr>
<th>Amount of City Funding requested:</th>
<th>Matching Funds Amount (if requested):</th>
<th>Date Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>a. Typed Name of Authorized Board Official:</th>
<th>b. Title</th>
<th>c. Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Authorized Board Official | d. Date signed:

| d. Date signed: | |
|----------------||
Expenditure Category
Expenditures charged to Social Services category must conform to Administrative Requirements.

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 compensation. The amounts charged to the City must constitute an appropriate 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 individuals and organizations who are no 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 is of the total agency 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-related telephone services, including installation, local service, and long-distance tolls.

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

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

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

*Other:* Enter the amount budgeted for other project related occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold improvements not exceeding $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.
**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-related printed materials, including the cost of photo-reproduction.

**Travel Costs**

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

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

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

**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, the cost of which exceeds $5,000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to Administrative Requirements 5.4.1, 5.4.2, and 5.5.

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

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

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

**Indirect Costs**: Enter the amounts budgeted to pay indirect costs charged to the project. The agency must have an indirect rate approved by its federal cognizant agency.

**Total Project Expenses**: Enter the sum of Total Direct Costs and Indirect Costs.
# Expense Summary Form

**Agency Name:**

**Project Title:**

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>Project Total</th>
<th>City Funding Requested</th>
<th>Percent Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll Taxes and Employee Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Personnel Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumable Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postage and Shipping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Rent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Utilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Lease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing &amp; Publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Local Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Out of Town Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conferences, Meetings, Etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Assistance to Beneficiaries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Dues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment, Land, Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Direct Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indirect Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Project Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Instructions for Completing Revenue Summary Form

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

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

DEFINITIONS:

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

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

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

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

United Way Revenue
United Way Allocation means all funding provided by the United Way of Central New Mexico.
<table>
<thead>
<tr>
<th>Revenue Sources</th>
<th>Agency Total</th>
<th>% of Agency Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Government Revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenues from Federal Government other than Medicaid Reimbursement. (List each Agency of the Federal Government)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Reimbursements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal Federal Agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenues from State Government (List each Agency of the State Government providing funding and the amount of funding)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal State Agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Revenues from County Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Revenues from the City of Albuquerque</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Other Municipal Government Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL GOVERNMENT REVENUES FROM ALL SOURCES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Revenue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Way Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OTHER REVENUES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Total Revenues:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
1. Agency Name:

2. Project Title:

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

<table>
<thead>
<tr>
<th>Number FTE on Project</th>
<th>Position Title</th>
<th>Annual Salary</th>
<th>Amount Requested</th>
<th>Percent Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Salaries & Wages

5. Payroll Taxes & Employee Benefits*

6. Total Personnel Costs

7. *Payroll Taxes: FICA@________ %; Unemployment Insurance @________ %
   Employee Benefits: Health Insurance @________ %; Retirement@________ %
   Other________@________%


1. Enter the name of the agency.

2. Enter the project title.

3. For each line item on the Expense Summary Form, the applicant should describe all elements included in the line item costs and indicate the basis used for determining the costs.

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.
1. Agency Name: 

2. Project Title: 

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

<table>
<thead>
<tr>
<th>Line Item (Non-Personnel)</th>
<th>Project Total Amount Requested</th>
<th>Amount Other Requested</th>
<th>Percent Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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.

<table>
<thead>
<tr>
<th>Quarter Ending</th>
<th>Amount to be Requested</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explaination:
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

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

Applicants should not try to include every project activity, but should restrict their entries to major activities for which measurable objectives can be provided and for which they will be accountable if a contract is awarded.
City of Albuquerque  
Department of Family and Community Services  
APP #7: Applicant Work Program Summary

1. Agency Name:

<table>
<thead>
<tr>
<th>2. Project Title</th>
<th>3. Application Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ New □ Renewal □ Revised</td>
</tr>
</tbody>
</table>

4. Measurable Results: List the major project tasks/activities, the objectives for each, and the anticipated date they will be completed.

<table>
<thead>
<tr>
<th>Major Project Activities</th>
<th>Measurable Objectives</th>
<th>Date to be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Use additional sheets if necessary)
The undersigned HEREBY GIVE ASSURANCE THAT:

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

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

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

Agency Name

Typed Name of Authorized Board Official:

Title:

Signature: ___________________________ Date: _______________
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.

<table>
<thead>
<tr>
<th>Document</th>
<th>Current</th>
<th>Revised Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Non-Profit Incorporation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Articles of Incorporation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Bylaws</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicable Licenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listing of Current Board Members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization Chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Reimbursement Policies (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting Policies and Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel Policies and Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict of Interest Statement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Good Standing and Comparison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resumes of Key Personnel/Job Descriptions of Open Positions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency’s Most Recent Audit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The agency certifies that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency’s workplace, and specifying the actions that will be taken against employees for violation of such prohibition;

2. Establishing a drug-free awareness program to inform employees of:
   a. The dangers of drug abuse in the workplace;
   b. The agency’s policy of maintaining a drug-free workplace;
   c. Any available drug counseling, rehabilitation, and employee assistance programs; and
   d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

3. Making it a requirement that each employee to be engaged in the performance of an agreement with the City be given a copy of the agency’s drug-free workplace statement.

4. Notifying each employer that as a condition of employment under the City’s agreement, that employee will:
   a. Abide by the terms of the agency’s drug-free workplace statement, and
   b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.

5. Notifying the City of Albuquerque, Department of Family and Community Services within ten (10) days after receiving an employee notice or otherwise receiving actual notice of an employee drug statute conviction for a violation occurring in the workplace.

6. Taking one of the following actions within thirty (30) days of receiving notice of an employee’s drug statute conviction for a violation occurring in the workplace:
   a. Taking appropriate personnel action against such an employee, up to and including termination;
   b. or requiring such employee to participate satisfactorily at a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and

7. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of the above requirements.

8. The agency also certifies that the agency’s drug-free workplace requirements will apply to all locations where services are offered under the agreement with the City of Albuquerque. Such locations are identified as follows:

   Street Address: ____________________________  City: ______________
   State: ___________  Zip: ___________  E-mail: ______________________
   Typed Name of Authorized board Official: __________________________  Title: __________________________

   Signature of Authorized Board Official ____________________________  Date Signed ____________________________
City of Albuquerque  
Department of Family and Community Services  
APP #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:

____________________________________  __________________________
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: ___________________________