

AGENDA ITEM EXECUTIVE SUMMARY

- II. **Public Education Commission Meeting Date:** January 15, 2016
- III. **Item Title:** Discussion And Possible Action On Board Of Finance Applications
- IV. **Executive Summary and Proposed Motions:**

Proposed Motions:

-Move to approve the Board of Finance application submitted by [SCHOOL NAME], pursuant to NMAC 6.80.4.16.

Six Directions Indigenous School

6 January 2016
Lane Towery
203 E Pine Ave
Gallup, NM 87301

Carolyn Shearman, Chair
Public Education Commission (PEC) members % Linda Olivas
Charter School Division
300 Don Gaspar Ave.
Santa Fe, NM 87501

Dear Madame Chair and Members of the PEC,

I write today to request that the Governing council of Six Directions Indigenous School be approved as a board of finance. Please find attached the required documentation.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Lane Towery', with a long, sweeping horizontal line extending to the right.

Lane Towery
Co-founder

STATEMENT OF GOVERNING BODY TO CONSULT WITH PED

We, the undersigned, make up the governing body of the Six Directions Indigenous School, located in Gallup, New Mexico.


In accordance with 6.80.4.16 NMAC, we agree to consult with the New Mexico Public Education Department on any matter not covered by the manual of accounting and budgeting before taking any action related to funds held as a board of finance.

We make this statement as part of Six Directions Indigenous School's application to the Public Education Commission for status as a board of finance under 6.80.4.16 NMAC.


We understand that we must retain or hire a Licensed School Business Manager as soon as financial feasible and, thereafter, notify the New Mexico Public Education Commission within 30 days of hiring and/or changing in a Licensed School Business Manager for the school, and a new, signed "Affidavit of Financial Custodian" must be submitted.

We understand that we must submit an Affidavit of Governing Body Member to the Public Education Commission within 60 days of a change in membership of our governing body.

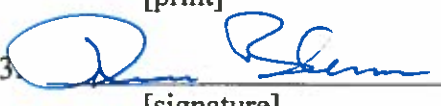
THE FOLLOWING MEMBERS OF THE SIX DIRECTIONS INDIGENOUS SCHOOL GIVE THE FOREGOING STATEMENT THIS 6th DAY OF January, 2016.

1. 

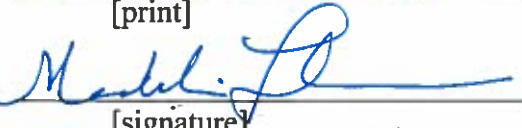
[signature]
Susan Estrada

[print]
2. 

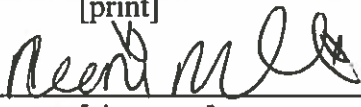
[signature]
Ben Soce

[print]
3. 

[signature]
PHYLLIS BLUEHOUSE

[print]
4. 

[signature]
Madeline Leyba

[print]
5. 

[signature]
Neami M. Gilmore

[print]

Attach additional pages if membership exceeds five.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)
)
COUNTY OF McKINELY)

I, Madeline Leyba, after being duly sworn, state:

1. My name is Madeline Leyba and I reside in Gallup, New Mexico.
2. I am a member of the governing body of the Six Directions Indigenous School in Gallup, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.


[Signature]

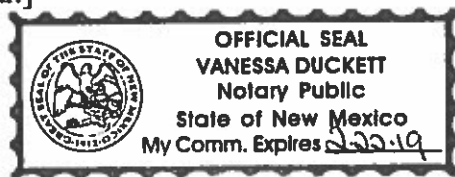
1/4/16
Date

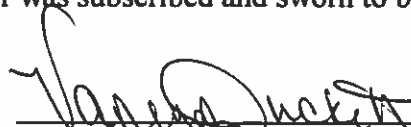
Madeline Leyba
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 4th day of Jan, 2016.

[Notary Seal:]




NOTARY PUBLIC

My commission expires: 2-22, 2019.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)
COUNTY OF MCKINLEY)

I, Benjamin Soce, after being duly sworn, state:

1. My name is Benjamin Soce and I reside in McKinley County New Mexico.
2. I am a member of the governing body of the Six Directions Indigenous School in Gallup, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

BSoce

[Signature]

1-6-16

Date

Benjamin Soce

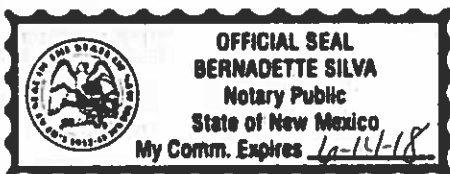
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 10 day of January, 2016.

[Notary Seal:]

Bernadette Silva
NOTARY PUBLIC



My commission expires: June 14, 2018.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)
)
COUNTY OF McKINELY)

I, Susan Estrada, after being duly sworn, state:

1. My name is Susan Estrada and I reside in Gallup, New Mexico.
2. I am a member of the governing body of the Six Directions Indigenous School in Gallup, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]

1/4/2016
Date

Susan Estrada
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 4 day of Jan., 2016.

[Notary Seal:]



OFFICIAL SEAL
BARRY BUTLER
NOTARY PUBLIC STATE OF NEW MEXICO

My Commission Expires: 4/2/19

Barry Butler
NOTARY PUBLIC

My commission expires: 4/2, 2019.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)
)
COUNTY OF McKINELY)

I, Philmer Bluehouse, after being duly sworn, state:

1. My name is Philmer Bluehouse and I reside in 502 Defiance Ave, Gallup, New Mexico 87301.
2. I am a member of the governing body of the Six Directions Indigenous School in Gallup, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]
[Signature]

01/05/16
Date

Philmer Bluehouse
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 5 day of June, 2016.

[Notary Seal:]

[Signature]
NOTARY PUBLIC



My commission expires: 3-12, 2017.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)
)
COUNTY OF MCKINLEY)

I, Neomi M. Gilmore, after being duly sworn, state:

1. My name is Neomi M. Gilmore and I reside in Gallup, New Mexico.
2. I am a member of the governing body of the Six Directions Indigenous School in Gallup, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the Six Directions Indigenous School's governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

Neomi M. Gilmore
[Signature]

1-4-2016
Date

Neomi M. Gilmore
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 4 day of January, 2016.

[Notary Seal:]

Deann Blum
NOTARY PUBLIC

My commission expires: July 31, 2016.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF MCKINLEY)

I, Neomi M. Gilmore, after being duly sworn, state:

1. My name is Neomi M. Gilmore and I reside in Gallup, New Mexico.

2. I am a member of the governing body of the Six Directions Indigenous School in Gallup, New Mexico.

3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.

4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.

5. I understand that as a member of the Six Directions Indigenous School's governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

Neomi M. Gilmore
[Signature]

1-4-2016
Date

Neomi M. Gilmore
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 4 day of January, 2016.

[Notary Seal:]

Deena Blaud
NOTARY PUBLIC

My commission expires: July 31, 2016.

AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN

STATE OF NEW MEXICO)
COUNTY OF Bernalillo)

I, Carmen I. Cavnar, [affiant] after being duly sworn, state:

1. I live in the City of Albuquerque, County of Bernalillo, New Mexico.
2. In accordance with 6.80.4.16 NMAC, I agree to accept the responsibility of keeping the financial records of the charter school and recognized that I am in charge of maintaining public funds with fidelity and in accordance to public finance laws, rules and regulations.
3. I have completed the following training in the maintenance of financial records:
 - a) NMASBO annual training
 - b) Spring Budget workshop
 - c) CEO training
4. Attached is a certificate of insurance that indicates that I am adequately bonded to take this responsibility.
5. I have earned the following certificates, licensures and/or degrees:

Certificate, licensure or degree	Educational Institution	Date	Current Yes/No
Bachelors Accounting	UNM	December 2005	yes
Level 2 Business Mgr	State of NM	7/1/12 - 6/30/21	yes
CEO	State of NM	10/13/15	yes

FURTHER AFFIANCE SAYETH NAUGHT.

Carmen I. Cavnar
[Signature of Affiant]

1/6/16
Date

Carmen I. Cavnar
[Print Name of Affiant]

VERIFICATION

The forgoing Affidavit of Financial Records Custodian was subscribed and sworn to before me, this 6 day of January, 2016.

[Notary Seal:]

Heidi Gony
NOTARY PUBLIC

My commission expires: November 26, 2018.

UNSIGNED COPY ISSUED TO LICENSEE

STATE OF NEW MEXICO



In Recognition of
The Fulfillment of the Requirements for
School Personnel Licensure
this

LEVEL TWO CONTINUING LICENSE SCHOOL BUSINESS OFFICIAL LICENSE

is issued to
CARMEN I. CAVNAR
Effective From July 1, 2012 To June 30, 2021
Licensure Number: 333765

UNSIGNED COPY ISSUED TO LICENSEE

DECLARATION OR CERTIFICATE OF INSURANCE

Please attach or insert a copy of a declaration or certificate of insurance that indicates that the financial records custodian of Six Directions Indigenous School is adequately bonded and that Six Directions Indigenous School is insured through Public School Insurance Authority.

Attached:

- ☒ Bonding Declaration from: Poms & Associates
[Name of institution or agency]
- ☒ Certificate of Insurance from: NMPSIA
[Name of institution or agency]



Lane Towery <lane@sixdirectionsschool.org>

Benefits Set-Up for New Charter School

Chavez, Ernestine, PSIA <Ernestine.Chavez@state.nm.us>

Mon, Jan 4, 2016 at 5:26 PM

To: Lane Towery <lane@sixdirectionsschool.org>

Cc: Mary Hollenbeck <mhollenbeck@pomsassoc.com>

You can use this email to forward to the PED where I am acknowledging you have provided us with all the information needed to set up your school for employee benefits.

You may want to request something in writing from Mary Hollenbeck indicating you are pursuing risk coverage from POMS (NMPSIA's Risk Contractor).

Thanks,

Ernestine

Ernestine Chavez

Deputy Director

New Mexico Public Schools Insurance Authority (NMPSIA)

410 Old Taos Highway

Santa Fe, NM 87501

1.800.548.3724, ext. 1008

Fax: 505.983.8670

www.nmpsia.com

From: Lane Towery [mailto:lane@sixdirectionsschool.org]

Sent: Monday, January 04, 2016 3:07 PM

To: Chavez, Ernestine, PSIA

Subject: Re: Benefits Set-Up for New Charter School

[Quoted text hidden]



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/5/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Poms & Associates Insurance Brokers CA License #0814733 5700 Canoga Ave. #400 Woodland Hills CA 91367	CONTACT NAME: Mary Hollenbeck PHONE (A/C, No, Ext): (800) 578-8802 FAX (A/C, No): (818) 449-9449 E-MAIL ADDRESS: MHollenbeck@pomsassoc.com PRODUCER CUSTOMER ID: 00000173														
INSURED New Mexico Public Schools Insurance Authority Member: Six Directions Indigenous School 410 Old Taos Highway Santa Fe, NM 87501	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A Berkley Regional Insurance Company</td><td>29580</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Berkley Regional Insurance Company	29580	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A Berkley Regional Insurance Company	29580														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** Six Directions**REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EXCLUSIONS AND CONDITIONS OF COVERAGE								
INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
	<input type="checkbox"/>	PROPERTY				<input type="checkbox"/>	BUILDING	\$
	CAUSES OF LOSS					<input type="checkbox"/>	PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				<input type="checkbox"/>	BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/>	EXTRA EXPENSE	\$
	<input type="checkbox"/>	SPECIAL					RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/>	BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND				<input type="checkbox"/>	BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	BLANKET BLDG & PP	\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input type="checkbox"/>		\$
	CAUSES OF LOSS		<input type="checkbox"/>				\$	
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>		\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
A	X	CRIME	BGOV-45001509-20	7/1/2015	7/1/2016	X	Employee Theft	\$ 2,000,000
		TYPE OF POLICY				X	Forgery or Alteration	\$ 2,000,000
		Discovery Form				X	Faithful Performance	\$ 1,000,000
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input type="checkbox"/>		\$
						<input type="checkbox"/>		\$
						<input type="checkbox"/>		\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance for Six Directions Indigenous School.

CERTIFICATE HOLDER**CANCELLATION**

State of New Mexico Public Education Commission Charter School Division 300 Don Gaspar Santa Fe, NM 87501	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>M Hollenbeck/MHOLLE <i>Mary Hollenbeck</i></p>
---	--

SAHQ Academy



NEW MEXICO Public Education Department

New Mexico Public Education Commission

BOARD OF FINANCE APPLICATION

CONTENTS

- INSTRUCTIONS: APPLICATION FOR BOARD OF FINANCE DESIGNATION
 - STATEMENT FROM GOVERNING BODY
 - AFFIDAVITS FOR GOVERNING BODY MEMBERS
 - DECLARATION OR CERTIFICATE OF INSURANCE

STATEMENT OF GOVERNING BODY TO CONSULT WITH PED

We, the undersigned, make up the governing body of the [insert name of school], located in Albuquerque, New Mexico.

In accordance with 6.80.4.16 NMAC, we agree to consult with the New Mexico Public Education Department on any matter not covered by the manual of accounting and budgeting before taking any action related to funds held as a board of finance.

We make this statement as part of [insert name of school]'s application to the Public Education Commission for status as a board of finance under 6.80.4.16 NMAC.

We understand that we must retain or hire a Licensed School Business Manager as soon as financial feasible and, thereafter, notify the New Mexico Public Education Commission within 30 days of hiring and/or changing in a Licensed School Business Manager for the school, and a new, signed "Affidavit of Financial Custodian" must be submitted.

We understand that we must submit an Affidavit of Governing Body Member to the Public Education Commission within 60 days of a change in membership of our governing body.

THE FOLLOWING MEMBERS OF THE [INSERT NAME OF SCHOOL] GIVE THE FOREGOING STATEMENT THIS ___ DAY OF ____, 2011.

1. [signature]
[signature]
Richard Martinelli
[print]
2. [signature]
[signature]
REX E. JUNG
[print]
3. [signature]
[signature]
Michael Madonia
[print]
4. [signature]
[signature]
DAVID BEACH
[print]
5. [signature]
[signature]
Gary Stepic
[print]

Attach additional pages if membership exceeds five.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF Bernalillo)

I, REX JUNG, after being duly sworn, state:

1. My name is REX JUNG and I reside in ALBUQUERQUE New Mexico.

2. I am a member of the governing body of the [insert name of school] in _____, New Mexico.

3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.

4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.

5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]
[Signature]

12/16/2015
Date

REX E. JUNG
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 16 day of Dec., 2015.

[Notary Seal:]



Mackenzie Webb
NOTARY PUBLIC

My commission expires: September 3, 2018.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF Bernalillo

I, RICHARD LUARKIE, after being duly sworn, state:

1. My name is RICHARD LUARKIE and I reside in LAGUNA, New Mexico.

2. I am a member of the governing body of the [insert name of school] in STUDENT ATHLETIC HQ (SAHO), New Mexico.

3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.

4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.

5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]
[Signature]

12/19/15
Date

RICHARD LUARKIE
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 19 day of Dec, 2015.

[Notary Seal:]



Mackenzie Webb
NOTARY PUBLIC

My commission expires: September 3 2018.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF Bernalillo

I, Michael V. Madonia, after being duly sworn, state:

1. My name is Michael V. Madonia and I reside in Corrales, New Mexico.
2. I am a member of the governing body of the [insert name of school] in SAHQ Academy, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

Michael V. Madonia

[Signature]

12/19/2015

Date

Michael V. Madonia

[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 19 day of Dec., 2015.

[Notary Seal]



Mackenzie Webb
NOTARY PUBLIC

My commission expires: September 2018.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF Bernalillo

I, DAVID BEACH, after being duly sworn, state:

1. My name is DAVID BEACH and I reside in Albuquerque, New Mexico.
2. I am a member of the governing body of the [insert name of school] in Student Athlete Head Quarters Academy, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]
[Signature]

12-19-15
Date

[Print]
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 19 day of Dec., 2015.

[Notary Seal:]



Mackenzie Webb
NOTARY PUBLIC

My commission expires: September 5, 2018

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF Bernalillo)

I, Gary Stepic, after being duly sworn, state:

1. My name is Gary Stepic and I reside in Rio Rancho, New Mexico.

2. I am a member of the governing body of the [insert name of school] in SAHO Academy, New Mexico.

3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.

4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.

5. I understand that as a member of the [insert name of school]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]

[Signature]

12/21/15
Date

Gary Stepic
[Print]

[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 21 day of Dec., 2015.

[Notary Seal:]



Mackenzie Webb
NOTARY PUBLIC

My commission expires: September 3 2018.

AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN

STATE OF NEW MEXICO)
)
COUNTY OF BERNALILLO)

I, MICHAEL J. VIGIL, [affiant] after being duly sworn, state:

1. I live in the City of ALBUQUERQUE, County of BERNALILLO, New Mexico.

2. In accordance with 6.80.4.16 NMAC, I agree to accept the responsibility of keeping the financial records of the charter school and recognized that I am in charge of maintaining public funds with fidelity and in accordance to public finance laws, rules and regulations.

3. I have completed the following training in the maintenance of financial records:

- a) CONTINUING PROFESSIONAL EDUCATION FOR CPA - 40 HRS/YR
- b) ASBO SPRING BUDGET WORKSHOP
- c) OFFICE OF STATE AUDITOR - STATE AUDIT RULE

4. Attached is a certificate of insurance that indicates that I am adequately bonded to take this responsibility.

5. I have earned the following certificates, licensures and/or degrees:

Certificate, licensure or degree	Educational Institution	Date	Current Yes/No
<u>CPA</u>	<u>STATE OF NM</u>	<u>12/13/90</u>	<u>Y</u>
<u>BSA</u>	<u>UNM</u>	<u>05/80</u>	<u>Y</u>
<u>SCHOOL BUS LIC</u>	<u>NM PEA</u>	<u>7/1/15 - 6/30/24</u>	<u>Y</u>

FURTHER AFFIANCE SAYETH NAUGHT.

[Signature]
[Signature of Affiant]

12/18/15
Date

MICHAEL J. VIGIL
[Print Name of Affiant]

VERIFICATION

The forgoing Affidavit of Financial Records Custodian was subscribed and sworn to before me, this 18 day of DEC., 2015.

[Notary Seal:]



Mackenzie Webb
NOTARY PUBLIC

My commission expires: September 3, 2018.

DECLARATION OR CERTIFICATE OF INSURANCE

Please attach or insert a copy of a declaration or certificate of insurance that indicates that the financial records custodian [insert name of charter school] is adequately bonded and that [insert name of charter school] is insured through Public School Insurance Authority.

Attached:

☐ Bonding Declaration from: _____
[Name of institution or agency]

☒ Certificate of Insurance from: New Mexico Public School Insurance
[Name of institution or agency] Authority,
POMS & Associates



November 2, 2015

State of New Mexico
Public Education Commission
Charter Schools Division
300 Don Gaspar
Santa Fe, NM 87501-2786

Re: Evidence of Coverage – SAHQ Academy

Dear Public Education Commission,

Please accept this letter as confirmation that the above-mentioned charter school is a participant of the NMPSIA Risk Insurance Program for the July 1, 2015 to July 1, 2016 Policy year, effective the date of Charter Approval. Currently in force, are the following coverages:

- Crime/Employee Dishonesty up to \$2,000,000 (NMPSIA's retention \$250,000)
- General Liability including but not limited to: School Board Errors and Omissions; Personal Injury; Contractual Liability; Premises Liability; Civil Rights Coverage; Employment Practices Liability; etc.
- Non-owned Automobile Liability

The following coverages are not applicable at this time based on the information provided by the charter school:

- Automobile Liability
- Non-owned Automobile Liability
- Property (Real & Contents)
- Workers' Compensation
- Mandatory Student Accident Catastrophic Coverage
- Voluntary Student Accident Catastrophic Coverage
- Equipment Breakdown Coverage

If any of the above indicated coverages are in fact needed at this time, please contact me immediately.

Sincerely,

Mary K. Hollenbeck
Senior Account Manager



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/2/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Poms & Associates Insurance Brokers CA License #0814733 5700 Canoga Ave. #400 Woodland Hills CA 91367	CONTACT NAME: Mary Hollenbeck PHONE (A/C, No. Ext): (800) 578-8802 E-MAIL: MHollenbeck@pomsassoc.com ADDRESS: PRODUCER CUSTOMER ID: 00000173	FAX (A/C, No.): (818) 449-9449														
INSURED New Mexico Public Schools Insurance Authority Member: SAHQ Academy 410 Old Taos Highway Santa Fe, NM 87501	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Berkley Regional Insurance Company</td><td>29580</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Berkley Regional Insurance Company	29580	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																
INSURER E:																
INSURER F:																

COVERAGES

CERTIFICATE NUMBER: SAHQ Academy

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE		POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)		POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS		
	<input type="checkbox"/>	PROPERTY								<input type="checkbox"/>	BUILDING	\$		
	<input type="checkbox"/>	CAUSES OF LOSS								DEDUCTIBLES	<input type="checkbox"/>	PERSONAL PROPERTY	\$	
	<input type="checkbox"/>	BASIC								BUILDING	<input type="checkbox"/>	BUSINESS INCOME	\$	
	<input type="checkbox"/>	BROAD								CONTENTS	<input type="checkbox"/>	EXTRA EXPENSE	\$	
	<input type="checkbox"/>	SPECIAL									<input type="checkbox"/>	RENTAL VALUE	\$	
	<input type="checkbox"/>	EARTHQUAKE									<input type="checkbox"/>	BLANKET BUILDING	\$	
	<input type="checkbox"/>	WIND									<input type="checkbox"/>	BLANKET PERS PROP	\$	
	<input type="checkbox"/>	FLOOD									<input type="checkbox"/>	BLANKET BLDG & PP	\$	
	<input type="checkbox"/>										<input type="checkbox"/>		\$	
	<input type="checkbox"/>										<input type="checkbox"/>		\$	
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY						<input type="checkbox"/>		\$			
	<input type="checkbox"/>	CAUSES OF LOSS							<input type="checkbox"/>		\$			
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER						<input type="checkbox"/>		\$			
	<input type="checkbox"/>								<input type="checkbox"/>		\$			
A	X	CRIME	BGOV-45001509-20		7/1/2015	7/1/2016	X	Employee Theft	\$	2,000,000				
		TYPE OF POLICY					X	Forgery or Alteration	\$	2,000,000				
		Discovery Form					X	Faithful Performance	\$	1,000,000				
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN							<input type="checkbox"/>		\$			
	<input type="checkbox"/>								<input type="checkbox"/>		\$			
	<input type="checkbox"/>								<input type="checkbox"/>		\$			
	<input type="checkbox"/>								<input type="checkbox"/>		\$			

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance for SAHQ Academy.

CERTIFICATE HOLDER**CANCELLATION**

State of New Mexico Public Education Commission Charter School Division 300 Don Gaspar Santa Fe, NM 87501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE M Hollenbeck/MHOLLE <i>Mary Hollenbeck</i>

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