

# EDUCATION COMMISSION

## Business Manager or Procurement Officer Amendment Form

The Charter Contract was entered into by and between the New Mexico Public Education Commission [School of Dreams Academy], hereafter "the School", effective [ 1 ] [July ], [2019 ]  
The School was approved for a [5] YEAR TERM [ ] Charter Contract.

The School requests consideration from the Public Education Commission (PEC) to change the terms of its Contract as follows:

CHANGE OF:  BUSINESS MANAGER  CPO  BOTH

Charter Contract currently states:

**CURRENT BUSINESS MANAGER OR PROCUREMENT OFFICER:**

[Kvle Hunt]

Requests the Public Education Commission approve Section [7.] of the School's contract to read

**EFFECTIVE DATE OF CHANGE:** 8/1/2021

**REQUESTED CHANGE TO BUSINESS MANAGER OR PROCUREMENT OFFICER AND CONTACT INFORMATION :**

[Mike Viail II]

**Submit this form and all supporting documents to charter.schools@state.nm.us**

The School's Business Manager or Procurement Officer Amendment is hereby submitted by [Mike Ogas] on [8/16/2021], and affirms the school meets the following eligibility criteria:

- Amendment must be submitted to the PEC within 30 days of the change being communicated or implemented; and
- The school's governing board is in compliance with all reporting requirements.

DocuSigned by:

*Mike Ogas*

8765C5BE3509476...

Charter School Representative Signature

8/16/2021

Date

The School's Business Manager or Procurement Officer Amendment was:

- Approved  Denied

Chair, Public Education Commission

Date

**AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN**

STATE OF NEW MEXICO )  
 )  
 COUNTY OF Bernalillo )

I, Michael J. Vigil II, [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 Conferences and trainings from Fall 2010 to present.
  - b) AGA trainings from Fall 2018 to present.
  - c) NMCCS/PCSNM trainings from Fall 2010 to present.
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
BBA	The University of New Mexico	Winter 2007	Yes
Level II SBO	NMPED	July 1, 2013	Yes
CGFM	AGA	October 23, 2018	Yes
SFO	ASBO	July 23, 2020	Yes

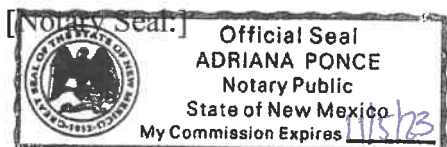
FURTHER AFFIANCE SAYETH NAUGHT.

8/16/2021  
Date

*[Signature]*  
Michael J. Vigil II

**VERIFICATION**

The forgoing Affidavit of Financial Records Custodian was subscribed and sworn to before me, this 16 day of August, 2021.



*[Signature]*  
NOTARY PUBLIC

My commission expires: 11/5, 2023.

# STATE OF NEW MEXICO



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

**LEVEL TWO PROFESSIONAL SCHOOL BUSINESS OFFICIAL LICENSE**

is issued to

**MICHAEL J. VIGIL**

Effective from July 1, 2015 to June 30, 2024

Licensure Number: 320539

*Hanna Sander*

Secretary of Education



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/16/2021

**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.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Poms & Associates Insurance Brokers CA License #0814733 5700 Canoga Ave. #400 Woodland Hills CA 91367	<b>CONTACT NAME:</b> Jennifer De Jesus <b>PHONE (A/C, No, Ext):</b> (800) 578-8802 <b>FAX (A/C, No):</b> (818) 449-9321 <b>E-MAIL ADDRESS:</b> jdejesus@pomsassoc.com														
<b>INSURED</b> The Vigil Group, LLC. 1776 Montano Road NW Los Ranchos NM 87107-3245	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Philadelphia Indemnity Ins/PHI</td> <td style="text-align: center;">18058</td> </tr> <tr> <td><b>INSURER B:</b> Hartford Insurance Company of the Midwest</td> <td style="text-align: center;">37478</td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Philadelphia Indemnity Ins/PHI	18058	<b>INSURER B:</b> Hartford Insurance Company of the Midwest	37478	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES**      **CERTIFICATE NUMBER:** 21-22 Master      **REVISION NUMBER:**

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHBX20000861	07/01/2021	07/01/2022	EACH OCCURRENCE      \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 50,000 MED EXP (Any one person)      \$ 10,000 PERSONAL & ADV INJURY      \$ GENERAL AGGREGATE      \$ PRODUCTS - COMP/OP AGG      \$ 2,000,000 Other than Products/      \$ 3,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHBX20000861	07/01/2021	07/01/2022	<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$ 1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	72WECDZ4288	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ 100,000 E.L. DISEASE - EA EMPLOYEE      \$ 100,000 E.L. DISEASE - POLICY LIMIT      \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION**

School of Dreams Academy 906 Juan Perea Rd Los Lunas NM 87031	<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>
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