

**PUBLIC
EDUCATION
COMMISSION**

Business Manager or Procurement Officer Amendment Form

The Charter Contract was entered into by and between the New Mexico Public Education Commission
[Horizon Academy West], hereafter "the School", effective [07] [01], [2018]
The School was approved for a [5 year] 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:

Diana Cordova dcordova@hawest.net

Requests the Public Education Commission approve Section _____ of the School's contract to read

EFFECTIVE DATE OF CHANGE: July 1, 2022


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

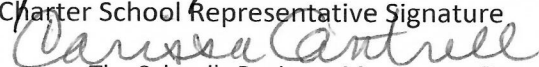
Alice Chavez achavez@hawest.net 505-998-0459

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
[Storm Gonzalez] on [06/22/22], 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.



Charter School Representative Signature


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

6-21-2022

Date
6-21-22

Date

☐ Approved ☐ Denied

Chair, Public Education Commission

Date

STATE OF NEW MEXICO



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

LEVEL TWO SCHOOL BUSINESS OFFICIAL
is issued to

ALICE CHAVEZ

Effective from July 01, 2021 to June 30, 2030
Licensure Number: 386224

Ryan Stewart

Secretary of Education

AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN

STATE OF NEW MEXICO)

COUNTY OF Bernalillo)

I, Alice Chavez, [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) Every year I attend NMAASBO Business Manager officials training
- b)
- c)

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>Licensure</u> | <u>NM PED</u> | <u>July 1, 2021 to June 30, 2030</u> | <u>Yes</u> |
| | | | |

FURTHER AFFIANCE SAYETH NAUGHT.

Alice Chavez
[Signature of Affiant]

7/19/2022
Date

Alice Chavez
[Print Name of Affiant]

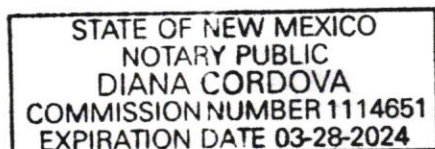
VERIFICATION

The forgoing Affidavit of Financial Records Custodian was subscribed and sworn to before me, this 19 day of July, 2022.

[Notary Seal:]

Diana Cordova
NOTARY PUBLIC

My commission expires: March 28, 2024.





CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
7/20/2022

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: Risk Services | | |
| | PHONE (A/C, No, Ext): (800)578-8802 FAX (A/C, No): (818) 449 9449 | | |
| | E-MAIL ADDRESS: rservices@pomsassoc.com | | |
| | PRODUCER CUSTOMER ID #: 00016280 | | |
| INSURED New Mexico Public Schools Insurance Authority Member: Horizon Academy West 410 Old Taos Highway Santa Fe, NM 87501 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : New Mexico Public Schools Insurance Authority | | N/A |
| | INSURER B : Hanover Insurance Company | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES

CERTIFICATE NUMBER:

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 | \$ | | |
| | <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"/> | CONTENTS | \$ | | |
| | <input type="checkbox"/> | | | | | | | | | \$ |
| | | <input type="checkbox"/> | | | | INLAND MARINE | TYPE OF POLICY | | | <input type="checkbox"/> |
| <input type="checkbox"/> | | CAUSES OF LOSS | POLICY NUMBER | <input type="checkbox"/> | | \$ | | | | |
| | | <input type="checkbox"/> | | NAMED PERILS | <input type="checkbox"/> | | \$ | | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | \$ | | | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | | \$ | | | | |
| B | X | CRIME | BD3-H274489 | 07/01/2022 | 07/01/2023 | X | Employee Theft | \$ 2,000,000 | | |
| | | TYPE OF POLICY | | | | X | Forgery or Altercation | \$ 2,000,000 | | |
| | | | | | | 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"/> | Deductible Comp \$750 | \$ | | |
| | | | | | | <input type="checkbox"/> | Deductible Coll \$750 | \$ | | |

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

Re: Fidelity bond for Alice Chavez.

CERTIFICATE HOLDER

CANCELLATION

Evidence Only

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