

## Business Manager or Procurement Officer Amendment Form

The Charter Contract was entered into by and between the New Mexico Public Education Commission [The Albuquerque Sign Language Academy ], hereafter "the School", effective [ 01 ] [ July ], [ 2020 ] The School was approved for a [ 5 ] 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:**

Judy Bergs

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

**EFFECTIVE DATE OF CHANGE:** 11/30/2022

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

Nancy Holmquist nancyh@aslacademy.com

**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 [Raphael Martinez ] on [ 11/30/2022 ], 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

12/8/2022

\_\_\_\_\_  
Date

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

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 PROFESSIONAL SCHOOL BUSINESS OFFICIAL LICENSE**

is issued to

**NANCY LYNN HOLMQUIST**

Effective from July 1, 2015 to June 30, 2024

Licensure Number: 354479

*Shanna Sanders*  
Secretary of Education

**AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN**

STATE OF NEW MEXICO )  
 )  
COUNTY OF Bernalillo )

I, Nancy Holmquist, [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)
- 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
BS Business Administration	University of Phoenix	February, 2002	
NM School Business Official – Level 2			YES
NM CPO			NO

FURTHER AFFIANCE SAYETH NAUGHT.

Nancy L. Holmquist  
[Signature of Affiant]

2/6/2023  
Date

Nancy Holmquist

\_\_\_\_\_  
[Print Name of Affiant]

**VERIFICATION**

The forgoing Affidavit of Financial Records Custodian was subscribed and sworn to before me, this 6 day of February, 2023.

[Notary Seal:]

[Signature]  
NOTARY PUBLIC

My commission expires: May 15, 2024.

STATE OF NEW MEXICO  
NOTARY PUBLIC  
Rachael Mesillas  
Commission Number 1128685  
My Commission Expires May 15, 2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/28/2022

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.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must 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 Avenue Woodland Hills, CA 91367	<b>CONTACT NAME:</b> Risk Services
	<b>PHONE (A/C, No, Ext):</b> (800) 578-8802 <b>FAX (A/C, No):</b> (818)449-9449
	<b>E-MAIL ADDRESS:</b> rservices@pomsassoc.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A :</b> New Mexico Public Schools Insurance Authority      N/A
	<b>INSURER B :</b> Safety National
	<b>INSURER C :</b>
	<b>INSURER D :</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**COVERAGES**      **CERTIFICATE NUMBER:**      **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	<b>COMMERCIAL GENERAL LIABILITY</b>			MOC NO L0025	07/01/2022	07/01/2023	EACH OCCURRENCE      \$ Tort Limit
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ Tort Limit
	<input checked="" type="checkbox"/> Owners Contractors Protective Liability						MED EXP (Any one person)      \$ Tort Limit
	<input type="checkbox"/>						PERSONAL & ADV INJURY      \$ Tort Limit
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE      \$ Tort Limit
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG      \$ Tort Limit
							Maximum Liability      \$ 1,050,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)
							Maximum Liability
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<b>EXCESS LIAB</b>						AGGREGATE
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	<input type="checkbox"/> DED						
	<input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE      OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y / N				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	Sexual Abuse & Molestation			MOC NO L0025	07/01/2022	07/01/2023	Each Occurrence      \$3,000,000
							Maximum Liability

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

See attached New Mexico Tort Claims Act Section 41-4-19: Maximum Liability Summary. Cert Holder is additional insured if required by written contract. General Liability Retention=\$750K.

Evidence of Insurance as respects to Insured's liability arising out of use of Certificate Holder's facility and Bernalillo County Open Space throughout the school year.

<b>CERTIFICATE HOLDER</b>  *Bernalillo County 415 Silver Avenue SW Albuquerque, NM 87102	<b>CANCELLATION</b>  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 
--	--

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

AGENCY Poms & Associates Insurance Brokers		NAMED INSURED New Mexico Public Schools Insurance Authority	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: : Notes

**Summary of New Mexico Tort Claims Act Section 41-4-19:**  
**Maximum Liability Governmental entities and agencies, including public schools, public charter schools and community colleges and universities are granted immunity from liability.**  
**Commercial General Liability Products and Completed Operations Professional Liability Contractual Liability**  
**Imposed by New Mexico Tort Claims Act [ NMSA 1975 §41-4-1 through 41-4-29]**  
**\$400,000 Bodily Injury Per Person**  
**\$200,000 Property Damage Per Property Address**  
**\$300,000 Medical**  
**\$750,000 Per Occurrence**  
**\$1,050,000 Combined Limit/Maximum Liability**

MEMBER LIST: Albuquerque Institute of Math and Science (AIMS@UNM), East Mountain Charter School, South Valley Prep, and Robert F Kennedy Charter School, Mountain Mahogany Community Schools and The Albuquerque Sign Language Academy.