


Exhibit A



New Mexico Human Services Department

DOMESTIC VIOLENCE CAPITAL OUTLAY PROGRAM
SCOPE OF WORK

SFY 2010 – SFY 2012

JULY 1, 2009 – JUNE 30, 2012

Scope of Work
Exhibit A

CYFD – Domestic Violence Capital Outlay

- A. HSD Shall:
1. Act as the funding agency and transfer the day-to-day program, administrative and fiscal responsibilities to Contractor.
 2. Payments made by HSD using State General funds are contingent upon receipt by HSD of anticipated funds. In the event of future reductions of such funds, HSD shall reserve the right to reduce payments and services provided for herein, or in the alternative, to exercise the right of termination.
 3. Certify quarterly Contractor billings invoices, which are subject to approval by the HSD Contract Manager, to ensure that expenditures meet all federal and state requirements.
 4. Be allowed to deduct from amounts otherwise payable to the Contractor under this GSA or addendum thereto, monies overpaid to the Contractor and therefore determined to be due to HSD from the Contractor.
- B. CONTRACTOR shall:

FISCAL REQUIREMENTS

1. Submit a budget using the template attached to this GSA [Exhibit B] that must be approved by the Contract Manager designated by HSD, for operations cost. The Contractor shall prepare a budget for the contracted amount that includes all line item elements as prescribed by the New Mexico Department of Finance and Administration (DFA) for: positions, personnel, employee benefits, contractual services, transportation, maintenance/repairs, operating costs, capital outlay, etc., [<http://www.dfafct.state.nm.us/manuals/coa.pdf>]. The budget must be provided to HSD by the 30th calendar day following the effective date of this GSA. No payment shall be made under this GSA unless the Contract Manager approves the program budget required under this GSA. The approved budget shall provide the basis for the services provided under this GSA. The budget shall not be altered without the written approval of HSD.
2. Maintain Administrative and fiscal responsibility for all program funds.
3. Comply with all federal and state laws and regulations relating to the uses and expenditures of the funds transferred to the Contractor under this GSA.

4. Ensure that quarterly invoices submitted by the Contractor to HSD are received by HSD no later than the 15th day of the month following the end of each quarter with the exception of the month ending June 30, 2010, for which the invoice must be received no later than July 10, 2010. For the month ending June 30, 2011, for which the invoice must be received no later than July 10, 2011. For the month ending June 30, 2012, for which the invoice must be received no later than July 10, 2012. Failure to adhere to these requirements may result in a reduction of available funds and non-payment of invoices. The carryover of funds between fiscal years shall be permitted. HSD will make every effort to make payment to the Contractor within 30 days from receipt of a correct invoice.
5. Ensure that quarterly invoices include at a minimum, the following:
 - a. Expenditure Balance Report [EXHIBIT C], adhering to the Department of Finance and Administration (DFA) Expenditure Chart of Accounts (found at <http://www.dfafcd.state.nm.us/manuals/coa.pdf>) including itemized monthly and year-to-date (YTD) expenditures, per the approved budget,
 - b. Quarterly invoice [EXHIBIT D];
 - c. Invoice Transmittal [EXHIBIT E]
6. Budget adjustments may be made only with the prior written approval of HSD [EXHIBIT F].
7. Provide a Single Year Agency Audit of all program funds received by virtue of this GSA. Contractor shall furnish HSD with an original copy of the audit report within fifteen (15) days of final completion of the audit report.
8. Upon termination of this GSA or after the Services provided for herein have been rendered, surplus money, if any, shall be returned immediately by the Contractor to HSD.

REPORTING REQUIREMENTS

1. Submit to HSD at the time of each draw request a detailed description of projects expenditures.
2. Provide copies of any and all sub-contracts originating under this GSA to HSD within 30 days of sub-contract approval.

PROGRAM REQUIREMENTS

1. Provide for domestic violence projects to maintain, repair and renovate facilities to ensure consistent domestic violence service delivery and to plan, design, construct, equip and furnish additional shelters statewide.

MISCELLANEOUS REQUIREMENTS

1. Maintain a designated contact person and/or program coordinator.
2. Timely submit all reports and the payment invoice to the Contract Manager at:

Paul Lucero, Contract Manager
Income Support Division
Department of Human Services
2009 S. Pacheco Street/PO Box 2348
Santa Fe, NM 87504

Budget

NM Children, Youth & Families Department - DV Captial Outlay Projects

Item	Line Item Description	FY 09 BUDGET	Justification
520100	EXEMPT PERMANENT POSITIONS - FT & PT		
520200	TERM POSITIONS - FT & PT		
520300	CLASSIFIED PERMANENT POSITIONS - FT		
520400	CLASSIFIED PERMANENT POSITIONS - PT		
520500	TEMPORARY POSITIONS - FT& PT		
520600	PAID UNUSED SICK LEAVE		
520700	OVERTIME AND OTHER PREMIUM PAY		
520800	ANNUAL & COMPENSATORY LEAVE PAID AT TERMINATION		
520900	DIFFERENTIAL PAY		
	PERSONNEL SERVICES TOTAL	\$ -	
521100	GROUP INSURANCE PREMIUM		
521200	RETIREMENT CONTRIBUTIONS		
521300	F.I.C.A.		
521400	WORKER'S COMPENSATION		
521500	UNEMPLOYMENT COMPENSATION PREMIUM		
521600	EMPLOYEE LIABILITY INSURANCE PREMIUM		
521700	RETIREE HEALTH CARE ACT CONTRIBUTION		
521900	OTHER EMPLOYEE BENEFITS		
	EMPLOYEE BENEFITS TOTAL	\$ -	
535100	MEDICAL SERVICES		
535200	PROFESSIONAL SERVICES		
535300	OTHER SERVICES		
535400	AUDIT SERVICES		
535500	ATTORNEY SERVICES		
535600	INFORMATION TECHNOLOGY SERVICES		
	CONTRACTUAL SERVICES TOTAL	\$ -	
542100	EMPLOYEE IN-STATE MILEAGE & FARES		
542200	EMPLOYEE IN-STATE MEALS & LODGING		
542300	BOARD & COMMISSION MEMBER IN-STATE TRAVEL		
542400	EMPLOYEE NON-ROUTINE PARTIAL DAY PER DIEM IN-STATE TRAVEL		
542500	TRANSPORTATION - FUEL & OIL		
542600	TRANSPORTATION - NON-TAXABLE - PARTS & SUPPLIES, TAXABLE - MAINTENANCE & REPAIR SERVICES		
542700	TRANSPORTATION - TRANSPORTATION INSURANCE		
542800	TRANSPORTATION - STATE TRANSPORTATION POOL CHARGES		
542900	OTHER TRAVEL		
	TRAVEL AND TRANSPORTATION TOTAL	\$ -	
543100	MAINTENANCE - GROUND & ROADWAYS		
543200	MAINTENANCE - FURNITURE FIXTURES & EQUIPMENT		
543300	MAINTENANCE - BUILDING & STRUCTURES		
543400	MAINTENANCE - PROPERTY INSURANCE		
543500	MAINTENANCE - MAINTENANCE SUPPLIES		
543600	MAINTENANCE - LAUNDRY/DRY CLEANING		
543700	MAINTENANCE - MAINTENANCE SERVICES		
543800	INFORMATION TECHNOLOGY MAINTENANCE		
543900	OTHER MAINTENANCE		

Budget

FY 10 DV Captial Outlay EXHIBIT B

NM Children, Youth & Families Department - DV Captial Outlay Projects

Item	Line Item Description	FY 09 BUDGET	Justification
	MAINTENANCE & REPAIRS TOTAL	\$ -	
544000	SUPPLIES - INVENTORY EXEMPT INFORMATION TECHNOLOGY		
544100	SUPPLIES - OFFICE SUPPLIES		
544200	SUPPLIES - MEDICAL, LAB & PERSONAL SUPPLIES		
544300	SUPPLIES - DRUGS		
544400	SUPPLIES - FIELD SUPPLIES		
544500	SUPPLIES - FOOD		
544600	SUPPLIES - KITCHEN SUPPLIES		
544700	SUPPLIES - CLOTHING, UNIFORMS, & LINEN		
544800	SUPPLIES - EDUCATION & RECREATIONAL SUPPLIES		
544900	SUPPLIES - INVENTORY EXEMPT		
	SUPPLIES TOTAL	\$ -	
545600	REPORTING & RECORDS		
545700	ISD SERVICES		
545800	RADIO COMMUNICATIONS SERVICES		
545900	PRINTING & PHOTOGRAPHIC SERVICE		
546000	GSD BUILDING USE FEE		
546100	POSTAGE & MAIL SERVICE		
546200	BOND PREMIUMS		
546300	UTILITIES		
546400	RENT OF LAND OR BUILDINGS		
546500	RENT OF EQUIPMENT		
546600	COMMUNICATIONS		
546700	SUBSCRIPTIONS & DUES		
546800	EMPLOYEE TRAINING & EDUCATION		
546900	ADVERTISING		
	CONTRACTUAL SVCS TOTAL	\$ -	
547200	GRANTS TO INDIVIDUALS		
547700	CARE & SUPPORT		
547400	GRANTS TO ORGANIZATIONS		
547500	PURCHASES FOR RESALE		
547700	DEBT SERVICE - PRINCIPAL		
547800	DEBT SERVICE - INTEREST		
547900	MISCELLANEOUS EXPENSE		
	OTHER OPERATING COST TOTAL	\$ -	
548100	LAND		
548200	FURNITURE & FIXTURES		
548300	INFORMATION TECHNOLOGY EQUIPMENT		
548400	OTHER EQUIPMENT		
548600	ANIMALS		
548700	LIBRARY & MUSEUM ACQUISITIONS		
548800	AUTOMOTIVE & AIRCRAFT		
548900	BUILDINGS & STRUCTURES		

Budget

NM Children, Youth & Families Department - DV Captial Outlay Projects

Item	Line Item Description	FY 09 BUDGET	Justification
	CAPITAL OUTLAY TOTAL	\$ -	
549600	EMPLOYEE OUT OF STATE MILEAGE & FARES		
549700	EMPLOYEE OUT OF STATE MEALS & LODGING		
549800	BOARD & COMMISSION MEMBER - OUT-OF-STATE MILEAGE & FARES		
549900	BOARD & COMMISSION MEMBER - OUT-OF-STATE MEALS & LODGING		
	OUT OF STATE TOTAL	\$ -	
555100	OTHER FINANCING USES (15% Adm. Indirect Cost)		
	OTHER FINANCING USES TOTAL	\$ -	
560300	REFUND - MEMBER CONTRIBUTIONS		
563500	ANNUITY PAYMENTS		
565200	DISTRIBUTION TO BENEFICIARIES		
565300	DISTRIBUTION TO STATE GENERAL FUND		
566100	REVERSIONS		
	REFUND & DISTRIBUTION TOTAL	\$ -	
	GRAND TOTAL	\$ -	

Contractor's Signature

Date

HSD Approval

Date

Expenditure Balance Report

FY 10 DV Capital Outlay Exhibit C

CYFD - DV Capital Outlay Projects

Month/Year

am	Line Item Description	FY 09 BUDGET	Expenditure	YTD	Budget Balance
520100	EXEMPT PERMANENT POSITIONS - FT & PT				\$ -
520200	TERM POSITIONS - FT & PT				\$ -
520300	CLASSIFIED PERMANENT POSITIONS - FT				\$ -
520400	CLASSIFIED PERMANENT POSITIONS - PT				\$ -
520500	TEMPORARY POSITIONS - FT & PT				\$ -
520600	PAID UNUSED SICK LEAVE				\$ -
520700	OVERTIME AND OTHER PREMIUM PAY				\$ -
520800	ANNUAL & COMPENSATORY LEAVE PAID AT TERMINATION				\$ -
520900	DIFFERENTIAL PAY				\$ -
	PERSONNEL SERVICES TOTAL	\$ -	\$ -	\$ -	\$ -
521100	GROUP INSURANCE PREMIUM				\$ -
521200	RETIREMENT CONTRIBUTIONS				\$ -
521300	F.I.C.A.				\$ -
521400	WORKER'S COMPENSATION				\$ -
521500	UNEMPLOYMENT COMPENSATION PREMIUM				\$ -
521600	EMPLOYEE LIABILITY INSURANCE PREMIUM				\$ -
521700	RETIREE HEALTH CARE ACT CONTRIBUTION				\$ -
521900	OTHER EMPLOYEE BENEFITS				\$ -
	EMPLOYEE BENEFITS TOTAL	\$ -	\$ -	\$ -	\$ -
535100	MEDICAL SERVICES				\$ -
535200	PROFESSIONAL SERVICES				\$ -
535300	OTHER SERVICES				\$ -
535400	AUDIT SERVICES				\$ -
535500	ATTORNEY SERVICES				\$ -
535600	INFORMATION TECHNOLOGY SERVICES				\$ -
	CONTRACTUAL SERVICES TOTAL	\$ -	\$ -	\$ -	\$ -
42100	EMPLOYEE IN-STATE MILEAGE & FARES				\$ -
542200	EMPLOYEE IN-STATE MEALS & LODGING				\$ -
542300	BOARD & COMMISSION MEMBER IN-STATE TRAVEL				\$ -
542400	EMPLOYEE NON-ROUTINE PARTIAL DAY PER DIEM IN-STATE TRAVEL				\$ -
542500	TRANSPORTATION - FUEL & OIL				\$ -
542600	TRANSPORTATION - NON-TAXABLE - PARTS & SUPPLIES, TAXABLE - MAINTENANCE & REPAIR SERVICES				\$ -
542700	TRANSPORTATION - TRANSPORTATION INSURANCE				\$ -
542800	TRANSPORTATION - STATE TRANSPORTATION POOL CHARGES				\$ -
542900	OTHER TRAVEL				\$ -
	TRAVEL AND TRANSPORTATION TOTAL	\$ -	\$ -	\$ -	\$ -
543100	MAINTENANCE - GROUND & ROADWAYS				\$ -
543200	MAINTENANCE - FURNITURE FIXTURES & EQUIPMENT				\$ -
543300	MAINTENANCE - BUILDING & STRUCTURES				\$ -
543400	MAINTENANCE - PROPERTY INSURANCE				\$ -
543500	MAINTENANCE - MAINTENANCE SUPPLIES				\$ -
543600	MAINTENANCE - LAUNDRY/DRY CLEANING				\$ -
543700	MAINTENANCE - MAINTENANCE SERVICES				\$ -
543800	INFORMATION TECHNOLOGY MAINTENANCE				\$ -
543900	OTHER MAINTENANCE				\$ -

Expenditure Balance Report

FY 10 DV Capital Outlay Exhibit C

CYFD - DV Capital Outlay Projects

Month/Year

Item	Line Item Description	FY 09 BUDGET	Expenditure	YTD	Budget Balance
	MAINTENANCE & REPAIRS TOTAL	\$ -	\$ -	\$ -	\$ -
544000	SUPPLIES - INVENTORY EXEMPT INFORMATION TECHNOLOGY				\$ -
544100	SUPPLIES - OFFICE SUPPLIES				\$ -
544200	SUPPLIES - MEDICAL, LAB & PERSONAL SUPPLIES				\$ -
544300	SUPPLIES - DRUGS				\$ -
544400	SUPPLIES - FIELD SUPPLIES				\$ -
544500	SUPPLIES - FOOD				\$ -
544600	SUPPLIES - KITCHEN SUPPLIES				\$ -
544700	SUPPLIES - CLOTHING, UNIFORMS, & LINEN				\$ -
544800	SUPPLIES - EDUCATION & RECREATIONAL SUPPLIES				\$ -
544900	SUPPLIES - INVENTORY EXEMPT				\$ -
	SUPPLIES TOTAL	\$ -	\$ -	\$ -	\$ -
545800	REPORTING & RECORDS				\$ -
545700	ISD SERVICES				\$ -
545800	RADIO COMMUNICATIONS SERVICES				\$ -
545900	PRINTING & PHOTOGRAPHIC SERVICE				\$ -
546000	GSD BUILDING USE FEE				\$ -
546100	POSTAGE & MAIL SERVICE				\$ -
546200	BOND PREMIUMS				\$ -
546300	UTILITIES				\$ -
546400	RENT OF LAND OR BUILDINGS				\$ -
546500	RENT OF EQUIPMENT				\$ -
546600	COMMUNICATIONS				\$ -
546700	SUBSCRIPTIONS & DUES				\$ -
546800	EMPLOYEE TRAINING & EDUCATION				\$ -
546900	ADVERTISING				\$ -
	CONTRACTUAL SVCS TOTAL	\$ -	\$ -	\$ -	\$ -
547200	GRANTS TO INDIVIDUALS				\$ -
547700	CARE & SUPPORT				\$ -
547400	GRANTS TO ORGANIZATIONS				\$ -
547500	PURCHASES FOR RESALE				\$ -
547700	DEBT SERVICE - PRINCIPAL				\$ -
547800	DEBT SERVICE - INTEREST				\$ -
547900	MISCELLANEOUS EXPENSE				\$ -
	OTHER OPERATING COST TOTAL	\$ -	\$ -	\$ -	\$ -
548100	LAND				\$ -
548200	FURNITURE & FIXTURES				\$ -
548300	INFORMATION TECHNOLOGY EQUIPMENT				\$ -
548400	OTHER EQUIPMENT				\$ -
548600	ANIMALS				\$ -
548700	LIBRARY & MUSEUM ACQUISITIONS				\$ -
548800	AUTOMOTIVE & AIRCRAFT				\$ -
548900	BUILDINGS & STRUCTURES				\$ -

Expenditure Balance Report

FY 10 DV Captial Outlay Exhibit C

CYFD - DV Captial Outlay Projects

Month/Year

am	Line Item Description	FY 09 BUDGET	Expenditure	YTD	Budget Balance
	CAPITAL OUTLAY TOTAL	\$ -	\$ -	\$ -	\$ -
549600	EMPLOYEE OUT OF STATE MILEAGE & FARES				\$ -
549700	EMPLOYEE OUT OF STATE MEALS & LODGING				\$ -
549800	BOARD & COMMISSION MEMBER - OUT-OF-STATE MILEAGE & FARES				\$ -
549900	BOARD & COMMISSION MEMBER - OUT-OF-STATE MEALS & LODGING				\$ -
	OUT OF STATE TOTAL	\$ -	\$ -	\$ -	\$ -
555100	OTHER FINANCING USES (15% Adm. Indirect Cost)				\$ -
	OTHER FINANCING USES TOTAL	\$ -	\$ -	\$ -	\$ -
560300	REFUND - MEMBER CONTRIBUTIONS				\$ -
563500	ANNUITY PAYMENTS				\$ -
565200	DISTRIBUTION TO BENEFICIARIES				\$ -
565300	DISTRIBUTION TO STATE GENERAL FUND				\$ -
566100	REVERSIONS				\$ -
	REFUND & DISTRIBUTION TOTAL	\$ -	\$ -	\$ -	\$ -
	GRAND TOTAL	\$ -	\$ -	\$ -	\$ -

CERTIFICATION

I/we _____ hereby certify that as of the date set forth below, the amounts included on this Expenditure and Balance Report are complete and accurate.

Contractor's Signature Date

HSD Approval Date

Domestic Violence Capital Outlay - General Fund Invoice for Services Rendered

**New Mexico Human Services Department
Income Support Division
Pollon Plaza
P. O. Box 2348
Santa Fe, New Mexico 87504-2348
Attn: Paul Lucero**

Contractor **CYFD - DV Capital Outlay**
For Month Of:
Invoice Date:
Agreement No: **GSA 10-630-9000-0000**
Tax ID No:
Invoice No:

FOR CONTRACTOR USE ONLY

Quarterly reimbursement for Domestic Violence Capital Outlay expenditures. \$ -

I certify that amounts invoiced herein, (1) agree with the attached Expenditure and Balance Report, (2) are correct and just, and, (3) that payment therefore has not been received.

Contractor's Signature & Title	Phone #	Date
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FOR HSD USE ONLY

I certify that amounts invoiced herein are correct and just and that payment therefore has not been remitted.

Department Official's Signature and Title	Phone #	Date
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REMIT PAYMENT TO:

**Children, Youth & Families Department
PERA Bldg. Room 118
P.O. Drawer 5160
Santa Fe, NM 87502**

CERTIFICATION - FOR HSD USE ONLY



INVOICE TRANSMITTAL

Transmittal Information

Invoice No. _____

Fiscal Year _____

Transmittal Date _____

Date of Service(s) _____

P.O. Reference No. _____

Contract No. _____

Contractor Information

DFA Vendor ID. _____ Alt. ID _____

Name _____

Address _____

Phone No. _____

Contracted Service	Contract Budget	Total of Budget Adjustments(s)	Adjusted Contract Budget	Invoice Amount	YTD Expenses	Budget Balance

*attach supporting documentation

Contractor Signature _____ Date _____

TO BE COMPLETED BY HSD PROGRAM MANAGER

Program Manager Name _____

Telephone No. _____

E-mail Address _____

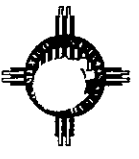
Approval to Pay _____
 Signature of Program Manager _____ Date _____

FOR INFORMATION TECHNOLOGY RELATED CONTRACTS: Approval to Pay _____

FY 10 CYFD DV CAPITAL ... JTLAY
EXHIBIT E

DATE

HSD CIO



Instructions for Invoice Transmittal

This form is to be completed by the Contractor. It is designed to keep all parties aware of the contract budget status. Assistance in completing this form may be obtained from the designated program manger.

Transmittal Information

Invoice No.: Enter the invoice number, which will follow a simple numbering sequence of 1, 2, 3, etc. Invoice 1 will be the first invoice of the contract period.

Fiscal Year: Enter the State of New Mexico fiscal year in which the applicable contract originated. The first two digits of the contract number designate the fiscal year.

Transmittal Date: Enter the date the Invoice Transmittal form is completed.

Date of Service: Enter the service-delivery time period for which reimbursement is being requested. For most contracts, this is the month and year of service. However, for short-term contracts, it can be a daily or weekly time period.

P. O. Reference No.: Enter the purchase document number applicable to this reimbursement. A purchase document is the document that encumbers (earmarks) the contracted funds. It has a unique identifying number. Contractors should receive a copy of the purchase document with their signed contract. Program managers should be able to assist in determining this number if needed.

Contract No.: This is the identifying number of the contractual document under which services are being provided (located at the top, right hand corner of the first page of the contract).

Contractor Information:

DFA Vendor ID: This is the unique, identifying, contractor code that the Department of Finance and Administration (DFA) assigns upon completion of the W-9 form. All contractors must have one to enter into contract with state government. This may be obtained from the purchase document (see P.O. Reference No., above, for description of purchase document).

Alt. ID: The alternate ID is a number associated with the DFA Vendor ID number. It is assigned by DFA when a contractor has numerous delivery sites/addresses for which expenditures must be separately tracked. It is usually a suffix that is added to the DFA Vendor Code and may be found on the purchase document.

Name: Enter the contractor's program/agency name as it appears on the purchase document and the contract. This is the name that is assigned to the DFA vendor code.

Address: Enter the contractor's address as it appears on the purchase document. This is the address that is assigned to the DFA vendor code.

Phone No: Enter the phone number of the Contractor's contact person who can answer questions that may result from the processing of the invoice.

Budget Section:

Contracted Service: Enter the name of the contracted service(s). The service does not refer to the detailed statement of work services but rather the broader service name(s), i.e. transportation, TANF, UR Review, etc. A contract may have one service or multiple services.

Every service in a contract is assigned a specific organizational (org) code. An org code is a budget designation and appears on the purchase document. Some contracts have one org code if there is one service being provided. Other contracts have multiple org codes. if they provide more than one service.

Contracted Budget: Enter the annual budget designated for each contracted service, as it appears in the original contract.

Total of Budget Adjustments: This is the total of the contract budget modifications resulting from contract amendments, for each service. If there have been more than one adjustment over the course of the contract year, the adjustment column should be the net result of all budget modifications.

Adjusted Contract Budget: This is the difference of the "Contract Budget" column and the "Adjustment" Column, for each service.

Invoice Amount: This is the amount for which the contractor is requesting reimbursement in this invoice, for each service. Attach all supporting documentation justifying the reimbursement request.

YTD Expenses: These are the year-to-date, accumulated expenses for the current contract year, for each service.

Budget Balance: This is the difference of the "Adjusted Contract Budget" and the "YTD Expenses" columns, for each service.

Contractor Signature: An original signature is required of the contractor representative authorized to approve an invoice.

DOMESTIC VIOLENCE CAPITAL OUTLAY PROGRAM
 Human Services Department
 Income Support Division

BUDGET ADJUSTMENT REQUEST

CONTRACTOR: _____

Date: _____

Agreement No: _____

ATTACH JUSTIFICATION NARRATIVE FOR EACH LINE ITEM

CATEGORY	LINE ITEM	AMOUNT OF INCREASE	AMOUNT OF DECREASE
TOTALS		\$	\$

I certify that the above is required for efficient program operation.

Authorized Signature: _____

Date: _____

FOR HSD USE ONLY

APPROVED

DISAPPROVED

Authorized Signature: _____

Date: _____