**State Of New Mexico**

**EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT**

# Family Support and Early Intervention Division

# Family Infant Toddler (FIT) Program

Logo, company name

Description automatically generated

**RFA No. 2025-0105 *APPLICATION PACKET***

**RFA Title: Call For Providers for Family Infant Toddler**

**Early Intervention Services**

**APPLICATION PACKET REQUIRED DOCUMENTS**

Each Applicant must submit the documents listed below in their entirety, no later than the deadline specified in the RFA, for their application to be considered valid. All documents listed below are contained in this packet.

1. Cover Sheet
2. Geographic Service Area
3. Application Response Narrative Form: Responses must be no more than 20 single-spaced pages at a 12-point font
4. Mandatory Supporting Documentation Requirements

|  |
| --- |
| **ECECD Request for Application, RFA 2025-0105**  **RFA Title: Call for Providers**  **Cover Sheet - Applicant Information** |
| **Identify the following information for the submitting Applicant:**   |  |  | | --- | --- | | **Organization Name** (Applicant) |  | | **Mailing Address** |  | | **Telephone** |  | | **FED EIN ID#** |  | | A federal **Employee Identification Number** **(EIN)** is a federal tax ID number for businesses, tax-exempt organizations and other entities. [Employer identification number | Internal Revenue Service](https://www.irs.gov/businesses/employer-identification-number) | | | **National Provider Identifier (NPI)** |  | | A **National Provider Identifier (NPI)** is a unique 10-digit identification number issued by health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). [What Is An NPI Number? – NPI Lookup](https://npi-lookup.org/insights/what-is-npi-number/) | | | \***NM CRS#** |  | | A **New Mexico Combined Reporting System (CRS)** number is a unique New Mexico sales tax number for businesses, also referred to as an NM Tax ID number. [New Mexico CRS Number - Register Online for Sales Tax](https://www.tax-id-bureau.com/new-mexico-crs-number/) | | |
| **Identify the individual authorized to contractually obligate by the organization:**   |  |  | | --- | --- | | **Contact Name** |  | | **Title** |  | | **Email address** |  | | **Telephone** |  | |
| \*If you are **not** registered as a Vendor to do business with the State of New Mexico, please contact Marlene Acosta at marlene.acosta@ececd.nm.gov or at (505) 660-9273 to get registered. |
| **Signature of Applicant:** I hereby certify that I am authorized to sign this application, that all information contained in this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. |
| Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The information on this form must be completed in its entirety and must include an original or**  **a digital signature.** |

**RFA#2025-0105**

**Call for Providers for Family Infant Toddler Early Intervention Services**

**GEOGRAPHIC SERVICE AREA**

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Completion of this form indicates counties the Applicant intends to serve. The Applicant may also indicate counties it is interested in serving, in the event of a need for additional providers in specific counties during the term of this agreement, as determined by the Agency. Award of additional counties does not require the release of an additional RFA by the Agency during the term of this agreement.

**Primary County(s) Applying for:**

|  |  |  |
| --- | --- | --- |
| COUNTY | APPLYING TO SERVE  CHECK FOR YESIcon  AI-generated content may be incorrect. | INTERESTED IN SERVING SHOULD A NEED ARISE  CHECK FOR YESIcon  AI-generated content may be incorrect. |
| 1. Bernalillo County |  |  |
| 1. Catron County |  |  |
| 1. Chaves County |  |  |
| 1. Cibola County |  |  |
| 1. Colfax County |  |  |
| 1. Curry County |  |  |
| 1. De Baca County |  |  |
| 1. Dona Ana County |  |  |
| 1. Eddy County |  |  |
| 1. Grant County |  |  |
| 1. Guadalupe County |  |  |
| 1. Harding County |  |  |
| 1. Hidalgo County |  |  |
| 1. Lea County |  |  |
| 1. Lincoln County |  |  |
| 1. Los Alamos County |  |  |
| 1. Luna county |  |  |
| 1. McKinley County |  |  |
| 1. Mora County |  |  |
| 1. Otero County |  |  |
| 1. Quay County |  |  |
| 1. Rio Arriba County |  |  |
| 1. Roosevelt County |  |  |
| 1. Sandoval County |  |  |
| 1. San Juan County |  |  |
| 1. San Miguel County |  |  |
| 1. Santa Fe County |  |  |
| 1. Sierra County |  |  |
| 1. Socorro County |  |  |
| 1. Taos County |  |  |
| 1. Torrance County |  |  |
| 1. Union County |  |  |
| 1. Valencia County |  |  |
|  |  | Not interested in serving additional counties □ |

**\*\*\*If you do not indicate interest in serving additional counties, using the table above, you will not be considered for an award to serve that county should the need arise. \*\*\*\***

**APPLICANT RESPONSE NARRATIVE FORM**

Applicants must answer all questions below within a page limit of 20, single spaced pages, using 12-point easily readable font such as Arial, Courier, or Times New Roman. Points will be awarded based on the thoroughness and clarity of each response. Each Applicant must provide a narrative response using this Response Form. Awards will be considered based on community need and applicant scores.

**SECTION 1: ORGANIZATIONAL CAPACITY**

1. **Background and Experience: Total Point Value: 100 pts**
2. List the Applicant’s mission and values and describe how they are suited to the services/projects proposed – **20 pts**
3. Provide a summary of the Applicant’s experience with similar services/projects of those being proposed – **30 pts**
4. Describe previous monitoring results. If the Applicant is currently providing FIT services and is currently under a Plan of Correction or Directed Plan of Correction, please describe the root cause of the identified problem, the plan for addressing those issues, and progress toward resolution. Please note that lack of progress on a Plan of Correction or Directed Plan of correction could be grounds for the rejection of your application, regardless of score. – **20 pts**
5. Name the county(s) the Applicant proposes to serve under this agreement. Describe the Applicant’s ability to meet the cultural and linguistic needs of the community it proposes to serve. Include information about unique barriers to service delivery that may exist in the county(s) the Applicant proposes to serve. – **30 pts**

1. **Organizational Structure and Plan of Operation: Total Point Value: 200 pts**
2. Provide an organizational chart that includes key personnel responsible for administration, finance, clinical supervision, reflective supervision, and direct service provision. The organizational chart should identify clearly the key personnel and their role in the organization (e.g. clinical supervision, reflective supervision etc.). Additionally, include the Applicant’s plan to ensure that at least one member of each of the following disciplines is either employed or subcontracted with the organization: Physical Therapist, Speech Therapist, Occupational Therapist, Developmental Specialist Level II or higher. – **20 pts**
3. Provide the name, title, qualifications and education level for the following key roles – **50 pts**
4. Director, Owner, CEO, responsible for oversight of the organization
5. Clinician or clinicians responsible for training and mentoring staff and overseeing the quality of services to children and families. Include the Applicant’s plan for ensuring that at least one clinical lead will support FGRBI as described in Appendix C, Scope of Work, Section II, Item A, Number 2.
6. Administrative staff responsible for oversight of billing, claims reconciliation, and financial management of the Early Intervention program
7. Administrative staff responsible for the recruitment and retention of Early Intervention staff
8. Describe the management structure of the organization, including the chain of supervision – **20 pts**
9. Describe the Applicant’s plan for engaging in child find and public awareness activities to ensure that families and key referring partners within the service area are aware and able to access FIT services. - **10 pts**
10. Describe the Applicant’s plan for and/or experience with collaborating with other FIT Provider Agencies serving the same county(ies) as the Applicant. - **10 pts**
11. Describe the Applicant’s comprehensive onboarding system for all new direct service staff, including FSCs. Include detailed information on initial training and support for successful implementation of early intervention within the Eight Key Principles of Early Intervention in New Mexico. - **50 pts**
12. Describe the Applicant’s approach to ensuring that all staff, both employed and sub-contracted, attend required trainings and receive the necessary supports for implementing training content. - **40 pts**

1. **Ability to Adhere to the** [**Individuals with Disabilities Education Act (IDEA) Part C**](https://sites.ed.gov/idea/regs/c) **as Provided in New Mexico: Total Point Value: 100 pts**
2. Describe the Applicant’s understanding of the purpose and requirements of IDEA Part C as it relates to required timelines, environment in which services must occur, requirements related to notification to families, family rights, and the collaboration between Part C and Part B Section 619, including the Applicant’s plan to ensure timely notification to the Lead Education Agency (LEA) of all potentially eligible children, as defined by NMAC 8.9.8. - **25 pts**
3. Under the IDEA, there are three compliance indicators for which service providers are required to reach 100% compliance: 1) Indicator #1, Timely delivery of IFSP services; 2) Indicator #7, Timely development of the IFSP; and 3) Indicator #8, Transition Steps and Supports. Describe the Applicant’s plan to achieve the federally required 100% compliance. - **25 pts**
4. Describe the Applicant’s plan to train staff on IDEA requirements, including resources that will be used to assist Early Intervention staff in understanding the differences between medical rehabilitation therapy and Early Intervention. - **25 pts**
5. Describe the Applicant’s system of monitoring that staff are providing services in accordance with requirements under IDEA Part C. - **25 pts**

**SECTION 2: DIRECT SERVICE PROVISION**

1. **Family Service Coordination: Total Point Value: 140 pts.**
2. Describe the model of family service coordination (FSC) that will be provided (i.e. dual role (DS and FSC); dedicated; interim; mix of models etc.) and the average caseload of an FSC. If the Applicant plans to use a blended or dual role model, include methodology for balancing the caseload if an FSC is also serving in a different role. - **20 pts**
3. Describe the process of onboarding FSCs including training provided inside and outside the organization, mentoring, shadowing, and procedural manuals. - **20 pts**
4. Describe the Applicant’s expectations for FSC’s use of their knowledge of community resources, including New Mexico’s identified Parent Training and Information Centers, IDEA Part C parental rights, requirements for notification to parents under IDEA Part C, and required timelines under IDEA Part C. - **20 pts**
5. Describe the Applicant’s expectations for FSC’s skills in facilitation of IFSP meetings, IFSP review meetings, and meetings with local school districts during the transition process. - **20 pts**
6. Describe how FSCs will help families identify family outcomes, in addition to child outcomes, on the IFSP, intended to help families access community supports and services. - **20 pts**
7. Describe the necessary steps for a successful and seamless transition from Part C to other early childhood programming, including IDEA Part B Section 619 including the development of a Transition Plan for each child close to their second birthday and a Transition Conference not less than 90 days and not more than nine (9) months prior to their third birthday. - **20 pts**
8. Describe the system of quality assurance the Applicant plans to use to support FSCs in accurately tracking required timelines and in producing quality documentation of their work. - **20 pts**

1. **Comprehensive Multidisciplinary Evaluation (CME): Total Point Value: 120 pts.**
2. Describe the Applicant’s approach to ensure that a full CME team, as defined in NMAC 8.9.8 and the FIT Service Definitions and Standards, will be available for every child referred to complete a CME within the required 45 calendar day window between the date of referral and the date of IFSP development. - **20 pts**
3. Describe the process of collecting information about the child’s medical history and the child and family’s daily routines, concerns, and priorities, to ensure all that information is utilized during the CME process. - **20 pts**
4. Describe the Applicant’s approach to ensuring at least one Infant Toddler Developmental Assessment (IDA) Lead is present on the clinical team and available to assist new evaluators in implementing proper evaluation processes including proper use and scoring of the IDA. - **20 pts**
5. Describe the Applicant’s plan to ensure that a CME report is completed, written in family-friendly language, and provided to the family in a timely manner. - **20 pts**
6. Describe how eligibility for the FIT program will be determined and documented. - **20 pts**
7. Describe the system of quality assurance the Applicant plans to use to support evaluators in producing reliable eligibility determinations via the evaluation process and conducting high quality, family-centered evaluations. - **20 pts**

1. **Provision of Early Intervention Services: Total Point Value: 240 pts.**
2. Describe the Applicant’s approach to ensuring that direct service providers have foundational knowledge of child development, both typical and atypical, knowledge of evidence-based intervention strategies, and knowledge of how to implement family-centered practices and Family Guided Routines Based Intervention (FGRBI). - **30 pts**
3. Describe the Applicant’s understanding of the purpose of Early Intervention as outlined in IDEA Part C. Include the Applicant’s understanding of family-centered, natural learning practices and the key distinctions between Early Intervention and medical-based services. - **40 pts**
4. Describe the Applicant’s understanding of a transdisciplinary team approach to Early Intervention services and how the Applicant plans to create a system that supports this approach. - **10 pts**
5. Describe the Applicant’s plan to ensure that all staff understand and successfully implement the [Eight Key Principles of Early Intervention in New Mexico](https://api.realfile.rtsclients.com/PublicFiles/d4a60d4c4e7149c9830debdc01dbe554/7f35858f-da02-4506-9683-19bc326c819b/FIT%20Key%20Principles%20for%20Providing%20Early%20Intervention) as listed below: - **70 pts**
   1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
   2. All families, with the necessary supports and resources, can enhance their children’s learning and development.
   3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.
   4. The Early Intervention process, from initial contacts through transitions, must be dynamic and individualized to reflect the child’s and family members’ preferences, learning styles, and cultural beliefs.
   5. IFSP outcomes must be functional based on children’s and families’ needs and family-identified priorities.
   6. The family’s priorities, needs, and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
   7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.
   8. Support for families in developing strategies to understand, interpret, and nurture their child’s development is best achieved through the use of reflective practices.
6. Describe the Applicant’s understanding of parent coaching and its role in building the capacity of the most important adults in a child’s life to intervene early and often during daily routines. - **20 pts**
7. How will the Applicant ensure that every child receives the services they need, even if the service is not currently available at the Applicant’s organization? - **20 pts**
8. How will the Applicant ensure that all service providers understand and can support social/emotional foundations of child development such as attachment and early social and emotional development for each child and family served? - **20 pts**
9. Describe the system of quality assurance the Applicant plans to use to support direct service providers to build parent capacity, accurately document their work, and maintain adherence to required timelines. - **30 pts**

**MANDATORY SUPPORTING DOCUMENTATION: Total Point Value: 100 pts.**

1. Provide a Resume for the person responsible for overseeing the Applicant’s efforts to implement FGRBI. Failure to provide the required Resume will result in disqualification of the Application from further consideration. - **20 pts**
2. Provide a completed and signed Campaign Contribution Form, Appendix B in the RFA. This form is also included in this packet. Failure to disclose contributions will result in an automatic disqualification of your application from further consideration. - **20 pts**
3. Describe the Applicant's financial status, include the results of any recent audits, and ability to meet expenditures, including payroll of proposed staff, of up to eight weeks awaiting reimbursement (financial documents are not required to be submitted with the proposal but may be requested later). - **20 pts**
4. Provide a copy of your New Mexico Taxation and Revenue Tax ID Certificate [CRS]. If you are not currently registered forms can be downloaded at:<http://www.tax.newmexico.gov/Businesses/forms-publications.aspx> - **20 pts**
5. Provide Proof of insurance(s): As part of a provider agreement with the Early Childhood Education and Care Department, Family Support and Early Intervention Division, you are required to carry insurance. Please provide copies of the following: your professional and general liability insurance. - **20 pts**

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| --- | --- |
| **RFA CRITERIA** | **POINT VALUE** |
| **Cover sheet, Appendix A** | No point value |
|  |  |
| **Response Narrative** | --- |
| **Organizational Capacity**   1. Background and Experience 2. Organizational Structure and Plan of Operation 3. Ability to Adhere to the Individuals with Disabilities Education Act | 100  200  100 |
| **Direct Service Provision**   1. Family Service Coordination 2. Comprehensive Multidisciplinary Evaluation 3. Early Intervention Services | 140  120  240 |
| **Mandatory Supporting Documentation** | 100 |
| **Total Points Available** | **1,000** |

# **CAMPAIGN CONTRIBUTION DISCLOSURE FORM**

Pursuant to the Procurement Code, Sections 13-1-28, et seq., NMSA 1978 and NMSA 1978, § 13-1-191.1 (2006), as amended by Laws of 2007, Chapter 234, a prospective contractor subject to this section shall disclose all campaign contributions given by the prospective contractor or a family member or representative of the prospective contractor to an applicable public official of the state or a local public body during the two years prior to the date on which a proposal is submitted or, in the case of a sole source or small purchase contract, the two years prior to the date on which the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor or a family member or representative of the prospective contractor to the public official exceeds two hundred fifty dollars ($250) over the two-year period. A prospective contractor submitting a disclosure statement pursuant to this section who has not contributed to an applicable public official, whose family members have not contributed to an applicable public official or whose representatives have not contributed to an applicable public official, shall make a statement that no contribution was made.

A prospective contractor or a family member or representative of the prospective contractor shall not give a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or during the pendency of negotiations for a sole source or small purchase contract.

Furthermore, a solicitation or proposed award for a proposed contract may be canceled pursuant to Section [13-1-181](http://mobile.nmonesource.com/nxt/gateway.dll?f=jumplink$jumplink_x=Advanced$jumplink_vpc=first$jumplink_xsl=querylink.xsl$jumplink_sel=title;path;content-type;home-title;item-bookmark$jumplink_d=%7bnmsa1978%7d$jumplink_q=%5bfield%20folio-destination-name:%2713-1-181%27%5d$jumplink_md=target-id=0-0-0-33795) NMSA 1978 or a contract that is executed may be ratified or terminated pursuant to Section [13-1-182](http://mobile.nmonesource.com/nxt/gateway.dll?f=jumplink$jumplink_x=Advanced$jumplink_vpc=first$jumplink_xsl=querylink.xsl$jumplink_sel=title;path;content-type;home-title;item-bookmark$jumplink_d=%7bnmsa1978%7d$jumplink_q=%5bfield%20folio-destination-name:%2713-1-182%27%5d$jumplink_md=target-id=0-0-0-33797) NMSA 1978 if a prospective contractor fails to submit a fully completed disclosure statement pursuant to this section; or a prospective contractor or family member or representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process.

The state agency or local public body that procures the services or items of tangible personal property shall indicate on the form the name or names of every applicable public official, if any, for which disclosure is required by a prospective contractor.

THIS FORM MUST BE INCLUDED IN THE REQUEST FOR APPLICATIONS AND MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

“**Applicable public official**” means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

“**Campaign contribution**” means a gift, subscription, loan, advance or deposit of money

or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official, or any person authorized to raise, collect or expend contributions on that official’s behalf for the purpose of electing the official to statewide or local office. “Campaign Contribution” includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

“**Family member**” means a spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law of (a) a prospective contractor, if the prospective contractor is a natural person; or (b) an owner of a prospective contractor.

“**Pendency of the procurement proces**s” means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

“**Prospective contractor**” means a person or business that is subject to the competitive sealed proposal process set forth in the Procurement Code [Sections [13-1-28](http://mobile.nmonesource.com/nxt/gateway.dll?f=jumplink$jumplink_x=Advanced$jumplink_vpc=first$jumplink_xsl=querylink.xsl$jumplink_sel=title;path;content-type;home-title;item-bookmark$jumplink_d=%7bnmsa1978%7d$jumplink_q=%5bfield%20folio-destination-name:%2713-1-28%27%5d$jumplink_md=target-id=0-0-0-5285) through [13-1-199](http://mobile.nmonesource.com/nxt/gateway.dll?f=jumplink$jumplink_x=Advanced$jumplink_vpc=first$jumplink_xsl=querylink.xsl$jumplink_sel=title;path;content-type;home-title;item-bookmark$jumplink_d=%7bnmsa1978%7d$jumplink_q=%5bfield%20folio-destination-name:%2713-1-199%27%5d$jumplink_md=target-id=0-0-0-5287) NMSA 1978] or is not required to submit a competitive sealed proposal because that person or business qualifies for a sole source or small purchase contract.

“**Representative of a prospective contractor**” means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

**Name(s) of Applicable Public Official(s): Michelle Lujan Grisham and Howie Morales**

DISCLOSURE OF CONTRIBUTIONS BY PROSPECTIVE CONTRACTOR:

Contribution Made By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Prospective Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Contribution(s) Made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount(s) of Contribution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Contribution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Purpose of Contribution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Attach extra pages if necessary)

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Signature Date Title or Position

**--OR—**

**NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS ($250) WERE MADE** to an applicable public official by me, a family member or representative.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Title or Position