

**Date:** November 8, 2024

**To:** Mayor Alan Webber and Governing Body  
Finance and Quality of Life Committees

**Via:** Randy Randall, Interim Community Development Director   
Johanna Nelson, Interim Director, Office of Affordable Housing   
Randy Randall (Nov 8, 2024 15:26 MST)

**From:** Roberta Catanach, Project Administrator

**Subject:** Amendment #1 – Santa Fe Suites

**Vendor Name:** Community Solutions

**Vendor Number:** 8937

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**ITEM AND ISSUE:**

Request for the approval of Amendment #1 for the Service Agreement in the total amount of \$969,500 for Capital Improvements and Unit Upgrades at Santa Fe Suites; Community Solutions DBA Vincent's Legacy LLC

**Action Requested:** Approve the amendment to extend the term to June 30, 2025

**BACKGROUND AND SUMMARY:**

The Affordable Housing Trust Fund (AHTF) will be utilized for capital improvements and unit upgrades at Santa Fe Suites. Santa Fe Suites is a 123-unit apartment building where 82 units are reserved for households earning 65% AMI or less and 41 units reserved for households earning less than 30% AMI.

Supportive services and case management are provided at the Santa Fe Suites by St. Elizabeth Shelters. Capital upgrades funded through this contract include, but are not limited to, replacement of fire alarm system, replacement of hot water heaters, parking lot repairs, unit renovations, and exterior painting.

The funds for this contract were not fully expended because the organization utilized funding on another Affordable Housing Trust contract in the amount of \$910,000 first

**PROCUREMENT METHOD:**

The procurement method was completed through RFA #23/39/R

**Chief Procurement Officer Approval:**  **Date:** Nov 12, 2024

**Comment/Exceptions:** \_\_\_\_\_

**Supporting Information:**

**CONTRACT NUMBER:**

The FY25 Munis contract number is 3203989

The funding source is:

**Fund Name/Number:** Community Development/Fund 240

**Munis Org Name/Number:** Affordable Housing Trust Fund/2400223

**Munis Object Name/Number:** Subsidy Payments/510400

**Project Ledger #:** AFH2424013

**Budget Officer Approval:** Andy Hopkins **Date:** Nov 12, 2024

**Comment/Exceptions:** \_\_\_\_\_

**CAPITAL ASSET (will this procurement result in a tangible item that costs more than \$5,000?):**

☐ Yes | ☒ No

**Grant Manger/Accounting Officer Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comment/Exceptions:** \_\_\_\_\_

**Capital Project:**

(New and improvement projects that are going to cost \$10,000 or more)

☐ Yes | ☒ No

**Project Ledger #:** \_\_\_\_\_

**Anticipated length of project:** \_\_\_\_\_

**Asset Manager Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comment/Exceptions:** \_\_\_\_\_

**Department Approvals:**

IT Components: ☐ Yes | ☒ No

Vehicles: ☐ Yes | ☒ No

Facilities, Furniture, Fixtures, Equipment: ☐ Yes | ☒ No

**Approval:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comment & Exceptions:** \_\_\_\_\_

Department Contract Administrator Contact Info:

Roberta Catanach

Project Administrator  
505-955-6421

**ATTACHMENTS:**

Amendment #1  
Original Contract  
Santa Fe Business License  
Certificate of Insurance (COI)  
Project Ledger

Item# 24-0703  
Munis Contract# 3203989  
Original Contract Item# 23-0328  
RFA #: 23/39/R

**CITY OF SANTA FE  
AMENDMENT No. 1 TO  
SERVICE AGREEMENT  
ITEM# 23-0328**

This AMENDMENT No. 1 (the "Amendment") amends the CITY OF SANTA FE PROFESSIONAL SERVICES AGREEMENT, dated May 31, 2023 (the "Contract"), between the City of Santa Fe (the "City") and **Community Solutions International Inc., Vincent's Legacy** (the "Contractor"). The date of this Amendment shall be the date when it is executed by the City and the Contractor whichever occurs last.

**RECITALS:**

A. Under the terms of the Contract, Contractor has agreed to provide an affordable housing project for the City.

B. Pursuant to Article 14 of the Contract, and for good and valuable consideration, the receipt and sufficiency of which are acknowledged by the parties, the City and the Contractor agree as follows:

1. **TERM:**

Article 4 of the Agreement is hereby deleted in its entirety and substitute the following Article 4 in its place:

**THIS AGREEMENT SHALL NOT BECOME EFFECTIVE UNTIL APPROVED BY THE CITY.**

This Agreement shall terminate on June 30, 2025 unless terminated pursuant to paragraph 5 (Termination), or paragraph 6 (Appropriations). In accordance with Section 13-1-150 NMSA 1978, no contract term for a professional CoSF

Version 3 10.17.2023




services contract, including extensions and renewals, shall exceed four years, except as set forth in Section 13-1-150 NMSA 1978.

2. CONTRACT IN FULL FORCE.

Except as specifically provided in this Amendment, the Contract remains and shall remain in full force and effect, in accordance with its terms.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 1 to the Contract as of the dates set forth below.

CITY OF SANTA FE:

  
Alan Webber (Dec 15, 2024 14:14 MST)  
ALAN WEBBER, MAYOR

DATE: Dec 15, 2024

CONTRACTOR:  
COMMUNITY SOLUTIONS  
INTERNATIONAL INC., VINCENTS  
LEGACY


  
Rosanne Haggerty (Nov 7, 2024 14:48 EST)

ROSEANNE HAGGERTY  
PRESIDENT AND CEO

DATE: Nov 7, 2024

CRS# 03539318001

ATTEST:

  
Andrea Salazar (Dec 16, 2024 09:02 MST)  
CITY CLERK *XIV*  
GB MTG 12/11/2024

CITY ATTORNEY'S OFFICE:

  
Patricia Feghali (Nov 7, 2024 13:24 MST)  
ASSISTANT CITY ATTORNEY

APPROVED FOR FINANCES:

  
EMILY OSTER  
FINANCE DIRECTOR

CITY OF SANTA FE

PROFESSIONAL SERVICES AGREEMENT

THIS AGREEMENT is made and entered into by and between the City of Santa Fe, New Mexico, hereinafter referred to as the “City,” and **Community Solutions International Inc., Vincent’s Legacy**, hereinafter referred to as the “Contractor,” and is effective as of the date set forth below upon which it is executed by the Parties.

**RECITALS**

**WHEREAS**, the Chief Procurement Officer of the City has made the determination that this Agreement is in accordance with the provisions of the New Mexico Procurement Code (NMSA 1978, 13-1-28 et seq.) pursuant to NMSA 1978, and

**WHEREAS**, the Contractor is one of such requisite and qualifications and is willing to engage with the City for professional services, in accordance with the terms and conditions hereinafter set out, and the Contractor understanding and consenting to the foregoing is willing to render such professional services as outlined in the Agreement; and

**WHEREAS**, the Contractor does hereby accept its designation as affordable homeowner services, rendering services related to home buyer assistance for low-moderate income households, as set forth in this Agreement; and

**WHEREAS**, it is agreed by the parties that the performance of the professional services is for a period of one year, as directed by the City.

**NOW, THEREFORE**, the parties hereby agree as follows:

**1. Scope of Work.**

The Contractor shall utilize Affordable Housing Trust Funds (AHTF) to provide the following affordable housing project for the City:

A. Use AHTF funds for costs associated with capital upgrades at the Santa Fe Suites. 123 rental units – 82 units for households earning at or less than 65% AMI and 41 units for households earning less than 30% AMI – will be directly or indirectly supported through this project.

1. Capital upgrade activities include, but are not limited to, replacement of fire alarm system, replacement of the hot water heater systems, parking lot repairs, unit renovations, and exterior painting.

B. Contractor will submit a final budget for these funds within 30 days after contract is executed. Contractor is required to submit invoices for expenses incurred.

C. Participate in the NM Coordinated Entry System (CES), managed by the NM Coalition to End Homelessness (NMCEH), as follows:

1. Ensure that property management intake staff is trained in completing an assessment identified by the NMCEH CES.

2. Complete the assessment with all persons experiencing homelessness who present to the agency for housing services and provide the completed assessments to NM CES by either sending them to NMCEH or entering them into HMIS (depending on Contractor's level of HMIS and CES access).

3. Select from the NM CES prioritized list to fill openings when appropriate.

4. Participate in case conferencing when intakes result in new clients who end up on the priority list so that the process moves beyond status updates to focus on action-oriented housing outcomes.

D. Contractor will report to the City on a quarterly basis the use of funds, program outcomes achieved, AMI% of assisted households, size of household, and other demographic information as required by the City's quarterly reporting form.

E. Contractor will become familiar with the Built for Zero methodology and contribute to the by-name list by submitting at minimum a monthly report to the City of unduplicated, de-identified individuals and families experiencing literal homelessness (Homeless Category 1) and commit to quality improvement practices.

F. Provide accurate and thorough recordkeeping copies on file for annual monitoring to include income verification, certification, and other supporting documentation to support the financial assistance provided.

## **2. Standard of Performance; Licenses.**

A. The Contractor represents that Contractor possesses the personnel, experience and knowledge necessary to perform the services described under this Agreement.

B. The Contractor agrees to obtain and maintain throughout the term of this Agreement, all applicable professional and business licenses required by law, for itself, its employees, agents, representatives and subcontractors.

## **3. Compensation.**

A. The City shall pay to the Contractor in full payment for services satisfactorily

performed, such compensation not to exceed nine hundred sixty nine thousand five hundred dollars (\$969,500), including gross receipts tax. **The total amount payable to the Contractor under this Agreement, including gross receipts tax and expenses, shall not exceed (\$969,500). This amount is a maximum and not a guarantee that the work assigned to be performed by Contractor under this Agreement shall equal the amount stated herein. The parties do not intend for the Contractor to continue to provide services without compensation when the total compensation amount is reached. Contractor is responsible for notifying the City when the services provided under this Agreement reach the total compensation amount. In no event will the Contractor be paid for services provided in excess of the total compensation amount without this Agreement being amended in writing prior to those services in excess of the total compensation amount being provided.**

B. Payment is subject to availability of funds pursuant to the Appropriations Paragraph set forth below and to any negotiations between the parties from year to year pursuant to Paragraph 1, Scope of Work, and to approval by the City. All invoices **MUST BE** received by the City no later than thirty (30) days after the termination of the Fiscal Year in which the services were delivered. Invoices received after such date **WILL NOT BE PAID**.

C. Contractor must submit a detailed statement accounting for all services performed and expenses incurred. If the City finds that the services are not acceptable, within thirty days after the date of receipt of written notice from the Contractor that payment is requested, it shall provide the Contractor a letter of exception explaining the defect or objection to the services, and outlining steps the Contractor may take to provide remedial action. Upon certification by the City that the services have been received and accepted, payment shall be tendered to the Contractor within thirty days after the date of acceptance. If payment is made by mail, the payment shall be

deemed tendered on the date it is postmarked. However, the City shall not incur late charges, interest, or penalties for failure to make payment within the time specified herein.

**4. Term.**

THIS AGREEMENT SHALL NOT BECOME EFFECTIVE UNTIL APPROVED BY THE CITY. This Agreement shall terminate on **December 31, 2024** unless terminated pursuant to paragraph 4 (Termination), or paragraph 5 (Appropriations). In accordance with Section 13-1-150 NMSA 1978, no contract term for a professional services contract, including extensions and renewals, shall exceed four years, except as set forth in Section 13-1-150 NMSA 1978.

**5. Termination.**

A. Termination. This Agreement may be terminated by either of the parties hereto upon written notice delivered to the other party at least thirty (30) days prior to the intended date of termination. Except as otherwise allowed or provided under this Agreement, the City's sole liability upon such termination shall be to pay for acceptable work performed prior to the Contractor's receipt of the notice of termination, if the City is the terminating party, or the Contractor's sending of the notice of termination, if the Contractor is the terminating party; provided, however, that a notice of termination shall not nullify or otherwise affect either party's liability for pre-termination defaults under or breaches of this Agreement. The Contractor shall submit an invoice for such work within thirty (30) days of receiving or sending the notice of termination. Notwithstanding the foregoing, this Agreement may be terminated immediately upon written notice to the Contractor if the Contractor becomes unable to perform the services contracted for, as determined by the City or if, during the term of this Agreement, the Contractor or any of its officers, employees or agents is indicted for fraud, embezzlement or other crime due to misuse of City funds or due to the Appropriations paragraph herein. THIS PROVISION IS

NOT EXCLUSIVE AND DOES NOT WAIVE THE City's OTHER LEGAL RIGHTS AND  
REMEDIES CAUSED BY THE CONTRACTOR'S DEFAULT/BREACH OF THIS AGREEMENT.

B. Termination Management. Immediately upon receipt by either the City or the Contractor of notice of termination of this Agreement, the Contractor shall: 1) not incur any further obligations for salaries, services or any other expenditure of funds under this Agreement without written approval of the City; 2) comply with all directives issued by the City in the notice of termination as to the performance of work under this Agreement; and 3) take such action as the City shall direct for the protection, preservation, retention or transfer of all property titled to the City and records generated under this Agreement. Any non-expendable personal property or equipment provided to or purchased by the Contractor with contract funds shall become property of the City upon termination and shall be submitted to the City as soon as practicable.

**6. Appropriations.**

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the City Council for the performance of this Agreement. If sufficient appropriations and authorization are not made by the City Council, this Agreement shall terminate immediately upon written notice being given by the City to the Contractor. The City's decision as to whether sufficient appropriations are available shall be accepted by the Contractor and shall be final. If the City proposes an amendment to the Agreement to unilaterally reduce funding, the Contractor shall have the option to terminate the Agreement or to agree to the reduced funding, within thirty (30) days of receipt of the proposed amendment.

**7. Status of Contractor.**

The Contractor and its agents and employees are independent contractors performing professional services for the City and are not employees of the City. The Contractor and its agents



and employees shall not accrue leave, retirement, insurance, bonding, use of City vehicles, or any other benefits afforded to employees of the City as a result of this Agreement. The Contractor acknowledges that all sums received hereunder are reportable by the Contractor for tax purposes, including without limitation, self-employment and business income tax. The Contractor agrees not to purport to bind the City unless the Contractor has express written authority to do so, and then only within the strict limits of that authority.

**8. Assignment.**

The Contractor shall not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without the prior written approval of the City.

**9. Subcontracting.**

The Contractor shall not subcontract any portion of the services to be performed under this Agreement without the prior written approval of the City. No such subcontract shall relieve the primary Contractor from its obligations and liabilities under this Agreement, nor shall any subcontract obligate direct payment from the City.

**10. Release.**

Final payment of the amounts due under this Agreement shall operate as a release of the City, its officers and employees from all liabilities, claims and obligations whatsoever arising from or under this Agreement.

**11. Confidentiality.**

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the City.

**12. Product of Service -- Copyright.**

All materials developed or acquired by the Contractor under this Agreement shall become the property of the City and shall be delivered to the City no later than the termination date of this Agreement. Nothing developed or produced, in whole or in part, by the Contractor under this Agreement shall be the subject of an application for copyright or other claim of ownership by or on behalf of the Contractor.

**13. Conflict of Interest; Governmental Conduct Act.**

A. The Contractor represents and warrants that it presently has no interest and, during the term of this Agreement, shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.

B. The Contractor further represents and warrants that it has complied with, and, during the term of this Agreement, will continue to comply with, and that this Agreement complies with all applicable provisions of the Governmental Conduct Act, Chapter 10, Article 16 NMSA 1978.

C. Contractor's representations and warranties in Paragraphs A and B of this Article 12 are material representations of fact upon which the City relied when this Agreement was entered into by the parties. Contractor shall provide immediate written notice to the City if, at any time during the term of this Agreement, Contractor learns that Contractor's representations and warranties in Paragraphs A and B of this Article 12 were erroneous on the effective date of this Agreement or have become erroneous by reason of new or changed circumstances. If it is later determined that Contractor's representations and warranties in Paragraphs A and B of this Article 12 were erroneous on the effective date of this Agreement or have become erroneous by reason of new or changed circumstances, in addition to other remedies available to the City and

notwithstanding anything in the Agreement to the contrary, the City may immediately terminate the Agreement.

D. All terms defined in the Governmental Conduct Act have the same meaning in this section.

**14. Amendment.**

A. This Agreement shall not be altered, changed or amended except by instrument in writing executed by the parties hereto and all other required signatories.

B. If the City proposes an amendment to the Agreement to unilaterally reduce funding due to budget or other considerations, the Contractor shall, within thirty (30) days of receipt of the proposed Amendment, have the option to terminate the Agreement, pursuant to the termination provisions as set forth in Article 4 herein, or to agree to the reduced funding.

**15. Entire Agreement.**

This Agreement, together with any other documents incorporated herein by reference and all related Exhibits and Schedules constitutes the sole and entire agreement of the Parties with respect to the subject matter of this Agreement, and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to the subject matter. In the event of any inconsistency between the statements in the body of this Agreement, and the related Exhibits and Schedules, the statements in the body of this Agreement shall control.

**16. Penalties for violation of law.**

The Procurement Code, Sections 13-1-28 through 13-1-199, NMSA 1978, imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

**17. Equal Opportunity Compliance.**

The Contractor agrees to abide by all federal and state laws and rules and regulations, and Santa Fe City Code, pertaining to equal employment opportunity. In accordance with all such laws of the State of New Mexico, the Contractor assures that no person in the United States shall, on the grounds of race, religion, color, national origin, ancestry, sex, age, physical or mental handicap, or serious medical condition, spousal affiliation, sexual orientation or gender identity, be excluded from employment with or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity performed under this Agreement. If Contractor is found not to be in compliance with these requirements during the life of this Agreement, Contractor agrees to take appropriate steps to correct these deficiencies.

**18. Applicable Law.**

The laws of the State of New Mexico shall govern this Agreement, without giving effect to its choice of law provisions. Venue shall be proper only in a New Mexico court of competent jurisdiction in accordance with NMSA 1978, sec. 38-3-2 . By execution of this Agreement, Contractor acknowledges and agrees to the jurisdiction of the courts of the State of New Mexico over any and all lawsuits arising under or out of any term of this Agreement.

**19. Workers Compensation.**

The Contractor agrees to comply with state laws and rules applicable to workers compensation benefits for its employees. If the Contractor fails to comply with the Workers Compensation Act and applicable rules when required to do so, this Agreement may be terminated by the City.

**20. Professional Liability Insurance.**

Contractor shall maintain professional liability insurance throughout the term of this

Agreement providing a minimum coverage in the amount required under the New Mexico Tort Claims Act. The Contractor shall furnish the City with proof of insurance of Contractor's compliance with the provisions of this section as a condition prior to performing services under this Agreement.

**21. Other Insurance**

If the services contemplated under this Agreement will be performed on or in City facilities or property, Contractor shall maintain in force during the entire term of this Agreement, the following insurance coverage(s), naming the City as additional insured.

**A. Commercial General Liability** insurance shall be written on an occurrence basis and be as broad as ISO Form CG 00 01 with limits not less than \$2,000,000 per occurrence and \$2,000,000 in the aggregate for claims against bodily injury, personal and advertising injury, and property damage. Said policy shall include broad form Contractual Liability coverage and be endorsed to name the City of Santa Fe their officials, officers, employees, and agents as additional insureds.

**B. Broader Coverage and Limits.** The insurance requirements under this Agreement shall be the greater of (1) the minimum coverage and limits specified in this Agreement, or (2) the broader coverage and maximum limits of coverage of any insurance policy or proceeds available to the Named Insured. It is agreed that these insurance requirements shall not in any way act to reduce coverage that is broader or that includes higher limits than the minimums required herein. No representation is made that the minimum insurance requirements of this Agreement are sufficient to cover the obligations of Contractor hereunder.

**C.** Contractor shall maintain the above insurance for the term of this Agreement and name the City as an additional insured and provide for 30 days cancellation notice on any

Certificate of Insurance form furnished by Contractor. Such certificate shall also specifically state the coverage provided under the policy is primary over any other valid and collectible insurance and provide a waiver of subrogation.

**22. Records and Financial Audit.**

The Contractor shall maintain detailed time and expenditure records that indicate the date; time, nature and cost of services rendered during the Agreement's term and effect and retain them for a period of three (3) years from the date of final payment under this Agreement. The records shall be subject to inspection by the City. The City shall have the right to audit billings both before and after payment. Payment under this Agreement shall not foreclose the right of the City to recover excessive or illegal payments

**23. Indemnification.**

The Contractor shall defend, indemnify and hold harmless the City from all actions, proceeding, claims, demands, costs, damages, attorneys' fees and all other liabilities and expenses of any kind from any source which may arise out of the performance of this Agreement, caused by the negligent act or failure to act of the Contractor, its officers, employees, servants, subcontractors or agents, or if caused by the actions of any client of the Contractor resulting in injury or damage to persons or property during the time when the Contractor or any officer, agent, employee, servant or subcontractor thereof has or is performing services pursuant to this Agreement. In the event that any action, suit or proceeding related to the services performed by the Contractor or any officer, agent, employee, servant or subcontractor under this Agreement is brought against the Contractor, the Contractor shall, as soon as practicable but no later than two (2) days after it receives notice thereof, notify the legal counsel of the City.

**24. New Mexico Tort Claims Act**

Any liability incurred by the City of Santa Fe in connection with this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, Section 41-4-1, et. seq. NMSA 1978, as amended. The City and its “public employees” as defined in the New Mexico Tort Claims Act, do not waive sovereign immunity, do not waive any defense and do not waive any limitation of liability pursuant to law. No provision in this Agreement modifies or waives any provision of the New Mexico Tort Claims Act.

**25. Invalid Term or Condition.**

If any term or condition of this Agreement shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall be valid and enforceable.

**26. Enforcement of Agreement.**

A party's failure to require strict performance of any provision of this Agreement shall not waive or diminish that party's right thereafter to demand strict compliance with that or any other provision. No waiver by a party of any of its rights under this Agreement shall be effective unless express and in writing, and no effective waiver by a party of any of its rights shall be effective to waive any other rights.

**27. Notices.**

Any notice required to be given to either party by this Agreement shall be in writing and shall be delivered in person, by courier service or by U.S. mail, either first class or certified, return receipt requested, postage prepaid, as follows:

To the City: Office of Affordable Housing  
PO Box 909  
Santa Fe, NM 87504-0909  
rlcatanach@ci.santa-fe.nm.us

To the Contractor: Community Solutions International Inc., Vincent's Legacy  
1200 Camino Consuelo  
Santa Fe, NM 87507

**28. Authority.**

If Contractor is other than a natural person, the individual(s) signing this Agreement on behalf of Contractor represents and warrants that he or she has the power and authority to bind Contractor, and that no further action, resolution, or approval from Contractor is necessary to enter into a binding contract.

**29. Merger.**

This Agreement incorporates all the Agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, Agreements and understandings have been merged into this written Agreement. No prior Agreement or understanding, oral or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

**30. Non-Collusion.**

In signing this Agreement, the Contractor certifies the Contractor has not, either directly or indirectly, entered into action in restraint of free competitive bidding in connection with this offer submitted to the City's Chief Procurement Officer.

**31. Default/Breach.**

In case of Default and/or Breach by the Contractor, for any reason whatsoever, the City may procure the goods or services from another source and hold the Contractor responsible for any resulting excess costs and/or damages, including but not limited to, direct damages, indirect damages, consequential damages, special damages and the City may also seek all other remedies under the terms of this Agreement and under law or equity.



**32. Equitable Remedies.**

The Contractor acknowledges that its failure to comply with any provision of this Agreement will cause the City irrevocable harm and that a remedy at law for such a failure would be an inadequate remedy for the City, and the Contractor consents to the City 's obtaining from a court of competent jurisdiction, specific performance, or injunction, or any other equitable relief in order to enforce such compliance. The City's rights to obtain equitable relief pursuant to this Agreement shall be in addition to, and not in lieu of, any other remedy that the City may have under applicable law, including, but not limited to, monetary damages.

**33. Default and Force Majeure.**

The City reserves the right to cancel all or any part of any orders placed under this Agreement without cost to the City, if the Contractor fails to meet the provisions of this Agreement and, except as otherwise provided herein, to hold the Contractor liable for any excess cost occasioned by the City due to the Contractor's default. The Contractor shall not be liable for any excess costs if failure to perform the order arises out of causes beyond the control and without the fault or negligence of the Contractor; such causes include, but are not restricted to, acts of God or the public enemy, acts of the State or Federal Government, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, unusually severe weather and defaults of subcontractors due to any of the above, unless the City shall determine that the supplies or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required delivery scheduled. The rights and remedies of the City provided in this Clause shall not be exclusive and are in addition to any other rights now being provided by law or under this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date of the signature by the required approval authorities below.

CITY OF SANTA FE:

COMMUNITY SOLUTIONS  
INTERNATIONAL INC., VINCENT'S  
LEGACY



ALAN WEBBER  
MAYOR



Rosanne Haggerty (Apr 28, 2023 13:47 EDT)

ROSEANNE HAGGERTY  
PRESIDENT AND CEO

DATE: Jun 3, 2023

New Mexico Taxation & Revenue Dept:  
CRS# 03539319001

City of Santa Fe Business Registration  
#232194

ATTEST:



KRISTINE BUSTOS MIHELICIC   
CITY CLERK  
GB MTG 05/31/2023

CITY ATTORNEY'S OFFICE:



Marcos Martinez (Apr 24, 2023 13:25 MDT)

SENIOR ASSISTANT CITY ATTORNEY

APPROVED FOR FINANCES:



Emily K. Oster (Jun 3, 2023 08:11 MDT)

EMILY OSTER  
FINANCE DIRECTOR

2400223.510400 AH  
Org. Name/Org#<sup>AH</sup>



# City of Santa Fe, New Mexico

## Memorandum



**DATE:** April 14, 2023

**TO:** Governing Body, May 31, 2023  
Quality of Life Committee, May 17, 2023  
Finance Committee, May 15, 2023

**VIA:** John W Blair, City Manager  
Emily Oster, Finance Department Director  
Travis Dutton-Leyda, Chief Procurement Officer  
Rich Brown, Director, Community Development Department *Richard Brown*  
Alexandra Ladd, Director, Office of Affordable Housing *Alexandra Ladd*

**FROM:** Cody Minnich, Project Manager, Office of Affordable Housing *Cody Minnich*

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### ITEM AND ISSUE:

Request for the Approval of the Service Agreement in the Total Amount of \$969,500 for Capital Improvements and Unit Upgrades at Santa Fe Suites; Community Solutions DBA Vincent's Legacy LLC; (Cody Minnich, cjminnich@santafenm.gov, (505) 955-6574)

### BACKGROUND AND SUMMARY:

Affordable Housing Trust Funds (AHTF) are generated from development activity (developer fees, pre-inclusionary housing agreements), payoffs of City-held liens, and land sales from Tierra Contenta. In recent years, the Governing Body has committed \$3,000,000 annually to the trust fund to respond to the urgent housing needs in Santa Fe. These funds are used for affordable housing projects and activities to benefit income-qualified grantees. Eligible housing activities are outlined in SFCC Chapter 26-3. Uses of funds are determined by the housing needs identified in the City's Five Year Strategic Housing Plan and regulated by the NM Mortgage Finance Authority for compliance with the NM Affordable Housing Act. AHTF is used only for affordable housing, whether for capital costs or direct financial assistance to income qualified beneficiaries. Because AHTF funds are local revenue, criteria for how they are used can be more localized to better meet Santa Fe's unique needs.

The City of Santa Fe and the Office of Affordable Housing issued a Request for Application on January 20, 2023 to support housing solutions for people experiencing homelessness, those at risk of homelessness or who are precariously/unsuitably housed, those at risk of losing their housing either because of eviction, foreclosure or safety and condition issues, including homeowners, or renters/homeowners who are heavily cost burdened.

Funding is available to developers and sponsors of affordable housing, including partnerships, corporations, limited liability companies, joint ventures, public/private partnerships and non-profit organizations that are organized under state, local, or tribal laws and can provide proof of such organization. Eligible applicants must have proven financial capacity and organizational experience to carry out the activities described in the proposal submitted to receive an AHTF allocation.

**RFA #23/39/R.** For RFA #23/39/R, a balance of \$3,664,500 in the AHTF is available. Applications were reviewed and funding recommendations were made by the City's Community Development Commission (CDC) at the CDC Meeting on March 1, 2023. Awards are based on the applicant's demonstration of how the proposed project meets the City's priority of preventing homelessness, ending homelessness, and/or

stabilizing the housing situations of those who are at risk of losing their housing. The following criteria was evaluated by the CDC to make funding recommendations:

- 1) **Funding:** the proposed project budget is realistic, funds are leveraged at a 3:1 ratio from other sources (for every \$1 of AHTF, \$3 is from other sources), revenue is sufficient to accomplish the proposed project and matching funds are secured.
- 2) **Need/Benefit and Project Feasibility:** the proposed project addresses underlying/systemic challenges in the community, is responsive to current/future market demand, and the applicant demonstrates feasibility through site control, if applicable, and provides a realistic timeframe for the completion of proposed activities.
- 3) **Affordability:** the proposed project effectively meets the income eligibility requirements of the NM Affordable Housing Act, and applicant describes how affordability targets will be achieved and monitored over time for compliance, and how equity will be secured.
- 4) **Organizational Capability and Management:** the applicant adequately describes its organizational experience, expertise in the proposed type(s) of housing or assistance, and demonstrates financial soundness.

**Projects Funded.** Ten applications were submitted for the AHTF funds. Ten AHTF applications were deemed responsive and eligible for funding. Because the funding requests for AHTF far exceeded what was available, funding amounts were determined based on a variety of factors related to priority needs identified in the Five Year Affordable Housing Strategic Plan. The Table below details all of the Community Development Commission's recommendations:

| <b>GRANTEE</b>  | <b>REQUESTED</b>          | <b>RECOMMENDED</b>      |
|---|---------------------------|-------------------------|
| Adelante (SFPS)   | \$60,000                  | \$60,000                |
| <b><i>Community Solutions DBA Vincent's Legacy</i></b>      | <b><i>\$1,500,000</i></b> | <b><i>\$969,500</i></b> |
| Homewise  | \$500,000                 | \$500,000               |
| Life Link   | \$250,000                 | \$250,000               |
| NM Coalition to End Homelessness (Early Intervention)       | \$225,000                 | \$200,000               |
| NM Coalition to End Homelessness (Consuelo's Place Shelter) | \$713,000                 | \$575,000               |
| SF Recovery Center  | \$60,000                  | \$60,000                |
| SF Community Housing Trust #1                               | \$600,000                 | \$600,000               |
| St Elizabeth Shelters                                       | \$250,000                 | \$250,000               |
| Youthworks  | \$210,000                 | \$200,000               |
| <b>TOTAL</b>  | <b>\$4,368,000</b>        | <b>3,664,500</b>        |

#### **Community Solutions DBA Vincent's Legacy LLC**

*Santa Fe Suites Capital Improvements*

*\$969,500*

AHTF Funds will be utilized for capital improvements and unit upgrades at Santa Fe Suites. Santa Fe Suites is a 123-unit apartment building where 82 units are reserved for households earning 65% AMI or less and 41 units reserved for households earning less than 30% AMI. Supportive services and case management are provided at SF Suites by St Elizabeth Shelters. Capital upgrades funded through this contract include, but are not limited to, replacement of fire alarm system, replacement of hot water heaters, parking lot repairs, unit renovations, and exterior painting.

#### **PROCUREMENT METHOD:**

The procurement method is RFA #23/39/R which expires June 30, 2024.

#### **CONTRACT NUMBER:**

The FY24 Munis contract number is 3203989.

#### **FUNDING SOURCE:**



# City of Santa Fe, New Mexico

## Memorandum



The funding source is:

**Fund Name/Number:** Community Development/Fund 240

**Munis Org Name/Number:** Affordable Housing Trust Fund/2400223

**Munis Object Name/Number:** Subsidy Payments/510400

**ACTION REQUESTED:**

The Office of Affordable Housing respectfully requests your review and approval.



# City of Santa Fe

## Real Estate Summary of Contracts, Agreements, Amendments & Leases

### Section to be completed by department

1. Munis Contract # 3203989

Contractor: Community Solutions - SF Suites (AHTF)

Description: Costs associated with capital upgrades at the SF Suites - (123 rental units) - 82 for households earning at or less than 65% AMI and 41 units for households earning less than 30% AMI

Contract ☒ Agreement ☐ Lease / Rent ☐ Amendment ☐

Term Start Date: Upon Approval Term End Date: 12/31/2024

☐ Approved by Council Date: \_\_\_\_\_

### Contract / Lease:

Amendment # \_\_\_\_\_ to the Original Contract / Lease # \_\_\_\_\_

Increase/(Decrease) Amount \$ \_\_\_\_\_

Extend Termination Date to: \_\_\_\_\_

☐ Approved by Council Date: \_\_\_\_\_

### Amendment is for:

2. **HISTORY of Contract, Amendments & Lease / Rent - Please Elaborate** (option: attach spreadsheet if multiple amendments)  
**Original Contract: \$969,500 - RFA 23/39/R**

3. **Procurement History: RFA #23/39/R**

*Andy Hopkins*

Purchasing Officer Review:

May 2, 2023

Date:

Comment & Exceptions: Secured via Request for applications

4. **Funding Source: 240**

*Andy Hopkins*

Andy Hopkins (May 2, 2023 09:29 MDT)

Budget Officer Approval:

Org / Object: 2400223.510400

May 2, 2023

Date:

Comment & Exceptions: \_\_\_\_\_

Staff Contact who completed this form: Roberta Catanach Phone # 505-955-6421

Email: rlcatanach@santafenm.gov

To be recorded by City Clerk:

Clerk # \_\_\_\_\_

Date of Execution: \_\_\_\_\_



## City of Santa Fe

Treasury Department

200 Lincoln Ave.

Santa Fe, New Mexico 87504-0909

505-955-6551

BUSI

**Business Name:** VINCENT'S LEGACY LLC  
DBA: VINCENT'S LEGACY LLC

**Business Location:** 3007 S ST FRANCIS DR  
SANTA FE, NM 87505

**Owner:** VINCENT'S LEGACY LLC

**License Number:** 232194

**Issued Date:** April 05, 2023

**Expiration Date:** April 05, 2024

**CRS Number:** 0353931800

**License Type:** Business License

**Classification:** Business Registration

**Fees Paid:** \$35.00

VINCENT'S LEGACY LLC  
PO BOX 3524 CHURCH STREET STATION  
NEW YORK, NY 10008

THIS IS NOT A CONSTRUCTION PERMIT.  
APPROPRIATE PERMITS MUST BE OBTAINED  
BEFORE COMMENCEMENT OF ANY CONSTRUCTION.  
INSTALLATION OF ANY EXTERIOR

THIS REGISTRATION/LICENSE IS FOR THE  
OTHER BUSINESSES OR PREMISES

TO BE POSTED IN A CONSPICUOUS PLACE



## CITY OF SANTA FE PROCUREMENT CHECKLIST

Contractor Name: Community Solutions - SF Suites

Procurement Title: RFA #23/39/R

Procurement Method: State Price Agreement ☐ Cooperative ☐ Sole Source ☐ Other ☐

Exempt ☐ Request For Proposal (RFP) ☐ Invitation To Bid (ITB) ☐ Contract under 60K ☐ Contract over 60K ☒

Department Requesting OAH Staff Name Roberta Catanach

### Procurement Requirements:

A procurement file shall be maintained for all contracts, regardless of the method of procurement. The procurement file shall contain the basis on which the award is made, all submitted bids, all evaluation materials, score sheets, quotations and all other documentation related to or prepared in conjunction with evaluation, negotiation, and the award process. The procurement shall contain a written determination from the Requesting Department, signed by the purchasing officer, setting forth the reasoning for the contract award decision before submitting to the Committees.

### REQUIRED DOCUMENTS FOR APPROVAL BY PURCHASING\*

YES N/A

|                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Approved Procurement Checklist (by Purchasing)                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Memo addressed to City Manager (under 60K) Committees/City Council (over 60K) |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | State Price Agreement   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | RFP   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Evaluation Committee Report   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | ITB   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Bib Tab   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Quotes (3 valid current quotes)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cooperative Agreement   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Sole Source Request and Determination Form                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Contractors Exempt Letter   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Purchasing Officers approval for exempt procurement                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | BAR   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | FIR   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Executed Contract, Agreement or Amendment                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Current Business Registration and CRS numbers on contract or agreement        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Summary of Contracts and Agreements form                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Certificate of Insurance  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All documentation presented to Committees                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other:  |

|   |                               |                   |
|---|-------------------------------|-------------------|
| <u>Roberta Catanach</u>   | <u>Contract Administrator</u> | <u>03/27/2023</u> |
| Department Rep Printed Name (attesting that all information included) | Title                         | Date              |
|   | Contracts Supervisor          | May 2, 2023       |
| Purchasing Officer (attesting that all information is reviewed)       | Title                         | Date              |

Include all other substantive documents and records of communication that pertain to the procurement and contract.



**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/23/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

|   |   |  |                                    |
|---|---|--|------------------------------------|
| <b>PRODUCER</b><br><b>Edgewood Partners Ins. Center</b><br><b>40 Marcus Drive</b><br><b>3rd Floor</b><br><b>Melville, NY 11747</b>  | <b>CONTACT NAME:</b> Commercial Support<br><b>PHONE (A/C, No, Ext):</b> 631-390-9700<br><b>E-MAIL ADDRESS:</b> NEcertificates@epicbrokers.com |  | <b>FAX (A/C, No):</b> 631-390-9790 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Philadelphia Indemnity Insurance Co   |  | <b>NAIC #</b><br><b>18058</b>      |
| <b>INSURED</b><br><b>Community Solutions International, Inc.</b><br><b>c/o Common Ground Communities;</b><br><b>60 Broad Street Suite 2510A</b><br><b>New York, NY 10004-4912</b> | <b>INSURER B:</b>   |  |                                    |
|   | <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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:  | Y         |          | PHPK2484142   | 10/31/2022              | 10/31/2023              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$20,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  |           |          | PHPK2484142   | 10/31/2022              | 10/31/2023              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000<br>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           |          | PHUB839148    | 10/31/2022              | 10/31/2023              | EACH OCCURRENCE \$5,000,000<br>AGGREGATE \$5,000,000<br>\$<br>PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$              |

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

Community Solutions DBA Vincent's Legacy and the City of Santa Fe are included as additional insureds for general liability coverage as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Community Solutions DBA  
 Vincent's Legacy  
 1200 Camino Consuelo  
 Santa Fe, NM 87507

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

*Leonard Aciscia*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/6/2023

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.

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|  |   |
|--|---|
| PRODUCER<br>ZIA INSURANCE AGENCY<br>P.O. BOX 2105<br>SANTA FE, NM 87504<br>CONRAD SCHOTT | CONTACT NAME: CONRAD SCHOTT<br>PHONE (A/C, No, Ext): (505) 983-7329<br>FAX (A/C, No): (505) 986-6116<br>E-MAIL ADDRESS:<br>INSURER(S) AFFORDING COVERAGE<br>INSURER A: PHILADELPHIA INDEMNITY INS CO<br>INSURER B: NEW MEXICO MUTUAL CASUALTY<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |
| INSURED ST. ELIZABETH SHELTER<br>804 ALARID ST<br>SANTA FE, NM 87505                     | NAIC #  |

## COVERAGES

CERTIFICATE NUMBER: 2019-01

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 INSR                           | SUBR WVD                        | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-------------------------------------|---------------------------------|---------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY  | X                                   | Y                               | PHPK2491235   | 12/14/2022              | 12/14/2023              | EACH OCCURRENCE \$ 1,000,000  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |                                     |                                 |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                        |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                                     |                                 |               |                         |                         | MED EXP (Any one person) \$ 5,000   |
|          | <input checked="" type="checkbox"/> PROFESSIONAL LIAB  |                                     |                                 |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                                     |                                 |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG |                                     |                                 |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000   |
| A        | AUTOMOBILE LIABILITY   | X                                   |                                 | PHPK2491235   | 12/14/2022              | 12/14/2023              | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000                              |
|          | <input type="checkbox"/> ANY AUTO  |                                     |                                 |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input checked="" type="checkbox"/> ALL OWNED AUTOS  |                                     |                                 |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  | <input checked="" type="checkbox"/> | SCHEDULED AUTOS NON-OWNED AUTOS |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |  |                                     |                                 |               |                         |                         | \$  |
|          | UMBRELLA LIAB  |                                     |                                 |               |                         |                         | EACH OCCURRENCE \$  |
|          | EXCESS LIAB  |                                     |                                 |               |                         |                         | AGGREGATE \$  |
|          | DED <input type="checkbox"/> RETENTION \$  |                                     |                                 |               |                         |                         | \$  |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                                     | Y                               | 11253.129     | 01/05/2023              | 01/05/2024              | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | Y/N <input type="checkbox"/>        | N/A                             |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |                                     |                                 |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                     |
|          |  |                                     |                                 |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                    |

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

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED

RE: 3007 S. St. Francis Drive Santa Fe, NM 87505

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF SANTA FE  
PO BOX 909  
SANTA FE, NM 87504

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



# CERTIFICATE OF LIABILITY INSURANCE

Acct#: 1488115

DATE (MM/DD/YYYY)

1/20/2023

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.

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PRODUCER  
Lockton Companies, LLC  
3657 Briarpark Dr., Suite 700  
Houston, TX 77042

CONTACT NAME: 888-828-8365

PHONE  
(A/C, No. Ext):FAX  
(A/C, No):

E-MAIL ADDRESS: INSPIRITYCERTS@LOCKTONAFFINITY.COM

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Indemnity Insurance Co. of North America

43575

INSURED  
COMMUNITY SOLUTIONS INTERNATIONAL, INC  
COMMUNITY SOLUTIONS  
60 BROAD ST STE 2510A  
NEW YORK, NY 10004-2306

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**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 SUBR INSD WVD                       | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|--|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b>  |  |               |                         |                         | EACH OCCURRENCE                               |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |  |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)     |
|          |  |  |               |                         |                         | MED EXP (Any one person)                      |
|          |  |  |               |                         |                         | PERSONAL & ADV INJURY                         |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |  |               |                         |                         | GENERAL AGGREGATE                             |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |               |                         |                         | PRODUCTS - COMP/OP AGG                        |
|          | OTHER:   |  |               |                         |                         |   |
|          | <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"/> SCHEDULED AUTOS |               |                         |                         | BODILY INJURY (Per accident)                  |
|          | <input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> NON-OWNED AUTOS |               |                         |                         | PROPERTY DAMAGE (Per accident)                |
|          |  |  |               |                         |                         |   |
|          | <b>UMBRELLA LIAB</b>   | <input type="checkbox"/> OCCUR           |               |                         |                         | EACH OCCURRENCE                               |
|          | <b>EXCESS LIAB</b>   | <input type="checkbox"/> CLAIMS-MADE     |               |                         |                         | AGGREGATE                                     |
|          | DED <input type="checkbox"/> RETENTION \$  |  |               |                         |                         |   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   | <input type="checkbox"/> Y / N           |               |                         |                         | X PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> N / A           | X             | C51476852               | 10/1/2022               | 10/1/2023                                     |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000               |
|          |  |  |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000       |
|          |  |  |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000      |

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

WAIVER OF SUBROGATION IN FAVOR OF City of Santa Fe WHEN REQUIRED BY WRITTEN CONTRACT.

**CERTIFICATE HOLDER**

CITY OF SANTA FE  
1200 CAMINO CONSUELO  
SANTA FE, NM 87507

**CANCELLATION**

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

### Workers' Compensation and Employers' Liability Policy

|   |   |
|---|---|
| Named Insured<br>COMMUNITY SOLUTIONS INTERNATIONAL, INC<br>COMMUNITY SOLUTIONS<br>60 BROAD ST STE 2510A<br>NEW YORK, NY 10004-2306                              | Endorsement Number                                  |
|   | Policy Number<br>Symbol: RWC      Number: C51476852 |
| Policy Period<br>10/1/2022 TO 10/1/2023   | Effective Date of Endorsement<br>10/1/2022          |
| Issued By (Name of Insurance Company)<br>Indemnity Insurance Co. of North America   |   |
| Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. |   |

### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

#### Schedule

City of Santa Fe  
1200 Camino Consuelo  
Santa Fe, NM 87507

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/05/2024

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.

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|   |   |  |                                    |
|---|---|--|------------------------------------|
| <b>PRODUCER</b><br><b>Edgewood Partners Ins. Center</b><br><b>40 Marcus Drive</b><br><b>3rd Floor</b><br><b>Melville, NY 11747</b>  | <b>CONTACT NAME:</b> Commercial Support<br><b>PHONE (A/C, No, Ext):</b> 631 390-9700<br><b>E-MAIL ADDRESS:</b> NEcertificates@epicbrokers.com |  | <b>FAX (A/C, No):</b> 631 390-9790 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b>                      |
| <b>INSURED</b><br><b>Community Solutions International, Inc.</b><br><b>c/o Common Ground Communities;</b><br><b>60 Broad Street Suite 2510A</b><br><b>New York, NY 10004-4912</b> | <b>INSURER A :</b> Tokio Marine Specialty Insurance Co  |  | <b>23850</b>                       |
|   | <b>INSURER B :</b> Philadelphia Indemnity Insurance Co  |  | <b>18058</b>                       |
|   | <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 INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:  | Y         |          | PPK26230400014 | 10/31/2024              | 10/31/2025              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$20,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  |           |          | PPK26230400014 | 10/31/2024              | 10/31/2025              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000<br>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |           |          | PHUB888947     | 10/31/2024              | 10/31/2025              | EACH OCCURRENCE \$5,000,000<br>AGGREGATE \$5,000,000<br>\$<br>PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The City of Santa Fe is included as additional insured for general liability coverage as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Santa Fe  
 Office of Affordable Housing  
 PO Box 909  
 Santa Fe, NM 87504-0909

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

*Leonard Aciscia*

© 1988-2015 ACORD CORPORATION. All rights reserved.

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/05/2024

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| <b>PRODUCER</b><br><b>Edgewood Partners Ins. Center</b><br><b>40 Marcus Drive</b><br><b>3rd Floor</b><br><b>Melville, NY 11747</b> | <b>CONTACT NAME:</b> Commercial Support  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
|--|--|------------------------------------|-------------------------------|--------|---|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|
|  | <b>PHONE (A/C, No, Ext):</b> 631 390-9700  | <b>FAX (A/C, No):</b> 631 390-9790 |                               |        |   |       |             |  |             |  |             |  |             |  |             |
|  | <b>E-MAIL ADDRESS:</b> NEcertificates@epicbrokers.com  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
|  | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Tokio Marine Specialty Insurance Co</td> <td>23850</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> |                                    | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Tokio Marine Specialty Insurance Co | 23850 | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
| INSURER A : Tokio Marine Specialty Insurance Co  | 23850  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
| INSURER B :  |  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
| INSURER C :  |  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
| INSURER D :  |  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
| INSURER E :  |  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |
| INSURER F :  |  |                                    |                               |        |   |       |             |  |             |  |             |  |             |  |             |

|   |
|---|
| <b>INSURED</b><br><b>Community Solutions International, Inc.</b><br><b>c/o Common Ground Communities;</b><br><b>60 Broad Street Suite 2510A</b><br><b>New York, NY 10004-4912</b> |
|---|

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER         | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|-----------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                  |           |          |                       |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> |           |          |                       |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          |                       |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                       |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| <b>A</b> | <b>Professional Liab</b><br><b>Claims Made</b><br><b>Retro 4/1/2011</b>   |           |          | <b>PPK26230400014</b> | <b>10/31/2024</b>       | <b>10/31/2025</b>       | <b>\$1,000,000 Ea Incident</b><br><b>\$2,000,000 Aggregate</b>   |

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

**CERTIFICATE HOLDER****CANCELLATION**

City of Santa Fe  
 Office of Affordable Housing  
 PO Box 909  
 Santa Fe, NM 87504-0909

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

*Leonard Aciscia*

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# CERTIFICATE OF LIABILITY INSURANCE

Acct#: 1488115

DATE (MM/DD/YYYY)

08/23/2024

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.

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|   |  |
|---|--|
| PRODUCER<br>LOCKTON COMPANIES, LLC<br>3657 Briarpark Dr., Suite 700<br>Houston, TX 77042              | CONTACT<br>NAME:<br>PHONE<br>(A/C, No. Ext): 888-828-8365<br>FAX<br>(A/C, No):<br>E-MAIL<br>ADDRESS: insperitycerts@locktonaffinity.com                        |
| INSURED<br>COMMUNITY SOLUTIONS INTERNATIONAL, INC<br>60 BROAD ST STE 2510A<br>NEW YORK, NY 10004-2306 | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Indemnity Insurance Company of North America<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD WVD                      | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---|---------------|-------------------------|-------------------------|--|
|          | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |   |               |                         |                         | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |   |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>\$<br>\$<br>\$<br>\$  |
|          | UMBRELLA LIAB<br>EXCESS LIAB<br>DED <input type="checkbox"/> RETENTION \$  |   |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE<br>\$<br>\$<br>\$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y / N<br><input type="checkbox"/> N / A | C72299632     | 10/01/2024              | 10/01/2025              | X PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1000000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |

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

WAIVER OF SUBROGATION IN FAVOR OF City of Santa Fe WHEN REQUIRED BY WRITTEN CONTRACT.

## CERTIFICATE HOLDER

City of Santa Fe  
1200 Camino Consuelo  
Santa Fe NM 87507

## CANCELLATION

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

*[Signature]*

# Workers' Compensation and Employers' Liability Policy

|  |   |
|--|---|
| Named Insured<br>COMMUNITY SOLUTIONS INTERNATIONAL, INC<br>60 BROAD ST STE 2510A<br>NEW YORK, NY 10004-2306  | Endorsement Number                                  |
|  | Policy Number<br>Symbol: WLR      Number: C72299632 |
| Policy Period<br>10/01/2024 TO 10/01/2025  | Effective Date of Endorsement<br>10/01/2024         |
| Issued By (Name of Insurance Company)<br>Indemnity Insurance Company of North America  |   |
| Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. |   |

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

### Schedule

City of Santa Fe

1200 Camino Consuelo

Santa Fe, NM 87507

WAIVER OF SUBROGATION IN FAVOR OF City of Santa Fe WHEN REQUIRED BY WRITTEN CONTRACT.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

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For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent





## City of Santa Fe

Treasury Department

200 Lincoln Ave.

Santa Fe, New Mexico 87504-0909

505-955-6551

BUSIN

**Business Name:** VINCENT'S LEGACY LLC  
DBA: VINCENT'S LEGACY LLC

**Business Location:** 3007 S ST FRANCIS DR  
SANTA FE, NM 87505

**Owner:** VINCENT'S LEGACY LLC

**License Number:** 232194

**Issued Date:** April 10, 2024

**Expiration Date:** April 10, 2025

**CRS Number:** 03539318001

**License Type:** Business Licens

**Classification:** Business Reg

**Fees Paid:** \$35.00

VINCENT'S LEGACY LLC  
PO BOX 3524 CHURCH STREET STATION  
NEW YORK, NY 10008

THIS IS NOT A CONSTRUCTION P  
APPROPRIATE PERMITS MUST B  
OF SANTA FE BUILDING PERMIT  
COMMENCEMENT OF ANY CONS  
INSTALLATION OF ANY EXTERIOR

THIS REGISTRATION/LICENSE IS  
OTHER BUSINESSES OR PREMISE

TO BE POSTED IN A CONSPICUOUS PLACE



# City of Santa Fe New Mexico

## Finance Department

### Project Ledger Request Form



Date of Request: 10/31/24-update EXTEND TERM ONLY

Project Title: Community Solutions/Vincent's Legacy

Project Type: ☐ CIP ☐ Grant ☒ Internal Tracking

Department: OAH Project Manager: ROBERTA CATANACH Ext: 316.4565

Project Date Range: 7/1/23 to 7/1/25 ☐ Create Fixed Asset

Project ID: AFH2424013

Grant ID: N/A

Approved By: Erika Lujan  
Erika Lujan (Nov 4, 2024 11:15 MST)

CT (Finance Use Only)

☐ Multi-Funding (complete all funding sources, should equal 100%)

Funding Source: AFFORDABLE HOUSING TRUST FUND % of Funding: 100

MUNIS ORG: 2400223 MUNIS OBJ: \_\_\_\_\_ Awarded Amount: 969500.00

Funding Source: \_\_\_\_\_ % of Funding: \_\_\_\_\_

MUNIS ORG: \_\_\_\_\_ MUNIS OBJ: \_\_\_\_\_ Awarded Amount: \_\_\_\_\_

#### **Expense String Phase:**

A project must have at least one phase identified, this can be used as an additional level of tracking, for example, CIP - Design, Construction, etc. For Grants can be used as reimbursable types, such as transportation, salaries.

(You can create more than one phase and you can default MUNIS ORGs and OBJs, optional)

Phase: CONTRACTUAL/SUBSIDY MUNIS ORG: 2400223 MUNIS OBJ: 510500

#### **Grants Only (list all grants if applicable):**

Grantor Name: \_\_\_\_\_ Awarded Amount: \_\_\_\_\_

AR Charge Code: \_\_\_\_\_ ☐ Grant funds multiple projects  
(Complete a form for each project)

Grantor Id: \_\_\_\_\_ Federal CFDA (if applicable): \_\_\_\_\_

Grantor Name: \_\_\_\_\_ Awarded Amount: \_\_\_\_\_

AR Charge Code: \_\_\_\_\_ ☐ Grant funds multiple projects  
(Complete a form for each project)

Grantor Id: \_\_\_\_\_ Federal CFDA (if applicable): \_\_\_\_\_

(If grants please provide all grant award documents with form) ☐ Attached Grant Documentation








# (1a) Community Solutions

Final Audit Report

2024-11-15

|                 |  |
|-----------------|--|
| Created:        | 2024-11-12                                   |
| By:             | JAMES EDWARDS (jwedwards@santafenm.gov)      |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAAwRogAFMAuPH8FKTzXuP6kdb8ORPyFZlj |

## "(1a) Community Solutions" History

-  Document created by JAMES EDWARDS (jwedwards@santafenm.gov)  
2024-11-12 - 3:06:15 PM GMT- IP address: 97.182.23.177
-  Document emailed to ajhopkins@santafenm.gov ajhopkins@santafenm.gov (ajhopkins@santafenm.gov) for signature  
2024-11-12 - 3:11:44 PM GMT
-  Email viewed by ajhopkins@santafenm.gov ajhopkins@santafenm.gov (ajhopkins@santafenm.gov)  
2024-11-12 - 10:17:19 PM GMT- IP address: 104.47.65.254
-  Document e-signed by ajhopkins@santafenm.gov ajhopkins@santafenm.gov (ajhopkins@santafenm.gov)  
Signature Date: 2024-11-12 - 10:17:58 PM GMT - Time Source: server- IP address: 63.232.20.2
-  Document sent to JoAnn Lovato (jdlovato@santafenm.gov) and Travis Dutton-Leyda (tkduttonleyda@santafenm.gov) for signature. One of them to sign  
2024-11-12 - 10:18:03 PM GMT
-  Email viewed by Travis Dutton-Leyda (tkduttonleyda@santafenm.gov)  
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-  Email viewed by JoAnn Lovato (jdlovato@santafenm.gov)  
2024-11-12 - 11:04:02 PM GMT- IP address: 63.232.20.2
-  Document e-signed by JoAnn Lovato (jdlovato@santafenm.gov)  
Signature Date: 2024-11-12 - 11:07:00 PM GMT - Time Source: server- IP address: 63.232.20.2
-  Document emailed to EMILY OSTER (ekoster@santafenm.gov) for signature  
2024-11-12 - 11:07:05 PM GMT
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Agreement completed.

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# 24-0703 Community Solutions LLC dba Vincent's Legacy

Final Audit Report

2024-12-16

|                 |  |
|-----------------|--|
| Created:        | 2024-12-14                                   |
| By:             | XAVIER VIGIL (xivigil@santafenm.gov)         |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAAXNrfr_boCEjVbLeB3_f58Xp57VQT1jqG |

## "24-0703 Community Solutions LLC dba Vincent's Legacy" History

-  Document created by XAVIER VIGIL (xivigil@santafenm.gov)  
2024-12-14 - 11:16:43 PM GMT- IP address: 63.232.20.2
-  Document emailed to Alan Webber (amwebber@santafenm.gov) for signature  
2024-12-14 - 11:18:35 PM GMT
-  Email viewed by Alan Webber (amwebber@santafenm.gov)  
2024-12-15 - 5:25:18 AM GMT- IP address: 104.28.48.214
-  Document e-signed by Alan Webber (amwebber@santafenm.gov)  
Signature Date: 2024-12-15 - 9:14:29 PM GMT - Time Source: server- IP address: 98.249.77.146
-  Document emailed to axsalazar@santafenm.gov for signature  
2024-12-15 - 9:14:33 PM GMT
-  Email viewed by axsalazar@santafenm.gov  
2024-12-16 - 4:01:59 PM GMT- IP address: 174.240.17.78
-  Signer axsalazar@santafenm.gov entered name at signing as Andrea Salazar  
2024-12-16 - 4:02:55 PM GMT- IP address: 174.240.17.78
-  Document e-signed by Andrea Salazar (axsalazar@santafenm.gov)  
Signature Date: 2024-12-16 - 4:02:57 PM GMT - Time Source: server- IP address: 174.240.17.78
-  Agreement completed.  
2024-12-16 - 4:02:57 PM GMT