### Exhibit B

**Documentation Submission Checklist**

**Offeror must submit this checklist with the application.**

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| **Applicant**  **Initials** | **Item Required** |
|  | Complete Service Provider Application with all requested information and Signature of Authorized Official on behalf of Applicant (Exhibit A) |
|  | Proof organization is formed under state, local, or tribal laws and provide proof of such organization such as Articles of Incorporation |
|  | Current Business License |
|  | Organizational Chart |
|  | Organization Mission Statement |
|  | “Good Standing” Certification |
|  | Provide one copy of the most recent independent Certified Public Accountant (CPA)’s auditor’s report (audit) conducted in accordance with Government Auditing Standards (GAS) or a recent MFA approved audit letter |
|  | Articles of incorporation, charter, by-laws, or resolution the evidences the organization has among its purposes the staffing capacity to provide significant activities related to providing HOME Rehabilitation services to low to moderate income individuals/families |
|  | Resumes of the management and staff who will be administering the HOME Rehabilitation program |
|  | Organizations Board of Directors or governing body information |
|  | HOME Rehab Program Applicant’s Certification |
|  | HOME Rehab Program Applicant’s Reputation Certification |
|  | Accounting Practices Certification |
| **Non-Profit Only** |  |
|  | A 501 (c)(3) or (4) Certificate from the IRS |
|  | Articles of incorporation **or** charter that evidence that no part of the non-profit’s net earnings inures to the benefit of any member, founder, contributor, or individual. |
|  | Proof of current registration as a charitable organization with the New Mexico Attorney General’s Office for fiscal year ending in 2022 **or** proof of exemption therefrom (must include all pages of registration form) |

I certify that the forms and documents submitted according to this checklist are true and correct.



**Signature Date**