



# New Mexico Public Education Commission (PEC)

## Personnel Change Notification Instructions



### Business Manager

**Purpose:** To notify the Public Education Commission (PEC) of a change in the school's Head Administrator, Business Manager or Procurement Officer.

**Submission Deadline:** Changes to the school personnel do not require prior approval of the PEC; however, notice must be received within 30 calendar days of the change. Only one personnel change may be submitted per form. If more than one personnel change is being submitted, the school must submit separate forms.

Notifications completed 14 days prior to the next PEC meeting will be placed on the next agenda. Notifications of this type are typically placed on the consent agenda; however, any notification may be removed from the consent agenda and moved to the regular agenda for full discussion and possible action by the PEC.

Meeting minutes of the governing board of the school and the PEC will serve as an amendment to, or compliance with, the charter contract regarding this personnel change. Business Manager changes will be added to the board of finance documentation on file with CSD.

### **Information the school must provide for Business Manager change:**

- ☒ Fully completed form
- ☐ Board minutes approving the business manager change
- ☒ Affidavit of financial record custodian (a completed and notarized affidavit of financial record custodian)
- ☒ Certificate of insurance (a certificate of insurance indicating the business manager is adequately bonded to take responsibility as the financial record custodian)
- ☒ School business official license (copy of current, valid school business official license)

Contact [charter.schools@ped.nm.gov](mailto:charter.schools@ped.nm.gov) if you have questions about completing or submitting documents.

**Personnel Change Notification Form.** Submit this form and all supporting documents to **Epicenter**.

The Charter Contract was entered into by and between the New Mexico Public Education Commission (PEC) and Estancia Valley Classical Academy, hereafter "the school," effective on 7/1/2025.

The school is notifying the PEC of a change in personnel ☐ Business Manager

Current Business Manager: Marla Lovato

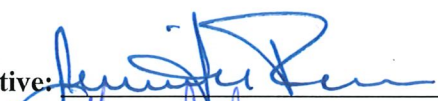
New Business Manager: Jennifer Dukes

Contact information for new Business Manager (phone, email): office: 505-431-3822 x90, cell: 505-450-1302, email: jdukes@theevca.com

Number of personnel changes (Head Administrator/Business Manager/Procurement Officer, Governing Board Member), including this change, submitted to PEC in the last 12 months: 0

Effective Date: 7/1/2025

The school's notification is hereby submitted by: Jennifer Rowan, EVCA Executive Director and Kim Adams, EVCA Governing Council President.

Signature of School Representative:  Date: 06/19/2025

Signature of Governing Board Chair:  Date: 6/19/25

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For PEC/CSD Use Only

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PEC Meeting Date:

Agenda: ☐ Consent (typical) ☐ Regular (unusual circumstance)

The school's notification was: ☐ Accepted ☐ Rejected (provide reason)

Electronic signature of CSD Director: \_\_\_\_\_ Date: \_\_\_\_\_

# STATE OF NEW MEXICO



In Recognition of  
The Fulfillment of the Requirements for  
School Personnel Licensure  
this

LEVEL TWO SCHOOL BUSINESS OFFICIAL  
is issued to

**JENNIFER KAY DUKES**

Effective from July 01, 2025 to June 30, 2034  
Licensure Number: 415573

Secretary of Public Education



# AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN

STATE OF NEW MEXICO

COUNTY OF (Santa Fe )

I, Jennifer Dukes, [affiant] after being duly sworn, state:

1. I live in the City of Edgewood, County of Torrance, New Mexico.
2. In accordance with 6.80.4.16 NMAC, I agree to accept the responsibility of keeping the financial records of the charter school and recognize that I am in charge of maintaining public funds with fidelity and in accordance to public finance laws, rules and regulations.
3. I have completed the following training in the maintenance of financial records:
  - a) NMASBO Training- 14 Hours min annually
  - b) CPO training
  - c) Auditor training
4. Attached is a certificate of insurance that indicates that I am adequately bonded to take this responsibility.
5. I have earned the following certificates, licensures and/or degrees:

Certificate, licensure or degree	Educational Institution	Date	Current Yes/No
BA Business w/ concentration on accounting	University of Phoenix	08/05/2013	
CPO	NM General Services Dept	3/14/2025	yes
L1 School Business Official	NMPED	07/01/2022	Yes
L2 School Business Official	NMPED	7/1/2025	Effective 7/1/2025

FURTHER AFFIANCE SAYETH NAUGHT.

Jennifer Dukes  
[Signature of Affiant]

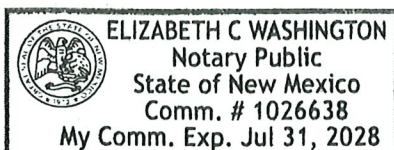
6/17/25  
Date

Jennifer Dukes  
[Print Name of Affiant]

## VERIFICATION

The forgoing Affidavit of Financial Records Custodian was subscribed and sworn to before me, this 17<sup>th</sup> day of June, 2025.

[Notary Seal:]



Elizabeth C Washington  
NOTARY PUBLIC

My commission expires: 7/31, 2028.



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
6/3/2025

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b>  Poms & Associates Insurance Brokers CA License #0814733 4500 Park Granada #206 Calabasas, CA 91302	<b>CONTACT NAME:</b> Risk Services <b>PHONE (A/C, No, Ext):</b> (800)578-8802 <b>E-MAIL ADDRESS:</b> rservices@pomsassoc.com <b>PRODUCER CUSTOMER ID #:</b> 00016280	<b>FAX (A/C, No):</b> (818) 449 9449
<b>INSURED</b>  New Mexico Public Schools Insurance Authority Member: Estancia Valley Classical Academy 410 Old Taos Highway Santa Fe, NM 87501	<b>INSURER(S) AFFORDING COVERAGE</b>  <b>INSURER A :</b> New Mexico Public Schools Insurance Authority <b>INSURER B :</b> Hanover Insurance Company <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
	<b>NAIC #</b>	N/A

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> PROPERTY				<input type="checkbox"/> BUILDING	\$
	<input type="checkbox"/> CAUSES OF LOSS	<input type="checkbox"/> DEDUCTIBLES			<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	<input type="checkbox"/> BUILDING			<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	<input type="checkbox"/> CONTENTS			<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
					<input type="checkbox"/> CONTENTS	\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/> CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
B	<input checked="" type="checkbox"/> CRIME	BD3-H274489	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> Employee Theft	\$ 2,000,000
	<input type="checkbox"/> TYPE OF POLICY				<input checked="" type="checkbox"/> Forgery or Altercation	\$ 2,000,000
					<input checked="" type="checkbox"/> Faithful Performance	\$ 1,000,000
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
					Deductible Comp \$750	\$
					Deductible Coll \$750	\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Fidelity Bond

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance	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 





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	<b>BASIC</b>				<b>EXTRA EXPENSE</b>	\$
	<b>BROAD</b>				<b>RENTAL VALUE</b>	\$
	<b>SPECIAL</b>				<b>BLANKET BUILDING</b>	\$
	<b>EARTHQUAKE</b>				<b>BLANKET PERS PROP</b>	\$
	<b>WIND</b>				<b>BLANKET BLDG &amp; PP</b>	\$
	<b>FLOOD</b>					\$
					<b>CONTENTS</b>	\$
	<b>INLAND MARINE</b>	<b>TYPE OF POLICY</b>				\$
	<b>CAUSES OF LOSS</b>					\$
	<b>NAMED PERILS</b>	<b>POLICY NUMBER</b>				\$
B	X <b>CRIME</b>	BD3-H274489	07/01/2025	07/01/2026	X <b>Employee Theft</b>	\$ 2,000,000
	<b>TYPE OF POLICY</b>				X <b>Forgery or Altercation</b>	\$ 2,000,000
					X <b>Faithful Performance</b>	\$ 1,000,000
	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$
					<b>Deductible Comp \$750</b>	\$
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