

## Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

Read the instructions for each Part carefully.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

<input type="checkbox"/> Full name of organization (as shown in organizing document) <b>Santa Fe Farmers Market Institute</b>		<input type="checkbox"/> Employer identification number (EIN) (If none, see page 3 of the instructions)
<input type="checkbox"/> c/o Name (if applicable) <b>Joseph D. Joiner, Esq.</b>		<input type="checkbox"/> Name and telephone number of person to be contacted if additional information is needed  ( 505 ) 984-2727
<input type="checkbox"/> Address (number and street) <b>530B Harkle Road</b>	Room/Suite	<input type="checkbox"/> Month the annual accounting period ends <b>December 31</b>
<input type="checkbox"/> City, town, or post office, state, and ZIP + 4. If you have a foreign address, see instructions for Part I, page 3. <b>Santa Fe, NM 87505</b>		<input type="checkbox"/> Date incorporated or formed <b>July 2, 2002</b>
<input type="checkbox"/> Web site address <b>Storeit@aol.com</b>		<input type="checkbox"/> Check here if applying under section: <input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) <input type="checkbox"/> 501(k) <input type="checkbox"/> 501(n)
<input type="checkbox"/> Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? . . . . . <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If "Yes," attach an explanation.		
<input type="checkbox"/> Is the organization required to file Form 990 (or Form 990-EZ)? . . . . . <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If "No," attach an explanation (see page 3 of the instructions).		
<input type="checkbox"/> Has the organization filed Federal income tax returns or exempt organization information returns? . . . . . <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.		

Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See instructions for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

**Corporation**—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.

**Trust**— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.

**Association**— Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

_____ (Signature)	<b>Joseph D. Joiner, Attorney in fact</b> (Type or print name and title or authority of signer)	09/26/02 (Date)
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Provide a detailed narrative description of all the activities of the organization—past, present, and planned. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; when the activity was or will be initiated; and where and by whom the activity will be conducted.

**Please see attached program description.**

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What are or will be the organization's sources of financial support? List in order of size.

**Federal and State grants; individual charitable donations; Foundation grants. (There is pending a portion of a H.U.D. EDI (Economic Development Initiative) grant being administered by the City of Santa Fe, New Mexico.)**

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Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

**The Organization is in the process of developing a fund raising program. It anticipates donations from government administered grants individuals, and foundation grants in connection with its planned activities in the Railyard area of Santa Fe, a publicly owned urban development project, currently in the very early development phases.**

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(Continued)

Give the following information about the organization's governing body:

Names, addresses, and titles of officers, directors, trustees, etc.

Don Bustos PO Box 5045 Espanola, NM 87533 Director

Theresa Connaughton 3 Roy Crawford Lane Santa Fe, NM 87505 Chairman

Gloria Trujillo PO Box 190 Chimayo, NM 87522 Director

Levi Valdez PO Box 112 Velarde, NM 878582 Director

Adam Mackie 513 Plaza Balentine Santa Fe, NM 87501 Director

Annual compensation

None as to all.

Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? If "Yes," name those persons and explain the basis of their selection or appointment.

Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? If "Yes," explain.

Does the organization control or is it controlled by any other organization? Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? If either of these questions is answered "Yes," explain.

The organization is the outgrowth of the Santa Fe Farmers Market, Inc., a previous applicant, which is a New Mexico non-profit corporation. The organization was formed to pursue qualifying 501(c)(3) activities, since the Santa Fe Farmers Market, Inc. is disqualified from 501(c)(3) status by reason of the fact that it operates a market for its members. There is an interlocking directorate.

Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): grants; purchases or sales of assets; rental of facilities or equipment; loans or loan guarantees; reimbursement arrangements; performance of services, membership, or fundraising solicitations; or sharing of facilities, equipment, mailing lists or other assets, or paid employees? If "Yes," explain fully and identify the other organizations involved.

Is the organization financially accountable to any other organization? If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

**Part II** Activities and Operational Information (Continued)

**8** What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."  
**See Budget, attached. The organization has no present operational assets.**

**9** Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? . . . .  Yes  No

**10a** Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? . . . .  Yes  No

**b** Is the organization a party to any leases? . . . .  Yes  No  
If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.  
**Not at present. The ground lease with the Railyard Community Corporation is currently being negotiated, and no draft is available.**

**11** Is the organization a membership organization? . . . .  Yes  No

If "Yes," complete the following:

**a** Describe the organization's membership requirements and attach a schedule of membership fees and dues.

**b** Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

**c** What benefits do (or will) the members receive in exchange for their payment of dues?

**12a** If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? . . . .  N/A  Yes  No  
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

**b** Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? . . . .  N/A  Yes  No  
If "Yes," explain how the recipients or beneficiaries are or will be selected.

**13** Does or will the organization attempt to influence legislation? . . . .  Yes  No  
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

**14** Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? . . . .  Yes  No  
If "Yes," explain fully.

**Part III** Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed?  Yes  No  
If you answer "Yes," do not answer questions on lines 2 through 6 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

**Exceptions**—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See **Specific Instructions**, Line 2a, on page 4;
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed?  Yes  No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3?  Yes  No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See **Specific Instructions**, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed?  Yes  No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here  and attach a completed page 1 of Form 1024 to this application.

**Part III** Technical Requirements (Continued)

- 7 Is the organization a private foundation?  
 **Yes** (Answer question 8.)  
 **No** (Answer question 9 and proceed as instructed.)

- 8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?  
 **Yes** (Complete Schedule E.)  
 **No**

After answering question 8 on this line, go to line 14 on page 7.

- 9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |   |  |  |
|---|--|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.)   | Sections 509(a)(1) and 170(b)(1)(A)(i)                       |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.)   | Sections 509(a)(1) and 170(b)(1)(A)(ii)                      |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.)                                      | Sections 509(a)(1) and 170(b)(1)(A)(iii)                     |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1).  | Sections 509(a)(1) and 170(b)(1)(A)(v)                       |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.)   | Section 509(a)(3)  |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety.  | Section 509(a)(4)  |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit.  | Sections 509(a)(1) and 170(b)(1)(A)(iv)                      |
| h | <input checked="" type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.   | Sections 509(a)(1) and 170(b)(1)(A)(vi)                      |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)  |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of h or i. The organization would like the IRS to decide the proper classification.  | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

**If you checked one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.**

**Part III** Technical Requirements (Continued)

- 10** If you checked box **h**, **i**, or **j** in question 9, has the organization completed a tax year of at least 8 months?
- Yes**—Indicate whether you are requesting:
    - A definitive ruling. (Answer questions 11 through 14.)
    - An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)
  - No**—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.

- 11** If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

- 12** If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  and:
- a** Enter 2% of line 8, column (e), Total, of Part IV-A . . . . . \_\_\_\_\_
  - b** Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line **12a** above.

- 13** If you are requesting a definitive ruling under section 509(a)(2), check here  and:
- a** For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)
  - b** For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. <b>Do not submit blank schedules.</b> )	Yes	No	If "Yes," complete Schedule:
Is the organization a church? . . . . .		✓	A
Is the organization, or any part of it, a school? . . . . .		✓	B
Is the organization, or any part of it, a hospital or medical research organization? . . . . .		✓	C
Is the organization a section 509(a)(3) supporting organization? . . . . .		✓	D
Is the organization a private operating foundation? . . . . .		✓	E
Is the organization, or any part of it, a home for the aged or handicapped? . . . . .		✓	F
Is the organization, or any part of it, a child care organization? . . . . .		✓	G
Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . .		✓	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . .		✓	I

**Part IV Financial Data**

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

		Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
		(a) From ..... to	(b) .....	(c) .....	(d) .....	
<b>Revenue</b>	<b>1</b> Gifts, grants, and contributions received (not including unusual grants—see page 6 of the instructions) . . . . .	See attached				See attached
	<b>2</b> Membership fees received . . . . .					
	<b>3</b> Gross investment income (see instructions for definition) . . . . .					
	<b>4</b> Net income from organization's unrelated business activities not included on line 3 . . . . .					
	<b>5</b> Tax revenues levied for and either paid to or spent on behalf of the organization . . . . .					
	<b>6</b> Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) . . . . .					
	<b>7</b> Other income (not including gain or loss from sale of capital assets) (attach schedule) . . . . .					
	<b>8 Total</b> (add lines 1 through 7) . . . . .					
	<b>9</b> Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22 . . . . .					
	<b>10 Total</b> (add lines 8 and 9) . . . . .					
	<b>11</b> Gain or loss from sale of capital assets (attach schedule) . . . . .					
	<b>12</b> Unusual grants . . . . .					
	<b>13 Total revenue</b> (add lines 10 through 12) . . . . .					
<b>Expenses</b>	<b>14</b> Fundraising expenses . . . . .					
	<b>15</b> Contributions, gifts, grants, and similar amounts paid (attach schedule) . . . . .					
	<b>16</b> Disbursements to or for benefit of members (attach schedule) . . . . .					
	<b>17</b> Compensation of officers, directors, and trustees (attach schedule) . . . . .					
	<b>18</b> Other salaries and wages . . . . .					
	<b>19</b> Interest . . . . .					
	<b>20</b> Occupancy (rent, utilities, etc.) . . . . .					
	<b>21</b> Depreciation and depletion . . . . .					
	<b>22</b> Other (attach schedule) . . . . .					
	<b>23 Total expenses</b> (add lines 14 through 22) . . . . .					
	<b>24</b> Excess of revenue over expenses (line 13 minus line 23) . . . . .					



**Part IV** Financial Data (Continued)

B. Balance Sheet (at the end of the period shown)		Current tax year Date 2002
<b>Assets</b>		
1	Cash . . . . .	1 See attached
2	Accounts receivable, net . . . . .	2
3	Inventories . . . . .	3
4	Bonds and notes receivable (attach schedule) . . . . .	4
5	Corporate stocks (attach schedule) . . . . .	5
6	Mortgage loans (attach schedule) . . . . .	6
7	Other investments (attach schedule) . . . . .	7
8	Depreciable and depletable assets (attach schedule) . . . . .	8
9	Land . . . . .	9
10	Other assets (attach schedule) . . . . .	10
11	<b>Total assets</b> (add lines 1 through 10) . . . . .	11
<b>Liabilities</b>		
12	Accounts payable . . . . .	12
13	Contributions, gifts, grants, etc., payable . . . . .	13
14	Mortgages and notes payable (attach schedule) . . . . .	14
15	Other liabilities (attach schedule) . . . . .	15
16	<b>Total liabilities</b> (add lines 12 through 15) . . . . .	16
<b>Fund Balances or Net Assets</b>		
17	Total fund balances or net assets . . . . .	17
18	<b>Total liabilities and fund balances or net assets</b> (add line 16 and line 17) . . . . .	18

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation . . . . .

## **SANTA FE FARMERS MARKET INSTITUTE**

### Part II Activities and Operational Information

1.

#### **PROGRAMS AND ACTIVITIES**

Santa Fe Farmers Market (SFFM) will expand to a permanent building which will allow year round vending. This building will serve as a regional resource center for small farmers and the community at large to learn about and promote agriculture in New Mexico. Most of the activities listed below will take place at the Santa Fe Farmers Market. Some activities such as field trips and presentation may take place on farms, schools, community centers and health clinics.

#### **Community Education and Outreach : 10%**

Start Date: 2002

There are ongoing activities to reach the customers of the SFFM through literature, presentations, and weekly events.

Customer Newsletter  
Regional/Seasonal foods Cooking Demonstrations  
Farm Tours  
Guest speakers/presenters  
Special Events

Conducted by: Santa Fe Farmers Market Staff, Santa Fe Farmers Market Institute Board members, additional volunteers

#### **Farmer retention and recruitment : 15%**

Start Date: 2002

The SFFM Institute strives to provide support and encouragement to current market farmers. We would also like to reach those farmers that are interested but not currently selling produce at the SFFM.

Farmer/Vendor Newsletter  
Marketing Plans and Strategies  
Season Extension Education  
Plant Variety Research & Information  
Technology and Communications: Computer Lab in 2005

Conducted by: Santa Fe Farmers Market Staff, Santa Fe Farmers Market Institute Board

members, NM Department of Agriculture Extension agencies

**Growing our Own: 20%**

Start Date: **2002**

The SFFM Institute would like to promote locally made products. This can be achieved by providing educational and technical assistance opportunities for farmers/vendors to explore the range of possibilities of their products.

Value-Added Products -Education and Technical Assistance  
Product Packaging, Development, Marketing  
Product and Market Research: Resource Room and Computer Lab 2005

Conducted by: Santa Fe Farmers Market Staff, NM Department of Agriculture Staff

**Feeding Our Future: 15%**

Start Date: **2003**

The viability of agriculture in New Mexico will certainly be affected by the actions of future generations. The SFFM Institute believes that investing in our children and families' through agriculture and health education will contribute positively to the future of small farms and farmers markets.

Field trips for School children to visit local farms  
Let's Cook Together: Families cooking with market produce  
Farmers' donation of food to local food banks  
Health and Nutrition Presentations

Conducted by: Santa Fe Farmers Market Staff, farmers, NM Department of Agriculture Extension Agencies

**Market Farmers Resource Group: 20%**

Start Date: **2003**

Farmers must not only spend time in their fields and at the market, but they must also be aware of and active around the laws and policies that affect them. The SFFM Institute foresees being a central source of information where farmers may learn how to make educated decisions on a variety of important issues. The SFFM is also at an advantage because of its location in the capital of New Mexico.

Agricultural Policy  
Legislative Updates  
Water Issues

Farm Land, Rural Land Issues  
Certifications, Permits  
Understanding Your Rights  
Intern/Apprentice Bulletin  
Grants/Funding Opportunities  
Scholarships/Conference Information  
Periodicals/Industry Magazines: Resource Room 2005  
Computer Access: Resource Room & Computer Lab 2005

Conducted by: Santa Fe Farmers Market Staff, Santa Fe Farmers Market Institute Board members, additional volunteers

**New and Young Farmers Initiative : 10%**

Start Date: **2003**

By acting as a support center for new and young farmers the SFFM Institute is ensuring an ongoing and strong pool of market farmers.

Farmer to Farmer Networking  
Small Farming 101  
Small Business Development Workshops  
Introduction to Marketing at the Farmers Market  
Technology and Communications: Computer Lab in 2005

Conducted by: Santa Fe Farmers Market Staff, farmers, NM Department of Agriculture Extension Agencies

**New Mexico Agricultural Heritage Program : 10%**

Start Date: **2003**

New Mexico has a rich history in which different agricultural traditions melded to form our current farmers markets. Not only is it venerable to pay homage to our ancestors but it is necessary to learn about our past to understand how our farmers markets may fare in the future.

Traditional Weavers  
Chimayo Chile Project  
Seed bank  
The History and Future of Acequias

Conducted by: Santa Fe Farmers Market Staff, other related organizations, NM Department of Agriculture Extension Agencies

# Santa Fe Farmers' Market Budget

Institute Total Budget - draft

Current	2003	2004	Calendar Year	2005	2006	2007	Five Year
2002							TOTAL

## Operations & Administration Budget

### Staff & Contract Positions

#### Organization Administration

Executive Director	\$ 45,000	\$ 50,000	\$ 40,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 160,000
Organization Development Director	\$ 15,000	\$ 35,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 275,000
Marketing/PROM/Outreach (Events)	\$ 15,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 155,000
Building Project (Management & Design)	\$ 40,000	\$ 60,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 40,000	\$ 140,000
Project Director	\$ 40,000	\$ 40,000	\$ 5,000	\$ 5,000	\$ 20,000	\$ 20,000	\$ 85,000
Planning/Revenue Coordinator	\$ 30,000	\$ 30,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 300,000
Real Estate Development Consultant	\$ 200,000	\$ 100,000	\$ 60,000	\$ 60,000	\$ 300,000	\$ 300,000	\$ 1,400,000
Construction Manager	\$ 200,000	\$ 100,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 300,000
Architecture	\$ 60,000	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000	\$ 60,000
Engineering	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 120,000
Energy Consultant	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 120,000
Landscaping Consultant	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 120,000
Building Operations							
Operator's Director (Building)	\$ 20,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 150,000
Program Director (Workshops)	\$ 5,000	\$ 10,000	\$ 15,000	\$ 15,000	\$ 15,000	\$ 20,000	\$ 65,000
Professional Services Contracts	\$ 520,000	\$ 380,000	\$ 340,000	\$ 255,000	\$ 255,000	\$ 255,000	\$ 1,645,000
STAFFING TOTAL	\$ 520,000	\$ 380,000	\$ 340,000	\$ 255,000	\$ 255,000	\$ 255,000	\$ 1,645,000

### Administration Supplies & Equipment

Office Rent	\$ 5,000	\$ 5,500	\$ 6,050	\$ 3,993	\$ 4,392	\$ 4,392	\$ 16,550
Equipment Rent	\$ 3,000	\$ 3,300	\$ 3,630	\$ 26,620	\$ 29,282	\$ 29,282	\$ 118,315
Advertising	\$ 20,000	\$ 22,000	\$ 24,200	\$ 26,620	\$ 29,282	\$ 29,282	\$ 122,102
Printing/Promo Material	\$ 20,000	\$ 22,000	\$ 24,200	\$ 26,620	\$ 29,282	\$ 29,282	\$ 122,102
Travel	\$ 5,000	\$ 5,500	\$ 6,050	\$ 6,635	\$ 7,321	\$ 7,321	\$ 30,526
Training	\$ 3,000	\$ 3,300	\$ 3,630	\$ 3,993	\$ 4,392	\$ 4,392	\$ 18,315
Utilities/Phone	\$ 2,000	\$ 2,200	\$ 2,420	\$ 2,662	\$ 2,928	\$ 2,928	\$ 12,210
Postage	\$ 3,000	\$ 3,300	\$ 3,630	\$ 3,993	\$ 4,392	\$ 4,392	\$ 18,315
Supplies	\$ 2,000	\$ 2,200	\$ 2,420	\$ 2,662	\$ 2,928	\$ 2,928	\$ 12,210
ADMIN SUPPLIES TOTAL	\$ 58,000	\$ 63,800	\$ 70,180	\$ 77,198	\$ 84,918	\$ 84,918	\$ 370,546

### Building Operations

Land Lease	\$ 16,000	\$ 16,000	\$ 16,000	\$ 20,000	\$ 30,000	\$ 30,000	\$ 66,000
Cleaning Contractor	\$ 30,000	\$ 30,000	\$ 30,000	\$ 60,000	\$ 66,000	\$ 66,000	\$ 156,000
Building Security	\$ 15,000	\$ 15,000	\$ 15,000	\$ 25,000	\$ 27,500	\$ 27,500	\$ 67,500
Maintenance	\$ 20,000	\$ 20,000	\$ 20,000	\$ 60,000	\$ 66,000	\$ 66,000	\$ 146,000
Utilities	\$ 30,000	\$ 30,000	\$ 30,000	\$ 70,000	\$ 77,000	\$ 77,000	\$ 177,000
BUILDING OPS TOTAL	\$ 111,000	\$ 111,000	\$ 111,000	\$ 235,000	\$ 266,500	\$ 266,500	\$ 612,500

### OPERATIONS & ADMIN TOTAL

	\$ 578,000	\$ 443,904	\$ 521,180	\$ 557,198	\$ 616,415	\$ 616,415	\$ 2,726,536
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## Educational Programs Budget

### Education Workshops

Off site space rent	\$ 3,000	\$ 3,300	\$ 3,630	\$ 3,993	\$ 4,392	\$ 4,392	\$ 13,923
Travel	\$ 3,000	\$ 3,300	\$ 3,630	\$ 3,993	\$ 4,392	\$ 4,392	\$ 13,923
Printing/Education Material	\$ 5,000	\$ 5,500	\$ 6,050	\$ 6,635	\$ 7,321	\$ 7,321	\$ 23,205
AV Equipment Rent	\$ 2,000	\$ 2,200	\$ 2,420	\$ 2,662	\$ 2,928	\$ 2,928	\$ 9,282
EDUCATION TOTAL	\$ 13,000	\$ 14,300	\$ 15,730	\$ 17,303	\$ 19,033	\$ 19,033	\$ 60,333

## BUILDING PROJECT HARD COSTS

Infrastructure (Plaza, Alameda & BLDG)	\$ 750,000	\$ 250,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 4,000,000
Building	\$ 3,000	\$ 3,300	\$ 3,630	\$ 3,993	\$ 4,392	\$ 4,392	\$ 13,923
Plaza (Landscaped/landscape)	\$ 700,000	\$ 700,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 1,000,000
Alameda	\$ 200,000	\$ 200,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000
Furniture/Fixtures & Equipment	\$ 30,000	\$ 10,000	\$ 460,000	\$ 460,000	\$ 460,000	\$ 460,000	\$ 500,000
HARD COSTS TOTAL	\$ 780,000	\$ 516,000	\$ 2,860,000	\$ 2,860,000	\$ 2,860,000	\$ 2,860,000	\$ 6,800,000

## TOTAL BUDGET - SFFMI

	\$ 1,371,000	\$ 3,618,100	\$ 3,396,910	\$ 584,501	\$ 635,451	\$ 635,451	
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