

This rule was filed as 9 NMAC 4.7.

TITLE 9 HUMAN RIGHTS
CHAPTER 4 PERSONS WITH DISABILITIES
PART 7 BUSINESS ENTERPRISE PROGRAM PROCEDURES MANUAL FOR BLIND
VENDORS

9.4.7.1 ISSUING AGENCY: New Mexico Commission for the Blind.
[4/15/97; Recompiled 10/01/01]

9.4.7.2 SCOPE: Legally blind licensed managers and applicants.
[4/15/97; Recompiled 10/01/01]

9.4.7.3 STATUTORY AUTHORITY: Sections 22-14-24 to 22-14-29 NMSA 1978, "Horace DeVargas Act," authorizes the New Mexico commission for the blind to establish, maintain and operate a vending stand program for legally blind persons under the auspices of the "Randolph-Sheppard Act", Public Law 74-732 as amended by Public Law 83-565, 93-516 and 95-602, 20 U.S.C. Chapter 6A, Section 107.
[4/15/97; Recompiled 10/01/01]

9.4.7.4 DURATION: Permanent.
[4/15/97; Recompiled 10/01/01]

9.4.7.5 EFFECTIVE DATE: April 15, 1997, unless a later date is cited at the end of a section or paragraph.
[4/15/97; Recompiled 10/01/01]
[Compiler's note: The words *or paragraph*, above, are no longer applicable. Later dates are now cited only at the end of sections, in the history notes appearing in brackets.]

9.4.7.6 OBJECTIVE: Provide uniform procedures for the assessment, training, and selection of licensed managers in the business enterprise program. Provide uniform forms for routine business enterprise program functions.
[4/15/97; Recompiled 10/01/01]

9.4.7.7 DEFINITIONS: Terms used in this document are defined in the Business Enterprise Program Policies for Blind Vendors. 9 NMAC 4.5.7 NMAC [now 9.4.5.7 NMAC].
[4/15/97; Recompiled 10/01/01]

9.4.7.8 PROGRAM FOR ASSESSMENT AND TRAINING: The purpose of the skills assessment is to directly ascertain the potential to manage a vending facility and to describe, in a customized fashion, vocational training needs to enable eligible persons to become licensed managers. The assessment is not designed to provide remedial or personal adjustment training for prospective licensees. Alternative skills for dealing with blindness should have been mastered prior to the individual's referral to the vending facility program. Should it be determined that additional alternative skills to deal with blindness are necessary to accomplish a vocational training program in the BEP, the prospective trainee will be referred to his/her vocational rehabilitation counselor for additional training prior to the continuation of the BEP training.

A. The SLA and the committee of licensed managers have worked together in developing a lucid training program which will consist of the following:

- (1) food service management;
- (2) personnel management;
- (3) culinary arts;
- (4) food service math;
- (5) sanitation; and
- (6) other areas that the SLA and committee of licensed managers find necessary to facilitate success

in the business enterprise program.

B. Any proposed changes to the training program will be reviewed by the committee of licensed managers prior to a final decision by the SLA staff.
[4/15/97; Recomplied 10/01/01]

9.4.7.9 EVALUATION PROCESS:

A. The purpose of the evaluation process is to provide a reasonably logical and efficient way of fairly selecting an applicant from the applicant pool.

B. After the evaluation committee has been appointed, consisting of two to three licensed managers and the same number from the commission staff, an evaluation location will be selected by the committee. The location should be selected with the convenience of the majority of bidders in mind.

(1) Time: The time should be set with the majority of all involved in mind and as soon as possible. The evaluation will be conducted within a minimum of two weeks after the closing date of the bid.

(2) Files: Copies of each bidder's file will be sent to him/her, and it is each bidder's responsibility to go through these files. If there is any question on the contents or lack of contents in the file, he/she should respond in writing and include a copy of any documents or reports that he/she wants added to the file. The day of the evaluation, the evaluation commission members, managers and SLA staff alike will review the file of each bidder and make notes for the evaluation.

C. Evaluation schedule: A schedule for the day of the evaluation will be sent to the bidders two weeks before the day of the evaluation. In addition to the file reviews, each bidder will be scheduled to make up to a 20 minute presentation to the evaluators, providing any information the bidder feels necessary concerning his/her qualifications.

D. Process: The selection process consists of two phases: file reviews and evaluations.

(1) File reviews: An equal amount of time to review each file will be scheduled for all evaluation committee members. All members will review each file at the same time. If a lunch break is scheduled, it should be set between the file reviews and the evaluations.

(2) Evaluations: A period of 20 minutes will be set aside for each bidder to present him/her self to the committee, and to provide any information that he/she feels will help in their interview. The evaluators will then be allotted an additional 15 minutes to address questions to each bidder. Upon completion of the question and answer period, the bidder will leave the room and the evaluators will have 15 minutes to score the bidder. All evaluators will have read the same file, listened to the same bidder presentation and listened to the same questions and answers during the evaluation.

(3) All time limits specified above will be adhered to through being recorded by a member of the evaluation committee.

(4) If a bidder or committee member needs a reader or other accommodation, such request will be placed in writing and submitted with the bid, or to the evaluation committee/SLA staff during the scheduling of the evaluation.

(5) In the event that there is only one bidder for a facility, there will be no formal evaluation process. An assessment to determine qualifications and potential success of that manager will be conducted by the state licensing agency.

E. Scoring: Each evaluation committee member, whether manager or SLA staff, will use an individual score sheet (see Appendix 4) [now 9.4.7.15 NMAC] to evaluate each bidder. Each of the four criterion areas listed above shall be scored by each evaluator for each bidder, on a scale of 0 to 25 points. The total possible score is therefore 100. Scores will then be averaged for each of the two subgroups for each bidder. An average score below 15 represents unsatisfactory performance for the particular criterion. An average score of 15 or above represents satisfactory performance on that criterion. The applicant who has the greatest seniority who has been rated as satisfactory on each of the four criteria shall have five points added to his/her score by each of the two groups. For example, if the applicant with the greatest seniority receives an unsatisfactory average score in any of the four criteria areas for that subgroup, he/she would not receive the five additional points for seniority due to that unsatisfactory rating. However, if the applicant receives satisfactory average scores of 15 or higher on each criteria from the other subgroup, an additional 5 points would be awarded by that group. Thus, it is possible for an applicant to receive 10 additional points for seniority. The total score is then divided by 2, and that result becomes the total final score for the applicant. If the licensed manager with the most seniority is unable to receive the seniority preference due to not receiving a satisfactory average score of 15 or higher on each of the four criteria, the seniority preference will be given to the manager with the next highest seniority, and who has received a satisfactory average score of 15 or higher on each criteria.

F. Recommendations: At the end of the evaluation, the scores will be read and placed on two summary sheets, one for the SLA and one for the licensed managers. The scores on these two sheets will then be averaged for the final score. The evaluation committee subsequently uses the winning score sheets to make its considered recommendations to the executive director (see Appendix 5) [now 9.4.7.16 NMAC], who shall make the final decision as to which applicant will be assigned, transferred or promoted to the new or vacant facility, or whether it is advisable to re-bid the facility. The evaluation committee may append other pertinent facts to its recommendations as it deems necessary. The announcement of the facility award (see Appendix 6) [now 9.4.7.17 NMAC] will be sent to the selected bidder. A selection announcement (see Appendix 7) [now 9.4.7.18 NMAC] will be sent to all bidders. For a current copy of Appendices 1-17, call the New Mexico Commission for the Blind, PERA Building, Room #553 Santa Fe, NM 87503 (505) 827-4479 Fax: (505) 827-4475 [4/15/97; Recompiled 10/01/01]

9.4.7.10 - 9.4.7.11 [RESERVED]

9.4.7.12 APPENDIX 1: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM; PREREQUISITES FOR BEP TRAINING PROGRAM:

- Appropriate diagnostic and evaluation reports _____
- Current general physical examination _____
- Current eye exam (must be legally blind) _____
- Current psychological evaluation, if indicated _____
- Completion of personal adjustment training, if indicated _____
- Good general health and stamina _____
- Completion of all physical restoration, if needed _____
- Functional abilities _____
- Good manual dexterity; finger, hand, arm coordination _____
- Ability to bend, stretch, lift items weighing up to 50 lbs. _____
- Ability to work at steady pace 10 hours per day, 5 days per week _____
- Mobility sufficient to travel independently and safely _____
- Personal characteristics _____
- Pleasant, mature and self-confident; well-adjusted and stable personality _____
- Clean, neat, well-groomed personality _____
- Ability to project a generally acceptable and favorable image of blindness to the public _____
- Ability and willingness to relate well and work cooperatively with others _____

Waiver of requirements.

The SLA staff, in special cases and after consultation with the committee of licensed managers, may waive any requirements except those required by statute. Waivers must be approved prior to acceptance into the training program.

[4/15/97; Recompiled 10/01/01]

9.4.7.13 APPENDIX 2: APPLICATION FOR BEP EMPLOYMENT:

NEW MEXICO COMMISSION FOR THE BLIND:

Business Enterprise Program Manager
 PERA Building, Room 553
 Santa Fe, NM 87503 (505) 827-4479

Notice to Applicants: Federal and State law requires that all applicants be considered without regard to race, color, gender, age, national origin, religion, physical/mental impairment or political affiliation. We believe in and fully support Equal Employment Opportunity and will fulfill our obligation to the fullest.

PERSONAL DATA

Name: _____ SSN: ____ - ____ - ____
 Address: _____ Home Number: () ____ - ____
 City: _____ Alternate #: () ____ - ____

State _____ Zip _____

Are you a United States Citizen? Yes _____ No _____

If a non-United States Citizen, do you have a legal right to accept permanent employment in the United States? Yes _____ No _____

Alien Registration # _____

In case of emergency, notify (name) _____

Phone #: _____ Relationship _____

Optional: Male _____ Female _____ Date of Birth: _____

Marital Status: Single: _____ Married _____ Divorced _____ Widowed _____

Number of Dependents: _____

Do you have any physical impairments? Yes _____ No _____ If yes, describe:

Have you ever been convicted of a crime? Yes _____ No _____ If yes, describe:

Do you have food service experience? Yes _____ No _____ If yes, what and where:

1. _____

2. _____

EDUCATIONAL BACKGROUND

High school graduate/GED certificate? Yes _____ No _____

If not graduate, highest grade completed: _____

Have you attended a vocational/technical school? Yes _____ No _____

Name and location: _____

Major or field: _____

Graduated/completed? Yes _____ No _____ If no, # of hours completed _____

Have you attended a business school? Yes _____ No _____

Name and location: _____

Major or field: _____

Graduated/completed? Yes _____ No _____ If no, # of hours completed _____

Have you attended a college or university? Yes _____ No _____

Name and location: _____

Major or field: _____

Graduated/completed? Yes _____ No _____ If no, # of hours completed _____

Other (non-listed) institution? Yes _____ No _____

Name and location: _____

Major or field: _____

Graduated/completed? Yes _____ No _____ If no, # of hours completed _____

WORK HISTORY

List all prior work experience, beginning with your most recent employment. If you do not have enough space, use a separate sheet for continuation. If you include a resume instead of completing the work history section, make sure that all of the requested information is included in the resume.

May we contact your current and previous employers for more information about your work history?

Yes _____ No _____

Current or most recent employer: _____

Mailing address: _____

Type of business: _____ Telephone # () _____ - _____

Your job title: _____

Length of time employed: Years _____ Pay rate: hourly, weekly, monthly
Months _____ Amount: _____

Dates employed: From: _____ To: _____

Your job duties (please be specific):

Reason for leaving: _____

PREVIOUS EMPLOYER: _____

Mailing address: _____

Type of business: _____ Telephone # () _____ - _____

Your job title: _____

Length of time employed: Years _____ Pay rate: hourly, weekly, monthly

Months _____ Amount: _____

Dates employed: From: _____ To: _____

Your job duties (please be specific):

Reason for leaving: _____

PREVIOUS EMPLOYER: _____

Mailing address: _____

Type of business: _____ Telephone # () _____ - _____

Your job title: _____

Length of time employed: Years _____ Pay rate: hourly, weekly, monthly

Months _____ Amount: _____

Dates employed: From: _____ To: _____

Your job duties (please be specific):

Reason for leaving: _____

PERSONAL ACHIEVEMENTS AND AWARDS

List any important personal achievements, recognitions or accolades you have earned.

PERSONAL REFERENCES (not related)

Name	Address	Telephone
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_____	_____	_____
_____	_____	_____

Before you sign this application for employment, please check your answers to make sure that all questions have been completed properly and legibly. If you do not have enough space on this application, please use a separate sheet and make sure that the information includes that which is asked for on this application, and that your name appears on every sheet.

I, the below signed individual, hereby declare that, to the best of my knowledge and ability, the information on this application is true and factual. I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of my employment.

I understand that false, misleading or incomplete statements could lead to rejection for consideration or possible dismissal.

Signature: _____ Date: _____

[4/15/97; Recompiled 10/01/01]

**9.4.7.14 APPENDIX 3: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM
MEMORANDUM:**

TO: ALL LICENSED MANAGERS
FROM: Christina Nieto, BEP Manager
SUBJECT: Facility Bid Notice
DATE:

The vending facility at _____
(describe location of facility) is now available for bidding.

The operating hours of the facility will be _____
(describe days of the week and hours each day that the facility will be open).

The types of goods vended are _____
(describe whether the facility is a cafeteria, dry/wet facility, snack bar facility, etc.).

The current/potential earnings of this facility are _____ (give
average of sales for past six months, or if not available, best estimate of potential earnings).

In order to be considered for this facility, you must request assignment to it, in writing, no later than
_____ (state date, including month, day and year by which requests must be received).
Blind licensees sending requests received after the above date will not be considered for assignment to the facility.
Written requests must be sent to:

Christina Nieto, BEP Manager
Commission for the Blind
PERA Building Room # 553
Santa Fe, New Mexico 87503

If you would like more information regarding this facility, you may call me at 827-4479 or write to me at the above
address.
[4/15/97; Recompiled 10/01/01]

**9.4.7.15 APPENDIX 4: ASSIGNMENT, TRANSFER OR PROMOTION; EVALUATION
CRITERIA:**

Name of Applicant: _____ Date: _____

Seniority (state number of years and months of seniority of applicant as defined in Section 3): _____

Name of Evaluator: _____
Criteria _____ Points _____

1. Ability to meet the requirements of operating the facility as specified in the permit for the particular agency. This
is demonstrated in managing previous BEP facilities and/or on-the-job training.
_____ (possible 25 pts.)

2. Work habits including demonstrated ability to maintain required hours of work and comply with applicable health
regulations. This is demonstrated in managing previous BEP facilities and/or on-the-job training.
_____ (possible 25 pts.)

3. Work attitudes including good customer relations and cooperation with property management. This is demonstrated in managing previous BEP facilities and/or on-the-job training.

_____ (possible 25 pts.)

4. Knowledge and application of sound business practices including: timely and accurate submission of all reports pertaining to the operation of the facility; prompt payment of Set-Aside fees; prompt payment of creditors and employees; prompt payment of creditors and employees; control of labor and food costs to demonstrate ability to make a reasonable profit; demonstrated ability to provide quality menu items; and supervise, schedule and hire and fire staff. This is demonstrated in managing previous BEP facilities and/or on-the-job training.

_____ (possible 25 pts.)

TOTAL POINTS _____ (possible 100 pts.)

[4/15/97; Recompiled 10/01/01]

9.4.7.16 APPENDIX 5: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM: MEMORANDUM

TO: Executive director
FROM: Christina Nieto, BEP Manager
SUBJECT: Recommendation for Award of Facility
DATE:

The following applicants applied for _____ facility (state location of facility).

Their bids were received by the specified date listed in the "Facility Bid Notice". Each applicant has been scored according to the criteria of Chapter 2 2.3 (2) of the BEP Rules and Regulations. A copy of the scoring sheet for each applicant is attached.

A summary of applicants and their scores is as follows:

- 1. Name: _____ Score: _____ Number Yrs: _____
- 2. Name: _____ Score: _____ Number Yrs: _____
- 3. Name: _____ Score: _____ Number Yrs: _____
- 4. Name: _____ Score: _____ Number Yrs: _____
- 5. Name: _____ Score: _____ Number Yrs: _____
- 6. Name: _____ Score: _____ Number Yrs: _____

The applicant with the greatest seniority (greatest number of years) receiving a satisfactory score in all of the criterion areas is _____ (name of applicant).

Add five points to the score of this applicant: _____.

Based on the criteria set forth in Chapter 2 2.3 (2), BEP Rules and Regulations, it is my recommendation that _____ be awarded the vending facility under consideration.

[4/15/97; Recompiled 10/01/01]

9.4.7.17 APPENDIX 6: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM: MEMORANDUM

TO:
FROM: Executive director
SUBJECT: Facility Award
DATE:

I am pleased to inform you that you have been selected to operate the vending facility at _____ (state location of facility).

The facility is scheduled to open on _____ (state appropriate date).

Ms. Christina Nieto, BEP Manager, will be in touch with you in order to discuss preparations for beginning operation at your new facility.

Best wishes for success in your new endeavor.
[4/15/97; Recompiled 10/01/01]

**9.4.7.18 APPENDIX 7: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:
MEMORANDUM**

TO:
FROM: Executive director
SUBJECT: Selection Announcement
DATE:

I wish to thank you for bidding on the vending facility located at _____ (state location of facility).

I regret to inform you that you were not selected to operate this facility. I hope that you will continue to bid on other facilities in the future.

Thank you for your continued interest and support in this program.
[4/15/97; Recompiled 10/01/01]

**9.4.7.19 APPENDIX 8: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:
OPERATING FUND AGREEMENT**

I hereby agree that on this date _____ my beginning operating fund was \$ _____, consisting of \$ _____ of petty cash and \$ _____ of initial stock.

VENDING FACILITY # _____
LICENSED MANAGER _____
LOCATION _____

[4/15/97; Recompiled 10/01/01]

9.4.7.20 APPENDIX 9: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:

1. Report for the Month of _____
 2. Facility Number: _____
 3. Manager's Name: _____
 4. Number of Employees: _____
 5. Cash Sales from Operations (Including Tax) \$ _____
 6. Other Income (Vending Machines) \$ _____
 7. Total Income for this Period \$ _____
- Cost of Goods Sold:
8. Beginning Inventory \$ _____
 9. Add Purchases for the Month \$ _____
 10. Total Goods Available \$ _____
 11. Less Ending Inventory \$ _____

12. Total Cost of Goods Sold \$ _____

13. Gross Income \$ _____

Operating Expenses

14. Salary Expense \$ _____

15. Payroll Tax Expense \$ _____

16. Sales Tax Expense \$ _____

17. Other Miscellaneous Expense \$ _____

18. Total Operating Expenses \$ _____

19. Sub Profit or Loss from Facility Operations \$ _____

20. Vending Machine commissions \$ _____

21. Net Profit or Loss \$ _____

22. Set-Aside (5% of N.P.) _____ \$ _____

23. Net Profit to the Manager \$ _____

I certify to the best of my knowledge that the above figures are true and correct.

Check # _____

_____ Licensed Manager's Signature Date

[4/15/97; Recompiled 10/01/01]

**9.4.7.21 APPENDIX 10: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM
REVIEW OF LOCATION:**

Location _____ Stand No. _____

Date _____ Licensed Manager's Name _____

(Check applicable items only)

	Very Good	Standard	Improvement Needed
1. GENERAL APPEARANCE			
a. Floor	()	()	()
b. Walls and ceilings	()	()	()
c. Counters.....	()	()	()
d. Display equipment	()	()	()
2. SANITATION AND SAFETY			
a. Refrigerators.....	()	()	()
b. Dishwashing and utensil washing.....	()	()	()
c. Storage of clean dishes....	()	()	()
d. Food handling.....	()	()	()
e. Food storage.....	()	()	()
f. Working area.....	()	()	()
g. Food temperatures.....	()	()	()
h. Vermin control.....	()	()	()
i. Cleaning of equipment (slicers, grinders, choppers, etc.)...	()	()	()
j. Cleaning tables, chairs, etc.....	()	()	()
k. Disposal of garbage;	()	()	()

grease disp. and rubbish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. First aid facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. MERCHANDISING			
a. Display.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Appearance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quantity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Variety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CUSTOMER RELATIONS			
a. Personality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work habits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. EQUIPMENT CARE AND MAINTENANCE			
a. Counters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Refrigeration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dishwashing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Coffee urns.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ranges.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hoods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Consumables.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Lighting, plumbing and electrical.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fire protection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. OPERATION			
a. Customer service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Courtesy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attitude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Accuracy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. OPERATOR HYGIENE			
a. Clothing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Body odor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Breath.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Proper shoes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Professional dress....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. EMPLOYEE HYGIENE			
a. Clothing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Body odor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Breath.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Proper shoes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Uniformity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(REPORT BELOW ANY PROBLEMS OR REACTIONS RECEIVED)

REMARKS: (Please print) Any items checked "IMPROVEMENT NEEDED" must be explained in full below:
IF EQUIPMENT OR

 Licensed Operator
 [4/15/97; Recompiled 10/01/01]

 BEP Manager

**9.4.7.22 APPENDIX 11: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:
 DAILY REPORT**

DAY _____
 Pennies _____
 Nickels _____
 Dimes _____
 Quarters _____
 Other _____ TOTAL _____

=====

Ones _____
 Fives _____
 Tens _____
 Twenties _____
 Other _____ TOTAL _____

=====

Checks _____

 _____ TOTAL _____

=====

Other Income _____
 _____ TOTAL _____

=====

Pay Outs _____
 _____ TOTAL _____

=====

ENDING READING A _____ (FROM CASH REGISTER)
 OVERRINGS B _____
 SALES C _____ A-B = C
 DRAWER TOTAL D _____ ADD ALL OF THE TOTALS ABOVE

=====

BALANCE E _____ C-D OVER _____ SHORT

=====

DEPOSIT \$ _____ E-PAYOUT TOTAL \$ _____
 DAY _____

[4/15/97; Recompiled 10/01/01]

9.4.7.24 APPENDIX 13: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:

APPLICATION FOR LEAVE

Licensed Manager Name: _____ Facility No. _____
Date _____

Type of Leave:
_____ ANNUAL START DATE _____ ENDING DATE _____ TOTAL HOURS _____
_____ *SICK START DATE _____ ENDING DATE _____ TOTAL HOURS _____

TOTAL HOURS _____

Licensed Mgr. Signature Date BEP Manager Signature Date

*Any request for five days or more of sick leave must be accompanied by a release form from the doctor.
[4/15/97; Recompiled 10/01/01]

9.4.7.25 APPENDIX 14: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:

PLAN FOR IMPROVEMENT DATE
Performance Deficiency #1:

Ways to Correct Deficiency #1:

Performance Deficiency #2:

Ways to Correct Deficiency #2:

Performance Deficiency #3:

Ways to Correct Deficiency #3:

Performance Deficiency #4:

Ways to Correct Deficiency #4:

Performance Deficiency #5:

Ways to Correct Deficiency #5:

Date of Conference: _____

Manager Comments: _____

SLA Staff Comments: _____

I have read the above "Plan for Improvement". My signature does not necessarily represent agreement nor disagreement with the above plan.

Licensed Manager

DURING THE REVIEW A MEMBER OF THE COMMITTEE OF LICENSED MANAGERS MAY BE PRESENT.

Date _____

[4/15/97; Recompiled 10/01/01]

9.4.7.26 APPENDIX 15: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:

ACKNOWLEDGEMENT FORM

I, _____, have received copies

(Licensed Manager's name)

of

1. the Commission for the Blind's Vending Program Rules and Regulations, _____

2. the Operating Agreement for the facility to which I have been assigned, _____

3. and the Permit with the Property Managing Agency of the facility to which I have been assigned. _____

Licensed Manager's Signature

Date

Date

S.L.A. Staff

[4/15/97; Recompiled 10/01/01]

9.4.7.27 APPENDIX 16: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:

BENEFITS SCHEDULE

Effective July 1, 1997

Sick Leave *	\$6.00 per hour
Vacation Pay Rate	\$6.00 per hour
Displaced Manager Benefit	\$200.00 per month
Fair Minimum Return Maximum Amount	\$200.00 per month

* Any request for five days or more of sick leave must be accompanied by release form from a doctor.
[4/15/97; Recompiled 10/01/01]

9.4.7.28 APPENDIX 17: COMMISSION FOR THE BLIND BUSINESS ENTERPRISE PROGRAM:

FACILITY VISIT SUMMARY

Location _____ Date _____

Licensed Manager's Name _____

Purpose of Visit: _____

Licensed Manager's Comments: _____

Recommendations: _____

Time and Length of Visit: _____

Licensed Manager’s Signature _____

BEP Staff Signature _____

Distribution: White-Manager, Yellow-BEP Staff, Pink-Facility File
[4/15/97; Recompiled 10/01/01]

HISTORY OF 9.4.7 NMAC: [RESERVED]