

## **DETAILED MODEL PLAN (LIHEAP)**

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** DEPARTMENT OF HUMAN SERVICES NEW MEXICO

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 1

**Report Period:** 10/01/2025 to 09/30/2026

**Report Status:** Submission Accepted by CO (Revision #1)

### **Report Sections**

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- 19. Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters**
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# Mandatory Grant Application SF-424

|                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES                                                                                                                                                         |                                                                     | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01<br>OMB Clearance No.: 0970-013<br>Expiration Date: 02/28/2027 |                                                                                                                                                                            |
| <b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b><br><b>MODEL PLAN</b><br><b>SF - 424 - MANDATORY</b>                                                                                                                                     |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="radio"/> Plan                                                                                                                                                                       | <b>* 1.b. Frequency:</b><br><input checked="" type="radio"/> Annual | <b>* 1.c. Consolidated Application/ Plan/Funding Request?</b><br><br>Explanation:                                    | <b>* 1.d. Version:</b><br><input checked="" type="radio"/> Initial<br><input type="radio"/> Resubmission<br><input type="radio"/> Revision<br><input type="radio"/> Update |
|                                                                                                                                                                                                                                                  |                                                                     | <b>2. Date Received:</b>                                                                                             | <b>State Use Only:</b>                                                                                                                                                     |
|                                                                                                                                                                                                                                                  |                                                                     | <b>3. Applicant Identifier:</b>                                                                                      |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                  |                                                                     | <b>4a. Unique Entity Identifier (UEI)</b><br>K49NN52HU4L7                                                            | <b>5. Date Received By State:</b>                                                                                                                                          |
|                                                                                                                                                                                                                                                  |                                                                     | <b>4b. Federal Award Identifier:</b><br>1-8560000570A5                                                               | <b>6. State Application Identifier:</b>                                                                                                                                    |
| <b>7. APPLICANT INFORMATION</b>                                                                                                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* a. Legal Name:</b> New Mexico Health Care Authority                                                                                                                                                                                         |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* b. Address:</b>                                                                                                                                                                                                                             |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* Street 1:</b>                                                                                                                                                                                                                               | P.O. BOX 2348, POLLON PLAZA                                         | <b>Street 2:</b>                                                                                                     | 2009 S. PACHECO ST.                                                                                                                                                        |
| <b>* City:</b>                                                                                                                                                                                                                                   | SANTA FE                                                            | <b>County:</b>                                                                                                       | Santa Fe                                                                                                                                                                   |
| <b>* State:</b>                                                                                                                                                                                                                                  | NM                                                                  | <b>Province:</b>                                                                                                     |                                                                                                                                                                            |
| <b>* Country:</b>                                                                                                                                                                                                                                | United States                                                       | <b>* Zip / Postal Code:</b>                                                                                          | 87504 - 2348                                                                                                                                                               |
| <b>c. Organizational Unit:</b>                                                                                                                                                                                                                   |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>Department Name:</b>                                                                                                                                                                                                                          |                                                                     | <b>Division Name:</b>                                                                                                |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                  |                                                                     | Income Support Division                                                                                              |                                                                                                                                                                            |
| <b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b> |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* First Name:</b>                                                                                                                                                                                                                             |                                                                     | <b>* Last Name:</b>                                                                                                  |                                                                                                                                                                            |
| Marilyn                                                                                                                                                                                                                                          |                                                                     | Newton-Wright                                                                                                        |                                                                                                                                                                            |
| <b>Title:</b>                                                                                                                                                                                                                                    |                                                                     | <b>Organizational Affiliation:</b>                                                                                   |                                                                                                                                                                            |
| LIHEAP Staff Manager                                                                                                                                                                                                                             |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* Telephone Number:</b>                                                                                                                                                                                                                       |                                                                     | <b>Fax Number</b>                                                                                                    |                                                                                                                                                                            |
| 505-709-5391                                                                                                                                                                                                                                     |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* Email:</b>                                                                                                                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| marilyn.wright@state.nm.us                                                                                                                                                                                                                       |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* 8. TYPE OF APPLICANT:</b>                                                                                                                                                                                                                   |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| A: State Government                                                                                                                                                                                                                              |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>* b. If yes please attach at least one the following documentation:</b>                                                                                                                                                                       |                                                                     |                                                                                                                      |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                      |                                                                                                                                                                            |
|                                                                                                                                                                                                                                                  |                                                                     | Catalog of Federal Domestic Assistance Number:                                                                       | CFDA Title:                                                                                                                                                                |
| <b>9. CFDA Numbers and Titles</b>                                                                                                                                                                                                                |                                                                     | 93.568                                                                                                               | Low-Income Home Energy Assistance Program                                                                                                                                  |
| <b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>                                                                                                                                                                                             |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| LIHEAP                                                                                                                                                                                                                                           |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>11. AREAS AFFECTED BY FUNDING:</b>                                                                                                                                                                                                            |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| Low Income Households in New Mexico                                                                                                                                                                                                              |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>                                                                                                                                                                                                 |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| 3                                                                                                                                                                                                                                                |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>13. FUNDING PERIOD:</b>                                                                                                                                                                                                                       |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| <b>a. Start Date:</b>                                                                                                                                                                                                                            |                                                                     | <b>b. End Date:</b>                                                                                                  |                                                                                                                                                                            |
| 10/01/2025                                                                                                                                                                                                                                       |                                                                     | 09/30/2026                                                                                                           |                                                                                                                                                                            |
| <b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>                                                                                                                                                       |                                                                     |                                                                                                                      |                                                                                                                                                                            |
| a. This submission was made available to the State under Executive Order 12372                                                                                                                                                                   |                                                                     |                                                                                                                      |                                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Process for review on:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |
| b. Program is subject to E.O. 12372 but has not been selected by State for review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |
| c. Program is not covered by E.O. 12372.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |
| *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |
| <input type="radio"/> YES<br><input checked="" type="radio"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |
| If Yes, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |
| 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)<br><b>**I Agree</b> <input checked="" type="checkbox"/> |                                                                                                          |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |
| 17a. Typed or Printed Name and Title of Authorized Certifying Official<br>Marilyn Newton-Wright                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17c. Telephone (area code, number and extension)<br><br>17d. Email Address<br>marilyn.wright@state.nm.us |
| 17b. Signature of Authorized Certifying Official<br>                                                                                                                                                                                                                                                                                                                                                                                                                         | 17e. Date Report Submitted (Month, Day, Year)<br>09/15/2025                                              |

## Section 1 - Program Components

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## Section 1 Program Components

Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)

| 1.1 Check which components you will operate under the LIHEAP program.<br>(Note: You must provide information for each component designated here as requested elsewhere in this plan.) |                              | Dates of Operation |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------|------------|
|                                                                                                                                                                                       |                              | Start Date         | End Date   |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Heating assistance           | 10/01/2025         | 09/30/2026 |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Cooling assistance           | 10/01/2025         | 09/30/2026 |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Summer crisis assistance     | 10/01/2025         | 09/30/2026 |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Winter crisis assistance     | 10/01/2025         | 09/30/2026 |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Year-round crisis assistance | 10/01/2025         | 09/30/2026 |
| <input checked="" type="checkbox"/>                                                                                                                                                   | Weatherization assistance    | 10/01/2025         | 09/30/2026 |

Provide further explanation for the dates of operation, if necessary

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate:<br>The total of all percentages must add up to 100%. | Percentage ( % ) | Prior year totals |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| Heating assistance                                                                                                                                             | 43.00%           | 48.00%            |
| Cooling assistance                                                                                                                                             | 25.00%           | 20.00%            |
| Summer crisis assistance                                                                                                                                       | 4.00%            | 0.00%             |
| Winter crisis assistance                                                                                                                                       | 4.00%            | 0.00%             |
| Year-round crisis assistance                                                                                                                                   | 4.00%            | 12.00%            |
| Weatherization assistance                                                                                                                                      | 12.00%           | 12.00%            |
| Carryover to the following federal fiscal year                                                                                                                 | 0.00%            | 0.00%             |
| Administrative and planning costs                                                                                                                              | 8.00%            | 8.00%             |
| Services to reduce home energy needs including needs assessment (Assurance 16)                                                                                 | 0.00%            | 0.00%             |
| Used to develop and implement leveraging activities                                                                                                            | 0.00%            | 0.00%             |
| <b>TOTAL</b>                                                                                                                                                   | <b>100.00%</b>   | <b>100.00%</b>    |

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

|                                                                                                                                                                                                                                                                                                                    |                                                    |                                                    |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <b>Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)</b>                                                                                                                                                                                                                                                     |                                                    |                                                    |                                                    |
| <b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>                                                                                                                                                                                        |                                                    |                                                    |                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                | Heating assistance                                 | <input checked="" type="checkbox"/>                | Cooling assistance                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                           | Weatherization assistance                          | <input type="checkbox"/>                           | Other (specify:)                                   |
| <b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>                                                                                                                                                                                                              |                                                    |                                                    |                                                    |
| <b>1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                |                                                    |                                                    |                                                    |
| <b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>                                                                                                                                                                                                  |                                                    |                                                    |                                                    |
|                                                                                                                                                                                                                                                                                                                    | Heating                                            | Cooling                                            | Crisis                                             |
| TANF                                                                                                                                                                                                                                                                                                               | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SSI                                                                                                                                                                                                                                                                                                                | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SNAP                                                                                                                                                                                                                                                                                                               | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Means-tested Veterans Programs                                                                                                                                                                                                                                                                                     | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 1.4a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e, do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process. |                                                    |                                                    |                                                    |
| <b>1.5 Do you automatically enroll households without a direct annual application?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                               |                                                    |                                                    |                                                    |
| If Yes, explain:                                                                                                                                                                                                                                                                                                   |                                                    |                                                    |                                                    |
| <b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>                                                                                                       |                                                    |                                                    |                                                    |
| <b>SNAP Nominal Payments</b>                                                                                                                                                                                                                                                                                       |                                                    |                                                    |                                                    |
| <b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                               |                                                    |                                                    |                                                    |
| If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.                                                                                                                                                                                                             |                                                    |                                                    |                                                    |
| <b>1.7b Amount of Nominal Assistance:</b> \$0.00                                                                                                                                                                                                                                                                   |                                                    |                                                    |                                                    |
| <b>1.7c Frequency of Assistance</b>                                                                                                                                                                                                                                                                                |                                                    |                                                    |                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                           | Once Per Year                                      |                                                    |                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                           | Once every five years                              |                                                    |                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                           | Other - Describe:                                  |                                                    |                                                    |
| <b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>                                                                                                                                                                                                          |                                                    |                                                    |                                                    |
| <b>Determination of Eligibility - Countable Income</b>                                                                                                                                                                                                                                                             |                                                    |                                                    |                                                    |
| <b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>                                                                                                                                                                                                     |                                                    |                                                    |                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                | Gross Income                                       |                                                    |                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                           | Net Income                                         |                                                    |                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                           | Other - Describe                                   |                                                    |                                                    |
| <b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>                                                                                                                                                                                      |                                                    |                                                    |                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                | Wages                                              |                                                    |                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                | Self - Employment Income                           |                                                    |                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                | Contract Income                                    |                                                    |                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                | Payments from mortgage or Sales Contracts          |                                                    |                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                | Unemployment insurance                             |                                                    |                                                    |

|                                     |                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | Strike Pay                                                                                                             |
| <input checked="" type="checkbox"/> | Social Security Administration (SSA ) benefits                                                                         |
| <input type="checkbox"/>            | <input type="checkbox"/> Including MediCare deduction <input checked="" type="checkbox"/> Excluding MediCare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI )                                                                                    |
| <input checked="" type="checkbox"/> | Retirement / pension benefits                                                                                          |
| <input checked="" type="checkbox"/> | General Assistance benefits                                                                                            |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits                                                                |
| <input type="checkbox"/>            | Loans that need to be repaid                                                                                           |
| <input type="checkbox"/>            | Cash gifts                                                                                                             |
| <input type="checkbox"/>            | Savings account balance                                                                                                |
| <input checked="" type="checkbox"/> | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.                    |
| <input type="checkbox"/>            | Jury duty compensation                                                                                                 |
| <input checked="" type="checkbox"/> | Rental income                                                                                                          |
| <input checked="" type="checkbox"/> | Income from employment through Workforce Investment Act (WIA)                                                          |
| <input checked="" type="checkbox"/> | Income from work study programs                                                                                        |
| <input checked="" type="checkbox"/> | Alimony                                                                                                                |
| <input checked="" type="checkbox"/> | Child support                                                                                                          |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties                                                                                      |
| <input checked="" type="checkbox"/> | Commissions                                                                                                            |
| <input checked="" type="checkbox"/> | Legal settlements                                                                                                      |
| <input type="checkbox"/>            | Insurance payments made directly to the insured                                                                        |
| <input type="checkbox"/>            | Insurance payments made specifically for the repayment of a bill, debt, or estimate                                    |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits                                                                                  |
| <input type="checkbox"/>            | Earned income of a child under the age of 18                                                                           |
| <input type="checkbox"/>            | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.                 |
| <input type="checkbox"/>            | Income tax refunds                                                                                                     |
| <input type="checkbox"/>            | Stipends from senior companion programs, such as VISTA                                                                 |
| <input checked="" type="checkbox"/> | Funds received by household for the care of a foster child                                                             |
| <input checked="" type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid                                           |
| <input type="checkbox"/>            | Reimbursements (for mileage, gas, lodging, meals, etc.)                                                                |

|                                                                                                                                                                                                                      |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                  |                                                                                                                                                          | <p><b>Other</b></p> <p><b>Crisis Intervention Income Flexibility</b></p> <p>In accordance with <b>NMAC 8.150.620.9</b> and <b>NMAC 8.150.520.18</b>, households that exceed the standard gross income limit <b>may still qualify</b> for Crisis LIHEAP if <b>both of the following conditions are met</b>:</p> <ol style="list-style-type: none"> <li>1.               The household has experienced a <b>verifiable financial hardship</b> within the <b>30 days prior to the LIHEAP application</b>;<br/>                    and</li> <li>2.               The hardship has <b>directly impacted the household's ability to maintain utility or fuel services</b>.</li> </ol> <p>In these cases, <b>eligibility shall be determined based on the household's net income</b>, with consideration of expenses specifically related to the hardship.</p> <p><b>Acceptable hardship examples include (but are not limited to):</b></p> <ul style="list-style-type: none"> <li>•               Unforeseen medical expenses</li> <li>•               Prescription medication costs</li> <li>•               Emergency home or vehicle repairs</li> </ul> <p><b>Documentation of the hardship is required</b> and must be included in the case file to support the determination.</p> |
| <p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>                                       |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>1.10 Do you have an online application process?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>                                                                                          |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>1.10a If yes, describe the type of online application (Select all boxes that apply)</b></p>                                                                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                             | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                  | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                  | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                  | Online application that is also mobile friendly                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                             | Other, please describe                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>Please include a link(s) to a statewide application, if available:</p> <p style="text-align: center;"><a href="https://www.yes.state.nm.us/yesnm/home/index">https://www.yes.state.nm.us/yesnm/home/index</a></p> |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>1.10b Can all program components be applied for online?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>                                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>If no, explain which components can and cannot be applied for online.</p>                                                                                                                                         |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>1.11 Do you have a process for conducting and completing applications by phone?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>                                                          |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>1.12 Do you or any of your subrecipients require in person appointments in order to apply?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>                                               |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.</p>                                                                        |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>1.13 How can applicants submit documentation for verification? Select all that apply:</b></p>                                                                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                  | In-person                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                  | Mail                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                  | Email                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                  | Portal application                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                             | Other, please describe                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**Hidden for Section 1**



## Section 2 - HEATING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 2 - Heating Assistance

Eligibility, 2605(b)(2) - Assurance 2

2.1 Designate the income eligibility threshold used for the heating component:

| Add | Household size      | Eligibility Guideline  | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |

2.2 Do you have additional eligibility requirements for Heating Assistance? ☐ Yes ☒ No

2.3 Check the appropriate boxes below and describe the policies for each.

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

**1. Subsidized Rent/Utilities with Additional Utility Costs**

**Eligible**

Households that receive a utility subsidy but still have out-of-pocket utility costs (e.g., electricity, gas) are eligible for LIHEAP. These costs must be verifiable and separate from the rent.

**2. Subsidized Rent with Utilities Included**

**Not Eligible**

Households whose heating or cooling costs are fully included in the subsidized rent and who do not pay separately for utilities are not eligible for LIHEAP.

**3. Subsidized Rent with Rental Cost Only**

**Not Eligible**

Households that pay rent but do not pay any utilities separately (i.e., all utilities included) are not eligible for LIHEAP.

**4. Subsidized Rent with No Cost**

**Not Eligible**

Households that pay neither rent nor utilities are not eligible for LIHEAP, as they do not have an energy burden.

Renters with utilities included in the rent? ☒ Yes ☐ No

If yes, describe:

Yes, in New Mexico, households paying non-subsidized rent with utility costs included in their rent are eligible for the Low Income Home Energy Assistance Program (LIHEAP), even if the lease does not explicitly designate a portion for utilities. According to New Mexico Administrative Code 8.150.410.11(A)(2), such households qualify for LIHEAP assistance.

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

Yes, in New Mexico, households with one or more members aged 60 or older are eligible to receive two additional points toward their Low Income Home Energy Assistance Program (LIHEAP) benefit calculation. This is part of the state's point-based system designed to prioritize assistance for households with vulnerable members. The age of household members is verified through birthdate data provided during the application process.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

A disability is defined as a physical or mental impairment that substantially reduces an individual's ability to care for themselves or carry out normal activities. If a household member

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                 |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------|-------|
| receives disability-based income (such as Social Security Disability Insurance or Supplemental Security Income), the household automatically qualifies for these two points. If the disabled member does not receive disability-based income, a doctor's statement confirming the current disability is required to assign the points.                                                                                                                                                                                                                                  |                                                               |                 |       |
| <b>Young children?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="radio"/> Yes <input type="radio"/> No |                 |       |
| <b>If yes, describe:</b><br><br>Age five and under: Two points are assigned to eligible households based on the inclusion of one or more household members age five and under as determined by birthdate data.                                                                                                                                                                                                                                                                                                                                                          |                                                               |                 |       |
| <b>Households with high energy burdens?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="radio"/> Yes <input type="radio"/> No |                 |       |
| <b>If yes, describe:</b><br><br>Points are assigned to the household by determining the households' percentage of energy burden. The point allocation for energy burden is:<br>(a) Zero points for zero to five percent energy burden;<br>(b) One point for six to ten percent energy burden;<br>(c) Two points for eleven to fifteen percent energy burden; or<br>(d) Three points for sixteen percent or more energy burden.<br>(2) Additional energy burden: If the household's energy burden is for the use of propane, an additional two points will be allocated. |                                                               |                 |       |
| <b>Other?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="radio"/> Yes <input checked="" type="radio"/> No |                 |       |
| <b>If yes, describe:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                 |       |
| <b>Explanations of policies for each "yes" checked above:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                 |       |
| <b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                 |       |
| <b>2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.</b><br><br>Households with vulnerable members; such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel propane are eligible for an additional benefit.                                                                                                                                                                            |                                                               |                 |       |
| <b>2.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                 |       |
| <input checked="" type="checkbox"/> Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |                 |       |
| <input checked="" type="checkbox"/> Family (household) size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                 |       |
| <input checked="" type="checkbox"/> Home energy cost or need:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                 |       |
| <input checked="" type="checkbox"/> Fuel type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                 |       |
| <input type="checkbox"/> Climate/region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                 |       |
| <input checked="" type="checkbox"/> Individual bill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                 |       |
| <input type="checkbox"/> Dwelling type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                 |       |
| <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                 |       |
| <input checked="" type="checkbox"/> Energy need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                 |       |
| <input checked="" type="checkbox"/> Other - Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                 |       |
| Households with vulnerable members; such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel propane are eligible for an additional benefit                                                                                                                                                                                                                                                                                                                                                 |                                                               |                 |       |
| <b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                 |       |
| <b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                 |       |
| Minimum Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$70                                                          | Maximum Benefit | \$490 |
| <b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                 |       |
| <b>If yes, describe.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                 |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                 |       |
| <b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                 |       |



## Section 3 - COOLING ASSISTANCE

|                                                                                                        |  |                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|
| <b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b> |  | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01<br>OMB Clearance No.: 0970-013<br>Expiration Date: 02/28/2027 |  |
| <b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b><br><b>MODEL PLAN</b>                          |  |                                                                                                                      |  |

  

### Section 3 - Cooling Assistance

**Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2**

**3.1 Designate The income eligibility threshold used for the Cooling component:**

| Add | Household size      | Eligibility Guideline  | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |

**3.2 Do you have additional eligibility requirements for Cooling assistance?** ☐ Yes ☒ No

**3.3 Check the appropriate boxes below and describe the policies for each.**

**Do you require an Assets test?** ☐ Yes ☒ No

**If yes, describe:**

**Do you have additional/differing eligibility policies for:**

**Renters?** ☐ Yes ☒ No

**If yes, describe:**

**Renters Living in subsidized housing?** ☒ Yes ☐ No

**If yes, describe:**

- Subsidized rent/utilities with additional separate utility cost: Households receiving subsidized rent assistance who receive a subsidy for utilities but who incur an additional out-of-pocket expense for utilities are eligible for LIHEAP;
- Subsidized rent with utilities included: Households receiving subsidized rent assistance whose heating/cooling cost is included in their subsidized rent and do not incur an additional out-of-pocket heating or cooling expense are not eligible for LIHEAP;
- Subsidized rent with rental cost: Households receiving subsidized rent assistance who pay rent but do not pay utilities are not eligible for LIHEAP; and,
- Subsidized rent with no cost: Households receiving subsidized rent assistance who pay no rent and no utilities are not eligible for LIHEAP

**Renters with utilities included in the rent?** ☐ Yes ☒ No

**If yes, describe:**

Households paying non-subsidized rent whose utility costs are included in their rent, even if no such cost is designated, are eligible for LIHEAP.

**Do you give priority in eligibility to:**

**Older Adults (60 years or older)?** ☒ Yes ☐ No

**If yes, describe:**

Age 60 and over: Two points are assigned to eligible households based on the inclusion of one or more household members age 60 or over as determined by birthdate data.

**Individuals with a disability?** ☒ Yes ☐ No

**If yes, describe:**

Disability: Two points are assigned to eligible households having one or more members with a disability. Disability is defined as physical or mental impairment resulting in substantial reduction in the ability of an individual to care for themselves or carry out normal activities. When one or more members receive disability based income, the household is entitled to the points. A doctor's statement of current disability will be required for assignment of the point for this factor if the disabled member does not receive disability-based income.

**Young children?** ☒ Yes ☐ No

**If yes, describe:**

Age five and under: Two points are assigned to eligible households based on the inclusion of one or more household members age five and under as determined by birthdate data.

**Households with high energy burdens?** ☒ Yes ☐ No

**If yes, describe:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                                               |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|-------|
| <p>Points are assigned to the household by determining the households' percentage of energy burden. The point allocation for energy burden is:</p> <p>(a) Zero points for zero to five percent energy burden;</p> <p>(b) One point for six to ten percent energy burden;</p> <p>(c) Two points for eleven to fifteen percent energy burden; or</p> <p>(d) Three points for sixteen percent or more energy burden.</p> <p>(2) Additional energy burden: If the household's energy burden is for the use of propane, an additional two points will be allocated.</p> |                                                  |                                                               |       |
| Other?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  | <input type="radio"/> Yes <input checked="" type="radio"/> No |       |
| If yes, describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                                               |       |
| Explanations of policies for each "yes" checked above:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |                                                               |       |
| 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                                               |       |
| <p>Households with vulnerable members; such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel propane are eligible for an additional benefit.</p>                                                                                                                                                                                                                                                                                                                                    |                                                  |                                                               |       |
| Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                                               |       |
| 3.5 Check the variables you use to determine your benefit levels. (Check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Income                                           |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Family (household) size                          |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Home energy cost or need:                        |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fuel type                                        |                                                               |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Climate/region                                   |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Individual bill                                  |                                                               |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dwelling type                                    |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Energy burden (% of income spent on home energy) |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Energy need                                      |                                                               |       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other - Describe:                                |                                                               |       |
| <p>Households with vulnerable members—such as individuals age 60 and over, children age 5 and under, and members with a disability—as well as households seeking assistance with bulk fuel (e.g., propane), are eligible for an additional LIHEAP benefit. Households that cut or gather their own firewood or whose utilities are included in their rent may receive a LIHEAP benefit, but do not receive the energy burden calculation.</p>                                                                                                                      |                                                  |                                                               |       |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                               |       |
| 3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                               |       |
| Minimum Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$70                                             | Maximum Benefit                                               | \$490 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                               |       |
| If yes, describe.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                                               |       |
| <p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                                                               |       |

## Section 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 4: CRISIS ASSISTANCE

Eligibility - 2604(c), 2605(c)(1)(A)

##### 4.1 Designate the income eligibility threshold used for the crisis component

| Add | Household size      | Eligibility Guideline  | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |

##### 4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions.

Households that have received a written disconnect notice from their utility vendor, or a statement of non-delivery or fuel sale refusal from their fuel vendor due to nonpayment or inability to pay, or that lack sufficient funds to open an account or meet security deposit requirements, may be eligible to receive a crisis LIHEAP benefit. The Department is mandated to provide intervention to resolve any existing energy crisis.

Processing applications for households in crisis includes contacting the utility or fuel provider within specified timeframes to facilitate resolution. Contact with utility vendors will occur no later than 48 hours after receiving the household's LIHEAP application, and no later than 18 hours for households facing a life-threatening emergency.

**Crisis intervention is not available to households that have already received a LIHEAP benefit in the current federal fiscal year.**

When a household's heating or cooling system is determined to be inoperable, MFA may authorize its subcontractors to repair or replace the unit depending on seasonal needs. The ISD LIHEAP program ensures that any replacement unit provided by MFA subcontractors is the most energy-efficient and cost-effective model available.

##### 4.3 What constitutes a life-threatening crisis?

A life-threatening crisis under LIHEAP typically refers to a situation where a household's energy-related issue poses an immediate risk to the health or safety of household members. Below are what can constitute a life-threatening crisis for LIHEAP purposes:

Common Criteria for a Life-Threatening Energy Crisis: Utility Disconnection or Imminent Disconnection

The household lacks adequate heating during extreme cold or cooling during dangerous heat waves, especially if there are vulnerable members (infants, elderly, disabled).

Non-delivery of heating fuel such as propane, oil, or wood during critical weather conditions.

When failure to maintain energy service could cause or worsen a serious medical condition for household members, such as requiring electricity for life-sustaining medical devices.

##### Crisis Requirement, 2604(c)

##### 4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

##### 4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

##### Crisis Eligibility, 2605(c)(1)(A)

|                                                                            | Winter Crisis            | Summer Crisis            | Year-Round Crisis                   |
|----------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 4.6 Do you have additional eligibility requirements for Crisis Assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

##### 4.7 Check the appropriate boxes below to indicate type(s) of assistance provided

|                                         |                          |                          |                                     |
|-----------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 0                                       |                          |                          |                                     |
| Do you require an Assets test?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Do you give priority in eligibility to: |                          |                          |                                     |
| Older Adults (60 years or older)?       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Individuals with a disability?          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Young Children?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|                                                                                                                                                      |                                                                                                                                                      |                          |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| Households with high energy burdens?                                                                                                                 | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (Specify):                                                                                                                                     | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>            |
| In Order to receive crisis assistance:                                                                                                               |                                                                                                                                                      |                          |                                     |
| Must the household have received a shut-off notice or have a near empty tank?                                                                        | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Must the household have been shut off or have an empty tank?                                                                                         | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Must the household have exhausted their regular heating benefit?                                                                                     | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice?                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>            |
| Must heating/cooling be medically necessary?                                                                                                         | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Must the household have non-working heating or cooling equipment?                                                                                    | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other (Specify):                                                                                                                                     | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>            |
| Do you have additional/differing eligibility policies for:                                                                                           |                                                                                                                                                      |                          |                                     |
| Renters?                                                                                                                                             | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Renters living in subsidized housing?                                                                                                                | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Renters with utilities included in the rent?                                                                                                         | <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Explanations of policies for each "yes" checked above:                                                                                               |                                                                                                                                                      |                          |                                     |
|                                                                                                                                                      |                                                                                                                                                      |                          |                                     |
| Determination of Benefits                                                                                                                            |                                                                                                                                                      |                          |                                     |
| 4.8 How do you handle crisis situations?                                                                                                             |                                                                                                                                                      |                          |                                     |
| <input type="checkbox"/>                                                                                                                             | Separate component                                                                                                                                   |                          |                                     |
| <input checked="" type="checkbox"/>                                                                                                                  | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames. |                          |                                     |
| <input type="checkbox"/>                                                                                                                             | Other - Describe:                                                                                                                                    |                          |                                     |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits?                                                               |                                                                                                                                                      |                          |                                     |
| <input type="checkbox"/>                                                                                                                             | Amount to resolve the crisis. \$0                                                                                                                    |                          |                                     |
| <input type="checkbox"/>                                                                                                                             | Other - Describe:                                                                                                                                    |                          |                                     |
| Crisis Requirements, 2604(c)                                                                                                                         |                                                                                                                                                      |                          |                                     |
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? |                                                                                                                                                      |                          |                                     |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Explain.                                                                               |                                                                                                                                                      |                          |                                     |
| 4.11 Do you provide individuals who are individuals with a disability the means to:                                                                  |                                                                                                                                                      |                          |                                     |
| Submit applications for crisis benefits without leaving their homes?                                                                                 |                                                                                                                                                      |                          |                                     |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                        |                                                                                                                                                      |                          |                                     |
| If No, explain.                                                                                                                                      |                                                                                                                                                      |                          |                                     |
| Travel to the sites at which applications for crisis assistance are accepted?                                                                        |                                                                                                                                                      |                          |                                     |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                        |                                                                                                                                                      |                          |                                     |
| If No, explain.                                                                                                                                      |                                                                                                                                                      |                          |                                     |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled? |                                                                                                                                                      |                          |                                     |
|                                                                                                                                                      |                                                                                                                                                      |                          |                                     |
| Benefit Levels, 2605(c)(1)(B)                                                                                                                        |                                                                                                                                                      |                          |                                     |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered.                                                                        |                                                                                                                                                      |                          |                                     |
| Winter Crisis                                                                                                                                        | \$490.00                                                                                                                                             | maximum benefit          |                                     |
| Summer Crisis                                                                                                                                        | \$490.00                                                                                                                                             | maximum benefit          |                                     |
| Year-round Crisis                                                                                                                                    | \$490.00                                                                                                                                             | maximum benefit          |                                     |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?                                                     |                                                                                                                                                      |                          |                                     |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe                                                                       |                                                                                                                                                      |                          |                                     |
|                                                                                                                                                      |                                                                                                                                                      |                          |                                     |
| 4.14 Do you provide for equipment repair or replacement using crisis funds?                                                                          |                                                                                                                                                      |                          |                                     |
| <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                        |                                                                                                                                                      |                          |                                     |

If you answered "Yes" to question 4.14, you must complete question 4.15.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.

|                                   | Winter<br>Crisis         | Summer<br>Crisis         | Year-round Crisis        |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Heating system repair             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles / gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify):                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?

☒ Yes ☐ No

If you responded "Yes" to question 4.16, you must respond to question 4.17.

4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.

From November 15 to March 15, customers who are either current on their utility bills or have an active payment arrangement with their utility vendor are protected under the Winter Moratorium. During this time, utility companies are generally prohibited from disconnecting heating services due to nonpayment.

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? ☐ Yes ☒ No

If yes, describe

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 5 - WEATHERIZATION ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 5: WEATHERIZATION ASSISTANCE

Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2

5.1 Designate the income eligibility threshold used for the Weatherization component

| Add | Household Size      | Eligibility Guideline  | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |

5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? ☒ Yes ☐ No

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract. New Mexico Mortgage Finance Authority

5.4 Is there a separate monitoring protocol for weatherization? ☒ Yes ☐ No

#### WEATHERIZATION - Types of Rules

5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)

- ☐ Entirely under LIHEAP (not DOE) rules
- ☐ Entirely under DOE WAP (not LIHEAP) rules
- ☒ Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
- ☐ Income Threshold
- ☐ Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
- ☐ Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
- ☒ Other - Describe:
- Weatherization funds will be used to provide weatherization services to eligible single-family and multifamily units located on tribal lands. With prior approval from the New Mexico Health Care Authority, MFA subrecipients may expend funds on multifamily units. The State of New Mexico allows an average expenditure of \$8,497 per single-family unit.
- MFA, the designated weatherization contractor, provides services to eligible Native American pueblos in New Mexico that do not receive their own LIHEAP funding.
- Eligibility and income requirements include:
- MFA cannot categorically approve weatherization services for households with income exceeding 200% of the Federal Poverty Level (FPL).
  - For multifamily units, at least 65% of the units must house households with income below 200% of FPL.
  - LIHEAP funds may not be used to weatherize units with household income over 200% of FPL.
- Priority for Disabled Veterans
- Eligible disabled veterans are exempt from standard vulnerability-based priority requirements.
  - LIHEAP funds may be used to fully weatherize the homes of eligible disabled veterans before other applicants in the county, provided that those veterans have the highest-ranking application scores.
  - Disability income received by the veteran will not be counted toward total household income for LIHEAP eligibility determination.

☐ Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)

- ☐ Income Threshold
- ☐ Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
- ☐ Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
- ☐ Other - Describe:

Eligibility, 2605(b)(5) - Assurance 5

5.6 Do you require an assets test? ☐ Yes ☒ No

5.7 Do you have additional/differing eligibility policies for :

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Renters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                          |
| Renters living in subsidized housing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                          |
| Renters with utilities included in the rent?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                          |
| 5.8 Do you give priority in eligibility to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |
| Older Adults?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                          |
| Individuals with a disability?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                          |
| Young Children?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                          |
| House holds with high energy burdens?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="radio"/> Yes <input type="radio"/> No                                                                     |
| Other?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="radio"/> Yes <input type="radio"/> No                                                                     |
| <p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>The Health Care Authority (HCA) maintains a contract with the Mortgage Finance Authority (MFA), which is responsible for determining eligibility. According to MFA policy, if an applicant is a renter, the landlord must sign an agreement that provides specific tenancy protections. Additionally, MFA gives preference to households that meet income eligibility criteria and include individuals over the age of 60, persons with disabilities, families with young children, or households experiencing high energy burdens.</p> |                                                                                                                        |
| Benefit Levels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |
| 5.9a If yes, what is the maximum? \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |
| 5.10 Do you use an Average Cost per Unit (ACPU). <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |
| 5.10a If so, what is the ACPU amount? \$8,497                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |
| Types of Assistance, 2605(c)(1), (B) & (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Energy related roof repair                                                         |
| <input checked="" type="checkbox"/> Caulking and insulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Major appliance repairs                                                                       |
| <input checked="" type="checkbox"/> Storm windows                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Major appliance replacement                                                        |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/repairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Windows/sliding glass doors                                                        |
| <input checked="" type="checkbox"/> Furnace replacement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Doors                                                                              |
| <input checked="" type="checkbox"/> Cooling system modifications/repairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Water Heater                                                                       |
| <input checked="" type="checkbox"/> Water conservation measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Cooling system replacement                                                         |
| <input type="checkbox"/> Roof top solar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Community solar projects                                                                      |
| <input type="checkbox"/> Compact florescent light bulbs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Other - Describe:<br>LED Light Blubs are used to relace household's current bulbs. |
| <p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |

## Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

- ☒ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- ☒ Publish articles in local newspapers or broadcast media announcements.
- ☒ Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- ☐ Mass mailing(s) to prior-year LIHEAP recipients.
- ☒ Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- ☐ Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- ☐ Web Posting
- ☐ Email
- ☒ Texting
- ☐ Events
- ☒ Social Media
- ☒ Other (specify):

HCA works closely with utility vendors and other local organizations to reach low income families, the elderly, disabled, and families with young children. LIHEAP staff has started participating in outreach activities throughout the state and provides literature and information. Staff works closely with the 33 New Mexico counties and 33 Income Support field offices to ensure that approximately the 115,00 eligible households are aware of the services provided. Mass text messaging to reach out to current/past Income Support Customers to provide information on the various low-income programs offered to eligible households. This will be an ongoing communication to eligible NM families/ households

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 7 - Coordination, 2605(b)(4) - Assurance 4

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 7: Coordination, 2605(b)(4) - Assurance 4

7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).



Joint application for multiple programs (indicate programs included) SNAP, TANF, MEDICAID, LIHEAP, GENERAL ASSISTANCE



Intake referrals to/from other programs (indicate programs included) SNAP, TANF, MEDICAID, LIHEAP, GENERAL ASSISTANCE



One - stop intake centers



Other - Describe:

Utility vendors often include flyers and program information in their monthly billing statements. In addition, many community entities accept applications and submit them to the HCA on behalf of households. HCA also uses mass text messaging to inform current and former Income Support Division (ISD) customers about available low-income assistance programs.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state Grant recipients and the Commonwealth of Puerto Rico)

##### 8.1 How would you categorize the primary responsibility of your State agency?

|                                            |                                                                       |
|--------------------------------------------|-----------------------------------------------------------------------|
| <input checked="checked" type="checkbox"/> | Administration Agency                                                 |
| <input type="checkbox"/>                   | Commerce Agency                                                       |
| <input type="checkbox"/>                   | Community Services Agency                                             |
| <input type="checkbox"/>                   | Energy/Environment Agency                                             |
| <input type="checkbox"/>                   | Housing Agency                                                        |
| <input type="checkbox"/>                   | State Department of Welfare (administers TANF, SNAP, and/or Medicaid) |
| <input type="checkbox"/>                   | Economic Development Agency                                           |
| <input type="checkbox"/>                   | Other - Describe:                                                     |

Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. Used for Near hotline and OCS Service Provider Tool and clearinghouse.

##### Alternate Outreach and Intake, 2605(b)(15) - Assurance 15

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

##### 8.2 How do you provide alternate outreach and intake for heating assistance?

Several organizations throughout the state are designated to assist households in completing LIHEAP applications. Utility vendors also distribute informational fliers and LIHEAP application materials with their monthly billing statements. In addition, a number of partner entities accept completed applications and forward them directly to the Health Care Authority (HCA) on behalf of applicants. State agencies and private organizations collaborate with LIHEAP staff to participate in outreach events, during which the HCA provides information on how to accurately complete the LIHEAP application.

##### 8.3 How do you provide alternate outreach and intake for cooling assistance?>

Several organizations throughout the state are designated to assist households in completing LIHEAP applications. Utility vendors also distribute informational fliers and LIHEAP application materials with their monthly billing statements. In addition, a number of partner entities accept completed applications and forward them directly to the Health Care Authority (HCA) on behalf of applicants. State agencies and private organizations collaborate with LIHEAP staff to participate in outreach events, during which the HCA provides information on how to accurately complete the LIHEAP application.

##### 8.4 How do you provide alternate outreach and intake for crisis assistance?

Several organizations throughout the state are designated to assist households in completing LIHEAP applications. Utility vendors also distribute informational fliers and LIHEAP application materials with their monthly billing statements. In addition, a number of partner entities accept completed applications and forward them directly to the Health Care Authority (HCA) on behalf of applicants. State agencies and private

organizations collaborate with LIHEAP staff to participate in outreach events, during which the HCA provides information on how to accurately complete the LIHEAP application. Beginning 09/15/2025, NM will begin using real time Eligibility (RTE) when customers use the online portal. Household's vendor information will be verified through our eligibility system immediately via data provided by participating LIHEAP vendors.

| 8.5 LIHEAP Component Administration.                             | Heating                     | Cooling                     | Crisis                      | Weatherization       |
|------------------------------------------------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------|
| 8.5a Who determines client eligibility?                          | State Administration Agency | State Administration Agency | State Administration Agency | State Housing Agency |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Administration Agency | State Administration Agency | State Administration Agency |                      |
| 8.5c who processes benefit payments to bulk fuel vendors?        | State Administration Agency | State Administration Agency | State Administration Agency |                      |
| 8.5d Who performs installation of weatherization measures?       |                             |                             |                             | State Housing Agency |

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.**

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

8.6 What is your process for selecting local administering agencies?

Administering agencies are HCA Field Offices located throughout the State.

8.7 How many local administering agencies do you use? 36

8.8 Have you changed any local administering agencies in the last year?

- ☐ Yes  
☒ No

8.9 If so, why?

☐

Agency was in noncompliance with Grant recipient requirements for LIHEAP -

☐

Agency is under criminal investigation

☐

Added agency

☐

Agency closed

☐

Other - describe

8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? ☐ Yes  
☒ No

8.10a If yes, please explain.

8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. ☐ Yes ☒ No

8.10c If yes, please explain.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7

### 9.1 Do you make payments directly to home energy suppliers?

Heating ☒ Yes ☐ No

Cooling ☒ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

#### If yes, Describe.

The household heats their home by cutting or gathering their own firewood, or by using wood pellets;

The household's energy provider does not have a signed Memorandum of Understanding (MOU) with the New Mexico Health Care Authority Income Support Division;

The household pays their landlord separately for heating or cooling costs, and those costs are not included in the rental agreement.

### 9.2 How do you notify the client of the amount of assistance paid?

#### Notice of Case Action (NOCA) Issuance

Upon approval of the LIHEAP application and the initial issuance of the benefit, a Notice of Case Action (NOCA) is sent to the customer. The NOCA includes the approved benefit amount and identifies the utility vendor receiving the payment.

### 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

As stipulated in the Memorandum of Understanding (MOU) between the New Mexico Health Care Authority (HCA) and each participating vendor, there is a provision requiring that eligible LIHEAP household customers must not be treated differently than other customer households. Vendors are contractually bound to adhere to the terms outlined in the MOU.

(Reference: Section 9.5)

### 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

All utility vendors participating in LIHEAP must sign a Memorandum of Understanding (MOU) that explicitly states eligible LIHEAP households shall not be treated differently from other customers. Vendors are held accountable to this clause and monitored for compliance.

- LIHEAP is administered in accordance with all applicable civil rights and nondiscrimination laws, including Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, and Title II of the Americans with Disabilities Act (ADA).
- LIHEAP staff receive regular training that includes customer service standards, equity in program delivery, and non-discriminatory practices to ensure uniform treatment of all applicants and recipients.
- A formal process is in place for households to report complaints or concerns, including allegations of adverse treatment. These are investigated promptly, and corrective action is taken as necessary.
- Regular case reviews and vendor oversight (e.g., audits and site visits) are conducted to identify and resolve any instances of unequal or inappropriate treatment.

Through these mechanisms, HCA maintains compliance with federal assurances and safeguards the dignity and fair treatment of all LIHEAP participants.

### 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)

##### 10.1. How do you ensure good fiscal accounting and tracking of funds?

LIHEAP funding is monitored through a coordinated effort across multiple divisions of the Human Services Department (HSD) to ensure proper use, accountability, and reconciliation. Key tracking mechanisms include:

- The Grants Management Bureau of the HSD Administrative Services Division (ASD) monitors all LIHEAP grant funding, including obligations and expenditures.
- The Program Support Bureau (PAB) within HSD/Income Support Division (ISD) tracks benefit disbursements and administrative funding allocations.
- Quarterly reconciliation meetings are held with ASD to ensure financial alignment and oversight.
- Monthly payment reconciliations are conducted using the statewide accounting system to ensure accuracy.
- The Restitutions Bureau within ASD tracks and manages all LIHEAP claims and restitutions.
- The LIHEAP Unit and ASD Accounts Receivable (AR) Bureau jointly track vendor refunds. AR and the Grants Management Bureau are responsible for tracking deposit activities.

##### 10.1a Provide your definitions of the following:

###### Obligation

An obligation of LIHEAP funds is a legal liability to disburse funds immediately or at a later date as a result of a series of actions. All of the actions below must occur in order to obligate funds for the LIHEAP formula-based grant.

- The director of the Office of Community Services, (OCS), Administration for Children and Families (ACF), will make available by April 1 of each year, the application for the Federal LIHEAP Block Grant;
- By September 1 of each year, the New Mexico Health Care Authority, Income Support Division (NMHCA/ISD) will submit the required application online in OLDC or through mechanisms as directed by the Director of OCS/ACF.
- The HCA/ISD will commit on the state plan, the estimated percentage of funds that will be allowed for each program component. HCA/ISD will ensure that the funds will be obligated after completing the following:
  - Request meaningful participation from the public, Income Support Division (ISD) employees, subgrantees, and stakeholders in the development of the LIHEAP State Plan;
  - The Governor or their designee will sign the plan and will agree to abide by federal terms and conditions of the grant;
  - HCA/ISD will receive notification from the designated LIHEAP program specialist that he or she approves the application for Federal assistance.
- When HCA/ISD is notified by OCS/ACF that the LIHEAP State Plan has been approved and the Grant of Award is received, HCA Administrative Services Division (ASD) will submit the LIHEAP budget to the Department of Finance and Administration (DFA) to obtain budget authority. Once completed, HCA/ISD recognizes that it may begin incurring allowable costs during the grant period that will require payment immediately or in the future thus obligating the allowable amount of 90% of the grant.

###### Expenditures

Funds can only be expended if they have been obligated. LIHEAP funds can only be expended on allowable obligated funds such as:  
Payment to customers if vendor is not an approved LIHEAP vendor

Payment for Weatherization contract services Payment for eligibility system enhancements Payment to vendors

Payment for office supplies

PaymeFunds can only be expended if they have been obligated. LIHEAP funds can only be expended on allowable obligated funds such as: Payment to customers if vendor is not an approved LIHEAP vendor  
Payment for Weatherization contract services Payment for eligibility system enhancements Payment to vendors  
Payment for office suppliesPayment for LIHEAP staff to attend conferences related to LIHEAP

###### Expenditure timeframe

All funds must be expended by September 30 of the current Federal Fiscal Year.

###### Administrative costs

Administrative costs must be used exclusively for the administration of the LIHEAP grant. Allowable uses of administrative funds include:

- Salaries and benefits for LIHEAP program staff;
- Office equipment and supplies necessary for program operations;
- Training and conferences directly related to LIHEAP administration and implementation.

All expenditures must comply with applicable federal and state guidelines to ensure proper stewardship of LIHEAP funds.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |               |           |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|-----------|--------------|
| <b>Audit Process</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |               |           |              |
| 10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |               |           |              |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |               |           |              |
| 10.2a - if yes, describe your auditor selection process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |               |           |              |
| Auditors are selected to audit all fiscal activities that occur in all programs administered by the Health Care Authority.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |               |           |              |
| 10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |               |           |              |
| No Findings <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |               |           |              |
| Finding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type | Brief Summary | Resolved? | Action Taken |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |               |           |              |
| 10.4. Audits of Local Administering Agencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |               |           |              |
| What types of annual audit requirements do you have in place for local administering agencies/district offices?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |               |           |              |
| Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |               |           |              |
| <input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |               |           |              |
| <input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |               |           |              |
| <input checked="" type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |               |           |              |
| <input checked="" type="checkbox"/> Grant recipient conducts fiscal and program monitoring of local agencies/district offices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |               |           |              |
| <input checked="" type="checkbox"/> Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |               |           |              |
| Compliance Monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |               |           |              |
| 10.5. Describe your monitoring process for compliance at each level below. Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |               |           |              |
| Grant recipients have a policy in place for appropriate separation of duties and internal controls.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |               |           |              |
| <input checked="" type="checkbox"/> Internal program review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |               |           |              |
| <input checked="" type="checkbox"/> Departmental oversight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |               |           |              |
| <input checked="" type="checkbox"/> Secondary review of invoices and payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |               |           |              |
| <input checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |               |           |              |
| <p>The New Mexico Health Care Authority (HCA) contracts the weatherization component of LIHEAP to the New Mexico Mortgage Finance Authority (MFA), which serves as a pass-through entity to its network of service providers. To ensure accountability and compliance HCA conducts an annual on-site visit and a Management Evaluation (ME), which includes a comprehensive fiscal and programmatic review. On a monthly basis, HCA performs a second-party review of invoices and payments, which includes:</p> <ul style="list-style-type: none"> <li>• Verifying the accuracy of billing;</li> <li>• Cross-referencing invoices with MFA's weatherized unit report;</li> <li>• Ensuring all services are allocable and allowable under LIHEAP guidelines.</li> </ul>                                                                                                                     |      |               |           |              |
| Local Administering Agencies/District Offices:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |               |           |              |
| <input type="checkbox"/> On - site evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |               |           |              |
| <input type="checkbox"/> Annual program review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |               |           |              |
| <input type="checkbox"/> Monitoring through central database                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |               |           |              |
| <input type="checkbox"/> Desk reviews                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |               |           |              |
| <input checked="" type="checkbox"/> Client File Testing/Sampling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |               |           |              |
| <input type="checkbox"/> Other program review mechanisms are in place. Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |               |           |              |
| <p>LIHEAP staff conduct monthly case reviews of randomly selected households to ensure compliance with all applicable policies and procedures. These reviews serve as a quality assurance measure to evaluate both eligibility determinations and application processing accuracy.</p> <p>Additionally, random LIHEAP case reviews are conducted to assess the compliance of field staff responsible for application approval. If inaccuracies or policy deviations are identified, the following corrective protocol is followed:</p> <ul style="list-style-type: none"> <li>• The Family Assistance Analyst (FAA) and their supervisor who reviewed or approved the case are notified;</li> <li>• Corrections are initiated promptly to resolve the identified errors;</li> <li>• LIHEAP staff track cases with inconsistent information until all errors are fully corrected;</li> </ul> |      |               |           |              |

- Measures are put in place to prevent recurrence, including technical assistance or procedural reinforcement as needed.
- This process ensures that program integrity is maintained and that corrective actions are taken swiftly to uphold standards.

**10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.**

Customer case files are reviewed weekly to ensure that benefits are being given timely, that customers have provided required documents, and that applications are being approved by case workers appropriately.

**10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.**

**Site Visits:**

N/A

**Desk Reviews:**

N/A

**10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.**

Annually

**10.9. How many local agencies are currently on corrective action plans? 0**

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.

*Note: Tribes do not need to hold a public hearing but must ensure participation through other means.*

- ☐ Tribal Council meeting(s)
- ☒ Public Hearing(s)
- ☒ Draft Plan posted to website and available for comment
- ☒ Hard copy of plan is available for public view and comment
- ☒ Comments from applicants are recorded
- ☒ Request for comments on draft Plan is advertised
- ☒ Stakeholder consultation meeting(s)
- ☐ Comments are solicited during outreach activities
- ☐ Other - Describe:

The Draft Plan was disseminated to HCA staff for review and comment. Although staff raised several questions regarding specific elements of the plan, no revisions were required after clarification was provided concerning the rationale and methods for implementation of the identified measures.

#### Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only

11.2 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

|   | Date       | Event Description                        |
|---|------------|------------------------------------------|
| 1 | 08/29/2025 | 39-B Plaza La Prensa, Santa Fe, NM 87507 |

11.3. How many parties commented on your plan at the hearing(s)? 0

11.4 Summarize the comments you received at the hearing(s).

There were no comments.

11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?

None

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 12 - Fair Hearings, 2605(b)(13) - Assurance 13

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 7

12.2 How many of those fair hearings resulted in the initial decision being reversed? 0

12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

N/A

12.4 Describe your fair hearing procedures for households whose applications are denied and/or not acted upon in a timely manner.

**Your Right to a Hearing** - You can ask for a hearing if you do not agree with a decision HCA has made regarding your application/benefits. A hearing will give you a chance to explain why you do not agree. Any time you disagree with a decision taken on your case, you have the right to request a fair hearing with an official who is required by law to review the facts of every case in a fair and objective manner and give you a chance to explain why you do not agree.

**In what situations can you ask for a fair hearing?**

- You apply for benefits and are denied, or
- You disagree with a decision on your case, or
- You believe your benefits were not calculated correctly, or
- A change was made that you do not agree with.

**By when must you ask for a fair hearing?**

You have 90 days from the date of notice to ask for a hearing. If you ask for a hearing within 13 days from the date of this notice, you will continue to get the same amount of benefits you received before we took the action in this notice. You will continue to get these benefits until the Department decides your case, unless another change is made to your case. Changes in benefits may be made after you have asked for a hearing if the reason for the change is not the same as the reason for the hearing. If you lose the hearing, you may have to pay back any

benefits you received while the Department decided your case. You do not have a right to a fair hearing if the Department's decision which you are challenging was the result of a Federal or State mass change. (Revised 7/15/14)

**How do you request a fair hearing?**

- Complete and return the bottom of a notice, or
- Write or call your local HCA office, or Customer Service Center at 1-800-283-4465
- Write the Department's Fair Hearing's Bureau at HCA, P.O. Box 2348, Santa Fe, N.M. 87504-2348, or by calling 505-476-6213.
  - If you disagree with a decision by the New Mexico Health Insurance Exchange (NMHIX), you may appeal the action by contacting the NMHIX at 1-800-31802596 and inform the NMHIX that you believe their action should be reconsidered. You may authorize someone else to represent you in the appeals process.
  - After you ask for a fair hearing, HCA or the NMHIX will send you a letter telling you the date, time and place where your hearing will be held. HCA hearings are usually at the ISD office. The hearing will be conducted by a hearing officer from the HCA Fair Hearings Bureau or the NMHIX. Prior to the hearing, you or your representative can look at your case record and any proof that will be used to decide your case. You will tell why you believe the HCA or NMHIX decision to be wrong. You may bring witnesses and present proof. You may question the county office or the NMHIX about the action taken and the proof presented. You may represent yourself or you may be represented by a friend, household member or an attorney. For information on where you can get free legal help, call 1-833-LGL-HELP (1-833-545-4357).
  - After the hearing, the hearing officer will make a report. The HCA Division Director or the NMHIX Director will decide whether the action was right or wrong. After your case has been decided, you will be sent a letter telling you about the decision and why the decision was made. (Revised 8/30/17)

12.5 When and how are applicants informed of these rights?

Applicants are informed during initial application process.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**



## Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

N/A

13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?

N/A

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.

N/A

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

N/A

13.5 How many households received these services?

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

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OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program?

☐ Yes ☒ No

14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following:

| Resource | What is the type of resource or benefit ? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? |
|----------|-------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| 1        |                                           |                                         |                                                                  |

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 15: Training

15.1 Describe the training you provide for each of the following groups:

**a. Grant recipient Staff:**

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☒ Other, describe:

Training is conducted by the ISD Training Unit and is available year-round for both LIHEAP staff and new employees. Internet-based training, offered through Blackboard, is required once per state fiscal year and is also accessible as needed throughout the year. All staff are trained in New Mexico's Automated System Program and Eligibility Network (ASPEN) and receive comprehensive policy and procedure manuals to guide them through the system and ensure consistent application of program requirements.

**b. Local Agencies:**

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☐ On-site training

How often?

☐ Annually

☐ Biannually

☐ As needed

☐ Other, describe:

☒ Employees are provided with policy manual

☐ Other, describe:

**c. Vendors**

☐ Formal training conference

How often?

☐ Annually

☐ Biannually

☒ As needed

☐ Other, describe:

|                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/>                                                                                                                                            | <b>Policies communicated through vendor agreements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                                       | <b>Policies are outlined in a vendor manual</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/>                                                                                                                                            | <b>Other, describe:</b><br><br><p>Vendors receive both written and verbal training on the Secured Transport System, an automated platform that allows them to review and approve payments, verify that the eligible client is an active customer, and view payment files that specify the amount and type of payment. Training is provided on an as-needed basis, and each vendor is supplied with a training manual for reference. While the State of New Mexico does not host formal vendor training conferences, vendor responsibilities—including applicable policies and procedures—are detailed in the Memorandum of Understanding (MOU).</p> |
| <b>15.2 Does your training program address fraud reporting and prevention?</b><br><input checked="" type="radio"/> Yes<br><input type="radio"/> No                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## Section 16 - Performance Goals and Measures, 2605(b)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

Required program data are collected through the customer eligibility system. When applicants apply for LIHEAP benefits, the information they provide—whether submitted online, in person, or through field staff—is entered into the system and utilized for official data collection and reporting purposes.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 17 - Program Integrity, 2605(b)(10)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 17: Program Integrity, 2605(b)(10)

### 17.1 Fraud Reporting Mechanisms

a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.



Online Fraud Reporting



Dedicated Fraud Reporting Hotline



Report directly to local agency/district office or Grant recipient office



Report to State Inspector General or Attorney General



Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse



Other - Describe:

b. Describe strategies in place for advertising the above-referenced resources. Select all that apply



Printed outreach materials



Posted in local administering agencies offices.



Addressed on LIHEAP application



Website



Other - Describe:

### 17.2. Identification Documentation Requirements

a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

| Type of Identification Collected                                                                    | Collected from Whom?                |                          |                                     |                                   |                                     |                                 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|
|                                                                                                     | Applicant Only                      |                          | All Adults in Household             |                                   | All Household Members               |                                 |
| Social Security Card is photocopied and retained                                                    | <input type="checkbox"/>            | Required                 | <input type="checkbox"/>            | Required                          | <input type="checkbox"/>            | Required                        |
|                                                                                                     | <input checked="" type="checkbox"/> | Requested                | <input checked="" type="checkbox"/> | Requested                         | <input checked="" type="checkbox"/> | Requested                       |
| Social Security Number (Without actual Card)                                                        | <input checked="" type="checkbox"/> | Required                 | <input checked="" type="checkbox"/> | Required                          | <input checked="" type="checkbox"/> | Required                        |
|                                                                                                     | <input type="checkbox"/>            | Requested                | <input type="checkbox"/>            | Requested                         | <input type="checkbox"/>            | Requested                       |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | <input checked="" type="checkbox"/> | Required                 | <input checked="" type="checkbox"/> | Required                          | <input checked="" type="checkbox"/> | Required                        |
|                                                                                                     | <input type="checkbox"/>            | Requested                | <input type="checkbox"/>            | Requested                         | <input type="checkbox"/>            | Requested                       |
| Other                                                                                               | Applicant Only Required             | Applicant Only Requested | All Adults in Household Required    | All Adults in Household Requested | All Household Members Required      | All Household Members Requested |
| 1                                                                                                   |                                     |                          |                                     |                                   |                                     |                                 |

|                                                                                                                                                                         |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                                                                                                         |                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>17.3. Citizenship/Legal Residency Verification</b>                                                                                                                   |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
| What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply. |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen                                                |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen. |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Non-Citizens must provide documentation of immigration status                                                                      |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Citizens must provide a copy of their birth certificate, naturalization papers, or passport                                        |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Non-Citizens are verified through the SAVE system                                                                                  |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                | Tribal members are verified through Tribal enrollment records/Tribal ID card                                                       |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Other - Describe:<br>Only those individuals seeking benefits are required to verify any of the above.                              |                          |                          |                          |                          |                          |                          |
| <b>17.4. Income Verification</b>                                                                                                                                        |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
| What methods does your agency utilize to verify household income? Select all that apply.                                                                                |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Require documentation of income for all adult household members                                                                    |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Pay stubs                                                                                                                          |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Social Security award letters                                                                                                      |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Bank statements                                                                                                                    |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Tax statements                                                                                                                     |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Zero-income statements                                                                                                             |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                | Unemployment Insurance letters                                                                                                     |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Other - Describe:<br>A sworn statement or collateral, per 8.100.130 NMAC.                                                          |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Computer data matches:                                                                                                             |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Income information matched against state computer system (e.g., SNAP, TANF)                                                        |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Proof of unemployment benefits verified with state Department of Labor                                                             |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Social Security income verified with SSA                                                                                           |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Utilize state directory of new hires                                                                                               |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                | Other - Describe:                                                                                                                  |                          |                          |                          |                          |                          |                          |
| b. Describe any exceptions to the above policies.                                                                                                                       |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
| <b>17.5 Identification Verification</b>                                                                                                                                 |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply                   |                                                                                                                                    |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Verify SSNs with Social Security Administration                                                                                    |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Match SSNs with death records from Social Security Administration or state agency                                                  |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)                                                        |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Match with state Department of Labor system                                                                                        |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Match with state and/or federal corrections system                                                                                 |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Match with state child support system                                                                                              |                          |                          |                          |                          |                          |                          |
| <input checked="" type="checkbox"/>                                                                                                                                     | Verification using private software (e.g., The Work Number)                                                                        |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                | In-person certification by staff (for tribal Grant recipients only)                                                                |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                | Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)                           |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                | Other - Describe:                                                                                                                  |                          |                          |                          |                          |                          |                          |

|                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>17.6. Protection of Privacy and Confidentiality</b>                                                                                                      |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.             |
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent                                              |
| <input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards                                             |
| <input checked="" type="checkbox"/> Employee training on confidentiality for:                                                                               |
| <input checked="" type="checkbox"/> Grant recipient employees                                                                                               |
| <input checked="" type="checkbox"/> Local agencies/district offices                                                                                         |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement                                                                           |
| <input checked="" type="checkbox"/> Grant recipient employees                                                                                               |
| <input checked="" type="checkbox"/> Local agencies/district offices                                                                                         |
| <input type="checkbox"/> Physical files are stored in a secure location                                                                                     |
| <input checked="" type="checkbox"/> Electronic files are protected in a secure location.                                                                    |
| <input type="checkbox"/> Other - Describe:                                                                                                                  |
| <b>17.7. Verifying the Authenticity</b>                                                                                                                     |
| What policies are in place for verifying vendor authenticity? Select all that apply.                                                                        |
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe.                                                                         |
| <input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form                                                                     |
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household                                                     |
| <input checked="" type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors                           |
| <input type="checkbox"/> Other - Describe and note any exceptions to policies above:                                                                        |
| <b>17.8. Benefits Policy - Gas and Electric Utilities</b>                                                                                                   |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| <input checked="" type="checkbox"/> Applicants required to submit proof of physical residency                                                               |
| <input checked="" type="checkbox"/> Applicants must submit current utility bill                                                                             |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies:                                                                             |
| <input checked="" type="checkbox"/> Account ownership                                                                                                       |
| <input checked="" type="checkbox"/> Consumption                                                                                                             |
| <input checked="" type="checkbox"/> Balances                                                                                                                |
| <input checked="" type="checkbox"/> Payment history                                                                                                         |
| <input checked="" type="checkbox"/> Account is properly credited with benefit                                                                               |
| <input type="checkbox"/> Other - Describe:                                                                                                                  |
| <input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities                                                   |
| <input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level                                                       |
| <input checked="" type="checkbox"/> Separation of duties between intake and payment approval                                                                |
| <input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments                            |
| <input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy                                             |
| <input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities            |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only                                                             |
| <input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure                            |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism                                |
| <input type="checkbox"/> Other - Describe:                                                                                                                  |
| <b>17.9. Benefits Policy - Bulk Fuel Vendors</b>                                                                                                            |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood,                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| and other bulk fuel vendors? Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> Vendors are checked against an approved vendors list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input checked="" type="checkbox"/> Two-party checks are issued naming client and vendor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> Conduct monitoring of bulk fuel vendors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Other - Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>17.10. Investigations and Prosecutions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input checked="" type="checkbox"/> Refer to state Inspector General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Refer to local prosecutor or state Attorney General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/> Other - Describe:<br><br><p>Per NMAC 8.100.640, the Department shall take action to establish a claim against any eligibility determination group that received more benefits than it was entitled to receive, including LIHEAP benefits paid to a vendor on behalf of the eligibility determination group, whether or not the overpayment occurred because of an inadvertent household error (IHE), an administrative or agency error (AE), or an intentional program violation (IPV). Claims resulting from fraud or an IPV will always be established for the full amount of the overpayment. Upon receiving indication that a possible error exists, the Department shall investigate whether an erroneous payment has occurred. Pertinent information shall be requested from the participant. Because this information may be used to prosecute the participant for fraud, the participant shall not be required to provide such information; however, if the participant declines to provide information crucial to the determination of overpayment, the participant shall be ineligible for the period in question because of failure or refusal to provide information. If the Department decides that fraud may exist, the case is referred to the HSD Office of Inspector General (OIG) for further investigation or possible prosecution. Further detail is described in the above NMAC policy.</p> |
| <b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

**Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

**Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions**

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

#### **Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions**

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**

##### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

#### **Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

**(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.**

☒ **By checking this box, the prospective primary participant is providing the certification set out above.**

**Section 19: Certification Regarding Drug-Free Workplace Requirements**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

**Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)**

1. By signing and/or submitting this application or grant agreement, the Grant recipient is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the Grant recipient knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For Grant recipients other than individuals, Alternate I applies.
4. For Grant recipients who are individuals, Alternate II applies.
5. Workplaces under grants, for Grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the Grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the Grant recipient must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the Grant recipients drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the Grant recipient shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients attention is called, in particular, to the following definitions from these rules:

***Controlled substance*** means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

***Conviction*** means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

***Criminal drug statute*** means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

***Employee*** means the employee of a Grant recipient directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the Grant recipients payroll. This definition does not include workers not on the payroll of the Grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the Grant recipients payroll; or employees of subrecipients or subcontractors in covered workplaces).

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grant recipients Other Than Individuals)**

The Grant recipient certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grant recipients workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Grant recipients policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The Grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

**Place of Performance ( *That this must be physical address. No PO Boxes allowed.*)**

39-B Plaza La Prensa  
**\* Address Line 1**

Address Line 2

Address Line 3

|                                  |                             |                                   |
|----------------------------------|-----------------------------|-----------------------------------|
| Santa Fe<br><b>* <u>City</u></b> | NM<br><b>* <u>State</u></b> | 87507<br><b>* <u>Zip Code</u></b> |
|----------------------------------|-----------------------------|-----------------------------------|

**Check if there are workplaces on file that are not identified here.**

**Alternate II. (Grant recipients Who Are Individuals)**

(a) The Grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

☒ **By checking this box, the prospective primary participant is providing the certification set out above.**

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

The submitter of this application certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

☒ By checking this box, the prospective primary participant is providing the certification set out above.

## Assurances

### Assurances

**(1) use the funds available under this title to--**

**(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);**

**(B) intervene in energy crisis situations;**

**(C) provide low-cost residential weatherization and other cost-effective energy-related home repair;and**

**(D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;**

**(2) make payments under this title only with respect to--**

**(A) households in which one or more individuals are receiving--**

**(i)assistance under the State program funded under part A of title IV of the Social Security Act;**

**(ii) supplemental security income payments under title XVI of the Social Security Act;**

**(iii) food stamps under the Food Stamp Act of 1977; or**

**(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or**

**(B) households with incomes which do not exceed the greater of -**

**(i) an amount equal to 150 percent of the poverty level for such State; or**

**(ii) an amount equal to 60 percent of the State median income;**

**(except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.**

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;**

**(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income**

energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local Grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

**(8) provide assurances that,**

**(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and**

**(B) the State will treat owners and renters equitably under the program assisted under this title;**

**(9) provide that--**

**(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and**

**(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));**

**(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");**

**(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;**

**(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);**

**(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and**

**(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.**

**(15) \* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.**

**\* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.**

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**

thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.



By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

## Plan Attachments

| PLAN ATTACHMENTS                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| The following documents must be attached to this application                                                                                          |
| <ul style="list-style-type: none"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul> |
| <ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>                                                     |
| <ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>                                                     |
| <ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>                                                |
| <ul style="list-style-type: none"><li>• Policy Manual.</li></ul>                                                                                      |
| <ul style="list-style-type: none"><li>• Subrecipient Contract.</li></ul>                                                                              |
| <ul style="list-style-type: none"><li>• Model Plan Participation Notes for Tribes.</li></ul>                                                          |