DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance
Grantee Name: NEW MEXICO HEALTH CARE AUTHORITY
Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 1
Report Period: 10/01/2026 to 09/30/2027
Report Status: Submission Accepted by CO (Revision #1)

Report Sections

1. ***Mandatory Grant Application SF-424***
2. ***Section 1 - Program Components***
3. ***Section 2 - HEATING ASSISTANCE***
4. ***Section 3 - COOLING ASSISTANCE***
5. ***Section 4 - CRISIS ASSISTANCE***
6. ***Section 5 - WEATHERIZATION ASSISTANCE***
7. ***Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)***
8. ***Section 7 - Coordination, 2605(b)(4) - Assurance 4***
9. ***Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6***
10. ***Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7***
11. ***Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10***
12. ***Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)***
13. ***Section 12 - Fair Hearings,2605(b)(13) - Assurance 13***
14. ***Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16***
15. ***Section 14 - Leveraging Incentive Program ,2607A***
16. ***Section 15 - Training***
17. ***Section 16 - Performance Goals and Measures, 2605(b)***
18. ***Section 17 - Program Integrity, 2605(b)(10)***
19. ***Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters***
20. ***Section 19: Certification Regarding Drug-Free Workplace Requirements***
21. ***Section 20: Certification Regarding Lobbying***
22. ***Assurances***
23. ***Plan Attachments***

Mandatory Grant Application SF-424

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
SF - 424 - MANDATORY

*** 1.a. Type of Submission:** (•) Plan	*** 1.b. Frequency:** (•) Annual	*** 1.c. Consolidated Application/ Plan/Funding Request?** **Explanation:**	*** 1.d. Version:** (•) Initial ( ) Resubmission ( ) Revision ( ) Update
		2. Date Received:	**State Use Only:**
		3. Applicant Identifier:	
		4a. Unique Entity Identifier (UEI) K49NN52HU4L7	**5. Date Received By State:**
		4b. Federal Award Identifier: 1-8560000570A5	**6. State Application Identifier:**

7. APPLICANT INFORMATION

*** a. Legal Name:** New Mexico Health Care Authority

*** b. Address:**

*** Street 1:**	PO Box 2348	**Street 2:**	2009 S Pacheco St.
*** City:**	SANTA FE	**County:**	Santa Fe
*** State:**	NM	**Province:**	
*** Country:**	United States	*** Zip / Postal Code:**	87504 - 2348

c. Organizational Unit:

Department Name:	**Division Name:** Income Support Division

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)

*** First Name:** Freddie	*** Last Name:** Sandoval
Title: Management Analyst	**Organizational Affiliation:**
*** Telephone Number:** 505-709-5747	**Fax Number**

*** Email:** freddie.sandoval@hsd.nm.gov

*** 8. TYPE OF APPLICANT:**
A: State Government

*** a. Is the applicant a Tribal Consortium:** ( ) Yes (•) No

*** b. If yes please attach at least one the following documentation:**

	Catalog of Federal Domestic Assistance Number:	**CFDA Title:**
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
LIHEAP

11. AREAS AFFECTED BY FUNDING:
Low Income Households in New Mexico

12. CONGRESSIONAL DISTRICTS OF APPLICANT:
3

13. FUNDING PERIOD:

a. Start Date: 10/01/2026	**b. End Date:** 09/30/2027

*** 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under Executive Order 12372

Process for review on:05/25/2026

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?**

○ YES

◉ 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)**

****I Agree** ☑

**** 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	**17c. Telephone (area code, number and extension)**
Kari Armijo	**17d. Email Address** kari.armijo@hsd.nm.gov
17b. Signature of Authorized Certifying Official 	**17e. Date Report Submitted (Month, Day, Year)** 09/17/2026

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: 02/28/2028

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. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
☑	Heating assistance	10/01/2026	09/30/2027
☑	Cooling assistance	10/01/2026	09/30/2027
☑	Summer crisis assistance	10/01/2026	09/30/2027
☑	Winter crisis assistance	10/01/2026	09/30/2027
☑	Year-round crisis assistance	10/01/2026	09/30/2027
☑	Weatherization assistance	10/01/2026	09/30/2027

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: The total of all percentages must add up to 100%.	Percentage (%)	Prior year totals
Heating assistance	45.00%	48.00%
Cooling assistance	25.00%	20.00%
Summer crisis assistance	4.00%	0.00%
Winter crisis assistance	2.00%	4.00%
Year-round crisis assistance	4.00%	4.00%
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%
TOTAL	100.00%	100.00%

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.

Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)

1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

☑	**Heating assistance**	☑	**Cooling assistance**
☐	**Weatherization assistance**	☐	**Other (specify:)**

Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8

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? ○ Yes ◉ No

If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.

	Heating	Cooling	Crisis	Weatherization
TANF	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
SSI	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
SNAP	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
Means-tested Veterans Programs	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ 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.

1.5 Do you automatically enroll households without a direct annual application? ○ Yes ○ No

If Yes, explain:

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?

SNAP Nominal Payments

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? ○ Yes ◉ No

If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.

1.7b Amount of Nominal Assistance: $0.00

1.7c Frequency of Assistance

☐	**Once Per Year**
☐	**Once every five years**
☐	**Other - Describe:**

1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?

Determination of Eligibility - Countable Income

1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?

☑	**Gross Income**
☐	**Net Income**
☐	**Other - Describe**

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

☑	**Wages**
☑	**Self - Employment Income**
☑	**Contract Income**
☑	**Payments from mortgage or Sales Contracts**
☑	**Unemployment insurance**

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

☑	**Other** When a crisis applicant is over the 150% of FPL, NM allows for the household's net income to be considered for eligibility if during the 30 days preceding the application, the household has faced a financial hardship, i.e., unforeseen medical/prescription expenses, emergency household repair. • New Mexico Administrative Code (NMAC) 8.150.6209 Crisis Intervention Standards: Households who are over the income standards but meet the crisis intervention requirement may be eligible for a crisis LIHEAP benefit. • NMAC 8.150.520.18 If a household is over the income standards, HCA staff should explore the household's financial circumstance and take into account any financial crisis in the household that may have resulted in the household's inability to meet its utility or fuel expense in the past 30 days. In these cases, the household's net income, rather than gross income, may be considered to determine income eligibility.

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.

1.10 Do you have an online application process ◉ **Yes** ○ **No**

1.10a If yes, describe the type of online application (Select all boxes that apply)

☑	**A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.**
☑	**A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.**
☑	**One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.**
☑	**Online application that is also mobile friendly**
☑	**Other, please describe** **New Mexico Health Care Authority Income Support Division offers telephonic applications for all programs. The customer can all the Consolidated Customer Service Call Center to get assistance with completing the application over the phone. This service is designed to support individuals who may face transportation barriers.**

Please include a link(s) to a statewide application, if available:

https://yes.nm.gov/nmhr/s/?language=en_US

1.10b Can all program components be applied for online? ◉ Yes ○ No

If no, explain which components can and cannot be applied for online.

1.11 Do you have a process for conducting and completing applications by phone ◉ Yes ○ No

1.12 Do you or any of your subrecipients require in person appointments in order to apply ○ Yes ◉ No

If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.

1.13 How can applicants submit documentation for verification? Select all that apply:

☑	**In-person**
☑	**Mail**
☑	**Email**
☑	**Portal application**
☑	**Other, please describe** Custmers can fax documents and verifications to the Income Supports Central Scanning Area at 1-855-804-8960

Hidden for Section 1

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: 02/28/2028

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:

- **Subsidized rent/utilities with additional separate utility cost:** Households receiving subsidized rent assistance who also have additional out-of-pocket utility expenses may be **eligible** for LIHEAP;
- **Subsidized rent with utilities included:** Households whose heating and cooling costs are fully included in their subsidized rent, with no additional out-of-pocket utility expenses, are **not eligible** for LIHEAP;
- **Subsidized rent with rental cost:** Households receiving subsidized rent assistance who pay rent but are not responsible for utility costs are **not eligible** for LIHEAP;
- **Subsidized rent with no cost:** Households receiving subsidized rent assistance who do not pay rent or utilities are **not eligible** for LIHEAP;

Renters with utilities included in the rent? ◉ Yes ○ No

If yes, describe:

Yes, in New Mexico, households paying non-subsidized rent whose utility costs are included in the rent are eligible for the Low Income Home Energy Assistance Program (LIHEAP), even if the lease does not specifically designate a portion of the rent for utilities, pursuant to New Mexico Administrative Code 8.150.410.11(A)(2).

Do you give priority in eligibility to:

Older Adults (60 years or older)? ◉ Yes ○ No

If yes, describe:

Yes, in New Mexico, households that include one or more members age 60 or older receive two additional points in the Low Income Home Energy Assistance Program (LIHEAP) benefit calculation. This reflects the state's point-based system, which gives priority to households with more vulnerable members. Eligibility for this additional credit is determined using date of birth information provided during the application process.

Individuals with a disability? ◉ Yes ○ No

If yes, describe:

A disability is considered a physical or mental impairment that significantly limits an individual's ability to care for themselves or perform routine daily activities. Under the LIHEAP point system, households with one or more members who meet this definition are eligible to receive two additional points. Households automatically qualify for these points when a member receives disability-based income such as Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). If no such income is received, a current physician's statement verifying the disability is required to award the points.

Young children? ◉ Yes ○ No

If yes, describe:

Age five and under: Two points are assigned to eligible households that include one or more members age five and under, as determined by birthdate information.

Households with high energy burdens?	(●) Yes ( ) No

If yes, describe:

Points are assigned based on a household's energy burden, which is calculated as the percentage of income spent on energy costs. The point allocation is as follows:

- Zero points for a 0–5 percent energy burden;
- One point for a 6–10 percent energy burden;
- Two points for an 11–15 percent energy burden;
- Three points for a 16 percent or greater energy burden.

In addition:

- Households with energy burden that includes propane usage receive an additional two points.

Other?	( ) Yes (●) No

If yes, describe:

Explanations of policies for each "yes" checked above:

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.

Households that include vulnerable individuals—such as members age 60 or older, children age 5 and under, or persons with a disability—as well as households requesting assistance with bulk fuel propane, may qualify for an additional benefit.

2.5 Check the variables you use to determine your benefit levels. (Check all that apply):

- [x] **Income**
- [x] **Family (household) size**
- [x] **Home energy cost or need:**
  - [x] **Fuel type**
  - [ ] **Climate/region**
  - [x] **Individual bill**
  - [ ] **Dwelling type**
  - [x] **Energy burden (% of income spent on home energy)**
  - [x] **Energy need**
  - [x] **Other - Describe:**

Households that include vulnerable individuals—such as members age 60 or older, children age 5 and under, or persons with a disability—as well as households requesting assistance with bulk fuel propane, may qualify for an additional benefit.

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(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.***

Minimum Benefit	$80	**Maximum Benefit**	$560

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?2 ( ) 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.

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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 also have additional out-of-pocket utility expenses may be **eligible** for LIHEAP;

Subsidized rent with utilities included: Households whose heating and cooling costs are fully included in their subsidized rent, with no additional out-of-pocket utility expenses, are **not eligible for LIHEAP;**

Subsidized rent with rental cost: Households receiving subsidized rent assistance who pay rent but are not responsible for utility costs are **not eligible for LIHEAP;**

Subsidized rent with no cost: Households receiving subsidized rent assistance who do not pay rent or utilities are **not eligible for LIHEAP**

Renters with utilities included in the rent? ◉ Yes ○ No

If yes, describe:

Yes, in New Mexico, households paying non-subsidized rent whose utility costs are included in the rent are eligible for the Low Income Home Energy Assistance Program (LIHEAP), even if the lease does not specifically designate a portion of the rent for utilities, pursuant to New Mexico Administrative Code 8.150.410.11(A)(2).

Do you give priority in eligibility to:

Older Adults (60 years or older)? ◉ Yes ○ No

If yes, describe:

Yes, in New Mexico, households that include one or more members age 60 or older receive two additional points in the Low Income Home Energy Assistance Program (LIHEAP) benefit calculation. This reflects the state's point-based system, which gives priority to households with more vulnerable members. Eligibility for this additional credit is determined using date of birth information provided during the application process.

Individuals with a disability? ◉ Yes ○ No

If yes, describe:

A disability is considered a physical or mental impairment that significantly limits an individual's ability to care for themselves or perform routine daily activities. Under the LIHEAP point system, households with one or more members who meet this definition are eligible to receive two additional points. Households automatically qualify for these points when a member receives disability-based income such as Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). If no such income is received, a current physician's statement verifying the disability is required to award the points.

Young children? ◉ Yes ○ No

If yes, describe:

Age five and under: Two points are assigned to eligible households that include one or more members age five and under, as determined by birthdate information.

Households with high energy burdens?	(•) Yes ( ) No

If yes, describe:

Points are assigned based on a household's energy burden, which is calculated as the percentage of income spent on energy costs. The point allocation is as follows:

- Zero points for a 0–5 percent energy burden;
- One point for a 6–10 percent energy burden;
- Two points for an 11–15 percent energy burden;
- Three points for a 16 percent or greater energy burden.

In addition:

- Households with energy burden that includes propane usage receive an additional two points.

Other?	( ) Yes (•) 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.

Households that include vulnerable individuals—such as members age 60 or older, children age 5 and under, or persons with a disability—as well as households requesting assistance with bulk fuel propane, may qualify for an additional benefit.

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):

- [x] **Income**
- [x] **Family (household) size**
- [x] **Home energy cost or need:**
  - [x] **Fuel type**
  - [ ] **Climate/region**
  - [x] **Individual bill**
  - [ ] **Dwelling type**
  - [x] **Energy burden (% of income spent on home energy)**
  - [x] **Energy need**
  - [x] **Other - Describe:**

Households that include vulnerable individuals—such as members age 60 or older, children age 5 and under, or persons with a disability—as well as households requesting assistance with bulk fuel propane, may qualify for an additional benefit.

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	$80	**Maximum Benefit**	$560

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? ( ) 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.

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: 02/28/2028

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 refusal of fuel sale from their fuel vendor due to nonpayment, inability to pay, insufficient funds to open an account, or failure to meet security deposit requirements, may be eligible to receive a crisis LIHEAP benefit. The Department is required to provide intervention to resolve any existing energy crisis.

Processing applications for households in crisis includes contacting the utility company or fuel provider within specified timeframes to facilitate resolution. Contact with utility vendors will occur no later than 48 hours after receipt of 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 during 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 based on seasonal needs. ISD LIHEAP will ensure 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?

Per NMAC 8.150.100.7, a life-threatening situation under LIHEAP is an energy-related emergency that poses an immediate threat to the health or safety of one or more household members. Common examples of a life-threatening energy crisis include utility disconnection or imminent disconnection; lack of adequate heating during extreme cold or cooling during dangerous heat conditions, particularly for vulnerable individuals such as infants, elderly persons, or individuals with disabilities; non-delivery of heating fuel such as propane, oil, or wood during critical weather conditions; and situations where the loss of energy service could cause or worsen a serious medical condition, including the inability to operate life-sustaining medical equipment.

Eligible households experiencing a life-threatening emergency will be provided assistance no later than 18 hours after the household's application for LIHEAP benefits is received. Assistance includes contacting the utility or fuel vendor to intercede on the household's behalf and help resolve the crisis situation.

Crisis Requirement, 2604(c)

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?	☐	☐	☑
4.7 Check the appropriate boxes below to indicate type(s) of assistance provided 0			
Do you require an Assets test?	☐	☐	☐
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	☐	☐	☑
Individuals with a disability?	☐	☐	☑
Young Children?	☐	☐	☑
Households with high energy burdens?	☐	☐	☑

Other (Specify):	☐	☐	☐
In Order to receive crisis assistance:			
Must the household have received a shut-off notice or have a near empty tank?	☐	☐	☑
Must the household have been shut off or have an empty tank?	☐	☐	☑
Must the household have exhausted their regular heating benefit?	☐	☐	☑
Must renters with heating costs included in their rent have received an eviction notice?	☐	☐	☐
Must heating/cooling be medically necessary?	☐	☐	☑
Must the household have non-working heating or cooling equipment?	☐	☐	☐
Other (Specify):	☐	☐	☐
Do you have additional/differing eligibility policies for:			
Renters?	☐	☐	☑
Renters living in subsidized housing?	☐	☐	☑
Renters with utilities included in the rent?	☐	☐	☑

Explanations of policies for each "yes" checked above:

Determination of Benefits

4.8 How do you handle crisis situations?

☐	Separate component
☑	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.
☐	Other - Describe:

4.9 If you have a separate component, how do you determine crisis assistance benefits?

☐	Amount to resolve the crisis. $0
☐	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?

◉ Yes ○ 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?

◉ Yes ○ No

If No, explain.

Travel to the sites at which applications for crisis assistance are accepted?

◉ Yes ○ 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	$560.00	**maximum benefit**
Summer Crisis	$560.00	**maximum benefit**
Year-round Crisis	$560.00	**maximum benefit**

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

○ Yes ◉ No **If yes, Describe**

4.14 Do you provide for equipment repair or replacement using crisis funds?

○ Yes ◉ 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 Crisis	Summer Crisis	Year-round Crisis
Heating system repair	☐	☐	☐
Heating system replacement	☐	☐	☐
Cooling system repair	☐	☐	☐
Cooling system replacement	☐	☐	☐
Wood stove purchase	☐	☐	☐
Pellet stove purchase	☐	☐	☐
Solar panel(s)	☐	☐	☐
Utility poles / gas line hook-ups	☐	☐	☐
Other (Specify):	☐	☐	☐

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 through March 15, customers who are current on their utility bills or have an active payment arrangement with their utility vendor are protected under the Winter Moratorium. During this period, 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 the disaster is recognized by the Governor, supplemental benefits may be issued, depending on funding availability, to households that have received a LIHEAP benefit within the federal fiscal year (FFY).

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.

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: 02/28/2028

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 $8,547 per single-family unit.
• MFA, the designated weatherization contractor, provides weatherization services to eligible Native American pueblos in New Mexico that do not receive their own LIHEAP funding.
• 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 occupied by households with income over 200% of FPL.
• 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 the 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.
• SIR Requirements. Measures that are not considered incidental repair or health and safety must show an energy savings. The individual measures do not need to show a whole number of Savings to Investment Ratio(SIR) of 1 or greater, but the entire house minus the health and safety expenses does need to show a cumulative SIR cost effective number of 1 or greater.

☐ **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 Ration (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	(•) Yes ( ) No
Renters living in subsidized housing?	( ) Yes (•) No
Renters with utilities included in the rent?	( ) Yes (•) No
5.8 Do you give priority in eligibility to:	
Older Adults?	(•) Yes ( ) No
Individuals with a disability?	(•) Yes ( ) No
Young Children?	(•) Yes ( ) No
House holds with high energy burdens?	(•) Yes ( ) No
Other?	( ) Yes ( ) No

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.

The Health Care Authority (HCA) maintains a contract with the Mortgage Finance Authority (MFA), which is responsible for determining eligibility. Per MFA policy, if an applicant rents their home, the landlord must sign an agreement that provides certain tenancy protections. MFA also gives preference to income-eligible households that include individuals over 60 years of age, persons with disabilities, families with young children, or households experiencing high energy burdens.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? ( ) Yes (•) No

5.9a If yes, what is the maximum? $0

5.10 Do you use an Average Cost per Unit (ACPU). (•) Yes ( ) No

5.10a If so, what is the ACPU amount? $8,813

Types of Assistance, 2605(c)(1), (B) & (D)

5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)

☑ **Weatherization needs assessments/audits**	☑ **Energy related roof repair**
☑ **Caulking and insulation**	☐ **Major appliance repairs**
☑ **Storm windows**	☑ **Major appliance replacement**
☑ **Furnace/heating system modifications/repairs**	☑ **Windows/sliding glass doors**
☑ **Furnace replacement**	☑ **Doors**
☑ **Cooling system modifications/repairs**	☑ **Water Heater**
☑ **Water conservation measures**	☑ **Cooling system replacement**
☐ **Roof top solar**	☐ **Community solar projects**
☐ **Compact florescent light bulbs**	☑ **Other - Describe:** LED Light Bulbs may be used to replace current bulbs.

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.

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: 02/28/2028

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:

- [x] **Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.**
- [x] **Publish articles in local newspapers or broadcast media announcements.**
- [x] **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**
- [x] **Texting**
- [ ] **Events**
- [x] **Social Media**
- [x] **Other (specify):**

HCA works closely with utility vendors and other local organizations to reach low-income families, elderly individuals, persons with disabilities, and families with young children. LIHEAP staff participate in outreach activities throughout the state and provide literature and information regarding available services and programs. Staff has gone to Community Resource fairs. LIHEAP Staff is preparing to travel to different county outcreach fairs. Staff also work closely with New Mexico's 33 counties and 33 Income Support field offices to ensure that approximately 115,000 eligible households are aware of the services available to them. In addition, mass text messaging is used to reach current and former Income Support customers with information about various low-income programs offered to eligible households. This outreach effort will continue as an ongoing communication strategy for eligible New Mexico families and 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.

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: 02/28/2028

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:**

Several organizations throughout the state are available to help households complete LIHEAP applications. Utility vendors often include flyers and program information in their monthly billing statements, and many community entities accept applications and submit them to the Health Care Authority (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.

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: 02/28/2028

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?

☑	**Administration Agency**
☐	**Commerce Agency**
☐	**Community Services Agency**
☐	**Energy/Environment Agency**
☐	**Housing Agency**
☐	**State Department of Welfare (administers TANF, SNAP, and/or Medicaid)**
☐	**Economic Development Agency**
☐	**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, many partner entities accept completed applications and submit 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, where HCA provides information and training on how to accurately complete LIHEAP applications. LIHEAP staff are also making efforts to attend various resource fairs across the state to further expand outreach and access to program information.

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, many partner entities accept completed applications and submit 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, where HCA provides information and training on how to accurately complete LIHEAP applications. LIHEAP staff are also making efforts to attend various resource fairs across the state to further expand outreach and access to program information.

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, many partner entities accept completed applications and submit 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, where HCA provides information and training on how to accurately complete LIHEAP applications. LIHEAP staff are also making efforts to attend various resource fairs across the state to further expand outreach and access to program information.

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?

HCA is the administering agency for LIHEAP. HCA has 33 field offices located statewide and HCA field staff are trained in determining the eligibility of LIHEAP applications.

8.7 How many local administering agencies do you use? 33

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.

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: 02/28/2028

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 benefit is sent directly to the customer for energy assistance in the following instances:

- The household heats their home by cutting or gathering their own firewood or 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?

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?

In the MOU between HCA and each vendor, the payment process to the customer is outlined. The vendor is held to the language stated in the MOU. HCA also has a File Sharing system STS which shows the payments and the where they need to be posted. HCA alos shows when the payment has been accepted and when the Invoice has been PAID/CASHED. LIHEAP unit has an updated contact list if any customer state that the vendor have not recieved the payemnt. LIHEAP unit sends email with all Payment and Invoice information for verification. If there is an error, LIHEAP has a Transfer memo where the payment needs to be posted.

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) with the Health Care Authority (HCA)/ Income Support Division (ISD), which includes language stating that eligible LIHEAP households shall not be treated differently from other customers. Vendors are held accountable to this requirement 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 on customer service standards, equity in program delivery, and non-discriminatory practices to ensure uniform treatment of all applicants and recipients.

A formal complaint process is in place for households to report concerns, including allegations of adverse or unequal treatment. All complaints are investigated promptly, and corrective action is taken as necessary. In addition, regular case reviews and vendor oversight activities, such as audits and site visits, are conducted to identify and address any instances of inappropriate or unequal treatment.

Through these mechanisms, HCA ensures 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.

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: 02/28/2028

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 and tracked through a coordinated effort across multiple divisions of the Health Care Authority (HCA) to ensure proper use, accountability, reconciliation, and financial oversight. Key tracking mechanisms include:

1. The Grants Management Bureau of the HCA Administrative Services Division (ASD) tracks all LIHEAP grant funding, including obligations, expenditures, and deposit activities.
2. The Program Support Bureau (PAB) within HCA/Income Support Division (ISD) tracks LIHEAP benefit disbursements and administrative funding allocations.
3. Quarterly reconciliation meetings are conducted with the Administrative Services Division (ASD) to ensure financial alignment and oversight.
4. Monthly payment reconciliations are completed using the statewide accounting system to ensure accuracy and accountability.
5. The Restitutions Bureau within ASD tracks and manages all LIHEAP claims and restitutions.
6. The LIHEAP Unit and ASD Accounts Receivable (AR) Bureau jointly track vendor refunds, while AR and the Grants Management Bureau monitor related 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 required actions. All of the following actions must occur in order to obligate funds for the LIHEAP formula-based grant:

1. The Director of the Office of Community Services (OCS), Administration for Children and Families (ACF), will make the application for the Federal LIHEAP Block Grant available by April 1 of each year.

2. By September 1 of each year, the New Mexico Health Care Authority, Income Support Division (HCA/ISD), will submit the required application online through OLDC or by other mechanisms as directed by the Director of OCS/ACF.

3. HCA/ISD will identify in the State Plan the estimated percentage of funds allocated for each program component and will ensure that funds are obligated after completing the following actions:
• Request meaningful participation from the public, ISD employees, subgrantees, and stakeholders in the development of the LIHEAP State Plan;
• Obtain the Governor's or designee's signature agreeing to abide by all federal terms and conditions of the grant;
• Receive notification from the designated LIHEAP Program Specialist approving the application for federal assistance.

4. Once HCA/ISD is notified by OCS/ACF that the LIHEAP State Plan has been approved and the Grant Award has been received, the HCA Administrative Services Division (ASD) will submit the LIHEAP budget to the Department of Finance and Administration (DFA) to obtain budget authority. Upon completion of this process, HCA/ISD may begin incurring allowable costs during the grant period that require immediate or future payment, thereby obligating up to 90 percent of the grant award.

Expenditures

Funds can only be expended if they have first been properly obligated. LIHEAP funds may only be used for allowable obligated expenditures, including:

- Payments to customers when the vendor is not an approved LIHEAP vendor;
- Payments for Weatherization contract services;
- Payments for eligibility system enhancements;
- Payments to approved vendors;
- Payments for office supplies;
- Payments for employee salaries and benefits; and
- Payments for LIHEAP staff to attend conferences and training related to LIHEAP administration and program operations.

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; and
- Training and conferences directly related to LIHEAP administration and implementation.

All administrative expenditures must comply with applicable federal and state laws, regulations, and guidelines to ensure proper stewardship, accountability, and oversight of LIHEAP funds.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?
(•) Yes ( ) No

10.2a - if yes, describe your auditor selection process.

Auditors are selected to audit all fiscal activites 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 ☑

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.

- ☑ **Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133**
- ☐ **Local agencies/district offices are required to have an annual audit (other than A-133)**
- ☑ **Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.**
- ☑ **Grant recipient conducts fiscal and program monitoring of local agencies/district offices**
- ☑ **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.

- ☑ **Internal program review**
- ☑ **Departmental oversight**
- ☑ **Secondary review of invoices and payments**
- ☑ **Other program review mechanisms are in place. Describe:**

The New Mexico Health Care Authority (HCA) contracts the weatherization component of LIHEAP to the New Mexico Mortgage Finance Authority (MFA), which functions as a pass-through entity to its network of service providers. To ensure accountability and compliance, HCA conducts an annual on-site visit and Management Evaluation (ME), which includes comprehensive fiscal and programmatic reviews.

On a monthly basis, HCA performs a second-party review of invoices and payments, which includes:

- Verifying the accuracy of billing;
- Cross-referencing invoices with MFA's weatherized unit reports; and
- Ensuring all services and costs are allocable and allowable under LIHEAP guidelines.

Local Administering Agencies/District Offices:

- ☐ **On - site evaluation**
- ☐ **Annual program review**
- ☐ **Monitoring through central database**
- ☐ **Desk reviews**
- ☑ **Client File Testing/Sampling**
- ☑ **Other program review mechanisms are in place. Describe:**

LIHEAP staff conduct monthly reviews of randomly selected household cases to ensure compliance with all applicable policies and procedures. These reviews serve as a quality assurance measure to evaluate eligibility determinations, application processing accuracy, and adherence to program requirements by field staff responsible for approving applications.

In addition, LIHEAP staff conduct vendor audits to ensure payments are posted correctly and that vendor accounts are properly credited in accordance with program requirements.

If inaccuracies, inconsistent information, or policy deviations are identified, the following corrective actions are taken:

- The appropriate staff involved in the review or approval process, including the Family Assistance Analyst (FAA), supervisor, Regional Office Manager (ROM), and/or County Director (CD), are notified;
- Necessary corrections are initiated promptly to resolve identified errors;
- LIHEAP staff track cases with inconsistent information until all errors have been fully corrected; and
- Preventive measures, including technical assistance, procedural reinforcement, or additional oversight, are implemented to reduce the likelihood of recurrence.

This review and corrective action process helps ensure program integrity, accountability, and ongoing compliance with LIHEAP policies and procedures.

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.

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: 02/28/2028

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:**

Email and hard copy were sent to vendors to review the LIHEAP plan.

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	08/14/2026	Held at 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).

None of our partners, Vendors, or upper management had any comments.

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

No changes were made to LIHEAP Plan.

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.

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: 02/28/2028

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? 1

12.2 How many of those fair hearings resulted in the initial decision being reversed? 1

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 Fair Hearing

You have the right to request a fair hearing if you disagree with a decision made by the New Mexico Health Care Authority (HCA) regarding your application or benefits. A fair hearing gives you the opportunity to explain why you believe the decision was incorrect. An impartial hearing officer, as required by law, will review the facts of your case in a fair and objective manner.

A fair hearing may be requested if:

- Your application for benefits is denied;
- You disagree with a decision made on your case;
- You believe your benefits were not calculated correctly; or
- A change was made to your case or benefits that you do not agree with.

Timeframe to Request a Fair Hearing

You have ninety (90) days from the date of the notice to request a fair hearing. If you request a hearing within thirteen (13) days from the date of the notice, your benefits may continue at the same level you received before the action was taken, until a decision is made on your case, unless another unrelated change occurs. If the hearing decision is not in your favor, you may be required to repay any benefits received during the hearing process.

A fair hearing is not available when the action being challenged results from a federal or state mass change.

How to Request a Fair Hearing

In accordance with NMAC 8.100.970.9, a claimant or authorized representative may request a fair hearing either orally or in writing. If the request is made orally, the Department will take the necessary steps to initiate the hearing process. The HCA Fair Hearings Bureau will promptly send written acknowledgment upon receipt of a written or oral request.

You may request a fair hearing by:

- Completing and returning the hearing request section included with a notice;
- Writing to or calling your local HCA office or the Customer Service Center at 1-800-283-4465; or
- Writing to the HCA Fair Hearings Bureau, P.O. Box 2348, Santa Fe, NM 87504-2348, or calling 505-476-6213.

If you disagree with a decision made by the New Mexico Health Insurance Exchange (NMHIX), you may appeal by contacting NMHIX at 1-800-318-2596 and requesting reconsideration of the action. You may authorize another person to represent you during the appeals process.

Hearing Procedures

Unless expedited scheduling is requested, the HCA Fair Hearings Bureau will provide written notice of the hearing date, time, and location at least ten (10) calendar days before the hearing, pursuant to NMAC 8.100.970.100.

Claimants or authorized representatives are entitled to at least one postponement of a scheduled hearing. Requests for postponement must generally be made no later than one (1) business day before the scheduled hearing unless otherwise permitted by the Fair Hearings Bureau. A postponement may not exceed thirty (30) days, and the timeframe for issuing a decision will be extended by the number of days the hearing is postponed.

Hearings are generally conducted at the ISD office by a hearing officer from the HCA Fair Hearings Bureau or NMHIX. Prior to the hearing, you or your representative may review your case record and any evidence that will be used in deciding your case. During the hearing, you

may:

- Explain why you believe the decision was incorrect;
- Present documents or other evidence;
- Bring witnesses; and
- Question the Department or NMHIX regarding the action taken and supporting evidence.

You may represent yourself or be represented by a friend, household member, authorized representative, or attorney. For information regarding free legal assistance, call 1-833-545-4357.

Hearing Decision

After the hearing, the hearing officer will prepare a report and recommendation. The HCA Division Director or NMHIX Director will issue the final decision regarding whether the action taken was correct. You will receive written notice explaining the decision and the reasons for it.

-

12.5 When and how are applicants informed of these rights?

The Notice of Rights, which details the right to a hearing, is included on every application and Notice of Case Action. Applicants are informed of their appeal rights during the initial application process and receive a Notice of Case Action regarding their benefits, which also outlines these rights.

If applicants do not agree with a decision made by the Health Care Authority (HCA) regarding their application or benefits, they may request a hearing by:

- Completing and returning the bottom portion of their notice;
- Writing or calling their local HCA office; or
- Contacting HCA's Hearings Bureau by mail or phone.

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.

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: 02/28/2028

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.

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: 02/28/2028

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.

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: 02/28/2028

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:

- [x] **Formal training provided virtually, on-site, and/or formal training conference**

How often?

- [x] **Annually**
- [ ] **Biannually**
- [x] **As needed**
- [ ] **Other, describe:**

- [x] **Employees are provided with policy manual**
- [x] **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 through Blackboard is required once per state fiscal year and is also available throughout the year as needed. HCA/ISD case workers can also review any trainings and policy in out ISD QuikGuifde website. QuikQuide is an ongoing resource giude where guidance, policy, and important forms are held as resource.

All staff receive training on New Mexico's Automated System Program and Eligibility Network (ASPEN) and are provided with comprehensive policy and procedure manuals that guide them through the system and support the consistent application of LIHEAP policies and program requirements.

Additional training and technical assistance are provided throughout the year as needed. The LIHEAP Unit provides ongoing guidance to HCA/ISD workers regarding policy interpretation, eligibility determinations, and case processing requirements. The LIHEAP Unit also conducts case reviews to monitor compliance and identify trends or areas requiring improvement. Guidance, corrective instruction, and supplemental trainings are developed and provided based on the results of these reviews to promote accuracy, consistency, and continued program compliance.

b. Local Agencies:

- [ ] **Formal training provided virtually, on-site, and/or formal training conference**

How often?

- [x] **Annually**
- [ ] **Biannually**
- [ ] **As needed**
- [ ] **Other, describe:**

- [ ] **On-site training**

How often?

- [ ] **Annually**
- [ ] **Biannually**
- [ ] **As needed**
- [ ] **Other, describe:**

- [x] **Employees are provided with policy manual**
- [ ] **Other, describe:**

c. Vendors

- [ ] **Formal training conference**

How often?

- [ ] **Annually**
- [ ] **Biannually**
- [x] **As needed**
- [ ] **Other, describe:**

- [ ] **Policies communicated through vendor agreements**
- [ ] **Policies are outlined in a vendor manual**
- [x] **Other, describe:**

Vendors receive file-sharing training whenever new employees are onboarded. In addition, training is provided to all newly approved vendors prior to receiving LIHEAP funds to ensure compliance with program requirements, established file-sharing procedures, and use of the Secured Transport System, an automated platform that allows vendors to review and approve payments, verify that eligible clients are active customers, and access payment files specifying the amount and type of payment.

Vendor policy and procedures and in included within the Memorandum of Understanding (MOU).

15.2 Does your training program address fraud reporting and prevention?

- (•) Yes
- ( ) No

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.

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: 02/28/2028

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 New Mexico's Automated System Program and Eligibility Network (ASPEN), the state's customer eligibility system. Information provided by applicants for LIHEAP benefits—whether submitted online, in person, or through field staff—is entered into ASPEN and used for official program data collection, eligibility determination, reporting, and administrative purposes.

Reports are generated through ASPEN to support program monitoring and federal reporting requirements, including the Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service measures.

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.

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: 02/28/2028

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.

- [x] Online Fraud Reporting
- [x] Dedicated Fraud Reporting Hotline
- [x] Report directly to local agency/district office or Grant recipient office
- [x] Report to State Inspector General or Attorney General
- [x] 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

- [x] Printed outreach materials
- [x] Posted in local administering agencies offices.
- [x] Addressed on LIHEAP application
- [x] 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	☐	Required	☐	Required	☐	Required
	☑	Requested	☑	Requested	☑	Requested
Social Security Number (Without actual Card)	☑	Required	☑	Required	☑	Required
	☐	Requested	☐	Requested	☐	Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	☑	Required	☑	Required	☑	Required
	☐	Requested	☐	Requested	☐	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							

		☐	☐	☐	☐	☐	☐

17.3. Citizenship/Legal Residency Verification

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.

- ☑ **Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen**
- ☑ **Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.**
- ☑ **Non-Citizens must provide documentation of immigration status**
- ☑ **Citizens must provide a copy of their birth certificate, naturalization papers, or passport**
- ☑ **Non-Citizens are verified through the SAVE system**
- ☐ **Tribal members are verified through Tribal enrollment records/Tribal ID card**
- ☑ **Other - Describe:**

  Only those individuals seeking benefits for themselves are required to verify any of the above.

17.4. Income Verification

What methods does your agency utilize to verify household income? Select all that apply.

- ☑ **Require documentation of income for all adult household members**
  - ☑ **Pay stubs**
  - ☑ **Social Security award letters**
  - ☑ **Bank statements**
  - ☑ **Tax statements**
  - ☑ **Zero-income statements**
  - ☑ **Unemployment Insurance letters**
  - ☑ **Other - Describe:**

    A sworn statement or collateral, per 8.100.130 NMAC.
- ☑ **Computer data matches:**
  - ☑ **Income information matched against state computer system (e.g., SNAP, TANF)**
  - ☑ **Proof of unemployment benefits verified with state Department of Labor**
  - ☑ **Social Security income verified with SSA**
  - ☑ **Utilize state directory of new hires**
  - ☐ **Other - Describe:**

b. Describe any exceptions to the above policies.

17.5 Identification Verification

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

- ☑ **Verify SSNs with Social Security Administration**
- ☑ **Match SSNs with death records from Social Security Administration or state agency**
- ☑ **Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)**
- ☑ **Match with state Department of Labor system**
- ☑ **Match with state and/or federal corrections system**
- ☑ **Match with state child support system**
- ☑ **Verification using private software (e.g., The Work Number)**
- ☐ **In-person certification by staff (for tribal Grant recipients only)**
- ☐ **Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)**
- ☐ **Other - Describe:**

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.

- [x] Policy in place prohibiting release of information without written consent
- [x] Grant recipient LIHEAP database includes privacy/confidentiality safeguards
- [x] Employee training on confidentiality for:
  - [x] Grant recipient employees
  - [x] Local agencies/district offices
- [x] Employees must sign confidentiality agreement
  - [x] Grant recipient employees
  - [x] Local agencies/district offices
- [ ] Physical files are stored in a secure location
- [x] Electronic files are protected in a secure location.
- [ ] Other - Describe:

17.7. Verifying the Authenticity

What policies are in place for verifying vendor authenticity? Select all that apply.

- [x] All vendors must register with the State/Tribe.
- [x] All vendors must supply a valid SSN or TIN/W-9 form
- [x] Vendors are verified through energy bills provided by the household
- [x] Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
- [ ] Other - Describe and note any exceptions to policies above:

17.8. Benefits Policy - Gas and Electric Utilities

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.

- [x] Applicants required to submit proof of physical residency
- [x] Applicants must submit current utility bill
- [x] Data exchange with utilities that verifies:
  - [x] Account ownership
  - [x] Consumption
  - [x] Balances
  - [x] Payment history
  - [x] Account is properly credited with benefit
  - [ ] Other - Describe:
- [x] Centralized computer system/database tracks payments to all utilities
- [x] Centralized computer system automatically generates benefit level
- [x] Separation of duties between intake and payment approval
- [ ] Payments coordinated among other energy assistance programs to avoid duplication of payments
- [ ] Payments to utilities and invoices from utilities are reviewed for accuracy
- [x] Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
- [x] Direct payment to households are made in limited cases only
- [x] Procedures are in place to require prompt refunds from utilities in cases of account closure
- [x] Vendor agreements specify requirements selected above, and provide enforcement mechanism
- [ ] Other - Describe:

17.9. Benefits Policy - Bulk Fuel Vendors

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.

- [x] **Vendors are checked against an approved vendors list**
- [x] **Centralized computer system/database is used to track payments to all vendors**
- [x] **Clients are relied on for reports of non-delivery or partial delivery**
- [x] **Two-party checks are issued naming client and vendor**
- [x] **Direct payment to households are made in limited cases only**
- [x] **Vendors are only paid once they provide a delivery receipt signed by the client**
- [x] **Conduct monitoring of bulk fuel vendors**
- [x] **Bulk fuel vendors are required to submit reports to the grant recipient.**
- [x] **Vendor agreements specify requirements selected above, and provide enforcement mechanism**
- [ ] **Other - Describe:**

17.10. Investigations and Prosecutions

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.

- [x] **Refer to state Inspector General**
- [ ] **Refer to local prosecutor or state Attorney General**
- [ ] **Refer to US DHHS Inspector General (including referral to OIG hotline)**
- [x] **Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public**
- [ ] **Grant recipient attempts collection of improper payments. If so, describe the recoupment process**
- [ ] **Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?**
- [ ] **Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated**
- [x] **Vendors found to have committed fraud may no longer participate in LIHEAP**
- [x] **Other - Describe:**

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 HCA Office of Inspector General (OIG) for further investigation or possible prosecution. Further detail is described in the above NMAC policy

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 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.BrBbr.

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 *** City**	NM *** State**	87507 *** Zip Code**

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

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

(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 disbursal 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
• **Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.**
• **Heating component benefit matrix, if applicable**
• **Cooling component benefit matrix, if applicable**
• **Minutes, notes, or transcripts of public hearing(s).**
• **Policy Manual.**
• **Subrecipient Contract.**
• **Model Plan Participation Notes for Tribes.**