

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: New Mexico

Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 2

Report Period: 10/01/2022 to 09/30/2023

Report Status: Saved (Revision #2)

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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.: 0970-0075
Expiration Date: 12/31/2023

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEIPLA N SF - 424 - MANDATORY

* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Federal Entity Identifier:	5. Date Received By State:
		4b. Federal Award Identifier: 1-856000570-A5	6. State Application Identifier:

7. APPLICANT INFORMATION

* a. Legal Name: State of New Mexico Human Services Department			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 1-856000570-A5		* c. Organizational DUNS: 837710722	
* d. Address:			
* Street 1:	P.O. BOX 2348, POLLON PLAZA	Street 2:	39-B Plaza La Prensa
* City:	SANTA FE	County:	Santa Fe
* State:	NM	Province:	
* Country:	United States	* Zip / Postal Code:	87507

e. Organizational Unit:	
Department Name: Human Services	Division Name: Income Support Division

f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	* First Name: Marilyn	Middle Name:	* Last Name: Wright
Suffix:	Title: LIHEAP Manager	Organizational Affiliation:	
* Telephone Number: 505-701-5391	Fax Number:	* Email: marilyn.wright@state.nm.us	

* 8a. TYPE OF APPLICANT: A: State Government
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b. Additional Description:

* 9. Name of Federal Agency:

Catalog of Federal Domestic Assistance Number:

CFDA Title:

10. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program
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11. Descriptive Title of Applicant's Project

12. Areas Affected by Funding:

13. CONGRESSIONAL DISTRICTS OF:	
* a. Applicant 3	b. Program/Project: Statewide

Attach an additional list of Program/Project Congressional Districts if needed.

14. FUNDING PERIOD:	15. ESTIMATED FUNDING:
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a. Start Date: 10/01/2022	b. End Date: 09/30/2023	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. 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 <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official		18c. Telephone (area code, number and extension)	
		18d. Email Address	
18b. Signature of Authorized Certifying Official		18e. Date Report Submitted (Month, Day, Year)	
Attach supporting documents as specified in agency instructions.			

Section 1 - Program Components

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, DC 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Approval No. 0970-0075
Expiration Date: 12/31/2023

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 in years in which the grantee is not permitted to file an abbreviated plan. 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
<input checked="" type="checkbox"/>	Heating assistance	10/01/2022	09/30/2023
<input checked="" type="checkbox"/>	Cooling assistance	10/01/2022	09/30/2023
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2022	09/30/2023
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2022	09/30/2023

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 (%)
Heating assistance	36.00%
Cooling assistance	12.00%
Crisis assistance	20.00%
Weatherization assistance	12.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	0.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
TOTAL	100.00%

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:

<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	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 one household member receives 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	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
SSI	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
SNAP	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

<input checked="" type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	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 ?

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

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

<input checked="" type="checkbox"/>	Wages		
<input checked="" type="checkbox"/>	Self - Employment Income		
<input checked="" type="checkbox"/>	Contract Income		
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts		
<input checked="" type="checkbox"/>	Unemployment insurance		
<input type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits		
<input checked="" type="checkbox"/>	Including MediCare deduction	<input type="checkbox"/>	Excluding MediCare deduction

- Supplemental Security Income (SSI)
- Retirement / pension benefits
- General Assistance benefits
- Temporary Assistance for Needy Families (TANF) benefits
- Supplemental Nutrition Assistance Program (SNAP) benefits
- Women, Infants, and Children Supplemental Nutrition Program (WIC) 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, HSD 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.

Section 2 - HEATING ASSISTANCE

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

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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

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

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young children? Yes No

Households with high energy burdens ? Yes No

Other? Yes No

Explanations of policies for each "yes" checked above:

Households receiving subsidized rent assistance who receive a subsidy for utilities but who incur an additional out-of pocket expense for utilities are eligible for LIHEAP. Those who do not have an out-of pocket expense are not eligible for a benefit.

HSD assigns additional points for any household member in a vulnerable group, such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel propane.

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.

The LIHEAP Application period is October 1 through September 30. Clients have the entire grant year to apply for benefits. Per NMAC 8.150.620.9, points are assigned based on household income, energy cost and household composition. HSD assigns additional points for any household members in a vulnerable group, such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel propane.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type
<input type="checkbox"/>	Climate/region
<input checked="" type="checkbox"/>	Individual bill
<input type="checkbox"/>	Dwelling type
<input type="checkbox"/>	Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

Households with vulnerable members; such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel propane are eligible for an additional benefit.

Households who cut/gather their own firewood or whose utilities are included in their rent receive a benefit but do not receive the energy burden points.

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

Minimum Benefit	\$70	Maximum Benefit	\$490
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2.7 Do you provide in-kind (e.g., blankets, space heaters) 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.

Section 3 - COOLING ASSISTANCE

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

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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

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

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young children? Yes No

Households with high energy burdens ? Yes No

Other? Bulk Fuel - Propane Yes No

Explanations of policies for each "yes" checked above:

Households receiving subsidized rent assistance or who receive a subsidy for utilities but who incur an additional out-of-pocket expense for utilities are eligible for LIHEAP. Those who do not have an out-of-pocket expense are not eligible for a benefit.

HSD assigns additional points for household members in a vulnerable group, such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel-propane.

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

Per NMAC, 8.150.620.9, points are assigned on household income, energy cost and household composition. HSD assigns additional points for any household members in a vulnerable group, such as age 60 and over, age 5 and under, members with a disability, and for any household that is seeking assistance with bulk fuel propane. Further detail is available in NMAC policy cited above.

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):

- Income
- Family (household) size
- Home energy cost or need:
 - Fuel type
 - Climate/region
 - Individual bill
 - Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

Households with vulnerable members; children 5 and under, members age 60 and over, members who are disabled, and households that are seeking assistance with bulk fuel propane are eligible for an additional benefit.

Households whose utilities are included in their rent receive a benefit but do not receive the energy burden points.

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

Minimum Benefit	\$70	Maximum Benefit	\$490
------------------------	------	------------------------	-------

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.

Section 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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.

Households that have received a written disconnect notice from their utility vendor or a statement of non-delivery or sale of fuel from their fuel vendor due to lack of payment or inability to pay, do not have sufficient funds to open an account, or do not meet the security deposit requirements, may be eligible to receive a crisis LIHEAP benefit. The Department is required to provide intervention to resolve an energy crisis that may exist. The processing of the applications for households in a crisis situation includes contacting the utility company or fuel provider within the specified time frames to resolve. Contact with the utility vendors will be provided no later than 48 hours after the household's application for LIHEAP benefits has been approved and no later than 18 hours for households with a life-threatening emergency. Crisis intervention is not available to households that have already received a LIHEAP benefit in the current federal fiscal year.

When it is determined that a household has an inoperable heating/cooling system, MFA will be allowed to have it's subcontractors repair or replace the unit depending on whether it is a summer or winter need. ISD LIHEAP will ensure that if a replacement is needed, MFA subcontractors use 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 is a related emergency that poses a threat to the health or safety of one or more members of the household.

Eligible households with a life-threatening emergency will be provided assistance no later than 18 hours after the household's application for LIHEAP benefits. Assistance is defined as contact with the vendor to intercede on the household's behalf to 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? 48Hours

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

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

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? Yes No

4.7 Check the appropriate boxes below and describe the policies for each

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

Elderly? Yes No

Disabled? Yes No

Young Children? Yes No

Households with high energy burdens? Yes No

Other? Bulk Fuel - Propane Yes No

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank? Yes No

Must the household have been shut off or have an empty tank? Yes No

Must the household have exhausted their regular heating benefit?	<input type="radio"/> Yes	No
Must renters with heating costs included in their rent have received an eviction notice ?	<input type="radio"/> Yes	No
Must heating/cooling be medically necessary?	<input checked="" type="radio"/> Yes	No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes	No
Other?	<input type="radio"/> Yes	No
Do you have additional / differing eligibility policies for:		
Renters?	<input type="radio"/> Yes	No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes	No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes	No
Explanations of policies for each "yes" checked above:		
<p>Households with vulnerable members; children 5 and under, members age 60 and over, members who are disabled, and for any household that is seeking assistance with bulk fuel propane are eligible for an additional benefits.</p> <p>Households who cut/gather their own firewood or whose utilities are included in their rent receive a benefit but do not receive the energy burden points.</p> <p>Per NMAC, 8.150.100.10.B, eligible households that have received a written disconnect notice from their utility vendor or a statement of nondelivery or sale of fuel from their fuel vendor due to lack of payment or inability to pay, do not have sufficient funds to open an account or meet the security deposit requirements, may be eligible to receive a LIHEAP benefit. The Department is required to provide intervention to resolve an energy crisis that may exist. The processing of the applications for households in a crisis situation includes contacting the utility company or fuel provider within the specified time frames to resolve. Contact with the utility vendors will be provided no later than 48 hours after the household's application for LIHEAP benefits has been approved and no later than 18 hours for households with a life-threatening emergency. Crisis intervention is not available to households that have already received a LIHEAP benefit in the current federal fiscal year. Households receiving subsidized rent assistance who receive a subsidy for utilities but who incur an additional out-of-pocket expense for utilities are eligible for LIHEAP. Those who do not have an out-of-pocket expense are not eligible for a benefit.</p>		
Determination of Benefits		
4.8 How do you handle crisis situations?		
<input type="checkbox"/>	Separate component	
<input checked="" type="checkbox"/>	Fast Track	
<input type="checkbox"/>	Other - Describe:	
4.9 If you have a separate component, how do you determine crisis assistance benefits?		
<input type="checkbox"/>	Amount to resolve the crisis.	
<input type="checkbox"/>	Other - Describe:	
Crisis Requirements, 2604(c)		
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?		
<input checked="" type="radio"/> Yes	No Explain.	
<input type="radio"/> No	<p>HSD accepts applications for energy crisis assistance at all administering agencies. We currently have 33 administering agencies statewide. HSD provides several options for applicants to apply for benefits. An application can be completed and submitted through YES New Mexico, HSD's online application. Applications can be downloaded from the HSD website and mailed to the local ISD office or to Central ASPEN Scanning Area (CASA). If applicants do not have internet access, their local field office can mail them an application. Applicants can receive assistance via telephone to complete the application, if needed.</p>	
4.11 Do you provide individuals who are physically disabled the means to:		
Submit applications for crisis benefits without leaving their homes?		
<input checked="" type="radio"/> Yes	No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?		
<input type="radio"/> 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?		
<p>HSD provides several options for applicants to apply for benefits. An application can be completed and submitted through YES New Mexico, HSD's online application. Applications can be downloaded from the HSD website and mailed to the local ISD office or Central ASPEN Scanning Area (CASA). If applicants do not have internet access, their local field office can mail them an application. Applicants can also receive assistance via telephone to complete the application, if needed.</p>		
Benefit Levels, 2605(c)(1)(B)		

4.12 Indicate the maximum benefit for each type of crisis assistance offered.		
Winter Crisis	\$0.00 maximum benefit	
Summer Crisis	\$0.00 maximum benefit	
Year-round Crisis	\$490.00 maximum benefit	

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

Yes No **If yes, Describe**

When it is determined that a household has an inoperable heating/cooling system, MFA will be allowed to have it's subcontractors repair or replace the unit depending on whether it is a summer or winter need. ISD LIHEAP will ensure that if a replacement is needed, MFA subcontractors use the most energy efficient and cost effective model available.

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

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

Yes No

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

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

NMAC 8.150.600.11, provides that no utility company shall discontinue or disconnect residential utility services for heating from November 15 through March 15 of the subsequent year for certain customers. The customer must meet the New Mexico Public Regulation Commission requirements to receive winter moratorium standards as described in this policy. Further detail available in the NMAC policy cited above.

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.

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	200.00%

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. New Mexico Mortgage Finance Authority (NMMFA)

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:

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

Income Threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.

Other - Describe:

Weatherization funds will be used to weatherize eligible single family and multifamily units on tribal lands. With prior approval from New Mexico Human Services, MFA subcontractor ICast will be allowed to expend funding on multi-family units. The State of New Mexico allows an average of \$8,009 per single family unit. MFA, the 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 to households with income over the allowable 200%. For multifamily units, LIHEAP funds cannot be used for those units with households over 200% FPL.

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

Renters	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No

5.8 Do you give priority in eligibility to:

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
----------	---

Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>HSD maintains a contract with the Mortgage Finance Authority (MFA), who determines eligibility. Per MFA, if someone rents, the landlord must sign an agreement that gives certain tenancy protections. Also per MFA, preference is given to households that contain persons over 60 years of age, persons with disabilities, families with young children, and/or have high energy burdens that meet the income qualification criteria</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10 If yes, what is the maximum? \$0	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input type="checkbox"/> Other - Describe: Low flow toilets will be installed as an incidental repair when needed as well as shower diverter replacements for water and energy conservation and savings. When gas stoves are deemed unrepairable and unsafe, subcontractors will be allowed to purchase 30 replacement stoves per current procurement standards. Health and Safety measures as listed in the approved DOE state plan, i.e., smoke alarms, CO detectors, ventilation fans, LED light bulbs to replace florescent light bulbs.
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	

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

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

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

Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

Publish articles in local newspapers or broadcast media announcements.

Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

Mass mailing(s) to prior-year LIHEAP recipients.

Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

Execute interagency agreements with other low-income program offices to perform outreach to target groups.

Other (specify):

HSD works closely with utility vendors and other local organizations to reach low income families, the elderly, disabled, and families with young children. LIHEAP staff will once again start participating in outreach activities throughout the state and will be providing literature and information. Staff works closely with the 33 New Mexico counties and 33 Income Support field offices to ensure that approximately the 182,000 eligible households are aware of the services provided.

In FFY22, HSD began using mass text messaging to reach out to current/past Income Support Customers to provide information on the various low-income programs offered to eligible households. This will be an ongoing communication to NM families/households.

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

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

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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



Intake referrals to/from other programs



One - stop intake centers



Other - Describe:

Several organizations are set up around the state to help household's complete applications. Vendors also send out fliers and the LIHEAP information in their monthly bills. Many entities will accept the applications and submit to HSD on behalf of the household. In FFY2023, LIHEAP will begin to reach out to partners in the hopes of initializing MOUs for partner agreements in providing outreach.

IN FFY22, HSD began using mass text messaging to reach out to current/past Income Support customers to apprise them of low-income programs being offered by ISD.

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

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

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

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

<input checked="" type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy / Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	Welfare Agency
<input type="checkbox"/>	Other - Describe:

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

If you selected "Welfare Agency" 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 are set up around the state to help household's complete applications. Vendors also send out fliers and the LIHEAP application information in their monthly bills. Many entities will accept the applications and submit to HSD on behalf of the recipient.

State and private organizations work with LIHEAP Staff to attend outreach events where HSD provides information and training on filling out the LIHEAP application.

In FFY2023, ISD will begin initiating MOUs with partner agencies in order to be consistent in providing customer guidance and information.

8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?

Several organizations are set up around the state to help household's complete applications. Vendors also send out fliers and the LIHEAP application in their monthly bills. Many entities will accept the applications and submit to HSD on behalf of the recipient.

State and private organizations work with LIHEAP Staff to attend outreach events where HSD provides information and training on filling out the LIHEAP application.

In FFY2023, ISD will begin initiating MOUs with partner agencies in order to be consistent in providing customer guidance and information.

8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?

Several organizations are set up around the state to help household's complete applications. Vendors also send out fliers and the LIHEAP application in their monthly bills. Many entities will accept the applications and submit to HSD on behalf of the recipient.

State and private organizations work with LIHEAP Staff to attend outreach events where HSD provides information and training on filling out the LIHEAP application.

In FFY2023, ISD will begin initiating MOUs with partner agencies in order to be consistent in providing customer guidance and 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 Commerce 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

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?

Local administering agencies are the 33 Income Support Division (ISD) field offices located throughout the state.

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?

<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input type="checkbox"/>	Other - describe

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

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

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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 client for energy assistance in the following instances:

- The household cuts or gathers their own firewood or uses wood pellets for heating purposes;
- The household receives their energy from an energy provider that has not signed a Memorandum Of Understanding (MOU) with the New Mexico Human Services Department Income Support Division;
- The household pays a landlord for the home energy heat/cooling cost and it is not included in their rental agreement.

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

A Notice of Case Action (NOCA), with the approved benefit amount and the utility vendor receiving the payment is sent to the client upon approval of the LIHEAP application and the initial issuance of the LIHEAP benefit.

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 HSD and each vendor, the payment process to the client is outlined. The vendor is held to the language stated in the MOU

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?

In the MOU between HSD and each vendor, there is language that states "eligible LIHEAP household customers are not treated differently than other customer households." The vendor is held to the language stated in the MOU.

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.

All vendors are held to the same MOU language.

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

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

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

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

LIHEAP funding is tracked in several ways:

1. The Grants Management Bureau of the HSD Administrative Services Division (ASD) tracks all grant funding for LIHEAP including obligations and expenditures.
2. Program Support Bureau (PAB) of the HSD/ISD tracks benefits and administration funding.
3. Quarterly reconciliation meetings are conducted.
4. Payments are reconciled on a monthly basis with our state wide accounting system.
5. The Restitutions Bureau of the HSD Administrative Services Division tracks all claims.
6. The LIHEAP Unit and ASD Accounts Receivable (AR) Bureau track vendor refunds. AR and the Grants Bureau from ASD track the deposits.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?

Yes No

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency 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 Grantee as part of compliance process.
- Grantee conducts fiscal and program monitoring of local agencies/district offices

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply

Grantee employees:

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

HSD contracts the weatherization component to the New Mexico Mortgage Finance Authority (MFA) which functions as a pass through entity to their service providers. We conduct a yearly on-site visit and Management Evaluation (ME). The ME consists of fiscal and program review. On a monthly basis we conduct second party review of invoices and payments along with cross referencing the billing with MFA's weatherized unit report to ensure that services are allocable and allowable.

Local Administering Agencies / District Offices:

<input type="checkbox"/> On - site evaluation
<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing / Sampling
<input checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:
<p>LIHEAP staff conduct monthly case reviews of randomly selected households to ensure that all policies and procedures are being adhered to. They also conduct random LIHEAP case reviews to make sure all policies and procedures are met by field staff approving applications. If inaccuracies are found, the Regional Office Manager (ROM), County Director (CD), and the Family Assistance Analyst (FAA) responsible for reviewing and approving the case are contacted by staff so that necessary corrections can be completed. In FFY2023, LIHEAP staff will begin tracking cases with inconsistent information until the error/s have been corrected and appropriate steps have been put in place so as to avoid a reoccurrence.</p>
10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.
<p><u>Bill Assistance</u> Case desk reviews are conducted monthly by LIHEAP staff. These desk audits are randomly selected and are completed by staff to ensure that policy and procedure are being followed by field staff approving applications. In FFY2023, LIHEAP staff will begin tracking cases with inconsistent information until the error/s have been corrected and appropriate steps have been put in place so as to avoid a reoccurrence.</p> <p>Payment reviews are part of the state's eligibility system, ASPEN. ASPEN generates error alerts on LIHEAP cases where a benefit cannot be issued. Staff will correct the error to ensure that the payment is released to the vendor/client. (Sample attached)</p> <p><u>Weatherization</u> LIHEAP Central Office monitors the weatherization contractor monthly by evaluating the invoices and unit report and yearly by conducting an on-site Management Evaluation (ME) and a desk audit.</p>
10.7. Describe how you select local agencies for monitoring reviews.
<p>Site Visits:</p> <p><u>Bill Assistance</u> In lieu of site visits, HSD has implemented desk audits that are conducted by the LIHEAP Unit. A random sample of 400 cases is chosen monthly and LIHEAP staff review applications and required documentation to ensure that ISD field offices are complying with state and federal rules/ regulations. Staff work directly with field office managers to ensure that cases improperly processed are corrected. In FFY2023, LIHEAP staff will begin tracking cases with inconsistent information until the error/s have been corrected and appropriate steps have been put in place so as to avoid a reoccurrence</p> <p><u>Weatherization</u> The Management Evaluation (ME) consists of a site visit to MFA and their weatherization providers. We rotate between the providers yearly unless concerns arise to evaluate the provider the following year.</p>
<p>Desk Reviews:</p> <p><u>Bill Assistance</u> Desk Reviews are done monthly in the LIHEAP office. These are randomly chosen and then reviewed to ensure policy and procedure are followed. In FFY2023, LIHEAP staff will begin tracking cases with inconsistent information until the error/s have been corrected and appropriate steps have been put in place so as to avoid a reoccurrence</p> <p><u>Weatherization</u> Monthly desk audits are conducted on the invoices and unit reports in conjunction with a yearly on site audit of the contractor.</p>
10.8. How often is each local agency monitored ?
<p>LIHEAP staff reviews randomly selected cases each month to ensure that ISD field staff is following the application protocol for benefit approval.</p>
10.9. What is the combined error rate for eligibility determinations? OPTIONAL
<p>This is not currently tracked.</p>
10.10. What is the combined error rate for benefit determinations? OPTIONAL
<p>This is not currently tracked.</p>
10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? None
10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? None
the fields provided, attach a document with said explanation here.

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 18

12.2 How many of those fair hearings resulted in the initial decision being reversed? 2

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

None

12.4 Describe your fair hearing procedures for households whose applications are denied.

Per NMAC, 8.100.970.9, a request for a fair hearing can be made by the claimant or an authorized representative orally or in writing. If a claimant requests a fair hearing orally, the department shall take such actions as are necessary to initiate the fair hearing process. The HSD Fair Hearings Bureau shall promptly send written acknowledgment to the claimant and/or the authorized representative upon its receipt of a written or oral hearing request. Time limits, denial or dismissal of request for hearing and good cause for failing to appear are all described in detail in this policy. Per NMAC, 8.100.970.100, unless the claimant or authorized representative requests an expedited scheduling of a fair hearing, the HSD Fair Hearings Bureau shall provide written notice of the scheduling of a fair hearing to all parties not less than ten (10) calendar days prior to date of the fair hearing.

A claimant or authorized representative is entitled to, and the HSD Fair Hearings Bureau shall grant, at least one postponement of a scheduled fair hearing. A request for postponement must be submitted not less than one (1) business day prior to the scheduled fair hearing, unless otherwise allowed by the fair hearings bureau. A postponement may not exceed thirty (30) days and the time limit for action on the decision is extended for as many days as the fair hearing is postponed. Further detail is available in the above NMAC policy.

12.5 When and how are applicants informed of these rights?

The Notice of Rights, which details the rights to a hearing, is included on every application and Notice of Case Action. Applicants will receive a notice of case action regarding their benefits which also includes their rights. If applicants do not agree with the decision that HSD has made regarding their application/benefits, they may request a hearing by completing and returning the bottom of their notice, writing or calling the local HSD office, or by writing or calling HSD's Hearings Bureau.

12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.

The hearing process is all inclusive in the above answer 12.4 Attached are copies of the Fair Hearing Options attached to our applications (LHP-602 & HSD-100) and the Notice of Case Action (NOCA).

12.7 When and how are applicants informed of these rights?

The Notice of Rights, which details the rights to a hearing, is included on every application and Notice of Case Action. Applicants will receive a notice of case action regarding their benefits which also includes their rights. If applicants do not agree with the decision that HSD has made regarding their application/benefits, they may request a hearing by completing and returning the bottom of their notice, writing or calling the local HSD office, or by writing or calling HSD's Hearings Bureau.

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

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

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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 applied for these services?

13.6 How many households received these services?

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

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

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

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

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

Section 15 - Training

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Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Training is conducted by the ISD Training Unit. Classes are available year round for LIHEAP staff and new employees. Internet based training (Blackboard) is required once per state fiscal year or is also available as needed. Staff have been trained in New Mexico's Automated System Program and Eligibility Network (ASPEN) and have received policy and procedures training manuals that guide them through the system.

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements



Policies are outlined in a vendor manual



Other - Describe:

Vendors are provided numerous trainings on the Secured Transport System. This system is automated for the vendors to review and approve payments and to ensure that the eligible client is a customer. Vendors can also see a pay file which identifies the payment and the amount. Vendors are trained on this system on an as needed basis and are provided a training manual. NM does not host formal training conferences for vendors. Vendor requirements which include policy and procedures are within the 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.

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
Expiration Date: 12/31/2023

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

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 performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

Performance Measures for this year will include timeliness of application processing and issuance of benefits to clients. Consumption data from 113 vendors to include natural gas, electric, and propane is submitted and reviewed quarterly. New Mexico currently obtains data from the state's Automated System Program and Eligibility Network (ASPEN). Upon review of data for the Performance Measure report, it was determined that the configuration of how the data was being collected for some of the data points was incorrect. Changes by means of an ADHOC report were implemented to ensure that New Mexico was providing the most accurate data possible. Because of the new quarterly Performance Data Measures, the dates that the report is due does not coincide with the dates that the data is provided in our system. An adhoc report is provided by Deloitte but the data is incomplete because of the report due date. as an example, if a customer applies for a LIHEAP benefit at the end of the month, but the application is not processed for 25 days, the application will not show up for that month but will show up for that month on the next month's report.

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

17.1 Fraud Reporting Mechanisms

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



Online Fraud Reporting



Dedicated Fraud Reporting Hotline



Report directly to local agency/district office or Grantee office



Report to State Inspector General or Attorney General



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



Other - Describe:

When it is determined that there has possibly been an act of wrongful or criminal deception, waste or abuse in applying for benefits, or if a check has been cashed by someone other than the recipient, the Office of the Inspector General (OIG) is notified. This office will make a determination if there is wrong doing and will proceed with the necessary steps to recover LIHEAP funds. If the warrant is sent directly to the client, and it has been cashed by someone other than the client, staff encourages that the customer make a personal police report. In FFY2023, HSD Training Bureau is in the process of creating a training and exam for all ISD staff on Waste, Fraud, and Abuse. The training should be available within 90-120 days.

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



Printed outreach materials



Addressed on LIHEAP application



Website



Other - Describe:

Fraud prevention is posted at all HSD local offices as well as the Human Services Department Central Office.

17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in Household	All Household Members
Social Security Card is photocopied and retained	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input checked="" type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Government-issued identification card	<input checked="" type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required

(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

Government-issued ID cards and "other forms of ID" are accepted unless questionable.

17.3 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 grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
- Other - Describe:

17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens 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.

17.5. 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 contact, per 8.100.130 NMAC.
- Computer data matches:
 - Income information matched against state computer system (e.g., SNAP, TANF)

<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/> Social Security income verified with SSA
<input checked="" type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
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.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input checked="" type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

