

**DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: New Mexico

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

Report Period: 10/01/2018 to 09/30/2019

Report Status: Submitted (Revision #1)

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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: 09/30/2020

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

|   |   |   |  |
|---|---|---|--|
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="radio"/> Plan                              | <b>* 1.b. Frequency:</b><br><input checked="" type="radio"/> Annual | <b>* 1.c. Consolidated Application/Plan/Funding Request?</b><br><br><b>Explanation:</b> | <b>* 1.d. Version:</b><br><input checked="" type="radio"/> Initial<br><input type="radio"/> Resubmission<br><input type="radio"/> Revision<br><input type="radio"/> Update |
|   |   | <b>2. Date Received:</b>  | <b>State Use Only:</b>   |
|   |   | <b>3. Applicant Identifier:</b>   |  |
|   |   | <b>4a. Federal Entity Identifier:</b>   | <b>5. Date Received By State:</b>  |
|   |   | <b>4b. Federal Award Identifier:</b><br>1-856000570-A5                                  | <b>6. State Application Identifier:</b>  |
| <b>7. APPLICANT INFORMATION</b>   |   |   |  |
| <b>* a. Legal Name:</b> State of New Mexico Human Services Department                                   |   |   |  |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>1-856000570-A5                        |   | <b>* c. Organizational DUNS:</b> 837710722  |  |
| <b>* d. Address:</b>  |   |   |  |
| * Street 1:   | 39-B Plaza La Prensa  | * Street 2:   | PO Box 2348  |
| * City:   | SANTA FE  | * County:   | Santa Fe   |
| * State:  | NM  | * Province:   |  |
| * Country:  | United States   | * Zip / Postal Code:  | 87507  |
| <b>e. Organizational Unit:</b>  |   |   |  |
| <b>Department Name:</b><br>Human Services   |   | <b>Division Name:</b><br>Income Support Division  |  |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b> |   |   |  |
| * Prefix:   | * First Name:<br>Marilyn  | * Middle Name:  | * Last Name:<br>Newton-Wright  |
| * Suffix:   | * Title:<br>LIHEAP Manager  | * Organizational Affiliation:   |  |
| * Telephone Number:<br>(505)<br>827-7266  | * Fax Number:   | * Email:<br>marilyn.wright@state.nm.us  |  |
| <b>* 8a. TYPE OF APPLICANT:</b><br>A: State Government  |   |   |  |
| <b>b. Additional Description:</b>   |   |   |  |
| <b>* 9. Name of Federal Agency:</b>   |   |   |  |
|   |   | Catalog of Federal Domestic Assistance Number:  | CFDA Title:  |
| <b>10. CFDA Numbers and Titles</b>  |   | 93568   | Low-Income Home Energy Assistance  |
| <b>11. Descriptive Title of Applicant's Project</b>   |   |   |  |
| <b>12. Areas Affected by Funding:</b>   |   |   |  |
| <b>13. CONGRESSIONAL DISTRICTS OF:</b>  |   |   |  |

|   |                            |   |                       |
|---|----------------------------|---|-----------------------|
| * a. Applicant<br>3   |                            | b. Program/Project:<br>Statewide                            |                       |
| Attach an additional list of Program/Project Congressional Districts if needed.   |                            |   |                       |
| 14. FUNDING PERIOD:   |                            | 15. ESTIMATED FUNDING:                                      |                       |
| a. Start Date:<br>10/01/2018  | b. End Date:<br>09/30/2019 | * a. Federal (\$):<br>\$0                                   | b. Match (\$):<br>\$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<br><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)<br><b>**I Agree</b> <input checked="" type="checkbox"/> |                            |   |                       |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.   |                            |   |                       |
| 18a. Typed or Printed Name and Title of Authorized Certifying Official<br>Marilyn Newton-Wright   |                            | 18c. Telephone (area code, number and extension)            |                       |
|   |                            | 18d. Email Address<br>marilyn.wright@state.nm.us            |                       |
| 18b. Signature of Authorized Certifying Official<br>  |                            | 18e. Date Report Submitted (Month, Day, Year)<br>09/20/2018 |                       |
| <b>Attach supporting documents as specified in agency instructions.</b>   |                            |   |                       |

## Section 1 - Program Components

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 09/30/2020

### 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: 09/30/2020

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.<br>(Note: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of Operation |            |
|---|--------------------|------------|
|   | Start Date         | End Date   |
| <input checked="" type="checkbox"/> Heating assistance  | 10/01/2018         | 09/30/2019 |
| <input checked="" type="checkbox"/> Cooling assistance  | 10/01/2018         | 09/30/2019 |
| <input checked="" type="checkbox"/> Crisis assistance   | 10/01/2018         | 09/30/2019 |
| <input checked="" type="checkbox"/> Weatherization assistance   | 10/01/2018         | 09/30/2019 |

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  | 41.00%           |
| Cooling assistance  | 12.00%           |
| Crisis assistance   | 12.00%           |
| Weatherization assistance   | 15.00%           |
| Carryover to the following federal fiscal year  | 10.00%           |
| Administrative and planning costs   | 10.00%           |
| Services to reduce home energy needs including needs assessment (Assurance 16)  | 0.00%            |
| Used to develop and implement leveraging activities   | 0.00%            |
| <b>TOTAL</b>  | <b>100.00%</b>   |

**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 type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SSI                            | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SNAP                           | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

| Other(Specify) 1 | Program Name | Heating  | Cooling  | Crisis   | Weatherization                                     |
|------------------|--------------|--|--|--|--|
|                  |              | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

**1.5 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 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 |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI )  |                          |                              |
| <input checked="" type="checkbox"/> | Retirement / pension benefits  |                          |                              |
| <input checked="" type="checkbox"/> | General Assistance benefits  |                          |                              |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits  |                          |                              |
| <input type="checkbox"/>            | Supplemental Nutrition Assistance Program (SNAP) benefits  |                          |                              |
| <input type="checkbox"/>            | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits                             |                          |                              |
| <input type="checkbox"/>            | Loans that need to be repaid   |                          |                              |
| <input type="checkbox"/>            | Cash gifts   |                          |                              |
| <input type="checkbox"/>            | Savings account balance  |                          |                              |
| <input type="checkbox"/>            | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.    |                          |                              |
| <input type="checkbox"/>            | Jury duty compensation   |                          |                              |
| <input checked="" type="checkbox"/> | Rental income  |                          |                              |
| <input checked="" type="checkbox"/> | Income from employment through Workforce Investment Act (WIA)  |                          |                              |
| <input checked="" type="checkbox"/> | Income from work study programs  |                          |                              |
| <input checked="" type="checkbox"/> | Alimony  |                          |                              |
| <input checked="" type="checkbox"/> | Child support  |                          |                              |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties  |                          |                              |
| <input checked="" type="checkbox"/> | Commissions  |                          |                              |
| <input checked="" type="checkbox"/> | Legal settlements  |                          |                              |
| <input checked="" type="checkbox"/> | Insurance payments made directly to the insured  |                          |                              |
| <input type="checkbox"/>            | Insurance payments made specifically for the repayment of a bill, debt, or estimate                    |                          |                              |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits  |                          |                              |
| <input type="checkbox"/>            | Earned income of a child under the age of 18   |                          |                              |
| <input type="checkbox"/>            | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |                          |                              |
| <input type="checkbox"/>            | Income tax refunds   |                          |                              |
| <input type="checkbox"/>            | Stipends from senior companion programs, such as VISTA   |                          |                              |

|   |  |
|---|--|
| <input checked="" type="checkbox"/>   | <b>Funds received by household for the care of a foster child</b>  |
| <input type="checkbox"/>  | <b>Ameri-Corp Program payments for living allowances, earnings, and in-kind aid</b>  |
| <input type="checkbox"/>  | <b>Reimbursements (for mileage, gas, lodging, meals, etc.)</b>   |
| <input type="checkbox"/>  | <p><b>Other</b></p> <p>When a crisis applicant is over the 150% of FPL, NM allows for the household's net income to be considered for eligibility.</p> <p>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.</p> <p>NMAC 8.150.520.18 If a household is over the income standards, HSD staff should explore the household 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.</p> |
| <p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p> |  |

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 09/30/2020

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

#### 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? Bulk Fuel-Propane**  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 and members with a disability and for any household that is seeking assistance with the 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 thru September 30. Clients have the entire grant year to apply. 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 and members with a disability and for any household that is seeking assistance with the bulk fuel propane.

**2.5 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**



|  |      |                 |       |
|--|------|-----------------|-------|
| <input type="checkbox"/> Dwelling type   |      |                 |       |
| <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)   |      |                 |       |
| <input checked="" type="checkbox"/> Energy need  |      |                 |       |
| <input type="checkbox"/> Other - Describe:   |      |                 |       |
| Households with vulnerable members; children 5 and under, members age 60 or over, and members who are disabled and for any household that is seeking assistance with the 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)  |      |                 |       |
| <b>2.6 Describe estimated benefit levels for FY 2018:</b>  |      |                 |       |
| Minimum Benefit  | \$80 | Maximum Benefit | \$560 |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> 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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## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### 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 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 and 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 and members with a disability and for any household that is seeking assistance with the bulk fuel propane. Further details 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**

|   |                        |                        |                        |       |
|---|------------------------|------------------------|------------------------|-------|
| <input type="checkbox"/> Climate/region   |                        |                        |                        |       |
| <input checked="" type="checkbox"/> Individual bill   |                        |                        |                        |       |
| <input type="checkbox"/> Dwelling type  |                        |                        |                        |       |
| <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)  |                        |                        |                        |       |
| <input checked="" type="checkbox"/> Energy need   |                        |                        |                        |       |
| <input checked="" type="checkbox"/> Other - Describe:   |                        |                        |                        |       |
| Households with vulnerable members; children 5 and under, members age 60 and over, and members who are disabled and households that are seeking assistance with the bulk fuel propane are eligible for an additional benefit. |                        |                        |                        |       |
| Households cut/gather thier own firewood or whose utilities are included in thier rent receive a benefit but do not receive the energy burden points.   |                        |                        |                        |       |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)   |                        |                        |                        |       |
| <b>3.6 Describe estimated benefit levels for FY 2018:</b>   |                        |                        |                        |       |
| <table border="1"> <tr> <td><b>Minimum Benefit</b></td> <td>\$80</td> <td><b>Maximum Benefit</b></td> <td>\$560</td> </tr> </table>   | <b>Minimum Benefit</b> | \$80                   | <b>Maximum Benefit</b> | \$560 |
| <b>Minimum Benefit</b>  | \$80                   | <b>Maximum Benefit</b> | \$560                  |       |
| <b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> 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  
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: 09/30/2020

### 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, have insufficient funds to open an account or 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 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.

##### 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 a 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

|   |   |
|---|---|
| <b>Must the household have exhausted their regular heating benefit?</b>   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Must renters with heating costs included in their rent have received an eviction notice ?</b>  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Must heating/cooling be medically necessary?</b>   | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <b>Must the household have non-working heating or cooling equipment?</b>  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Other?</b>   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Do you have additional / differing eligibility policies for:</b>   |   |
| <b>Renters?</b>   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Renters living in subsidized housing?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <b>Renters with utilities included in the rent?</b>   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Explanations of policies for each "yes" checked above:</b>   |   |
| <p>Households with vulnerable members; children 5 and under, members age 60 and over, and members who are disabled and for any household that is seeking assistance with the 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 non-delivery or sale of fuel from their fuel vendor due to lack of payment or inability to pay, have insufficient 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 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.</p> <p>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   |   |
| <b>4.8 How do you handle crisis situations?</b>   |   |
| <input type="checkbox"/>  | Separate component  |
| <input checked="" type="checkbox"/>   | Fast Track  |
| <input type="checkbox"/>  | Other - Describe:   |
| <b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>   |   |
| <input type="checkbox"/>  | Amount to resolve the crisis.                                 |
| <input type="checkbox"/>  | Other - Describe:   |
| Crisis Requirements, 2604(c)  |   |
| <b>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?</b>   |   |
| <input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>   |   |
| <p>HSD accepts applications for energy crisis assistance at all administering agencies. We currently have 35 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 or faxed 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 or fax them an application. Applicants can receive assistance via telephone to complete the application, if needed.</p>  |   |
| <b>4.11 Do you provide individuals who are physically disabled the means to:</b>  |   |
| <b>Submit applications for crisis benefits without leaving their homes?</b>   |   |
| <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>  |   |
| <b>Travel to the sites at which applications for crisis assistance are accepted?</b>  |   |
| <input type="radio"/> Yes <input checked="" type="radio"/> No <b>If No, explain.</b>  |   |
| <b>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?</b>   |   |
| <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 or faxed to the local ISD office or Central ASPEN Scanning Area (CASA). If applicants do not have internet access, their local field office can mail or fax them an application. Applicants can 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 | \$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             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles / gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify):                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Yes  No

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

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

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.

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

#### 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 | 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 Ration (SIR ) standards.
- Other - Describe:**

Weatherization monies will be used to weatherize eligible single family units and with approval from New Mexico Human Services, will be allowed to expend funding on multi-family units..

The State of New Mexico allows an average of \$7,212 per single family unit.

MFA the weatherization contractor provides weatherization services to all 25 eligible Native American pueblos in New Mexico.

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

**5.6 Do you require an assets test?**  Yes  No

|   |   |
|---|---|
| <b>5.7 Do you have additional/differing eligibility policies for :</b>  |   |
| <b>Renters</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Renters living in subsidized housing?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>5.8 Do you give priority in eligibility to:</b>  |   |
| <b>Elderly?</b>   | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Disabled?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Young Children?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>House holds with high energy burdens?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Other?</b>   | <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 NMMFA, 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.</p> |   |
| <b>Benefit Levels</b>   |   |
| <b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No   |   |
| <b>5.10 If yes, what is the maximum?</b> \$7,212  |   |
| <b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>   |   |
| <b>5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)</b>   |   |
| <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 checked="" type="checkbox"/> Compact florescent light bulbs  | <input type="checkbox"/> Other - Describe:                      |
| <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)**

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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SF - 424 - MANDATORY**

**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 vendors and other local organizations to reach low income families, the elderly, disabled, and families with young children.

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

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

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

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

**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.).**

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <b>Joint application for multiple programs</b> |
| <input checked="" type="checkbox"/> | <b>Intake referrals to/from other programs</b> |
| <input checked="" type="checkbox"/> | <b>One - stop intake centers</b>               |
| <input checked="" type="checkbox"/> | <b>Other - Describe:</b>                       |

Several organizations are set up around the state to help households 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 household.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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 households 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 the LIHEAP Manager to attend outreach events where HSD provides information and training on filling out the LIHEAP application.

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

Several organizations are set up around the state to help households 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 the LIHEAP Coordinator to attend outreach events where HSD provides information and training on filling out the LIHEAP application.

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

Crisis assistance is part of the training that is provided at outreach functions and during classes from outreach organizations.

| 8.5 LIHEAP Component Administration.                                    | Heating                     | Cooling                     | Crisis                      | Weatherization       |
|---|-----------------------------|-----------------------------|-----------------------------|----------------------|
| <b>8.5a Who determines client eligibility?</b>                          | State Administration Agency | State Administration Agency | State Administration Agency | State Housing Agency |
| <b>8.5b Who processes benefit payments to gas and electric vendors?</b> | State Administration Agency | State Administration Agency | State Administration Agency |                      |
| <b>8.5c who processes benefit payments to bulk fuel</b>                 | State Administration        | State Administration        | State Administration        |                      |

|  |  |        |        |                      |
|--|--|--------|--------|----------------------|
| vendors?   | Agency   | Agency | Agency |                      |
| 8.5d Who performs installation of weatherization measures?   |  |        |        | State Housing Agency |
| <b>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.</b>                  |  |        |        |                      |
| 8.6 What is your process for selecting local administering agencies?   |  |        |        |                      |
| Local administering agencies are Income Support Division (ISD) field offices located throughout the state.   |  |        |        |                      |
| 8.7 How many local administering agencies do you use? 35   |  |        |        |                      |
| 8.8 Have you changed any local administering agencies in the last year?  |  |        |        |                      |
| <input checked="" type="radio"/> Yes<br><input type="radio"/> 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 checked="" type="checkbox"/>  | Other - describe   |        |        |                      |
| Due to state budgeting problems, two (2) of our smaller Income Support Division Offices have merged with larger offices in their respective Region.                            |  |        |        |                      |
| <b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b> |  |        |        |                      |

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

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

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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 if the client cuts or gathers their own firewood or if they receive their energy from a utility company that has not signed a Memorandum Of Understanding (MOU) with the New Mexico Human Services Department.

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

A Notice of Case Action, with approved amount, is sent to the client upon approval for the LIHEAP benefit by the vendor or when the benefit is sent directly to the client.

**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

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 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 obligation and expenditures.
2. Program Support Bureau (PAB) of the HSD/ISD tracks benefits and administration funding.
3. Monthly reconciliation meetings with both Bureaus 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 Department tracks all claims.
6. The LIHEAP Department and ASD Accounts Receivable (AR) Department track vendor refunds. AR and the Grants Department 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       | other | Out of 40 samples tested the following was noted: One payment was made in the amount of \$120, when based on NM LIHEAP income/points guide calculations, the payment should have been \$90. Another payment of \$150 was paid to an individual whose income was above the threshold for LIHEAP benefits. | Yes       | training changes |

**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 (NMMFA) which functions as a pass through entity to their two service providers. We conduct a yearly desk audit 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.

**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:

ISD field office Line Managers conduct random LIHEAP case reviews to make sure all policies and procedures are met.

Central Office conducts random LIHEAP audits on cases to ensure all policies and procedures are being followed.

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

Bill Assistance

Case desk reviews are conducted monthly by supervisors in all 35 field offices. These desk audits are randomly selected and 10 desk audits are completed by the supervisors to ensure that policy and procedure is followed.

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.

Weatherization

LIHEAP Central Office monitors the weatherization contractor monthly by evaluating the invoices and unit report and yearly by conducting a Management Evaluation (ME) and a desk audit.

**10.7. Describe how you select local agencies for monitoring reviews.**

**Site Visits:**

Bill Assistance

In lieu of site visits, HSD is implementing desk audits that will be conducted by the LIHEAP Unit.

Weatherization

The ME is consists of a site visit to MFA and one of their two providers. We rotate between the providers yearly unless concern arise to evaluate the provider the following year.

**Desk Reviews:**

Bill Assistance

Desk Reviews are done monthly at the field office. These are randomly chosen and then reviewed to ensure policy and procedure is followed.

Weatherization

Monthly desk audits are conducted on the invoices and unit reports in conjunction to a yearly desk audit on the contractor.

**10.8. How often is each local agency monitored ?**

Each local field office conducts reviews on a monthly basis.

**10.9. What is the combined error rate for eligibility determinations? OPTIONAL**

This is not currently tracked.

**10.10. What is the combined error rate for benefit determinations? OPTIONAL**

This is not currently tracked.

**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**

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



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

|   |   |
|---|---|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES                                | August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 09/30/2020 |
| <p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b><br/> <b>MODEL PLAN</b><br/> <b>SF - 424 - MANDATORY</b></p> |   |

**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.

- 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:

A notice of public hearing was posted in the local state newspaper, was available on the HSD department website, the New Mexico Register an email was sent to a distribution list of interested parties, and a copy may be requested and mailed to interested parties.

**11.2 What changes did you make to your LIHEAP plan as a result of this participation?**

None - There were no comments posted to the HSD website and no one was in attendance at the public hearing held on August 10, 2018 from 11:00 AM to 12:00 PM.

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

**11.3 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 | 08/10/2018 | Public Hearing, Administrative Services Division, 1474 Rodeo Rd, Santa Fe, NM 87505 |

**11.4. How many parties commented on your plan at the hearing(s)?** None

**11.5 Summarize the comments you received at the hearing(s).**

None - No one was in attendance at the hearing.

**11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?**

None - No one was in attendance at the public hearing.

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



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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 09/30/2020

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

#### 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?** 15

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

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

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 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**

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: 09/30/2020

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

**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? N/A**

**13.6 How many households received these services? N/A**

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

## Section 14 - Leveraging Incentive Program ,2607A

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### 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.

N/A

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. Â§ 96.87(d)(2)(iii), describe the following:

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

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

## Section 15 - Training

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 09/30/2020

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

#### 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 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**

|   |
|---|
| <input checked="" type="checkbox"/> <b>Other - Describe:</b> Trainings are one on one trainings as needed. NM does not host formal training conferences for vendors.  |
| <input checked="" type="checkbox"/> <b>Policies communicated through vendor agreements</b>  |
| <input type="checkbox"/> <b>Policies are outlined in a vendor manual</b>  |
| <input checked="" type="checkbox"/> <b>Other - Describe:</b><br>Vendors were provided numerous trainings on the Secured Transfer System. This system is automated for the vendors to review their clients and approve payment. Vendors also see a pay file which identify the payment and the amount. Vendors now are trained 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. |
| <b>15.2 Does your training program address fraud reporting and prevention?</b><br><input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>  |

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 09/30/2020

### 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 117 vendors to include natural gas, electric, and propane is submitted and reviewed quarterly.

New Mexico is currently obtaining data from the state's Automated System Program and Eligibility Network (ASPEN). Changes to data elements were incorporated into ASPEN in FFY2017. Upon review of data for the FFY2017 Performance Measure report, it was determined that the way the data was being collected for some of the data points was incorrect. After review of the data in ASPEN we found that the directions for calculations were incorrect. Changes by means of an ADHOC report were implemented on September 18, 2018 and will become effective on September 28, 2018. These changes will be reflected in the resubmission of the Performance Measure data which was originally submitted on September 1, 2018 for FFY 2017 and also for data for FFY2018. The ADHOC report will be used until approximately March 2019 at which time permanent changes to ASPEN will be completed.

**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  
Expiration Date: 09/30/2020

### 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.

**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 |
|  |                                     | Required  |                                     | Required  |                                     | Required  |

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



Proof of unemployment benefits verified with state Department of Labor



Social Security income verified with SSA



Utilize state directory of new hires



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.



Policy in place prohibiting release of information without written consent



Grantee LIHEAP database includes privacy/confidentiality safeguards



Employee training on confidentiality for:



Grantee employees



Local agencies/district offices



Employees must sign confidentiality agreement



Grantee employees



Local agencies/district offices



Physical files are stored in a secure location



Other - Describe:

#### 17.7. Verifying the Authenticity

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



All vendors must register with the State/Tribe.



All vendors must supply a valid SSN or TIN/W-9 form



Vendors are verified through energy bills provided by the household



Grantee 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.



Applicants required to submit proof of physical residency



Applicants must submit current utility bill



Data exchange with utilities that verifies:



Account ownership



Consumption



Balances



Payment history



Account is properly credited with benefit



Other - Describe:



Centralized computer system/database tracks payments to all utilities



Centralized computer system automatically generates benefit level



Separation of duties between intake and payment approval



Payments coordinated among other energy assistance programs to avoid duplication of payments

|  |  |
|--|--|
| <input checked="" type="checkbox"/>  | Payments to utilities and invoices from utilities are reviewed for accuracy  |
| <input checked="" type="checkbox"/>  | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities         |
| <input checked="" type="checkbox"/>  | Direct payment to households are made in limited cases only  |
| <input checked="" type="checkbox"/>  | Procedures are in place to require prompt refunds from utilities in cases of account closure                         |
| <input checked="" type="checkbox"/>  | Vendor agreements specify requirements selected above, and provide enforcement mechanism                             |
| <input type="checkbox"/>   | Other - Describe:  |
| <b>17.9. Benefits Policy - Bulk Fuel Vendors</b>   |  |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.   |  |
| <input checked="" type="checkbox"/>  | Vendors are checked against an approved vendors list   |
| <input checked="" type="checkbox"/>  | Centralized computer system/database is used to track payments to all vendors  |
| <input checked="" type="checkbox"/>  | Clients are relied on for reports of non-delivery or partial delivery  |
| <input 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:  |
| <b>17.10. Investigations and Prosecutions</b>  |  |
| 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 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 checked="" 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 checked="" 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.**



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

### 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 grantee 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 grantee 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 grantees other than individuals, Alternate I applies.**
- 4. For grantees who are individuals, Alternate II applies.**
- 5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee 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 grantee's 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 grantee 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. Grantees' 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 grantee 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 grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).**

#### Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee 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 grantee's 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 grantee's 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 grantee 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 (Street address, city, county, state, zip code)

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

Address Line 2

Address Line 3

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

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

Alternate II. (Grantees Who Are Individuals)

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

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other

**designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.**

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

**person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;**

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

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



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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

**(B) the State will pay from non-Federal sources the remaining costs of planning**

and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

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

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with

energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

## Plan Attachments

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