



P.O. Box 5095

Santa Fe, NM 87502-5095

Toll Free 1-800-204-4700

To: Vivian Smith, Center for Consumer Information and Insurance Oversight

From: Mike Nuñez, Interim CEO, New Mexico Health Insurance Exchange

RE: Response to Budget Negotiation Questions

Date: June 20, 2014

Please find the New Mexico Health Insurance Exchange (NMHIX) responses to the budget negotiation questions from CCIIO. The information provided reflects budget estimates which will be revised during implementation activities. The NMHIX board and its Committees will work to modify cost estimates and projections on a monthly basis as responses to RFPs are received and contracts are developed and finalized. If you have any further questions or need any clarification, please contact me at [mnunez@nmhia.com](mailto:mnunez@nmhia.com) or (505) 989-1600.

## **A. COST ALLOCATION**

*1.1. Page 81 - Please clarify what your intended approach to cost allocation would be for the activities outlined in this grant.*

Response: All activities in the May 15, 2013 grant application would be for NMHIX activities. All outreach, education, and enrollment activities for Medicaid will be conducted by the New Mexico Human Services Department (HSD) and its partnering organizations and would not be funded through the grant. Any Medicaid applicants approaching the NMHIX for coverage will be referred to HSD. The NMHIX will be working with its contractors Get Insured and Public Consulting Group to evaluate any implementation activities that may require cost allocation and will submit an update on any necessary cost allocation to CCIIO by August 1, 2013.

*1.2. Page 48 - Please indicate if you intend to perform Medicaid outreach and education and how these funds would be cost allocated.*

Response: All outreach, education, and enrollment activities for Medicaid will be conducted by the New Mexico Human Services Department (HSD) and its partnering organizations and would not be funded through the grant.

## **B. WORK PLAN**

*2.1. Page 102 - The work plan does not address all elements required and outlined on Page 29 of the FOA. Please submit a detailed Work Plan by Exchange Activity. The Work Plan submitted should document the milestones you will meet over the entire project period. For each milestone, identify the months and years in which they start, are carried out, and are completed.*

*2.2. Page 102 – Please identify how other awarded grants support the activities in the work plan.*



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Response: Please see the attached revised Work Plan which includes the months and years for start, implementation, and completion and how the first Level One awarded grant supports those activities. (Attachment 1)

## **C. BUDGET NARRATIVE**

*3.1. Page 77 Please revise the Budget Narrative to clearly identify how the State determined the need for funding. Please refer to the funding opportunity announcement for how to document the Budget Narrative.*

Response: Please see the attached revised Budget Narrative which includes additional detail and documentation. (Attachment 2)

*3.2. Page 78 – States may not use 1311 funds to operate Navigator programs. Please provide assurances that the \$5,933,784 allocated to “the Navigator/Assister system to ensure adequate coverage of In Person Assistance throughout the state,” will not be used to administer the Navigator program.*

Response: The \$5,933,784 requested for the Navigator/Assister system will not be used for administration of the Navigator program. The NMHIX will utilize alternative funding sources for administration of the Navigator program. The \$5,933,784 only includes training and curriculum development costs relative to Navigators.

*3.3. Page 78 – In this application you request funds for Tribal Outreach and Education. What assurances can you provide that this outreach is not duplicative of already awarded Exchange grant activity? If original funds have been expended and need for outreach persists, or costs have been under-budgeted, or this funding requests new services, please identify those activities.*

Response: The NMHIX is in the process of revising the budget for the first Level One awarded grant and will be realigning funds to expenditure areas that have required more resources during the current phase of implementation, particularly for IT components which must be fast-tracked to meet deadlines and benchmarks. The initial Level One grant included preliminary start-up funding for Tribal consultation, outreach, and education and with a focus more on stakeholder consultation and tribal meetings. The second Level One grant request includes additional funding for these activities to fully implement them and for extensive outreach, education, and enrollment events for the period July 1, 2013 through June 30, 2014; there is no duplication of services or funding between the grants.

## **D. BUDGET**

*Please provide a more detailed budget and provide a quarterly breakdown of those costs as required by the funding opportunity announcement.*

Response: A more detailed budget with a quarterly breakdown of costs is included as Attachment 2.



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**E. OTHER**

*Please provide a revised SF-424 (application form) with Ms. Sidonie Squier's original signature. Annette Jacques signed for her.*

A signed SF-424 is attached (Attachment 3).



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### ATTACHMENT 1

Core Area	CY 2013	CY 2014	CY 2015
<p><b>Legal Authority and Governance</b></p>	<p><i>To be funded through the initial Level One Grant through November 2013:</i>            The NMHIX statute was enacted. (March 2013)            The NMHIX board was appointed. (April 2013)            The NMHIX will continue implementation activities. (April 2013-December 2013)</p>	<p>Q1-Q4: The NMHIX will continue implementation activities throughout all months of CY 2014.</p>	<p>Q1-Q4: The NMHIX will continue implementation activities throughout all months of CY 2015.</p>
<p><b>Consumer and Stakeholder Engagement and Support</b></p>	<p><i>To be funded through the initial Level One Grant through November 2013:</i>            Develop NMHIX advisory group to continue work of the ATF. Provide stakeholder meeting minutes to HHS. Appoint Advisory group by July 2013, continue process throughout 2013.</p> <p>Continue to implement and document Tribal consultation and input on ongoing design and operation of the NMHIX. Provide meeting minutes to HHS. Appoint Native American Liaison by July 2013, continue process throughout 2013.</p> <p><i>To be funded through the second Level One Grant proposal:</i>            Development and implementation of comprehensive outreach and education plan. Plan to be developed and an RFP issued by July 7, 2013.</p>	<p>Q1-Q4: Continue stakeholder advisory group input on NMHIX implementation. Provide stakeholder meeting minutes to HHS.            Q1-Q4: Continue to implement and document Tribal consultation and input on ongoing design and operation of the NMHIX. Provide meeting minutes to HHS.</p>	<p>Q1-Q4: Continue stakeholder advisory work group input on NMHIX implementation. Provide stakeholder meeting minutes to HHS.            Q1-Q4: Continue to implement and document Tribal consultation and input on ongoing design and operation of the NMHIX. Provide meeting minutes to HHS.            Q1-Q4: Continued implementation of comprehensive outreach and education plan activities. Refine message based on response and feedback from consumers.</p>



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Core Area	CY 2013	CY 2014	CY 2015
<p><b><i>Consumer and Stakeholder Engagement and Support (cont.)</i></b></p>	<p>Design and implementation of Native American outreach and education activities. Plan to be developed and an RFP issued by July 7, 2013.</p> <p>Contract for Navigator and Assister organizations through RFP to be issued in June 2013 and contract awarded in July 2013. Note: Navigator administration costs will be paid for with NMHIA funds not grant funds.</p> <p>Implement Navigator and Assister training programs starting in August 2013.</p> <p>Ongoing Navigator and Assister implementation through remainder of 2013.</p> <p>Implement Call Center in partnership with federal government. Call center to be operational by October 2013.</p>	<p>Q1-Q4: Continued implementation of comprehensive outreach and education plan activities. Refine message based on response and feedback from consumers.</p> <p>Q1-Q4: Continued implementation of Call Center.</p> <p>Q1-Q4: Ongoing Navigator implementation.</p>	<p>Q1-Q4: Continued implementation of comprehensive outreach and education plan activities. Refine message based on response and feedback from consumers.</p> <p>Q1-Q4: Continued implementation of Call Center.</p> <p>Q1-Q4: Ongoing Navigator implementation.</p>



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Core Area	2013	2014	2015
<p><b>Eligibility and Enrollment</b></p>	<p><i>To be funded through the initial Level One Grant through November 2013:</i></p> <p>Develop mechanisms to utilize federal system for initial implementation for individual enrollment. June 2013-August 2013</p> <p>Test utilization of federal system. September 2013</p> <p>Begin eligibility and enrollment process. October 2013</p> <p>Continue NM system development simultaneously. (June 2013-December 2013)</p> <p>Establish protocols for appeals of coverage determinations; review standards, timelines and provision of health care to consumers during the appeals process. Develop plan and hire consultants to handle coverage appeals functions. Review consumer complaint information collected by DOI Consumer Assistance Program when certifying QHP's. Establish referral process to consumer assistance programs. June 2013-September 2013</p>	<p>Q1-Q2: Continue development of NM system.</p> <p>Q3 Begin user testing of all interfaces for NM system.</p> <p>Q4: Complete user testing, include full end-to-end integration testing with other components. Ensure consumer complaints or coverage appeals are referred directly to the DOI Consumer Assistance Program. Analyze data collected by consumer assistance programs. Evaluate process. Share reports with to strengthen QHP accountability. Provide quarterly reports to HHS.</p>	<p>Q1: Transition from federal IT platform to NM IT platform.</p> <p>Q1-Q4: Ongoing implementation of eligibility determination systems.</p> <p>Q1-Q4: Ensure consumer complaints or coverage appeals are referred directly to the DOI Consumer Assistance Program. Evaluate process. Provide quarterly reports to HHS.</p>



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Core Area	2013	2014	2015
<p><b>Plan Management</b></p>	<p><i>To be funded through the initial Level One Grant through November 2013:</i>            Release QHP proposal solicitation—completed in April 2013.            Evaluate proposals, and complete process. June 2013            Solicit premium quotes from health plan carriers. June 2013            Begin QHP training for health plan carriers. July 2013            Launch plan management and bid evaluation system to allow upload of QHP bids and other required information. August 2013            Complete the denial, or certification of QHP's, execute contracts. Issue announcement of QHP certifications to public. August 2013            Conduct plan readiness reviews. August 2013            Additional actuarial analysis, QHP evaluation, and other DOI activities.</p>	<p>Q1-Q4: Invoice, collect user fees.             Q1-Q4: Demonstrate NMHIX and DOI capacity to monitor QHP practices, evaluate customer satisfaction, pricing and benefits of health plans inside and outside of the NMHIX.</p>	<p>Q1-Q4: Ongoing certification/recertification/decertification processes.</p>
<p><b>Risk Adjustment and Reinsurance</b></p>	<p><i>To be funded through the initial Level One Grant through November 2013:</i>            Begin implementation of risk adjustment and reinsurance methodologies with federal government. July 2013            Continue implementation of methodologies. August 2013-December 2013.</p>	<p>Q1-Q4: Ongoing implementation of risk adjustment and reinsurance systems.</p>	<p>Q1-Q4: Ongoing implementation of risk adjustment and reinsurance systems.</p>



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<b>Core Area</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>SHOP-Specific Functions</b>	<p><i>To be funded through the initial Level One Grant through November 2013:</i></p> <p>Hire IT consultant to develop SHOP system. June 2013            Complete IT document plan. July 2013            Develop uniform enrollment timeline. July 2013            Continue systems development with consultants. July 2013-August 2013            Achieve functionality of premium calculator and employer decision tool and capacity to electronically report information to the IRS. August 2013            Complete user testing; include full end-to-end integration testing with other components. September 2013            Enroll employees of small employers into QHPs. October 2013</p>	Q1-Q4: Ongoing implementation of processes.	Q1-Q4: Ongoing implementation of processes.
<b>Organization and Human Resources</b>	<p><i>To be funded through the initial Level One Grant through November 2013:</i></p> <p>Q1-Q4: Ongoing implementation of NMHIX.            Q3: Hire NMHIX staff. Executive Director appointed May 2013. Outreach and Education Director to be appointed June 2013.</p>	Q1-Q4: Ongoing implementation of NMHIX staffing and organizational resources.	Q1-Q4: Ongoing implementation of NMHIX staffing and organizational resources.
<b>Finance and Accounting</b>	<p><i>To be funded through the initial Level One Grant through November 2013:</i></p> <p>Development of long-term operational cost, budget and management plan. June-July 2013</p>	Q1-Q4: Ongoing implementation of long-term operational, cost, budget, and management plan.	Q1: Financial sustainability implemented.
<b>Technology</b>	<i>To be funded through the initial Level One Grant</i>	Q1-4: Ongoing	Q1-4: Ongoing





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	<i>through November 2013:</i> Continued development of NM IT solution. June 2013- December 2013.	implementation and refinement.	implementation and refinement.
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<b>Core Area</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b><i>Privacy and Security</i></b>	<i>To be funded through the initial Level One Grant through November 2013: Continued implementation of the NM IT solution. June 2013-December 2013</i>	Q1-Q4: Continued implementation of the IT solution.	Q1-Q4: Continued implementation of the IT solution.
<b><i>Oversight, Monitoring, and Reporting</i></b>	<i>To be funded through the initial Level One Grant through November 2013: Establish fraud and protection procedures. Develop procedures for reporting to HHS on efforts to prevent fraud, waste, and abuse. August 2013</i>	Q1-Q4: Comply with HHS reporting requirements related to auditing and prevention of fraud, waste, and abuse.	Q1-Q4: Comply with HHS reporting requirements related to auditing and prevention of fraud, waste, and abuse.
<b><i>Contracting, Outsourcing, and Agreements</i></b>	<i>To be funded through the initial Level One Grant through November 2013: IT contract executed June 2013. Project Management contract executed June 2013. The NMHIX and partner entities will continue to execute appropriate contractual, outsourcing, and partnership agreements with vendors and state/federal agencies for all Exchange activities and functionality as needed, including data and privacy agreements. June 2013-December 2013</i>	Q1-Q4: The NMHIX and partner entities will continue to execute appropriate contractual, outsourcing, and partnership agreements with vendors and state/federal agencies for all Exchange activities and functionality as needed, including data and privacy agreements.	Q1-Q4: The NMHIX and partner entities will continue to execute appropriate contractual, outsourcing, and partnership agreements with vendors and state/federal agencies for all Exchange activities and functionality as needed, including data and privacy agreements.



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## Attachment 2

### Budget and Budget Narrative

New Mexico requests \$20 million in federal funding for an additional Level One Establishment cooperative agreement for the period July 1, 2013 through June 30, 2014. The requested grant funding would be awarded to HSD and then transferred to NMHIX.

New Mexico received \$34.3 million for an initial Level One grant in November 2011 and the project period for that grant was later extended through November 2013. The initial Level One grant was awarded to HSD and approximately \$2.6 million was spent on project staffing, the Leavitt Partners consulting contract, and ATF activities. The NMHIX statute enacted in March 2013 requires HSD to transfer the remaining grant funds to the NMHIX.

The NMHIX is now developing a financing plan for NMHIX operations and activities based on the new law and project developments. The NMHIX plans to submit an additional grant application for NMHIX operations and activities until the required sustainability is achieved.

NOTE: The information provided reflects budget estimates which will be revised during implementation activities. The NMHIX board and its Committees will work to modify cost estimates and projections on a monthly basis as responses to RFPs are received and contracts are developed and finalized.

The following chart shows the requested expenditures for this proposed grant by Exchange Activity Area:

<b>Exchange Activity Area</b>	<b>TOTAL</b>
Consumer and Stakeholder	
Engagement and Support	\$13,524,768
Eligibility and Enrollment	<u>\$ 6,475,232</u>
Total	\$20,000,000

#### Projected Expenditures by Quarter:

	<u>Amount</u>
Quarter 1	\$ 5,000,000
Quarter 2	\$ 8,000,000
Quarter 3	\$ 5,000,000
Quarter 4	<u>\$ 2,000,000</u>
Total	\$20,000,000

Detailed budget information for the NMHIX is shown in the following sections. All costs are fixed.



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## NMHIX Budget Items

### *Contracts*

Total:	\$20,000,000
Exchange Establishment Cooperative Agreement:	\$20,000,000
Other Funding:	\$ -0-

### **Required Information for Hiring Consultants**

**Duration of the Consultation:** July 1, 2013-June 30, 2014

**Expected Rate of Compensation:** Bid contracts either with a competitive hourly rate or through a fixed price contract. Required detail will be provided for each contract.

**Method of Accountability:** Base payment on specific contract deliverables and timelines.

## Comprehensive Outreach and Education Plan, Stakeholder Support, Native American Outreach and Education Activities, and Marketing and Media

**Nature of Services to Be Rendered:** Development and implementation of a comprehensive outreach and education plan with multifaceted strategies to maximize enrollment throughout the state to all populations. A total of \$13,524,768 is requested for planning, implementation, and management of the comprehensive outreach, education, marketing, and stakeholder support plan. Details are as follows:

Funding is requested for overall plan development and management (\$1,100,000). The NMHIX will contract for overall development of the comprehensive outreach and education program, development of training programs for Navigators and Assisters, and to manage the development of the Navigator/Assister system. No requested funds will be used for administration of the Navigator system; the Navigator administration costs will be paid for with NMHIA funds.

This will include the following activities: development of training modules and manuals (\$450,000); creation of performance evaluation plan, metrics, and business processes for the system (\$200,000); management of RFPs for the system (\$100,000); design, development, and support for a recruitment strategy (\$250,000); and support for administration of the Assister system (\$100,000).

Also included is \$6,074,768 in funding for extensive local events and activities including partnerships with nonprofit organizations, counties, schools/universities, faith communities, providers, business organizations, and other community-based organizations, tribal consultations, targeted tribal outreach and education, stakeholder education and outreach, and other education and outreach activities. This is based on an average cost of \$5,000-\$15,000 per event for major events throughout the state, \$1,500-3,000 each for 600 smaller events. Projected activities include mini-grants to 88 school districts (\$880,000), funding of \$50,000 for each of the state's colleges and universities to target young adults (\$350,000), funding for chambers of commerce and other business organizations (\$435,000), regional funding for contractors to do targeted outreach in the extreme rural areas of the state in each of the four quadrants (\$200,000),



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faith-based organizations, nonprofit groups, counties, and other community groups (\$1,300,000), development of mobile apps and text messaging systems (\$250,000), and miscellaneous translation and support costs for events (\$709,768).

Also included is funding for extensive analysis of take up and individuals who do not enroll during the initial open enrollment period, including implementation of focus groups to determine additional methods of effective outreach and education to maximize take-up of the NMHIX coverage. This will include development and implementation of modified outreach and education activities for the period of March 2014-June 2014. (\$850,000)

A total of \$1,100,000 is for comprehensive outreach and events for Native American communities, including targeted messaging, health fairs, other events; educational website hotlinks for Native Americans; face to face meeting opportunities; coordination and engagement of each of the 24 Chapter Houses, senior centers, health fairs and Pow Wows; marketing and educational efforts through social and alumni organizations through newsletters and other mechanisms, and funding for specialized technical assistance for activities such as development of effective systems for obtaining certification of Indian blood and other activities specific to the needs of Native Americans.

Funding for media including is requested at \$4,500,000, including \$2,000,000 for television and \$1,250,000 for radio based on New Mexico purchased media costs, \$500,000 for billboards at an average rate of \$3,500 per billboard, and \$750,000 for social media development. Funding is also requested for marketing materials and printing costs in the amount of \$1,850,000 of which \$250,000 is Native American specific materials. Printing and materials costs reflect the need for documents in English, Spanish, and Native American languages.

**Relevance of Service to the Project:** Maximize enrollment and take-up of NMHIX.

**Duration of the Consultation:** July 1, 2013-June 30, 2014

**Expected Rate of Compensation:** Contracts through a competitive bid process. Required detail will be provided for each contract.

**Method of Accountability:** Base payment on specific contract deliverables and timelines.

### **In Person Assistance Plan**

**Nature of Services to Be Rendered:** Develop and implement the Navigator/Assister plan including designation of two entities to manage and implement the Navigator/Assister system, coordinating with brokers/agents, and developing the Navigator and Assister curriculum, training, cross training and certification processes.

A total of \$6,475,232 is requested for start-up activities in 2013 to recruit and train staff, develop training curricula, hire central management staff, and contract with the two Navigator/Assister entities to implement the system. The Navigator/Assister entities would then subcontract with community-based organizations and others to provide the In Person Assistance activities throughout the state.

The requested amount includes implementation of the training programs (\$400,000), training



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costs such as background checks and other certification costs (\$141,448), and the Navigator/Assister system costs to ensure adequate coverage of In Person Assistance throughout the state (\$5,933,784).

In Person Assistance costs are based on the following assumptions: an average of two hours to complete an application with associated support; 25 percent time to be allocated to outreach and 75 percent to enrollment; average cost per enrollment of \$50, and 15 percent management/oversight costs for the two entities to ensure effective and efficient program implementation. This is based on projected initial NMHIX enrollment of 82,557 individuals in 2014.

No grant funds will be utilized for the implementation and administration of the Navigator components of the program; the NMHIA will finance Navigator implementation and administration costs with alternative funds and the contracts with the two Navigator/Assister entities will be financed with a combination of grant and the alternative funds.

**Relevance of Service to the Project:** Maximize NMHIX uptake rate. An effective Navigator/Assister system is critical to successful NMHIX establishment.

**Duration of the Consultation:** July 1, 2013-June 30, 2014

**Expected Rate of Compensation:** Contracts through a competitive bid process. Required detail will be provided for each contract.

**Method of Accountability:** Base payment on specific contract deliverables and timelines.

## Attachment 3

### Signed SF 424

GRANTS.GOV <sup>SM</sup>		Grant Application Package
<b>Opportunity Title:</b>	Cooperative Agreement to Support Establishment of the A	
<b>Offering Agency:</b>	CND-Consumer Information & Insurance Oversight	
<b>CFDA Number:</b>		
<b>CFDA Description:</b>		
<b>Opportunity Number:</b>	1E-HBE-12-001	
<b>Competition ID:</b>	1E-HBE-12-001-015353	
<b>Opportunity Open Date:</b>		
<b>Opportunity Close Date:</b>	10/15/2014	
<b>Agency Contact:</b>	Christopher Clark Grants Management Specialist E-mail: christopher.clark@hhs.gov Phone: 301-492-4319	

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name:

Mandatory Documents		Mandatory Documents for Submission
	Move Form to Complete *	Application for Federal Assistance (SF-424) Budget Information for Non-Construction Program Assurances for Non-Construction Programs (SF-42) Project Narrative Attachment Form Budget Narrative Attachment Form Project Abstract Summary
	Move Form to Delete	
Optional Documents		Optional Documents for Submission
	Move Form to Submission List	Other Attachments Form Project/Performance Site Location(s) Disclosure of Lobbying Activities (SF-LLL)
	Move Form to Delete	

#### Instructions

- 1** Enter a name for the application in the Application Filing Name field.

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you click on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <=> button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.





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CMB Number: 4340-0104  
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424		
* 1. Type of Submission:		* 2. Type of Application:
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision
		* If Revision, select appropriate letter(s):
		<input type="text"/>
		* Other (Specify):
		<input type="text"/>
* 3. Date Received:		4. Applicant Identifier:
Completed by Grants.gov upon submission		<input type="text"/>
5a. Federal Entity Identifier:		5b. Federal Award Identifier:
<input type="text"/>		New Mexico Human Services
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
<input type="text"/>		<input type="text"/>
8. APPLICANT INFORMATION:		
* a. Legal Name: New Mexico Human Services Department		
* b. Employer/Taxpayer Identification Number (EIN/TIN):		* c. Organizational DUNS:
85-6000570		8377107220000
d. Address:		
* Street: Post Office Box 2348		
Street: <input type="text"/>		
* City: Santa Fe		
City: <input type="text"/>		
* County/Parish: <input type="text"/>		
County/Parish: <input type="text"/>		
* State: <input type="text"/> BN: New Mexico		
State: <input type="text"/>		
* Province: <input type="text"/>		
Province: <input type="text"/>		
* Country: <input type="text"/> USA: UNITED STATES		
Country: <input type="text"/>		
* Zip / Postal Code: 87504-2348		
Zip / Postal Code: <input type="text"/>		
e. Organizational Unit:		
Department Name:		Division Name:
New Mexico Human Services		Office of the Secretary
f. Name and contact information of person to be contacted on matters involving this application:		
* Prefix: Mr.		* First Name: Sidonie
Prefix: <input type="text"/>		First Name: <input type="text"/>
* Middle Name: <input type="text"/>		
Middle Name: <input type="text"/>		
* Last Name: Squier		
Last Name: <input type="text"/>		
* Suffix: <input type="text"/>		
Suffix: <input type="text"/>		
* Title: <input type="text"/>		
Title: <input type="text"/>		
Organizational Affiliation:		
New Mexico Human Services		
* Telephone Number: 505-827-7750		* Fax Number: 505-827-6286
Telephone Number: <input type="text"/>		Fax Number: <input type="text"/>
* Email: sidonie.squier@state.nm.us		
Email: <input type="text"/>		





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 Santa Fe, NM 87502-5095  
 Toll Free 1-800-204-4700

**Application for Federal Assistance SF-424**

16. Congressional Districts Of:  
 \* a. Applicant:  b. Program/Project:

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

17. Proposed Project:  
 \* a. Start Date:  \* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="20,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="20,000,000.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  
 a. This application 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 the State for review.  
 c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  
 Yes  No  
 If "Yes", provide explanation and attach

21. \*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 28, Section 1001)  
 \*\* I AGREE  
 \*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:   
 Middle Name:   
 \* Last Name:   
 Suffix:   
 \* Title:   
 \* Telephone Number:  Fax Number:   
 \* Email:

\* Signature of Authorized Representative:  \* Date Signed:   
*Sidonie Squier* *5/15/13*