



*Office of Broadband Access and Expansion  
New Mexico Department of Information Technology*

Connect New Mexico Pilot Program  
Wave 4 – Connectivity to Declared Disaster Areas  
Application  
January 2025

Connect New Mexico Pilot Program  
Connectivity to Declared Disaster Areas  
Application - Wave 4

## Overview

The Office of Broadband Access and Expansion (“Office”) requires eligible entities to complete the following application in order to request grant funding from the Connect New Mexico Pilot Program – Wave 4. The Office will review and evaluate only those applications deemed fully responsive to ALL the listed questions.

➤ **Sections**

The application is divided into 15 sections and includes 10 required attachments. Each section contains several questions. Responses to the questions should be provided in the gray-colored spaces below. The required attachments are specified in the questions and noted in the Appendix. These required attachments must be filed in separate files.

➤ **In-Take System for Filing the Application**

The application will be filed electronically through Submittable. The Submittable in-take system opens on January 27, 2025.

➤ **Questions**

Please forward any questions to the OBAE team.

- Questions regarding information requests and required responses: [broadband@connect.nm.gov](mailto:broadband@connect.nm.gov)

➤ **Application Closing Dates**

The closing date for application submission is March 21, 2025 (11:59 pm MT).

➤ **Program Resources**

Please refer to the following documents for additional background about the Pilot Program.

- **Notice of Funding Opportunity (NOFO):** The NOFO formally establishes the “Connect New Mexico Pilot Program, Wave 4” funding opportunity. Please review the NOFO to learn about the authorizing legislation, program purpose, program eligibility factors (e.g., project types, service areas, entities), allowable expenditures, key performance requirements (e.g., network performance, service offerings), evaluation criteria, and compliance requirements.
- **Scoring Guide:** The Scoring Guide presents details regarding the five major categories, assigned points, and the consideration factors influencing the score.
- **Program Website:** Please visit the program website for other background information.

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**Application Sections**

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**Directions:** Please provide all responses besides each question in the gray shaded area below. Questions requiring attachments are delineated. Please limit all narratives to less than 300 words. However, this word limit may be exceeded, if needed, to respond to the question comprehensively.

**1. Project Title and Contact Information**

A. Title		
Proposal Title		
B. Primary and Secondary Contacts		
	Primary Contact (Authorized Organizational Representative)	Secondary Contact
Name		
Title		
Phone Number		
Email Address		

**2. Applicant Information**

A. Organization Information	
Organization Legal Name	
“Doing Business As” Name	
Mailing Address	
Website	
Federal Employer Identification Number	
B. Commercial Background with State of New Mexico	
Receipt of Prior State Grant (Y/N)	[ <input type="checkbox"/> ] Yes/No If Yes, please list program(s): _____
Secretary of State Business ID	
C. Organization Type	
Applicant Category	[ <input type="checkbox"/> ] Incorporated Business or Partnership

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(Please select one)	<input type="checkbox"/> Government Entity (municipality, public agency, or political subdivision, etc.) <input type="checkbox"/> Tribal Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Limited Liability Corporation (organized to expand broadband) <input type="checkbox"/> Other
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### 3. Project Dashboard

A. Budget and Economics						
Grant Requested			Grant % of Budget			
Matching Contribution			Match % of Budget			
Total Project Budget (\$)						
Matching Contribution Sources – Check Box(es)	Internal Funding	3 <sup>rd</sup> Party Financing	Gov. Entity	Community Stakeholder(s)	In-Kind	Other
	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]	[ <input type="checkbox"/> ]
Cost per Targeted Location (Passed by Fiber or Covered by Fixed Wireless)	Total Budgeted Costs per Location			Total Budgeted Costs per Location		
	Total Grant Allocation per Location			Total Grant Allocation per Location		
	Total Match Contribution per Location			Total Match Contribution per Location		
B. Proposed Technology						
Technology Type	<input type="checkbox"/> Wireline (e.g., Fiber Optic) <input type="checkbox"/> Licensed Fixed Wireless <input type="checkbox"/> Hybrid Wireline/Wireless Note: Please check applicable categories.					
C. Fiber Project: Infrastructure Metrics						
Miles Being Deployed						
Miles by Network Purpose (should equal total fiber miles)	Last Mile			Middle Mile		
Construction vs. Lease	New Construction			Leased		
D. Fixed Wireless Project: Infrastructure Metrics						

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Number of Towers and/or Poles	New Construction	Leased
Total Number of Base Stations		
Wireless Coverage Footprint (Sq. Miles)		
Spectrum Frequency Band(s) Being Utilized		
License Requirement	[ <input type="checkbox"/> ] License Required; [ <input type="checkbox"/> ] Unlicensed; [ <input type="checkbox"/> ] Both	

**E. Targeted Areas**

**List of Counties Served by Project:** Please list all counties served. Also indicate whether coverage is full or partial coverage.

Name of County	Fully or Partially Served	Recognized Tribal Region (place x)

**List of Communities Served:** Please list all cities, towns, and villages served. Also indicate whether coverage is full or partial coverage.

Name of Community (Town, City)	Fully or Partially Served	Recognized Tribal Region (place x)

**F. Serviceable User Segments**

**Serviceable User Segments:** Please state the number of premises passed or covered by the broadband infrastructure for the speed tiers identified below.

**Premises in Service Area by User Segment**

		Unserviced (lacking wireline above 25/3 Mbps)			Underserved (having wireline above 25/3 Mbps but lacking wireline above 100/20 Mbps)		
		<25/3	<25/3	<25/3	<100/20	<100/20	<100/20
Speed Now (Mbps)		<25/3	<25/3	<25/3	<100/20	<100/20	<100/20
Project-enabled Speed		≥100/20	≥100/100	≥1G/1G	≥100/20	≥100/100	≥1G/1G
	Homes						

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<b>Premise Type</b>	Businesses						
	Community Institutions						
	Farms						
Total Premises by Speed							

**G. Service Offerings**

	Service Offering (download/upload)	Monthly Price
Maximum Speed to Customer Location		\$
Minimum Speed to Customer Location		\$

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4. Project Focus on Declared Disaster Areas and Overall Community Impact

]

**A. Background of Declared Disasters on Targeted Communities**

The NOFO states that the Connect New Mexico Pilot Program – Wave 4 aims to foster the deployment of terrestrial-based broadband networks across unserved and underserved locations in those communities impacted by declared environmental disasters, including wildfires and floods. Please explain how the targeted communities have been impacted by recent disasters, including fires and floods. (300 word limit)

Please confirm by reviewing the map of declared disaster areas which overlays over eligible unserved and underserved broadband serviceable locations. [Map of State Declared Disaster Areas](#)

**B. Impaired Connectivity by Declared Disasters**

Please explain whether any of the targeted locations qualified as “served” before the environmental disasters, and this project aims to restore connectivity to those locations. (300 word limit)

*Note: Definition of Served - The household or business location that has access to a wireline-based broadband or licensed fixed wireless connection that reliably offers at least 100 Mbps download and 20 Mbps upload*

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**C. Comprehensive Community Impact**

Please explain whether and how the last-mile network also serves the broader community, including: community institutions; government facilities; backhaul for commercial mobile and public safety networks; backhaul to data centers; etc. (300 word limit)

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## 5. Location and Mapping Data

### A. Location Overview

**Narrative of Geographic Coverage:** Please provide a narrative that describes the geographic coverage of the proposed project. (300 word limit)

### B. Network Map of Project Areas

Please include a detailed network map in the Appendix and label it as **“Attachment 5-B”**. Maps should be included in both PDF version AND a spatial data version (e.g., .shp, .kmz, or .kml) as an electronic attachment. Please see infrastructure instructions below based on infrastructure type.

- 1) **Wireline Project:** Please include a route map that shows: a) service area with boundaries; b) lateral miles and middle-mile (different colors); c) all premises served by the network (residents, businesses, farms, institutions); d) all peering points with middle-mile and colocation facilities; e) names of places, boundaries, buildings, road/street names or other features that identify the project coverage area; f) location of any existing and leased facilities (separately color-coded). For middle-mile, please include: meet-me points with last-mile networks; points of interconnection with Internet backbone (e.g., carrier hotel); community access points.
- 2) **Fixed Wireless Project:** The coverage map should show: a) coverage area; b) location of all towers and base stations; c) backhaul links from base stations to aggregation points (e.g., fiber or microwave); d) backhaul link to the Internet backbone; e) location of any existing and leased facilities (separately color-coded).

#### Confirmation for Attachment 5-B(1) and 5-B(2)

Check this box to confirm that a detailed Network Map is uploaded in both PDF format 5-B(1) and Spatial Data Version 5-B(2)

### C. Broadband Serviceable Location (BSL) Identifiers

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Please include an Excel table of all BSLs by their unique identifiers (IDs). You'll need a CostQuest license. If you do not have this license, the OBAE GIS team can provide those IDs based on the receiving the spatial data version.

**Confirmation for Attachment 5-C**

Check this box to confirm that a table of the BSL Identifiers is uploaded.

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**6. Community Support and Local Partnership Engagement**

A. Community Support	
Number of Support Letters Filed with Application	
<p><b>Community Support Letters:</b> Applicants are encouraged to obtain a support letters from local government authorities, community leaders, beneficiaries of the broadband service, and other key stakeholders that support the project and applicant’s role.</p> <ul style="list-style-type: none"> <li>Please explain the breadth and depth of community support received, including the support letters received.</li> <li>For parties not providing a letter, please explain the type of support provided.</li> </ul> <p style="text-align: right;">(300 word limit)</p>	
<p><b>Appendix for Letters of Support:</b> Please include all Letters of Support in the Appendix. Please label as <b>“Attachment 6-A”</b></p>	
<p><b><u>Confirmation for Attachment 6-A</u></b></p>	
<p><input type="checkbox"/> Check this box to confirm that Letters of Support are uploaded.</p>	
B. Local Partners	
<p><b>Government, Community, Commercial and Vendor Partnerships:</b> Please describe collaborative initiatives with partners that aim to provide support around planning, permitting, financing, network deployment, customer adoption, long-term financial viability, and overall project sustainability. Their project support may include: streamlining permitting and regulatory requirements; network design planning and deployment; project promotional/awareness; service purchase commitments; matching contribution; revenue commitment (i.e., anchor client); etc. Partners may include the following types of entities (illustrative).</p> <ul style="list-style-type: none"> <li><b>Public Entities:</b> Tribal government, county, municipality, public agency, etc.</li> <li><b>Community Organizations:</b> Community institution (school, hospital, higher education institution, etc.) non-profit, research institution, community organizers, etc.</li> </ul>	

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- **Broadband Service Providers:** Middle-mile or backhaul network operator, ISP's offering retail services over open access network, telecom network infrastructure owner contributing resources (e.g., towers), etc.
- **Vendors/Contractors:** Please disclose any local and regional contractors that are likely to be involved with the planning, design, deployment, operations, and/or maintenance of the network.

(300 word limit)

**C. Financial Contribution from Community Stakeholders**

Please discuss any financial investment that will be made by community members and organizations. Address the following: a) degree of financial contribution from community-based members and institutions; b) in-kind resource commitments from community-based members and institutions; c) evidence to support verification of pledge.

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**7. Matching Contribution**

A. Matching Contribution			
<b>Matching Contribution Amount:</b> Total Dollar Amount	\$	<b>Matching Contribution Percentage:</b> Percentage of Project Budget	\$
<b>Match Type:</b> Cash vs. In-Kind (or both)		Cash Match	In-Kind Match
	Amount	\$	\$
	Percentage of Total Budget		
<b>Match Source:</b> Please provide a narrative that discusses the source(s) of the match.			
<b>Evidence of Matching Contribution</b> (Please include separate attachment and label as <b>“Attachment 7-A”</b> .)	<p><b>Confirmation for Attachment 7-A</b></p> <p><input type="checkbox"/> Check this box to confirm that evidence for matching contribution from EACH contributor is uploaded.</p>		
<b>Specific Contributors of Nonstate Match</b>	Match Contributor		Amount (\$)
			\$
			\$
			\$
			\$
B. Match Waiver (if relevant)			
<p><b>Narrative on Match Waiver Requirement:</b> Please explain the reason(s) that prohibit the minimum 25% matching contribution.</p> <p>Note: OBAE will carefully review the evidence and data to determine if the waiver is justified based on the extenuating circumstances. If a proposal is deemed compelling, based on its initial evaluation, but the matching share waiver fails to provide an evidence-based justification, the applicant may be asked to contribute the 25% matching share to receive an award.</p>			

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**Match Waiver Letter:** Please include separate attachment and label as **“Attachment 7-B”**. The waiver should be a letter from the applicant and addressed to the Office of Broadband Access and Expansion. The letter should explain the compelling reason(s) that impede the 25% minimum matching contribution.

**Confirmation for Attachment 7-B**

Check this box if you are filing a match waiver request.

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## 8. Project Budget

### A. Budget Narrative

Please provide a detailed budget narrative that addresses: a) the methodology applied to develop the price and quantity for the cost items; b) the steps taken to ensure that the budget constitutes a reasonable reflection of the actual expenditures, and thus not overstated or understated; c) any budgetary savings through leverage of existing assets. (300-word limit)

### B. Budget Template

**Detailed Project Budget:** Please complete the project budget template, which requires the list of all units of material and labor, cost per unit, and total cost for each line item.

#### Confirmation for Attachment 8-B

Check this box to confirm that the Detailed Project Budget is uploaded.

### C. Cost Metrics

Please complete the following metrics. The costs include all expenditures related to network elements, plant, and placement costs.

#### ***Fiber Project***

**Deployment Cost per Fiber Mile Deployed (Last and/or Middle Mile Project):** Please calculate the cost per fiber mile that reflects all planning and constructions costs. The cost elements should include: engineering design; permitting and regulatory reviews; pre-deployment readiness (e.g., make ready, site planning); outside plant materials (e.g., fiber, poles, hardware, conduit, splitters, etc.); labor to deploy network; and construction and project management.

Note: Please do not include the costs for network equipment, fiber drops, equipment external to premise (e.g., ONT), or customer premise equipment.

\$

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<b>Deployment Cost per Premise Passed:</b> Please calculate the cost per premise passed. The cost elements should include the total costs applied in the prior question and then divided by each premise passed. Please do not include the costs for the fiber drops or equipment to be installed on premise site.
\$
<b>Incremental Cost per Connection:</b> Please calculate the incremental cost to connect each potential customer. This includes the deployments costs noted above, plus the fiber drop, external electronics, and any customer premise equipment not charged to the customer.
\$
<b><i>Fixed Wireless Project</i></b>
<b>Deployment Cost per Premise Covered:</b> Please calculate the cost for each premise covered by the wireless network. The cost elements should include: engineering design; permitting and regulatory reviews; pre-deployment readiness (e.g., site planning); tower site acquisition and construction; backhaul construction; labor for implementation; construction and project management; base station equipment. Please do not include the costs for customer premise equipment (e.g., antennas, modems, Wi-Fi routers, etc.)
\$

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## 9. Project Plan

### A. Project Plan Overview

**Project Schedule Narrative:** Please provide a detailed narrative regarding your project schedule. Please address: a) project start and end dates; b) key dependencies; c) major risk areas and approaches to mitigate those risks.

### B. Detailed Project Schedule

Please include a detailed project schedule in the Appendix and label as **“Attachment 9-B”**. Please address all stages leading to the launch of commercial services – e.g., network design, site work, make ready, environmental assessment, vendor selection, permitting, construction, network testing, premise installation, etc.

#### Confirmation for Attachment 9-B

Check this box to confirm that the Project Schedule is uploaded.

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**10. Organizational/Personnel Background and Key Vendors**

10. Organizational/Personnel Background and Key Vendors	
<b>A. Organization Capability and Track Record</b>	
Please provide details regarding your organization's experience and results in having deployed similar networks.	
<b>B. Personnel</b>	
Please provide resumes of key personnel that will be involved in planning, deploying, and operating the network.	
<b><u>Confirmation for Attachment 10-B</u></b>	
<input type="checkbox"/> Please check this box to confirm that resumes is uploaded.	
<b>C. Strategy to Leverage Local/Regional Workforce Participation</b>	
Please discuss your strategy to leverage local and regional firms and contractors to design, plan, deploy, and operate the project. Key topics for discussion can include: outreach activities; apprenticeship programs; collaboration with local community colleges to provide training; etc.	

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## 11. Technology and Network Design

### A. Technology and Engineering System

Provide a general overview of your solution, including: a) technology; b) network design; c) middle-mile pathway to the Internet backbone; d) scalability of capacity; e) redundancy.

### B. Network Scalability and Sustainability

Please provide evidence that the installed broadband infrastructure can deliver at least 100/20 Mbps today and is scalable to speeds of at least 100 Mbps download and 100 Mbps upload. This can include, for example, documentation from the equipment manufacturer, or certification from the registered Professional Engineer.

Please discuss the long-term technical sustainability of the network, including: a) the maximum speeds that can be provided in 10 years; b) process and required investment for upgrading capacity in the future; c) the useful life of the assets.

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**C. Network Resiliency and Redundancy**

Please explain how the network design and technology can be: a) resilient to environmental disasters in the future, including fires, flood, and wind; b) provisions to allow for redundancy and thereby enable network traffic to be sent and received if a certain portion of the network is temporarily or permanently damaged.

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## 12. Marketing and Services Strategy

### A. Service Packages

Please include the following: a) list of service packages (download/upload) for all your targeted customer segments; b) price points for each package and other recurring fees (e.g., Wi-Fi router rental); c) ability to purchase unbundled Internet (i.e., broadband service without having to purchase other services); d) specific contractual terms required to purchase service; e) non-recurring charges (e.g., equipment, installation, and any other non-recurring fees); f) any restrictions.

### B. Service and Price Sheet

Please include your Service and Price Sheet and label as: **“Appendix 12-B.”**

Note: The Award Agreement will require a commitment to offering these services – at the noted prices – for the next five years.

#### **Confirmation for Attachment 12-B**

Please check this box to confirm that a list of your offerings and pricing is included in the Appendix

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**13. Affordability and Adoption Assistance**

<b>A. Low Cost Options and Programs</b>	
<p>Please list your low-cost option. <i>NOFO Requirement: Broadband service will include a low-cost option for a speed tier of at least 100/20 Mbps with no data caps for low-income individual and households. The rate should be reflective of the low-cost option designated in the New Mexico Broadband Equity, Access, and Deployment (BEAD) program.</i></p>	
<p>Please list any other programs and partnerships that provide discounts to economically disadvantaged customers or institutions with limited budgets (e.g., community institutions).</p>	(300 word limit)
<b>B. Programs to Foster Adoption</b>	
<p>Please provide: a) detailed description of broadband adoption activities planned for project – e.g., access to low-cost devices, digital literacy training, technical support, community Wi-Fi networks, etc.; b) technology strategies to enable adoption to general public (e.g., community networks that provide free public Wi-Fi, others).</p>	(300 word limit)

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**14. Financial Sustainability and Company Audited Statements**

**A. Project Financial Sustainability**

Please provide a detailed narrative regarding the key drivers to financial sustainability of this project.

Please address: the following: a) minimum take rate (i.e., percentage of passed or covered premises that become customers) required to achieve positive operating cash flow; b) managing growth of operating expenditures to be in line with revenue growth; c) duration (years and months) to achieve positive operating cash flow.

(300 word limit)

**B. Audited Financial Statements for Last Two Years**

Please provide two years of audited financial statements. If not, please explain why you cannot include audited statements.

**Confirmation for Attachment 14-B**

Please check this box to confirm that two years of audited statements are included in the Appendix.

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**15. Self-Certifications**

Initials: Placing the initial of the Authorized Organizational Representative constitutes a certification.	
[ _____ ]	The infrastructure deployment is limited to those declared disaster areas occurring in the Year 2022-24 time period.
[ _____ ]	The project will be completed, which includes: a) all funds shall be expended by December 31, 2026; b) commercial services will be available to all targeted broadband serviceable locations.
[ _____ ]	Reimbursement requests will only be for project expenditures that occur after a signed Grant Award Agreement and execution of a Purchase Order.
[ _____ ]	The funding request does not duplicate awards received from other local, state, or federal sources.
[ _____ ]	Pricing will be provided at rates no different than those currently offered in New Mexico (if a local provider) or regional markets (if a new entrant).
[ _____ ]	The services and price points shall be consistent with those stated in the application for at least five (5) years from the date of Substantial Completion. However, prices may be increased no more than once per calendar year due to inflation by a percentage that shall not exceed the Consumer Price Index for All Urban Consumers (CPI-U), All Items, for the 12-month period preceding the annual price increase. For any other increase due to unique circumstances, the Grantee must seek approval in writing from the OBAE.
[ _____ ]	Broadband service will include a low-cost option for a speed tier of at least 100/20 Mbps with no data caps for low-income individual and households. The rate should be reflective of the low-cost option designated in the New Mexico Broadband Equity, Access, and Deployment (BEAD) program.
[ _____ ]	Agrees to participate in a federal and/or state price subsidy program if one becomes available. <u>Note:</u> The Affordable Connectivity Program, created by the Federal Communications Commission, ended its acceptance of new applications and enrollments on February 7, 2024. If the ACP restarts or a similar program is initiated, the U.S. Department of Treasury may require a subrecipient to participate in the program for the life of the designated subsidy initiative.
[ _____ ]	Wage rates shall conform with New Mexico Public Works Minimum Wage Act, or federal Davis-Bacon Act rates. <u>Note:</u> Tribal entities are exempt from compliance with prevailing wage statutes, but may certify compliance should they choose to utilize prevailing wages in the proposed project.

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**16. Appendix – Required Attachments**

Please upload the following attachments. The lack of these documents, noted as “Required,” will deem the application incomplete.

Required Attachments		
Attachment Number	Purpose	Required or Optional
<b>Attachment 5-B(1)</b>	• <b>Service Area Map (PDF Format)</b>	<b>Required</b>
<b>Attachment 5-B(2)</b>	• <b>Service Area Map (Spatial Data Version))</b>	<b>Required</b>
<b>Attachment 5-C</b>	• <b>Excel Table of all Broadband Serviceable Location Identifiers</b>	<b>Required</b>
<b>Attachment 6-A</b>	• <b>Support Letters</b>	<b>Required</b>
<b>Attachment 7-A</b>	• <b>Evidence of Matching Contribution</b>	<b>Required</b>
<b>Attachment 7-B</b>	• <b>Match Waiver</b>	Optional
<b>Attachment 8-B</b>	• <b>Detailed Project Budget</b>	<b>Required</b>
<b>Attachment 9-B</b>	• <b>Project Schedule</b>	<b>Required</b>
<b>Attachment 10-B</b>	• <b>Resumes of Key Personnel</b>	<b>Required</b>
<b>Attachment 12-B</b>	• <b>List of Service Offerings and Pricing Schedule</b>	<b>Required</b>
<b>Attachment 14-B</b>	• <b>Audited Financial Statements (Two Years)</b>	<b>Required</b>

**[End of Application Packet]**