

**LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM  
(LIHWAP) MODEL PLAN 424 - MANDATORY**

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

Approval No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13). Use of this model plan is optional. However, the information requested is required prior to providing payments for the Low Income Household Water Assistance Program (LIHWAP). 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 Funding Allocations**

Program Components

Note: Throughout this form, "water suppliers" refers to both drinking and/or wastewater suppliers, as they may be different entities at the local level

1.1 Check which components you will operate under the LIHWAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation (Start and end dates)	
<input type="checkbox"/> Rate Reduction (Wastewater)		
<input type="checkbox"/> Rate Reduction (Drinking Water)		
<input type="checkbox"/> Arrearage (Wastewater)		
<input type="checkbox"/> Arrearage (Drinking Water)		

Provide further explanation for the dates of operation, if necessary:

Estimated Funding Allocation

1.2 Estimate what amount of available LIHWAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.

	Percentage (%)
Rate Reduction (Wastewater)	0.00%
Rate Reduction (Drinking Water)	0.00%
Arrearages (Wastewater)	0.00%
Arrearages (Drinking Water)	0.00%
Administrative and planning costs	0.00%
Total	0.00%

**Categorical Eligibility**

**1.3 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 1.3, you must complete the table below and answer questions 1.5 and 1.6.**

	Water Assistance Payments
TANF	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input type="radio"/> No
LIHEAP	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<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?**

**Determination of Eligibility - Countable Income**

**1.8.**

- Gross Income
- Net Income

**1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHWAP**  
**Note: The following sources are not applicable forms of countable income used to determine a household's income eligibility for LIHWAP:**  
 Temporary Assistance for Needy Families (TANF) benefits  
 Supplemental Nutrition Assistance Program (SNAP) benefits  
 Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits

- Wages
- Self - Employment Income
- Contract Income
- Payments from mortgage or Sales Contracts
- Unemployment insurance
- Strike Pay
- Social Security Administration (SSA) benefits
- Including MediCare deduction     Excluding MediCare deduction
- Supplemental Security Income (SSI)
- Retirement / pension benefits
- General Assistance benefits
- 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 type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input type="checkbox"/>	Alimony
<input type="checkbox"/>	Child support
<input type="checkbox"/>	Interest, dividends, or royalties
<input type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input 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 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 type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

## Section 2 -Benefits

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

OMB Clearance No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 2 - Benefits

**Eligibility**

**2.1 Designate the income eligibility threshold used for the water benefit.**

Eligibility Threshold	Eligibility Threshold Percent
<input type="radio"/> Federal Poverty Guideline <input type="radio"/> State Median Income	0.00%

<b>2.2 Do you have additional eligibility requirements for water assistance?</b>	<input type="radio"/> Yes <input type="radio"/> No
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**2.3 Check the appropriate boxes below and describe the policies for each.**

<b>Do you require an assets test?</b>	<input type="radio"/> Yes <input type="radio"/> No
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**Do you have additional/differing eligibility policies for:**

<b>Renters?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Renters living in subsidized housing?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Renters with utilities included in the rent?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Others?</b>	<input type="radio"/> Yes <input type="radio"/> No

**If "Others", please describe here:**

**Do you give priority in eligibility to:**

<b>Elderly?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Disabled?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Young children?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Households with high water/wastewater burdens?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Other?</b>	<input type="radio"/> Yes <input type="radio"/> No

**If "Others", please describe here:**

**Explanations of policies for each "yes" checked above:**

  
  
  
  
  
  
  
  
  
  

**Determination of Benefits:**

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

  
  
  
  
  
  
  
  
  
  

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

<input type="checkbox"/> Income
<input type="checkbox"/> Household size
<input type="checkbox"/> Home drinking water burden
<input type="checkbox"/> Home wastewater burden
<input type="checkbox"/> Other (Please describe):

**2.6 Describe estimated benefit levels for the fiscal year for which this plan applies**

Minimum Benefit	\$0	Maximum Benefit	\$0
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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.

**2.7. Benefit periods**

Is this a one-time benefit?	<input type="radio"/> Yes <input type="radio"/> No
-----------------------------	--

If no, please explain the frequency of allowable benefit (e.g., monthly, quarterly, etc.):

**2.8 Do you give priority in eligibility to:**

Disabled?	<input type="radio"/> Yes <input type="radio"/> No
Young Children?	<input type="radio"/> Yes <input type="radio"/> No
Households with high energy water burdens?	<input type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> No

Do you provide individuals who are physically disabled the means to:

Submit applications for benefits without leaving their homes?

Yes  No

If No, explain.

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

Yes  No

If No, explain.

If you answered "No" to both options in question 2.8, please explain alternative means of intake to those who are homebound or physically disabled?

Yes  No

If yes, describe:

**2.10 Are any of the utility vendors you work with subject to a moratorium on shut offs?**

Yes  No

If you responded "Yes" to question 2.10, you must respond to question 2.11.

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

**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 - Outreach

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 3: Outreach

3.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHWAP 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 water vendor billings to inform individuals of the availability of all types of LIHWAP assistance.

Mass mailing(s) to prior-year LIHEAP recipients or recipients of other government benefits:

Mass mailing(s) to prior-year LIHWAP recipients

Note: We recognize that this is not applicable this year, but it may be applicable in future years if this program receives funding in future years.

Inform low income applicants of the availability of all types of LIHWAP 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):

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 - Coordination

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 4: Coordination

**4.1 Describe how you will ensure that the LIHWAP program is coordinated with other programs available to low-income households (LIHEAP, TANF, SSI, EPA, WAP, etc.)**

**Joint application for multiple programs:**

**Intake referrals to/from other programs:**

**One - stop intake centers:**

**Other - Describe:**

**4.2 Describe how you will coordinate with relevant regulatory authorities that govern over water suppliers.**

**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 - Agency Designation

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 5: Agency Designation (Required for state grantees and the Commonwealth of Puerto Rico)

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

<input 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**

If you selected "Welfare Agency" in question 5.1, you must complete questions 5.2, 5.3, and 5.4, as applicable.

**5.2 How do you provide alternate outreach and intake for Water Assistance?**

5.5 LIHWAP Component Administration.	Drinking Water Service	Wastewater Service
5.5a Who determines client eligibility?		
5.5b Who processes benefit payments to water service providers?		

If any of your LIHWAP components are not centrally-administered by a state agency, you must complete questions 5.6, and 5.7.

**5.6 What is your process for selecting local administering agencies?**



**5.7 How many local administering agencies do you use?**

**5.8 What types of local administering agencies do you use?**

Community Action Agencies

Local Governments

City Governments

County Governments

Other non-profits

**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 6 - Water Suppliers

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 6: Water Suppliers

**Note: Water suppliers refers to both drinking and/or wastewater suppliers as they may be different entities at the local level**

##### 6.1 Direct Payments

What is the method by which you issue benefit payments to water suppliers?

- Hard Copy Check  
 EFT Exchange  
 Other

If Other, please explain:

##### 6.2 How do you notify the client of the amount of assistance paid, and the timing of the assistance payment?

##### 6.3 How do you assure that the home water supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the water and or wastewater and the amount of the payment?

##### 6.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHWAP assistance?

##### 6.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the water burden of eligible households?

Yes  No

If so, describe the measures unregulated vendors may take.

##### 6.6 How do you assure that water suppliers are restoring disconnected service or otherwise maintaining continuity of service due to the benefit payment?

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 - Program, Fiscal Monitoring, and Audit

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 7: Program, Fiscal Monitoring, and Audit

7.1. How do you ensure good fiscal accounting and tracking of LIHWAP funds?

**Audit Process**

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

Yes  No  Not Applicable

Note: We recognize that as this is the first year of the program, the appropriate response would be "Not Applicable"

7.3. 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 LIHWAP agency from the most recently audited fiscal year.

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

**7.4. 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**

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

**Grantee employees:**

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

<b>Local Administering Agencies / District Offices:</b>
<input type="checkbox"/> On - site evaluation
<input type="checkbox"/> Annual program review
<input type="checkbox"/> Monitoring through central database
<input type="checkbox"/> Desk reviews
<input type="checkbox"/> Client file testing/sampling
<input type="checkbox"/> Reconciliation of water supplier records
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>7.6 Explain or attach a copy of your local agency monitoring schedule and protocol.</b>
<b>7.7. Describe how you select local agencies for monitoring reviews.</b>
Site visits:
Desk reviews:
<b>7.8. How often is each local agency monitored?</b>
Note: This answer can be prospective.
Note: For Sections 7.9-7.12, we recognize that this data may not be available in the submission of the plan in the first year of this program.
<b>7.9. What is the combined error rate for eligibility determinations?</b>
<b>7.10. What is the combined error rate for benefit determinations?</b>
<b>7.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues?</b>
<b>7.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues?</b>
<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 8 - Timely and Meaningful Public Participation

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 8: Timely and Meaningful Public Participation

**8.1 How did you obtain input from the public in the development of your LIHWAP plan? Select all that apply.**

Tribal Council meeting(s)

Public hearing(s)

Enter the dates for Tribal Council meeting(s) or Public hearing(s):

Draft Plan posted to website and available for comment

Hard copy of plan is available for public view and comment

Enter how long draft plan and/or hard copy of plan was 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:

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

**8.3. How many parties commented on your plan?**

**8.4 Summarize the comments you received on your plan here:**

**8.5 What changes did you make to your LIHWAP plan as a result of the comments received?**

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

## Section 9 - Fair Hearings

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN

#### Section 9: Fair Hearings

Note: For Sections 9.1-9.3, we recognize that the responses would be "Not Applicable" for the initial plan submitted in FY 2021

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

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

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

9.4 Describe your fair, independent hearing procedures for households whose applications are denied or where the applicant disputes the benefit amount.

9.5 When and how are applicants informed of these rights?

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

9.7 When and how are applicants informed of these rights?

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 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	ADMINISTRATION FOR CHILDREN AND FAMILIES
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### LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM(LIHWAP) MODEL PLAN

### Section 10: Training

<b>10.1 Describe the training you will provide for each of the following groups:</b>
<b>a. Grantee Staff:</b>
<input type="checkbox"/> Formal training on grantee policies and procedures
How often?
<input type="checkbox"/> Annually
<input type="checkbox"/> Biannually
<input type="checkbox"/> As needed
<input type="checkbox"/> Other - Describe:
<input type="checkbox"/> Employees are provided with policy manual
<input type="checkbox"/> Other-Describe:
<b>b. Local Agencies:</b>
<input type="checkbox"/> Formal training conference
How often?
<input type="checkbox"/> Annually
<input type="checkbox"/> Biannually
<input type="checkbox"/> As needed
<input type="checkbox"/> Other - Describe:
<input type="checkbox"/> On-site training
How often?
<input type="checkbox"/> Annually
<input type="checkbox"/> Biannually
<input type="checkbox"/> As needed
<input type="checkbox"/> Other - Describe:
<input type="checkbox"/> Employees are provided with policy manual
<input type="checkbox"/> Other - Describe
<b>c. Water Suppliers</b>
<input type="checkbox"/> Formal training conference
How often?
<input type="checkbox"/> Annually
<input type="checkbox"/> Biannually
<input type="checkbox"/> As needed
<b>d. Other (please describe):</b>

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**LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN**

**Section 11: Performance Management**

**11.1 Describe any challenges you anticipate with collecting and reporting data to ACF each year regarding how you implemented your LIHWAP. Examples of data may include, but are not limited to, the number of households assisted, the average benefit amount provided, the number of households whose water or wastewater services were restored because of the benefit, and the number of imminent disconnections of water or wastewater services avoided because of the benefit.**

**11.2 List any technical assistance resources you request of ACF related to data collection, analysis and reporting on your LIHWAP.**

**11.3 Describe any LIHWAP performance goals and/or measures you anticipate establishing and tracking for the coming year.**

**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 - Program Integrity

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	OMB Clearance No:
_____	
ADMINISTRATION FOR CHILDREN AND FAMILIES	Expiration Date:
_____	
<b>LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) MODEL PLAN</b>	
<b>Section 12: Program Integrity</b>	

### 12.1 Fraud Reporting Mechanisms

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

<input type="checkbox"/> Online fraud reporting
<input type="checkbox"/> Dedicated fraud reporting hotline
<input type="checkbox"/> Report directly to local agency/district office or Grantee office
<input type="checkbox"/> Report to State Inspector General or Attorney General
<input type="checkbox"/> Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
<input type="checkbox"/> Other - Describe:

b. Describe strategies that will be used for advertising the above-referenced resources. Select all that apply

<input type="checkbox"/> Printed outreach materials
<input type="checkbox"/> Addressed on LIHWAP application
<input type="checkbox"/> Website
<input type="checkbox"/> Other - Describe:

### 12.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
		Required		Required		Required
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

Other	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
b. Describe any exceptions to the above policies.						
<b>12.3 Identification Verification</b>						
Describe what methods will be used to verify the authenticity of identification documents provided by clients or household members. Select all that apply						
<input type="checkbox"/> Verify SSNs with Social Security Administration						
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency						
<input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)						
<input type="checkbox"/> Match with state Department of Labor system						
<input type="checkbox"/> Match with state and/or federal corrections system						
<input type="checkbox"/> Match with state child support system						
<input type="checkbox"/> Verification using private software (e.g., The Work Number)						
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)						
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)						
<input type="checkbox"/> Other - Describe:						
<b>12.4. Citizenship/Legal Residency Verification</b>						
What are your procedures for ensuring that household members are U.S. citizens or permanent residents who are qualified to receive LIHWAP benefits? Select all that apply.						
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency						
<input type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency						
<input type="checkbox"/> Noncitizens must provide documentation of immigration status						
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport						
<input type="checkbox"/> Noncitizens are verified through the SAVE system						
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card						
<input type="checkbox"/> Other - Describe:						
<b>12.5. Income Verification</b>						
What methods will your agency utilize to verify household income? Select all that apply.						
<input type="checkbox"/> Require documentation of income for all adult household members						
<input type="checkbox"/> Pay stubs						
<input type="checkbox"/> Social Security award letters						
<input type="checkbox"/> Bank statements						
<input type="checkbox"/> Tax statements						
<input type="checkbox"/> Zero-income statements						
<input type="checkbox"/> Unemployment insurance letters						
<input type="checkbox"/> Other - Describe:						
<input type="checkbox"/> Computer data matches:						
<input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)						
<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor						
<input type="checkbox"/> Social Security income verified with SSA						
<input type="checkbox"/> Utilize state directory of new hires						
<input type="checkbox"/> Other - Describe:						

<b>12.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls that will be in place to protect client information against improper use or disclosure. Select all that apply.</b>
<input type="checkbox"/> Policy in place prohibiting release of information without written consent
<input type="checkbox"/> Grantee LIHWAP database includes privacy/confidentiality safeguards
<input type="checkbox"/> Employee training on confidentiality for:
<input type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input type="checkbox"/> Employees must sign confidentiality agreement
<input type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>12.7. Verifying the Authenticity</b>
<b>What policies will be in place for verifying vendor authenticity? Select all that apply.</b>
<input type="checkbox"/> All vendors must register with the State/Tribe.
<input type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through water bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
<b>12.8. Benefits Policy - Water and Wastewater Utilities</b>
<b>What policies will be in place to protect against fraud when making benefit payments to water utilities on behalf of clients? Select all that apply.</b>
<input type="checkbox"/> Applicants required to submit proof of physical residency
<input type="checkbox"/> Applicants must submit current water or wastewater bill
<input type="checkbox"/> Data exchange with utilities that verifies:
<input type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input type="checkbox"/> Centralized computer system/database tracks payments to all water suppliers
<input type="checkbox"/> Centralized computer system automatically generates benefit level
<input type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other water and wastewater assistance programs to avoid duplication of payments
<input type="checkbox"/> Payments to water suppliers and invoices from water suppliers are reviewed for accuracy
<input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to water suppliers
<b>If yes, explain:</b>
<input type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>12.9. 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 type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHWAP assistance. For how long is a household banned?
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHWAP
<input type="checkbox"/> Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

**Section 13: 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 14: Certification Regarding Drug-Free Workplace Requirements

### Section 14: 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 point 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)**

**\* Address Line 1**

Address Line 2

Address Line 3

**\* City**

**\* State**

**\* Zip Code**

**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 15: Certification Regarding Lobbying

### Section 15: 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.**