

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

PUBLIC LAW 97-35, AS AMENDED

FEDERAL FISCAL YEAR

Comment [YR1]: This should be automatically filled in by the system.

GRANTEE: _____

EIN: _____

ADDRESS: _____

LIHEAP COORDINATOR: _____

EMAIL: _____

TELEPHONE: _____ **FAX:** _____

CHECK ONE: **TRIBE / TRIBAL ORGANIZATION** **STATE** **INSULAR AREA**

Comment [YR2]: These fields are check boxes.

**Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, DC 20447**

**August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Approval No. 0970-0075
Expiration Date: 04/30/2014**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing

the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Assurances

The [redacted] agrees to:
)

Comment [YR3]: Insert name of grantee.

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

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

(B) intervene in energy crisis situations;

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

(D) plan, develop, and administer the State's program under this title including leveraging programs,

and the State agrees not to use such funds for any purposes other than those specified in this title;

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

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

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

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

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

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

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

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

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

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

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

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Certification to the Assurances: As Chief Executive Officer, I agree to comply with the sixteen assurances contained in Title XXVI of the Omnibus Budget Reconciliation Act of 1981, as amended.* By signing these assurances, I also agree to abide by the standard assurances on lobbying, debarment and suspension, and a drug-free workplace.

Signature of the Tribal or Board Chairperson or Chief Executive Officer of the State or Territory.**

Signature: _____

Title: _____

Date: _____

*** Indian tribes/tribal organizations, and territories with annual regular LIHEAP allotments of \$200,000 or less, are not subject to assurance 15, and thus must only certify to 15 assurances.**

**** If a person other than the Chief Executive Officer of the State or territory, or Tribal Chairperson or Board Chairperson of a tribal organization, is signing the certification to the assurances, a letter must be submitted delegating such authority. (ATTACH DELEGATION of AUTHORITY.) The delegation must include authority to sign the assurances, not just to administer the program.**

***** HHS needs the EIN (Entity Identification Number) of the State, territory or Tribal agency that is to receive the grant funds before it can issue the grant.**

In the above assurances which are quoted from the law, "State" means the 50 States, the District of Columbia, an Indian Tribe or Tribal Organization, or a Territory; "title" of the Act refers to Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (OBRA), as amended, the "Low Income Home Energy Assistance Act"; "section" means Section 2605 of OBRA; and, "subsection" refers to Section 2605(b) of OBRA.

Section 1

Program Components, 2605(a), 2605(b)(1) – Assurance 1, 2605(c)(1)(C)

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

<input type="checkbox"/>	Heating assistance	Start date:	End date:
<input type="checkbox"/>	Cooling assistance	Start date:	End date:
<input type="checkbox"/>	Crisis assistance	Start date:	End date:
<input type="checkbox"/>	Weatherization assistance	Start date:	End date:

Estimated Funding Allocation, 2604(c), 2605(k)(1), 2605(b)(9), 2605(b)(16) – Assurances 9 and 16

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

_____ % heating assistance

_____ % cooling assistance

_____ % crisis assistance

_____ % weatherization assistance

_____ % carryover to the following Federal fiscal year

_____ % administrative and planning costs

_____ % services to reduce home energy needs including needs assessment (Assurance 16)

_____ % used to develop and implement leveraging activities

_____ % **TOTAL**

Comment [YR4]: Insert Calendar button for each component's "Start Date"

Comment [YR5]: Insert calendar button for each component's "End Date"

Comment [YR6]: Either heating or cooling must be selected.

Comment [YR7]: End date must be no earlier than March 15th.

Comment [YR8]: Weatherization is an optional field

Comment [YR9]: Each of the blanks below should allow entry of numbers 0-100 and should allow for up to two decimal points.

Every component checked-off above must have a number greater than 0 entered.

Comment [YR10]: Maximum: 15%. "weatherization assistance" should be hyperlinked with the instructions: "The maximum allocation for weatherization prior to approval of a waiver by HHS is 15%."

Comment [YR11]: Maximum: 10%. The word "carryover" should be hyperlinked with the instructions: "The maximum allowable carryover into the following Federal fiscal year is 10%."

Comment [YR12]: Maximum 10%. The words "administrative and planning costs" should be hyperlinked with the instructions: "The maximum allowable allocation for administrative and planning costs is 10%."

Comment [YR13]: Maximum 5%. The words "Assurance 16" should be hyperlinked with the instructions: "The maximum allowable allocation for Assurance 16 activities is 5%."

Comment [YR14]: Limited to the greater of 0.08% or \$35,000 for States, the greater of 2% or \$100 for territories, tribes and tribal organizations.

The words "develop and implement leveraging activities" should be hyperlinked with the instructions for States: "The maximum allowable allocation for development and implementation of leveraging activities is the greater of 0.08% or \$35,000." Similar instructions should be

Comment [YR15]: Limited to the greater of 0.08% or \$35,000 for States, the greater of 2% or \$100 for territories, tribes and tribal organizations.

Comment [YR16]: Must Equal 100%

Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)

1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

- Heating assistance
- Weatherization assistance
- Cooling assistance
- Other (specify): _____

Comment [YR17]: Check boxes. If "Other" is checked, the text field asking for specification is required for successful submission.

Categorical Eligibility, 2605(b)(2)(A) – Assurance 2, 2605(c)(1)(A), 2605(b)(8A) – Assurance 8

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? Yes No

Comment [YR18]: Check boxes. If "Other" is checked, the text field asking for specification is required for successful submission.

	Heating	Cooling	Crisis	Weatherization
SNAP				
TANF				
SSI				
Means-tested veteran's program				
Other (Specify): _____				

Comment [HHS19]: Hyperlink: "Categorical eligibility is defined for the purpose of this question as the ability for a household to qualify for LIHEAP assistance without providing additional income documentation if at least one person in the household is enrolled in TANF, SNAP, SSI, or a means-tested veterans assistance program."

Comment [YR20]: If "yes" is selected, at least one cell in the table below must be checked off. The two questions following the table are also required.

1.5 Do you automatically enroll households without a direct annual application?

- Yes No -- If yes, explain:

Comment [YR21]: If "yes" is selected, at least one cell in the table below must be checked off. The two questions following the table are also required.

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?

Comment [YR22]: If "no" is selected, the table below and the two questions that follow the table should not appear.

Comment [YR23]: The Cooling and Weatherization columns should only appear if those components were checked off on page 7.

SNAP Nominal Payments

1.7 Do you allocate LIHEAP funds toward a nominal payment for SNAP clients?

- Yes No

Comment [YR24]: This question appears if "yes" is selected in question 1.4

Comment [YR25]: Text box here.

Amount of Minimal Assistance: \$ _____

Frequency of Assistance:

- Once per year
- Once every five years
- Other (describe): _____

Comment [YR26]: This field is limited to numerals.

Comment [YR27]: These two questions are required if "Yes" is selected.

Comment [YR28]: This text box is required if "Other" is selected.

Determination of Eligibility – Countable Income

1. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?

- Gross Income
- Net Income

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

- 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
- Temporary Assistance for Needy Families (TANF) benefits
- Supplemental Nutrition Assistance Program (SNAP) benefits
- Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
- Loans that need to be repaid
- Cash gifts
- Savings account balance
- One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
- Jury duty compensation
- Rental income
- Income from employment through Workforce Investment Act (WIA)
- Income from work study programs
- Alimony
- Child support
- Interest, dividends, or royalties
- Commissions
- Legal settlements
- Insurance payments made directly to the insured
- Insurance payments made specifically for the repayment of a bill, debt, or estimate

- Veterans Administration (VA) benefits
- Earned income of a child under the age of 18
- Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
- Income tax refunds
- Stipends from senior companion programs, such as VISTA
- Funds received by household for the care of a foster child
- Ameri-Corp Program payments for living allowances, earnings, and in-kind aid.
- Reimbursements (for mileage, gas, lodging, meals, etc.)
- Other

Comment [YR29]: Text box should appear here prompting further explanation is "Other" is selected.

DRAFT

Section 2 - HEATING ASSISTANCE

Eligibility, 2605(b)(2) – Assurance 2

2.1 Designate The income eligibility threshold used for the heating component:

2014 HHS poverty income level %
OR
 FY 2015 state’s median income %

Comment [YR30]: This field should be restricted to integers and cannot be less than 110.

Comment [YR31]: This field should be restricted to integers and cannot be more than 60.

2.2 Do you have additional eligibility requirements for **HEATING ASSISTANCE**?

Yes No

Comment [YR32]: These two fields are check boxes. If “Yes” is checked, at least one of the below options must be have a check in the Yes column.

2.3 Check the appropriate boxes below and describe the policies for each.

	Yes	No
● Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>
● Do you have additional/differing eligibility policies for:		
● Renters?	<input type="checkbox"/>	<input type="checkbox"/>
● Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>
● Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>

Comment [YR33]: These two fields are check boxes. If “Yes” is checked, at least one of the below options must be have a check in the Yes column.

Comment [YR34]: This question appears if “Yes” is selected in the preceding question.

Comment [YR35]: if yes is checked on any entry below, a text box appears below the bullet that must be completed.

● Do you give priority in eligibility to:

● <u>Elderly</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
● Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
● <u>Young children</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
● Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>
● Other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comment [YR36]: Hyperlink: “Elderly is defined as any person at least 60 years of age.”

Comment [YR37]: Hyperlink: “Young child is defined as a child under the age of 6.”

Comment [YR38]: If “yes” is selected in the Other category, a text box should appear prompting further explanation. This field would be required.

Determination of Benefits, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)

2.4 Describe how you prioritize the provision of heating assistance to vulnerable households, e.g., benefit amounts, application period, etc.

Comment [YR39]: If “yes” is selected in the Other category, a text box should appear prompting further explanation. This field would be required.

Comment [YR40]: A text box should appear below.

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

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

Comment [HHS41]: These must be checked

- Individual bill
- Dwelling type
- Energy burden (% of income spent on home energy)
- Energy need
- Other (Describe)

Comment [HHS42]: At least one must be checked

Benefit Levels, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)

2.6 Describe benefit levels:

\$ Minimum benefit \$ Maximum benefit

Comment [YR43]: Restricted to integers

Comment [YR44]: Restricted to integers

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

Yes No -- If yes, describe.

Section 3: COOLING ASSISTANCE

Comment [YR45]: This section only appears if the cooling assistance component was checked off on page 7.

Eligibility, 2605(c)(1)(A), 2605(b)(2) – Assurance 2

3.1 Designate the income eligibility threshold used for the cooling component:

2014 HHS poverty income level %

OR

FY 2015 median income %

Comment [YR46]: This field should be restricted to integers and cannot be less than 110.

Comment [YR47]: This field should be restricted to integers and cannot be more than 60.

3.2 Do you have additional eligibility requirements for **COOLING ASSISTANCE** |

Yes No

Comment [YR48]: These two fields are check boxes. If "Yes" is checked, at least one of the below options must have a check in the Yes column.

3.3 Check the appropriate boxes below and describe the policies for each.

	Yes	No
● Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>
● Do you have additional/differing eligibility policies for:		
● Renters?	<input type="checkbox"/>	<input type="checkbox"/>
● Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>
● Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>
● Do you give priority in eligibility to:		
● <u>Elderly</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
● Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
● <u>Young children</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
● Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>
● Other?	<input type="checkbox"/>	<input type="checkbox"/>

Comment [YR49]: These two fields are check boxes. If "Yes" is checked, at least one of the below options must have a check in the Yes column.

Comment [YR50]: This question appears if "Yes" is selected in the preceding question.

Comment [YR51]: if yes is checked on any entry below, a text box appears below the bullet that must be completed.

Comment [YR52]: Hyperlink: "Elderly is defined as any person at least 60 years of age."

Comment [YR53]: Hyperlink: "Young child is defined as a child under the age of 6."

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

Comment [YR54]: A text box should appear below.

Determination of Benefits, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)

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

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

- Individual bill
- Dwelling type
- Energy burden (% of income spent on home energy)
- Energy need
- Other (describe)

Benefit Levels, 2605(b)(5) – Assurance 5, 2605(c)(1)(B)

3.6 Describe benefit levels:

\$ _____ Minimum benefit \$ _____ Maximum benefit

Comment [YR55]: Restricted to integers

Comment [YR56]: Restricted to integers

3.7 Do you provide in-kind (e.g. fans, air conditioners) and/or other forms of benefits?

Yes No -- If yes, describe.

Section 4: CRISIS ASSISTANCE,

Eligibility - 2604(c), 2605(c)(1)(A)

4.1 Designate the income eligibility threshold used for the crisis component:

2014 HHS poverty income level %

OR

FY 2015 state median income %

Comment [YR57]: This field should be restricted to integers and cannot be less than 110.

Comment [YR58]: This field should be restricted to integers and cannot be more than 60.

Comment [YR59]: Hyperlink: "The LIHEAP statute requires that a grantee respond to a crisis within 48 hours of being notified of such crisis."

4.2 Provide your LIHEAP program's definition for determining a crisis.

Comment [YR60]: Text box here.

4.3 What constitutes a life-threatening crisis?

Comment [YR61]: Hyperlink: "The LIHEAP statute requires that a grantee respond to a life-threatening crisis within 18 hours of being notified of such crisis."

Comment [YR62]: Text box here.

Crisis Requirements, 2604(c)

4.4 Within how many hours do you provide crisis assistance that will resolve the energy crisis for eligible households? Hours

Comment [YR63]: Field restricted to integers and cannot be greater than 48.

Error message should read: "The LIHEAP statute requires that a grantee respond to a crisis within 48 hours of being notified of such crisis."

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

Comment [YR64]: Field is restricted to integers and cannot be greater than 18.

Error message should read: "The LIHEAP statute requires that a grantee respond to a life-threatening crisis within 18 hours of being notified of such crisis."

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

4.6 Do you have additional eligibility requirements for **CRISIS ASSISTANCE**?

Yes No

Comment [YR65]: Field is restricted to integers and cannot be greater than 18.

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

Error message should read: "The LIHEAP statute requires that a grantee respond to a life-threatening crisis within 18 hours of being notified of such crisis."

	Yes	No
● Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>

Comment [YR66]: This question only appears if "Yes" is selected in the preceding question.

● Do you give priority in eligibility to:

● Elderly?	<input type="checkbox"/>	<input type="checkbox"/>
● Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
● Young children?	<input type="checkbox"/>	<input type="checkbox"/>
● Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>
● Other?	<input type="checkbox"/>	<input type="checkbox"/>

Comment [YR67]: if yes is checked on any entry below, a text box appears below the bullet that must be completed.

Comment [YR68]: Hyperlink: "Elderly is defined as any person at least 60 years of age."

Comment [YR69]: Hyperlink: "Young child is defined as a child under the age of 6."

Comment [YR70]: If "yes" is selected in the Other category, a text box should appear prompting further explanation. This field would be required.

● In order to receive crisis assistance:

- Must the household have received a shut-off notice or have a near empty tank?
- Must the household have been shut off or have an empty tank?
- Must the household have exhausted their regular heating benefit?
- Must renters with heating costs included in their rent have received an eviction notice?
- Must heating/cooling be medically necessary?
- Must the household have non-working heating or cooling equipment?
- Other?

Comment [YR71]: If "Yes" is checked, a text box appears prompting further explanation. This field would be required.

● Do you have additional/differing eligibility policies for:

- Renters?
- Renters living in subsidized housing?
- Renters with utilities included in the rent?

Determination of Benefits

4.8 How do you handle crisis situations?

- Separate component
- Fast Track
- Other

Comment [HHS72]: Hyperlink: "Fast Track is defined for the purposes of the LIHEAP plan as being integrated into the heating or cooling assistance program for prioritizing and expediting service to households experiencing heating or cooling emergencies."

4.9 If you have a separate component, how do you determine crisis assistance benefits?

- Amount to resolve crisis, up to a maximum of \$
- Other

Comment [YR73]: If "Other" is checked, a required text field appears for explanation.

Comment [YR74]: Field restricted to integers.

Crisis Requirements, 2604(c)

4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?

- Yes No

Comment [YR76]: Regardless of response, a text box should appear prompting for an explanation of the response. This field would be required.

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

Submit applications for crisis benefits without leaving their homes?
 Yes No If yes, explain.

Comment [YR77]: If "Yes" is checked, a text box appears prompting an explanation. This field would be required.

Travel to the sites at which applications for crisis assistance are accepted?
 Yes No If yes, explain.

Comment [YR78]: If "Yes" is checked, a text box appears prompting an explanation. This field would be required.

Benefit Levels, 2605(c)(1)(B)

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis \$ _____ maximum benefit

Summer Crisis \$ _____ maximum benefit

Year-round Crisis \$ _____ maximum benefit

Comment [YR79]: At least one of the numeric fields below must be completed.

Comment [YR80]: Field limited to integers

Comment [YR81]: Hyperlink: "Summer crisis assistance is provided only during the cooling season."

Comment [YR82]: Field limited to integers

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?
 Yes No If yes, describe.

Comment [YR83]: Hyperlink: "Year-round crisis assistance is provided throughout the entire year."

Comment [YR84]: Field limited to integers.

4.14 Do you provide for equipment repair or replacement using crisis funds?
 Yes No

Comment [YR85]: If "Yes" is checked, a text box appears prompting further description. This field would be required.

4.15 Check appropriate boxes below to indicate type(s) of assistance provided:

Comment [YR86]: This question, along with the table below, only appears is "Yes" is selected in the preceding question.

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair			
Heating system replacement			
Cooling system repair			
Cooling system replacement			
Wood stove purchase			
Pellet stove purchase			
Solar panel(s)			

Windmill(s)			
Utility poles / Gas line hook-ups			
Other (Specify):			

Comment [HHS87]: Should we leave this in?

Comment [YR88]: This should be a text field that is required if one of the corresponding columns for this row is checked off.

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

Yes No _____

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

Comment [YR89]: This question only appears if "Yes" is selected in the preceding question.

Comment [YR90]: Text box should appear here.

Section 5: WEATHERIZATION ASSISTANCE

Comment [YR91]: This section only appears if the weatherization component was selected on page 7.

Eligibility, 2605(c)(1)(A), 2605(b)(2) – Assurance 2

5.1 Designate the income eligibility threshold used for the weatherization component:

2014 HHS poverty income level %

OR

FY 2015 state median income %

Comment [YR92]: This field is limited to integers and cannot be less than 110.

Comment [YR93]: This field is limited to integers and cannot be more than 60.

5.2 Do you enter into an interagency agreement to have another government agency administer a **WEATHERIZATION component**? Yes No

5.3 Name the agency.

Comment [YR94]: This field is required if "Yes" is selected in the preceding question.

5.4 Is there a separate monitoring protocol for weatherization? Yes No

WEATHERIZATION - Types of Rules

5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days.

Weatherization of shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities) is permitted.

Other (describe)

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

Income Threshold

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

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

Other (describe)

Comment [YR95]: If "Other" is selected, a text box appears prompting further explanation. This field would be required.

Comment [YR96]: If "Other" is selected, a text box appears prompting further explanation. This field would be required.

Eligibility, 2605(b)(5) – Assurance 5

Yes No

5.6 Do you require an assets test?

5.7 Do you have additional/differing eligibility policies for:

- Renters?
- Renters living in subsidized housing?

5.8 Do you give priority in eligibility to:

- Elderly?
- Disabled?
- Young children?
- Households with high energy burdens?
- Other?

Comment [YR97]: if yes is checked on any entry below, a text box appears below the bullet that must be completed.

Comment [YR98]: Hyperlink: "Elderly is defined as any person at least 60 years of age."

Comment [YR99]: Hyperlink: "Young child is defined as a child under the age of 6."

Comment [YR100]: If "yes" is selected in the Other category, a text box should appear prompting further explanation. This field would be required.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?

Yes No

s

5.10 What is the maximum amount? \$ _____

Comment [YR101]: If "yes" is selected in the Other category, a text box should appear prompting further explanation. This field would be required.

Comment [YR102]: This question only appears if "yes" is selected in the preceding question.

Comment [YR103]: This field is limited to integers and is required if "Yes" is selected in the preceding question.

Types of Assistance, 2605(c)(1), (B) & (D)

5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Weatherization needs assessments/audits | <input type="checkbox"/> Major appliance repairs |
| <input type="checkbox"/> Caulking and insulation | <input type="checkbox"/> Major appliance replacement |
| <input type="checkbox"/> Install storm windows | <input type="checkbox"/> Install windows/sliding glass doors |
| <input type="checkbox"/> heating system repairs | <input type="checkbox"/> Install doors (interior/exterior) |
| <input type="checkbox"/> Heating system replacement | <input type="checkbox"/> Install water heater |
| <input type="checkbox"/> Cooling system repairs | <input type="checkbox"/> Water conservation measures |
| <input type="checkbox"/> Cooling system replacement | <input type="checkbox"/> Compact florescent light bulbs |
| <input type="checkbox"/> Energy related roof repair | <input type="checkbox"/> Other (describe) |

Comment [YR105]: If "Other" is selected, a text box appears prompting further explanation. This field would be required.

Comment [MV104]: Hyperlink: Grantees must keep adequate documentation of which recipients' received such services and written justifications for those repairs.

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

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

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

- Publish articles in local newspapers or broadcast media announcements.

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

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

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

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

- Other (specify):

Comment [YR106]: If "Other" is selected, a text box appears prompting further explanation and this field would be required.

Section 7: Coordination, 2605(b)(4) – Assurance 4

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

- Joint application for multiple programs
- Intake referrals to/from other programs
- One-stop intake centers
- Other – describe:

Section 8: Agency Designation, 2605(b)(6) – Assurance 6

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

- Administration Agency
- Commerce Agency
- Community Services Agency
- Energy/Environment Agency
- Housing Agency
- Welfare Agency
- Other – describe:

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

8.2 How do you provide alternate outreach and intake for **HEATING ASSISTANCE**?

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

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

	Heating	Cooling	Crisis	Weatherization
Who determines client eligibility?				
Who processes benefit payments to gas and electric vendors?				N/A
Who processes benefit payments to bulk fuel vendors?				N/A
Who performs installation of weatherization measures?	N/A	N/A	N/A	

8.5 What is your process for selecting local administering agencies?

8.6 How many local administering agencies do you use?

Comment [YR107]: If "Other" is selected, a text box appears prompting further explanation and this field would be required.

Comment [YR108]: This section will only appear for state and Puerto Rico.

Comment [YR109]: If "Other" is selected, a text box appears prompting further explanation and this field would be required.

Comment [YR110]: Questions 8.2-8.4 will only be visible (and required) for states and Puerto Rico that selected "Welfare Agency" in question 8.1.

Comment [HHS111]: Hyperlink: "In addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging, and not-for-profit neighborhood-based organizations).

Comment [YR112]: Text box

Comment [YR113]: This question appears if a cooling component was designated in question 1.1

Comment [YR114]: Text box

Comment [YR115]: Text box

Comment [YR116]: The Cooling and Weatherization columns should only appear if those components were checked off on page 7.

Comment [YR117]: Each of these fields should be a drop-down box that allows the user to select multiple of the following options: Local City Government, Local County Government, CAAs Only, CAAs and Other Non-profits, Non-profits Only, State Administration Agency, State Commerce Agency, State Community Services Agency, State ...

Comment [YR118]: These fields should also be drop-down boxes with all of the options listed in the preceding comment.

Comment [YR119]: This field is a drop-down box that allows the user to select one of the following options: Local City Government, ...

Comment [YR120]: This question should appear if anything other than a State Agency is selected i ...

Comment [YR121]: Text box here.

Comment [HHS122]: This question shall only appear if one or more of the following are selected in Local City Government, Local County ...

8.7 Have you changed any local administering agencies from last year?

Yes No

8.8 Why?

- Agency was in noncompliance with grantee requirements for LIHEAP
- Agency is under criminal investigation
- Added agency
- Agency closed
- Other - describe

Comment [YR123]: This question should appear if "yes" is selected in the preceding question.

Comment [YR124]: If "Other" is selected, a text box should appear prompting further explanation. This field would be required.

Section 9: Energy Suppliers, 2605(b)(7) – Assurance 7

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

Comment [YR125]: This question should appear if "Yes" is selected for any of the above three options in the preceding question.

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

Comment [YR126]: If "Yes" is selected, a text box prompting further explanation should appear. This field would be required.

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

Comment [YR127]: If "Yes" is selected, a text box prompting further explanation should appear. This field would be required.

Comment [YR128]: Text box here.

Comment [YR129]: Text box here.

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

Comment [YR130]: Text box here

9.5 Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? Yes No. If so, how?

Comment [YR131]: Hyperlink: "Appropriate measures may include providing for agreements between suppliers and individuals eligible for benefits that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs."

Comment [YR132]: If "Yes" is selected, a text box should appear prompting further explanation. This field would be required.

Comment [YR133]: If "Yes" is selected, a text box should appear prompting further explanation. This field would be required.

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

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

Audit Process

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

10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited federal fiscal year.

Finding	Type	Brief Summary	Resolved?	Action Taken
1				
2				
3				
4				
5				

- Comment [MO134]:** drop down with choices: financial, monitoring, reporting, other
- Comment [MO135]:** text box
- Comment [MO136]:** drop down: yes, no, in progress
- Comment [MO137]:** drop down: staffing/management changes, training changes, procedure/policy changes
- Comment [MO138]:** Table should be capable of infinite rows.
- Comment [MO139]:** self-populating numbers

10.4. **Audits of Local Administering Agencies**

- o What types of annual audit requirements do you have in place for local administering agencies/district offices?
 - Local agencies/district offices are required to have an annual audit in compliance with the 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.

Comment [MO140]: Hide this section for Tribes, and for any user who selects anything other than a State Agency in any of the drop-down boxes in the table under Section 8.

Compliance Monitoring

10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures by:

Grantee employees:

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

Comment [MO141]: Insert text box

Comment [MO142]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

Local Administering Agencies/District Offices:

- On-site evaluation
- Annual program review
- Monitoring through Central Database
- Desk reviews
- Client File Testing/Sampling
- Other program review mechanisms are in place. Describe: |

Comment [MO143]: Hide this section for Tribes, and for any user who selects anything other than a State Agency in any of the drop-down boxes in the table under Section 8.

Comment [MO144]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

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

Comment [MO145]: Insert Text Box

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

Site Visits:

Comment [HHS146]: Insert field box

Desk Reviews:

Comment [HHS147]: Insert field box

10.8. How often is each local agency monitored?

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

Comment [HHS148]: Optional question.

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

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues?

Comment [HHS149]: Definition pop-up/hyperlink: From a review of a sample of client files where an error resulted in a household received or was denied benefits that should have been.

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues?

Comment [HHS150]: Optional question.

Comment [HHS151]: Definition pop-up/hyperlink:

Comment [HHS152]: Box limited to integers.

Comment [HHS153]: Box limited to integers.

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

11.1 How did you obtain input from the public in the development of your LIHEAP plan?

Check all that apply:

- Tribal Council meeting(s)
- Public Hearing(s)
- Draft Plan posted to website and available for comment
- Hard copy of plan is available for public view and comment
- Comments from applicants are recorded
- Request for comments on draft Plan is advertised
- Stakeholder consultation meeting(s)
- Comments are solicited during outreach activities
- Other, describe: _____

Comment [YR154]: These are check box fields.

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

Comment [YR155]: Text box field.

Public Hearings, 2605(a)(2)

11.3 List the date(s) and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

Date	Event Description

Comment [YR156]: This sub-section will only be visible (and required) for States and Puerto Rico.

Comment [YR157]: This column should have calendar buttons.

11.4 How many parties commented on your plan at the hearing(s)?

Comment [YR158]: Text box field.

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

Comment [YR159]: Text box field.

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

Comment [YR160]: Text box field.

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

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

Comment [HHS161]: Field box limited to integers.

Comment [YR162]: Field limited to integers

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

Comment [HHS163]: Field box limited to integers.

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

Comment [YR164]: Field limited to integers

Comment [HHS165]: Hyperlink: "If no changes were made, answer None or N/A."

Comment [HHS166]: Hyperlink help: IF no changes were made, answer None or N/A.

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

Comment [YR167]: Text box field.

Comment [YR168]: Text box field.

12.5 When and how are applicants informed of these rights?

Comment [YR169]: Text box field.

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

Comment [YR170]: Text box field.

12.7 When and how are applicants informed of these rights?

Comment [YR171]: Text box field.

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

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

Comment [HHS172]: [Hyperlink](#): "This refers to activities such as needs assessments, counseling, and assistance with negotiation with energy vendors."

Comment [YR173]: Text box field.

13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?

Comment [YR174]: Text box field.

13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.

Comment [YR175]: Text box field

13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.

Comment [YR176]: Text box field

13.5 How many households applied for these services?

Comment [YR177]: Text box field

13.6 How many households received these services?

Comment [YR178]: Text box field.

Section 14: Leveraging Incentive Program, 2607A

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

Yes No

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

|

Comment [YR179]: Text box field.

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

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

Comment [YR180]: Questions 14.2 and 14.3 only appear is "yes" is selected in question 14.1.

Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other – Describe:

Employees are provided with policy manual

Other – Describe:

Comment [MO181]: If this box is checked, one of the sub-boxes must be checked.

Comment [MO182]: Insert text box

Comment [MO183]: Insert text box

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other – Describe:

On-site training

How often?

Annually

Biannually

As needed

Other – Describe:

Employees are provided with policy manual

Other – Describe:

Comment [MO184]: Hide this section for Tribes, and for any user who selects anything other than a State Agency in any of the drop-down boxes in the table under Section 8.

Comment [MO185]: If this box is checked, one of the sub-boxes must be checked.

Comment [MO186]: Insert text box

Comment [MO187]: If this box is checked, one of the sub-boxes must be checked.

Comment [MO188]: Insert text box

Comment [MO189]: Insert text box

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other – Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other – Describe:

Comment [MO190]: If this box is checked, one of the sub-boxes must be checked.

Comment [MO191]: Insert text box

Comment [MO192]: Insert text box

15.2. Does your training program address fraud reporting and prevention?

Yes

No

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

Comment [HHS193]: This section only appears to Tribes and Territories. This section is optional.

16.1 Describe performance goals and measures that will be tracked for the upcoming Federal fiscal year.

Comment [YR194]: Text box field.

16.2 Summarize results of performance goals and measures for the prior Federal fiscal year.

Comment [YR195]: Text box field.

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

17.1. Fraud Reporting Mechanisms

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse.
- Other – describe: |

Comment [MO196]: Insert text box

b. Describe strategies in place for advertising the above-referenced resources.

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other – describe: |

Comment [MO197]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

Comment [MO198]: Insert text box

Comment [MO199]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.2. Identification Documentation Requirements

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

REQUIRED Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in HH	HH Members Seeking Assistance*
Social Security Card is photocopied and retained	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>
Social Security Number (without	Required	Required	Required

Comment [DHHS200]: For each type of identification, only allow one check per column

actual card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>
	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>	Requested <input type="checkbox"/>
Other: <input type="text"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>	Required <input type="checkbox"/>

Comment [HHS201]: Text box, with infinite rows.

*Households may include members who are not seeking assistance and may not be included in the household count.

b. Describe any exceptions to the above policies.

Comment [MO202]: Insert text box

17.3. Identification Verification

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members.

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff
- Match SSN/Tribal ID number with tribal database
- Other – describe:

Comment [HHS203]: this option should appear to tribes only

Comment [HHS204]: this option should appear to tribes only

Comment [MO205]: Insert text box

Comment [MO206]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.4. Citizenship/Legal Residency Verification

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

- Clients sign an attestation of citizenship or legal residency
- Clients' submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal database/Tribal ID card
- Other – describe:

Comment [HHS207]: Pop-up definition: as described in LIHEAP-IM-98-25 at <http://www.acf.hhs.gov/programs/ocs/resource/interpretation-of-federal-benefits-revised>

Comment [MO208]: Insert text box

Comment [HHS209]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.5. Income Verification

What methods does your agency utilize to verify household income?

- Require documentation of income for all adult household members
 - Pay stubs
 - Social Security award letters
 - Bank statements
 - Tax statements
 - Zero-income statements
 - Unemployment Insurance letters
 - Other – describe: _____

Comment [MO210]: If this box is checked, at least one box of the sub-choices must be checked.

Comment [MO211]: Insert text box

- Computer data matches:
 - Income information matched against state computer system (e.g., SNAP, TANF)
 - Proof of unemployment benefits verified with state Department of Labor
 - Social Security income verified with SSA
 - Utilize state directory of new hires
- Other – describe: _____

Comment [HHS212]: If this box is checked, at least one box of the sub-choices must be checked.

Comment [MO213]: Insert text box

Comment [MO214]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure.

- Policy in place prohibiting release of information without written consent
- Grantee LIHEAP database includes privacy/confidentiality safeguards
- Employee training on confidentiality for:
 - Grantee employees
 - local agencies/district offices
- Employees must sign confidentiality agreement
 - Grantee employees
 - local agencies/district offices
- Physical files are stored in a secure location
- Other – describe: _____

Comment [MO215]: If this box is checked, at least one box of the sub-choices must be checked.

Comment [MO216]: If this box is checked, at least one box of the sub-choices must be checked.

Comment [MO217]: Insert text box

Comment [MO218]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.7. Verifying the Authenticity of Energy Vendors

What policies are in place for verifying vendor authenticity?

- All vendors must register with the State
- All vendors must supply a valid SSN or TIN/W-9 form
- Vendors are verified through energy bills provided by the household

Comment [HHS219]: hyperlink definition: An authentic vendor is a legitimate business that is providing actual energy service or fuel delivery to a range of customers.

Comment [MO220]: Pop-up definition: Taxpayer Identification Number or Employer Identification Number

- Grantee and/or local agencies/district offices perform physical monitoring of vendors
- Other – describe, and note any exceptions to policies above: _____

Comment [MO221]: Insert text box

Comment [MO222]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.8. Benefits Policy – Gas and Electric Utilities

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients?

- Applicants required to submit proof of physical residency
- Applicants must submit current utility bill
- Data exchange with utilities that verifies:
 - Account ownership
 - Consumption
 - Balances
 - Payment history
 - Account is properly credited with benefit
 - Other – describe: _____

Comment [MO223]: If this box is checked, at least one box of the sub-choices must be checked.

Comment [MO224]: Insert text box

- Centralized computer system/database tracks payments to all utilities
- Centralized computer system automatically generates benefit level
- Separation of duties between intake and payment approval
- Payments coordinated among other heating assistance programs to avoid duplication of payments
- Payments to utilities and invoices from utilities are reviewed for accuracy
- Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
- Direct payment to households are made in limited cases only
- Procedures are in place to require prompt refunds from utilities in cases of account closure
- Vendor agreements specify requirements selected above, and provide enforcement mechanism
- Other – describe: _____

Comment [MO225]: Insert text box

Comment [MO226]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.9. Benefits Policy — Bulk Fuel Vendors

What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors?

- Vendors are checked against an approved vendors list
- Centralized computer system/database is used to track payments to all vendors
- Clients are relied on for reports of non-delivery or partial delivery
- Two-party checks are issued naming client and vendor
- Direct payment to households are made in limited cases only
- Conduct monitoring of bulk fuel vendors
- Bulk fuel vendors are required to submit reports to the Grantee
- Vendor agreements specify requirements selected above, and provide enforcement mechanism
- Other – describe: _____

Comment [MO227]: Insert text box

Comment [MO228]: At least one box must be checked. If "other" is checked, a response must be provided in the text box.

17.10. Investigations and Prosecutions

Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud.

- Refer to state Inspector General
- Refer to local prosecutor or state Attorney General
- Refer to US DHHS Inspector General (including referral to OIG hotline)
- Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
- Grantee attempts collection of improper payments. If so, describe the recoupment process.
- Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
- Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
- Vendors found to have committed fraud may no longer participate in LIHEAP
- Other — describe:

Comment [YR229]: Insert text box. Text box must be completed if this option is checked.

Comment [MO230]: Insert text box. Text box must be completed if this box is checked.

Comment [MO231]: Insert text box

Comment [MO232]: At least one box must be checked. If "other" is checked, a response must be provided in the text box after "other".

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each

participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this

transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

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

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workforce 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)

Comment [YR233]: This should auto-populate based on the address entered on page 1.

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

Alternate II. (Grantees Who Are Individuals)

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

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

Comment [YR234]: This section only appears for States and Territories

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.

REQUIRED ATTACHMENTS

The following documents must be attached to this application:

- Assurances signature page
- Designation letter for signature to Assurances is required if someone other than the Governor or Tribal Chairperson signs the Assurances.
- Heating component benefit matrix.
- Cooling component benefit matrix.
- Local Agency Monitoring Schedule

Comment [YR235]: This is optional.

Comment [YR236]: This is only required if the cooling component is selected on page 7.