



# **Board of Directors**

## **Agenda Item # 8**

**Resolution approving the Louisiana 2018 Low Income Home Energy Assistance Program ("LIHEAP") Grant Application (labeled as "Exhibit A"); and providing for other matters in connection therewith.**

# **August 9, 2017**

The following resolution was offered by Board Member \_\_\_\_\_ and seconded by Board Member \_\_\_\_\_:

**RESOLUTION**

**A resolution approving the Louisiana 2018 Low Income Home Energy Assistance Program ("LIHEAP") Grant Application (attached as "Exhibit A"); and providing for other matters in connection therewith.**

**WHEREAS**, pursuant to the provisions of Chapter 3-G of Title 40 of the Louisiana Revised Statutes of 1950 (R.S. 40:600.86 through R.S. 40:600.111, inclusive), as amended, and by a delegation of authority letter signed by Governor John Bel Edwards, the Louisiana Housing Corporation ("LHC" or "Corporation") is granted the power to effectuate the U.S. Department of Health and Human Services ("DHHS") Low Income Home Energy Assistance Program ("LIHEAP") for the State of Louisiana; and

**WHEREAS**, Low Income Home Energy Assistance Information Transmittal No. LIHEAP-AT-2016-06, requires the LHC to submit an annual State Plan; and

**WHEREAS**, the State Plan has been published for review and comment, and, a public hearing, was held on Tuesday, July 25, 2017.

**NOW THEREFORE, BE IT RESOLVED** by the Board of Directors of the Louisiana Housing Corporation (the "Board"), acting as the governing authority of said Corporation, that:

**SECTION 1.** The Louisiana 2018 Low Income Home Energy Assistance Program ("LIHEAP") Grant Application (attached as "Exhibit A") is hereby approved and accepted.

**SECTION 2.** Staff and counsel are authorized and directed to prepare such documents and agreements as may be necessary to implement Louisiana 2018 Low Income Home Energy Assistance Program State Plan.

**SECTION 3.** Staff and counsel are hereby authorized, empowered, and directed the ability as may be necessary to create, change, amend, and revise any existing documents and/or commitments as may be necessary to implement the Louisiana 2018 Low Income Home Energy Assistance Program State Plan, the terms of which are to be consistent with the provisions of this resolution.

**SECTION 4.** The Chairman, Vice Chairman, and/or Executive Director of the Corporation are hereby authorized, empowered, and directed to execute any forms and/or documents required to be executed in the terms of which are to be consistent with the provisions of this resolution.

This resolution having been submitted to a vote, the vote thereon was as follows:

**YEAS:**

**NAYS:**

**ABSENT:**

And the resolution was declared adopted on this, the 9th day of August 2017.

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Chairman

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Secretary

**STATE OF LOUISIANA**

**PARISH OF EAST BATON ROUGE**

I, the undersigned Secretary of the Board of Directors of the Louisiana Housing Corporation, do hereby certify that the foregoing two (2) pages constitute a true and correct copy of a resolution entitled, "A resolution approving the Louisiana 2018 Low Income Home Energy Assistance Program ("LIHEAP") Grant Application (attached as "Exhibit A"); and providing for other matters in connection therewith."

**IN FAITH WHEREOF**, witness my official signature and the impress of the official seal of the Corporation on this, the 9<sup>th</sup> day of August 2017.

\_\_\_\_\_  
Secretary

(SEAL)

STATE OF LOUISIANA

# LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

---

Proposed Detailed Model State Plan

Fiscal Year 2018



*Louisiana Housing Corporation  
2415 Quail Drive  
Baton Rouge, Louisiana  
(225) 763-8700 FAX (225) 763-8752  
[www.lhc.la.gov](http://www.lhc.la.gov)*



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## DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: LOUISIANA

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2017 to 09/30/2018

Report Status: Saved

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## Mandatory Grant Application SF-424

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 06/30/2017

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

|  |   |  |  |
|--|---|--|--|
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="radio"/> Plan | <b>* 1.b. Frequency:</b><br><input checked="" type="radio"/> Annual | <b>* 1.c. Consolidated Application/Plan/Funding Request?</b><br>Explanation: | <b>* 1.d. Version:</b><br><input checked="" type="radio"/> Initial<br><input type="radio"/> Resubmission<br><input type="radio"/> Revision<br><input type="radio"/> Update |
|  |   | <b>2. Date Received:</b>   | <b>State Use Only:</b>   |
|  |   | <b>3. Applicant Identifier:</b>  |  |
|  |   | <b>4a. Federal Entity Identifier:</b>  | <b>5. Date Received By State:</b>  |
|  |   | <b>4b. Federal Award Identifier:</b>   | <b>6. State Application Identifier:</b>  |

  
**7. APPLICANT INFORMATION**

|   |               |  |                  |
|---|---------------|--|------------------|
| <b>* a. Legal Name:</b> Louisiana Housing Corporation                     |               |  |                  |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 45-4619102 |               | <b>* c. Organizational DUNS:</b> 078424719 |                  |
| <b>* d. Address:</b>  |               |  |                  |
| * Street 1:   | 2415 QUAIL DR | Street 2:                                  |                  |
| * City:   | BATON ROUGE   | * County:                                  | EAST BATON ROUGE |
| * State:  | LA            | * Province:                                |                  |
| * Country:  | United States | * Zip / Postal Code:                       | 70808 -          |

  
**e. Organizational Unit:**

|  |                       |
|--|-----------------------|
| <b>Department Name:</b><br>Energy Assistance | <b>Division Name:</b> |
|--|-----------------------|

  
**f. Name and contact information of person to be contacted on matters involving this application:**

|                                     |                                 |  |                         |
|-------------------------------------|---------------------------------|--|-------------------------|
| Prefix:                             | * First Name:<br>Loretta        | Middle Name:   | * Last Name:<br>Wallace |
| Suffix:                             | Title:<br>Program Administrator | Organizational Affiliation:<br>Louisiana Housing Corporation |                         |
| * Telephone Number:<br>225-754-1441 | * Fax Number:<br>225-754-1469   | * Email:<br>twallace@lhc.la.gov                              |                         |

  
**\* 8a. TYPE OF APPLICANT:**  
 A: State Government.
   
  
**b. Additional Description:**
  
  
**\* 9. Name of Federal Agency:**
  
  

|                                    |  |                                   |
|------------------------------------|--|-----------------------------------|
|                                    | Catalog of Federal Domestic Assistance Number: | CFDA Title:                       |
| <b>10. CFDA Numbers and Titles</b> | 93568  | Low-Income Home Energy Assistance |

  
**11. Descriptive Title of Applicant's Project**  
 Low-Income Home Energy Assistance Program
   
  
**12. Areas Affected by Funding:**
  
  
**13. CONGRESSIONAL DISTRICTS OF:**

|                             |  |
|-----------------------------|--|
| <b>* a. Applicant</b><br>06 | <b>b. Program/Project:</b><br>LA-Statewide |
|-----------------------------|--|

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



|   |                            |  |                       |
|---|----------------------------|--|-----------------------|
| <b>14. FUNDING PERIOD:</b>  |                            | <b>15. ESTIMATED FUNDING:</b>                    |                       |
| a. Start Date:<br>10/01/2017  | b. End Date:<br>09/30/2018 | * a. Federal (\$):<br>\$0                        | b. Match (\$):<br>\$0 |
| <b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>  |                            |  |                       |
| a. This submission was made available to the State under the Executive Order 12372  |                            |  |                       |
| Process for Review on :   |                            |  |                       |
| b. Program is subject to E.O. 12372 but has not been selected by State for review.  |                            |  |                       |
| c. Program is not covered by E.O. 12372.  |                            |  |                       |
| <b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>   |                            |  |                       |
| <input type="radio"/> YES<br><input checked="" type="radio"/> NO  |                            |  |                       |
| Explanation:  |                            |  |                       |
| 18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) |                            |  |                       |
| <b>**I Agree</b> <input type="checkbox"/>   |                            |  |                       |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.   |                            |  |                       |
| 18a. Typed or Printed Name and Title of Authorized Certifying Official  |                            | 18c. Telephone (area code, number and extension) |                       |
|   |                            | 18d. Email Address                               |                       |
| 18b. Signature of Authorized Certifying Official  |                            | 18e. Date Report Submitted (Month, Day, Year)    |                       |
|   |                            |  |                       |
| Attach supporting documents as specified in agency instructions.  |                            |  |                       |

## Section 1 - Program Components

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 06/30/2017

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Approval No. 0970-0075  
Expiration Date: 02/28/2005

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

### Section I Program Components

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

1.1 Check which components you will operate under the LIHEAP program.

(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

|                                     |                           | Dates of Operation |            |
|-------------------------------------|---------------------------|--------------------|------------|
|                                     |                           | Start Date         | End Date   |
| <input checked="" type="checkbox"/> | Heating assistance        | 10/01/2017         | 03/31/2018 |
| <input checked="" type="checkbox"/> | Cooling assistance        | 04/01/2018         | 09/30/2018 |
| <input checked="" type="checkbox"/> | Crisis assistance         | 10/01/2017         | 09/30/2018 |
| <input checked="" type="checkbox"/> | Weatherization assistance | 07/01/2018         | 06/30/2019 |

Provide further explanation for the dates of operation, if necessary

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage ( % ) |
|---|------------------|
| Heating assistance  | 30.00%           |
| Cooling assistance  | 37.20%           |
| Crisis assistance   | 10.00%           |
| Weatherization assistance   | 12.00%           |
| Carryover to the following federal fiscal year  | 0.00%            |
| Administrative and planning costs   | 10.00%           |
| Services to reduce home energy needs including needs assessment (Assurance 16)  | 0.80%            |
| Used to develop and implement leveraging activities   | 0.00%            |
| <b>TOTAL</b>  | <b>100.00%</b>   |

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:   |  |  |  |  |
| <input type="checkbox"/>   | Heating assistance                                 | <input checked="" type="checkbox"/>                |  | Cooling assistance                                 |
| <input type="checkbox"/>   | Weatherization assistance                          | <input type="checkbox"/>                           |  | Other (specify):                                   |
| Categorical Eligibility; 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8   |  |  |  |  |
| 1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? <input checked="" type="radio"/> Yes <input type="radio"/> No |  |  |  |  |
| If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.   |  |  |  |  |
|  | Heating  | Cooling  | Crisis   | Weatherization                                     |
| TANF   | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SSI  | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SNAP   | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Means-tested Veterans Programs   | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
|  | Heating  | Cooling  | Crisis   | Weatherization                                     |
| Other (Specify) 1  | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No  |  |  |  |  |
| If Yes, explain:   |  |  |  |  |
| 1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?                      |  |  |  |  |
| SNAP Nominal Payments  |  |  |  |  |
| 1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No  |  |  |  |  |
| If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.   |  |  |  |  |
| 1.7b Amount of Nominal Assistance: \$0.00  |  |  |  |  |
| 1.7c Frequency of Assistance   |  |  |  |  |
| <input type="checkbox"/>   | Once Per Year                                      |  |  |  |
| <input type="checkbox"/>   | Once every five years                              |  |  |  |
| <input type="checkbox"/>   | Other - Describe:                                  |  |  |  |
| 1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?   |  |  |  |  |
| Determination of Eligibility - Countable Income  |  |  |  |  |
| Determination of Eligibility - Countable Income  |  |  |  |  |
| 1.8 In determining a household's income eligibility for LIHEAP, do you use gross income or net income?   |  |  |  |  |
| <input checked="" type="checkbox"/>  | Gross Income                                       |  |  |  |
| <input type="checkbox"/>   | Net Income   |  |  |  |
| 1.9 Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP  |  |  |  |  |
| <input checked="" type="checkbox"/>  | Wages  |  |  |  |
| <input checked="" type="checkbox"/>  | Self - Employment Income                           |  |  |  |
| <input checked="" type="checkbox"/>  | Contract Income                                    |  |  |  |
| <input type="checkbox"/>   | Payments from mortgage or Sales Contracts          |  |  |  |
| <input checked="" type="checkbox"/>  | Unemployment Insurance                             |  |  |  |

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Strike Pay   |
| <input checked="" type="checkbox"/> | Social Security Administration (SSA ) benefits   |
| <input type="checkbox"/>            | Including MediCare deduction   |
| <input type="checkbox"/>            | Excluding MediCare deduction   |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI )  |
| <input checked="" type="checkbox"/> | Retirement / pension benefits  |
| <input type="checkbox"/>            | General Assistance benefits  |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits  |
| <input type="checkbox"/>            | Supplemental Nutrition Assistance Program (SNAP) benefits  |
| <input type="checkbox"/>            | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits                             |
| <input type="checkbox"/>            | Loans that need to be repaid   |
| <input type="checkbox"/>            | Cash gifts   |
| <input type="checkbox"/>            | Savings account balance  |
| <input checked="" type="checkbox"/> | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.    |
| <input checked="" type="checkbox"/> | Jury duty compensation   |
| <input checked="" type="checkbox"/> | Rental income  |
| <input type="checkbox"/>            | Income from employment through Workforce Investment Act (WIA)  |
| <input type="checkbox"/>            | Income from work study programs  |
| <input checked="" type="checkbox"/> | Alimony  |
| <input type="checkbox"/>            | Child support  |
| <input checked="" 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 checked="" type="checkbox"/> | Veterans Administration (VA) benefits  |
| <input type="checkbox"/>            | Earned income of a child under the age of 18   |
| <input checked="" 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 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 06/30/2017

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

#### Section 2 - Heating Assistance

Eligibility, 2605(b)(2) - Assurance 2

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

| Add | Household size      | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|-----------------------|-----------------------|
| 1   | All Household Sizes | State Median Income   | 60.00%                |

2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE? ☐ Yes ☒ No

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

Do you require an Assets test? ☐ Yes ☒ No

Do you have additional/differing eligibility policies for:

|  |   |
|--|---|
| Renters?                                     | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters Living in subsidized housing?        | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters with utilities included in the rent? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Do you give priority in eligibility to:

|                                      |   |
|--------------------------------------|---|
| Elderly?                             | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Disabled?                            | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Young children?                      | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Households with high energy burdens? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other?                               | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Explanations of policies for each "yes" checked above:

2.3 Renters living in subsidized housing, the amount of the utility allowance is deducted from the total energy cost. Households receiving a utility allowance greater than the utility bill are not eligible. Applicants over 60 years old are exempt from this requirement.

Contractors may utilize an appointment system to schedule a specific date and time to complete the application process for the elderly, and persons with disabilities or infirmity.

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

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

Households containing one or more members of the targeted priority groups (elderly, disabled, young children) are eligible for one additional \$100 benefit payment per household.

The applicant's energy burden is automatically calculated using the Hancock Energy Software (HES). The highest total energy cost (TEC) is divided by the total household monthly gross income to determine the percentage of the household income used for energy costs.

The applicant's benefit amount is determined using a benefit matrix. Households with zero income are eligible to receive the maximum benefit payment allowed for their family size.

Eligible households can receive two non-crisis benefit payments, during a twelve-month calendar period.

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

- ☒ Income
- ☒ Family (household) size



|   |       |                 |       |
|---|-------|-----------------|-------|
| <input checked="" type="checkbox"/> Home energy cost or need:   |       |                 |       |
| <input type="checkbox"/> Fuel type  |       |                 |       |
| <input type="checkbox"/> Climate/region   |       |                 |       |
| <input checked="" type="checkbox"/> Individual bill   |       |                 |       |
| <input type="checkbox"/> Dwelling type  |       |                 |       |
| <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)  |       |                 |       |
| <input type="checkbox"/> Energy need  |       |                 |       |
| <input type="checkbox"/> Other - Describe:  |       |                 |       |
| See Attachment  |       |                 |       |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)   |       |                 |       |
| 2.6 Describe estimated benefit levels for FY 2018:  |       |                 |       |
| Minimum Benefit   | \$150 | Maximum Benefit | \$600 |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No                |       |                 |       |
| If yes, describe.   |       |                 |       |
|   |       |                 |       |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |       |                 |       |

## Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/98,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 06/30/2017

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

#### Section 3 - Cooling Assistance

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

3.1 Designate The income eligibility threshold used for the Cooling component:

| Add | Household size      | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|-----------------------|-----------------------|
| 1   | All Household Sizes | State Median Income   | 60.00%                |

3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE? ☐ Yes ☒ No

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

Do you require an Assets test? ☐ Yes ☒ No

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

Renters Living in subsidized housing? ☒ Yes ☐ No

Renters with utilities Included in the rent? ☒ Yes ☐ No

Do you give priority in eligibility to:

Elderly? ☒ Yes ☐ No

Disabled? ☒ Yes ☐ No

Young children? ☒ Yes ☐ No

Households with high energy burdens? ☒ Yes ☐ No

Other? ☐ Yes ☐ No

Explanations of policies for each "yes" checked above:

3.3 Renters living in subsidized housing, the amount of the utility allowance is deducted from the total energy cost. Households receiving a utility allowance greater than the utility bill are not eligible. Applicants over 60 years old are exempt from this requirement.

Contractors may utilize an appointment system to schedule a specific date and time to complete the application process for the elderly, and persons with disabilities or infirmity.

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

Households containing one or more members of the targeted priority groups (elderly, disabled, young children) are eligible for one additional \$100 benefit payment per household.

The applicant's energy burden is automatically calculated using the Hancock Energy Software (HES). The highest total energy cost (TIC) is divided by the total household monthly gross income to determine the percentage of the household income used for energy costs.

The applicant's benefit amount is determined using a benefit matrix. Households with zero income are eligible to receive the maximum benefit payment allowed for their family size.

Eligible households can receive two non-crisis benefit payments, during a twelve-month calendar period.

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

|  |  |                 |       |
|--|--|-----------------|-------|
| <input checked="" type="checkbox"/>  | Family (household) size                          |                 |       |
| <input checked="" type="checkbox"/>  | Home energy cost or need:                        |                 |       |
| <input type="checkbox"/>   | Fuel type  |                 |       |
| <input type="checkbox"/>   | Climate/region                                   |                 |       |
| <input checked="" type="checkbox"/>  | Individual bill                                  |                 |       |
| <input type="checkbox"/>   | Dwelling type                                    |                 |       |
| <input checked="" type="checkbox"/>  | Energy burden (% of income spent on home energy) |                 |       |
| <input type="checkbox"/>   | Energy need                                      |                 |       |
| <input type="checkbox"/>   | Other - Describe:                                |                 |       |
| See Attachment   |  |                 |       |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)  |  |                 |       |
| 3.6 Describe estimated benefit levels for FY 2018:   |  |                 |       |
| Minimum Benefit  | \$150  | Maximum Benefit | \$600 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No                |  |                 |       |
| If yes, describe.  |  |                 |       |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here |  |                 |       |

## Section 4 - CRISIS ASSISTANCE

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

| Add | Household size      | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|-----------------------|-----------------------|
| 1   | All Household Sizes | State Median Income   | 60.00%                |

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

A crisis exists when a household's energy source for heating and/or cooling has been disconnected or scheduled for disconnection, depleted and there are insufficient resources to resolve the situation. A crisis may also include weather-related alerts and supply shortage emergencies declared by state or federal government.

##### 4.3 What constitutes a life-threatening crisis?

When an eligible household is faced with an adverse situation that jeopardizes the health and/or safety of the household members. This would include a household member that has a medical condition that require the operation of medical equipment, such as oxygen, and/or extreme weather conditions that would keep the household cool/warm.

##### Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours

4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18Hours

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

4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? ☐ Yes ☒ No

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

Do you require an Assets test? ☐ Yes ☒ No

Do you give priority in eligibility to:

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

##### In Order to receive crisis assistance:

|  |   |
|--|---|
| Must the household have received a shut-off notice or have a near empty tank?            | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must the household have been shut off or have an empty tank?                             | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must the household have exhausted their regular heating benefit?                         | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Must renters with heating costs included in their rent have received an eviction notice? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Must heating/cooling be medically necessary?   | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must the household have non-working heating or cooling equipment?                        | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other?   | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Do you have additional / differing eligibility policies for:

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

Explanations of policies for each "yes" checked above:

Eligible applicants are required to provide support documentation to establish a crisis situation, (i.e. Disconnect/Shut-Off Notice; Final Bill and proof of new account, doctor's statements or medical reports, written estimates to refill fuel tanks, and/or evidence of an economic hardship-monthly expenses and income).

Determination of Benefits

4.8 How do you handle crisis situations?

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Separate component   |
| <input type="checkbox"/>            | Fast Track   |
| <input checked="" type="checkbox"/> | <p><b>Other - Describe:</b></p> <p>Eligible households can receive only one crisis benefit payment, not to exceed \$475, during a 12 month period.</p> <p>The crisis benefit payment will cover only the amount of the disconnect notice, if the services have NOT been disconnected, at the time of application. If utilities have been disconnected, at the time of application, the total benefit requested should include all costs to connect or reconnect services, except any other non-energy related charges.</p> <p>In the event a household is in transition, a Final Bill and proof of a new account showing the total cost to restore services should be used to provide assistance and calculate the benefit. The referenced bill should clearly state "Final Bill." A recent statement from the vendor, preferably on letterhead, within the past 30 days may be used to calculate a benefit payment. The intent of this provision does not arbitrarily substitute the mandatory Disconnect Notice, or cause any inconsistency with the LIHC's established policy for LIHEAP crisis assistance.</p> |

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

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amount to resolve the crisis.   |
| <input checked="" type="checkbox"/> | <p><b>Other - Describe:</b></p> <p>Eligible households can receive only one crisis benefit payment, not to exceed \$475, during a 12 month period.</p> <p>The crisis benefit payment will cover only the amount of the disconnect notice, if the services have NOT been disconnected at the time of application. If utilities have been disconnected at the time of application, the total benefit requested should include all costs to connect or reconnect services, except any other non-energy related charges.</p> <p>In the event a household is in transition, a Final Bill and proof of a new account showing the total cost to restore services, should be used to provide assistance and calculate the benefit. The referenced bill should clearly state "Final Bill." A recent statement from the vendor, preferably on letterhead, within the past 30 days may be used to calculate a benefit payment. The intent of this provision does not arbitrarily substitute the mandatory Disconnect Notice, or cause any inconsistency with the LIHC's established policy for LIHEAP crisis assistance.</p> |

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 Explain.

Contractors are required to provide crisis assistance to all eligible households within the designated service delivery area, indicated in the contract.

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 No, explain.

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

☐ Yes ☒ No If No, explain.

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?

Contractors are required to make provisions for home-bound and infirmed applicants to complete an application by either traveling to the applicant's home or accepting a signed statement by the applicant that names an authorized representative to apply for LIHEAP services on their behalf.



**Benefit Levels, 2605(c)(1)(B)****4.12 Indicate the maximum benefit for each type of crisis assistance offered.**

Winter Crisis \$0.00 maximum benefit

Summer Crisis \$0.00 maximum benefit

Year-round Crisis \$475.00 maximum benefit

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

Contractors may provide an in-kind benefit, in lieu of a benefit payment, to provide minor repair or replacement not to exceed \$475 of heating or cooling equipment, during times of extreme heat or cold temperatures as designated by parish weather advisory. An explanation of the emergency should be included in the applicant's file.

The cost for equipment plus installation, if any, will be reimbursed to the contractor. The total reimbursement from LIHEAP may not exceed the total amount for a Crisis benefit payment. The contractor should obligate the funds necessary to resolve the crisis situation in a timely manner.

**4.14 Do you provide for equipment repair or replacement using crisis funds?**☐ Yes ☒ No**If you answered "Yes" to question 4.14, you must complete question 4.15.****4.15 Check appropriate boxes below to indicate type(s) of assistance provided.**

|                                   | Winter<br>Crisis         | Summer<br>Crisis         | Year-round Crisis        |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Heating system repair             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles / gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify):                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?**☒ Yes ☐ No**If you responded "Yes" to question 4.16, you must respond to question 4.17.****4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.**

The utility vendors agree to accept energy benefit pledges on behalf of LIHEAP eligible customers in crisis situations facing threatened or actual interruption of services.

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



## Section 5 - WEATHERIZATION ASSISTANCE

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

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

## Section 5: WEATHERIZATION ASSISTANCE

Eligibility, 2605(c)(1)(A), 2605(h)(2) - Assurance 2

5.1 Designate the income eligibility threshold used for the Weatherization component

| Add | Household Size      | Eligibility Guideline    | Eligibility Threshold |
|-----|---------------------|--------------------------|-----------------------|
| 1   | All Household Sizes | 111HS Poverty Guidelines | 200.00%               |

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

5.3 If yes, name the agency.

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

#### WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

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

☐ Income Threshold

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

☐ Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

☐ Other - Describe:

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

☐ Income Threshold

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

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

☒ Other - Describe:

Some homes are weatherized using a combination of both DOE and LIHEAP funds to maximize the effectiveness of weatherization.

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

5.6 Do you require an assets test? ☐ Yes ☒ No

5.7 Do you have additional/differing eligibility policies for:

Renters ☒ Yes ☐ No

Renters living in subsidized housing? ☒ Yes ☐ No

5.8 Do you give priority in eligibility to:

Elderly? ☒ Yes ☐ No

Disabled? ☒ Yes ☐ No

Young Children? ☒ Yes ☐ No

|   |   |
|---|---|
| House holds with high energy burdens?   | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| Other? High Energy Use  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Property Owners (landlords) must sign an agreement to not increase the rent costs for at least 12 months. Owners are encouraged to contribute financially to overall weatherization projects.</p> <p>The Hancock Energy Software automatically assigns a WAP ranking based on criteria set in policy. Eligible households are awarded points for family members' age, disability, number of occupants, months on the waiting list, high energy burden (25% of household total income used for energy cost), poverty level and the condition of dwelling unit.</p> |   |
| <b>Benefit Levels</b>   |   |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No  |   |
| 5.10 If yes, what is the maximum? \$7,212   |   |
| <b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>   |   |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)  |   |
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits   | <input checked="" type="checkbox"/> Energy related roof repair  |
| <input checked="" type="checkbox"/> Caulking and insulation   | <input type="checkbox"/> Major appliance Repairs  |
| <input type="checkbox"/> Storm windows  | <input checked="" type="checkbox"/> Major appliance replacement   |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs   | <input type="checkbox"/> Windows/sliding glass doors  |
| <input type="checkbox"/> Furnace replacement  | <input type="checkbox"/> Doors  |
| <input checked="" type="checkbox"/> Cooling system modifications/ repairs   | <input checked="" type="checkbox"/> Water Heater  |
| <input checked="" type="checkbox"/> Water conservation measures   | <input type="checkbox"/> Cooling system replacement   |
| <input checked="" type="checkbox"/> Compact florescent light bulbs  | <input checked="" type="checkbox"/> Other - Describe:<br>Minor repairs (i.e., electrical problems, leaks, patching, thresholds, weatherstripping, switch/outlet gaskets, replace broken window panes, repair windows and doors, etc.) |
| <p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here</p>   |   |

**Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)**

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

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

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

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

- ☒ Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- ☒ Publish articles in local newspapers or broadcast media announcements.
- ☒ Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- ☐ Mass mailing(s) to prior-year LIHEAP recipients.
- ☒ Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- ☐ Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- ☒ Other (specify):  
Presentations at community and school meetings. Off-site event for distribution (Housing conferences, seminars, churches, community centers, etc.)

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
SF - 424 - MANDATORY**

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

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

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

Participate in a state telephone call center (i.e. 411), which directs callers to LIHEAP providers.

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



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

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

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

#### Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)

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

|                                     |                             |
|-------------------------------------|-----------------------------|
| <input type="checkbox"/>            | Administration Agency       |
| <input type="checkbox"/>            | Commerce Agency             |
| <input type="checkbox"/>            | Community Services Agency   |
| <input type="checkbox"/>            | Energy / Environment Agency |
| <input checked="" type="checkbox"/> | Housing Agency              |
| <input type="checkbox"/>            | Welfare Agency              |
| <input type="checkbox"/>            | Other - Describe:           |

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

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

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

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?

| 8.5 LIHEAP Component Administration.                             | Heating                   | Cooling                   | Crisis                    | Weatherization            |
|--|---------------------------|---------------------------|---------------------------|---------------------------|
| 8.5a Who determines client eligibility?                          | Community Action Agencies | Community Action Agencies | Community Action Agencies | Community Action Agencies |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Housing Agency      | State Housing Agency      | State Housing Agency      |                           |
| 8.5c Who processes benefit payments to bulk fuel vendors?        | State Housing Agency      | State Housing Agency      | State Housing Agency      |                           |
| 8.5d Who performs installation of weatherization measures?       |                           |                           |                           | Community Action Agencies |

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

8.6 What is your process for selecting local administering agencies?

In selecting a local agency, preference is given to any CAA or other public nonprofit entity which has, or is currently administering, an effective program under any low-income energy assistance or weatherization program.

Program effectiveness is evaluated by considering the following factors including, but not necessarily limited to:

- 1) The extent to which the past or current program achieved or is achieving LIHEAP goals in a timely fashion;
- 2) Meeting the fiscal requirements established in regulations and state policies;
- 3) The quality of service delivered by the local agency;
- 4) The number, of qualifications, and experience of the staff members of the agency; and
- 5) The location and proximity to the vacant territory.

Local agencies responding to a formal request for proposals are required to attend a hearing conducted by LHC to present their proposal and answer questions.

8.7 How many local administering agencies do you use? 40

8.8 Have you changed any local administering agencies in the last year?

- ☒ Yes  
☐ No

8.9 If so, why?

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Agency was in noncompliance with grantee requirements for LIHEAP - |
| <input type="checkbox"/> | Agency is under criminal investigation                             |
| <input type="checkbox"/> | Added agency   |
| <input type="checkbox"/> | Agency closed  |
| <input 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 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

**9.1 Do you make payments directly to home energy suppliers?**

Heating ☒ Yes ☐ No

Cooling ☒ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

Exceptions are allowed under circumstances when a new vendor or existing vendor is not set up to receive payment directly from LHC and/or refuses to accept a pledge on behalf of an eligible applicant. The Contractor may request reimbursement for the payment made to prevent a shut-off or disconnection. There are approximately 30 out of 150 energy vendors that are not set up to receive payments directly from the LHC. Most of these are very small mon/pop vendors that refuse to sign a Vendor agreement and provide other related documents.

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

The Hancock Energy Software (HES) generates a Client Qualification Notification letter, which is provided to the client at the end of the application process.

**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?**

The Vendor Agreement contains a provision to assure the vendor will not discriminate, neither in costs or goods supplied nor the services provided, against the household on whose behalf benefit payments are made.

**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?**

The Vendor Agreement contains a provision to assure customers receiving assistance from the LIHEAP will not be treated adversely because of such assistance under applicable provision of State law and public regulatory requirements.

**9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?**  
☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.

Unregulated Energy Vendors are not included as LIHEAP energy providers.

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

## Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10

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

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

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

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

The LHC financial operations manual establishes the framework and procedures for budgeting, reporting, internal controls, cost allocation, and accountability as described in the costs principle applicable to the grant.

Contractors submit weekly electronic copies of the Request for Payment to LHC for their administrative fees, based on the amount of the benefit payments authorized on behalf of eligible households.

LHC conducts monthly reconciliation of funds and expenditures with sub-recipients to ensure accuracy and reliability for data reporting.

All LIHEAP expenditures are tracked and monitored using the web-based software, Hancock Energy Software (HES) and MS Excel spreadsheets.

##### Audit Process

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

☒ Yes ☐ No

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

No Findings ☒

| Finding | Type | Brief Summary | Resolved? | Action Taken |
|---------|------|---------------|-----------|--------------|
| 1       |      |               |           |              |

##### 10.4. Audits of Local Administering Agencies

What types of annual audit requirements do you have in place for local administering agencies/district offices?  
Select all that apply.

- ☒ Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- ☐ Local agencies/district offices are required to have an annual audit (other than A-133)
- ☒ Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.
- ☒ Grantee conducts fiscal and program monitoring of local agencies/district offices

##### Compliance Monitoring

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

Grantee employees:

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

LIHC utilizes the available reporting system of the Hancock Energy Software (HES) to monitor contractor's production and service delivery to timely ensure all contractors are maintaining service delivery in accordance with contractual obligations.

**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:

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

Louisiana Housing Corporation (LHC) has adopted a systems approach to monitoring Contractors for compliance with applicable regulations and achievement of performance goals.

Program activities are monitored both electronically and by conducting on-site visits annually. The State mandated software is used to record application input and monitor Contractor's production, i.e., how many applications are taken in a given time frame; how many of those applications were Non-Crisis applications; how many were Crisis applications; how many households were served; and how many priority members were included in those households. We are also able to monitor the rate of benefit delivery to the specific service area. This information is utilized, to not only monitor the rate of service delivery, but also the areas being served. Those areas can be identified within a service provider's geographical service area, needing extra attention and outreach.

During the on-site monitoring visits, the physical files are reviewed for documentation of various program mandated activities, such as:

- (A) Written policies and procedures that prohibit discrimination in both service delivery and employment.
- (B) Compliance with Minimum Wage laws.
- (C) Written policies regarding grievance procedures for both applicants and employees.
- (D) Written policies regarding providing services to eligible applicants on a first come, first served basis.
- (E) Written policies that document adherence to written Program Guidelines approved by Louisiana Housing Corporation.
- (F) Documentation of employee training on program guidelines.
- (G) A review of various documents that demonstrate program outreach activities including newspaper ads, radio and/or television advertising, copies of any printed material distributed in the community to applicants and potential applicants.
- (H) A review of Client Education material distributed to applicants regarding energy conservation activities.
- (I) A review of a random sample of applicant files to verify the collection of required support documentation from eligible applicants, including income; vulnerability of the client for the cost of the energy bill, confirmation of residence at the service address indicated on the bill, copies of Social Security Cards or other government documents that contain social security numbers for each member of the household being served.

Eligibility and benefit determination is handled through the web-based computerized application system adopted by the LHC. The program is designed to calculate benefit based on parameters that are entered at the state level and that are unalterable at the service provider level. Benefit calculations are based on income levels for each household, the number of eligible household members, and the identification of priority members of the household, i.e., persons over 60 years of age, persons disabled, or persons five years old or less. The benefit calculation is totally automated requiring only data input from the agency provider. Eligibility is also determined by the same system utilizing social security numbers of applicants and flagging those applicants or household members that may have received a benefit within the prohibited timeframe. Applicants may currently apply for non-crisis benefits once every six months, and if necessary, applicants may also apply for a crisis benefit once in a twelve month period.

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

**Site Visits:**

LHC, as the state grantee, is required to conduct annual on-site compliance monitoring visits to all LIHEAP contractors.

**Desk Reviews:**

LHC staff conducts ongoing desk monitoring of agency reports, budget tracking and statistical reports, and rate of expenditures.

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

All Contractors are monitored at least once annually.

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



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

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

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

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

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

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

**Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)**

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

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

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

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

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

|   | Date | Event Description |
|---|------|-------------------|
| 1 |      |                   |

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

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

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

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

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

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#### 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? None

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

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

N/A

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

In accordance with Section 2605 (b) (13) of Public Law 97-35, applicants are advised of their appeal right at the time of application.

During the application process, the rights to an appeal and fair hearing and the Civil Rights statements are written and described on the back of the service application form. The LIHEAP workers are required to read this section to the applicant, before the applicant signs to request a hearing. A copy of the form is provided to the applicant to mail to LHC to request a fair hearing within 30 days after the decision. LHC will retain an Administrative Law Judge to preside at the hearing and follow applicable laws to render a decision.

12.5 When and how are applicants informed of these rights?

Ineligible applicants are informed in writing, at the time of application, of their rights to an appeal and fair hearing, prior to signing the form.

The written request with an explanation of the issue on back of the service application form under Right to Appeal and Fair Hearing should be mailed to the Louisiana Housing Corporation (LHC), 2415 Quail Drive, Baton Rouge, LA 70808. If assistance is required, the contractor may assist the applicant, if requested, to prepare a written request. The request must be received by LHC within 30 days of the decision or postmarked within 30 days.

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

In accordance with section 2605 (b) (13) of Public Law, 9735, applicants are provided information regarding a fair hearing when assistance is denied or is not acted upon with reasonable promptness. Applicants are informed in writing and orally at the time of application of his/her right to a fair hearing and the method by which a hearing may be requested.

12.7 When and how are applicants informed of these rights?

A "LIHEAP Application Required Documents Form" is completed, signed and dated by the applicant and the Agency representative, at the time of application. The form includes a checklist and information regarding the status of the application.

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



## Section 13 - Reduction of home energy needs, 2605(b)(16) - Assurance 16

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

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

Energy education is provided, during the application process, to eligible and ineligible households.

Contractors are required to develop active, participatory energy conservation education activities. Examples of active participatory educational activities include viewing a video, listening to an oral presentation, or audiotape.

Contractors are encouraged to use educational activities that can be carried out while the applicant is waiting for intake. Educational activities shall not create an undue burden on the applicant or the contractor staff.

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

A percentage is set in the State Plan and the amount is budgeted, upon receipt of the grant award.

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

The LHC is currently working with sub-grantees to utilize FY 2017 Client Education funds prior to the end of the PY September 30, 2018.

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

N/A

**13.5 How many households applied for these services? N/A**

**13.6 How many households received these services? None**

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

## Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program?  
☐ Yes ☒ No

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

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

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

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

## Section 15 - Training

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

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

#### Section 15: Training

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

**a. Grantee Staff:**

☒ Formal training on grantee policies and procedures

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other - Describe:

☒ Employees are provided with policy manual

☒ Other-Describe:

T&TA is provided daily via telephone calls, conference calls and webinars. Annual onsite T&TA is also provided during the annual monitoring visits as well as at the annual ACAP conference. Periodically, as needed, we will provide training in-house for new employees and others from the Community Action Agencies.

**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

LIHC participates in the annual conference held by the Association of Community Action Partnerships of Louisiana (ACAP)

**c. Vendors**

☒ Formal training conference

How often?

☐ Annually

☐ Biannually

☒ As needed

|   |   |
|---|---|
| <input type="checkbox"/>  | Other - Describe:   |
| <input checked="" type="checkbox"/>   | Policies communicated through vendor agreements                               |
| <input type="checkbox"/>  | Policies are outlined in a vendor manual                                      |
| <input checked="" type="checkbox"/>   | Other - Describe:<br>LHC holds quarterly meetings with major utility vendors. |
| 15.2 Does your training program address fraud reporting and prevention?<br><input checked="" type="radio"/> Yes<br><input type="radio"/> No                             |   |
| 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 16 - Performance Goals and Measures, 2605(b)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

The LHC has worked with APPRISE, our HES software Developer, and LHC Technical Support department to collect the required performance data. Unfortunately, the LIHC did not report average electric bill for Non-electric Main Heating Households until the end of PY 2016. The LHC also had some formula issues with the Calculation of Averages for All Households.

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



## Section 17 - Program Integrity, 2605(b)(10)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

##### 17.1 Fraud Reporting Mechanisms

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

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

Posters, include information, as a part of advertising campaigns.

b. Describe strategies in place for advertising the above-referenced resources. Select all that apply

- ☒ Printed outreach materials
- ☒ Addressed on LIHEAP application
- ☒ Website
- ☐ Other - Describe:

##### 17.2. Identification Documentation Requirements

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

| Type of Identification Collected  | Collected from Whom?                         |  |  |
|---|--|--|--|
|   | Applicant Only                               | All Adults in Household                      | All Household Members                        |
| Social Security Card is photocopied and retained  | <input checked="" type="checkbox"/> Required | <input checked="" type="checkbox"/> Required | <input checked="" type="checkbox"/> Required |
|   | <input type="checkbox"/> Requested           | <input type="checkbox"/> Requested           | <input type="checkbox"/> Requested           |
| 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 checked="" type="checkbox"/> Required | <input checked="" type="checkbox"/> Required | <input checked="" type="checkbox"/> Required |
|   | <input type="checkbox"/> Requested           | <input type="checkbox"/> Requested           | <input type="checkbox"/> Requested           |



|  | Other   | Applicant Only<br>Required | Applicant Only<br>Requested | All Adults in<br>Household<br>Required | All Adults in<br>Household<br>Requested | All Household<br>Members<br>Required | All Household<br>Members<br>Requested |
|--|---|----------------------------|-----------------------------|--|---|--------------------------------------|---------------------------------------|
| 1.   | Copy of Medicaid or Medicare card, documentation from U.S. Department of immigration and naturalization and/or INS temporary work permit. | <input type="checkbox"/>   | <input type="checkbox"/>    | <input type="checkbox"/>               | <input type="checkbox"/>                | <input type="checkbox"/>             | <input checked="" type="checkbox"/>   |
| b. Describe any exceptions to the above policies.  |   |                            |                             |  |   |                                      |                                       |
| <b>17.3 Identification Verification</b>  |   |                            |                             |  |   |                                      |                                       |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply.   |   |                            |                             |  |   |                                      |                                       |
| <input checked="" 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 checked="" type="checkbox"/> Other - Describe:  |   |                            |                             |  |   |                                      |                                       |
| Applicants are required to provide Social Security cards for all household members. Household members without an authentic Social Security card or verified SSNs with the Social Security Administration cannot be included on the LIHEAP application. |   |                            |                             |  |   |                                      |                                       |
| <b>17.4. Citizenship/Legal Residency Verification</b>  |   |                            |                             |  |   |                                      |                                       |
| What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.  |   |                            |                             |  |   |                                      |                                       |
| <input type="checkbox"/> Clients sign an attestation of citizenship or legal residency   |   |                            |                             |  |   |                                      |                                       |
| <input checked="" type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency   |   |                            |                             |  |   |                                      |                                       |
| <input checked="" 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>17.5. Income Verification</b>   |   |                            |                             |  |   |                                      |                                       |
| What methods does your agency utilize to verify household income? Select all that apply.   |   |                            |                             |  |   |                                      |                                       |
| <input checked="" type="checkbox"/> Require documentation of income for all adult household members  |   |                            |                             |  |   |                                      |                                       |
| <input checked="" type="checkbox"/> Pay stubs  |   |                            |                             |  |   |                                      |                                       |
| <input checked="" type="checkbox"/> Social Security award letters  |   |                            |                             |  |   |                                      |                                       |
| <input checked="" type="checkbox"/> Bank statements  |   |                            |                             |  |   |                                      |                                       |
| <input checked="" type="checkbox"/> Tax statements   |   |                            |                             |  |   |                                      |                                       |
| <input checked="" type="checkbox"/> Zero-income statements   |   |                            |                             |  |   |                                      |                                       |
| <input checked="" 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>17.6. Protection of Privacy and Confidentiality</b>  |  |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.             |  |
| <input checked="" type="checkbox"/>   | Policy in place prohibiting release of information without written consent                                   |
| <input checked="" type="checkbox"/>   | Grantee LIHEAP database includes privacy/confidentiality safeguards  |
| <input checked="" type="checkbox"/>   | Employee training on confidentiality for:  |
| <input checked="" type="checkbox"/>   | Grantee employees  |
| <input checked="" 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 checked="" type="checkbox"/>   | Physical files are stored in a secure location   |
| <input type="checkbox"/>  | Other - Describe:  |
| <b>17.7. Verifying the Authenticity</b>   |  |
| What policies are in place for verifying vendor authenticity? Select all that apply.  |  |
| <input checked="" type="checkbox"/>   | All vendors must register with the State/Tribe.  |
| <input checked="" type="checkbox"/>   | All vendors must supply a valid SSN or TIN/W-9 form  |
| <input type="checkbox"/>  | Vendors are verified through energy 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>17.8. Benefits Policy - Gas and Electric Utilities</b>   |  |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |  |
| <input checked="" type="checkbox"/>   | Applicants required to submit proof of physical residency  |
| <input checked="" type="checkbox"/>   | Applicants must submit current utility bill  |
| <input checked="" type="checkbox"/>   | Data exchange with utilities that verifies:  |
| <input type="checkbox"/>  | Account ownership  |
| <input type="checkbox"/>  | Consumption  |
| <input checked="" type="checkbox"/>   | Balances   |
| <input checked="" type="checkbox"/>   | Payment history  |
| <input type="checkbox"/>  | Account is properly credited with benefit  |
| <input type="checkbox"/>  | Other - Describe:  |
| <input checked="" type="checkbox"/>   | Centralized computer system/database tracks payments to all utilities  |
| <input checked="" type="checkbox"/>   | Centralized computer system automatically generates benefit level  |
| <input checked="" type="checkbox"/>   | Separation of duties between intake and payment approval   |
| <input type="checkbox"/>  | Payments coordinated among other energy assistance programs to avoid duplication of payments                 |
| <input type="checkbox"/>  | Payments to utilities and invoices from utilities are reviewed for accuracy                                  |
| <input type="checkbox"/>  | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| <input type="checkbox"/>  | Direct payment to households are made in limited cases only  |
| <input type="checkbox"/>  | Procedures are in place to require prompt refunds from utilities in cases of account closure                 |
| <input checked="" type="checkbox"/>   | Vendor agreements specify requirements selected above, and provide enforcement mechanism                     |

|   |
|---|
| <input type="checkbox"/> Other - Describe:  |
| <b>17.9. Benefits Policy - Bulk Fuel Vendors</b>  |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.  |
| <input checked="" type="checkbox"/> Vendors are checked against an approved vendors list  |
| <input type="checkbox"/> Centralized computer system/database is used to track payments to all vendors  |
| <input type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery  |
| <input type="checkbox"/> Two-party checks are issued naming client and vendor   |
| <input type="checkbox"/> Direct payment to households are made in limited cases only  |
| <input checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client   |
| <input type="checkbox"/> Conduct monitoring of bulk fuel vendors  |
| <input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee  |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism  |
| <input type="checkbox"/> Other - Describe:  |
| <b>17.10. Investigations and Prosecutions</b>   |
| Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.   |
| <input checked="" type="checkbox"/> Refer to state Inspector General  |
| <input type="checkbox"/> Refer to local prosecutor or state Attorney General  |
| <input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)   |
| <input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public  |
| <input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  |
| Overpayment or an ineligible payment made as a result of an error by the contractor shall be corrected immediately by notifying LHC of the error. The overpayment must be absorbed by the contractor. The contractor may appeal the cost of the overpayment or ineligible payment to the LHC.   |
| Underpayment made as a result of an error by the contractor shall be corrected immediately by notifying LHC of the error. But if the payment was already made to the energy vendor, then the contractor has to pay the remaining costs.   |
| Applicants who have received an overpayment or ineligible payment as a result of their failure to provide accurate or correct information, whether intentional or non-intentional, shall have the overpayment reversed on their energy accounts through the energy vendor.  |
| When a contractor identifies an overpayment or ineligible payment due to applicant error, the contractor shall notify and provide support documentation to LHC. LHC will give the applicant an opportunity to dispute the finding prior to reversing the benefit through the energy vendor. The applicant shall be advised of his or her right to appeal the reversing decision to LHC. |
| <input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP 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 LIHEAP  |
| <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 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters**

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

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

**Instructions for Certification**

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.**
- 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 and Voluntary Exclusion--Lower Tier Covered Transactions**

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

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

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

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

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

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central 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)**

2415 Quail Drive

\* Address Line 1

Address Line 2

Address Line 3

Baton Rouge

\* City

LA

\* State

70808

\* 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 20: Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

| PLAN ATTACHMENTS  |
|---|
| The following documents must be attached to this application  |
| ▪ Delegation Letter is required if someone other than the Governor or Chairman Certified this Report. |
| ▪ Heating component benefit matrix, if applicable   |
| ▪ Cooling component benefit matrix, if applicable   |
| ▪ Minutes, notes, or transcripts of public hearing(s).  |