

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**

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

7. APPLICANT INFORMATION

* a. Legal Name: WV Department of Health and Human Resources			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 55-6000771		* c. Organizational DUNS: 148040327	
* d. Address:			
* Street 1:	ONE DAVIS SQUARE, SUITE 100 E	* Street 2:	
* City:	CHARLESTON	* County:	
* State:	WV	* Province:	
* Country:	United States	* Zip / Postal Code:	25301 -
e. Organizational Unit:			
Department Name:		Division Name:	

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

Prefix:	* First Name: Jessica	Middle Name: L	* Last Name: Dale
Suffix:	Title: HHR Specialist Senior	Organizational Affiliation:	
* Telephone Number: (304) 356-4635	Fax Number: 304-558-2059	* Email: Jessica.L.Dale@wv.gov	

*** 8a. TYPE OF APPLICANT:**
 A: State Government

b. Additional Description:

*** 9. Name of Federal Agency:**

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

11. Descriptive Title of Applicant's Project

12. Areas Affected by Funding:
 Weatherization and LIHEAP

13. CONGRESSIONAL DISTRICTS OF:

* a. Applicant 2	b. Program/Project: Statewide
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Attach an additional list of Program/Project Congressional Districts if needed.

14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2017	b. End Date: 09/30/2018	* a. Federal (\$): \$0	b. Match (\$): \$0

* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?	
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.	
* 17. Is The Applicant Delinquent On Any Federal Debt?	
<input type="radio"/> YES <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)	
** I Agree <input checked="" 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.	