#### **DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: West Virginia

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2019 to 09/30/2020

Report Status: Saved

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# LIHEAP STATEPLAN DRAFT

#### **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: 09/30/2020

* 1.a. Type of Submission:  Plan		* 1.b. Frequency: • Annual		* 1.c. Consolidated Application/Plan/Funding Request? Explanation:		nding	* 1.d. Version:  Initial  Resubmission  Revision  Update	
					2. Date Rece	ived:		State Use Only:
					3. Applicant	Identifie	r:	
					4a. Federal	Entity Ide	entifier:	5. Date Received By State:
					4b. Federal	Award Id	lentifier:	6. State Application Identifier:
7. APPLICAN	TINFORMATION							
* a. Legal Nam	e: WV Department	of Health and l	Human Reso	ources				
* <b>b. Employer/</b> 55-6000771	Taxpayer Identifica	tion Number	(EIN/TIN):	:	* c. Organiz	ational D	UNS: 92840	3682
* d. Address:								
* Street 1:	ONE DAV	S SQUARE, S	SUITE 100 I	E	Street 2:			
* City:	CHARLES	ΓON			County:			
* State:	WV				Province			
* Country:	United State	i			* Zip / Po Code:	stal	25301	
e. Organization	al Unit:							
Department Na Health and Hu	ame: man Resources				<b>Division Na</b> Division of		ssistance	
f. Name and contact information of person to be contacted on matters involving this application:								
f. Name and co	ntact information o	f person to be	contacted o	on matters in	volving this ap	plication	:	
f. Name and co	ntact information o * First Name: Monica	f person to be	contacted o	Middle Nam A		plication	* Las	st Name: nilton
	* First Name:	f person to be	contacted (	Middle Nam A Organization	e: nal Affiliation	:	* Las	nilton
Prefix:	* First Name: Monica Title:	f person to be	contacted of	Middle Nam A Organization West Virgin * Email:	e: nal Affiliation	: of Health	* Las Han	nilton
Prefix: Suffix: * Telephone Number: 304-356-4619	* First Name: Monica Title: Director Fax Number 304-558-2059	f person to be	contacted (	Middle Nam A Organization West Virgin * Email:	nal Affiliation	: of Health	* Las Han	nilton
Prefix:  Suffix:  * Telephone Number: 304-356-4619  * 8a. TYPE OF A: State Govern	* First Name: Monica Title: Director Fax Number 304-558-2059	f person to be	contacted (	Middle Nam A Organization West Virgin * Email:	nal Affiliation	: of Health	* Las Han	nilton
Prefix:  Suffix:  * Telephone Number: 304-356-4619  * 8a. TYPE OF A: State Govern	* First Name: Monica Title: Director Fax Number 304-558-2059 TAPPLICANT: Innent I Description:	f person to be	contacted (	Middle Nam A Organization West Virgin * Email:	nal Affiliation	: of Health	* Las Han	nilton
Prefix:  Suffix:  * Telephone Number: 304-356-4619  * 8a. TYPE OF A: State Govern b. Additiona	* First Name: Monica Title: Director Fax Number 304-558-2059 TAPPLICANT: Innent I Description:	f person to be	Catalog	Middle Nam A Organization West Virgin * Email:	nal Affiliation iia Department Iamilton@wv.	: of Health	* Las Han	nilton
Prefix:  Suffix:  * Telephone Number: 304-356-4619  * 8a. TYPE OF A: State Govern b. Additiona	* First Name: Monica Title: Director Fax Number 304-558-2059  APPLICANT: Inment Description:	person to be	Catalog Ass	Middle Nam A Organization West Virgin * Email: Monica.A.F	nal Affiliation iia Department Iamilton@wv.	: of Health	* Las Han a and Human R	esources
Prefix:  Suffix:  * Telephone Number: 304-356-4619  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Monica Title: Director Fax Number 304-558-2059  APPLICANT: Inment Description:	935	Catalog Ass	Middle Nam A Organization West Virgin * Email: Monica.A.F	nal Affiliation iia Department Iamilton@wv.	: of Health	* Las Han a and Human R	esources  CFDA Title:
Prefix:  Suffix:  * Telephone Number: 304-356-4619  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Monica Title: Director Fax Number 304-558-2059  FAPPLICANT: Interest of Applicant's Steed by Funding:	935	Catalog Ass	Middle Nam A Organization West Virgin * Email: Monica.A.F	nal Affiliation iia Department Iamilton@wv.	: of Health	* Las Han a and Human R	esources  CFDA Title:
Prefix:  Suffix:  * Telephone Number: 304-356-4619  * 8a. TYPE OF A: State Govern b. Additiona  * 9. Name of Fo	* First Name: Monica Title: Director Fax Number 304-558-2059  FAPPLICANT: Interest of Applicant's Steed by Funding:	935. Project	Catalog Ass	Middle Nam A Organization West Virgin * Email: Monica.A.F	nal Affiliation iia Department Iamilton@wv.	: of Health	* Las Han a and Human R	esources  CFDA Title:

2	Statewide					
Attach an additional list of Program	n/Project Congressional Districts if ne	eded.				
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:				
<b>a. Start Date:</b> 10/01/2019	<b>b. End Date:</b> 09/30/2020		* a. Federal (\$): \$0	<b>b. Match (\$):</b> \$0		
* 16. IS SUBMISSION SUBJECT T	O REVIEW BY STATE UNDER EX	ECUTIVE C	ORDER 12372 PROCESS	?		
a. This submission was made ava	nilable to the State under the Executiv	e Order 1237	72			
Process for Review on :						
b. Program is subject to E.O. 123	372 but has not been selected by State	for review.				
c. Program is not covered by E.C	D. 12372.					
* 17. Is The Applicant Delinquent C YES NO	On Any Federal Debt?					
Explanation:						
complete and accurate to the best of accept an award. I am aware that a	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					
** The list of certifications and assu instructions.	rances, or an internet site where you	may obtain t	his list, is contained in the	e announcement or agency specific		
18a. Typed or Printed Name and Ti	tle 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: 09/30/2020

## 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 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Approval No. 0970-0075 Expiration Date: 09/30/2020

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 1 Program Components

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

(No	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.)		Operation
		Start Date	End Date
>	Heating assistance	10/01/2019	03/31/2020
>	Cooling assistance	05/01/2020	09/30/2020
<b>&gt;</b>	Crisis assistance	10/01/2019	09/30/2020
>	Weatherization assistance	10/01/2019	09/30/2020

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

If funding permits, crisis assistance, which includes the Emergency Repair and Replacement progam, will end no earlier than March 31, 2020 and it will run the length of the program. The Agency will primarily use funds for heating assistance and crisis assistance; if there are funds remaining a cooling services program will be offered. It is anticipted that the Agency will request a waiver in March 2020 to increase the funding for Weatherization services.

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

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	58.00%
Cooling assistance	5.00%
Crisis assistance	5.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	7.00%
Administrative and planning costs	7.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	3.00%

Used to develop and implement leveraging activities							0.00%			
TOTAL								100.00%		
Alter	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:										
<b>&gt;</b>	Heating a	ssistance	~	Cooling as	sista	nce				
>	Weatheriz	zation assistance	<b>~</b>	Other (spe	ecify	e) Emergency Rep	air ar	nd Replacement		
Coto	ramiaal Eliaibilit	v: 2605(h)(2)(A) Accurrence 2, 2	2605(a)(	1)(A) 2605(b)(9	) A )	A common as 8				
1.4 D		y, 2605(b)(2)(A) - Assurance 2, 2 nouseholds categorically eligible					follo	wing categories of	bene	efits in the left
		s" to question 1.4, you must com	plete th	e table below a	nd a	nswer questions 1	.5 an	d 1.6.		
				Heating		Cooling	1	Crisis		Weatherization
TANE	1		<b>⊙</b> Y	es O No	0	Yes O No	⊚	Yes O No	0	Yes O No
SSI			ΘY	es C No	0	Yes O No	•	Yes O No	0	Yes O No
SNAP				es 🖸 No	0	Yes O No	<u> </u>	Yes O No		Yes O No
Mean	s-tested Veterans	Programs		es O No		Yes O No	!	Yes O No	-	Yes C No
		Program Name		Heating		Cooling		Crisis		Weatherization
Other	(Specify) 1		(	O Yes O No		C Yes C No		O Yes O No		O Yes O No
15 D	o vou automatic	cally enroll households without a	direct	annual annlicat	ion?	II				-
	s, explain:	any emon nousenous without a	unect	аппиаг аррпсас	1011 :	168 10110				
11 10	э, схрынг.									
prograpplid paym existi  SNAI  1.7a l  If you	ammed into our cant's categorical ents are based so ng need. All app P Nominal Paym Do you allocate a answered "Ye	LIHEAP funds toward a nominas' to question 1.7a, you must pro	ed on incomposition of other of other of other of other or heat	come, household r benefits are con resence of an im- ing benefits and	l size nside nedi: all cr	, cost of energy and red in determining ate need for home lisis applicants must holds? The Yes	d fue eligi heatin st be	I type. The distinct bility for LIHEAP ng and the lack of r	ion is benef	made regarding fits. Benefits for crisis
		inal Assistance: \$0.00								
1.7c l	Frequency of As									
	Once Per Year	•								
	Once every five	e years								
	Other - Descri	be:								
1.7d	How do you con	firm that the household receivin	g a non	ninal payment h	as a	n energy cost or n	eed?			
Determination of Eligibility - Countable Income										
1.8. I	n determining a	household's income eligibility fo	r LIHI	EAP, do you use	gro	ss income or net in	ncom	ne ?		
	Gross Income									
>	Net Income									
1.9. S	elect all the app	licable forms of countable incon	ne used	to determine a	hous	ehold's income eli	igibil	ity for LIHEAP		
>	Wages									
>	Self - Employment Income									

<b>&gt;</b>	Contract Income
>	Payments from mortgage or Sales Contracts
>	Unemployment insurance
>	Strike Pay
>	Social Security Administration (SSA ) benefits
	✓     Including MediCare deduction       deduction     Excluding MediCare deduction
>	Supplemental Security Income (SSI )
>	Retirement / pension benefits
	General Assistance benefits
	Temporary Assistance for Needy Families (TANF) benefits
	Supplemental Nutrition Assistance Program (SNAP) benefits
	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
	Loans that need to be repaid
	Cash gifts
>	Savings account balance
>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
>	Jury duty compensation
>	Rental income
	Income from employment through Workforce Investment Act (WIA)
	Income from work study programs
>	Alimony
>	Child support
>	Interest, dividends, or royalties
>	Commissions
>	Legal settlements
>	Insurance payments made directly to the insured
	Insurance payments made specifically for the repayment of a bill, debt, or estimate
>	Veterans Administration (VA) benefits
	Earned income of a child under the age of 18

	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
	Income tax refunds
	Stipends from senior companion programs, such as VISTA
>	Funds received by household for the care of a foster child
	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
	Reimbursements (for mileage, gas, lodging, meals, etc.)
	Other
	ny of the above questions require further explanation or clarification that could not be made in the ds 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: 09/30/2020

## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) $\mathbf{MODEL\ PLAN}$

SF - 424 - MANDATORY

	Section 2 - Heating Assistance						
Eligibility, 2605(l	b)(2) - Assurance 2						
2.1 Designate the	e income eligibility threshold used for the	heating co	omponent:				
Add	Household size		Eligibility Guideline	Eligibility Threshold			
1	All Household Sizes		State Median Income	60.00%			
2.2 Do you have HEATING ASSIT	additional eligibility requirements for FANCE?	<b>⊙</b> Yes	C <sub>No</sub>				
2.3 Check the ap	propriate boxes below and describe the po	olicies for	each.				
Do you require a	n Assets test ?	O Yes	<b>⊙</b> No				
Do you have add	itional/differing eligibility policies for:						
Renters?		O Yes	€ No				
Renters Li	ving in subsidized housing ?	O Yes	€ No				
Renters wi	th utilities included in the rent ?		C <sub>No</sub>				
Do you give prio	rity in eligibility to:						
Elderly?			C <sub>No</sub>				
Disabled?		<b>⊙</b> Yes	C <sub>No</sub>				
Young chil	dren?	• Yes	C No				
Household	s with high energy burdens ?	⊙ Yes C No					
Other?		OYes	C <sub>No</sub>				
Assistance groups applies for LIHEA via phone call, retthere is a young c temperatures in the	Explanations of policies for each "yes" checked above:  Assistance groups that have utilities included in the rent, but are not billed seperately for heating costs must be evaluated for LIHEAP eligiblity. If a client applies for LIHEAP and indicates that their utilities are included in their rent, the worker will request verification of those said utilities. This can be done via phone call, rent receipt, lease or contract. We also want to give priority to households that have someone in the household that is elderly, disabled, or there is a young child in the home that is age five or younger as these are the most vulnerable to the cooler temperatures in the winter and the hotter temperatures in the summer. We also want to give priority to those that have higher energy burdens as they may not have the extra money to pay for the higher heating bills.						
Determination of	Benefits 2605(b)(5) - Assurance 5, 2605(c)(	1)(B)					
Those that receive	2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc.  Those that received LIEAP last year that have someone that is aged, disabled or a child in the home age five or under will be sent an application at an earlier time than those that did not receive LIEAP benefits last year, thus giving these individuals/households a longer time to turn these applications in.						
2.5 Check the va	riables you use to determine your benefit	levels. (Cl	heck all that apply):				
<b>✓</b> Income							
Family (hor	usehold) size						
	gy cost or need:						
	type						
	☐ Climate/region  ✓ Individual bill						
lndi 🔼 Indi	✓ Individual bill						

Dwelling type								
Energy burden (% of income spent on home energy)								
Energy need								
Other - Describe:	Other - Describe:							
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)	Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)							
2.6 Describe estimated benefit levels for FY 2020:								
Minimum Benefit	\$131	Maximum Benefit	\$497					
2.7 Do you provide in-kind (e.g., blankets, space heat	ers) and/or other fo	rms of benefits? © Yes O No	1					
If yes, describe.								
We will provide home energy kits to applicants when they apply for and are approved for the Emergency Repair or Replacement program. The kits will be distributed by the Community Action Agencies.								
If any of the above questions require fi		tion or clarification that could not be ma	nde in the					

#### **Section 3 - COOLING ASSISTANCE**

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

Section 3 - Cooling Assistance							
Eligibility, 2605(	(c)(1)(A), 2605 (b)(2) - Assurance 2						
3.1 Designate Th	he income eligibility threshold used for the	e Cooling	component:				
Add	Household size		Eligibility Guideline	Eligibility Threshold			
1	All Household Sizes		State Median Income	60.00%			
3.2 Do you have COOLING ASSI	additional eligibility requirements for ITANCE?	C Yes	<b>⊙</b> No				
3.3 Check the ap	ppropriate boxes below and describe the p	olicies for	each.				
Do you require a	an Assets test ?	C Yes	€ No				
Do you have add	ditional/differing eligibility policies for:						
Renters?		O Yes					
Renters Li	iving in subsidized housing ?	C Yes	<b>⊙</b> No				
Renters w	ith utilities included in the rent ?	• Yes	C <sub>No</sub>				
Do you give prio	ority in eligibility to:						
Elderly?		• Yes	C No				
Disabled?		• Yes	C <sub>No</sub>				
Young chi	ldren?	• Yes	C No				
Household	ds with high energy burdens ?	⊙ Yes ONo					
Other?		Oyes	C Yes C No				
Explanations of	policies for each "yes" checked above:						
period is open to	individuals/households without these needs.	. If a client	e or younger in the household will be given prior t reports that the utility used for cooling is includ- ional cost and also meets other eligibility criteria	deed in the retn costs, the applicant			
3.4 Describe hov	w you prioritize the provision of cooling as	ssistance to	ovulnerable populations,e.g., benefit amounts,	, early application periods, etc.			
There will be an oyounger.	early application period to those households	that have s	someone in the household that is aged, disabled o	or a child that is age five or			
Determination of	f Benefits 2605(b)(5) - Assurance 5, 2605(c)	(1)(B)					
3.5 Check the va	ariables you use to determine your benefit	levels. (C	heck all that apply):				
<b>✓</b> Income							
Family (ho	ousehold) size						
<b>✓</b> Home ener	rgy cost or need:						
<b>✓</b> Fue	el type						
	mate/region						
	ividual bill						

Dwelling type							
Energy burden (% of income spent on home energy)							
<b>✓</b> Energy need							
Other - Describe:							
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)	)						
3.6 Describe estimated benefit levels for FY 2020:							
Minimum Benefit	\$131	Maximum Benefit	\$497				
3.7 Do you provide in-kind (e.g., fans, air conditioner	rs) and/or other form	ns of benefits? • Yes O No					
If yes, describe.  We will provide Emergency Repair and Replacement for air conditioners for those clients that have someone in the household that is aged, disabled or a child age five or younger in the household. If a client is not disabled by the Social Security Administration they can still be eligible for this assistance if their doctor verifies that there is a medical need for a household member to have an air conditioner unit.							
If any of the above questions require f fields provided, attach a document wit		tion or clarification that could not be mation here.	ade in the				

#### **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 Expiration Date: 09/30/2020

Section 4: CRISIS ASSISTANCE				
Eligibility - 2604(	c), 2605(c)(1)(A)			
4.1 Designate the	income eligibility threshold used for the crisis compo	nent		
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 cris	is.		
A crisis is defined as being without home heat or being in danger of not having home heat and not having the resources to resolve the crisis wihtout financial assistance. If the crisis is the threat of the loss of a utility, a disconnect notice is required to be submitted with application. If the heating unit is no longer functioning or is considered unsafe heat, the client can be evaluated for the Emergency Repair or Replacement Program. if a client can no longer use the heating source due to a medical condition, i.e., a client is now disabled and cannot load a wood stove, then the heat source is considered to be unavailable. Households with unavailable heating sources are categorized as being in crisis, as well.				
4.3 What constitu	ntes a <u>life-threatening crisis?</u>			
wellbeing to be de money to pay the utility is in danger	A life-threatening crisis is being without home heat or being in danger of not having home heat and having an illness or condition that will cause one's wellbeing to be detrimentally affected by not having heat or cooling in the home. A client also must have no way to resolve the crisis, i.e., having no money to pay the bill or having to pay for repair/replacement of a malfunctioning heating/cooling unit. A disconnect notice is required to verify that the utility is in danger of being terminated. If the heating unit is not functioning, the client can be evaluated for the Emergency Repair or Replacement Program. Life-threatening crisis must be documented in all cases.			
Crisis Requireme	ent, 2604(c)			
4.4 Within how n	nany hours do you provide an intervention that will r	esolve the energy crisis for eligible househo	lds? 24Hours	
4.5 Within how n 18Hours	nany hours do you provide an intervention that will r	esolve the energy crisis for eligible househo	lds in life-threatening situations?	
Crisis Eligibility,	2605(c)(1)(A)			
4.6 Do you have a ASSISTANCE?	additional eligibility requirements for CRISIS	• Yes O No		
4.7 Check the app	propriate boxes below and describe the policies for ea	ch		
Do you require a	n Assets test ?	C Yes O No		
Do you give prior	rity in eligibility to :			
Elderly?		€ Yes C No		
Disabled?		€ Yes C No		
Young Chil	ldren?	€ Yes C No		
Households	s with high energy burdens?	€ Yes C No		
Other?		C Yes O No		
In Order to recei	ve crisis assistance:			
Must the ho empty tank?	ousehold have received a shut-off notice or have a nea	r S Yes C No		
Must the he	ousehold have been shut off or have an empty tank?	⊙ Yes C No		
Must the he	ousehold have exhausted their regular heating benefit	? • Yes O No		

Must renters with heating costs included in their rent have received an eviction notice ?	⊙ Yes ○ No
Must heating/cooling be medically necessary?	⊙ Yes C No
Must the household have non-working heating or cooling equipment?	C Yes
Other? When home energy costs are included in the rent, the client must verify the lack of resources to eliminate the crisis.	⊙ Yes C No
Do you have additional / differing eligibility policies for:	
Renters?	C Yes <b>⊙</b> No
Renters living in subsidized housing?	C Yes ⊙ No
Renters with utilities included in the rent?	€ Yes € No
Explanations of policies for each "yes" checked above:	
the client reports no income then the client must fill out a zero income form. the client would have to meet the income guidelines and also have a non-wo	that he/she does not have sufficient income to eliminate the termination. If For the Emergency Repair and Replacement portion of the crisis assistance, rking or unsafe heating source or have no heating source at all, to be eligible, to to be income eligible, have a non-working or improperly functioning unit is disabled, or a child in the home that is age five or under. The Agency can
Determination of Benefits	
4.8 How do you handle crisis situations?	
Separate component	
Fast Track	
Other - Describe:  If a client comes in during the regular heating season, but has a termina fast-tracked to eliminate the emergency within the proper timelines. If company to avoid a termination.	
4.9 If you have a separate component, how do you determine crisis assist	tance benefits?
Amount to resolve the crisis.	
	\$5,000 for the repair or replacement of heating and or cooling units. The ,000 if there are special circumstances. This is done on a case-by-case basis.
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?
<b>⊙</b> Yes <b>○</b> No <b>Explain.</b>	
	office. There are fity-four county offices to accommodate this need. If a client is one to apply on his/her behalf or arrangements can be made for a worker to go
4.11 Do you provide individuals who are physically disabled the means t	to:
Submit applications for crisis benefits without leaving their homes?	
<b>⊙</b> Yes <b>○</b> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accep	ted?
<b>⊙</b> Yes <b>C</b> No <b>If No, explain.</b>	
If you answered "No" to both options in question 4.11, please explain aldisabled?	ternative means of intake to those who are homebound or physically
If needed the Agency can provide intake service through home visits or by te	elephone, for those that are physically unable to come into the county DHHR

offices and cannot designate someone to apply on his/her behalf.						
Benefit Levels, 2605(c)(	1)(B)					
	num benefit for each type of	crisis assist	ance offered	l.		
Winter Crisis	\$1,000.00 maximum bene					
Summer Crisis	\$1,000.00 maximum bene					
Year-round Crisis	\$1,000.00 maximum bene	efit				
	kind (e.g. blankets, space he		and/or othe	r forms of benef	fits?	
• Yes O No If yes,			una, or othe	1 TOTHIS OF BEHE		
Yes No II yes,	Describe					
situation space heaters ma		nity Action A	Agencies who	en a client is eligi	0.00 for the program year per household. In an emergency ible for the Emergency Repair or Replacement Program the emergency.	
4.14 Do you provide for	equipment repair or replac	cement using	g crisis fund	s?		
⊙ Yes C No						
If you answered "Yes"	to question 4.14, you must c	omplete qu	estion 4.15.			
4.15 Check appropriate	boxes below to indicate typ	e(s) of assis	tance provid	led.		
		Winter Crisis	Summer Crisis	Year-round Ci	risis	
Heating system repair		>		~		
Heating system replaces	ment	>		~		
Cooling system repair			>	>		
Cooling system replacer	ment		>	>		
Wood stove purchase		>		~		
Pellet stove purchase		Y		~		
Solar panel(s)						
Utility poles / gas line ho	ook-ups	>		V		
Other (Specify): Heating system repair services assistance is in demand during the winter crisis time frame, usually December - March, dependent upon weather patterns. If adequate funding is available, the Agency will extend heating system repair assistance on a 12-month basis. The agency provides cooling system repair or replacement assistance during the summer crisis months, usually May - July. If a client has a non-working heating and or/cooling system, the agency will replace it at any time during the fiscal year, if funds are available. If a client has only a non-working air conditioning unit, an application for replacement services assistance can be submitted only after May 1, when the cooling assistance period begins. Clients needing assistance to replace or repair both heating and cooling systems can file an application on a 12-months basis. The Agency will provide funds for electrical upgrades to install replacement units for clients, if needed.  Propane gas tank replacement services assistance is also available.						
	4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?					
C Yes € No						
If you responded "Yes" to question 4.16, you must respond to question 4.17.						
4.17 Describe the terms	4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.					

#### **Section 5 - WEATHERIZATION ASSISTANCE**

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	Section 5: WEATHERIZATION ASSISTANCE					
Eligibility, 2605(c)(	(1)(A), 2605(b)(2) - Assur	ance 2				
5.1 Designate the ir	ncome eligibility threshol	d used for the Weatheriz	ation component			
Add	Add Household Size Eligibility Guideline Eligibility Threshold					
1 A	All Household Sizes		HHS Poverty Guidelines	200.00%		
5.2 Do you enter in No	to an interagency agreen	nent to have another gove	ernment agency administer a WEATHERIZ	ATION component? • Yes		
5.3 If yes, name the	e agency. West Virginia D	evelopment Office				
5.4 Is there a separ	rate monitoring protocol f	or weatherization? 💽 Y	es O No			
WEATHERIZATI	ON - Types of Rules					
5.5 Under what rul	les do you administer LIF	IEAP weatherization? (C	Check only one.)			
Entirely und	er LIHEAP (not DOE) ru	ıles				
Entirely und	er DOE WAP (not LIHE	AP) rules				
Mostly under	r LIHEAP rules with the	following DOE WAP rul	e(s) where LIHEAP and WAP rules differ (	Check all that apply):		
Income	e Threshold					
Weathe	erization of entire multi-f	amily housing structure	is permitted if at least 66% of units (50% in	2- & 4-unit buildings) are eligible		
	ne eligible within 180 days	•				
Weather care facilities).	erize shelters temporarily	housing primarily low i	ncome persons (excluding nursing homes, pr	risons, and similar institutional		
✓ Other -	- Describe:					
The LIHEAP rules v	will be used for the electric	al upgrades, home repair a	and Emergency Crisis Intervention Program (E	CIP).		
Mostly under	r DOE WAP rules, with t	he following LIHEAP ru	le(s) where LIHEAP and WAP rules differ (	Check all that apply.)		
	e Threshold	<u> </u>				
Weath	Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.					
Weath	Weatherization measures are not subject to DOE Savings to Investment Ration (SIR ) standards.					
The LIHEAP rules will be used for the electrical upgrades, home repair and Emergency Crisis Intervention Program (ECIP).						
Eligibility, 2605(b)	(5) - Assurance 5					
5.6 Do you require		C Yes O No				
	lditional/differing eligibili	· ·				
Renters		€ Yes C No				
Renters living housing?	Renters living in subsidized outsing?					
5.8 Do you give pri	iority in eligibility to:					

Elderly?	⊙ Yes ○ No		
Disabled?	€ Yes C No		
Young Children?	€ Yes C No		
House holds with high energy burdens?	⊙ Yes ○ No		
Other?	C Yes O No		
If you selected "Yes" for any of the options below.	in questions 5.6, 5.7, or 5.8, you	nust provide further explanation of these policies in the text field	
If a client applies for LIHEAP and indicates the done by phone call, rent receipt, lease agree		th rent, the worker must request verification of those said utilities. This can he landlord.	
Community Action Agencies (CAAs). These then mail or deliver the applications to the We	I documented health issues. The Agency have smaller grants with as and help vulnerable individuals complete the applications. The CAAs The Weatherization Program administered through the West Virginia are aged and/or disabled or have a child in the home that is age five or olication.		
Benefit Levels			
5.9 Do you have a maximum LIHEAP weath	herization benefit/expenditure	per household?    Yes    No	
<b>5.10</b> If yes, what is the maximum? \$7,105			
Types of Assistance, 2605(c)(1), (B) & (D)			
5.11 What LIHEAP weatherization measure	es do you provide ? (Check all	categories that apply.)	
Weatherization needs assessments/au	udits	Energy related roof repair	
<b>☑</b> Caulking and insulation		Major appliance Repairs	
Storm windows		Major appliance replacement	
Furnace/heating system modification	ns/ repairs	Windows/sliding glass doors	
Furnace replacement		Doors	
Cooling system modifications/ repair	rs	Water Heater	
Water conservation measures		Cooling system replacement	
Compact florescent light bulbs		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 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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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):
In order to reach vulnerable populations in West Virginia, the Agency plans to work closely with Senior Centers to coordinate outreach and to assist with completing LIHEAP applications. The Agency will also seek permission from the public schools in all counties to send informational flyers home with students so that parents and/or guardians can receive information about LIHEAP application time periods and about the Emergency Repair or Replacement Program.

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

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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 Desc WAP, et	ribe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, c.).
>	Joint application for multiple programs
>	Intake referrals to/from other programs
	One - stop intake centers
<b>&gt;</b>	Other - Describe:

The Agency will have information about Weatherization services pstoed at all county DHHR offices. When a client asks a social services worker about Weatherization assistance, the worker can refer the client to the local Weatherization Community Action Agency. The Agency also intends to seek permission to advertise the Weatherization program in Senior Centers throughout the State. Also, the Agency will seek permission from public schools in all counties to have an informational flyer about the Weatherization program be sent home with students to inform parents and/or guardians about the program.

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

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Sec	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 responsi	ibility of your State agen	ncy?				
>	Administration Agency						
	Commerce Agency						
>	Community Services Agency						
	Energy / Environment Agency						
	Housing Agency						
>	Welfare Agency						
	Other - Describe:						
Alternate Outreach and Intake, 2605(b)(15) - Assurance 15  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?							
LIHEAP has a seperate intake process, which is completed mostly by mail. Outreach is accomplished by mailing an application packet. The application form may be mailed to the local DHHR office or taken to a Community Action or Area Agency on Aging (Senior Citizen Centers) office or Center for Assistance. Community Action and Area Agency on Aging volunteers make home visits to reach those clients who are disabled and/or homebound.							
8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?  West Virginia will implement Cooling Assistance with any remaining funds. If Cooling Assistance is provided/funded, it will have the same outreach as Heating Assistance, i.e., mailing application packets to clients. The application form may be mailed to the local DHHR office or taken to a Community Action or Area Agency on Aging office or Center for Assistance. Community Action and Area Agency on Aging volunteers make home visits to reach those clients who are disabled and/or homebound.							
8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?							
refer then	Public Service Comission regulated energy providers use billing notice inserts to inofrm customers about when LIHEAP crisis funds are available and to refer them to DHHR. Community Action and Area Agency on Aging personnel make referrals to DHHR when clients request assistance with heating bills and/or Weatherization services.						
8.5 LIHI	EAP Component Administration.	Heating	Cooling	Crisis	Weatherization		
8.5a Wh	o determines client eligibility?	State Welfare Agency	State Welfare Agency	State Welfare Agency	Other		
	o processes benefit payments to gas and wendors?	State Welfare Agency	State Welfare Agency	State Welfare Agency			
8.5c who vendors:	processes benefit payments to bulk fuel?	State Welfare Agency	State Welfare Agency	State Welfare Agency			

8.5d Wh measure	to performs installation of weatherization os?  Other
	of your LIHEAP components are not centrally-administered by a state agency, you must lete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.
There are	e 55 counties in the State of West Virginia. The West Virginia Department of Health and Human Resources has 54 local county offices that
administ	er the LIHEAP program.
8.7 How	many local administering agencies do you use? 54
8.8 Have Yes	e you changed any local administering agencies in the last year?
8.9 If so	, why?
	Agency was in noncompliance with grantee requirements for LIHEAP -
	Agency is under criminal investigation
	Added agency
	Agency closed
<u> </u>	Other - describe
participa	ncy had the Area Agency on Aging (Senior Citizen Centers) who did not participate this past year with application intake due to lack of tion. The Agency will work to amend the agreement in respect to Outreach and application assistance to improve their numbers and help us to pre vulnerable population. We may also see if they would be willing to assist us in doing budget counseling in their centers as part of Assurance
	of the above questions require further explanation or clarification that could not be made in the provided, attach a document with said explanation here.

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

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

MODEL PLAN SF - 424 - MANDATORY
Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7
9.1 Do you make payments directly to home energy suppliers?
Heating Yes O No
Cooling • Yes C No
Crisis • Yes C No
Are there exceptions? • Yes O No
If yes, Describe.
Some of the home energy suppliers are vendors in the Agency's eligibility system. These are Public Service Commission (PSC) regulated vendors. If the vendor is set up in the Agency's eligibility system the Agency can pay them directly instead of sending a payment to the client. If the fuel vendor is not PSC regulated, the Agency will pay the client directly. These are typically wood, coal, propane and kerosene vendors.
9.2 How do you notify the client of the amount of assistance paid?  If a client is found eligible for energy assistance he/she will receive an approval letter that tells the client the amount that he/she have been approved for and the method of disbursement. For the heating payment the client should receive notice no later than 30 days after the Agency has received the application. If this is a crisis payment, the application is processed the day that the client comes in to apply and the client is informed during 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 the following statement: Households that receive LIHEAP in the normal billing process will be charged no more than the difference between the cost of the home energy used and the payment that is provided by the DHHR.
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 vendors accept the LIHEAP payments as they would any other payment. The clients are not coded differently in the vendor systems for receiving LIHEAP. Our eligibility system creates a payment file, and if refunds are necessary vendors return LIHEAP funds back to the State Auditor's Office. Vendors have a direct line of communication with the Auditor's Office to resolve any issues. The vendors have been trained how to handle any funds that need to be returned. The vendor agreement also, states no household that is receiving LIHEAP will be treated adversely because the household receives assistance from the DHHR.
9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?  To you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?  To you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?
If so, describe the measures unregulated vendors may take.
Direct payments are made to clients who use bulk fuel unless crisis funds are involved. In a crisis situation, vendor payment is preferred unless the client must self-deliver in partial amounts and no vendor is willing to set up a "credit" account.

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

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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?

Federal funds awarded to West Virginia are committed and identified in WV (Our Advanced Solution with Integrated Systems) OASIS. LIHEAP customer payments are also entered into OASIS and daily payments are tracked and monitored to determine that expenditures do not exceed the amounts that are awarded. The state's Recipient Automated Payment and Information Data System (RAPIDS) is the benefits issuance processing program that workers access to determine customer eligibility for LIHEAP. The system provides individual approvals and daily batch approvals which allow for dual controls. Benefits are approved in RAPIDS and can be sent to OASIS for payments to utility companies, bulk fuel vendors and to clients.

Weatherization funds are not transferred to other state agencies. The West Virginia Development Office (WVDO) runs the Weatherization program for West Virginia. The WVDO is allotted 15% of the total grant funds.

The WV DHHR Finance department tracks all funding spent for this grant. This includes refunds, weatherizations, administration, heating assistance, crisis and carryover.

#### **Audit Process**

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	other	The Statewide Single Audit in FY2017 and FY2018 revealed findings for the LIHEAP program. The Agency initiated an on-base scanning system to eliminate the storage of paper files. In some cases, the LIHEAP applications were not uploaded/scanned completely; a supplemental page was sometimes not uploaded/scanned, resulting in a finding. The number of missing documents that were not completely uploaded were fewer in FY2018 than in FY2017. The necessary corrective action was procedural. Local county offices are now required to retain paper files until after completion of the Statewide Single Audit to ensure that all requested documentation is available. For FY2019, the Agency has initiated a verification system by randomly sampling pending LIHEAP applications to ensure the county offices are now following all document-scanning procedures correctly and in a timely manner. The Agency is also providing training and technical assistance for those county offices that had the highest error rates.	Yes	procedure/policy changes

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:
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.
At this time the initial audits are taking place for FY2019. The Agency does not yet have a formal schedule for this process.
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits:
A sample of the LIHEAP applications are taken from all four regions to ensure that there is not a trend or an issue with the local DHHR offices in the application process.
Desk Reviews:
A large sample is pulled for the Statewide Single Audit to ensure that the LIHEAP applications are not all coming from the same local DHHR office and to ensure that all processes and procedures are consistent.
10.8. How often is each local agency monitored ?
The monitoring is done once each year.
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? none
10.12 How many local agangies are gurrently an corrective action plans for financial accounting or administrative issues?

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

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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 and that apply.	lopment of your LIHEAP plan?				
Tribal Council meeting(s)					
Public Hearing(s)					
✓ Draft Plan posted to website and available for co	mment				
Hard copy of plan is available for public view an	d comment				
Comments from applicants are recorded					
Request for comments on draft Plan is advertised	d				
Stakeholder consultation meeting(s)					
Comments are solicited during outreach activities	es				
Other - Describe:					
The public hearing for the LIHEAP State Plan will take place, on August 5, 2019. The Agency will also send the plan out to utility vendors, the Weatherization Services group and Community Action Agencies for feedback.  11.2 What changes did you make to your LIHEAP plan as a result of this participation?  The Agency is going to leave the application period for LIHEAP open longer. The Agency will also give the utility vendors more of an advanced notice for when LIHEAP will be accepting applications. The Agency has changed the income guidelines from 150% of the Federal Poverty Level (FPL) to 60% of the State Median Income (SMI). The agency will change the LIHEAP benefit total amount from \$700 to \$1,000.00 per household, will change the benefit payouts for the base LIHEAP amount, will incresae the multiplier for those clients that heat with fuel, coal, kerosene and natural gas to give them a greater benefit and the Agency is also working to implement a cooling program for the next LIHEAP program year.					
Public Hearings, 2605(a)(2) - For States and the Common	wealth of Puerto Rico Only				
11.3 List the date and location(s) that you held public hear	ring(s) on the proposed use and distribution of	of your LIHEAP funds?			
	Date	Event Description			
1	07/01/2019	LIHEAP Public Hearing- 350 Capitol St. Charleston, WV 25301			
11.4. How many parties commented on your plan at the hearing(s)? 2					
11.5 Summarize the comments you received at the hearing(s).					
The LIHEAP Public Hearing is anticipated to be held in July.					
11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?					
We will review needed changes once we have the LIHEAP Public Hearing.					

#### 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? 14

12.2 How many of those fair hearings resulted in the initial decision being reversed? 2

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

There were fourteen requests for a fair hearing for FY2019. There were two cases that were dismissed as the client failed to appear, ten cases were withdrawn by the Applicant prior to the hearing, and there were two cases that were reversed as the Department erred in the decision to deny services. There will be yearly training for all eligiblity workers prior to this LIHEAP season. There will also be hands-on training and technical assistance as needed for county offices.

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

Applicants who indicate that they want a fair hearing receive a form on which they must indicate whether they want a pre-hearing conference, fair hearing, or both. Requests must be made within 60 days of the date of the denial, and the Hearings Officer must render a decision within 60 days from the date of the hearing. In most cases, the issue is resolved in a pre-hearing conference. The applicant is informed of his or her rights to a fair hearing at the time of application and when he or she is notified of the decision made on the application. There is a posted notice at each agency that informs applicants of their right to a fair hearing. Any Weatherization Fair Hearing requests will be handled by the sub-grantee that administers our Weatherization program.

#### 12.5 When and how are applicants informed of these rights?

The applicant is informed of his or her right to a fair hearing at the time of application and when he or she is notified of the decision made on the application. There is a notice at each agency that informs applicants of their right to a fair hearing. Any Weatherization Fair Hearing requests would be handled by the sub-grantee that administers our Weatherization program.

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

Applications for LIHEAP benefits are required to be processed within 30 days from the date that the application is received by the DHHR. Clients may request a fair hearing when the application is not processed timely. As with denials, a pre-hearing conference usually resolves these issues. Weatherization applicants are informed that there is a very long waiting list for assistance and it may take 2-3 years for Weatherization services to be performed. Rejected applicants must be notified within ten days and given the reason for the rejection. Approved applicants are kept informed of their status on the waiting list and the approximate date of completion.

#### 12.7 When and how are applicants informed of these rights?

The applicant is informed of his or her right to a fair hearing at the time of application. There is also a public notice posted in each of our 54 county DHHR offices. In addition, there is also a notice of the right to a fair hearing provided to the applicant when the decision is made on the application.

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

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Expiration Date: 09/30/2020

## 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?

The Agency would like to do a credit/budget counseling for clients. The Agency is going to try and work with our local Senior Citizen Centers about doing the classess there and have them help us administer the classes.

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

The Agency will not use more than 5% on these activities. The Agency's finance department will assist in monitoring specific line items in the budget. This line item in the budget only has up to 5% of our LIHEAP funds allocated for Assurance 16.

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

The Agency has not done credit/budget counseling in the past.

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

The Agency has not done credit/budget counseling in the past. The Agency has no data to compare this to for the home energy kits. In prior years West Virginia provided blanket kits with energy saving tips. One thousand homes applied for and received blanket kits.

13.5 How many households applied for these services? 1000

13.6 How many households received these services? 1000

#### Section 14 - Leveraging Incentive Program ,2607A

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: 09/30/2020

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

Section	14:1	Leveraging	g Incent	ive Pr	ogram,	2607(	(A)

14.1 Do you plan to submit an application for the leveraging incentive program?  $\hfill \bigcirc$  Yes  $\hfill \odot$  No

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

N/A

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.  $\hat{A}$  § 96.87(d)(2)(iii), describe the following:

Resource	esource   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						

#### **Section 15 - Training**

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: 09/30/2020

#### 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:				
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				
c. Vendors				
Formal training conference				
How often?				
Annually				
Biannually				
As needed				
Other - Describe:				

	Policies communicated through vendor agreements
	Policies are outlined in a vendor manual
	Other - Describe:
15.2 Do	
	y of the above questions require further explanation or clarification that could not be made in the s provided, attach a document with said explanation here.

#### Section 16 - Performance Goals and Measures, 2605(b)

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: 09/30/2020

## 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.

West Virginia will collect and report on LIHEAP performance measures data to ensure that the Agency is targeting and serving and providing bill payment assistance to households with the highest energy burden. The Agency will concentrate on restoration and prevention of loss, energy source, energy burden, income and imminent risk of running out of fuel. West Virginia has defined "Imminent Risk" as being without, disconnected, or within three days of being without heat. The Agency's eligibility system currently collects annual household income, annual LIHEAP benefit, main fuel type and whether or not the client has to pay for electricity or electric services. The Agency is also working with the major PSC-regulated utility vendors to capture annual energy usage (if applicable), prevention of loss and restoration of service.

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

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: 09/30/2020

Section 17: Program Integrity, 2605(b)(10)								
17.1 Fraud Reporting Mechanisms								
a. Describe all mechanisms availab	a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.							
Online Fraud Reporting	Online Fraud Reporting							
Dedicated Fraud Repor	ting Hotline							
Report directly to local	agency/district office or Grantee offic	e						
Report to State Inspecto	or General or Attorney General							
Forms and procedures i	in place for local agencies/district offi	ces and vendors to report fraud, wast	e, and abuse					
Other - Describe:								
b. Describe strategies in place for a	dvertising the above-referenced resou	irces. Select all that apply						
Printed outreach mater	ials							
Addressed on LIHEAP	application							
Website								
Other - Describe:								
17.2. Identification Documentation	Requirements							
a. Indicate which of the following for members.	orms of identification are required or	requested to be collected from LIHE	AP applicants or their household					
		Collected from Whom?						
Type of Identification Collected	Applicant Only	All Adults in Household	All Household Members					
Social Security Card is photocopied and retained	Required	Required	Required					
	Requested	Requested	Requested					
Social Security Number (Without actual Card)	Required	Required	Required					
	Requested	Requested	Requested					
Government-issued identification card (i.e.: driver's license, state ID,	Required	Required	Required					
(i.e.: ariver's license, state ID, Tribal ID, passport, etc.)	Requested	Requested	Requested					

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested	
1								
b. Describe any exceptions to the above policies.								
17.3	3 Identification Verification							
Des appl	scribe what methods are used to ver ly	rify the authenticity	of identification of	documents provide	ed by clients or hou	sehold members.	Select all that	
V		ty Administration						
	Match SSNs with death records	s from Social Secur	ity Administration	or state agency				
v	Match SSNs with state eligibilit	ty/case managemen	t system (e.g., SNA	AP, TANF)				
	Match with state Department o	f Labor system						
V	Match with state and/or federal	l corrections system	1					
-	Match with state child support	system						
	Verification using private softw	vare (e.g., The Worl	k Number)					
	In-person certification by staff	(for tribal grantees	only)					
	Match SSN/Tribal ID number	with tribal database	e or enrollment re	cords (for tribal g	rantees only)			
	Other - Describe:							
17	1 Citizanshin/Lagal Dasidanay Van	Figotion						
	4. Citizenship/Legal Residency Veri at are your procedures for ensurin		embers are U.S. c	itizens or aliens w	ho are qualified to 1	receive LIHEAP b	enefits? Select	
	hat apply.				•			
<u> </u>	Clients sign an attestation of c	itizenship or legal r	residency					
4	Client's submission of Social S	Security cards is acc	epted as proof of	legal residency				
•	Troncionens mast provide acce	umentation of immi	gration status					
•		of their birth certifi	cate, naturalizatio	on papers, or pass	port			
•	Noncitizens are verified throu	gh the SAVE syster	n					
4	Tribal members are verified the	hrough Tribal enro	llment records/Tr	ibal ID card				
L	Other - Describe:							
17.5	5. Income Verification							
Wh	at methods does your agency utilize	e to verify househol	d income? Select	all that apply.				
-	Require documentation of inco	me for all adult hou	sehold members					
	Pay stubs							
	Social Security award letters							
	Bank statements							
	✓ Tax statements							
_	Zero-income statements							
	Unemployment Insurance letters							
Other - Describe:								
Computer data matches:								
	✓ Income information matched against state computer system (e.g., SNAP, TANF)							
	✓ Proof of unemployment benefits verified with state Department of Labor							
	Social Security income verified with SSA							
	Utilize state directory of new hires							
	Other - Describe:							

17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
Policy in place prohibiting release of information without written consent
Grantee LIHEAP database includes privacy/confidentiality safeguards
Employee training on confidentiality for:
Grantee employees
✓ Local agencies/district offices
Employees must sign confidentiality agreement
<b>☑</b> Grantee employees
✓ Local agencies/district offices
Physical files are stored in a secure location
Other - Describe:
Unter - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
All vendors must register with the State/Tribe.
All vendors must supply a valid SSN or TIN/W-9 form
Vendors are verified through energy bills provided by the household
Grantee and/or local agencies/district offices perform physical monitoring of vendors
Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
Applicants required to submit proof of physical residency
Applicants must submit current utility bill
Data exchange with utilities that verifies:
Account ownership
Consumption
Balances
Payment history
Account is properly credited with benefit
Other - Describe:
Centralized computer system/database tracks payments to all utilities
Centralized computer system automatically generates benefit level
Separation of duties between intake and payment approval
Payments coordinated among other energy assistance programs to avoid duplication of payments
Payments to utilities and invoices from utilities are reviewed for accuracy
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities  Direct payment to households are made in limited cases only
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities  Direct payment to households are made in limited cases only  Procedures are in place to require prompt refunds from utilities in cases of account closure
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities  Direct payment to households are made in limited cases only

17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
Vendors are checked against an approved vendors list
Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery
Two-party checks are issued naming client and vendor
Direct payment to households are made in limited cases only
Vendors are only paid once they provide a delivery receipt signed by the client
Conduct monitoring of bulk fuel vendors
Bulk fuel vendors are required to submit reports to the Grantee
<b>V</b> endor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.10. Investigations and Prosecutions
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
Refer to state Inspector General
Refer to local prosecutor or state Attorney General
Refer to US DHHS Inspector General (including referral to OIG hotline)
Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
Grantee attempts collection of improper payments. If so, describe the recoupment process
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? permanently
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
Vendors found to have committed fraud may no longer participate in LIHEAP
Other - Describe:
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

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 an Voluntary Exclusion--Lower Tier Covered Transactions

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- **☑** By checking this box, the prospective primary participant is providing the certification set out above.

Section 19: Certification Regarding Drug-Free 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 pint 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)

350 Capitol Street  * Address Line 1				
Room B-18 Address Line 2				
Address Line 3				
Charleston  * City	wv * State	25301 <b>* Zip Code</b>		

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

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 disbursal 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).