

# Low Income Home Energy Assistance Program (LIHEAP)



## 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: 02/28/2027

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

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

#### 7. APPLICANT INFORMATION

**\*a. Legal Name:** WV DEPARTMENT OF HUMAN SERVICES (RENAMED PRIOR Department of Health and Human Services.)

**\*b. Address:**

*Street 1:	One Davis Square Suite 100	Street 2:	
*City:	Charleston	County:	
*State:	WV	Province:	
*County:	Kanawha	*Zip/Postal Code:	25301

**c. Organizational Unit:**

Department Name:	Bureau for Family Assistance	Division Name:	Family Assistance Policy
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**d. Name and contact information of person to be contacted on matters involving this application (person will be listed on the Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list web page):**

*First Name:	Tammy	*Last Name:	Sandy
Title:	HRS, Senior, LIEAP Coordinator	Organizational Affiliation:	WV DoHS
*Telephone Number:	304-314-6043	Fax Number:	304-558-2059
*Email:	Tammy.L.Sandy@WV.GOV		

**\*8. TYPE OF APPLICANT:**

State Government

**a. Is the applicant a Tribal Consortium:**

**If yes, please attach at least one of the following documents:**

1. Current State-Tribe agreement between their state and the Consortium, signed by the State Chief Executive Officer (such as the Governor or the delegate) and the Consortium President;
2. Consortium letter listing the tribes, signed by the elected Tribal Chief or President of each tribe in the Consortium and signed by the Consortium President;
3. A current resolution letter from each tribe in the Consortium, signed by the elected Tribal Chief or President of that tribe. Each resolution letter needs to state that the Consortium has the tribes' permission to apply for, and administer, LIHEAP on their behalf and needs to designate a time period for the permission or until rescinded or revoked.

	Catalog of Federal Domestic Assistance Number	CFDA Title:
<b>9. CFDA NUMBERS AND TITLES</b>	93.568	Low Income Home Energy Assistance Program

**10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

<b>11. AREAS AFFECTED BY FUNDING:</b>	
LIHEAP & Weatherization	
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>	
OCS Reg 3	
<b>13. FUNDING PERIOD:</b>	
a. Start Date: 10/01/2024	b. End Date: 09/30/2025
<b>*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>	
a. This submission was made available to the State under Executive Order 12372	
Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="checkbox"/> YES	
<input checked="" type="checkbox"/> NO	
If yes, explain:	
16. 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)	
<input checked="" type="checkbox"/> I AGREE	
**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official	17c. Telephone (area code, number, and extension)
Tammy L Sandy DoHS HRS, Senior LIEAP Coordinator	304-314-6043
17b. Signature of Authorized Certifying Official (on)	17d. Email Address:
	Tammy.L.Sandy@WV.GOV
17e. Date Report Submitted (Month, Day, Year)	10/01/2024
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: 02/28/2027

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

**Section 1 – Program Components**

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. 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)**

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

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

**Dates of Operation**

		<b>Start Date:</b>	<b>End Date:</b>
<input checked="" type="checkbox"/>	Heating assistance	10/01/2024	01/31/2025
<input checked="" type="checkbox"/>	Cooling assistance	04/01/2025	09/30/2025
<input checked="" type="checkbox"/>	Weatherization assistance	12/01/2024	11/30/2025
<input type="checkbox"/>	Summer Crisis assistance		
<input checked="" type="checkbox"/>	Winter Crisis assistance	12/01/2024	03/16/2025
<input type="checkbox"/>	Year-round crisis assistance		

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

Weatherization dates being later due to funding availability. Cooling assistance is just for a supplemental payment if necessary.

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

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

	<b>Percentage (%):</b>	<b>Prior year totals (auto-populate)</b>
Heating assistance	40	61
Cooling assistance	3	5
Summer crisis assistance		0
Winter crisis assistance	25	5
Year-round crisis assistance		0
Weatherization assistance	15	15
Carryover to the following federal fiscal year	10	7
Administrative and planning costs	10	7
Services to reduce home energy needs including needs assessment (Assurance 16)	2	0
Used to develop and implement leverages activities	0	0
<b>TOTAL:</b>	<b>100</b>	<b>100</b>

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

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

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

<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input checked="" type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Repair and Replacement

Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8									
<b>1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?</b>									
<input checked="" type="checkbox"/>	Yes				<input type="checkbox"/>	No			
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.									
	Heating		Cooling		Crisis		Weatherization		
TANF	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SSI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SNAP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Means-tested Veterans programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.</b>									
WV integrated eligibility system automatically applies the benefits to the household and not just a member. By using the integrated eligibility it automatically streamlines all programs.									
<b>1.5 Do you automatically enroll households without a direct annual application?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
If Yes, explain:									
<b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>									
A client that is not categorically eligible will receive the same application and time frame as a client that is categorically eligible. Benefit levels are programmed into our eligibility system, and they are based on income, household size, cost of energy, and fuel type. The distinction is made regarding applicant's categorical eligible or non-categorical eligible status. Receipts of other benefits are considered in determining eligibility for LIHEAP benefits. Benefits for crisis payments are based solely on the above-listed criteria plus the presence of an immediate need for home heating and the lack of resources to meet the existing need. All applicants must submit a signed form for heating benefits and all crisis applicants must be interviewed.									
<b>SNAP Nominal Payments</b>									
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b>									
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	No			
If you answered "yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c and 1.7d.									
<b>1.7b Amount of Nominal Assistance:</b>					\$				
<b>1.7c Frequency of Assistance</b>									
<input type="checkbox"/>	Once per year								
<input type="checkbox"/>	Once every five years								
<input type="checkbox"/>	Other – Describe:								
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>									
<b>Determination of Eligibility - Countable Income</b>									
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>									
<input checked="" type="checkbox"/>	Gross Income								
<input type="checkbox"/>	Net Income								
<input type="checkbox"/>	Other – Describe:								
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>									
<input checked="" type="checkbox"/>	Wages								
<input checked="" type="checkbox"/>	Self - Employment Income								
<input checked="" type="checkbox"/>	Contract Income								
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts								
<input checked="" type="checkbox"/>	Unemployment insurance								
<input checked="" type="checkbox"/>	Strike Pay								

<input type="checkbox"/>	Social Security Administration (SSA) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including Medicare deduction <input type="checkbox"/> Excluding Medicare deduction
<input type="checkbox"/>	Supplemental Security Income (SSI)
<input checked="" type="checkbox"/>	Retirement/pension benefits
<input type="checkbox"/>	General Assistance benefits
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc.
<input checked="" type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

**1.10 Do you have an online application process?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**1.10a If yes, describe the type of online application (select all boxes that apply)**

<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
<input type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing
<input checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
<input checked="" type="checkbox"/>	Please include a link(s) to a statewide application, if available: <a href="https://www.wvpath.wv.gov/">https://www.wvpath.wv.gov/</a>

**1.10b Can all program components be applied for online?**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If no, explain which components can and cannot be applied for online:

Crisis, Weatherization, and Repair and Replace Program.

**1.11 Do you have a process for conducting and completing applications by phone:**

If a client would be in need all accommodations would be permitted on an as needed basis.

**1.12 Do you or any of your subrecipients require in person appointments in order to apply?**

No

If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.

**1.13 How can applicants submit documentation for verification? Select all that apply:**

<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, describe: FAX and we have Senior Centers assisting and Community Action Agency Assisting with applications and submitting.

## 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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 2 – Heating Assistance

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household sizes	SMI- State Median Income	60%

#### 2.2 Do you have additional eligibility requirements for heating assistance?

Yes  No

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

**Do you require an Assets test?**  Yes  No

If yes, describe:

#### Do you have additional or differing eligibility policies for:

**Renters?**  Yes  No

If yes, describe:

**Renters living in subsidized housing?**  Yes  No

If yes, describe:

**Renters with utilities included in the rent?**  Yes  No

If yes, describe: It would not be an obligated expense and are not responsible for the heating.

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

**Older adults?**  Yes  No

If yes, describe:

**Individuals with a disability?**  Yes  No

If yes, describe:

**Young children?**  Yes  No

If yes, describe:

**Households with high energy burdens?**  Yes  No

If yes, describe:

**Other?**  Yes  No

If yes, describe:

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

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

Assistance groups that have utilities included in the rent but are not billed separately for heating costs must be evaluated for LIHEAP eligibility. If a client applies for LIHEAP and indicates that their utility is 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 temperature in the winter and the hotter temperature 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. Those that received LIHEAP last year that have someone that is aged, disable or a child in the home age five or



under will be sent a notification and application at an earlier time than those that did not receive LIHEAP benefit last year, thus giving these individuals/household a better to turn these application in.

For the Repair or Replacement portion of the LIEAP assistance, the client would have to meet the income guidelines and have a non-working or unsafe heating source or have no heating source at all, to be eligible. For the repair or replacement of the air conditioner units, the client would have to be income eligible, have a non-working or improperly functioning unit and have someone in the household that is age 60 or over, or someone that is disabled, or a child in the home that is age five or under. The Agency can accept a doctor's statement to verify the medical condition for the cooling repair or replacement assistance if the client is not considered disabled by the Social Security Administration. When home energy costs are included in the rent, the client must verify the lack of resources to pay the additional costs.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type
<input type="checkbox"/>	Climate/region
<input checked="" type="checkbox"/>	Individual bill
<input type="checkbox"/>	Dwelling type
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)
<input checked="" type="checkbox"/>	Energy need
<input type="checkbox"/>	Other - Describe:

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

**2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	327.00	Maximum Benefit	<b>866.00</b>
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?**

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If yes, describe.

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

### Section 3 - COOLING ASSISTANCE

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

#### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 3 – Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household sizes	SMI- State Median Income	60%

#### 3.2 Do you have additional eligibility requirements for cooling assistance?

Yes  No

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

**Do you require an Assets test?**  Yes  No  
If yes, describe:

#### Do you have additional or differing eligibility policies for:

**Renters?**  Yes  No  
If yes, describe:

**Renters living in subsidized housing?**  Yes  No  
If yes, describe:

**Renters with utilities included in the rent?**  Yes  No  
If yes, describe:  
If a client reports that the utility used for heating/cooling is included in the rent costs, the applicant must provide verification that he/she is responsible for paying this additional cost and meets other eligibility criteria.

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

**Older adults?**  Yes  No  
If yes, describe:

**Individuals with a disability?**  Yes  No  
If yes, describe:

**Young children?**  Yes  No  
If yes, describe:

**Households with high energy burdens?**  Yes  No  
If yes, describe:

**Other?**  Yes  No  
If yes, describe:

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

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

Those clients that have someone that is aged, disabled or a child aged five or younger in the household will be given priority to apply before the application period is open to individuals/households without these needs.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type

<input type="checkbox"/>	Climate/region		
<input checked="" type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input checked="" type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.</b>			
Minimum Benefit	1.00	Maximum Benefit	<b>866.00</b>
<b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

DRAFT

**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: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 4 – Crisis Assistance**

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

**4.1 Designate the income eligibility threshold used for the cooling component:**

Add	Household size	Eligibility Guideline	Eligibility Threshold
<b>1</b>	<b>All Household Sizes</b>	<b>SMI- State Median Income</b>	<b>60%</b>

**4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (i.e. winter, summer, or year-round), include all program definitions.**

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 without financial assistance. If the crisis threatens the loss of a utility, a past due bill or termination notice is required to be submitted with the application. If the home heating crisis is the result of a natural disaster, state and/or national public health emergency, payments may be issued to previously approved households. Under these circumstances, a past due bill, termination notice, or face-to-face interview may not be required. If there is an intake period in which an application is required, a past due bill or termination notice may be requested, but face-to-face contact may be waived. Households with unavailable heating sources are categorized as being in need, as well. High Energy Burden is defined as the total amount spent on the primary heating source is greater than 20% of the household income.

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

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 or past due 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 issued a voucher for a day's lodging if no shelters available, to eliminate the life-threatening danger. They can also be evaluated for the Repair and Replacement Program. If they 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 is considered unavailable and should be evaluated for the Repair or Replacement Program. Life-threatening crisis must be documented in all cases.

**Crisis Requirement, 2604(c)**

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for crisis assistance?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.7 Check the appropriate boxes below to indicate type(s) of assistance provided**

Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older adults?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In Order to receive crisis assistance:**

Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must the household have exhausted their regular heating benefit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating or cooling be medically necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other? When home energy costs are included in the rent, the client must verify the lack of resources to eliminate the crisis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional or differing eligibility policies for:</b>			
Renters?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
The client must have a past-due bill or termination notice to be eligible for crisis assistance. The client must verify the lack of resources to eliminate the crisis. Lack of resources can be verified by the client to validate their income, which would show that he/she does not have sufficient income to eliminate the termination. If the client reports no income, then the client must fill out a zero-income form.			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input type="checkbox"/>	Separate component.		
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames.		
<input checked="" type="checkbox"/>	Other - Describe: vouchers can be given for nights lodging if can't be resolved in 18 hrs or referral to shelters but must be approve prior by the LIEAP Coordinator		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis.		\$
<input type="checkbox"/>	Other - Describe:		
<b>Crisis Requirements, 2604(c)</b>			
<b>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>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Explain.			
Clients who require crisis assistance must be interviewed in a local DoHS office. There are fifty-four county offices to accommodate this need. If a client is not physically able to come into the local office the client can appoint someone to apply on his/her behalf or arrangements can be made for a worker to go out in the field to accommodate the client if necessary.			
<b>4.11 Do you provide individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
Workers can travel to the sites at which applications for crisis assistance are accepted or a family member can be delegated to come for the client.			
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	Maximum Benefit	\$2000.00	
Summer Crisis	Maximum Benefit	\$0.00	
Year-Round Crisis	Maximum Benefit	\$0.00	
<b>4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?</b>			

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe.			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>	Winter Crisis	Summer Crisis	Year-Round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles/gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<b>4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?</b>			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, describe:			
WV will leave this option open and if a disaster would take place, we would evaluate funding to assist with the crisis and evaluate program impact.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 5 - WEATHERIZATION ASSISTANCE**

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

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

**Section 5 – Weatherization Assistance**

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

**5.1 Designate the income eligibility threshold used for the Weatherization component**

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All	HHS Poverty Guidelines	200%

**5.2 Do you enter into an interagency agreement to have another government agency administer a Weatherization component?**

Yes  No

**5.3 If yes, name the agency and attach a copy of the internal agreement or contract.**

West Virginia Development Office

**5.4 Is there a separate monitoring protocol for weatherization?**

Yes  No

**Weatherization - Types of Rules**

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

<input type="checkbox"/>	Entirely under LIHEAP (not DOE) rules
<input type="checkbox"/>	Entirely under DOE WAP (not LIHEAP) rules
<input type="checkbox"/>	Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
<input type="checkbox"/>	Income Threshold
<input type="checkbox"/>	Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days.
<input type="checkbox"/>	Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities)
<input checked="" type="checkbox"/>	Other - Describe: Describe: The LIHEAP rules will be used for the electrical upgrades, home repair, and Emergency Crisis Intervention (ECIP).
<input checked="" type="checkbox"/>	Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
<input type="checkbox"/>	Income threshold
<input checked="" type="checkbox"/>	Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit
<input checked="" type="checkbox"/>	Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.
<input checked="" type="checkbox"/>	Other - The LIHEAP rules will be used for the electrical upgrades, home repair and Emergency Crisis Intervention Program (ECIP).Avg. Cost per Dwelling for LIHEAP funds should be \$10,000 per dwelling.

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

**5.6 Do you require an assets test?**

Yes  No

**5.7 Do you have additional or differing eligibility policies for:**

**Do you require an assets test?**  Yes  No

**Do you have additional or differing eligibility policies for:**

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

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

Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individuals with a disability?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No



Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Households with high energy burdens?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.				
If a client applies for LIHEAP and indicates that the utilities are included in with rent, the worker must request verification of those said utilities. This can be done by phone call, rent receipt, lease agreement or written statement from the landlord.				
When weatherizing a unit a rental agreement is required to be completed by the landlord releasing liability and consent for the agency to perform work on the dwelling.				
Vulnerable members are prioritized by heating terminations, age, disability, and documented health issues. The Agency have smaller grants with Community Action Agencies (CAAs). These CAAs go out into more rural areas and help vulnerable individuals complete the applications. The CAAs then mail or deliver the applications to the West Virginia Development Office. The Weatherization Program administered through the West Virginia Development Office has a points system that gives higher weight to those who are aged and/or disabled or have a child in the home that is age five or under.				
WVDED has developed a point system to rank clients in the data management system that tracks all clients, dwellings, and weatherization work:				
10 points for high energy users				
10 points for high energy burden clients				
5 points for elderly clients (60 years or older)				
5 points for clients with disabilities				
5 points for households with children under 18 years old				
For applicants with the same number of points, priority will be given to applicants who have been on the waitlist the longest. These factors alone do not determine eligibility but do weigh the application. The agency also gives priority to households designated as High Energy Users. Subgrantees will keep adequate documentation of which recipients receive energy related roof repairs and storm windows and justification for these repairs.				
<b>Benefit Levels</b>				
<b>5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?</b>				
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, what is the maximum: \$10,000.		\$		
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>				
<b>5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)</b>				
<input checked="" type="checkbox"/>	Weatherization needs assessments/audits	<input checked="" type="checkbox"/>	Energy-related roof repair	
<input checked="" type="checkbox"/>	Caulking and insulation	<input type="checkbox"/>	Major appliance Repairs	
<input checked="" type="checkbox"/>	Storm windows	<input type="checkbox"/>	Major appliance replacement	
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/>	Windows/sliding glass doors	
<input checked="" type="checkbox"/>	Furnace replacement	<input checked="" type="checkbox"/>	Doors	
<input checked="" type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water Heater	
<input type="checkbox"/>	Water conservation measures	<input checked="" type="checkbox"/>	Cooling system replacement	
<input type="checkbox"/>	Compact florescent light bulbs	<input checked="" type="checkbox"/>	Community Solar projects	
<input type="checkbox"/>	Rooftop solar	<input checked="" type="checkbox"/>	Other - Describe: LED Bulbs, ASHRAE fan, and any measures required by the home energy audit.	
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)**

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: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 6 – Outreach**

**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:**

<input checked="" type="checkbox"/>	Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
<input checked="" type="checkbox"/>	Publish articles in local newspapers or broadcast media announcements.
<input checked="" type="checkbox"/>	Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
<input checked="" type="checkbox"/>	Mass mailing(s) to prior-year LIHEAP recipients
<input checked="" type="checkbox"/>	Inform low-income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
<input checked="" type="checkbox"/>	Execute interagency agreements with other low-income program offices to perform outreach to target groups.
<input checked="" type="checkbox"/>	Web posting
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Texting
<input type="checkbox"/>	Events
<input checked="" type="checkbox"/>	Social Media
<input checked="" type="checkbox"/>	Other (specify): 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 Repair or Replacement Program.

**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.**

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

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: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 7 – Coordination**

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

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

Joint application for multiple programs

**Indicate programs included:**

Intake referrals to or from other programs

**Indicate programs included:**

One-stop intake centers

Other - Describe: The Agency will have information about Weatherization services posted at all county DoHS 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.

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

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

U.S. Department of Health and Human Services  
Administration for Children and Families

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

**Section 8 – Agency Designation**

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

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

<input checked="" type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input checked="" type="checkbox"/>	Community Services Agency
<input checked="" type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid)
<input checked="" type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

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

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

**8.2 How do you provide alternate outreach and intake for heating assistance?**

LIHEAP has a separate 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 DoHS 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 DoHS 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?**

Public Service Commission regulated energy providers use billing notice inserts to inform customers about when LIHEAP crisis funds are available and to refer them to DoHS. Community Action and Area Agency on Aging personnel make referrals to DoHS when clients request assistance with heating bills and/or Weatherization services.

<b>8.5 LIHEAP Component Administration</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	State Welfare Agency	State Welfare Agency	State Welfare Agency	Other
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	State Welfare Agency	State Welfare Agency	State Welfare Agency	
<b>8.5c Who processes benefit payments to bulk fuel vendors?</b>	State Welfare Agency	State Welfare Agency	State Welfare Agency	
<b>8.5d Who performs installation of weatherization measures?</b>				Other

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.**

## **WV Department of Economical Development**

1900 Kanawha Boulevard, East Building 3 STE 600

Charleston, West Virginia 25305

1-800-982-3386

UEI#R9BKAALC8MQ7

### **Central West Virginia Community Action, Inc.**

106 Frederick Street  
Clarksburg WV 26301  
304-622-8495

### **CHANGE, Inc.**

3158 West Street  
Weirton, WV 26062  
Customer Assistance  
304-797-7733

### **Coalfield Community Action Partnership**

1626 W. 3rd Avenue  
Williamson, WV 25661  
304-235-1701

### **Community Action of South Eastern WV (CASE WV)**

355 Bluefield Avenue  
Bluefield, WV 24701  
304-342-0450

### **Community Resources, Inc**

1037 Market Street  
Parkersburg, WV 26101  
304.485.5525 Ext. 30

### **Council of the Southern Mountains**

148 McDowell Street  
Welch, WV 24801  
304-436-6800

### **Eastern WV Community Action Agency**

228 Clay Street  
Moorefield, WV 26836  
304-538-7711

### **EnAct Community Action**

1701 5th Avenue, Suite 7  
Charleston, WV 25387  
304-414-4475

### **Mountain CAP of West Virginia, Inc., a CDC**

26 N. Kanawha Street, Suite 201  
Buckhannon, WV 26201  
304-472-1500

### **MountainHeart Community Services, Inc.**

33 MountainHeart Lane  
Matheny, WV 24860  
Mailing Address:  
P.O. Box 1509  
Oceana, WV 24870  
304-682-8271

### **Nicholas Community Action Partnership, Inc.**

1205 Broad Street  
Summersville WV 26651  
304-872-1162

### **North Central WV Community Action, Inc.**

146 Terrace Manor  
Fairmont, WV 26554  
304-363-2170 x 135

### **PRIDE Community Services, Inc**

699 Stratton Street  
Logan, WV 25601  
Mailing Address  
P.O. Box 1346  
Logan, WV 25601  
304-752-6868

### **Raleigh County Community Action Association, Inc.**

111 Willow Lane  
Beckley, WV 25801  
Mailing Address:  
P.O. Box 3066  
Beckley, WV 25801  
304-237-6410

### **Southwestern Community Action Council, Inc.**

540 Fifth Avenue  
Huntington, WV 25701  
304-525-5151

### **Telamon Corporation**

67 Aikens Center  
Martinsburg, WV 25404  
304.263.0916

**If any of your LIHEAP components are not centrally-administered by a state agency, you must complete**

questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

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

There are 55 counties in the State of West Virginia. The West Virginia Department of Health and Human Resources has 54 local county offices that administer the LIHEAP program.

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

54

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

Yes  No

**8.9 If so, why?**

- Agency was in non-compliance with grant recipient requirements for LIHEAP -
- Agency is under criminal investigation.
- Added agency
- Agency closed
- Other – describe

**8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? N/A**

Yes  No

**8.10a If yes, please explain:**

**8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. N/A**

Yes  No

**8.10c if yes, please explain:**

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

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

U.S. Department of Health and Human Services  
Administration for Children and Families

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

OMB Clearance No.: 0970-0075

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

**Section 9 – Energy Suppliers**

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

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

Heating	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cooling	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Crisis	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are there exceptions?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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 DoHS.

**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 DoHS.

**9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

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, vendor payment is preferred unless the client must self-deliver in partial amounts and no vendor is willing to set up a "credit" account.

**Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.**

**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.

DRAFT

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

U.S. Department of Health and Human Services  
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 02/28/2027

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

**Section 10 – Program, Fiscal Monitoring, and Audit**

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

**10.1. How do you ensure proper fiscal accounting and tracking of funds? Be specific about tracking of grant award, tracking of expenditures, tracking vendor (benefit) refunds, fiscal reporting process, and fiscal software systems being used.**

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 People Access To Help (PATH) 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 PATH 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 DoHS Finance department tracks all funding spent for this grant. This includes refunds, weatherization's, administration, heating assistance, crisis, and carryover.

**10.1a Provide Definitions for the following:**

Obligation:	<i>obligations</i> mean orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period
Expenditures:	<i>Expenditures</i> means charges made by a non-Federal entity to a project or program for which a federal award was received. The charges may be reported on a cash or accrual basis, as long as the methodology is disclosed and is consistently applied
Expenditure timeframe:	Expenditure timeframe the start and end dates for a designated period of time within a Total Period
Administrative costs:	Administrative costs are those expenses incurred by grant recipients or sub-recipients in support of the day-to-day operations of their organization.

**Audit Process**

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**10.2a If yes, describe your auditor selection process.**

West Virginia uses an accounting firm to conduct our LIHEAP audits. Internal communications reach out to LIHEAP policy for needed information. A random sample of cases are chosen each year for audit.

**10.3. Describe any audit findings of the grant recipient (i.e., state, tribe, territory) rising to the level of a material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.**

<input type="checkbox"/>	No Findings
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Finding	Type	Brief Summary	Resolved?	Action Taken
1.	BENEFIT ERROR	Management indicated that the errors were due to the benefit tables not being properly updated within the RAPIDS system to properly calculate the recipients' benefits during the months of May and June 2023. This was due to insufficient oversight to ensure the table amounts were correct	yes	The LIHEAP policy staff within the DHHR, Bureau for Family Assistance (BFA), have worked with the Recipient Automated Payment and Information Data System (RAPIDS) team to confirm that the benefit table has been accurately entered into the RAPIDS system for fiscal year 2024. The LIHEAP policy staff will continue to review the work of the RAPIDS team to ensure that the benefit table has been



		and the benefits were calculating properly based on the eligible recipient's household size, income, and source of energy.		accurately entered prior to the opening of LIHEAP application intake annually.
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**10.4. Audits of Local Administering Agencies**

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

<input checked="" type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133.
<input type="checkbox"/>	Local agencies and district offices are required to have an annual audit (other than A-133).
<input type="checkbox"/>	Local agencies or district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
<input checked="" type="checkbox"/>	Grant recipient conducts fiscal and program monitoring of local agencies or district offices.
<input checked="" type="checkbox"/>	Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133.

**Compliance Monitoring**

**10.5. Describe your monitoring process for compliance at each level below. Check all that apply.**

**Grant recipient employees:**

<input checked="" type="checkbox"/>	Internal program review
<input checked="" type="checkbox"/>	Departmental oversight
<input type="checkbox"/>	Secondary review of invoices and payments
<input checked="" type="checkbox"/>	Other program review mechanisms are in place. Describe: West Virginia has a program called Rushmore that caseworkers enter LIEAP cases into a system including the clients income information, utility information, and all other needed information and the supervisor must review the case before case worker can approve the case. This helps prevent errors and helps determine caseworker's issues when processing these applications. LIEAP review elements are applications, forms, income, utility bills, vendor/voucher, bulk fuel, timeliness, incorrect approval/denial/amounts, case comments, and notices. Also LIEAP Coordinator Pulls case to review as well.

**Local Administering Agencies or District Offices:**

<input type="checkbox"/>	On-site evaluation
<input checked="" type="checkbox"/>	Annual program review
<input checked="" type="checkbox"/>	Monitoring through central database
<input checked="" type="checkbox"/>	Desk reviews
<input checked="" type="checkbox"/>	Client File Testing/Sampling
<input checked="" type="checkbox"/>	Other program review mechanisms are in place. Describe: There is a Statewide Single Audit that is completed each year. There is a sampling of LIHEAP cases that are reviewed each year. West Virginia has a data monitoring system that helps determine what are the most common errors in cases. This system is called Rushmore. For Fiscal year 2023 LIHEAP has been added to the system. Supervisors review LIHEAP applications that are being processed by caseworkers and report all information into the data base. With this information we can determine what part of training we need to improve on.

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

West Virginia LIHEAP Policy has not been informed of a specific monitoring schedule for FY 2024. Once dates are established, we can provide them if necessary.

**10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.**

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 DoHS offices in the application process. The monitoring reviews are done yearly based on the schedule of our auditors who complete the Statewide Single Audit.
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 DoHS office and to ensure that all processes and procedures are consistent

**10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.**

<input checked="" type="checkbox"/>	Annually
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<input type="checkbox"/>	Biannually
<input type="checkbox"/>	Tri annually
<input type="checkbox"/>	Other,
<b>10.9. How many local agencies are currently on corrective action plans? NONE</b>	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

U.S. Department of Health and Human Services  
Administration for Children and Families

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

**Section 11 – Timely and Meaningful Public Participation**

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

**11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply. Note: Tribes do not need to hold a public hearing but must ensure participation through other means.**

<input type="checkbox"/>	Tribal Council meeting(s)
<input checked="" type="checkbox"/>	Public Hearing(s)
<input checked="" type="checkbox"/>	Draft Plan posted to website and available for comment.
<input checked="" type="checkbox"/>	Hard copy of plan is available for public view and comment.
<input checked="" type="checkbox"/>	Comments from applicants are recorded.
<input checked="" type="checkbox"/>	Request for comments on draft Plan is advertised.
<input checked="" type="checkbox"/>	Stakeholder consultation meeting(s)
<input type="checkbox"/>	Comments are solicited during outreach activities.
<input type="checkbox"/>	Other - Describe: Public participation was complete by placing a draft of 2025 LIHEAP Model Plan on the DoHS web site and the Secretary of State website with the public hearing date, press release and communication via email with some of the major utility companies. The plan was also sent to the Weatherization partner agency and subgrantee. The public hearing for participation was a virtual meeting on July 31, 2024.

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

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

	Date	Event Description
1	07/31/2024	Public Hearing
2		

**11.4. How many parties commented on your plan at the hearing(s)? 0**

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

No comments were given at the public hearing or from the posting on the comment email option.

**11.6 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?**

None

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

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

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
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**Section 12 – Fair Hearings**

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

**12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year?**

87

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

6 (two remain pending)

**12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?**

There were 87 requests for a fair hearing for FY 2024. There were 3 cases that were dismissed, 46 cases that were withdrawn prior to the hearing, as they were resolved by the parties, 22 cases were abandoned by the client/no shows, 8 cases that upheld the Department’s decision, and 6 cases were reversed, with 2 of them still pending. (1) Pending was a no-show, but has until 6/27/2024 to establish good cause (1) Pending is scheduled for fair hearing on 7/11/2024 There will be yearly training for all eligibility workers prior to this LIHEAP season. There will also be hands-on training and technical assistance as needed by the local offices. LIHEAP Coordinator is reviewing all fair hearing information to determine if a policy change is needed or strengthened.

**12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner.**

Applicants who indicate that they want a fair hearing receives 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.

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

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

U.S. Department of Health and Human Services 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: 02/28/2027
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 13 – Reduction of Home Energy Needs</b>	
<b>Section 13: Reduction of Home Energy Needs, 2605(b)(16) – Assurance 16</b>	
<b>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?</b>	
Our subrecipients conduct energy efficient education during post work inspection after installing heating units from the Repair or Replacement. Subrecipients also conduct the very same education during weatherization.	
<b>13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?</b>	
n/a	
<b>13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.</b>	
n/a	
<b>13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.</b>	
n/a	
<b>13.5 How many households received these services?</b>	
0	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

**Section 14 – Leveraging Incentive Program, 2607A**

U.S. Department of Health and Human Services  
Administration for Children and Families

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

**Section 14 – Leveraging Incentive Program**

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

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

Yes  No

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

n/a

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

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

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



**Section 15 – Training**

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM LIHEAP)  
MODEL PLAN  
Section 15 – Training**

**Section 15: Training**

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

**a. Grant recipient Staff:**

Formal training provided virtually, on-site, and/or formal training conference

**How often?**

Annually

Biannually

As needed

Other – Describe:

Employees are provided with policy manual

Other – Describe:

**b. Local Agencies:**

Formal training provided virtually, on-site, and/or formal training conference

**How often?**

Annually

Biannually

As needed

Other – Describe:

Employees are provided with policy manual

Other – Describe:

**c. Vendors**

Formal training provided virtually, on-site, and/or formal training conference

**How often?**

Annually

Biannually

As needed

Other – Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

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

Yes  No

**Section 16 – Performance Goals and Measures, 2605(b)**

U.S. Department of Health and Human Services  
Administration for Children and Families

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

**Section 16 – Performance Goals and Measures**

**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 the client must 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. West Virginia will also work with the 54 local offices to ensure that workers are completing the LIHEAP screens out correctly in our eligibility system and that they are documenting this information correctly. From our past Statewide Single Audits, it was noted that workers did not keep copies of the utility bills for all case files, or a portion of the LIHEAP application was not properly stored in our online database. We are taking measures to improve this based on training and desk guides for our eligibility workers.

West Virginia DoHS will work more closely with the WV Development Office and give assistance to their Community Service agencies to make sure that relationship between the two agencies work more efficiently and can assist West Virginians with the best assistance that can be given to needy families.

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



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

U.S. Department of Health and Human Services  
Administration for Children and Families

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
Section 17 – Program Integrity**

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

**17.1 Fraud Reporting Mechanisms**

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

<input checked="" type="checkbox"/>	Online Fraud Reporting
<input checked="" type="checkbox"/>	Dedicated Fraud Reporting Hotline
<input checked="" type="checkbox"/>	Report directly to local agency/district office or Grant recipient office
<input checked="" type="checkbox"/>	Report to State Inspector General or Attorney General
<input checked="" type="checkbox"/>	Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
<input checked="" type="checkbox"/>	Posted in local administering agencies offices
	Other - Describe:

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

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

**17.2. Identification Documentation Requirements**

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

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

**b. Describe any exceptions to the above policies.**

All new clients that are not known to our DoHS data system is required to provide two identifications when applying for services. Those identifications are saved in the clients file to refer to when clients apply for any services. When a client comes into the office, they are asked for their social security number at the front desk to link the client to their case. When case a worker sees the client, they will refer to the identification that is saved into the case file. Our data system prevents clients from receiving duplicate payments by the client's personal identification number that is assigned to them.

**17.3 Identification Verification**

**Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply**

<input type="checkbox"/>	Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
<input checked="" type="checkbox"/>	Verify SSNs with Social Security Administration
<input checked="" type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Match with state Department of Labor system
<input checked="" type="checkbox"/>	Match with state and/or federal corrections system
<input checked="" type="checkbox"/>	Match with state child support system
<input checked="" type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input type="checkbox"/>	Other - Describe:
<b>17.4. Citizenship or Legal Residency Verification</b>	
<b>What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.</b>	
<input type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input checked="" type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input checked="" type="checkbox"/>	Non-citizens are verified through the SAVE system.
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card.
<input type="checkbox"/>	Other - Describe:
<b>17.5. Income Verification</b>	
<b>What methods does your agency utilize to verify household income? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input checked="" type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Computer data matches:
<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/>	Social Security income verified with SSA
<input checked="" type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>	
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.

<input type="checkbox"/>	Other - Describe:
<b>17.7. Verifying the Authenticity</b>	
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>	
<input checked="" type="checkbox"/>	All vendors must register with the state/tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household.
<input checked="" type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors.
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>	
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input checked="" type="checkbox"/>	Data exchange with utilities that verifies:
<input checked="" type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
<b>What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.</b>	
<input type="checkbox"/>	Vendors are checked against an approved vendor list.
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors.
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery.
<input type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input checked="" type="checkbox"/>	Direct payment to households is made in limited cases only.
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client.
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors.
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
<b>Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.</b>	
<input checked="" type="checkbox"/>	Refer to state Inspector General.

<input type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.
<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? <b>permanently</b>
<input checked="" type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated.
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP.
<input type="checkbox"/>	Other - Describe:
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

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

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

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

**Instructions for Certification**

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

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: 02/28/2027

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

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

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

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATEWIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

##### Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grant recipient 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 grant recipient 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 grant recipients other than individuals, Alternate I applies.
4. For grant recipients who are individuals, Alternate II applies.
5. Workplaces under grants, for grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the grant recipient 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 grant recipient'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 grant recipient shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients' 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 grant recipient 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 grant recipient's payroll. This definition does not include workers not on the payroll of the grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grant recipient's payroll; or employees of subrecipients or subcontractors in covered workplaces).

**Certification Regarding Drug-Free Workplace Requirements Alternate I. (Grant recipients Other Than Individuals)**

The grant recipient 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 grant recipient'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 grant recipient'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 grant recipient may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

* Address Line 1, do not enter P.O. Box		
350 Capitol Street		
Address Line 2		
Address Line 3		
*City	*State	*Zip Code
Charleston	WV	25301

Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients

**Who Are Individuals)**

**(a) The grant recipient 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]

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN**

**Section 20 – Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

## Section 21: Assurances

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: 02/28/2027

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

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 grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

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

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

(9) provide that--

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

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such

remaining cost (except for the costs of the activities described in paragraph (16));

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

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

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

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

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

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

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

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

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
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**Plan Attachments**

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: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
MODEL PLAN  
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).

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes

DRAFT