

# Low Income Home Energy Assistance Program (LIHEAP)

## **LIHEAP Model Plan Template**

*Note: This template cannot be submitted as an application for LIHEAP funding. The template is for demonstration purposes only. A complete LIHEAP Model Plan must be submitted in the Online Data Collection System (OLDC) to be considered for funding. Formatting within OLDC may appear different than this document.*



## 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><br><input type="checkbox"/> Plan | <b>* 1.b. Frequency:</b><br><input checked="" type="checkbox"/> Annual | <b>* 1.c. Consolidated Application/Plan/Funding Request?</b><br><br><b>Explanation:</b><br><br><b>2. Date Received:</b><br><br><b>3. Applicant Identifier:</b><br><br><b>4a. Unique Entity Identifier (UEI): 2401OHLIEI</b><br><br><b>4b. Federal Award Identifier: 2401OHLIEI</b> | <b>* 1.d. Version:</b><br><input type="checkbox"/> Initial<br><input type="checkbox"/> Resubmission<br><input type="checkbox"/> Revision<br><input type="checkbox"/> Update<br><br><b>State Use Only:</b><br><br><b>5. Date Received By State:</b><br><br><b>6. State Application Identifier:</b> |
|--|--|--|---|

#### 7. APPLICANT INFORMATION

**\*a. Legal Name:** Ohio Department of Development

**\*b. Address:**

|            |                   |                   |            |
|------------|-------------------|-------------------|------------|
| *Street 1: | 77 S. High Street | Street 2:         | Floor 26   |
| *City:     | Columbus          | County:           | Franklin   |
| *State:    | Ohio              | Province:         |            |
| *County:   | Franklin          | *Zip/Postal Code: | 43215-1001 |

**c. Organizational Unit:**

|                  |                                |                |                             |
|------------------|--------------------------------|----------------|-----------------------------|
| Department Name: | Ohio Department of Development | Division Name: | Community Services Division |
|------------------|--------------------------------|----------------|-----------------------------|

**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:       | Latisha                               | *Last Name: Chastang        | Chastang                       |
| Title:             | Deputy Chief                          | Organizational Affiliation: | Office of Community Assistance |
| *Telephone Number: | 614.728.2821                          | Fax Number:                 |                                |
| *Email:            | Latisha.Chastang@development.ohio.gov |                             |                                |

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

State Agency

**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: |
|--|---|-------------|

#### 9. CFDA NUMBERS AND TITLES

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

#### 11. AREAS AFFECTED BY FUNDING:

|   |  |
|---|--|
| <b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>  |  |
|   |  |
| <b>13. FUNDING PERIOD:</b>  |  |
| <b>a. Start Date:</b>   | <b>b. End Date:</b>                                      |
| <b>*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>   |  |
| <b>a. This submission was made available to the State under Executive Order 12372</b>   |  |
| <b>Process for review on:</b>   |  |
| <b>b. Program is subject to E.O. 12372 but has not been selected by State for review.</b>   |  |
| <b>c. Program is not covered by E.O. 12372.</b>   |  |
| <b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  |  |
| <input type="checkbox"/> YES  |  |
| <input checked="" type="checkbox"/> NO  |  |
| <b>If yes, explain:</b>   |  |
| 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 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.  |  |
| <b>17a. Typed or Printed Name and Title of Authorized Certifying Official</b>   | <b>17c. Telephone (area code, number, and extension)</b> |
|   |  |
| <b>17b. Signature of Authorized Certifying Official (on)</b>  | <b>17d. Email Address:</b>                               |
|   |  |
| <b>17e. Date Report Submitted (Month, Day, Year)</b>  |  |
| <b>Attach supporting documents as specified in agency instructions</b>  |  |

## 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.<br>(Note: You must provide information for each component designated here as requested elsewhere in this plan.) |                              | Dates of Operation |            |
|---|------------------------------|--------------------|------------|
|   |                              | Start Date:        | End Date:  |
| <input checked="" type="checkbox"/>   | Heating assistance           | 10/01/2024         | 05/31/2025 |
| <input type="checkbox"/>  | Cooling assistance           |                    |            |
| <input checked="" type="checkbox"/>   | Weatherization assistance    | 07/01/2024         | 06/30/2025 |
| <input checked="" type="checkbox"/>   | Summer Crisis assistance     | 07/01/2024         | 09/30/2024 |
| <input checked="" type="checkbox"/>   | Winter Crisis assistance     | 11/01/2024         | 03/31/2025 |
| <input type="checkbox"/>  | Year-round crisis assistance |                    |            |

Provide further explanation for the dates of operation, if necessary

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

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100% | Percentage (%) | Prior year totals (auto-populate) |
|--|----------------|-----------------------------------|
| Heating assistance   | 37.5           |                                   |
| Cooling assistance   | 0              |                                   |
| Summer crisis assistance   | 10             |                                   |
| Winter crisis assistance   | 10             |                                   |
| Year-round crisis assistance   | 0              |                                   |
| Weatherization assistance  | 25             |                                   |
| Carryover to the following federal fiscal year   | 6.5            |                                   |
| Administrative and planning costs  | 10             |                                   |
| Services to reduce home energy needs including needs assessment (Assurance 16)   | 1              |                                   |
| Used to develop and implement leverages activities   |                |                                   |
| <b>TOTAL:</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 type="checkbox"/>            | Cooling assistance                        |
| <input type="checkbox"/>            | Weatherization assistance | <input checked="" type="checkbox"/> | Other (specify): Summer Crisis Assistance |

##### 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 type="checkbox"/>  | Yes   |                              |                              |                             | <input checked="" type="checkbox"/> | No                           |                              |                             |
| <b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>   |   |                              |                              |                             |                                     |                              |                              |                             |
|   | <b>Heating</b>  |                              | <b>Cooling</b>               |                             | <b>Crisis</b>                       |                              | <b>Weatherization</b>        |                             |
| <b>TANF</b>   | <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>SSI</b>  | <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>SNAP</b>   | <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>Means-tested Veterans programs</b>   | <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> |   |                              |                              |                             |                                     |                              |                              |                             |
|   |   |                              |                              |                             |                                     |                              |                              |                             |
| <b>1.5 Do you automatically enroll households without a direct annual application?</b>  |   |                              |                              |                             |                                     |                              |                              |                             |
| <input type="checkbox"/>  | Yes   |                              |                              |                             | <input checked="" type="checkbox"/> | No                           |                              |                             |
| <b>If Yes, explain:</b>   |   |                              |                              |                             |                                     |                              |                              |                             |
| <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>  |   |                              |                              |                             |                                     |                              |                              |                             |
|   |   |                              |                              |                             |                                     |                              |                              |                             |
| <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>   |   |                              |                              |                             | \$0                                 |                              |                              |                             |
| <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 type="checkbox"/>  | Payments from mortgage or Sales Contracts               |                              |                              |                             |                                     |                              |                              |                             |
| <input checked="" type="checkbox"/>   | Unemployment insurance                                  |                              |                              |                             |                                     |                              |                              |                             |
| <input checked="" type="checkbox"/>   | Strike Pay  |                              |                              |                             |                                     |                              |                              |                             |
| <input checked="" type="checkbox"/>   | Social Security Administration (SSA) benefits           |                              |                              |                             |                                     |                              |                              |                             |
|   | <input type="checkbox"/>                                | Including Medicare deduction |                              |                             | <input checked="" type="checkbox"/> | Excluding Medicare deduction |                              |                             |
| <input checked="" type="checkbox"/>   | Supplemental Security Income (SSI)                      |                              |                              |                             |                                     |                              |                              |                             |
| <input checked="" type="checkbox"/>   | Retirement/pension benefits                             |                              |                              |                             |                                     |                              |                              |                             |
| <input type="checkbox"/>  | General Assistance benefits                             |                              |                              |                             |                                     |                              |                              |                             |
| <input 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 type="checkbox"/>   | Jury duty compensation  |                          |    |
| <input checked="" type="checkbox"/>  | Rental income   |                          |    |
| <input type="checkbox"/>   | Income from employment through Workforce Investment Act (WIA)   |                          |    |
| <input type="checkbox"/>   | Income from work study programs   |                          |    |
| <input checked="" type="checkbox"/>  | Alimony   |                          |    |
| <input type="checkbox"/>   | Child support   |                          |    |
| <input checked="" type="checkbox"/>  | Interest, dividends, or royalties   |                          |    |
| <input checked="" type="checkbox"/>  | Commissions   |                          |    |
| <input checked="" type="checkbox"/>  | Legal settlements   |                          |    |
| <input type="checkbox"/>   | Insurance payments made directly to the insured   |                          |    |
| <input type="checkbox"/>   | Insurance payments made specifically for the repayment of a bill, debt, or estimate   |                          |    |
| <input checked="" type="checkbox"/>  | Veterans Administration (VA) benefits   |                          |    |
| <input type="checkbox"/>   | Earned income of a child under the age of 18  |                          |    |
| <input type="checkbox"/>   | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty   |                          |    |
| <input type="checkbox"/>   | Income tax refunds  |                          |    |
| <input type="checkbox"/>   | Stipends from senior companion programs, such as VISTA  |                          |    |
| <input type="checkbox"/>   | Funds received by household for the care of a foster child  |                          |    |
| <input type="checkbox"/>   | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid  |                          |    |
| <input type="checkbox"/>   | Reimbursements (for mileage, gas, lodging, meals, etc.)   |                          |    |
| <input checked="" type="checkbox"/>  | Other VA disability is excluded however VA pension is included  |                          |    |
| <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> |   |                          |    |
|  |   |                          |    |
| <b>1.10 Do you have an online application process?</b>   |   |                          |    |
| <input checked="" type="checkbox"/>  | Yes   | <input type="checkbox"/> | No |
| <b>1.10a If yes, describe the type of online application (select all boxes that apply)</b>   |   |                          |    |
| <input 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 type="checkbox"/>   | Online application that is also mobile friendly   |                          |    |
| <input type="checkbox"/>   | Other, please describe  |                          |    |
| <input type="checkbox"/>   | Please include a link(s) to a statewide application, if available:<br><a href="https://development.ohio.gov/individual/energy-assistance/apply-now-energy-assistance-programs">https://development.ohio.gov/individual/energy-assistance/apply-now-energy-assistance-programs</a> |                          |    |
| <b>1.10b Can all program components be applied for online?</b>   |   |                          |    |
| <input checked="" type="checkbox"/>  | Yes   | <input type="checkbox"/> | No |
| If no, explain which components can and cannot be applied for online:  |   |                          |    |
|  |   |                          |    |
| <b>1.11 Do you have a process for conducting and completing applications by phone:</b>   |   |                          |    |
| Yes  |   |                          |    |
| <b>1.12 Do you or any of your subrecipients require in person appointments in order to apply?</b>  |   |                          |    |
| No   |   |                          |    |
| If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.   |   |                          |    |

|  |                      |
|--|----------------------|
|  |                      |
| <b>1.13 How can applicants submit documentation for verification? Select all that apply:</b> |                      |
| <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 |

DRAFT

## Section 2 - HEATING ASSISTANCE

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

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

### 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             |
|-----|----------------|-----------------------|-----------------------------------|
|     |                |                       | <b>60% of State Median Income</b> |

##### 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:

Tenants whose electric bills are not in the renter's name(s) are ineligible to receive benefits, unless they provide verification that they pay all or a portion (i.e., HUD Section 8 housing) of the electric bill.

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

If yes, describe:

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

**Older adults?** ☒ Yes ☐ No

If yes, describe:

A weighted benefit is given to clients who have someone in the home over the age of 60.

**Individuals with a disability?** ☒ Yes ☐ No

If yes, describe:

A weighted benefit is given to clients who have someone in the home with a documented disability.

**Young children?** ☒ Yes ☐ No

If yes, describe:

A weighted benefit is given to clients who have someone in the home a child 5 years and younger.

**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.

**All applicants meeting eligibility and are 60 years or older, individuals with a disability, and/or have a child in the house 5 years and younger, receive an increased monetary benefit based on the Benefit Matrix. Older adults and individuals with a disability will also receive the new HEAP application by mail first.**

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

☐ Income

☐ Family (household) size

☐ Home energy cost or need:

☐ Fuel type



|   |  |
|---|--|
| <input type="checkbox"/>  | Climate/region   |
| <input type="checkbox"/>  | Individual bill  |
| <input type="checkbox"/>  | Dwelling type  |
| <input type="checkbox"/>  | Energy burden (% of income spent on home energy)   |
| <input type="checkbox"/>  | Energy need  |
| <input checked="" type="checkbox"/>   | <p>Other - Describe: Increased benefit amounts for older adults and/or clients with a disability and households with a child 5 years and younger.</p> <p>Decreased benefit amounts for the Percentage of Income Payment Plan Plus (PIPP) clients. The FY 2024 Benefit Matrix (see attached) is submitted with the State Plan assuming Ohio's LIHEAP funding level remains the same. A final version of the FY 2024 Benefit Matrix will be submitted when funding information is finalized.</p> |
| <b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>  |  |
| <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.</b>      |  |
| Minimum Benefit   | <div>\$56.00</div> <div>Maximum Benefit</div> <div><b>\$1,234.00</b></div>   |
| <b>2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?</b>   |  |
| <input type="checkbox"/>  | <div>Yes</div> <div><input checked="" type="checkbox"/> No</div>   |
| If yes, describe.   |  |
| <p><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></p> |  |

### 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 |
|-----|----------------|-----------------------|-----------------------|
|     |                |                       |                       |

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

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

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

|                                |                          |     |                          |    |
|--------------------------------|--------------------------|-----|--------------------------|----|
| Do you require an Assets test? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

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

|          |                          |     |                          |    |
|----------|--------------------------|-----|--------------------------|----|
| Renters? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|----------|--------------------------|-----|--------------------------|----|

If yes, describe:

|                                       |                          |     |                          |    |
|---------------------------------------|--------------------------|-----|--------------------------|----|
| Renters living in subsidized housing? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Renters with utilities included in the rent? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

If yes, describe:

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

|               |                          |     |                          |    |
|---------------|--------------------------|-----|--------------------------|----|
| Older adults? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------|--------------------------|-----|--------------------------|----|

If yes, describe:

|                                |                          |     |                          |    |
|--------------------------------|--------------------------|-----|--------------------------|----|
| Individuals with a disability? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

|                 |                          |     |                          |    |
|-----------------|--------------------------|-----|--------------------------|----|
| Young children? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-----------------|--------------------------|-----|--------------------------|----|

If yes, describe:

|                                      |                          |     |                          |    |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| Households with high energy burdens? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

|        |                          |     |                          |    |
|--------|--------------------------|-----|--------------------------|----|
| Other? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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.

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

|                          |                           |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Income                    |
| <input type="checkbox"/> | Family (household) size   |
| <input type="checkbox"/> | Home energy cost or need: |
| <input type="checkbox"/> | Fuel type                 |
| <input type="checkbox"/> | Climate/region            |
| <input type="checkbox"/> | Individual bill           |

|  |  |                          |    |
|--|--|--------------------------|----|
| <input type="checkbox"/>   | Dwelling type                                    |                          |    |
| <input type="checkbox"/>   | Energy burden (% of income spent on home energy) |                          |    |
| <input 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  | Maximum Benefit                                  |                          |    |
| <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 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>   |  |                          |    |
|  |  |                          |    |

## 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>60% State Median Income</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.

**Eligibility Threshold:** Households must be at or below 175% of the Federal Poverty Guidelines (FPG) for households up to seven, and 60% State Median Income (SMI) for households of eight or more receive a benefit in the form of a credit directly to the client's main energy heating account beginning in the month of January.

**For Heating Crisis Assistance:** a disconnection, notice of disconnection, establishing new service, less than 25% supply of deliverable fuel, or a heating system needing repair to be operable are criteria to be considered in crisis.

**For Summer Crisis Assistance:** a disconnection, notice of disconnection, establishing new service, a medical certification and/or being elderly (age 60 or older) are criteria to be considered in crisis.

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

Development's Energy Assistance Programs Guidelines, in keeping with the LIHEAP statute, require local HEAP providers to, no later than 18 hours after a household applies, provide assistance that will resolve the crisis if the household is eligible to receive such benefits and is in a life-threatening situation. Development and our local provider agencies understand a life-threatening situation to be a situation that is very dangerous or serious with the possibility that death could be the outcome. For example, an eligible household containing a member with a disability or a frail elder who would be more vulnerable to experiencing a serious outcome if heat and light are not expeditiously restored. A household with a newborn baby is another example of how a utility/energy service crisis e.g., imminent shutoff, disconnection or empty fuel tank, can have more dire outcomes, up to and including death, if not quickly remedied. A life-threatening crisis could also exist when a household is without service and is using alternative heating sources such as kerosene heaters or using their oven.

##### 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b> |                                     |                                     |                          |
| 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Individuals with a disability?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Young children?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Households with high energy burdens?  | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Must the household have been shut off or have an empty tank?   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Must the household have exhausted their regular heating benefit?   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice?   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Must heating or cooling be medically necessary?  | <input checked="" type="checkbox"/>   | <input checked="" 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?   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Do you have additional or differing eligibility policies for:</b>   |   |                                     |                          |
| Renters?   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |
| Renters living in subsidized housing?  | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Renters with utilities included in the rent?   | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explanations of policies for each "yes" checked above:   |   |                                     |                          |
| For Winter Crisis Assistance: a disconnection, notice of disconnection, establishing new service, less than 25% supply of deliverable fuel, or a heating system needing repair to operate are criteria to be considered in crisis.   |   |                                     |                          |
| To participate in the Summer Crisis Program, the household must be disconnected, have a disconnection notice, establishing new service, must include an individual with a documented medical condition and/or the household must have at least one-member age 60 or older. If qualified based on age or medical condition, the household may receive a monetary benefit and/or an air conditioner unit or central air repair and/or fan up to the maximum benefit amount per household. Households may receive one air conditioner, provided the household has not received an air conditioner in the prior three years, up to the maximum benefit allowed. Households can be provided with no more than two fans, once every three years, up to the maximum benefit amount. |   |                                     |                          |
| Renters whose bill is in the landlord's name must produce a lease or written documentation from the landlord verifying that the renter is responsible for the electric bill, and/or the gas bill.  |   |                                     |                          |
| <b>Determination of Benefits</b>   |   |                                     |                          |
| <b>4.8 How do you handle crisis situations?</b>  |   |                                     |                          |
| <input checked="" type="checkbox"/>  | Separate component.   |                                     |                          |
| <input 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 type="checkbox"/>   | Other - Describe:   |                                     |                          |
| <b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>  |   |                                     |                          |
| <input type="checkbox"/>   | Amount to resolve the crisis.   | \$                                  |                          |
| <input checked="" type="checkbox"/>  | Other - Describe: Ohio has a maximum benefit amount and requires a copay if necessary. Also, see Section 4.7.   |                                     |                          |
| <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. Intake centers are located in all 88 counties in Ohio. Additionally, Development launched an online application to allow clients to enter household information at their convenience. While an appointment is required for crisis assistance, the client can enter in their information and upload documentation online to expedite the intake process once at the local agency. All applications can be completed at the 51 local Energy Assistance Provider locations around the 88 counties.   |   |                                     |                          |
| <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.  |   |                                     |                          |

|  |                 |                                     |                                     |
|--|-----------------|-------------------------------------|-------------------------------------|
| <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 | \$1,200                             |                                     |
| Summer Crisis  | Maximum Benefit | \$800                               |                                     |
| Year-Round Crisis  | Maximum Benefit | \$                                  |                                     |
| <b>4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?</b>   |                 |                                     |                                     |
| <input checked="" type="checkbox"/>  | Yes             | <input type="checkbox"/>            | No                                  |
| If yes, describe. As a last resort funds can be authorized to purchase portable heaters equipped with an automatic shut-off switch and an Underwriters Laboratory (UL) or Electrical Testing Laboratories (ETL) safety approval.   |                 |                                     |                                     |
|  |                 |                                     |                                     |
| <b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>   |                 |                                     |                                     |
| <input checked="" type="checkbox"/>  | Yes             | <input 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                       |
| Heating system repair  |                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Heating system replacement   |                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Cooling system repair  |                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Cooling system replacement   |                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Wood stove purchase  |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Pellet stove purchase  |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Solar panel(s)   |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Utility poles/gas line hook-ups  |                 | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other (Specify): Bulk Fuel, Propane, Fuel Oil, Kerosene, Coal or Wood. Clients are eligible to receive one air conditioner or fans unit every three years.   |                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>   |                 |                                     |                                     |
| <input checked="" type="checkbox"/>  | Yes             | <input 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>  |                 |                                     |                                     |
| It is rare in Ohio for the Governor to issue a moratorium prohibiting regulated utilities from issuing disconnection notices. This only occurs when there is an extreme weather event or a significant economic downturn. However, the Public Utilities Commission of Ohio (PUCO), annually issues a Reconnection Order that coincides with the Winter Crisis Program. The annual Reconnect Order requires regulated utilities to stop a disconnection or restore service for a maximum of \$175. The Reconnection Order and the Winter Crisis Program is in place from Oct. 15 to April 15. See attached sample in PDF version of 2024-2025 Special Reconnect Order issued by PUCO. |                 |                                     |                                     |
| <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 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>   |                 |                                     |                                     |
|  |                 |                                     |                                     |

## 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       |
|-----|----------------|-----------------------|-----------------------------|
|     |                |                       | HHS Poverty Guidelines 200% |
|     |                |                       |                             |
|     |                |                       |                             |

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

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

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

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

|                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | 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 type="checkbox"/>            | Other - Describe:   |
| <input 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 type="checkbox"/>            | Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit  |
| <input type="checkbox"/>            | Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.   |
| <input checked="" type="checkbox"/> | <p>Other - Describe: The differences are as follows: U.S. Department of Energy (DOE) income eligibility requirements (200% of the Federal Poverty Level); Health and Safety is limited to no more than 25% of Program Operations (Materials + Support total) for LIHEAP (limit is 14.9% for DOE); and an additional \$1,200 for incidental repairs is available per single family unit with LIHEAP funds (in an effort to avoid deferrals).</p> <p>Additionally, Development requested and received a waiver to transfer an additional 10% of LIHEAP funds to weatherization and energy related home repairs. This will make the total transfer of LIHEAP funds 25%. 15% of the transferred funds will be used to serve households as described above. The additional 10% transfer will be used for a complimentary program to Ohio's weatherization program. The Ohio Home Weatherization Assistance Program (HWAP) Enhancement (approximately \$15.7 million) will install specific measures in households at or below 175% (LIHEAP Income Guidelines) of the Federal Poverty Guidelines and may have been deferred previously for weatherization services. The measures to be installed will include furnace repair and replacement, electric repair and replacement, ventilation measures (i.e., ASHRAE fans), minor plumbing repair and replacement, pest infestation, air conditioning repair/replacement for households with a member at least 60 years of age or with a documented medical condition (mirroring Summer Crisis Program guidelines), multi-family unit energy conservation measures, and minor roof repair. Utilizing these additional funds for these specific measures will allow the weatherization program to serve homes that would have been deferred</p> |



|  |  |                                     |                             |                             |
|--|--|-------------------------------------|-----------------------------|-----------------------------|
| <p>due to costs and to install more energy conservation measures in homes.</p> <p>It is important to note, the Ohio Legislature passed, and Governor DeWine signed into law House Bill 6 (HB 6) in July 2019. One of the provisions of HB 6 directs Development to request a waiver from the U.S. Department of Health and Human Services beginning July 2021 to transfer an additional 10% of LIHEAP funds for weatherization and energy efficiency purposes, with a total transfer amount of 25%.</p>  |  |                                     |                             |                             |
| <b>Eligibility, 2605(b)(5) - Assurance 5</b>   |  |                                     |                             |                             |
| <b>5.6 Do you require an assets test?</b>  |  |                                     |                             |                             |
| <input type="checkbox"/>   | Yes  | <input checked="" type="checkbox"/> | No                          |                             |
| <b>5.7 Do you have additional or differing eligibility policies for:</b>   |  |                                     |                             |                             |
| <b>Do you require an assets test?</b>  |  | <input type="checkbox"/>            | Yes                         | <input type="checkbox"/> No |
| <b>Do you have additional or differing eligibility policies for:</b>   |  |                                     |                             |                             |
| Renters?   | <input checked="" type="checkbox"/>          | Yes                                 | <input type="checkbox"/>    | No                          |
| Renters living in subsidized housing?  | <input checked="" type="checkbox"/>          | Yes                                 | <input type="checkbox"/>    | No                          |
| Renters with utilities included in the rent?   | <input type="checkbox"/>                     | Yes                                 | <input type="checkbox"/>    | No                          |
| <b>Do you give priority in eligibility to:</b>   |  |                                     |                             |                             |
| 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? High energy user households   | <input checked="" type="checkbox"/>          | Yes                                 | <input type="checkbox"/>    | No                          |
| <p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>The applications are prioritized as required by 10 CFR 440.16 "Minimum Program Requirements": Older Adult(s), Individuals with a Disability(s), Dependent child(ren) in the home, high energy burden households, high energy user households.</p> <p>Appropriate documentation is required in the client file to substantiate the assigned priority for service delivery. Clients meeting one or more of the priorities for service delivery as described above will be considered "Priority Applicants." Clients applying for HWAP services and do not meet one or more of the priorities for service delivery will be considered "Traditional Applicants." All clients will be placed on the subgrantee waiting list for the county in which they reside. Priority Applicants will be placed on the waiting list ahead of Traditional Applicants and ordered by eligibility date (oldest to newest). Under no circumstances shall a Traditional Applicant be served before a Priority Applicant. Each subgrantee is assigned a specific minimum number of units to complete per program year based on funds allocated.</p> <p>Weatherization funds are to be used to equitably serve all eligible clients with priority for service delivery to households meeting the conditions of 10 CFR 440.16. High energy burden users are defined as a household at or below 175% of the Federal Poverty Level at the time of application. These households tend to expend more of their income on utility costs than the median for low-income users. To ensure permission of the landlord there is an agreement signed by the landlord, the tenant, and the local provider.</p> |  |                                     |                             |                             |
| <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:   |  | \$8,009                             |                             |                             |
| <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 checked="" type="checkbox"/> | Major appliance Repairs     |                             |
| <input checked="" type="checkbox"/>  | Storm windows                                | <input checked="" 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 checked="" type="checkbox"/>  | Water conservation measures                  | <input checked="" type="checkbox"/> | Cooling system replacement  |                             |



|   |                                |                          |                          |
|---|--------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>  | Compact florescent light bulbs | <input type="checkbox"/> | Community Solar projects |
| <input type="checkbox"/>  | Rooftop solar                  | <input type="checkbox"/> | Other - Describe:        |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |                                |                          |                          |
|   |                                |                          |                          |

DRAFT

## 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 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 type="checkbox"/>            | Execute interagency agreements with other low-income program offices to perform outreach to target groups.   |
| <input type="checkbox"/>            | Web posting  |
| <input type="checkbox"/>            | Email  |
| <input type="checkbox"/>            | Texting  |
| <input type="checkbox"/>            | Events   |
| <input type="checkbox"/>            | Social Media   |
| <input checked="" type="checkbox"/> | Other (specify): Development has a comprehensive marketing plan for client education. It's a multi-platform plan that includes brochures, social media posts, email, texting, events, posters, a website, and press release templates. These materials provide program information as well as instructions on how to apply for assistance. The brochures, posters, and press releases are formatted for cobranding with local Energy Assistance Providers. |

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

**Our website ([energyhelp.ohio.gov](http://energyhelp.ohio.gov)) provides comprehensive information on the Energy Assistance Programs, including contact information for local Energy Assistance Providers, a portal for clients to check the status of their application, and an online application process for clients to apply for certain programs online. Development also operates an (800) number to direct clients to their local Energy Assistance Provider. Development works with the Ohio Association of Foodbanks, Ohio Department of Veterans Services, Public Utilities Commission of Ohio, Ohio Department of Job and Family Services, local libraries, and local Community Action Agencies to educate clients on the available Energy Assistance Programs. Development also partners with the Ohio Department of Aging to help older Ohioans. As of year 2023-2024, the Ohio Department of Aging distributed a total of 26,780 HEAP applications (16,087 of these were distributed to homebound residents), 28,664 people were assisted (7,725 of these were homebound), and 675 presentations were held with a total attendance of 357,051 people.**

**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

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**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: **Ohio uses a combined Energy Assistance application for HEAP, PIPP and Weatherization.**  
**Development has launched an online application process for clients to apply for programs online.**

**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.**

**HEAP clients will be notified of energy conservation and assistance efforts by the major utility and fuel companies in Ohio. Educational pamphlets and speakers, which address ways to conserve energy, will be made available by Development. Development collaborates with the Ohio Department of Aging, Ohio Association of Foodbanks, local Energy Assistance Providers, and Community Action Agencies to serve low-income households and the elderly.**

## 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 type="checkbox"/>            | Administration Agency  |
| <input type="checkbox"/>            | Commerce Agency  |
| <input type="checkbox"/>            | Community Services Agency  |
| <input type="checkbox"/>            | Energy/Environment Agency  |
| <input type="checkbox"/>            | Housing Agency   |
| <input type="checkbox"/>            | State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid)   |
| <input type="checkbox"/>            | Economic Development Agency  |
| <input checked="" type="checkbox"/> | Other - Describe: The Ohio Department of Development is committed to creating jobs and building strong communities, while ensuring accountability and transparency of taxpayer money and exceptional customer service. |

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

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

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

#### **8.3 How do you provide alternate outreach and intake for cooling assistance?**

#### **8.4 How do you provide alternate outreach and intake for crisis assistance?**

| 8.5 LIHEAP Component Administration                              | Heating | Cooling | Crisis | Weatherization |
|--|---------|---------|--------|----------------|
| 8.5a Who determines client eligibility?                          | Agency  | N/A     | Agency | Agency         |
| 8.5b Who processes benefit payments to gas and electric vendors? | Agency  | N/A     | Agency |                |
| 8.5c Who processes benefit payments to bulk fuel vendors?        | Agency  | N/A     | Agency |                |
| 8.5d Who performs installation of weatherization measures?       |         |         |        | Agency         |

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.

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? Most of Ohio's administering agencies have been administering LIHEAP at the local level for many years. In addition, it is extremely rare in Ohio for a local Energy Assistance Provider to be added or replaced, except in cases where Assurance 16 is administered. If a provider needs replaced, Development ensures services to clients continue during the transition to a different provider by identifying a contiguous local Energy Assistance Provider in good standing to take over services in the territory being vacated on an interim "emergency" basis. A short-term contract of six-to-12 months is typically provided. Providers near the unserved area know the landscape and the population to be served. Development works with the new provider to quickly establish intake sites that can be easily accessed by local clients. If the interim arrangement proves to be satisfactory, Development will name the entity providing services as the "permanent" provider of services for the area. In selecting a contiguous agency, Development also takes into account whether the agency is already providing other services in the service territory.**

#### **8.7 How many local administering agencies do you use? 53**

|  |   |                                     |    |
|--|---|-------------------------------------|----|
| <b>8.8 Have you changed any local administering agencies in the last year?</b>   |   |                                     |    |
| <input type="checkbox"/>   | Yes   | <input checked="" type="checkbox"/> | No |
| <b>8.9 If so, why?</b>   |   |                                     |    |
| <input type="checkbox"/>   | Agency was in non-compliance with grant recipient requirements for LIHEAP - |                                     |    |
| <input type="checkbox"/>   | Agency is under criminal investigation.                                     |                                     |    |
| <input type="checkbox"/>   | Added agency  |                                     |    |
| <input type="checkbox"/>   | Agency closed   |                                     |    |
| <input type="checkbox"/>   | Other – describe  |                                     |    |
| <b>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?</b>  |   |                                     |    |
| <input type="checkbox"/>   | Yes   | <input type="checkbox"/>            | No |
| <b>8.10a If yes, please explain:</b>   |   |                                     |    |
|  |   |                                     |    |
| <b>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.</b>                |   |                                     |    |
| <input type="checkbox"/>   | Yes   | <input type="checkbox"/>            | No |
| <b>8.10c if yes, please explain:</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> |   |                                     |    |
|  |   |                                     |    |

## 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 type="checkbox"/>            | Yes | <input type="checkbox"/>            | No |
| Crisis                | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/>            | No |
| Are there exceptions? | <input type="checkbox"/>            | Yes | <input checked="" type="checkbox"/> | No |

If yes, Describe. For the Crisis Programs, payments are made directly to suppliers by both Development and the local Energy Assistance Providers.

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

**Heating:** All households who complete an application receive written notice of eligibility that includes the amount of the benefit.

**Crisis:** local Energy Assistance Providers are required, by the terms of their executed agreement, to provide each client with written notice of a decision that includes the amount of the benefit.

**Cooling:** Not Applicable

##### 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?

Bulk fuel vendors are required to provide a delivered invoice for payment so only the benefit amount is charged to the program. For utilities (regulated and unregulated), Development may require the client make copayments for amounts above the benefit threshold after confirming with the utilities the client's actual usage charges.

##### 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?

Development has a Home Energy Assistance Vendor Agreement and local Energy Assistance Provider grant agreements that both include a nondiscrimination policy. Copies of both are attached.

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

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

If so, describe the measures unregulated vendors may take.

**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.**

## 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  
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### 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. Development's grant management and database software is Salesforce, a web-based application. Local Energy Assistance Providers are required to complete an application in Salesforce detailing their management plan and budget.**

**The online application is designed and built with various validations to ensure good fiscal accounting and tracking of LIHEAP funds in the following ways:**

**Prevent budgeting greater than the maximum grant award.**

**Only allow the maximum administration amount to be budgeted and track expenditures during the grant period. Track and prevent reporting total cash received smaller than sum of monthly cash received, and track and prevent reporting expenditures greater than the grant award amount.**

**Track final expenditures with grant balance.**

**Reports are available from all of Development's systems to produce statewide obligation/expenditures and number of households served reports to track expenditures on heating, crisis, and weatherization by program year.**

**Local Energy Assistance Providers have the opportunity to submit budget revisions, as necessary by program needs, and/or to align with actual expenditures at the end of the grant period. All requested revisions go through a review and approval process by Development staff.**

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

|                        |  |
|------------------------|--|
| Obligation:            | 2 CFR 200.1 defines this as “when referencing a recipient's or subrecipient's use of funds under a Federal award, means orders placed for property and services, contracts and subawards made, and similar transactions that require payment.”   |
| Expenditures:          | 2 CFR 200.1 defines this as “means charges made by a non-Federal entity to a project or program for which a Federal award was received.”   |
| Expenditure timeframe: | 2 CFR 200.1 defines period of performance as “means the total estimated time interval between the start of an initial Federal award and the planned end date, which may include one or more funded portions, or budget periods. Identification of the period of performance in the Federal award per § 200.211(b)(5) does not commit the awarding agency to fund the award beyond the currently approved budget period.” |
| Administrative costs:  | Funding disbursed or paid to a vendor supporting the general administration of a grant. These costs would include but are not limited to payroll/fringe for staff, consulting services, general maintenance/supplies, and equipment.   |

#### 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 |
|-------------------------------------|-----|--------------------------|----|

#### 10.2a If yes, describe your auditor selection process.

Annually, a criteria-based process is used to select recipients of grants for an audit. This approach allows us to assess and prioritize grant recipient data and information for a risk-based analysis. We rely on several data sources to select LIHEAP grant recipients, to include federal/state/local regulations, the grant recipient total award data from all funding sources, annual LIHEAP plans, award amounts, our prior audit history of the grant recipient, and the grant recipient's annual audit report from independent sources.

#### 10.3. Describe any audit findings of the grant recipient (i.e., state, tribe, territory) rising to the level of a



|  |  |               |           |              |
|--|--|---------------|-----------|--------------|
| <b>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.</b>   |  |               |           |              |
| <input type="checkbox"/> No Findings   |  |               |           |              |
| Finding  | Type   | Brief Summary | Resolved? | Action Taken |
| 1.LIHEAP   | Cash Management  |               |           |              |
| 2. LIHEAP  | Transparency Act Reporting   |               |           |              |
| 3.LIHEAP   | Reporting  |               |           |              |
| <b>10.4. Audits of Local Administering Agencies</b>  |  |               |           |              |
| <b>What types of annual audit requirements do you have in place for local administering agencies or district offices? Select all that apply.</b>   |  |               |           |              |
| <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 checked="" 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 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.   |               |           |              |
| <b>Compliance Monitoring</b>   |  |               |           |              |
| <b>10.5. Describe your monitoring process for compliance at each level below. Check all that apply.</b>  |  |               |           |              |
| <b>Grant recipient employees:</b>  |  |               |           |              |
| <input type="checkbox"/>   | Internal program review  |               |           |              |
| <input 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: A structured monitoring system was implemented by Development for on-site visits by trained personnel for review of all computer-collected/compiled data and through identification of special problems. Development implemented a web-based centralized client application and database called the Ohio Community and Energy Assistance Network (OCEAN) in 2006. This system is shared with local Energy Assistance Providers and allows for real-time reporting as well as access to client intake processes, income calculations, eligibility determination and client comments. There is also an audit log which tracks any updates to a client's record. Development created a monitoring Review Tool in the client entry Salesforce system. Both local Energy Assistance Providers and Development can access and review client applications that are in the system. These reviews can track where errors are being made, which team member may need additional assistance, and allow the intake worker to view their mistakes and make corrections. There are reports designed to track how many reviews have been completed and if they are expected to reach the required number of reviews in each individual category (as outlined in the Energy Assistance Programs Guidelines). |               |           |              |
| <b>Local Administering Agencies or District Offices:</b>   |  |               |           |              |
| <input type="checkbox"/>   | On-site evaluation   |               |           |              |
| <input type="checkbox"/>   | Annual program review  |               |           |              |
| <input type="checkbox"/>   | Monitoring through central database  |               |           |              |
| <input type="checkbox"/>   | Desk reviews   |               |           |              |
| <input type="checkbox"/>   | Client File Testing/Sampling   |               |           |              |
| <input type="checkbox"/>   | Other program review mechanisms are in place. Describe:  |               |           |              |
| <b>10.6 Explain or attach a copy of your local agency monitoring schedule and protocol.</b>  |  |               |           |              |
| It is Development's practice to monitor local Energy Assistance Providers annually. The monitoring process may be conducted remotely. Development will send each local Energy Assistance Provider a copy of the monitoring tool, a list of items to submit through a secure website, along with submission instructions. Development will review all items and schedule an exit interview with the local Energy Assistance Providers. During the exit interview, the community development analyst will review the tool with staff and may provide a copy of the tool for review and comments, if necessary. |  |               |           |              |
| <b>10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.</b>  |  |               |           |              |
| Site Visits:   | It is Development's practice to monitor every local Energy Assistance Provider   |               |           |              |



|  |   |
|--|---|
|  | <b>annually.</b>                                    |
| Desk Reviews:  | <b>Available as needed using electronic system.</b> |
| <b>10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.</b>  |   |
| <input checked="" type="checkbox"/>  | Annually  |
| <input type="checkbox"/>   | Biannually  |
| <input type="checkbox"/>   | Triannually   |
| <input type="checkbox"/>   | Other,  |
| <b>10.9. How many local agencies are currently on corrective action plans? 0</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> |   |
|  |   |

DRAFT

**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

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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 type="checkbox"/>            | Stakeholder consultation meeting(s)  |
| <input type="checkbox"/>            | Comments are solicited during outreach activities.   |
| <input checked="" type="checkbox"/> | Other - Describe: To facilitate input from the public regarding the structure of the Home Energy Assistance Program, Development: <ul style="list-style-type: none"><li>o Requested written comments regarding ways to improve the FY 2024 HEAP program from all local Energy Assistance Providers.</li><li>o Development will conduct a public hearing on Aug. 3, 2024.</li><li>o Received feedback from the Ohio HEAP Leadership Association (OHLA) on Energy Assistance Program processes. Development has met with OHLA to discuss potential changes to the programs. OHLA recommended a continued waiver of face-to-face client interviews.</li></ul> |

**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 | August 1, 2024 | FY 2024 LIHEAP Public Hearing |
| 2 |                |                               |

**11.4. How many parties commented on your plan at the hearing(s)? Development will provide this information once the hearing takes place on Aug. 1, 2024.****11.5 Summarize the comments you received at the hearing(s).****Development will provide this information once the hearing takes place on Aug. 1, 2024.****11.6 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?****Changes will be made after the hearing takes place on Aug. 1, 2024.****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

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

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

#### 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?

0

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

0

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

The appeals process will be managed at the local level by each local Energy Assistance Provider. If the client wishes to pursue a further appeal, they must submit a state level appeal to Development within 30 days of the final decision rendered at the local agency.

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

Clients have 30 days from the date they receive their eligibility or benefit notification to appeal decisions made regarding their Energy Assistance Application for HEAP, WCP, SCP, and PIPP. Clients must be informed of this right when they receive their application and again in their notification letter.

Clients must be informed of this right at the time an application is submitted. Clients may appeal more than once within the same/current program year.

Grounds for appeal include:

- Energy Assistance Application was denied.
  - o If an application was denied, and it has been at least 30 days since they received their notification of denial and their eligibility situation has changed (i.e., household composition or household income), they can submit an appeal to redetermine the application.
- If the application was neither approved nor denied within 12 weeks after the application was submitted, uploaded in the portal or received at the EAP, unless such delay was the result of the client's lack of cooperation in providing necessary and reliable documentation with which to determine eligibility.
- Disagreements with the benefit/installment amount (HEAP, WCP, SCP, and PIPP).
- Household composition has changed since the application was submitted.
- Income has changed since the application was submitted.
- Utility provider has changed or is incorrect.
- Multi-program discount was applied to HEAP, but client is not enrolled in PIPP.
- Intake worker error in inputting client information.
- If an applicant is found noncompliant and is placed under Compliance Review.
- Client is eligible for HEAP due to heat/energy included in rent, bill in landlord's name, etc.
- If documentation of an income deduction was not submitted with the original application and not deducted (documentation of disability, insurance premiums).
- If documentation of an excluded income type was not submitted with the original application and income was counted/included, example: Title V wages etc.

## Local Level Energy Assistance Programs - Written Appeal

Clients have 30 days from the date they receive their benefit notification to appeal decisions made regarding their Energy Assistance Application. All appeals must be submitted in writing (letter or email) with supporting documentation attached to the local Energy Assistance Provider's HEAP coordinator.

The appeal review must be completed within 30 days from the date of the client's appeal request. The local Energy Assistance Provider must email [heapappeals@development.ohio.gov](mailto:heapappeals@development.ohio.gov) and copy their HEAP field representative for every appeal requested (HEAP and/or PIPP), and again once the final decision has been made and all documentation has been scanned into the system (i.e., the appeal request, supportive documentation, local Energy Assistance Provider's Resolution/Notification/Actions, etc.). The client must be notified of the decision made by the local Energy Assistance Provider within 10 days of the decision.

## Local Level Energy Assistance Programs - Hearing

Clients who were denied during the written appeal process may request a formal hearing within 30 days of the denial of the written appeal. The client must submit a request for a formal hearing in writing (letter or email). The request is to be made to the executive director of the local Energy Assistance Provider. The local Energy Assistance Provider shall schedule a hearing within 30 days of the receipt of the letter/email requesting a hearing. The hearing shall be held at a mutually convenient place and a hearing officer shall be appointed by the local Energy Assistance Provider. The hearing officer may be a staff member of the local Energy Assistance Provider who was not involved in the decision that is being appealed.

The client must be notified of the local Energy Assistance Provider's decision regarding the appeal within 10 days of the date of the formal hearing.

The local Energy Assistance Provider must also notify their HEAP field representative of the final decision and scan all documentation into the system database (i.e., the appeal request, supportive documentation, local Energy Assistance Provider's Resolution/Notification/Actions, etc.).

## State Level Energy Assistance Programs Appeal

If the client wishes to pursue a further appeal, they must submit a state level appeal to Development within 30 days of the final hearing decision rendered at the local Energy Assistance Provider. The appeal request may be mailed to:

Ohio Department of Development  
Office of Community Assistance, Appeals  
P.O. Box 2169  
Columbus, Ohio 43216  
or faxed to (614) 387-2718 Attention: Appeals  
or emailed to [heapappeals@development.ohio.gov](mailto:heapappeals@development.ohio.gov)

Development will review client appeals which have been denied at both the local Energy Assistance Provider written and hearing appeal process and that contain new information, or information not considered during the local Energy Assistance Provider written appeal or hearing process.

The appeal request must contain the following information:

- Client's name, address, telephone number.
- Client number (if available).
- Reason for the appeal.
- Supporting documentation.
- Client's signature.

A decision on the appeal will be made within 30 days of receipt of the appeal request. The client will be notified within 10 days of Development's decision.

## Federal Level Energy Assistance Programs Appeal

If the client wishes to pursue an appeal of a state level appeal determination, they must submit a federal level appeal to the U.S. Department of Health and Human Services/Administration for Children and Families. The

appeal request may be mailed to:

Department of Health and Human Services/Administration for Children and Families Office of Community Services/Division of Energy Assistance  
Low Income Home Energy Assistance Program (LIHEAP)  
Mary E. Switzer Building, 5th Floor  
330 C Street, SW  
Washington, D.C. 20201  
Or fax to (202) 401-5661

All appeal decisions made by the U.S. Department of Health and Human Services/Administration for Children and Families are final.

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

Clients are notified of their fair hearing rights in the following manners:

- Verbal Notification: HEAP staff will advise clients of their application status and appeal rights.
- Written Notification: Whether an application is approved or denied, all clients are notified of appeal rights in the letter containing the original determination of eligibility.
- Agency Notification: For crisis assistance, all clients are interviewed face-to-face unless face-to-face requirement waived by Development. Clients are informed of their appeal rights during the interview. For in-person interviews, agencies display the appeals process in its entirety in the waiting areas. Also, the appeal procedure described above is incorporated into the Energy Assistance Programs Guidelines issued by Development to all local grant recipients.
- Appeal process is posted on Development's online application page.

**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

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

#### Section 13 – Reduction of Home Energy Needs

#### Section 13: Reduction of Home Energy Needs, 2605(b)(16) - Assurance 16

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

In order to comply with Section 2605(b)(16) of the LIHEAP statute (42 U.S.C & 8624(b)(16))- Assurance 16, Development will provide a maximum of 5% of the total annual State of Ohio LIHEAP allocation to encourage and enable households to reduce their home energy needs. Funding is available annually through a request for proposal process. Applications will be received and reviewed on a first-come, first-served basis during the open application period. The request for proposal will outline the following:

- Duration of program (annual award vs. one-time).
- Requested funding amount, uses and any leveraged resources.
- Description of the project and how the project will reduce the household's energy burden.
- Anticipated outcomes.
- Methodologies for tracking outcomes.

If the applicant is awarded funds, they will be required to report on the number of households served and the impact on those households (including pre- and post-testing, client survey responses, etc.).

Examples of how LIHEAP funds have been provided through Assurance 16 includes the following:

- The Breathing Association – Provides energy efficiency education and assessments, energy saving referrals and energy saving kits through its mobile medical unit and lung clinic and served 1,392 households.
- Community Action Agency of Columbiana County, Inc – Provides home repairs services, local food pantry locations, and other housing programs to perform outreach.
- HAR-CA-TUS Tri-County Community Action Agency – Provides energy needs assessments, referrals for energy efficiency services and energy efficiency kits.
- Mahoning Youngstown Community Action Partnership – Provides energy efficiency education, energy efficiency audits with 60-day reviews, and energy efficiency kits.
- Ohio Energy Partners – Provides energy efficiency education and energy efficiency kits through its E3 smart program that works with classrooms (students and teachers) in underserved regions in Ohio.
- West Ohio Community Action Partnership – Provides energy efficiency education, energy efficiency assessments, energy efficiency kits, Case Management, Energy and financial counseling.
- Clean Energy 4 All – Provided energy efficiency education, energy efficiency audits, program referrals for household efficiency improvements and oversight of the improvements.
- Northwestern Ohio Community Action Commission, INC – Provides benefits to clients with reduction in energy, installation of energy efficient bulbs and replacement of high energy use appliances to help relieve the energy burden.
- True Vision Community Development Corporation – Provides comprehensive financial counseling services, develop skills to work effectively with utilities on affordable payment arrangements, and better understand how to manage their energy usage and energy bills.

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

Development will allocate funds in the methods described in 13.1 up to a maximum of 5% of the LIHEAP funds

allocated to the State of Ohio.

**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.**

The Breathing Association has been funded by the HEAP Assurance 16 to provide clients with residential energy savings education along with receiving a HEAP benefit.

**13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.**

Clients received residential energy savings education along with receiving a HEAP benefit, and medical care. Some agencies also provided energy conservation kits to clients in addition to education materials.

**13.5 How many households received these services?**

The current number is: 5,896 as of July 14, 2023. We will provide an updated number following the public hearing. Agencies are still finalizing reports.

**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.**

The total number of households that received services is: 3,538.



## Section 14 - Leveraging Incentive Program, 2607A

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

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

### 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.

Development has and will continue to engage in activities which enhance the value of basic LIHEAP assistance to eligible households. These activities are consistent with general definitions of "leveraging" as found in Section 707 of Public Law 101-501, Section 2607A. Regulations implementing the leveraging incentive program are contained in 45 CFR Part 96. Development will describe those activities for award of additional federal funds appropriated for this purpose.

##### 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?  |
|--|--|---|---|
| Fuel Funds                             | Several regulated gas and electric utilities in Ohio raise and provide funds for eligible low-income clients.  | Many of these fuel funds are directly administered by the state LIHEAP office or its grant recipients, which employ a certification of eligibility by the state office and its Local Energy Assistance Providers and often requires verification that the LIHEAP benefits are exhausted to qualify for assistance.  | Other policies, such as amount of benefit and months of availability, may vary by fund. Determination of income eligibility and certification of eligibility is performed by the local Energy Assistance Provider, as already specified in Ohio's state plan. Ohio's private fuel funds could not operate according to their program rules without information provided and/or verified by the Ohio LIHEAP program. |
| Percentage of Income Payment Plan Plus | The Percentage of Income Payment Plan Plus (PIPP) is designed for low-income Ohioans who need assistance paying their utility bills to maintain gas and/or electric service. It can be combined with the Home Energy Assistance Program benefit to help income-eligible Ohioans manage their energy bills. | PIPP is funded by the Universal Service Fund (USF). The USF is a rider on the utility bill of all clients of regulated utilities. A rider is an additional charge on a utility bill which must be approved by the Public Utilities Commission of Ohio (PUCO) for a specific purpose. The PUCO calculates the gas PIPP rate and audits utilities which provide gas PIPP. | The Ohio Department of Development calculates the electric PIPP rate case, which determines the funding level of the USF and the electric PIPP program. The PIPP is available for Ohioans with a household income at or below 175% of the federal poverty guideline, receiving gas or electric service from a utility regulated by the PUCO.  |
| Electric Partnership Program           | Some of the PIPP-eligible households with high consumption rates and high arrearages are   | Each year, more than \$14 million of the USF is designated for education and energy efficiency  | The program serves about 10,000 PIPP electric households each year with in-home audits  |



|   |   |                         |  |
|---|---|-------------------------|--|
|   | <p><b>identified to participate in the educational program.</b></p> | <p><b>measures.</b></p> | <p><b>to identify energy-saving measures and provide conservation education. Replacement light bulbs, weather-stripping and in some cases new appliances are provided. This service helps HEAP implement practices to reduce their energy consumption over time.</b></p> |
| <p><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></p> |   |                         |  |
|   |   |                         |  |

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## Section 15 - Training

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

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

### 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 a policy manual.

☐ Employees are provided with policy manual

☒ Other - Describe: Development provides monthly open office hours to Energy Assistance Providers and staff, standing agenda item includes any LIHEAP related issues that this office deems necessary that includes but not limited to eligibility, quality assurance and compliance.

##### 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.

☐ 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

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 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.**

We contacted our top 10 Propane/Bottle Gas, Fuel Oil/Kerosene and Wood/Coal/Other vendors and explained that the U.S. Department of Health and Human Services, which funds the Ohio Home Energy Assistance Program (HEAP), requires Development to collect and report data on Ohio HEAP client usage.

We have previously enhanced our OCEAN system to make it more user-friendly for vendors to provide the needed data. We emailed vendors the instructions on how to retrieve the client information of our mutual HEAP clients. We provided specific dates for vendors to use to reflect the 12 months of data needed to report the annual bill amount, annual usage, full year service address, and clients that were a customer for at least 12 months.

We have received data from the following categories of vendors:

- (10) Propane/Bottle Gas
- (10) Fuel Oil/Kerosene
- (10) Wood/Coal/Other
- (5) Gas
- (6) Electric

Time frames and plans for meeting these requirements:

We require the data usage report to cover 10/1/23-9/30/24. We make weekly contact with fuel vendors to ensure progress is being made on data collection and to answer questions. We will begin to process the data and prepare the Performance Measures Data Collection Report submission in October 2024.

What we hope to accomplish in the coming federal fiscal year:

Development will make process improvements to the performance data collection and reporting based on feedback from HEAP vendors, clients, and Development staff. Development will analyze the HEAP client usage data to improve the program and customer service. Development will ensure data is being properly collected and reported from vendors. Our goal is to have 95% or more of our vendors participating in the data collection and reporting process. Some of our vendors are building capacity over the next year to pull their data extraction processes/systems together for full participation.

**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

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 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 type="checkbox"/>            | Required                       | <input 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 checked="" type="checkbox"/> | Required                       | <input 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"/>            |           |

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

##### 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 type="checkbox"/>            | Verify SSNs with Social Security Administration   |
| <input 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 type="checkbox"/>            | Match with state Department of Labor system   |

|  |   |
|--|---|
| <input 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 checked="" type="checkbox"/>  | Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.                        |
| <input checked="" 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 checked="" 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 type="checkbox"/>   | Computer data matches:  |
| <input type="checkbox"/>   | Income information matched against state computer system (e.g., SNAP, TANF)                                 |
| <input type="checkbox"/>   | Proof of unemployment benefits verified with state Department of Labor                                      |
| <input type="checkbox"/>   | Social Security income verified with SSA  |
| <input type="checkbox"/>   | Utilize state directory of new hires  |
| <input type="checkbox"/>   | Other - Describe:   |
| <b>17.6. Protection of Privacy and Confidentiality</b>   |   |
| <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 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 checked="" type="checkbox"/>   | Centralized computer system automatically generates benefit level.  |
| <input checked="" type="checkbox"/>   | Separation of duties between intake and payment approval.   |
| <input checked="" type="checkbox"/>   | Payments coordinated among other energy assistance programs to avoid duplication of payments.                 |
| <input type="checkbox"/>  | Payments to utilities and invoices from utilities are reviewed for accuracy.                                  |
| <input checked="" type="checkbox"/>   | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities. |
| <input checked="" 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>   | Refer to local prosecutor or state Attorney General.  |
| <input checked="" type="checkbox"/>   | Refer to U.S. DHHS Inspector General (including referral to OIG hotline).                                     |
| <input checked="" type="checkbox"/>   | Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.     |
| <input checked="" 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?          |
| <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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**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

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | By checking this box, the prospective primary participant is providing the certification set out above. |
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## 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

Address Line 2

Address Line 3

|  |   |           |
|--|---|-----------|
| *City  | *State  | *Zip Code |
| <p><b>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</b></p> <p><b>(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></p> <p><b>(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.</b></p> <p><b>[55 FR 21690, 21702, May 25, 1990]</b></p> |   |           |
| <input type="checkbox"/>   | <p><b>By checking this box, the prospective primary participant is providing the certification set out above.</b></p> |           |

## Section 20: Certification Regarding Lobbying

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 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 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