

## DETAILED MODEL PLAN (LIHEAP)

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 1

**Report Period:** 10/01/2023 to 09/30/2024

**Report Status:** Submission Accepted by CO (Revision #1)

### Report Sections

1. ***Mandatory Grant Application SF-424***
2. ***Section 1 - Program Components***
3. ***Section 2 - HEATING ASSISTANCE***
4. ***Section 3 - COOLING ASSISTANCE***
5. ***Section 4 - CRISIS ASSISTANCE***
6. ***Section 5 - WEATHERIZATION ASSISTANCE***
7. ***Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)***
8. ***Section 7 - Coordination, 2605(b)(4) - Assurance 4***
9. ***Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6***
10. ***Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7***
11. ***Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10***
12. ***Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)***
13. ***Section 12 - Fair Hearings,2605(b)(13) - Assurance 13***
14. ***Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16***
15. ***Section 14 - Leveraging Incentive Program ,2607A***
16. ***Section 15 - Training***
17. ***Section 16 - Performance Goals and Measures, 2605(b)***
18. ***Section 17 - Program Integrity, 2605(b)(10)***
19. ***Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters***
20. ***Section 19: Certification Regarding Drug-Free Workplace Requirements***
21. ***Section 20: Certification Regarding Lobbying***
22. ***Assurances***
23. ***Plan Attachments***

## 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: 12/31/2024

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

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

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> Indiana Housing and Community Development Authority			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 35-1485172		<b>* c. Organizational DUNS:</b> 086870479	
<b>* d. Address:</b>			
<b>* Street 1:</b>	30 South Meridian Street, Suite 900	<b>Street 2:</b>	
<b>* City:</b>	INDIANAPOLIS	<b>County:</b>	MARION
<b>* State:</b>	IN	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	46204 -

**e. Organizational Unit:**

<b>Department Name:</b> Community Programs	<b>Division Name:</b> EAP
---	------------------------------

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

<b>Prefix:</b>	<b>* First Name:</b> Thomas	<b>Middle Name:</b> James	<b>* Last Name:</b> Hartnett-Russell
<b>Suffix:</b>	<b>Title:</b> Community Programs Manager -EAP	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> 317-234-8489	<b>Fax Number:</b>	<b>* Email:</b> thartnettrussell@ihcda.in.gov	

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

**b. Additional Description:**

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

	<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>10. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program

**11. Descriptive Title of Applicant's Project**


**12. Areas Affected by Funding:**

**13. CONGRESSIONAL DISTRICTS OF:**

<b>* a. Applicant</b> 07	<b>b. Program/Project:</b> Statewide
-----------------------------	---

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

<b>14. FUNDING PERIOD:</b>	<b>15. ESTIMATED FUNDING:</b>
----------------------------	-------------------------------

<b>a. Start Date:</b> 10/01/2023	<b>b. End Date:</b> 09/30/2024	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
<b>Explanation:</b>			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Emily Krauser, Director of Community Programs		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b> ekrauser@ihcda.in.gov	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 09/20/2023	
<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: 12/31/2024

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

Department of Health and Human Services  
Administration for Children and Families  
Office of Community Services  
Washington, DC 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Approval No. 0970-0075  
Expiration Date: 12/31/2023

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/02/2023	05/20/2024
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Crisis assistance	10/02/2023	05/20/2024
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2023	09/30/2024

Provide further explanation for the dates of operation, if necessary

Indiana allows for mail-in applications for vulnerable/at-risk populations to begin August 14. On October 02, LSPs may distribute applications to the general public and begin to schedule appointments to begin on November 01. Crisis starts on November 01 because by starting crisis November 01, clients will be able to qualify for moratorium.

The online application portal will open on October 02.

We do not plan to administer any benefits in the summer. We have attempted to adjust our matrix to expand the majority of LIHEAP funds during the winter.

In 2024, we are allocating 9% to Weatherization.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	56.00%
Cooling assistance	0.00%
Crisis assistance	15.00%
Weatherization assistance	9.00%
Carryover to the following federal fiscal year	5.00%
Administrative and planning costs	10.00%

Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%				
Used to develop and implement leveraging activities	0.00%				
<b>TOTAL</b>	<b>100.00%</b>				
<b>Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)</b>					
<b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>					
<input checked="" type="checkbox"/> Heating assistance	<input type="checkbox"/> Cooling assistance				
<input type="checkbox"/> Weatherization assistance	<input checked="" type="checkbox"/> Other (specify:) LSPs may continue to administer crisis through 05/20				
<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>					
<b>1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below?</b> <input type="radio"/> Yes <input checked="" type="radio"/> 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>	
TANF	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
SSI	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
SNAP	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	<b>Program Name</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
Other(Specify) 1		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>1.5 Do you automatically enroll households without a direct annual application?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
If Yes, explain:					
<b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>					
<b>SNAP Nominal Payments</b>					
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.					
<b>1.7b Amount of Nominal Assistance:</b> \$0.00					
<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>					
N/A					
<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				
<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				
	Payments from mortgage or Sales Contracts				

<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction
<input checked="" type="checkbox"/>	<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"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input checked="" type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input 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"/>	
<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"/>	<p><b>Other</b></p> <p>Cash gifts: are counted to the extent that they are explicitly intended to provide specific household supports. Gifts of a personal nature are not counted.</p> <p>One-time lump sum payment: winnings from lotteries are included.</p> <p>Insurance payments: Disability Payments, Life Insurance Payments are counted. Insurance settlements are not counted.</p> <p>Combat zone pay from military is not included.</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>	

## 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: 12/31/2024

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

### Section 2 - Heating Assistance

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

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

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

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

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

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

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

- Renters?**  Yes  No
- Renters Living in subsidized housing?**  Yes  No
- Renters with utilities included in the rent?**  Yes  No

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

- Elderly?**  Yes  No
- Disabled?**  Yes  No
- Young children?**  Yes  No
- Households with high energy burdens?**  Yes  No
- Other? Veterans**  Yes  No

**Explanations of policies for each "yes" checked above:**

Households containing one of our designated at-risk populations are given an opportunity to apply early.

Applicants who rent their home and have utilities included in the rent must provide documentation that they have an out-of-pocket rent responsibility (i.e., that their rent is not 100% subsidized) in order to establish that an energy burden exists.

**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.**

Vulnerable populations [elderly (60+), disabled, veterans, households with young children (age 5 or under)] who receive benefits the prior year will receive a new application early by mail and the eligibility process is typically completed before the harsh part of the winter season begins.

IHCDA has introduced a statewide online application system to increase access to the program.

**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
  - Climate/region
  - Individual bill



<input checked="" type="checkbox"/> Dwelling type			
<input type="checkbox"/> Energy burden (% of income spent on home energy)			
<input checked="" type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
<p>Vulnerable population status: An additional 4 matrix points (\$100) is given to households who have one member who is elderly, disabled, young child, or veteran.</p>			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$250	Maximum Benefit	\$800
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<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: 12/31/2024

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

### Section 3 - Cooling Assistance

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

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

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

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

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

Do you require an Assets test?  Yes  No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

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

N/A

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

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

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

<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input checked="" type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
At this time, we do not anticipate offering a cooling program.			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$0	Maximum Benefit	\$0
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<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: 12/31/2024

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

#### Section 4: CRISIS ASSISTANCE

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

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

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

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

A crisis situation is an energy emergency when there is a potential disconnection or depletion of the energy sources but is not considered a life threatening crisis. Non-life threatening crisis situations must be mitigated within 48 hours.

Metered Utilities:

- Has received a current Notice of Disconnection on residence primary heating sources, such as the electric or natural gas utility but yet not disconnected; or the household is disconnected but nobody in the household meets at-risk population criteria; or the household is currently on a payment plan or arrangement in order to mitigate an arrearage in order to avoid previous disconnection, and must pay a monthly portion of the arrearage balance in addition to their full current usage.

Bulk Fuel:

- Households who heat with a deliverable bulk fuel (e.g., LP, oil, coal, corn, wood, pellets, or other biofuel) or who have prepaid electricity service will automatically be considered to be in crisis at the time of application.

Inoperable heating equipment:

- Households who report that their heating equipment is not operable will be assessed for eligibility for the Emergency Repair and Replace benefit.

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

A life-threatening crisis situation must be mitigated within (18) hours. The (18) hour timeframe begins at the point in time the life-threatening situation is communicated to LSP staff. A life threatening crisis situation is defined when there is at least one at-risk individual (adult age 60 or over, child age 5 or under, person with a disability, or veteran) **and** any of the following criteria is met:

1. Heating and/or electric service is currently shut off or disconnected out of bulk fuel (empty tank).
2. There is a documented medical need where there is an extreme safety concern.
3. Need of propane tank safety inspection.

**Crisis Requirement, 2604(c)**

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

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

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

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

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young Children?**  Yes  No

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

**Other? Veterans/active duty military**  Yes  No

<b>In Order to receive crisis assistance:</b>	
Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have been shut off or have an empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have exhausted their regular heating benefit?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must renters with heating costs included in their rent have received an eviction notice?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must heating/cooling be medically necessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional/differing eligibility policies for:</b>	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Additional requirements for Crisis: If crisis funding is not enough to guarantee the continuation of service, no crisis will be offered.</p> <p>Renters with utilities in rent are not eligible for crisis assistance.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input checked="" type="checkbox"/>	Separate component
<input checked="" type="checkbox"/>	Fast Track
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  In addition to expediting the applications of households that are in crisis, we also issue additional benefits in order to cover the amount needed to cancel a pending disconnection or to restore energy that has already been disconnected (or to ensure a delivery of bulk deliverabel fuel). We also leverage crisis funding in order to operate an Emergency Repair and Replacement program for eligibile households if the primary heating source is nonfunctional.
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input type="checkbox"/>	Other - Describe:
<b>Crisis Requirements, 2604(c)</b>	
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>	
<p>Energy Assistance Program is administered by 20 different subgrantees, each of whom has responsibility for a territory of one to eight counties. Between these agencies, all 92 of Indiana's counties are covered. The subgrantee is responsible to ensure accessibility to residents of all the counties it serves, and is encouraged to form partnerships with other agencies to create additional community application sites.</p> <p>The online application portal is accessible 24 hours a day, seven days a week.</p>	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
<b>Submit applications for crisis benefits without leaving their homes?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>	
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>	
<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	\$1,000.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$0.00 maximum benefit

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

**4.14 Do you provide for equipment repair or replacement using crisis funds?**  
 Yes  No

If you answered "Yes" to question 4.14, you must complete question 4.15.

**4.15 Check appropriate boxes below to indicate type(s) of assistance provided.**

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

**4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?**  
 Yes  No

If you responded "Yes" to question 4.16, you must respond to question 4.17.

**4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.**

The Indiana General Assembly has enacted Indiana Code 8-1-2-121 governing the termination of natural gas and electric service without the customer's request. This law, which first became effective in 1983, states that utility (Municipally-owned, privately-owned or cooperatively-owned) may not, during the period from December 1 through March 15 of any year, terminate residential utility service to any customer who is eligible for and who has applied for the Energy Assistance Program. The Indiana Utility Regulatory Commission (IURC) later promulgated regulations under the authority of IC 8-1-2-121 at 170 IAC 4-4-16.6 and 170 IAC 5-1-16.6.

Under Indiana state law and regulations, utilities may not disconnect service to customers if:

- The customer has submitted a complete application and eligibility is being determined by the local LSP or its subcontractor.
- The customer has furnished proof to the utility provider of his/her application to receive EAP benefits; or IHADA, the local LSP or the LSP's subcontractor has notified the utility provider.

Electric or gas utility providers, including a municipality owned, privately owned, or cooperatively owned utility, qualify as a "utility" for the purposes of the moratorium law. "Municipally owned utility" is a utility owned or operated by a city or town in Indiana.

Any household who has applied for EAP **on or after October 1st** cannot have its service disconnected between December 1 and March 15. A "qualified" household is defined as a household that has active service and has submitted a completed application to the LSP, and a staff person at the agency has determined or is determining that eligibility.

If a utility provider has negotiated a payment arrangement with a client who has qualified for EAP and the client violates that payment arrangement before December 1, the utility has the right to disconnect that client prior to December 1, because that client is not yet protected by the moratorium. If the same client has active service as of December 1, the utility may not disconnect that client until March 16.

A utility vendor may refuse EAP benefit at any time during the heating season. Benefit refusal does not prevent moratorium protection. A client who has submitted a complete application and is being deemed or has been deemed EAP eligible and has active service on December 1 will receive moratorium protection through March 15.

Circumstance may arise where landlords and tenants must create a utility payment arrangement to ensure that the utility bills are paid on time. Moratorium protection applies in the following way when the payment between the landlord and client is breached:

If the utility is listed in the landlord's name, but the client has breached payment agreement with the landlord, the landlord may request service disconnection during the moratorium period. Though the client was deemed eligible for EAP assistance, the landlord is the customer of record on the utility bill.

If the utility is listed in the client's name, but the landlord had breached the payment agreement, then the client is protected under the moratorium because the client is the customer of record on the utility bill.

Regulations allow the utility to disconnect the utilities for a customer otherwise covered under the moratorium in the following

circumstances:

- If a condition dangerous or hazardous to life, physical safety or property exists.
- Upon order by any court, the IURC, or other duly authorized public authority.
- If fraudulent or unauthorized use of electricity or gas is detected, and the utility has reasonable grounds to believe the affected customer is responsible for such use.
- If the utility's regulating or measuring equipment has been tampered with and the utility has reasonable grounds to believe the affected customer is responsible for such tampering.

In addition, some of our vendors voluntarily extend the moratorium to begin on November 1, when we begin transmitting official benefit records to them.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 12/31/2024

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency.

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

#### WEATHERIZATION - Types of Rules

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

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

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

Other - Describe:

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

Income Threshold

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

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

Other - Describe:

IHCD allows, as a LIHEAP program expense, the costs of eliminating health and safety hazards prior to installation of weatherization materials. Health and safety is not a separate budget line item in LIHEAP and therefore is included in the mechanical average cost per unit.

Replacement of gas cook stoves will be allowed with LIHEAP funds as a health and safety measure and must be charged to the Mechanical line item. Replacement of the cook stove may not be charged to DOE but must be paid for with LIHEAP funds. Repair of the cooking stove may be charged to either DOE Health and Safety or LIHEAP Mechanical.

In addition, Weatherization allows use of LIHEAP funds to replace on demand water heaters and heat pumps as an ECM when they have an SIR of 1 or greater.

IHCD does not allow DOE or LIHEAP funds to be used for replacing air conditioners. Repairs to an air conditioning system may only be made when current operation of the AC unit endangers the operation of the furnace. Repairs can be charged to either DOE Health and Safety or LIHEAP Support depending upon the funding source being used to weatherize the unit.

Maximum allowable ACPU of LIHEAP Capital Intensive Completions is \$15,400. Total Mechanical Completion is \$5,000.

**Internal Note: Need language about supplies and fuel switches.**

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



5.6 Do you require an assets test?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5.7 Do you have additional/differing eligibility policies for :	
Renters	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.8 Do you give priority in eligibility to:	
Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? Medically fragile	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>5.7 Renters are required to have written consent from the landlord. Landlords must sign an agreement with the sub-grantee giving permission for the work to be performed.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.10 If yes, what is the maximum?	\$15,400
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input 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 checked="" type="checkbox"/> <b>Other - Describe:</b> LED Light Bulbs; Cook Stoves; Refrigerators must either be 10 years old or require comprehensive metering of the existing unit to be performed or a NEAT run performed. This is for LIHEAP and DOE.
<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 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: 12/31/2024

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

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

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

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

Most outreach is incumbent upon the subgrantees. IHCD has begun taking a more hands-on role in statewide promotion, and promotes the program on social media as well as at community events.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 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: 12/31/2024

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

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

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

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

The EAP application serves as the application for Weatherization.

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 12/31/2024

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

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

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

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

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

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

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

N/A

**8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?**

N/A

**8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?**

N/A

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

				Non-profits Other
<p><b>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.</b></p>				
<p><b>8.6 What is your process for selecting local administering agencies?</b></p> <p>Indiana Housing and Community Development Authority has been designated as the state oversight authority for LIHEAP since 2006. Indiana utilizes its network of 19 Community Action Agencies and one non-profit to administer LIHEAP services (total of 20 agencies). New service providers are identified in the event that there are unresolvable or significant compliance issues or a service provider is otherwise no longer able to administer LIHEAP services. New service providers, when needed, are vetted through a Request for Proposal (RFP) process, selected by an IHCD RFP Review Committee and approved by IHCD's Board of Directors.</p>				
<p><b>8.7 How many local administering agencies do you use? 20</b></p>				
<p><b>8.8 Have you changed any local administering agencies in the last year?</b></p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>				
<p><b>8.9 If so, why?</b></p>				
<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -			
<input type="checkbox"/>	Agency is under criminal investigation			
<input type="checkbox"/>	Added agency			
<input type="checkbox"/>	Agency closed			
<input type="checkbox"/>	Other - describe			
<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 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  
Expiration Date: 12/31/2024

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

When utilities are included in rent, IHCDCA will pay the client directly. If a client heats primarily with wood, pellets, or other biofuels, IHCDCA pays the client directly unless the local subgrantee contracts with the vendor directly, in which case the subgrantee pays the vendor and IHCDCA reimburses the subgrantee. If the client who has a utility vendor who will not comply with the rules of the program, or will not participate in EAP, IHCDCA will pay the client directly.

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

All clients who apply for EAP receive a letter informing them if they are approved or denied and gives them information on their right to appeal. The benefit letter has the amount of assistance and a list of vendors that were paid on their behalf. EAP clients having utilities included in the rent or heating primarily with biofuels receive a letter explaining that a check will be mailed to them or a direct deposit will be made to their bank account along with information about their right to appeal. This letter will be delivered via US Postal Service, e-mail, and/or SMS. The application gives applicants the ability to opt-in for e-mail and/or SMS communications.

The letter is sent by the subgrantee agency that determines the applicant's eligibility. IHCDCA expects the subgrantee to send this letter promptly upon eligibility and benefit determination; policy requires that the notification is sent within 10 days of application for in-person or virtual appointments, or 55 days of notification for mail-in, drop-off, faxed, e-mailed, telephonic, or online applications.

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?

All policies and procedures are outlined in the vendor agreement, which is renewed every two years. The agreement contains all information related to the distribution of LIHEAP benefits and billing. The vendor agreement must be signed and returned to IHCDCA before any payments are made to the vendor. The vendor agreement requires that the customer accounts are credited at their receipt of a transmittal from the local service provider (subgrantee), and that any credits remaining after being applied to current charges be carried forward as an account credit. Vendor payments are made through a centralized payment system.

IHCDCA also monitors vendors to ensure that payments are being applied correctly.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

The vendor agreement referred to in 9.3 includes the following requirement:

**Equal Treatment.** Vendor shall not treat any household receiving EAP benefits adversely because of such EAP assistance, including but not limited to charging different or additional fees, costs, rates, or other such charges on the basis of a household's qualification for or receipt of EAP benefits.

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

Yes  No

If so, describe the measures unregulated vendors may take.

**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  
Expiration Date: 12/31/2024

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

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

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

All fiscal monitoring will be conducted by an IHCD employee. To ensure good fiscal accounting and tracking of Liheap funds, IHCD does the following:

1. Every three years the IHCD monitor conducts a financial monitoring review for the CSBG Comprehensive Administrative Review (CAR). The CAR is relevant as an indicator of the LSP's general strength in terms of fiscal accounting procedures, especially since all of our LSPs except for one are Community Action Agencies who receive CSBG funds. The monitoring includes, but is not limited to, the following:

- Balance sheet
- Income statement
- Bank reconciliation for financial statements
- Accounts payable
- Accounts receivable
- Claims
- Audit files
- Aging payables and receivables
- Any findings associated with EAP or LIHEAP-Weatherization
- Fiscal year end or interim balance sheets
- Review each sub-grantee's policies and procedure manuals related financial practices, such as the Cost Allocation Plan, Inventory List, Fraud, Internal Controls, Disposition and Procurement Procedures.

2. IHCD's monitor reviews LSPs claims and transmittals to assess compliance with time limits for submission and accuracy of amounts claimed.

3. The IHCD Internal Auditor and the Director of Community Programs reviews each sub-grantee's most recent single or program-specific audit required by the Single Audit Act Amendment of 1966, (U.S.C. 7501-7507) previously prescribed as an A-133 Audit. IHCD may review and document any unresolved findings from other funding sources in the most recent financial audit.

4. LSP subgrantee agreements and budgets: When an allocation is made to an agency, an agreement is created along with a budget form. Each LSP fills out the budget adhering to the percentages allowed for each line item. Each line item is entered separately into the claims and payment system and the budget is line-item enforced so that the agency cannot overspend in any line. During Close Out of the federal year, LSPs provide their close out documentation to make sure their budget, their expenditures and their percentages are in line with what IHCD shows.

IHCD tracks funds regularly during the year to compare LSP spending to benchmarks that they must meet. This allows IHCD to make sure that all LSPs are receiving the funds they need to best serve their clients. For example, funds can be reallocated among agencies if some agencies are running low on funds.

5. Documentation: LSPs may claim reimbursement for LIHEAP-obligated funds from IHCD. LSPs must submit documentation for all claims. There is no minimum threshold for reimbursements of assistance payments made directly by the LSP, such as crisis benefits or Emergency Repair and Replace services. For reimbursements of purchases made using the administrative budget, there is a \$1,000 threshold for detailed documentation.

6. Vendor Refunds: IHCD policies and procedures require that when a utility vendor sends back a refund for an unused portion of a LIHEAP benefit, the vendor is to include the following information with their remittance of payment: the name of the LSP that provided the benefit, the client's name, the client's account number, and the internal transmittal number on which the benefit had been paid out. This allows IHCD to properly track and account for the benefit refund and to apply the correct amount to the client's new utility if the client properly completes the benefit transfer form. Any refunds for which the client does not request a benefit transfer are reinvested into the statewide program. IHCD has introduced a register sheet for vendors to include with refund and overpayment checks in order to more consistently gather the relevant information and encourage better reporting from the vendors.

7. Subgrantee budgets are reviewed by the Community Programs Manager or Community Programs Analyst prior to being approved in order to ensure compliance with line item caps. Subgrantee obligation is reviewed weekly by analyzing both benefit obligation levels being entered into the statewide database and subgrantee claims for admin and program costs being submitted to our fiscal department for reimbursement - these claims are required to be submitted on at least a monthly basis. IHCD has established benchmarks three times during the year, at which point an intensive review of obligation will be conducted, and all subgrantees who have failed to reach the specified obligation level are eligible to be partially deobligated in order to bring them to the specified obligation level, and the funds redistributed to other subgrantees according to need. At the end of the program year, any agencies who have overobligated their allowable caps on the admin and program costs line items will be required to pay back the difference between their allowable cap and their actual obligation from unrestricted funds.

8. IHCD maintains separation of different funding sources (e.g., regular block grant awards and supplemental awards) by issuing separate awards to its subgrantees - as well as to itself for administrative expenses - for each federal award and federal program year; that is to say, IHCD and each subgrantee are provided separate awards for, say, the 2023 appropriations award, the IJA award, and the Supplemental award, and carryover from the previous year is also handled as a separate award. This ensures that the funds are separated in our financial accounting system and the the funds are drawn down from the correct source.

9. To separate obligation of funds by program component, because IHCD handles all payments centrally, we make payments based on claims submitted by the subgrantees. These claims are generated within our application database system and generates based on the claims entered. When awarding claims, subgrantees must award regular, crisis, and emergency services claims separately, and the database has logic rules built in to validate that the awards are being entered under the correct line (e.g., funding source maximum benefits for regular and crisis claim types).

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	monitoring	IHCD was monitored by HHS in April 2017 and received the monitoring letter in February 2018. We believe all findings and concerns have been addressed and resolved at this time.	Yes	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grantee employees:**

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

The program monitor reviews how the LSP has executed the guidelines established in the EAP Program Manual.

The objectives for monitoring are to ensure:

1. The LSP has properly followed written procedures, applicable laws, regulations and contract terms.
2. The LSP has administered the program according to established time frames.
3. Calculation of household income is correct.
4. EAP benefits are correctly applied to the clients.
5. Energy Benefit Transfer Requests are documented in the EAP statewide database.
6. Eligible costs are charged to administer the program (e.g. claims review)
7. Internal procedures and controls are in place to minimize the opportunity for fraud, waste, abuse, and mismanagement.
8. The LSP has the capacity to carry out the program's goals and objectives.
9. The LSP has and implements sufficient and updated staff training plans.
10. The LSP has corrected any deficiencies addressed with previous Quality Improvement Plans.

Additionally, the State completes a risk assessment on each LSP every year. The risk assessment includes risk categories that generally cover use of funds, claims and transmittal compliance, and findings and concerns from monitoring.

**Local Administering Agencies/District Offices:**

- On - site evaluation
- Annual program review
- Monitoring through central database
- Desk reviews



<input checked="" type="checkbox"/> <b>Client File Testing/Sampling</b>
<input checked="" type="checkbox"/> <b>Other program review mechanisms are in place. Describe:</b>
IHCDA performs a risk assessment on every agency each year. Additional monitoring may be done on higher risk agencies.
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>For each agency during its monitoring period:</p> <ul style="list-style-type: none"> <li>• IHCDA will monitor up to 3% of the agency's client eligibility files.</li> <li>• IHCDA reserves the right to monitor additional files if the agency is assessed to be at high risk, was recently on a quality improvement plan (QIP) or modified quality improvement plan (MQIP), or if there is a reason that IHCDA feels that additional monitoring is necessary.</li> <li>• IHCDA will ensure that a review of incomplete files, denied files, files for agency staff or relatives receiving benefits, and Emergency Services or Emergency Repair and Replace recipients represent a small part of the overall review.</li> </ul> <p>Notification of desktop monitoring will be sent at least 30 calendar days before the monitoring will begin.</p> <p>The review will begin with an entrance conference held between the IHCDA monitor(s) and the LSP's EAP management team (or other point of contact as applicable). The entrance conference will familiarize the agency with the review process and allow the monitor to become familiar with specific details unique to each organization. Currently all EAP client file reviews are conducted remotely by desktop. EAP Fiscal Review may be conducted onsite if part of another IHCDA monitoring. During the desktop review, the EAP Monitor will provide ongoing communication of the findings to the LSP and allow for constant feedback so an accurate and complete picture is obtained of the monitored activity. When the monitoring session is complete, an exit conference will be conducted to provide the LSP with a preliminary report of the results.</p> <p>After the monitoring review, the IHCDA monitor will send the LSP a letter outlining the monitoring findings or concerns. LSPs are given an opportunity to appeal the findings once to the EAP monitor and then, if necessary to the Division Director. Agencies will be given an overall performance score. Agencies with Overall Performance Scores below 87% may be put on a corrective action improvement plan. Improvement plans are tailored to improving the performance of the agency and may include additional training, peer consulting, additional review by IHCDA to understand problematic trends, etc..</p> <p>After the LSP has either accepted the findings or completed the appeal process, the LSP will take Corrective Action to address the findings identified during the monitoring review. <b>The LSP will have thirty (30) calendar days to provide to IHCDA any payments and supporting documentation agreed upon in the report.</b> The corrective action may include, but is not limited to: crediting funds to a client's account, paying funds to IHCDA because of an overpayment, or reviewing an application to verify that portions of the application were properly processed.</p> <p>The LSP will receive a Monitoring Completion Letter once all completed corrective actions have been accepted, documentation of credits to clients, and copies of checks paid to IHCDA have been submitted.</p> <p>For Weatherization, 5% of completed DOE client files are reviewed (10% for agencies that have an in-house Energy Auditor and Quality Control Inspector). The monitor is advised to give preference to files that include both DOE base and LIHEAP funding. The monitor reviews program administration, procurement, training and licensing, data base input, fiscal information, client file review and field inspections.</p>
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<p><b>Site Visits:</b></p> <p>IHCDA may conduct site visits to high risk agencies and agencies who are put on a quality improvement plant (QIP) or modified quality improvement plan (MQIP).</p>
<p><b>Desk Reviews:</b></p> <p>LIHEAP files are uploaded into a the EAP statewide database and IHCDA monitors conduct the desk review monitoring. Agencies are expected to ensure all files are uploaded accurately to the statewide database within 45 days of eligibility determination.</p>
<b>10.8. How often is each local agency monitored?</b>
IHCDA will monitor all agencies each year.
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>
<b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b>
<b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 4</b>
<b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 1</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 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2024
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b></p>	

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

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

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

- Subgrantee suggestions/feedback collected during recurring listening sessions.
- IHEDA public website hosts a copy of the state plan and encourages applicants/constituents to submit questions, comments, or suggestions at any time.

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

1. Redefined crisis to include outstanding arrearages being managed by payment arrangements
2. Redesigning Income Verification Affidavit form to make it more user-friendly and intuitive.

**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	05/17/2023	Announcement of upcoming public hearing for comment posted; proposed changes to 2023 plan for 2024 posted
2	05/31/2023	Public Hearing

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

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

No substantive comments were received. All outside participants were representatives from subgrantee organizations. Representatives asked some clarifying questions concerning proposed changes and policies, but offered no commentary or feedback.

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

None

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 12/31/2024

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

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

**12.1 How many fair hearings did the grantee have in the prior Federal fiscal year?** 6

**12.2 How many of those fair hearings resulted in the initial decision being reversed?** 0

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

N/A

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

The applicant may appeal a denial or a benefit amount. Below are the steps for the client appeal process. The LSP must provide written notification of approval or denial to all walk-in households for Energy Assistance within fourteen (14) calendar days of the household's completed and processed application. If the application is a mail-in application then the LSP must provide a written notification of approval or denial within fifty-five (55) business days. The notification must include the household's right to appeal that determination.

**Step I:** If the applicant is not satisfied with any determination by the Program Director of the LSP, he/she may submit a written request to the LSP's EAP Manager or Executive Director for a review of the determination within thirty (30) calendar days of receipt of determination. The Executive Director or LSP Manager will make the determination of the applicants' written request within fourteen (14) calendar days of receipt of appeal.

**Step II:** If the applicant is still not satisfied with the determination after review by the Executive Director, he/she may request formal review by the State by submitting a written request to IHCD's Community Programs Manager for EAP within thirty (30) calendar days. If an applicant needs assistance with this procedure, they may call IHCD. Either the LSP or the client can submit materials to IHCD. IHCD's Community Programs Manager for EAP will review the materials submitted and issue a written finding to the applicant and the LSP based on the documentation submitted within fourteen (14) calendar days of receipt.

**Step III:** If after both appeals, the client has not received satisfaction, he or she may appeal IHCD's Director of Community Programs within thirty (30) calendar days. The appeal must include the reasons for the applicant's objection to the decision and must be based solely upon evidence supporting one (1) of the following circumstances:

1. Clear and substantial error or incorrectly stated facts which were relied on in making the decision being challenged;
2. Unfair competition or conflict of interest in the decision-making process;
3. An illegal, unethical or improper act; or
4. Other legal basis that may substantially alter the decision.

The applicant will receive written acknowledgment of receipt of the request within seven (7) calendar days of its receipt, noting the day the request was received. The IHCD Director of Community Programs will have thirty (30) calendar days from IHCD's receipt of the written request to review the file and make a determination. The decision of the IHCD Director of Community Programs is final. At the time of the formal review, the benefit in question will be considered as obligated until such time as the review is resolved. If the formal review is successful, the LSP will send a transmittal to be applied to the correct account. If the formal review is unsuccessful the funds will revert to the program.

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

The appeal process is included on the client benefit notification letter for both approved and denied applications. The entire LIHEAP Operations Manual, with the detailed procedure, is posted on IHCD's website for the public at <https://www.in.gov/ihcda/2329.htm>. We also post appeal rights and procedures on IHCD's website and require all of our subgrantees to post the appeal rights and procedures on their own webpage and in physical office locations.

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

If an applicant feels that an LSP did not act on an application in a timely manner, the applicant may appeal in writing to the executive director of the LSP agency. The LSP agency must respond in writing within fourteen (14) calendar days. If an applicant is not satisfied with the response to the appeal, the applicant will be able to file a further appeal with IHCDA. This information will be communicated on the LSP agency's initial appeal response. IHCDA also allows denied clients to reapply after 55 calendar days.

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

Information concerning appeal rights for applications not acted on in a timely manner, as well as guidelines that define what qualifies as timely and untimely action, has been posted on IHCDA's public-facing EAP webpage at <https://www.in.gov/ihcda/2329.htm>. This information is also posted by each LSP agency on their own individual websites, as well as physically posted in each EAP intake site they operate.

**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: 12/31/2024

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

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

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

Indiana uses LIHEAP funds to conduct Family Development and Energy Education.

Family Development provides low-income households with short-term and long-term case management. Clients set goals and receive referrals for education, budgeting, home energy assessments, employment, child care, and a range of other self-sufficiency tools.

EAP clients may also receive energy education which focuses mainly on energy conservation techniques. Some LSPs give pre-test and post-tests to households to determine how the client's energy education knowledge changed after receiving energy education.

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

Indiana restricts LSP budgets by not allowing LSPs to spend more than the maximum of 5% on Family Development and Energy Education. Any costs above 5% are not paid by IHCD. Because IHCD does not engage in Assurance 16 activities directly, it is our understanding that allowing each LSP to use up to 5% of its expenditures for Assurance 16 activities will ensure that Indiana does not overobligate this budget line.

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

LSPs choose to do a wide variety of A16 activities including energy education and family development. Some of these activities include budgeting, career planning, financial education, self sufficiency, referrals, follow ups, support services, and children's programs.

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

N/A

**13.5 How many households applied for these services?** Households do not apply and LSPs have varying methods to conduct energy education, such as including energy education during the time of application and/or scheduled sessions at a later date.

**13.6 How many households received these services?** 84,040

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 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: 12/31/2024

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

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

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

Yes  No

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

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

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

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

## Section 15 - Training

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 12/31/2024

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

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Bi-annually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

**b. Local Agencies:**

Formal training conference

How often?

Annually

Bi-annually

As needed

**Other - Describe:** Trainings are generally conducted by live webinars this year, and the recordings are archived and posted for future review.

On-site training

How often?

Annually

Bi-annually

As needed

Other - Describe:

Employees are provided with policy manual

**Other - Describe**  
Recordings of the training session webinars are being made available on demand to our subgrantee partners on our partner website.

**c. Vendors**

Formal training conference

How often?

Annually

Bi-annually

As needed

**Other - Describe:** webinars

Policies communicated through vendor agreements

<input checked="" type="checkbox"/> Policies are outlined in a vendor manual	
<input checked="" type="checkbox"/> Other - Describe: Certain vendor policies are included in the EAP policy manual.	
15.2 Does your training program address fraud reporting and prevention?	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
<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 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: 12/31/2024

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

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

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

IHCDA staff is in the process of reviewing its procedures for collecting and reporting this data. Currently, IHCDA plans on identifying which vendors to target for data collection using application data compiled from the statewide database, and contacting the top vendors in each fuel category for individual household data in September through October for the previous program year. Vendors are aware from their vendor MOU that they must provide performance measures data. Indiana intends to use available data, including performance measures data, to reassess and revise its matrix in the coming years in order to more consistently and directly target benefits to households with high energy burden.

**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: 12/31/2024

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

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

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

**17.2. Identification Documentation Requirements**

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

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

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

IHCDA requests social security numbers for all persons, age one (1) and over. Once an applicant has furnished a social security card that copy for future years indefinitely.

IHCDA allows other federal or state forms, such as printed W-2s, Medicare cards, and correspondence from the SSA containing the household member's full Social Security Number, to be accepted in conjunction with a government-issued ID in lieu of a Social Security Card in order to verify Social Security Numbers.

IHCDA will allow REAL ID driver's licenses and United States passports to be accepted in lieu of primary verification of a Social Security Number. If an applicant provides a REAL ID or passport, no Social Security Number needs to be provided.

**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**

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)

**Other - Describe:**

LSP Staff are required to verify documents to complete the certification.

**17.4. Citizenship/Legal Residency Verification**

**What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.**

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card

**Other - Describe:**

If a household member cannot or declines to provide verification of a Social Security Number, the member is considered an "ineligible" household member. They are not included in the count of household members as they are ineligible to receive a benefit, but the ineligible household member's income is still counted against the household's total income.

**17.5. Income Verification**

**What methods does your agency utilize to verify household income? Select all that apply.**

- Require documentation of income for all adult household members**
  - Pay stubs
  - Social Security award letters
  - Bank statements
  - Tax statements
  - Zero-income statements
  - Unemployment Insurance letters
- Other - Describe:**

**Computer data matches:**

- Income information matched against state computer system (e.g., SNAP, TANF)

<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input checked="" type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input 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 checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input 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 checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input type="checkbox"/> Vendors are checked against an approved vendors 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 are made in limited cases only
<input checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  <p>If an overpayment occurs, or an improper payment has occurred, the overpayment must be returned to the IHCD. If the error is detected within sixty days of the application's approval, overpaid funds are removed from the client's account and returned to IHCD by the utility vendor. If the overpayment is discovered after the sixty days, the LSP will be required to repay IHCD directly from their corporate funds. Overpayment funds are returned to IHCD and do not go back to the LSPs budget.</p> <p>Clients who have been found to have committed fraud must pay back their EAP benefit. Clients will not be eligible for the program until the benefit is repaid.</p>
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Until funds are paid back.
<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 checked="" type="checkbox"/> Other - Describe:  <p>To prevent fraud, LSP staff are trained on fraud, waste and abuse prevention. Below are the main points of the training:</p> <p>The purpose of investigating fraud, waste and abuse are:</p> <ol style="list-style-type: none"> <li>1. To ensure that energy assistance benefits are received in the correct amounts and only by those individuals who are eligible.</li> <li>2. To recover tax dollars obtained by participants through fraudulent activities, unintentional participant error, administrative error or non-compliance.</li> <li>3. To deter future occurrences of fraud and/or non-compliance within all energy assistance programs and to help maintain integrity.</li> </ol> <p>The following three (3) terms should not be confused with Non-compliance, which is the failure of the individual participant to act in accordance with the rules and regulations of the energy assistance programs:</p> <ol style="list-style-type: none"> <li>1. <b>Fraud</b> is defined as "wrongful or criminal deception intended to result in financial or personal gain".</li> <li>2. <b>Waste</b> is defined as "consuming, spending or expending thoughtlessly or carelessly".</li> <li>3. <b>Abuse</b> is defined as "misusing or using improperly or excessively".</li> </ol> <p>While all three (3) of the situations have serious financial implications for an LSP, fraud occurrences will likely be the most investigated. Fraud occurs when a participant knowingly and willfully provides false information about circumstances. Fraud, also occurs when a participant intentionally fails to report changes in his or her circumstances in a timely manner in order to receive benefits for which he or she is not eligible. To constitute fraud, the participant must know that the information he or she provides is false and that he or she did so with the intent to gain something of value.</p> <p>A participant providing incorrect information by mistake is NOT committing fraud. Also, a participant does not commit fraud if he or she is unaware of their responsibility to provide certain information. The participant may provide false information for reasons other than to receive excess benefits in which case he or she is NOT committing fraud. For instance, the participant may have an embarrassing situation that causes</p>

them to fail to report the actual circumstances of their situation. Or, there may be other reasons that need to be taken into consideration for concealing the truth or failing to report changes.

**Early Detection and Prevention:** Early Detection and prevention is designed to detect and prevent fraud prior to authorization of energy assistance benefits. Effort needs to be taken to keep fraud and non-compliance from occurring in the first place. By practicing early detection and prevention, the intake worker can refer applicants who meet certain conditions to their supervisor for in-depth examination.

This begins with thorough training of all intake workers. The intake worker must be capable of conducting detailed eligibility interviews and identifying cases that need to be referred to their supervisor. An initial step is to check the Ineligible Applicant List in the State's Database. This will let you know immediately if the applicant should be processed further.

Another step is to make sure that all applicants are fully completed and no information is missing or does not make sense. Questions should be asked in all situations where the intake worker needs further or more definitive clarification.

Even though early detection and prevention are utilized, there will be situations where people receive benefits they are not entitled to. Once this happens, notification is usually through a whistleblower, an anonymous tip or an agency monitoring or other action. This is when an investigation is initiated.

**Investigative Steps.** An investigation is a detailed examination or search to determine if an individual has committed an act of non-compliance or fraud and/or received benefits to which they were not entitled, resulting in a claim. When an investigation is started the following steps should be taken:

1. An In-house Investigation: These are things that can be done at the agency through the LSP's records and database.

2. Determine Eligibility Factors: based on the information received from the applicant, are they eligible for energy assistance? If there is a specific eligibility question for the applicable time period, consult the Energy Assistance Guidelines for the time period.

3. Review Background Information. Review background information that is available at the LSP about the applicant. These are several different sources available:

- a) Previous EAP application
- b) EAP database
- c) Public and Government Websites

Determine whether the information received from the applicant conflicts with any information found during the background checks or received from an informant. If there are no conflicts, there is no need to proceed any further. If information does not conflict in some fashion, further investigation is needed.

**Documentation.** It is vital to provide documentation, in chronological order, of each step taken in the course of the investigation. This will provide a detailed and complete record of the processes used and the information obtained. Documentation will include investigation notes as well as copies of relevant documents. These are not just important for agency records, but also for situations where law enforcement will need to be involved. There are six(6) basic questions to keep in mind while collecting information during the course of any investigation.

**WHO.** The case should include the names, addresses and phone numbers of the applicant and other contacts made regarding the investigation.

**WHAT.** The case notes should reflect all the eligibility factors being investigated, such as: income, household composition, resources, living arrangement, etc. Make sure the applicant is eligible in all areas of eligibility, not just the area that prompted the investigation.

**WHEN.** Write down the date and time of all contacts made during the investigation. This will be needed should the case be appealed or if the law enforcement gets involved.

**WHERE.** Write down the correct address, location and time of any interview, home visit or other fact gathering activity.

**WHY.** Write down the reason(s) for the investigation in the first place and the reason for any actions on the case.

**HOW.** Document the way in which the information was received.

**Potential Sources(To assist with your investigation):**

**Employment Records:** Does the name match on the income documentation? Does the social security number match on the award letter or tax return? Does the participant work for the State of Indiana? Review records for tax deductions for children.

**Utility and Phone Bill:** Contact the utility and phone service providers to determine who is billed and pays for the service.

**Landlord or Mortgage Company:** Contact the landlord and ask if he knows who lives in the rental property. Obtain a copy of the rental agreement or mortgage papers to determine who is party to the contract. Determine who pays the mortgage.

**Courthouse and /or Records Office Records:** Both of these areas are vulnerable sources of information. You will be able to determine recent loan, judgement, mortgage and real estate transfer activity of the participant or property owner. You can, also, search divorce, custody and marriage records.

**Sheriff or Police Department:** Local law enforcement agencies keep records of all calls and investigations. If law enforcement made a trip to the participant's address, they may have listed the names of all persons living there.

**Confidentiality:** The investigation of possible fraud, waste or abuse should be kept as confidential as possible. This is done to ensure the integrity of the investigation. The more people who know about an investigation, the greater the chances of the subject finding out about the investigation. Knowledge of and participation in an investigation should be shared only with necessary persons.

**Final Steps:** Once the violation has been identified, investigated and supporting documentation has been reviewed and corroborated by the agency, action needs to be taken against the participant's application or against their benefits if they have already been distributed. Actions taken can range from the rejection of the application to the termination of benefits and request for repayment of funds. The case can, also, be submitted to Federal officials if the situation warrants.

The IHEDA Community Programs Manager and Compliance Attorney are available to assist at any phase of the investigation, if needed.

**If any of the above questions require further explanation or clarification that could not be made in**

**the fields provided, attach a document with said explanation here.**

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

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

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or



voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

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

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

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

### **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions**

#### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

#### **Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions**

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

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

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

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

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

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

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

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

**Controlled substance** means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

**Conviction** means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

**Criminal drug statute** means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

**Employee** means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grantees Other Than Individuals)**

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification

number(s) of each affected grant;  
 (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or  
 (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;  
 (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).  
 (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

Indiana Housing and Community Development Authority * <b>Address Line 1</b>		
30 S. Meridian Street, Suite 900 Address Line 2		
Address Line 3		
Indianapolis * <b>City</b>	IN * <b>State</b>	46204 * <b>Zip Code</b>

**Check if there are workplaces on file that are not identified here.**

**Alternate II. (Grantees Who Are Individuals)**

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;**

**(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income**



energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**

**thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.**

## Plan Attachments

PLAN ATTACHMENTS
The following documents must be attached to this application
<ul style="list-style-type: none"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul>
<ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>