

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** STATE OF ALASKA DEPARTMENT OF HEALTH

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

**Report Period:** 10/01/2024 to 09/30/2025


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

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## 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.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>			
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request?  Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Unique Entity Identifier (UEI) LNQN7PKBV13	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
<b>7. APPLICANT INFORMATION</b>			
* a. Legal Name: Jesse C. Parr			
* b. Address:			
* Street 1:	400 Willoughby Avenue, Suite 301	* Street 2:	
* City:	JUNEAU	* County:	
* State:	AK	* Province:	
* Country:	United States	* Zip / Postal Code:	99801 -
* c. Organizational Unit:			
* Department Name: Department of Health		* Division Name: Division of Public Assistance	
* d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)			
* First Name: Angie		* Last Name: Mickle	
* Title: Public Assistance Programs Officer		* Organizational Affiliation: Dept of Health/Division of Pub	
* Telephone Number: 9074194290		* Fax Number: 9074655254	
* Email: angie.mickle@alaska.gov			
* 8. TYPE OF APPLICANT: A: State Government			
* a. Is the applicant a Tribal Consortium: <input type="radio"/> Yes <input checked="" type="radio"/> No			
* b. If yes please attach at least one the following documentation:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program	
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Low-Income Home Energy Assistance Program			
11. AREAS AFFECTED BY FUNDING: Statewide			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: 1			
13. FUNDING PERIOD:			
a. Start Date: 10/01/2024		b. End Date: 09/30/2025	
* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under Executive Order 12372			

<b>Process for review on:</b>	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
<input type="radio"/> YES <input checked="" type="radio"/> NO	
<b>If Yes, explain:</b>	
<b>16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b> <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>17a. Typed or Printed Name and Title of Authorized Certifying Official</b> Jesse C. Parr	<b>17c. Telephone (area code, number and extension)</b>
	<b>17d. Email Address</b> Jesse.Parr@Alaska.Gov
<b>17b. Signature of Authorized Certifying Official</b> 	<b>17e. Date Report Submitted (Month, Day, Year)</b> 09/05/2024

## 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.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 1 - Program Components

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

## Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2024	04/30/2025
<input type="checkbox"/>	Cooling assistance		
<input type="checkbox"/>	Summer crisis assistance		
<input type="checkbox"/>	Winter crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2024	09/30/2025
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/30/2025

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )	Prior year totals
Heating assistance	63.00%	63.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	7.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	7.00%	7.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	5.00%	5.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

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

<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 checked="" type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	<b>Other (specify):</b> Crisis applications received after April 30 and before the start of the next season.	
<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 at least one household member receives at least one of the following categories of benefits in the left column below?</b> <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input 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 type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>1.4a. - Provide your definition of categorical eligibility.</b>				
<p>When <b>all</b> household members are receiving federally funded assistance, such as TANF, SNAP, APA, or SSI the caseworker will use the income from the household's open public assistance case in the state's Eligibility Information System (EIS) as their gross monthly income for the income portion of the heating assistance benefit calculation.</p> <p>Household members are considered categorically eligible if they have received federally funded assistance from the month prior to the submission of the heating assistance application (HAP1) through the month in which LIHEAP eligibility is determined.</p> <p>If only a portion of the household members are receiving federally funded assistance the caseworker may use the income in EIS to verify said member's income but will still need to obtain proof of income for all other household members not on the public assistance case.</p> <p>Categorical eligibility streamlines the LIHEAP application process by removing the requirement to verify current income. It does not guarantee the household will be eligible to receive a benefit.</p>				
<b>1.5 Do you automatically enroll households without a direct annual application?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>If Yes, explain:</b>				
<b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>				
<p>Categorical eligibility is only used for the income verification portion of our benefit calculation. All households must complete an application, provide copies of their heating and electric bills, and meet the other eligibility criteria. We use the same benefit determination calculation for all households.</p>				
<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				
<b>If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.</b>				
<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>				
<b>Determination of Eligibility - Countable Income</b>				
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?</b>				
<input checked="" type="checkbox"/>	Gross Income			
<input type="checkbox"/>	Net Income			
<input type="checkbox"/>	Other - Describe			

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP			
<input checked="" type="checkbox"/>	Wages		
<input checked="" type="checkbox"/>	Self - Employment Income		
<input checked="" type="checkbox"/>	Contract Income		
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts		
<input checked="" type="checkbox"/>	Unemployment insurance		
<input type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
<input checked="" type="checkbox"/>	Including MediCare deduction	<input 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 checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input checked="" type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input checked="" 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 checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input checked="" type="checkbox"/>	Legal settlements		
<input type="checkbox"/>	Insurance payments made directly to the insured		
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate		
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits		
<input type="checkbox"/>	Earned income of a child under the age of 18		

<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

1.10 Do you have an online application process?  Yes  No

1.10a If yes, describe the type of online application (Select all boxes that apply)

<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	Online application that is also mobile friendly
<input checked="" type="checkbox"/>	Other, please describe  DPA is developing an online application that can be completed and submitted electronically via <a href="https://my.alaska.gov/">https://my.alaska.gov/</a> . The go-live date is anticipated to be October 1, 2024.

Please include a link(s) to a statewide application, if available:

1.10b Can all program components be applied for online?  Yes  No

If no, explain which components can and cannot be applied for online.

The online LIHEAP application is in development as described above. Weatherization services are administered through the Alaska Housing Finance Corporation's grantees (information is available online here: <https://www.ahfc.us/efficiency/weatherization>). Application processes vary.

1.11 Do you have a process for conducting and completing applications by phone?  Yes  No

1.12 Do you or any of your subrecipients require in person appointments in order to apply?  Yes  No

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

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

<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe  Fax and drop-box.

Hidden for Section 1

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

### 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	HHS Poverty Guidelines	150.00%

**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

**If yes, describe:**

not applicable

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

**Renters?**  Yes  No

**If yes, describe:**

not applicable

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

**If yes, describe:**

- A renter who has their primary heating fuel expense included in their subsidized rental payment is not eligible to receive assistance through LIHEAP.
- A renter who pays for their primary heating fuel expense in addition to their subsidized rental payment is eligible to receive assistance through LIHEAP, if they meet all other eligibility criteria.
  - If a renter's subsidized rental payment includes a utility allowance their benefit is reduced by 50%.
- A renter participating in a subsidized housing program must provide a copy of their current subsidized housing rental calculation worksheet. This document is used to determine if the client's primary heating fuel is included in the rental payment and if the renter receives a utility allowance.

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

**If yes, describe:**

A renter must provide their rent receipt and rental/lease agreement as an indication they incur a heating expense via their rental payment. The rental agreement is also used to help the caseworker determine if the applicant is participating in a subsidized rental housing program, and to determine the rental's primary heating fuel. This information can also be provided verbally by the landlord.

Clients who incur a heating expense via their rental payment may elect for a portion of their benefit to be paid to their home electricity vendor and the remainder of the benefit will be issued as a direct payment to the client.

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

**Older Adults (60 years or older)?**  Yes  No

**If yes, describe:**

Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.\*

Households with at least one older adult are flagged for priority processing.\*\*



\*The vulnerable population point is limited to one per household.

\*\*Applications are moved to the front of the processing queue.

**Individuals with a disability?**

Yes  No

**If yes, describe:**

Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.\*

Households with at least one legally disabled person are flagged for priority processing.\*\*

\*The vulnerable population point is limited to one per household.

\*\*Applications are moved to the front of the processing queue.

**Young children?**

Yes  No

**If yes, describe:**

Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.\*

\*The vulnerable population point is limited to one per household.

**Households with high energy burdens?**

Yes  No

**If yes, describe:**

not applicable

**Other?**

Yes  No

**If yes, describe:**

not applicable

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

There are a significant number of Alaskan communities that are served by Tribal LIHEAP agencies. We maintain our LIHEAP Policy Manual online here: [http://dpaweb.hss.state.ak.us/manuals/HAP/hap.htm#t=cover\\_page%2Fcover\\_page.htm](http://dpaweb.hss.state.ak.us/manuals/HAP/hap.htm#t=cover_page%2Fcover_page.htm).

**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.**

Applicants who are considered part of Alaska's vulnerable population (age 60 and older, legally disabled, or under age 6) receive an additional point (\$175) added to their household's benefit calculation.\*

Household's with at least one older adult or legally disabled person are flagged for priority processing.\*\*

\*The vulnerable population point is limited to one per household.

\*\*Applications are moved to the front of the processing queue.

**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

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

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

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

Minimum Benefit	\$350	Maximum Benefit	\$6,125
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2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?  Yes  No

If yes, describe.

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

## Section 3 - COOLING ASSISTANCE

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

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

#### 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	HHS Poverty Guidelines	0.01%

**3.2 Do you have additional eligibility requirements for Cooling assistance?**  Yes  No

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

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

If yes, describe:  
not applicable

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

**Renters?**  Yes  No

If yes, describe:  
not applicable

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

If yes, describe:  
not applicable

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

If yes, describe:  
not applicable

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

**Older Adults (60 years or older)?**  Yes  No

If yes, describe:  
not applicable

**Individuals with a disability?**  Yes  No

If yes, describe:  
not applicable

**Young children?**  Yes  No

If yes, describe:  
not applicable

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

If yes, describe:  
not applicable

**Other?**  Yes  No

If yes, describe:

not applicable			
Explanations of policies for each "yes" checked above:			
not applicable			
3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.			
not applicable			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</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 type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
not applicable			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i>			
Minimum Benefit	\$1	Maximum Benefit	\$1
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.			
not applicable - a \$1.00 min and max benefit was entered to avoid the errors in OLDC when attempting to validate the plan. Alaska is fairly cold all year (with a few exceptions) and it has never provided cooling assistance.			
<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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 4 - Crisis Assistance

#### 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	HHS Poverty Guidelines	150.00%

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

**If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions.**

The household must have received a final notice for fuel or electric service disconnection and be within 48 hours of service disconnection. Deliverable/pick-up fuel clients must be out of fuel or within 48 hours of running out of fuel.

Households with an electric service disconnection notice within 48 hours of service disconnection are considered to be in crisis regardless of their primary home heating fuel type, since electricity is required to operate home heating systems, water heating systems, well pumps, water filtrations systems, and food preparation and preservation systems (stove, oven, refrigerator, freezer, etc.).

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

A life-threatening crisis exists when any household is without electric or natural gas service, or out of a deliverable fuel, has no alternate heat source available to them, and the outside temperature is below 32 degrees Fahrenheit.

A life-threatening crisis also exists when a household member's health would likely be endangered if assistance is not provided to continue heating or energy services. This includes households containing a member using medical support equipment (e.g. kidney dialysis machines, oxygen concentrators, intermittent positive pressure breathing machines, infant respiratory failure alarm, cardiac monitors.)

Client statement is considered to be acceptable verification of use of medical support equipment.

**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)**

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for Crisis Assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b>			
0			
<b>Do you require an Assets test?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young Children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In Order to receive crisis assistance:**

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

Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have additional/differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p>Households with at least one older adult or legally disabled person are flagged for priority processing.**</p> <p>In order to receive priority processing** due to crisis, the household must verify they meet the crisis criteria by providing a final fuel or electric service disconnection notice (within 48 hours of shutoff), claim to have 48 hours worth of fuel or an empty fuel tank, or provide an eviction notice for non-payment of rent, if the household's primary heating fuel expense is included in their rental payment.</p> <p>Renters who have their primary heating fuel expense included in their subsidized rental payment are not eligible to receive assistance through LIHEAP.</p> <p>Renters who pay for their primary heating fuel expense in addition to their subsidized rental payment are eligible to receive assistance through LIHEAP, if they meet all other eligibility criteria.</p> <ul style="list-style-type: none"> <li>• If a renter's subsidized rental payment includes a utility allowance their benefit is reduced by 50%.</li> </ul> <p>**Applications are moved to the front of the processing queue.</p>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input type="checkbox"/>	Separate component		
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input type="checkbox"/>	Amount to resolve the crisis. \$0		
<input checked="" type="checkbox"/>	Other - Describe: <p>The dollar amount required by the vendor to prevent fuel or electric service disconnection or to reinstate fuel or electric service, up to the total grant amount the household is determined eligible to receive.</p> <p>In the event of a major disaster, the amount of the benefit is dependent on the applicant's needs vs. available funds and will be addressed on a case-by-case basis.</p>		
<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 Explain.			
Completed applications are accepted via email, virtual contact center, fax, mail, and in-person or drop-box at any of our public assistance offices throughout the state. <p>DPA is developing an online application that can be completed and submitted electronically via <a href="https://my.alaska.gov/">https://my.alaska.gov/</a>. The go-live date is anticipated to be October 1, 2024.</p>			
<b>4.11 Do you provide individuals who are individuals with a disability 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 type="radio"/> Yes <input checked="" type="radio"/> No			
<b>If No, explain.</b>			
Completed applications are accepted via email, virtual contact center, fax, mail, and in-person or drop-box at any of our public assistance offices throughout the state.			

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?

Benefit Levels, 2605(c)(1)(B)

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$6,125.00 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?  Yes  No

If yes, describe

During a governor-declared disaster or state of emergency, a portion of the LIHEAP grant funds may be used for home heating equipment repairs and replacements; and to replace energy supply shortages experienced by affected households. Per LIHEAP regulations at 45 C.F.R. 96.50(e). Allowable uses of LIHEAP funds to deal with crisis situations, particularly with respect to assistance for home energy related needs resulting from a hurricane or other natural disaster, include: Costs to temporarily shelter or house individuals in hotels, apartments, or other living situations in which homes have been destroyed or damaged, i.e., placing people in settings to preserve health and safety and to move them away from the crisis situation. Costs for transportation (such as cars, shuttles, buses) to move individuals away from the crisis area to shelters when health and safety is endangered by loss of access to heating. Utility reconnection costs, if needed, may also be covered. All related activities must be pre-approved and will be targeted to areas covered by a disaster declaration.

A "disaster" may include natural disaster events, public health emergencies, and supply shortage emergencies declared by state or federal government.

Expenses, up to a total of \$1,500 per household, will be covered to resolve the crisis.

**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.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 5 - Weatherization Assistance

#### 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 and attach a copy of the Internal Agreement or Contract. Alaska Housing Finance Corporation (AHFC)

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:

LIHEAP funds can be used to re-weatherize a home or replace a heating system even if the home was already addressed with weatherization funds from any source at an earlier date.

Exceptions to the Weatherization Operations Manual must be approved in writing by the AHFC Program Manager.

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

5.6 Do you require an assets test?  Yes  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
Renters with utilities included in the	<input checked="" type="radio"/> Yes <input type="radio"/> No



rent?	
<b>5.8 Do you give priority in eligibility to:</b>	
Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Individuals with a disability?	<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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p><b>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.</b></p> <p>The first week of each month, the LIHEAP coordinator generates and distributes a list of all applicants who received LIHEAP to the weatherization contractors. This helps the weatherization contractors identify which households contain a vulnerable resident. If a household contains an older adult, disabled individual, or a child under the age of 6, their weatherization application is given priority over other households.</p> <p>At the end of each quarter, weatherization contractors submit a report to the program coordinator. These reports are used to complete the weatherization sections of the Household Report. It also allows the State to monitor which types of households are being assisted with LIHEAP funds.</p> <p>If the applicant lives in subsidized housing, weatherization is usually addressed by their housing authority who is also acting as their landlord. All rental recipients of weatherization must have their landlord's permission; the landlord's permission is received and verified by our subrecipient the Alaska Housing Finance Corporation (AHFC). AHFC is the largest subsidized housing provider within Alaska.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10a If so, what is the ACPU amount? \$0	
<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 type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Health and safety items included in the AHFC Weatherization Operations Manual (WOM); minor roof repair \$3000 limit.
<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.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

- 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.
- Web Posting
- Email
- Texting
- Events
- Social Media
- Other (specify):
  - Information is put on the Heating Assistance website.
  - We take advantage of other opportunities to make presentations as they arise.
  - For FY 2025 we are looking into radio advertising to increase our reach and application numbers.
  - We are looking into placing ads with some social media platforms such as Facebook, Linked In, etc.
  - We plan to work with the Food Bank of Alaska to create awareness of the program with their staff and clients. This effort will include providing applications for them and other food banks to include in their Thanksgiving food boxes.
  - Investigating placing ads with smaller, rural publications.
  - Identify Tribal newsletters that would be willing to put an article in their publications about the program and then send them an article. Work with Tribal organizations to co-sponsor outreach to their members.

**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  
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

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

<input type="checkbox"/>	Joint application for multiple programs (indicate programs included)
<input checked="" type="checkbox"/>	Intake referrals to/from other programs (indicate programs included) TANF, APA, SNAP, General Relief Assistance, etc.
<input checked="" type="checkbox"/>	One - stop intake centers
<input type="checkbox"/>	Other - Describe:

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 8 - Agency Designation**

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

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

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

**Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. Used for Near hotline and OCS Service Provider Tool and clearinghouse.**

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

**If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" 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?**

- Fee agents are used in outlying, rural communities throughout Alaska.
- Tribal administrators in rural communities receive LIHEAP awareness training.
- LIHEAP posters are distributed annually.
- The Program has its own website [www.heatinghelp.alaska.gov](http://www.heatinghelp.alaska.gov) which is updated at the start of each LIHEAP year.

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

Not applicable

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

- Fee agents are used in outlying, rural communities throughout Alaska where there is no DPA office.
- Vendors receive training/refresher training. Crisis intervention referrals from vendors are expedited.

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	State Welfare Agency	Non-Applicable	State Welfare Agency	State Welfare Agency

8.5b Who processes benefit payments to gas and electric vendors?	State Welfare Agency	Non-Applicable	State Welfare Agency	
8.5c who processes benefit payments to bulk fuel vendors?	State Welfare Agency	Non-Applicable	State Welfare Agency	
8.5d Who performs installation of weatherization measures?				State Welfare Agency

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

**If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.**

8.6 What is your process for selecting local administering agencies?

- All heating and crisis applications are processed by State of Alaska Department of Public Assistance staff.
- Weatherization - Alaska Housing Finance Corporation (AHFC) uses three subcontractors to provide services. Each has a contract with AHFC and is monitored by AHFC. All agencies follow the same Weatherization Operations Manual. AHFC is a semi-quasi state agency. AHFC is monitored by the LIHEAP coordinator and a state auditor.

8.7 How many local administering agencies do you use? 1

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

- Yes  
 No

8.9 If so, why?

- Agency was in noncompliance with Grant recipient requirements for LIHEAP -
- Agency is under criminal investigation
- Added agency
- Agency closed
- Other - describe

8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?  Yes  No

8.10a If yes, please explain.

8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.  Yes  No

8.10c If yes, please explain.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 9 - Energy Suppliers**

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

Direct payments are made to the following applicants: renters whose heating expense is included in their rental payment, applicants who primarily heat with self-harvested or purchased wood/pellets, applicants whose vendors will not accept payment because the vendor account is not listed under the primary LIHEAP applicant or their spouse, and applicants whose LIHEAP benefit is insufficient to prevent or reinstate heating fuel or electric service.

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

A Notice of Award letter is mailed to the client. The letter outlines how benefits were calculated, the amount of the total award, and how the award was distributed between the client's heating fuel and electric vendor(s).

**9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?**

The vendor agrees to this assurance when they sign the vendor agreement.

**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 agrees to this assurance when they sign the vendor agreement. Reports received from clients of unfair treatment are investigated.

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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 10 - Program, Fiscal Monitoring, and Audit**

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

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

- Case workers process the LIHEAP application and certify payment if the applicant is determined eligible. The payment certification is reviewed and processed by an employee in the finance department.
- The Program Coordinator works with the chief administrative officer and the Department of Revenue to monitor spending and to ensure we are on track and in compliance.
- Legislative Audit audits the program to ensure we are doing things accurately and correctly.
- We work with our chief administrative officer who also reviews spending to be sure we are on track and in compliance.
- Expenses are submitted on a regular basis and invoiced with detailed expense reports prepared by accounting staff within the Alaska Housing Finance Corporation (who are with Alaska's Dept. of Revenue) in alignment with State of Alaska's Procurement statute at AS 36.30 and the Dept. of Administration's Division on Finance policy at AAM (Alaska Administrative Manual) sections 81 and 82. <https://doa.alaska.gov/dof/manuals/aam/> Alaska's AAM is in alignment with 45 CFR 75 and 2 CFR 200 and is designed to comply with a Single State Audit under our Legislature's Division of Leg Audit.

**10.1a Provide your definitions of the following:**

**Obligation**

The promise to pay for goods or services, usually supported by a Field Purchase Order, contract, encumbrance, approved application, or Notice of Action.

**Expenditures**

The actual payment made for goods and services.

**Expenditure timeframe**

State Fiscal Year – July 1 through June 30th

**Administrative costs**

Administrative employee salary and benefits, procurement, travel to national conferences & trainings, computer maintenance & IT support, leases & storage for archives, dues, public relations, and office supplies.

**Audit Process**

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

Yes  No

**10.2a - if yes, describe your auditor selection process.**

Alaska's AAM is in alignment with 45 CFR 75 and 2 CFR 200 and is designed to comply with a Single State Audit under the State Legislature's Alaska Division of Legislative Audit.

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



No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	Finding 2023-044 Internal control weaknesses were identified over logical access to the system used to process energy assistance applications. Deficiencies in internal controls increase the risk of unauthorized system use which may lead to inaccurate eligibility determinations or unallowable costs	In Progress	procedure/policy changes
2	other	Finding 2023-045 Twenty-two of 60 LIHEAP applicant case files tested (37 percent) had eligibility errors. Some of the cases had more than one of the following errors: Eight cases (13 percent) had the benefit amount incorrectly calculated based on incorrect data input b an eligibility technician (ET) in the Energy Community Online System (ECOS.) Five cases (eight percent) lacked documentation supporting the income used by an ET to determine eligibility. Six cases (10 percent) lacked documentation showing the applicants income was verified by an ET. Four cases (seven percent) lacked proof of the applicants heating costs. Five applications (eight percent) could not be located by DPA staff. Four cases (seven percent) had incorrect income used by an ET when determining eligibility. The four errors did not impact the eligibility determination. Inadequate internal controls increase the risk that ineligible recipients received heating assistance payments and that eligible recipients received incorrect payments. Auditors found eight recipients had benefits incorrectly calculated, resulting in overpayments and underpayments. The errors resulted in questioned costs totaling \$8,685. Questioned costs for the population are projected to be \$1,324,997 based on the dollar of noncompliance observed in the sample projected over the tested population.	In Progress	training changes
3	financial	Finding 2023-046 DPA did not maintain adequate controls to monitor and ensure compliance with the following earmarking requirements: no more than 10 percent of a states LIHEAP funds for federal award may be used for planning and administrative costs and no more than 15 percent of the greater of the funds allotted or funds available may be used for low-cost residential weatherization or other energy-related home repairs. The lack of procedures to ensure compliance with LIHEAP earmarking requirements could result in unallowable expenditures. Auditors noted the 10 percent threshold for planning and administration for the FFY22 awards has already been exceed by \$578,101 as of June 30, 2023. Funds exceeding the 10 percent threshold will need to be returned to the federal government at the end of the grant period. Further, the lack of procedures could lead to ineffective management of grant awards and increase the risk of noncompliance.	In Progress	staffing/management changes
4	financial	Finding 2023-047 DPA obligated more than 10 percent of the FFY22 grant award during the second fiscal year of the award. The lack of	In Progress	staffing/management changes

		procedures increases the risk of noncompliance with LIHEAP period of performance requirements, which could result in the federal awarding agency imposing conditions or taking corrective actions, including additional requirements or withholding/terminating funds.		
5	reporting	Finding 2023-048 Key line items for the FFY22 LIHEAP Performance Data Form, FFY22 Annual Report on Households Assisted by LIHEAP, and Quarterly Performance and Management Reports were not accurate or not supported by accounting or other records. In addition, the FFY22 LIHEAP Carryover and Reallotment Form was not submitted within required timeframes. Errors were due to a lack of procedures for preparing the reports, as well as the absence of review by an individual other than the preparer of the reports.	In Progress	staffing/management 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 Grant recipient as part of compliance process.
- Grant recipient conducts fiscal and program monitoring of local agencies/district offices
- Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

**Compliance Monitoring**

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

Grant recipients have a policy in place for appropriate separation of duties and internal controls.

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

- Processed applications are reviewed at random by a statewide case reviewer team.
- Alaska participates in a single state audit under the Legislature's Division of Legislative Audit.

Audit findings are available via <https://legaudit.akleg.gov/audits/single-audits/>

Local Administering Agencies/District Offices:

- On - site evaluation
- Annual program review
- Monitoring through central database
- Desk reviews
- Client File Testing/Sampling
- Other program review mechanisms are in place. Describe:

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

Not applicable - Local agencies are not used to Process LIHEAP applications.

<b>10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.</b>
<p><b>Site Visits:</b></p> <p>Not applicable - Local agencies are not used to Process LIHEAP applications.</p>
<p><b>Desk Reviews:</b></p> <p>A Public Assistance Analyst conducts random audits for accuracy throught the program year. Additionally there are plans to include LIHEAP cases in the DPA Quality Assurance review processes, which are currently focused on SNAP and Medicaid cases.</p>
<p><b>10.8. How often is each local agency monitored? <i>Please attach a monitoring schedule if one has been developed.</i></b> Other</p>
<p><b>10.9. How many local agencies are currently on corrective action plans? 0</b></p>
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>

**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.: 0970-013 Expiration Date: 02/28/2027
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b>  <b>MODEL PLAN</b>  <b>Section 11 - Timely and Meaningful Public Participation</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.**  
*Note: Tribes do not need to hold a public hearing but must ensure participation through other means.*

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

- The hearing and plan comment requests were posted on Alaska's Online Public Notice system.
- Notice of the public hearing and comment period were mailed to vendors, tribal organizations, community agencies, and state agencies informing them of the opportunity to comment on the plan and share the information with their clients/customers.
- The public hearing was held July 26, 2024, in-person at the Alaska Office Building, Room 115, 350 Main St, Juneau, AK 99801 from 10 am to 2 PM AKST and open telephonically to all other areas of the state. A recording of the hearing is available upon request.

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

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

	Date	Event Description
1	07/26/2024	Alaska Office Building, Room 115, 350 Main St, Juneau, AK 99801

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

**11.4 Summarize the comments you received at the hearing(s).**  
 No comments were received via hearing or written submission.

**11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?**  
 None.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 12 - Fair Hearings

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 128

12.2 How many of those fair hearings resulted in the initial decision being reversed? 1

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

None.

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

Information about requesting a review or fair hearing is included in the clients' notice of action. If a client decides to pursue a fair hearing they must notify the Heating Assistance Program in writing within 30 days. Once the request is received, the supervisor reviews the case for accuracy and then a pre-hearing conference follows. If the matter is not resolved at the pre-hearing conference, a copy of the entire file and all case notes are forwarded to the Hearing Officer in Anchorage for them to proceed with the fair hearing.

If a client informs the Heating Assistance Program their application hasn't been processed in a timely manner, and it is over 45 days old, the application is forwarded to our Workflow Management Team. The Workflow Management Team will review the application and the Division's Unacted Report to confirm if the client is in crisis, elderly, legally disabled, or has children under 6, and then determine when the application can be assigned to an Eligibility Technician for processing.

12.5 When and how are applicants informed of these rights?

Applicants are informed in the application booklet under the "Rights and Responsibilities Section." It is also printed on each client's notice of action they receive in the mail informing them of the decision on their application.

Clients are informed of their rights when they apply telephonically. They must agree to understanding their rights. This is all recorded.

**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.: 0970-013  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 13 - Reduction of Home Energy Needs**

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

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

Alaska does not intend on utilizing Assurance 16 funds in FFY25.

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

Not applicable.

**13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.**

Not applicable.

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

Not applicable.

**13.5 How many households received these services? 0**

**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.: 0970-013  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 14 - Leveraging Incentive Program**

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

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

Yes  No

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

Not applicable.

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	Not applicable	Not applicable	Not applicable

**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.: 0970-013  
Expiration Date: 02/28/2027

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 15 - Training

## Section 15: Training

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

**a. Grant recipient Staff:**

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

How often?

Annually

Biannually

As needed

Other, describe: When hired.

Employees are provided with policy manual

Other, describe:

All DPA employees are required to complete HIPAA and Social Security Awareness Training annually. Compliance is tracked to ensure participation. Program policy manuals, including the Heating Assistance Policy Manual, are updated three times a year. Questions from staff resulting in clarifications are addressed in these updates. The drafts are shared with the Staff Development and Training unit before the final versions of the updates are published and available on Alaska's DPA website.

**b. Local Agencies:**

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

How often?

Annually

Biannually

As needed

Other, describe: Not applicable

On-site training

How often?

Annually

Biannually

As needed

Other, describe: Not applicable - local agencies are not employed to administer LIHEAP.

Employees are provided with policy manual

Other, describe:

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other, describe:



<input checked="" type="checkbox"/> Policies communicated through vendor agreements
<input checked="" type="checkbox"/> Policies are outlined in a vendor manual
<input type="checkbox"/> Other, describe:
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.: 0970-013  
Expiration Date: 02/28/2027

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 16 - Performance Goals and Measures**

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

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (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.**

Performance measure related questions are listed on the application and updated annually as needed. Our eligibility system ECOS was updated in July 2024 to require all performance measure related fields be completed before eligibility can be determined. We anticipate this update will increase our data collection/reporting accuracy and will continue to allow us to generate a client list to collect annual energy usage data from our largest 5 natural gas vendors, largest 5 electric vendors, and the largest 10 oil and propane vendors.

**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.: 0970-013  
Expiration Date: 02/28/2027

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

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

**17.1 Fraud Reporting Mechanisms**

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grant recipient 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:  
  
How to identify and report fraud is addressed on DPA's public website and in our HAP Vendor Manual. The link to this manual is provided to all vendors at time of the vendor agreement approval/renewal and is also available on DPA's public website.

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

- Printed outreach materials
- Posted in local administering agencies offices.
- Addressed on LIHEAP application
- Website
- Other - Describe:  
  
  - Fraud brochure – available in all local public assistance lobbies and on the Alaska DPA website.
  - Heating Assistance application - Fraud is discussed in the "Rights and Responsibilities" section of the application.
  - Award notices issued to recipients informing them it is illegal to trade, sell or barter their fuel paid for with heating assistance funds.
  - Fraud training is held annually with AHFC and our weatherization partners. This training reviews how to identify and report any applicant they feel may be committing fraud. The training also reminds AHFC accounting staff to identify and address any fraudulent activity committed by their subcontractors (if any).

**17.2. Identification Documentation Requirements**

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

Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in Household	All Household Members
Social Security Card is photocopied and retained	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input checked="" type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required

	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
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 checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested

**17.3. Citizenship/Legal Residency Verification**

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen
- Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.
- Non-Citizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Non-Citizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card
- Other - Describe:
  - Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
  - Match with state Department of Labor systems
  - Verification through Instant Eligibility Verification system (IEVS), which aligns with SAVE (Systematic Alien Verification of Eligibility) from the United States Customs & Immigration Services (USCIS).

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17.4. 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)
  - Proof of unemployment benefits verified with state Department of Labor
  - Social Security income verified with SSA
  - Utilize state directory of new hires
  - Other - Describe:
    - Instant Eligibility Verification System (IEVS)

b. Describe any exceptions to the above policies.

**17.5 Identification Verification**

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

<input type="checkbox"/>	Verify SSNs with Social Security Administration
<input type="checkbox"/>	Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/>	Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Match with state Department of Labor system
<input type="checkbox"/>	Match with state and/or federal corrections system
<input checked="" type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input checked="" type="checkbox"/>	Other - Describe: Instant Eligibility Verification System (IEVS)
<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 type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location
<input checked="" type="checkbox"/>	Electronic files are protected in a secure location.
<input checked="" type="checkbox"/>	Other - Describe: Approved vendor office employees working with LIHEAP customers are required to sign a confidentiality agreement and have them available to present to the State of Alaska upon request.
<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 type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/>	Other - Describe and note any exceptions to policies above: <ul style="list-style-type: none"> <li>Vendors requesting to participate as an approved LIHEAP vendor are screened for complaints through the Better Business Bureau.</li> <li>Vendors are required to establish and maintain an active vendor account in the Alaska Department of Administration, Division of Finance's financial/procurement system, IRIS.</li> <li>Clients whose primary heating fuel is self-harvest firewood, purchased firewood, or wood pellets are not required to use an approved vendor. Due to supply and variations in quality and quantity, firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them. A direct payment is issued to the client if they claim self-harvest firewood, purchased firewood, or wood pellets as their primary heating fuel.</li> </ul>
<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 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 checked="" 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 type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: Benefits are paid directly to clients whose primary heating fuel is self-harvested wood, purchased firewood, or wood pellets.
<b>17.10. Investigations and Prosecutions</b>
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.
<input type="checkbox"/> Refer to state Inspector General
<input 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 Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process <ul style="list-style-type: none"> <li>• If the client provided inaccurate information resulting in an improper or overpayment, the office sends a letter requesting a refund for the full amount of the overpayment. If full payment cannot be made, a request for the client to call to set up a schedule for recoupment/repayment is made.</li> <li>• If the client doesn't follow through, their next year's benefit is reduced by the amount owed the program.</li> </ul>
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:

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

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

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

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

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

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

##### **Alternate I. (Grant recipients Other Than Individuals)**

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grant recipients workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Grant recipients policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a

central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

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

**Place of Performance ( *That this must be physical address. No PO Boxes allowed.* )**

All Statewide DPA Offices - See attached list

**\* Address Line 1**

350 Main St, Ste 306 (Policy/Program Coordinator physical address)  
Address Line 2

Alaska Office Building  
Address Line 3

Juneau  
**\* City**

AK  
**\* State**

99801  
**\* Zip Code**

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

**Alternate II. (Grant recipients Who Are Individuals)**

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

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



By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

## 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>
<ul style="list-style-type: none"><li>• Policy Manual.</li></ul>
<ul style="list-style-type: none"><li>• Subrecipient Contract.</li></ul>
<ul style="list-style-type: none"><li>• Model Plan Participation Notes for Tribes.</li></ul>