

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** Arizona Department of Economic Security

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 2

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


**Report Status:** Submission Accepted by CO (Revision #2)

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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) UKUUDMSCD5D1	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
<b>7. APPLICANT INFORMATION</b>			
* a. Legal Name: State of Arizona			
* b. Address:			
* Street 1:	1789 WEST JEFFERSON 3RD FLOOR NW	Street 2:	P.O. BOX 6123
* City:	PHOENIX	County:	Maricopa
* State:	AZ	Province:	
* Country:	United States	* Zip / Postal Code:	85007 -
* c. Organizational Unit:			
Department Name: Department of Economic Security		Division Name: Division of Community Assistance and Development	
* 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: Michelle		* Last Name: Thomsen	
Title: LIHEAP Coordinator		Organizational Affiliation: ADES	
* Telephone Number: 602-756-0388		Fax Number:	
* Email: mthomsen@azdes.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: LIHEAP Model/State Plan			
11. AREAS AFFECTED BY FUNDING: All LIHEAP Areas			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: Arizona Districts 1-9			
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> Michelle Thomsen	<b>17c. Telephone (area code, number and extension)</b>
	<b>17d. Email Address</b> mthomsen@azdes.gov
<b>17b. Signature of Authorized Certifying Official</b> 	<b>17e. Date Report Submitted (Month, Day, Year)</b> 09/16/2024

## 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	09/30/2025
<input checked="" type="checkbox"/> Cooling assistance	10/01/2024	09/30/2025
<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**

Arizona has identified date ranges for heating and cooling and has assigned a date range to each county for FFY 2025.

HEATING (November 1-March 31) and COOLING (April 1-October 31) for counties: Coconino, Yavapai, Navajo, Apache, Greenlee, Graham, Cochise, and Santa Cruz.

HEATING (December 1-March 31) and COOLING (April 1-November 30) for counties: Mojave, La Paz, Yuma, Maricopa, Gila, Pinal, and Pima.

The heating and cooling months overlap due to weather conditions. Since the LIHEAP adjudication and application processing portion of this program will be administered within DES through the utilization of an online portal, DES will be allocating monthly LIHEAP funds based on the heating and cooling needs of each location. DES will budget in this manner in order to keep the LIHEAP program operating throughout the entire year. The heating and cooling months illustrate when heating and cooling begins for each Arizona region. The above dates are based on the calendar year. Funding for the Federal Fiscal Year is not affected by the heating and cooling months listed above.

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	16.80%	16.80%
Cooling assistance	38.12%	38.12%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	5.00%	5.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	10.00%	10.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%	5.00%
Used to develop and implement leveraging activities	0.08%	0.08%
<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.

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

<input type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Support a year-round crisis assistance program that includes heating and cooling

**Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8**

**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?**  Yes  No

If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.

	Heating	Cooling	Crisis	Weatherization
TANF	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

1.4a. - Provide your definition of categorical eligibility.

1.5 Do you automatically enroll households without a direct annual application?  Yes  No

If Yes, explain:

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?

**SNAP Nominal Payments**

1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?  Yes  No

If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.

1.7b Amount of Nominal Assistance: \$0.00

**1.7c Frequency of Assistance**

<input type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other - Describe:

1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?

**Determination of Eligibility - Countable Income**

1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

<input type="checkbox"/>	Other - Describe
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits
<input type="checkbox"/>	Including MediCare deduction
<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input checked="" 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 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 checked="" type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input 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 checked="" type="checkbox"/>	Other Cash gifts over \$50 are counted. Funds received by household for the care of an adopted child
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	
<b>1.10 Do you have an online application process?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>1.10a If yes, describe the type of online application (Select all boxes that apply)</b>	
<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 checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" 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 checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
Please include a link(s) to a statewide application, if available:  <a href="https://era.azdes.gov/">https://era.azdes.gov/</a>	
<b>1.10b Can all program components be applied for online?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
If no, explain which components can and cannot be applied for online.  For Weatherization, a referral is sent from the online LIHEAP application to the Weatherization contractor, but another application is needed for additional eligibility review. For A16, services are provided by local CAAs and the applicant must contact them to receive those services.	
<b>1.11 Do you have a process for conducting and completing applications by phone?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>1.12 Do you or any of your subrecipients require in person appointments in order to apply?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
<b>1.13 How can applicants submit documentation for verification? Select all that apply:</b>	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe  Fax





## Section 2 - HEATING ASSISTANCE

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

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

### 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	8	State Median Income	60.00%
2	9	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: Do you have additional/differing eligibility policies for:**

**Renters?**  Yes  No

**If yes, describe:**

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

**If yes, describe:**

Renters living in subsidizing housing, who receive a utility reimbursement, are not eligible for LIHEAP if the amount of the reimbursement exceeds the amount of their monthly utility bill.

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

**If yes, describe:**

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

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

**If yes, describe:**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).

**Individuals with a disability?**  Yes  No

**If yes, describe:**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).

**Young children?**  Yes  No

**If yes, describe:**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).

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

**If yes, describe:**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).

**Other? Veterans**  Yes  No

**If yes, describe:**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).

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

Renters living in subsidizing housing, who receive a utility reimbursement, are not eligible for LIHEAP if the amount of the reimbursement exceeds the amount of their monthly utility bill. Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis). When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible. The DES Senior Utility Assistance Program (SUAP) allows elderly participants to recertify using a shorter application and guarantees the maximum benefit allowed on the benefit matrix. DES will also hold aside funding specifically for those within the recertification program to ensure vulnerable populations are served equitably.

**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.**

When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible. Elderly participants in recertification programs may use a pre-register/pre-enrollment application process, therefore giving them a priority.

**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:

Elderly, disabled, veterans and households with children age 6 and under are given additional points for eligibility, which could increase the benefit level. Added points are included in the calculation of households utilizing portable fuels.

**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	\$160	Maximum Benefit	\$640
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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.**

ADES does not directly provide in-kind benefits, however, CAA's and CAA Subcontractors completing LIHEAP Intake offer blankets, wood, wood pellets, and bottled propane, when available.

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

### Section 3 - COOLING ASSISTANCE

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

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

## 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	8	State Median Income	60.00%
2	9	HHS Poverty Guidelines	150.00%

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

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

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

If yes, describe:

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

**Renters?**  Yes  No

If yes, describe:

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

If yes, describe:

Renters living in subsidizing housing, who receive a utility reimbursement, are not eligible for LIHEAP if the amount of the reimbursement exceeds the amount of their monthly utility bill.

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

If yes, describe:

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

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

If yes, describe:

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible. The DES Senior Utility Assistance Program (SUAP) allows elderly participants to recertify using a shorter application and guarantees the maximum benefit allowed on the benefit matrix. DES will also hold aside funding specifically for those within the recertification program to ensure vulnerable populations are served equitably.

**Individuals with a disability?**  Yes  No

If yes, describe:

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible.

**Young children?**  Yes  No

If yes, describe:

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible.

**Households with high energy burdens?**

Yes  No

**If yes, describe:**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible.

**Other? Veterans**

Yes  No

**If yes, describe:**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible.

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

Renters living in subsidizing housing, who receive a utility reimbursement, are not eligible for LIHEAP if the amount of the reimbursement exceeds the amount of their monthly utility bill.Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible.The DES Senior Utility Assistance Program (SUAP) allows elderly participants to recertify using a shorter application and guarantees the maximum benefit allowed on the benefit matrix. DES will also hold aside funding specifically for those within the recertification program to ensure vulnerable populations are served equitably.

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

When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old),disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible. Elderly participants in recertification programs may use a pre-register/pre-enrollment application process, therefore giving them a priority.

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

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

- 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:

Elderly, disabled, veterans and households with children age 6 and under are given additional points for eligibility, which could increase the benefit level. Added points are included in the calculation of households utilizing portable fuels.

<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	\$160	Maximum Benefit	\$640
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.  ADES does not directly provide in-kind benefits, however, CAA's and CAA Subcontractors completing LIHEAP Intake offer fans and other equipment, when available.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

## Section 4 - CRISIS ASSISTANCE

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

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

### 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	8	State Median Income	60.00%
2	9	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.**

A crisis exists when a household faces an energy burden that depletes or threatens to deplete their finances, which poses potential health and/or safety threat to the well-being of the household.  
A client is considered to be in a crisis when any of the following occur:  
The Household has received a utility shut-off or delinquency notice;

The Standard LIHEAP benefit does not pay the full amount of the Applicant's bill;

The Household has received an eviction notice, if utilities are included in the rent; or

The Household utilizes portable fuel or pre-pay utility service and has seven days or less of fuel available.

Eligible LIHEAP crisis applicants must have their application reviewed within 48 hours, and a determination made if possible.

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

A client is considered to be in a life-threatening crisis when one of the following situations exists:

A statement from a licensed medical physician stating that termination of power or exposure to heat or cold would be dangerous to the health of a Household member;

Self-certification stating that a utility shut-off would be dangerous to the health of a Household Member; or

Self-certification stating that life-supporting equipment is used in the home and the equipment is dependent upon utility service for operation.

**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 type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
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 checked="" 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 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 type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p>Although the point system is not used for LIHEAP crisis assistance, the household must receive a Standard LIHEAP benefit either prior to or with the crisis payment. A shut-off notice, delinquency, or imminent loss is needed to qualify for crisis assistance. All Crisis payments will be at minimum \$100 and at maximum \$1,000.</p>			
<b>Determination of Benefits</b>			
<b>4.8 How do you handle crisis situations?</b>			
<input checked="" type="checkbox"/>	Separate component		
<input checked="" type="checkbox"/>	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"/>	<b>Other - Describe:</b>  <p>Crisis assistance is available to applicants who have already received non-crisis assistance within a twelve(12) month period. The applicant must have a delinquency notice, disconnect notice, a notice that the utility has already been disconnected, or an eviction notice if utilities are included in the rent. When the standard LIHEAP benefit at the time of application is not enough to cover the outstanding amount due, the applicant is eligible to receive a crisis payment with the initial LIHEAP application.</p> <p>Energy-Related Repair (ERR) (see weatherization).</p>		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$0		
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  <p>Amount to resolve the crisis, up to a maximum of \$500, but no less than \$100.</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 <b>Explain.</b>			
<p>LIHEAP applications can be submitted through the DES online portal which is accessible at all times to anyone with an internet connection. Applications can also be submitted via fax, mail, and over the phone. Various CAA and other community-based organizations offer satellite locations and partner with local agencies that are geographically accessible. Some CAAs travel to alternate locations to accommodate those who reside in rural areas.</p>			

**4.11 Do you provide individuals who are individuals with a disability the means to:**

Submit applications for crisis benefits without leaving their homes?

Yes  No

If No, explain.

Travel to the sites at which applications for crisis assistance are accepted?

Yes  No

If No, explain.

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?

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**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	\$500.00 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

ADES does not directly provide in-kind benefits, however, CAA's and CAA Subcontractors completing LIHEAP Intake offer blankets, space heaters, AC units, and fans, when available.

**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.**

Several of Arizona's energy vendors enforce moratoriums with varying criteria. The largest energy vendors are represented below with their specific guidelines. These guidelines are in accordance with Arizona Administrative Code (AAC) 14-2-211. The Corporation Commission's mission is to ensure safe, reliable, and affordable utility services. They may determine that other weather conditions are especially dangerous to one's health as the need arises.

As stated in AAC 14-2-211 and Corporation Commission's guidance, "A utility shall not disconnect: 1. Residential service to a customer



from June 1 through October 15; 2. If the local weather forecast will include weather conditions that the Commission has determined, by order, are especially dangerous to health; 3. If the customer has paid at least half of the customer's outstanding bill balance within the last 25 days; 4. If the customer's outstanding bill balance is less than or equal to \$75.00."

Arizona Public Service (APS) uses 32 degrees Fahrenheit as the point at which they stop disconnections for non-payment for low temperatures. In addition, APS also developed an internal business process where disconnections are suppressed for non-payment when high heat stress indexes are present, as determined by the Phoenix Heat Alert website that relies on heat and humidity predictions from the National Oceanic and Atmospheric Administration (NOAA).

Southwest Gas (SWG) is prohibited from performing shut-offs during periods of time where weather will be especially dangerous to one's health. These weather conditions are defined as that period of time commencing with the scheduled determination date when the local weather forecast, as predicted by NOAA, indicates that the temperature will not exceed 32 degrees Fahrenheit for the next day's forecast.

Salt River Project (SRP) self-initiates moratoriums in the winter and summer based on weather conditions. The duration of the self-initiated moratorium fluctuates based on weather conditions. The criteria for moratoriums are extremely cold temperatures or excessive heat warnings issued by the National Weather Service.

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

**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  
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### 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. Arizona Department Of Housing (ADOH)

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:
 

Weatherization Measures are not subject to DOE Savings to Investment Ratio (SIR) Standards.

Energy-Related Repair (ERR) is a crisis program for heating and cooling systems that do not heat or cool, do not distribute heat or cooling, are malfunctioning, or have health and safety issues (such as producing carbon monoxide). Households must be homeowners as landlords are required to maintain heat or cooling in rental units. The Arizona Department of Housing determines the prioritization of needs for ERR and funding as available.

If the regular weatherization benefit resolves a crisis, no prioritization will be utilized. A client is considered to be in a life-threatening crisis when the household has:

  - No heating or cooling
  - No heating or cooling distribution

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:

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

5.6 Do you require an assets test?  Yes  No

<b>5.7 Do you have additional/differing eligibility policies for :</b>	
Renters	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<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 checked="" type="radio"/> Yes <input type="radio"/> No
Other? Veterans	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Elderly, disabled, veterans, and households with children age 5 and under are prioritized if the household has vulnerable members during the crisis. Weatherizations follows DOE classifications of children as "under 6".</p> <p>AOH WAP Policy outlines requirements for renters under the Weatherization component: <a href="https://housing.az.gov/weatherization-assistance-program-policies-procedures-manual-working-document">https://housing.az.gov/weatherization-assistance-program-policies-procedures-manual-working-document</a></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 checked="" type="radio"/> Yes <input type="radio"/> No	
5.10a If so, what is the ACPU amount? \$20,000	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: \$20,000 rolling average per home
<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

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OMB Clearance No.: 0970-013  
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**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):  
CAA's and CAA Subcontractors providing LIHEAP Intake periodically hold mass intake events.

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

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

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

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

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

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

<input checked="" type="checkbox"/>	<b>Joint application for multiple programs (indicate programs included)</b> Intake portal is shared with the Arizona Rental Program
<input checked="" type="checkbox"/>	<b>Intake referrals to/from other programs (indicate programs included)</b> Intake to/from other programs such as CSBG and Weatherization
<input type="checkbox"/>	<b>One - stop intake centers</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>

ADES will continue its policy of cooperation, coordination, and information exchange with the Arizona Department of Housing, Federal Resources, Community Services Block Grant (CSBG) providers, Social Security Administration, and any other Energy Programs in order to minimize duplication of services and maximize services available to eligible clients. Cooperation and coordination is in the form of formal and informal meetings, coordination of contracting procedures and contractors, exchange of significant correspondence, and joint planning. The same Administration within the Department administers funding from CSBG, Social Services Block Grant (SSBG), LIHEAP, and Temporary Assistance to Needy Families (TANF). Coordination between the block grant programs occurs regularly to ensure the needs of low- income households are addressed.

The LIHEAP Weatherization Program is administered by the Arizona Department of Housing. ADES collaborates with Community Action Agencies (CAAs) to maximize the utilization of community resources and benefits for eligible clients by utilizing a Community Navigation model. Through the Community Navigation model, the CAAs will focus on intake services and ongoing case management. The goal of the Community Navigation model is to assist clients by connecting them to resources and benefits that meet their needs. Additionally, ADES has begun to partner with non-CAA organizations, such as non-profit Community Health Centers, to provide LIHEAP Intake through Community Navigation on a volunteer basis. ADES will utilize zip code and census data to identify gaps in service areas and eliminate provider deserts.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 8 - Agency Designation**

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input 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?**

Division of Community Assistance and Development will conduct outreach via social media campaigns, print materials, and community outreach in collaboration with the CAAs to constituents for the LIHEAP program. The Division will also provide targeted outreach to underserved areas based on available data.

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

Division of Community Assistance and Development will conduct outreach via social media campaigns, print materials, and community outreach in collaboration with the CAAs to constituents for the LIHEAP program. The Division will also provide targeted outreach to underserved areas based on available data.

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

Division of Community Assistance and Development will conduct outreach via social media campaigns, print materials, and community outreach in collaboration with the CAAs to constituents for the LIHEAP program. The Division will also provide targeted outreach to underserved areas based on available data.

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

Effective October 2022, LIHEAP Administration transitioned in-house whereas ADES not completed all eligibility determinations for LIHEAP.

Assurance 16 activities are still conducted by local Community Action Agencies, as well as LIHEAP Intake activities. There are 11 LIHEAP Intake Providers, which consist of 11 CAAs, which are awarded as limited purpose LIHEAP Intake Providers due to the 2003 Procurement Code change that exempts CAAs (A.R.S. 41-2501), and Tohono O'Odham Nation, which is a LIHEAP sub-grantee.

Additionally, ADES is exploring partnerships with other community-based organizations to complete LIHEAP intake for their community on a volunteer basis. The partnerships will be prioritized based on identified gaps in coverage and benefits across the state. These agencies are volunteering their services are are not contracted for any activities.

8.7 How many local administering agencies do you use? 11

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  
ADMINISTRATION FOR CHILDREN AND FAMILIES

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

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

On occasions when ADES is unable to make contact with the vendor, ADES may issue payments directly to clients for portable fuel or when utilities are included in rental payments.

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

Clients are notified by ADES via email of their approval and the amount that has been paid on their behalf. Likewise, clients are notified of denial via email. Some CAAs and CAA Subcontractors print the emails and mail them to the clients who may not have access to the internet.

**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?**

Energy suppliers will, through their normal billing process, apply the Energy Assistance Payments to the approved household's account, just as any other payment would be applied. DCAD will request verification that assistance payment has been applied to the correct account for the client. This requirement is written into the pending utility 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?**

Energy suppliers will, through their normal billing process, apply the Energy Assistance Payments to the approved household's account, just as any other payment would be applied. DCAD will request verification that assistance payment has been applied to the correct account for the client. This requirement is written into the pending utility vendor agreement.

**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  
ADMINISTRATION FOR CHILDREN AND FAMILIES

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
Section 10 - Program, Fiscal Monitoring, and Audit**

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

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

ADES assures that fiscal control and fund accounting procedures are established to ensure the proper accounting of their disbursement of federal funds paid to the state under this program, including procedures for monitoring the assistance provided under this title, and that the Arizona Auditor General's Office includes LIHEAP in its audit of program expenditures in accordance with the Single Audit Act of 1984.

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

**Obligation**

An obligation of funds is a legal liability to disburse funds immediately or at a later date as a result of a series of actions (50 CFR § 80.91)

**Expenditures**

All amounts of money paid out by a government during its fiscal year

**Expenditure timeframe**

Expenditures usually indicate liquidation, or payments made on invoices, approved household applications, etc., that were approved or for which a commitment was made within the proper obligation timeline (LIHEAP-IM-2024-04)

**Administrative costs**

20 CFR § 641.856 - What functions and activities constitute administrative costs?

(a) Administrative costs are that allocable portion of necessary and reasonable allowable costs of recipients and program operators that are associated with those specific functions identified in paragraph (b) of this section and that are not related to the direct provision of programmatic activities specified in § 641.864. These costs may be both personnel and non-personnel and both direct and indirect costs.

(b) Administrative costs are the costs associated with:

(1) Performing general administrative and coordination functions, including:

(i) Accounting, budgeting, financial, and cash management functions;

(ii) Procurement and purchasing functions;

(iii) Property management functions;

(iv) Personnel management functions;

(v) Payroll functions;

(vi) Coordinating the resolution of findings arising from audits, reviews, investigations, and incident reports;

(vii) Audit functions;

(viii) General legal services functions;

(ix) Developing systems and procedures, including information systems, required for these administrative functions;

(x) Preparing administrative reports; and

(xi) Other activities necessary for general administration of government funds and associated programs.

(2) Oversight and monitoring responsibilities related to administrative functions;

(3) Costs of goods and services used for administrative functions of the program, including goods and services such as rental or purchase of equipment, utilities, office supplies, postage, and rental and maintenance of office space;

(4) Travel costs incurred for official business in carrying out administrative activities or the overall management of the program;

(5) Costs of information systems related to administrative functions (for example, personnel, procurement, purchasing, property management, accounting, and payroll systems) including the purchase, systems development, and operating costs of such systems and;

(6) Costs of technical assistance, professional organization membership dues, and evaluating results obtained by the project involved against stated objectives. (OAA § 502(c)(4)).

**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.**

Please see attached DES-1-16-05 and DES-1-16-05-01

**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	financial	Exceeded the 15 percent maximum weatherization earmarking threshold	Yes	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

- Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- Local agencies/district offices are required to have an annual audit (other than A-133)
- Local agencies/district offices' A-133 or other independent audits are reviewed by 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:

**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.**

Schedule - Monitoring of CAAs conducting LIHEAP Intake activities will occur at least once every three years. When findings are identified, the agency will be placed on a Continous Improvement Plan (CIP) under verification is provided that the finding has been resolved.

Focus - Monitoring focuses on the following areas: program, fiscal, policy, general contract requirements, and navigator model compliance. Monitoring may occur through a desk review of materials or on-site monitoring. Weatherization monitoring encompasses the aforementioned areas, plus on-site quality control inspection of weatherized homes. Monitoring visits are also used for contractor training and technical assistance as required. Monitoring relates to CAA's separate evaluations of internal controls, such as control self-assessments or internal procedures and performance. Internal monitoring processes shall be practiced by the CAA. LIHEAP CAAs have a responsibility to monitor and be monitored for compliance with program requirements.

ADES monitors CAA compliance with all requirements of federal, state, and local laws, contractual requirements, and directives in policy.

Protocol - The Arizona Department of Economic Security shall provide the CAA with the request for needed documents, such as case management files, and fiscal and administrative records, at least one week prior to the scheduled monitoring date. Regarding unscheduled monitoring, ADES may request needed documents while on-site without prior notice. ADES will communicate recommendations of findings with key personnel and provide the opportunity for clarification and will provide written results of the monitoring within a reasonable amount of time.

The CAA will ensure that key personnel are available for discussion during the scheduled monitoring and that the requested records are available and in order beginning on the first day of the scheduled on-site monitoring visit. It is the ADES' expectation that the monitoring will begin at the agreed date and time for scheduled monitoring.

The on-site monitoring visit will include these activities:

Entrance Interview which includes the ADES Contracts staff, Program staff and finance staff, as well as the CAA's Program Managers, contracts and finance staff. During the entrance interview, ADES describe the monitoring activities that will take place, review the monitoring process, and review the scheduled interviews over the course of the two week monitoring period.

On-site Visit consists of a program interview using a program interview guide, with follow-up questions appropriate to the local situation. Additionally, Program staff observe intake processes and A16 activities, when available.

To monitor the ADES internal determinations, the Program team completes case audits monthly to ensure accurate determinations are made. Second-level audits will also be completed to ensure audits are being performed correctly.

For non-CAA Community Navigation agencies providing LIHEAP intake assistance, meetings are held quarterly to review data and sample application outcomes, especially application denials, to determine the performance and accuracy of the applications received by the organization. ADES provides training and technical assistance to the agencies to ensure accurate applications are received.

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

**Site Visits:**

Agencies site visits are completed at least once every three years. If there are concerns related to a specific agency operation, the agency would be a priority for monitoring..

**Desk Reviews:**

Desk reviews of Agency reports are conducted monthly. They are reviewed for financial, contract, and federal compliance.

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

Triannually

**10.9. How many local agencies are currently on corrective action plans? 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 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 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 checked="" type="checkbox"/>	Stakeholder consultation meeting(s)
<input type="checkbox"/>	Comments are solicited during outreach activities
<input type="checkbox"/>	Other - Describe:

**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	06/24/2024	Community Action State Plans Public Hearing Virtual
2	06/25/2024	Community Action State Plans Public Hearing Virtual

**11.3. How many parties commented on your plan at the hearing(s)?** 7

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

Comments received during the public hearings, and submitted in writing outside of the public hearing, voiced concerns about the expansion of application intake services to non-Community Action Agencies. Specifically, the concerns involved funding those agencies and the selection process in which those agencies would be onboarded into the Community Navigation (LIHEAP Application Intake) Program.

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

As a result of the comments received during the public hearings, and submitted in writing outside of the public hearing, changes were made to clarify the intention of expanding the Community Navigation Program and the intend to pursue community based organization who would volunteer their services.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 12 - Fair Hearings

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 469

12.2 How many of those fair hearings resulted in the initial decision being reversed? 44

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.

ADES shall provide an Applicant or Client with a notice of their Grievance rights on the ADES webpage, when a person applies for the Program and when issued a benefits decision notice. A person may file a Grievance following a denial or other adverse action, to contest the approved benefits amount, or if ADES fails to take action within the prescribed time limits on the Applicant or Client's eligibility for benefits.

The Applicant or Client's Grievance options include:

Requesting Administrative Review of the ADES decision. Requests for Administrative Review must be submitted in writing within 10 calendar days of the date of the adverse action or denial. The Applicant or Client will be provided the opportunity to confer with reviewing staff regarding the request, or waive the hearing. After considering all evidence and the Applicant or Client's presentation, if any, the ADES decision may be upheld, or the request for Administrative Review granted in full or in part. Any Applicant or Client whose request for Administrative Review is not granted in full is notified of their subsequent Appeal rights. A request for Administrative Review does not limit a Client or Applicant's right to Appeal, and a Client or Applicant may Appeal in lieu of, or subsequent to, Administrative Review.

The Applicant or Client may Appeal the decision to the ADES Office of Appeals. Appeals must be submitted in writing using ASA-1011A form within 60 calendar days from the date of the program decision or adverse action. The Appellant or representative of the Applicant may request to withdraw the hearing request at any time by contacting ADES. A Pre-Hearing Conference will take place, after an appeal is submitted, between ADES and the Applicant or Client in hopes of resolving the issue. The ADES Office of Appeals will conduct a hearing in accordance with A.R.S. 41-1061. The hearing officer will render a decision within 90 calendar days of the appeal date that is based solely on the evidence in the record and testimony produced at the hearing and applicable law. The decision will include findings of fact that include a concise statement of the conclusions upon each contested issue of fact, citations to the law and authority applicable to the issue of appeal, a statement of the conclusions derived from the controlling facts and law and the reasons for the conclusions, the name of the hearing officer, the date of the decision, and a statement of further appeal rights and the time period for exercising those rights. LIHEAP staff must not limit or interfere with the Applicant's right to request a hearing.

Households whose applications are not acted on in a timely manner will be encouraged to resolve their concern by contacting ADES. A phone number and e-mail address will be provided through the application process for resolution. If households do not receive a satisfactory response, they may follow the procedure explained in section 12.4.

12.5 When and how are applicants informed of these rights?

ADES will provide an applicant or client with a notice of appeal rights on the ADES webpage, in the portal when a person applies for LIHEAP, and when issued a benefits decision notice. The portal will also email the applicant when they receive a new communication. Fair Hearing information will also be posted on the DCAD website and the CAA's waiting areas.

**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

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**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?**

CAAs and CAA Subcontractors offer energy reduction education through various methods such as brochures, teaching applicants during the application process, in-house tutorial videos presented in waiting areas, and/or classes. CAAs and CAA Subcontractors also provide energy-saving kits when available. ADES will continue to partner with CAAs, which will be responsible for Assurance 16 activities in their area.

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

To ensure that no more than 5 percent of LIHEAP funding is used for Assurance 16 purposes, the ADES utilizes fiscal and program controls, including fund accounting procedures, to ensure that CAAs abide by federal guidelines.

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

ADES has not collected specific impact data on Assurance 16 activities for FFY24, however, 12,088 clients participated in A16 activities in FFY24.

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

N/A - No direct monetary benefits have been issued to households using Assurance 16 funds.

**13.5 How many households received these services?** 12,088

**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

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

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

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

Yes  No

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

When funding is made available, a request for submittal is emailed to CAAs along with all pertinent attachments (blank leveraging report and previous year report/reports submitted, if applicable) with a deadline to submit all leveraging resource reports by October 15th. Funds used for leveraging are not federal funds.

**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	Wildfire (ACAA) Utility Repair, Replace and Deposit Program (URRD)	URRD funds are used by CAAs in coordination with LIHEAP for deposits, repairs, or replacements of energy-related appliances and systems.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(E).
2	Wildfire (ACAA) Home Energy Assistance Fund	This resource provides energy assistance to eligible low-income households statewide.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A)Coordination of benefits consistent
3	Arizona Public Service (APS)	Provides a discount to households based on electricity usage for each month.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(D).
4	APS/Community Action Partnership	APS provides funding for materials, supplies, and repairs to low-income homeowners for weatherization. Funds are also used to provide utility assistance payments for gas and electric to LIHEAP-eligible households.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A)
5	City of Phoenix Water Fund (Project Assist)	The Project Assist dollars are used in conjunction with LIHEAP funds to assist low-income families in addressing their utility and water needs.	N/A
6	City of Scottsdale Utility Assistance Program	Funds are used to provide emergency utility assistance to low-income families.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
7	City of Tucson Low Income Assistance Program	Funds are used to provide a discount to low-income households with water bills.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
8	Coconino County General Funds (Not State General Funds)	Funds are used to provide low-income Coconino County residents with financial assistance with utility bills in conjunction with LIHEAP	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A, C and E).
9	Donations to Agency	The resource provides funds to the Community Action Human Resources Agency	N/A

		(CAHRA), LIHEAP provider, for utility assistance to low income households.	
10	Neighbors Helping Neighbors	Funds for Home Energy Assistance available statewide. Funds are received through a voluntary State Tax check-off.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(E).
11	Pima County General Fund -Utility Assistance	Funds are used to provide low-income Pima County residents with financial assistance with utility bills.	N/A
12	Salt River Project (SRP) Bill Assistance Program	This resource provides funds to meet the energy affordability needs of low-income customers.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
13	SRP - Economy Price Plan	Provides a discount to households based on monthly electricity usage. The LIHEAP Grantee and Arizona Community Action Association met with SRP to discuss the expansion of the utility discount program to all low-income households rather than only seniors. All low-income households at 150 percent of poverty may apply for the discount. A LIHEAP eligibility criterion was incorporated with this resource.	N/A

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



## Section 15 - Training

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

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

### Section 15: Training

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

**a. Grant recipient Staff:**

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

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

ADES LIHEAP Staff receive formal training from the Office of Community Services (OCS) and National Energy Assistance Directors Association (NEADA).

**b. Local Agencies:**

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

How often?

Annually

Biannually

As needed

**Other, describe:** State LIHEAP Staff, Community Actions Agencies and community providers also attend various National, OCS, and other LIHEAP training via conferences at their discretion.

On-site training

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

LIHEAP Policy Manuals. Questions and concerns are communicated verbally during the regularly scheduled vendor touchpoint and via email.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

<input type="checkbox"/>	Other, describe:
<input type="checkbox"/>	Policies communicated through vendor agreements
<input type="checkbox"/>	Policies are outlined in a vendor manual
<input checked="" type="checkbox"/>	Other, describe:  Monthly meeting is held with vendors throughout the State. Communication is shared regularly regarding policy changes. ADES is continuing to work towards a vendor agreement.
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<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 16 - Performance Goals and Measures, 2605(b)**

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

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

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

The State of Arizona uses a proprietary in-house system to complete the LIHEAP Performance Measures Data Collection goals. The State of Arizona implemented the new system in SFY18. The State of Arizona will utilize the same proprietary system for FFY25. In 2022, ADES implemented an online portal that increased data tracking capabilities, which also assisted in generating required reporting.

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

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

**17.1 Fraud Reporting Mechanisms**

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

- 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:  
A dedicated fraud reporting hotline is in place for statewide fraud abuse and is not specific to LIHEAP.

**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:

**17.2. Identification Documentation Requirements**

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

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

<b>17.3. Citizenship/Legal Residency Verification</b>							
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.							
<input type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen							
<input type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.							
<input type="checkbox"/> Non-Citizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Non-Citizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input checked="" type="checkbox"/> <b>Other - Describe:</b>							
ADES offers a variety of methods for identity verification depending on the applicant's individual needs and preferences. The web-based portal is the most efficient method of application and requires an applicant to verify their identity through ID.me, a third-party digital identification tool, prior to completing an application. Alternative identity verification methods are available for applicants who do not wish to apply through the portal. All methods require a Government-issued identification card.							
	<b>Other</b>	<b>Applicant Only Required</b>	<b>Applicant Only Requested</b>	<b>All Adults in Household Required</b>	<b>All Adults in Household Requested</b>	<b>All Household Members Required</b>	<b>All Household Members Requested</b>
1	The Department has integrated an online identity verification service using ID.me. Applicants will be required to verify their identities using this tool.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.4. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> <b>Require documentation of income for all adult household members</b>							
<input checked="" type="checkbox"/> <b>Pay stubs</b>							
<input checked="" type="checkbox"/> <b>Social Security award letters</b>							
<input type="checkbox"/> <b>Bank statements</b>							
<input checked="" type="checkbox"/> <b>Tax statements</b>							
<input checked="" type="checkbox"/> <b>Zero-income statements</b>							
<input checked="" type="checkbox"/> <b>Unemployment Insurance letters</b>							
<input checked="" type="checkbox"/> <b>Other - Describe:</b>							
Clients must provide verification for unearned income. ADES requires documentation of income for all household members age 18 and above. ADES may, at their discretion, accept a participant statement as verification for income when the client has attempted but is unable to provide the verification, no other sources of verification are available, and agency staff has attempted to assist in obtaining the verification on behalf of the client.							
<input type="checkbox"/> <b>Computer data matches:</b>							
<input type="checkbox"/> <b>Income information matched against state computer system (e.g., SNAP, TANF)</b>							
<input type="checkbox"/> <b>Proof of unemployment benefits verified with state Department of Labor</b>							
<input type="checkbox"/> <b>Social Security income verified with SSA</b>							
<input type="checkbox"/> <b>Utilize state directory of new hires</b>							
<input type="checkbox"/> <b>Other - Describe:</b>							
b. Describe any exceptions to the above policies.							
<b>17.5 Identification Verification</b>							
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"/> <b>Verify SSNs with Social Security Administration</b>							
<input type="checkbox"/> <b>Match SSNs with death records from Social Security Administration or state agency</b>							
<input type="checkbox"/> <b>Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)</b>							
<input type="checkbox"/> <b>Match with state Department of Labor system</b>							
<input type="checkbox"/> <b>Match with state and/or federal corrections system</b>							

<input 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:  The Department has integrated an online identity verification service using ID.me. Applicants will be required to verify their identities using this tool.
<b>17.6. Protection of Privacy and Confidentiality</b>
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input type="checkbox"/> Employees must sign confidentiality agreement
<input type="checkbox"/> Grant recipient employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input 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:  ADES plans to have a Utility Vendor Agreement in place shortly and have Memorandum of Understandings (for Data Sharing) with the major utility vendors.
<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 type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments

<input checked="" type="checkbox"/>	<b>Payments to utilities and invoices from utilities are reviewed for accuracy</b>
<input type="checkbox"/>	<b>Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities</b>
<input type="checkbox"/>	<b>Direct payment to households are made in limited cases only</b>
<input type="checkbox"/>	<b>Procedures are in place to require prompt refunds from utilities in cases of account closure</b>
<input type="checkbox"/>	<b>Vendor agreements specify requirements selected above, and provide enforcement mechanism</b>
<input checked="" type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>Some CAAs utilize computer databases to periodically review and verify accuracy and timeliness of payments made to utilities. There are also requirements in place to ensure the client has not received a duplication of benefits and hasn't received LIHEAP in the last 12 months.</p> <p>Employees will monitor payments of funds to Clients to ensure that payments are in compliance with applicable guidance and do not exceed that to which the Client is entitled. Any payment of funds that exceeds the amount to which the Client is lawfully entitled (Overpayments) are recovered by the Grantee pursuant to either (1) recall procedures established by contractual agreement with vendors and/or third-parties, or (2) collections procedures by the ADES Office of Accounts Receivable (OARC) for Overpayments made to Clients and all other Overpayments. Regardless of the cause of an Overpayment, the Client is liable for the amount of the Overpayment and subject to recovery of funds. All Overpayments will be processed for recovery, except those limited Overpayments which qualify for waiver.</p>
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
<b>What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.</b>	
<input checked="" type="checkbox"/>	<b>Vendors are checked against an approved vendors list</b>
<input checked="" type="checkbox"/>	<b>Centralized computer system/database is used to track payments to all vendors</b>
<input checked="" type="checkbox"/>	<b>Clients are relied on for reports of non-delivery or partial delivery</b>
<input type="checkbox"/>	<b>Two-party checks are issued naming client and vendor</b>
<input checked="" type="checkbox"/>	<b>Direct payment to households are made in limited cases only</b>
<input type="checkbox"/>	<b>Vendors are only paid once they provide a delivery receipt signed by the client</b>
<input type="checkbox"/>	<b>Conduct monitoring of bulk fuel vendors</b>
<input type="checkbox"/>	<b>Bulk fuel vendors are required to submit reports to the grant recipient.</b>
<input type="checkbox"/>	<b>Vendor agreements specify requirements selected above, and provide enforcement mechanism</b>
<input checked="" type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>ADES directly pays vendors and keeps accounting records, which are monitored to avert fraud and improper payments.</p>
<b>17.10. Investigations and Prosecutions</b>	
<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.</b>	
<input checked="" type="checkbox"/>	<b>Refer to state Inspector General</b>
<input checked="" type="checkbox"/>	<b>Refer to local prosecutor or state Attorney General</b>
<input type="checkbox"/>	<b>Refer to US DHHS Inspector General (including referral to OIG hotline)</b>
<input checked="" type="checkbox"/>	<b>Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public</b>
<input checked="" type="checkbox"/>	<p><b>Grant recipient attempts collection of improper payments. If so, describe the recoupment process</b></p> <p>Employees will monitor payments of funds to Clients to ensure that payments are in compliance with applicable guidance and do not exceed that to which the Client is entitled. Any payment of funds that exceeds the amount to which the Client is lawfully entitled (Overpayments) are recovered by the Grantee pursuant to either (1) recall procedures established by contractual agreement with vendors and/or third-parties, or (2) collections procedures by the DES Office of Accounts Receivable (OARC) for Overpayments made to Clients and all other payments. Regardless of the cause of an Overpayment, the Client is liable for the amount of the Overpayment and subject to recovery of funds. All Overpayments will be processed for recovery, except those limited Overpayments which qualify for waiver. In instances of Overpayment involving investigative or judicial findings that fraud was committed, Overpayment processing will be initiated and Client will be subject to an administrative disqualification action.</p>
<input checked="" type="checkbox"/>	<b>Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 12-month disqualification for 1st violation. 24-month disqualification for 2nd violation. Permanent disqualification for 3rd violation</b>
<input type="checkbox"/>	<b>Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated</b>
<input type="checkbox"/>	<b>Vendors found to have committed fraud may no longer participate in LIHEAP</b>
<input checked="" type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>12-month disqualification for 1st violation. 24-month disqualification for 2nd violation. Permanent disqualification for 3rd violation. Clients who are suspected to have intentionally committed fraud will be provided notice of an Administrative Disqualification Hearing to determine whether the Client did commit fraud. Clients will be informed of their right to attend the hearing to contest the allegation, or waive the hearing. A finding against the Client at the Administrative Disqualification Hearing, or waiver of the Hearing, will result in disqualification. Administrative Disqualification Hearings will be conducted by the ADES Office of Appeals in accordance with Fair Hearing requirements (see Section 12).</p>

**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.* )**

1789 W Jefferson St <b>* Address Line 1</b>		
Address Line 2		
Address Line 3		
Phoenix <b>* City</b>	AZ <b>* State</b>	85007 <b>* Zip Code</b>

**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>