

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Report Name: DETAILED MODEL PLAN (LIHEAP)

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


Report Status: Submission Accepted by CO

Report Sections

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

Mandatory Grant Application SF-424

| | | | |
|---|--|--|---|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES | | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027 | |
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | |
| * 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) C2AQVDYYUAS7 | 5. Date Received By State: |
| | | 4b. Federal Award Identifier: | 6. State Application Identifier: |
| 7. APPLICANT INFORMATION | | | |
| * a. Legal Name: State of Michigan, Department of Health and Human Services | | | |
| * b. Address: | | | |
| * Street 1: | 333 S. Grand Ave | Street 2: | PO Box 30195 |
| * City: | LANSING | * County: | |
| * State: | MI | * Province: | |
| * Country: | United States | * Zip / Postal Code: | 48909 - |
| * c. Organizational Unit: | | | |
| * Department Name: Michigan Department of Health and Human Services | | * Division Name: Field Operation Administration | |
| * 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: Julie | | * Last Name: McLaughlin | |
| * Title: LIHEAP Departmental Manager | | * Organizational Affiliation: | |
| * Telephone Number: 5178973699 | | * Fax Number: 5172417570 | |
| * Email: mclaughlinj@michigan.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: | | | |
| 9. CFDA Numbers and Titles | | | |
| | Catalog of Federal Domestic Assistance Number: | CFDA Title: | |
| 93.568 | | Low-Income Home Energy Assistance Program | |
| 10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: LIHEAP State Plan | | | |
| 11. AREAS AFFECTED BY FUNDING: Energy Assistance | | | |
| 12. CONGRESSIONAL DISTRICTS OF APPLICANT: 07 | | | |
| 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 | | | |

| | |
|---|---|
| Process for review on: | |
| b. Program is subject to E.O. 12372 but has not been selected by State for review. | |
| c. Program is not covered by E.O. 12372. | |
| *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| If Yes, explain: | |
| 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree <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. | |
| 17a. Typed or Printed Name and Title of Authorized Certifying Official Daniel Lance | 17c. Telephone (area code, number and extension) |
| | 17d. Email Address mdhhs-grants@michigan.gov |
| 17b. Signature of Authorized Certifying Official  | 17e. Date Report Submitted (Month, Day, Year) 08/30/2024 |

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 | 01/01/2025 | 09/30/2025 |
| <input type="checkbox"/> Cooling assistance | | |
| <input type="checkbox"/> Summer crisis assistance | | |
| <input type="checkbox"/> Winter crisis assistance | | |
| <input checked="" type="checkbox"/> Year-round crisis assistance | 10/01/2024 | 09/30/2025 |
| <input checked="" type="checkbox"/> Weatherization assistance | 10/01/2024 | 09/30/2025 |

Provide further explanation for the dates of operation, if necessary

Heating assistance is administered by Treasury through the Home Heating Credit Program (HHC). HHC follows tax season, however, an application can be submitted without having to submit a tax return.

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 | 30.00% | 35.00% |
| Cooling assistance | 0.00% | 0.00% |
| Summer crisis assistance | 0.00% | 0.00% |
| Winter crisis assistance | 0.00% | 0.00% |
| Year-round crisis assistance | 45.00% | 40.00% |
| Weatherization assistance | 10.00% | 10.00% |
| Carryover to the following federal fiscal year | 0.00% | 0.00% |
| 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 | 0.00% | 0.00% |
| TOTAL | 100.00% | 100.00% |

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): Not applicable |

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 checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| SSI | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| SNAP | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |

1.4a. - Provide your definition of categorical eligibility.

Michigan defines categorical eligibility as one member of the household receiving either TANF, SSI or SNAP benefits. Categorical eligibility is only used with the Energy Direct Program. Energy Direct is streamlined using a cross match exchange between MDHHS and the four major energy providers. No application is needed.

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

If Yes, explain:

Michigan administers the Energy Direct Program and the SER Energy Direct Program in which MDHHS and participating energy providers exchange pertinent information, to identify categorically eligible households for Energy Direct and those who have received an SER payment within the last 60 days for SER Energy Direct and who are at risk for disconnection. Michigan reserves the right to utilize funds for these programs in FY25, funding permitted. There is no application process for these programs. All other programs require an application process. See attached.

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?

Benefit levels/payment maximums are consistent for all households, which ensures consistency regardless of public assistance status. Categorical eligibility is utilized for the Energy Direct Program only and not for other LIHEAP programs.

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: \$20.01

1.7c Frequency of Assistance

| | |
|-------------------------------------|-----------------------|
| <input checked="" 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?

Households who have an energy expense included in their rent may receive the SNAP nominal payment if they have not already received energy assistance through LIHEAP or MEAP, exceeding \$20.

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 |

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

| | |
|-------------------------------------|-------|
| <input checked="" type="checkbox"/> | Wages |
|-------------------------------------|-------|

| | | | |
|-------------------------------------|--|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Self - Employment Income | | |
| <input checked="" type="checkbox"/> | Contract Income | | |
| <input checked="" type="checkbox"/> | Payments from mortgage or Sales Contracts | | |
| <input checked="" type="checkbox"/> | Unemployment insurance | | |
| <input 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 checked="" type="checkbox"/> | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. | | |
| <input 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 type="checkbox"/> | Legal settlements | | |
| <input type="checkbox"/> | Insurance payments made directly to the insured | | |
| <input type="checkbox"/> | Insurance payments made specifically for the repayment of a bill, debt, or estimate | | |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits | | |
| <input checked="" 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 checked="" type="checkbox"/> | Income tax refunds |
| <input checked="" type="checkbox"/> | Stipends from senior companion programs, such as VISTA |
| <input type="checkbox"/> | Funds received by household for the care of a foster child |
| <input type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| <input type="checkbox"/> | Reimbursements (for mileage, gas, lodging, meals, etc.) |
| <input checked="" type="checkbox"/> | <p>Other</p> <p>Crisis Assistance: DHHS policy manual item, ERM 206, provides a complete list of countable and excluded income for crisis assistance. Federal Income Tax refunds are excluded as income; however, other refunds are countable.</p> <p>Heating Assistance: Total Household Resources are counted for the Home Heating Credit which includes interest, dividends, or royalties and excludes all Income Tax refunds.</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.

1.10 Do you have an online application process? Yes No

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

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing. |
| <input 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 checked="" type="checkbox"/> | <p>Other, please describe</p> <p>Online application is available for crisis assistance through MI Bridges by completing an SER application for year round assistance.</p> <p>Heating assistance is provided by Treasury as noted below and can be applied for online if filing a tax return. The HHC is incorporated as part of the online tax return, if not filing a tax return, a paper application is available.</p> |

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

MI Bridges (michigan.gov)

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

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

Heating assistance is administered by Treasury which accepts HHC applications during tax season through September 30th of each calendar year. An individual completing online tax returns can apply directly for HHC at that time. For those that do not file a tax return, a paper application is available.

Weatherization is administered by the Bureau of Community Action and Economic Opportunity (BCAEO) who distributes the funds to Community Action Agencies (CAA) that provide the direct service. CAAs are located throughout the State of Michigan. Individuals are serviced by a CAA within their geographic area and paper applications are taken locally.

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

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

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

Crisis assistance aka SER application can be completed during a phone call with the applicant. A DHHS specialist, energy provider representative, bridges navigator or other authorized representative can assist the applicant in completing an online SER application over the phone and submit on their behalf with permission of the applicant.

Heating assistance and Weatherization must be completed by the applicant or with permission from the applicant a person named to assist in the application process.

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

| | |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | In-person |
| <input checked="" type="checkbox"/> | Mail |

| | |
|-------------------------------------|-------------------------------|
| | |
| <input checked="" type="checkbox"/> | Email |
| <input checked="" type="checkbox"/> | Portal application |
| <input checked="" type="checkbox"/> | Other, please describe Fax |

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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 | All Household Sizes | HHS Poverty Guidelines | 110.00% |

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 with utilities included in the rent? Yes No

If yes, describe:

Renters, whose heating costs are included in their rent or if heat service is in someone else's name, the credit is reduced by 50 percent. Michigan believes that the 50 percent reduction is equitable and within the guidelines of this program since groups whose heat is included in their rent or when the bill is in someone else's name are unable to provide proof of their actual heat obligations and costs. This group is eligible but at a lower benefit amount.

HHC allows applicants to provide their actual heating costs therefore those paying actual costs that are greater than the standard credit for the same group size would receive a larger benefit amount.

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

Individuals with a disability? Yes No

If yes, describe:

Home Heating Credit (HHC) application captures the number of exemptions allowed for each household with priority given to those who are deaf, disabled, blind or a qualified disabled veteran.

Program details and eligibility requirements can be found on the department of Treasury's website: www.michigan.gov/taxes.

Below is located in the HHC Booklet-

The standard credit calculation is based on the number of exemptions allowed for the household. Based on the number of exemptions the claimant gets a standard allowance amount, with larger amounts for households with more exemptions. The basic credit calculation is the standard allowance less 3.5% of total household resources. Claimants where someone in the household has one the disabilities listed on the HHC application booklet gets an extra exemption, and thus a larger standard allowance. The credit is always bigger for those households.

Line 16b: Michigan Special Exemptions: Deaf, Blind, or Certain Disabilities. Complete this line, claiming only one exemption per person as it applies to you, your spouse, and your dependents. If your dependent files a credit claim, you or your dependent, but not both, may claim the dependent's special exemption. You qualify for this exemption if you are deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled.

•Deaf means the primary way you receive messages is through a sense other than hearing (e.g., lip reading or sign language).

•Blind means your better eye permanently has 20/200 vision or less with corrective lenses, or your peripheral field of vision is 20 degrees or less.

•Totally and permanently disabled means disabled as defined under Social Security Guidelines 42 USC 416. If you were age 66 by August 31, 2023, you may not claim an exemption as totally and permanently disabled.

Line 16c: Qualified disabled veteran. Taxpayers may claim an extra exemption if the taxpayer or spouse is a qualified disabled veteran, or a dependent of the taxpayer is a qualified disabled veteran. To be eligible for the additional exemption an individual must be a veteran of the active military, naval, marine, coast guard, or air service who received an honorable or general discharge and has a disability incurred or aggravated in the line of duty as described in 38 USC 101(16). This additional exemption may not be claimed on more than one credit claim.

Young children?

Yes No

If yes, describe:

Households with high energy burdens?

Yes No

If yes, describe:

Claimants with high energy usage can take advantage of the alternate credit calculation, based on energy costs, if it gives them a larger credit.

Other?

Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

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.

Heating assistance is administered by the Department of Treasury, which allows low-income households to apply for LIHEAP without having to come to the Department of Health and Human Services or other community agency in order to receive benefits. Requests for the Home Heating Credit can be submitted at the same time tax forms are completed, through September 30 each year.

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:

The forms for FY 2025 (tax year 2024) will be available in January.

The standard credit is structured so that a claimant at 110% of the federal poverty guidelines receives a credit of \$1, consistent with Michigan statute [MCL 206.527a(1)(b)]. The maximum credit is generally calculated using the maximum heating cost for the alternate credit, assuming the claimant has no income, and determining the credit amount. For tax year 2023 (FY 2024) that amount is:

$\$3,500$ maximum fuel cost – total household resources of $\$0 \times 11\% = \$3,500$

$\$3,500 \times 70\% = \$2,450$ is the alternate credit amount

For tax year 2023, all credits are prorated to ensure the total credit does not exceed the available federal funding. The proration factor is 56%, so the maximum credit for tax year 2023 is $\$2,450 \times 56\% = \$1,372$.

This same credit calculation will be completed for FY25, tax year 2024, however depending on funding allocated, the proration factor may be different as well as the maximum fuel cost, which could then alter the maximum credit. Using a proration factor of 90%, should the maximum fuel cost and alternate credit amount remain the same, calculation of $\$2,450 \times 90\% = \$2,205$.

Therefore, the maximum benefit listed below is an estimate using the proration factor of 56% from FY24 and up to a possible 90% based on calculations above. Exact maximum benefit for FY25 cannot be determined until funding allocation is determined, therefore the maximum benefit may be higher or lower than FY24. Also, Michigan reserves the right to issue a supplement, funding permitted which may alter the amount issued beyond the maximum benefit indicated.

Maximum Benefit to be \$1,372 to a possible \$2,205, system would not allow entries, therefore entered \$2,205, not including a supplement, if issued.

Instruction Booklet and application attached for tax year 2023, FY24. As already noted, booklet and application for tax year 2024, FY25 will not be released til January 2025.

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 | \$1 | Maximum Benefit | \$2,205 |
|------------------------|-----|------------------------|---------|

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

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

Section 3 - COOLING ASSISTANCE

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

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 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 | | | 0.00% |

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 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:

Individuals with a disability? Yes No

If yes, describe:

Young children? Yes No

If yes, describe:

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

| | | | |
|--|-----|-----------------|-----|
| <input type="checkbox"/> Dwelling type | | | |
| <input type="checkbox"/> Energy burden (% of income spent on home energy) | | | |
| <input type="checkbox"/> Energy need | | | |
| <input type="checkbox"/> Other - Describe: | | | |
| | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | |
| 3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i> | | | |
| Minimum Benefit | \$0 | Maximum Benefit | \$0 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| If yes, describe. | | | |
| 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 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 | All Household Sizes | HHS Poverty Guidelines | 150.00% |

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

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

Eligibility for an energy-related crisis is based on the household's demonstration of immediate need for assistance with home heating fuel, electricity, or energy-related home repairs. Crisis means one of the following:

- An individual or household has received a past due or shut off notice on an energy bill for his or her household.
- A residential fuel tank is estimated to contain not more than 25% of its heating fuel capacity or fuel tank over 25% that has been locked by the provider and payment on account will remove the threat.
- A stated need for household deliverable fuel or a non-traditional fuel source in which there is no meter or regular energy bill provided, (example: wood, corn, cherry pits, etc.).
- A notice that the balance in a prepayment account is below \$100.
- A statement from a licensed service provider indicating the homeowners furnace is inoperable and in need of repair or replacement.

4.3 What constitutes a life-threatening crisis?

A household is considered to have a life-threatening crisis if the following criteria is met:

- The household is not protected by Michigan's Winter Protection Plan;
- The household has experienced disconnection of natural gas or electric service or have run out of deliverable fuel or a non-traditional heating source such as wood, corn, cherry pits, etc., or the household has a statement from a licensed service provider indicating the homeowner's furnace is inoperable and in need of repair or replacement;
- Restoration of energy services is medically necessary.
- The household does not have any temporary housing alternatives while the emergency is being resolved.

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 |
|---|--------------------------|--------------------------|-------------------------------------|
| 4.6 Do you have additional eligibility requirements for Crisis Assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 0 Do you require an Assets test? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you give priority in eligibility to: | | | |
| Older Adults (60 years or older)? | <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"/> |
| In Order to receive crisis assistance: | | | |
| Must the household have received a shut-off notice or have a near empty tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have been shut off or have an empty tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have exhausted their regular heating benefit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must heating/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): Description entered above | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you have additional/differing eligibility policies for: | | | |
| 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 checked="" type="checkbox"/> |
| Explanations of policies for each "yes" checked above: | | | |
| <p>In order to qualify for SER crisis assistance, the household must use their available resources to resolve their own emergency. SER crisis assistance has an asset test with a protected cash asset limit of \$15,000.</p> <p>In instances where the energy costs are included in the rental obligation, no crisis assistance is issued. However, the property owner has the right to apply for crisis assistance and an eligibility determination would be made for their request.</p> <p>Asset policy is located in policy manual ERM 205, which outlines countable and excluded assets used for determining eligibility, see attached document.</p> | | | |
| Determination of Benefits | | | |
| 4.8 How do you handle crisis situations? | | | |
| <input checked="" type="checkbox"/> | Separate component | | |
| <input type="checkbox"/> | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames. | | |
| <input type="checkbox"/> | Other - Describe: | | |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits? | | | |
| <input type="checkbox"/> | Amount to resolve the crisis. \$0 | | |
| <input checked="" type="checkbox"/> | Other - Describe: Application for crisis payments must show current need for assistance based on shut off/past due notice. Once need is established, payment may be made up to the fiscal year cap which could result in a credit balance to the account, funding permitted. See SER policy for FY25, October 1, 2024. In the event the account is closed for any reason and there remains a credit balance as a result of an SER payment, the energy provider must follow overissuance procedure and refund the State of Michigan per policy, ERM 401. Michigan reserves the right to issue a one-time, single payment, authorized for the shut off/past due amount on the first SER application, additional applications submitted would be denied, implement a crisis season (as defined in policy) to coincide with a single payment or provide year round crisis assistance, based on available funding. | | |
| Crisis Requirements, 2604(c) | | | |
| 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? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Explain. | | | |
| <p>DHHS county offices are operated statewide; an SER application can be mailed in, faxed or hand-delivered to any DHHS office. Applications are also accepted electronically through the DHHS MI Bridges online application platform. Furthermore, grantees receiving energy assistance funding through the Michigan Energy Assistance Program (MEAP) partner with DHHS as Navigation and Referral Partners, assisting households with the online application process for those seeking energy assistance through LIHEAP.</p> <p>Also, MDHHS specialist, MEAP partners, energy provider representatives, MI Bridges navigators and authorized reps may also assist in completing online SER applications over the phone with the applicant and submit on the applicant's behalf.</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? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| If No, explain. | | | |
| Travel to the sites at which applications for crisis assistance are accepted? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> 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? | | | |
| 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 | \$800.00 | maximum benefit | |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe | | | |
| <p>The maximum payment is \$800 (based on fuel type, \$500 for natural gas, non-heat electric, wood, wood pellets, and other non-traditional heating fuels, \$800 for deliverable fuel, fuel oil, and coal), the minimum benefit amount is the amount needed to resolve the energy crisis. SER payment amounts exceeding \$800 require an exception and approved by the LIHEAP program office.</p> <p>LIHEAP program policy reserves the right to increase the maximum in FY25 if funding is available and there shows to be a need.</p> | | | |
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="checkbox"/> |
| Heating system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> 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. | | | |
| <p>Public Act 95 of 2013 created the low-income energy assistance fund which funds MEAP. The act states that, "An electric utility, municipally owned electric utility, or cooperative electric utility may elect to not collect a low-income energy assistance funding factor under this section by annually filing a notice with the public service commission by July 1. Notwithstanding any other provision of this act, an electric utility, municipally owned electric utility, or cooperative electric utility that elects to not collect a low-income energy assistance funding factor under this section shall not shut off service to any residential customer from November 1 to April 15 for nonpayment of a delinquent account."</p> | | | |
| 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If yes, describe | | | |
| Crisis funds would be used in conjunction with SER request to assist those affected by the natural disaster based on funds 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 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 | State Median Income | 60.00% |

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.

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

WEATHERIZATION - Types of Rules

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

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE WAP (not LIHEAP) rules
- Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
- Income Threshold
- Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
- Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
- Other - Describe:
- Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.):
- Income Threshold
- Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
- Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
- Other - Describe:

Clients determined eligible for the DOE Weatherization Program under categorical eligibility, will also have categorical eligibility for LIHEAP Weatherization Services.

The flexibility in these rules allow for more extensive measure installation than what is normally allowed in the Weatherization Assistance Program (WAP), with the ultimate goal of increasing energy savings, reducing fuel use, and providing a safe and healthy home environment.

Re-weatherization is allowable.

Health and safety items that are not covered by DOE WAP Health and Safety Plan may be included.

BCAEO may offer flexibility beyond the DOE Health & Safety budget category limit.

The State of Michigan allows for the following measures under LIHEAP:

- Solar screen installation
- Mobile home door installation
- Exterior door installation
- Gas cook stove repair/replacement for H&S concerns
- Duct cleaning

- Solar water heaters
- Cooling system repair and replacement
- Attic floor installation
- Fuel tank replacement
- Fuel line replacement
- Chimney liner replacement
- Procurement of vehicles and equipment is allowable.
- Additional measures not called for in the audit may be implemented to reduce deferrals, following the parameters below:
- LIHEAP Weatherization Readiness funds will align with the DOE Weatherization Readiness Fund (WRF) Cost Category with the following exceptions:

A total fiscal cost of this category not to exceed 25% of the LIHEAP allocation toward weatherization services. Funds may be moved to other cost categories as allowable following those category maximums.

No maximum allowable ACPU for LIHEAP WRF funds

Grantees must submit a waiver for any measures not included as allowable under DOE WRF to address for deferral reduction to BCAEO and receive pre-approval before work commences.

Roof Replacement is not allowable under LIHEAP WRF.

LIHEAP/DOE combo jobs defer to the DOE monitoring schedule. BCAEO monitors WAP jobs at a 5/10% threshold.

LIHEAP jobs may cross fiscal years.

Note: Measures, as determined by MDHHS' Bureau of Community Action and Economic Opportunity (BCAEO), may not be subject to review by the Building Performance Institute (BPI) Quality Control Inspector.

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

 Renters Yes No

 Renters living in subsidized housing? Yes No

 Renters with utilities included in the rent? Yes No

5.8 Do you give priority in eligibility to:

 Older Adults? Yes No

 Individuals with a disability? Yes No

 Young Children? Yes No

 House holds with high energy burdens? Yes No

 Other? Flint Emergency Weatherization Yes No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

Michigan utilizes a priority point system when delivering services to low-income homes to meet 10 CFR 440.16(b) (15).

Mandatory priority categories include households with:

Children.

An elderly group member.

A disabled group member, including SSI recipient(s).

High energy usage and high energy burden.

The Michigan Department of Licensing and Regulatory Affairs Public Service Commission publishes an annual report titled "Michigan Energy Appraisal." High Residential Energy User households are defined as meeting or exceeding the normalized heating fuel consumption identified in the Michigan Energy Appraisal by ten percent or more.

Households with a High Energy Burden defined as follows: any household that pays more than 15% of its total annual household income toward annual energy costs.

Each rental unit weatherized requires the landlord complete to a landlord agreement.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? Yes No

5.9a If yes, what is the maximum? \$0

5.10 Do you use an Average Cost per Unit (ACPU). Yes No

5.10a If so, what is the ACPU amount? \$0

Types of Assistance, 2605(c)(1), (B) & (D)

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 type="checkbox"/> Other - Describe: |

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

Section 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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**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):

Michigan informs low-income applicants of the availability of LIHEAP via notices to clients, State websites, letters, posters, publications, weatherization referrals, United Way's phone referral system and regular involvement with the Coalition to Keep Michigan Warm. DHHS is also a contributing member to the State of Michigan's Low Income Energy Waste Reduction workgroup and provides information about LIHEAP services to the other stakeholders and service providers.

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

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

The DHHS county offices who are responsible for determining eligibility for LIHEAP crisis assistance also process applications for TANF, SNAP, Medicaid and other public assistance benefit programs.

LIHEAP crisis assistance is also coordinated with the Michigan Energy Assistance Program (MEAP). Households who apply and approved for crisis assistance are referred to a MEAP grantee for additional energy assistance services, including Assurance 16 activities.

Note: MEAP also utilizes state funding. LIHEAP weatherization is coordinated with US Department of Energy (DOE) Weatherization Assistance Program. Local weatherization operators coordinate the LIHEAP and DOE funds to meet weatherization needs at the local level.

Michigan's MEAP grantees provide energy assistance, referrals to the Weatherization Assistance Program and other self-sufficiency programs.

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

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

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

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

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Administration Agency |
| <input type="checkbox"/> | Commerce Agency |
| <input 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?

DHHS and the Department of Treasury coordinate outreach activities to inform all LIHEAP eligible households of the program, as well as inform such households of other major energy programs. Target groups are senior citizens, disabled residents, Native Americans, migrants and households with young children. To reach this goal Community Action Agencies, the Michigan Public Service Commission, the Office of Services to the Aging, the Commission on Indian Affairs and other advocate groups are informed of the LIHEAP program.

Examples of outreach efforts include posters, state website, media announcements and local agency outreach.

In addition, the Department of Treasury will mail a Home Heating Credit application to all households eligible for the program during the previous fiscal year, including households with high home energy burdens, low-income senior citizens who filed a property tax claim during the previous fiscal year and to TANF recipients.

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

Not applicable.

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

The LIHEAP crisis assistance component is coordinated with MEAP. MEAP is an energy assistance program that offers Assurance 16 services, enrollment into energy provider's affordable payment plans, and other direct support assistance. MEAP is funded with LIHEAP Assurance 16 and state funds. Through a "no wrong door" approach, MEAP grantees will assist households with the application for SER LIHEAP crisis assistance and accept self-referrals to households seeking additional energy assistance and support in becoming energy self-sufficient. A household who applies for LIHEAP crisis assistance is eligible to receive Assurance 16 services; households that receive a LIHEAP crisis payment are eligible for additional MEAP assistance payments (state funds) and other self-sufficiency services.

Clarification to 8.5 Heating - As required by the Michigan State Income Tax Act of 1967, the Department of Treasury is responsible for determining eligibility and issuing benefits for the home heating credit.

Clarification to 8.5 Crisis - As outlined in the Memorandum of Understanding with Licensing and Regulatory Affairs and the MEAP RFP, the selected grantees determine crisis eligibility and processes the assistance payment. DHHS county offices determine eligibility for the SER crisis program and DHHS issues the payments to the energy providers as well.

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

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?

The Department of Health and Human Services has an Interagency Agreement (IA) with the Department of Treasury for the administration of heating assistance and with the Department of Licensing and Regulatory Affairs for the administration of Assurance 16 activities offered through the MEAP.

The LIHEAP Weatherization dollars are allocated to current DOE Weatherization providers with active contracts with our departments. In 2016, BCAEO held a statewide RFP for Weatherization providers.

8.7 How many local administering agencies do you use? 24

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

- Yes
 No

8.9 If so, why?

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Agency was in noncompliance with Grant recipient requirements for LIHEAP - |
| <input type="checkbox"/> | Agency is under criminal investigation |
| <input type="checkbox"/> | Added agency |
| <input type="checkbox"/> | Agency closed |
| <input checked="" type="checkbox"/> | Other - describe |

Saginaw County Community Action Center opted to adjust their service model and no longer run the Weatherization Program. Saginaw County is now covered by Mid-Michigan Community Action Agency and Saginaw County Community Action Center is completing intake.

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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

Home Heating Credit: Benefits will be issued as an energy draft or vendor payment if the household has a direct responsibility to an energy provider for heating costs or as a warrant to the recipient if heat is included in the rent.

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

Clients are issued a statement notifying them of the amount of assistance paid if a payment is made to their energy provider. In case of any supplements provided, clients are issued a statement notifying them of the amount of assistance paid to their energy provider as a result of the supplement.

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?

Each energy provider is required to sign a Participation Agreement for LIHEAP. The agreement form outlines conditions for participation as a LIHEAP provider. The first condition on the form requires that, "The energy supplier of furnace contractor shall not charge the eligible household any more than the expected difference between the normal charge for the service and the payment amount received or expected from the Michigan Department of Health and Human Services (MDHHS)."

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 providers are required to sign a participation agreement that assures non-discrimination against eligible households. Payments for energy services and energy drafts may be accepted only by enrolled energy providers. Local DHHS offices have access to the provider file through online inquiry and a provider list is provided to MEAP grantees on a monthly basis. Payments may only be authorized to enrolled providers. The Department of Treasury will not redeem energy drafts submitted by non-enrolled energy providers.

Home repair service providers must agree to non-discrimination provisions before payment will be made from the SER energy services component. All home repair service providers must be licensed by the State of Michigan Department of Licensing and Regulatory Affairs. The Authorization/Invoice utilized for the program must be signed by the provider to assure the provider's agreement with these provisions.

See DHS-355 Participation Agreement attached.

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

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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?

Fiscal control and accounting procedures have been established to assure proper dispersal for all federal funds received. The State of Michigan continues to utilize the financial and accounting system, Statewide Integrated Governmental Management Application, also known as SIGMA. SIGMA has continued to provide for Michigan's financial transactions, including budgeting, accounting, and payments.

DHHS must follow rigorous fiscal accountability and control procedures as laid out in the Financial Management Guide (FMG). The FMG represents a consolidation of state financial management policies and procedures. The FMG is an internal document, available on the State of Michigan's intranet.

The program area works with Grant Management Staff to develop Interagency Agreements which specify the responsibilities of any state department and the DHHS in the dispersal of federal funds and reporting the required data and fiscal information to the US Department of Health and Human Services. Involved state departments cooperate in providing reports, as outlined in the Interagency Agreement and with the federal investigations undertaken in accordance with section 2608 of the Low-Income Home Energy Assistance Act of 1981, as amended.

The LIHEAP Program Office also works with the department's Bureau of Audit and Compliance division for ongoing reviews of crisis assistance benefits issued through the State Emergency Relief program. These reviews include accounting and tracking practices.

10.1a Provide your definitions of the following:

Obligation

Funds set aside for a particular use, i.e. 10% obligated for administrative purposes, 30% obligated for the home heating program to use from 1/1-9/30. Funds that are set aside for such use, therefore cannot be used for something else, unless funding is reallocated due to unused. Funding that is obligated for a particular use, but not yet cleared, awaiting warrant/EBT cashing. Such as nominal payments issued on EBT cards, but have not been cleared/cashed by the recipient.

Expenditures

Funds already processed through the system and paid. These funds have been expended and therefore accounted for by the system.

Expenditure timeframe

FY24 award must be expended by 9/30/2025, therefore all funds must be expended/accounted and paid out by that date.

Administrative costs

Cost of administration to run the program. Cost of workers salaries to administer LIHEAP benefits, supplies, contracts to budget personnel, system enhancements, etc.

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.

In accordance with MCL Section 18.1461, Single audits are conducted by the State of Michigan Office of Auditor General (OAG) or an independent accounting firm selected by the OAG.

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

No Findings

| Finding | Type | Brief Summary | Resolved? | Action Taken |
|---------|-------|--|-----------|------------------|
| 1 | other | MDHHS did not ensure the total client benefits were limited to the fiscal year cap for 1 (3%) of 39 sampled clients. | Yes | training changes |

| | | | | |
|---|-------|--|-------------|--------------------------|
| 2 | other | 2022-057: MDHHS will continue to provide guidance to the local MDHHS offices and Business Service Centers (BSCs) related to the processing of SER applications. MDHHS will also develop job aids and trainings that will be distributed to local MDHHS offices and BSCs and added to the LIHEAP SharePoint site for reference. | In Progress | 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.

Weatherization: The Department's Bureau of Community Action and Economic Opportunity (BCAEO) conducts the program monitoring for weatherization. We monitor 10 percent file reviews and 5 percent onsite technical monitoring. Grant managers monitor expenditures and grant compliance throughout the grant period.

Annual programmatic and fiscal monitoring are completed at each agency along with quarterly production desk reviews.

MEAP: MEAP grantees provide financial status reports on a monthly basis and provide program status reports on a quarterly basis, which are reviewed by staff from the Michigan Public Service Commission (MPSC), who administers MEAP on behalf of DHHS. Reporting requirements are outlined in the MEAP RFP, see attached. Staff from the LIHEAP Program Office work closely with MPSC staff to ensure compliance and appropriate spending of LIHEAP's Assurance 16 funding.

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

Site Visits:

5 percent of weatherized homes are monitored based on monthly production reports from CAAs.

MPSC review and perform an attribute-sampling of the monthly client lists for correct eligibility determinations as well as perform(virtual) site visits with each grant recipient during the fiscal year.

Desk Reviews:

10 percent of weatherized homes are monitored based on annual reports from CAAs.

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

Annually

Other

10.9. How many local agencies are currently on corrective action plans? None

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

Section 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>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 11 - Timely and Meaningful Public Participation</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.

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

Michigan held a public hearing on August 26, 2024. Michigan has posted its proposed plan for FY2024 to the Department's website, social media accounts and issued to other stakeholder groups requesting comments and feedback, two weeks prior to the scheduled public hearing allowing those interested in attending time to review.

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 | 08/26/2024 | Public Comment Period LIHEAP State Plan proposal |

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

11.4 Summarize the comments you received at the hearing(s).
 No comments, no one in attendance.

11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?
 None, received a comment through email, however at this time due to available funding, MDHHS is limited on it's ability to maintain the cap requested or increase it. DHHS is taking into consideration the suggestion relating to an all-electric household for FY26.

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

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

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

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OMB Clearance No.: 0970-013
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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? See notes below

12.2 How many of those fair hearings resulted in the initial decision being reversed? See notes below

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

Crisis assistance: There were 45 SER energy related hearings recorded for FY23 and 35 for FY24 (10/1/2023-7/3/2024). Resulting in 22 affirmed and 23 reversals for FY23, 18 affirmed, 17 reversals for FY24, respectively. No policy or procedural changes were made due to reversals. Reversals resulted from common system or worker errors in processing in which the SER application was reprocessed.

Heating assistance: There were 114 informal conference requests for denials or partial denials of the Home Heating Credit for FY2023 (10/1/2022 - 9/30/2023): 76 dockets went to an informal conference and 38 resulted in a withdrawal from the informal conference process.

Of the 76 dockets that went to an informal conference, 10 resulted in the full credit claim being granted, 22 resulted in a partial credit being granted, and 44 upheld the credit denial.

Of the 38 withdrawals, 10 resulted in the full credit claim being granted, 19 resulted in a partial credit being granted, and 9 upheld the credit denial.

Note: Typically, withdrawals occur when the Department of Treasury has reviewed additional information provided by the claimant with their request for informal conference. If the Department is able to grant the full credit claimed or even a partial credit, the Department notifies the claimant and gives them an opportunity to withdraw from the conference or to proceed with the conference to have the Hearing Referee hear their case.

The Decision of the Department's Hearings Division also provides further appeal rights to the Tax Tribunal or Court of Claims if the claimant disagrees with the any part of the decision.

This year the 3 withdrawals were not based on a reversal of HHC denial but were instead withdrawn based on other matters that were resolved.

Weatherization - none

No changes were made as a result of fair hearings.

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

Each SER application and Decision Notice informs the applicant of their right to contest a department decision affecting eligibility or benefit levels whenever they believe the decision is incorrect. The department provides an administrative hearing to review the decision and determine its appropriateness. The applicant, or their representative, has 90 calendar days from the date of the written notice of case action to request a hearing. The request must be received in the local office within the 90 days.

Home Heating Credit applicants are advised of their opportunity to discuss any denial with Department of Treasury personnel. Applicants are provided with a fair hearing which will be conducted by the Michigan Department of Treasury. Instructions regarding an HHC Adjustment or Denial can be found at the following link, 2021_715987.pdf (michigan.gov).

12.5 When and how are applicants informed of these rights?

The application forms and determination notices inform clients of their right to a hearing. These include an explanation of how and where to file a hearing request, and the right to representation.

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?

Assurance 16 funding is allocated to the Michigan Energy Assistance Program (MEAP) so that households applying for crisis assistance can receive Assurance 16 services to assist with the reduction of energy costs and their need for assistance. Michigan Public Act of 2012 states, "Energy assistance must include services that will enable participants to become or move toward becoming self-sufficient, including assisting participants in paying their energy bills on time, assisting participants in budgeting for and contributing to their ability to provide for energy expenses, and assisting participants in utilizing energy services to optimize on energy efficiency."

Allowable self-sufficiency expenditures are included in the MEAP manual and include needs assessment, budgeting assistance, energy education, and providing assistance to households to enroll in affordable payment plans offered by their energy provider(s).

Households who receive weatherization services may also receive Assurance 16 services, as part of the WAP.

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

Assurance 16 funding is made available through an Interagency Agreement with the Michigan Public Service Commission, which is a division of Licensing and Regulatory Affairs within the State of Michigan government. Programmatic and fiscal monitoring of the MEAP grantees will ensure that expenditure is within the amount allocated.

Similarly, expenditure of LIHEAP Assurance 16 funding is monitored by the Department's Bureau of Community Action and Economic Opportunity. Funding will be allocated once the block grant is awarded and the total Assurance 16 allocation will not exceed the 5% allowed.

The Financial Specialist is responsible for monitoring Assurance 16 expenditure as well. It is tracked quarterly for the first two quarters and monthly for the second half of the fiscal year to ensure compliance.

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

MEAP grantees continue to spend time with clients in an appointment, whether through short term or long-term case management, to help stabilize a household and move them from a state of crisis toward self-sufficiency by addressing more than just the energy need. In taking the time to address other issues, providing/connecting households with other resources, and helping them work toward their goals MEAP grantees have positively impacted households receiving Assurance 16 services. Educating clients has proven to help empower them with individualized information that will help them control and reduce their energy and spending costs. Enrolling them into affordable payment plans help and eliminate the cycle of emergent energy need, and provide them with stability, has promoted routine energy payments.

Other impacts include:

- Reducing home energy needs and thereby the need for energy assistance,
- Establishing better communication with utility companies,
- Lowering household energy consumption, and
- Providing a greater awareness of household expenses which highlights areas where expenses could be reduced.

Michigan is finalizing the services with ICF Incorporated, L.L.C. (ICF) who have provided ongoing support for enhanced energy security services through Michigan's energy assistance programs. As the contract with ICF is coming to an end 12/31/2024.

In FY24, ICF continued to provide the landscape analysis of deliverables of Assurance 16 activities and services offered through the Michigan Energy Assistance Program (MEAP) by comparing and evaluating other activities and services both internally and externally.

The analysis established provided MEAP with a deliverable toolkit outlining 8 Modules which has assisted in providing immediate skill building within the existing structure of MEAP. The Modules were presented throughout the year every other month through FY24 in Workgroups. The Modules assisted MEAP grantees by providing them with skills to enhance the program and provide training.

In FY24, MDHHS extended it's contract with ICF to include the HHC program evaluation, however after careful review and consideration of LIHEAP/MEAP reform, MDHHS decided to cease the evaluation of the HHC program and amended the contract to remove the remaining requirements of the evaluation. See HHC deliverables completed and amended contract to end the evaluation.

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

No LIHEAP direct benefits were issued in conjunction with Assurance 16 services by MEAP grantees, however MEAP grantees provide direct benefits issued with state funding through LIEAF. Assurance 16 services administered through MEAP grantees assist in providing households by utilizing the tools outlined in the ICF modules. This along with the LIEAF state funding gives MEAP grantees the ability to utilize resources available to not only provide direct benefits to households within Michigan, but hands on tools to better equip them in the future.

Public Act 95 of the Michigan Public Acts of 2013 (MCL 460.9t) was enacted creating the Low-Income Energy Assistance Fund (LIEAF) charging MDHHS with expending money from the fund as provided by the Michigan Energy Assistance Act. The Act allows the Michigan Public Service Commission (MPSC) to annually approve a low-income energy assistance funding factor, not to exceed \$50,000,000 to fund the LIEAF.

13.5 How many households received these services? 37,036

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.

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

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

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

Section 15 - Training

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

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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: site visits

Employees are provided with policy manual

Other, describe:

DHHS Office of Workforce Development & Training, in conjunction with the LIHEAP program office, develops training materials when policy changes are made. The materials are shared with local office DHHS staff. DHHS also has a specific policy email mailbox designated to local DHHS eligibility and management staff so that individualized training from the program office can occur when a specific policy interpretation or question arises.

LIHEAP program office also holds monthly meetings with the Business Service Centers (BSC) to provide updates, policy changes, and answer policy related concerns or questions.

b. Local Agencies:

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

How often?

Annually

Biannually

As needed

Other, describe:

On-site training

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

c. Vendors

Formal training conference

How often?

Annually

Biannually

| | |
|---|--|
| <input checked="" type="checkbox"/> | As needed |
| <input type="checkbox"/> | Other, describe: |
| <input checked="" type="checkbox"/> | Policies communicated through vendor agreements |
| <input type="checkbox"/> | Policies are outlined in a vendor manual |
| <input checked="" type="checkbox"/> | <p>Other, describe:</p> <p>Changes in policy requirements are typically communicated verbally, through e-mail or phone and discussed at the monthly Coalition to Keep Michigan Warm meetings and various association groups that provide governance to LIHEAP energy providers. LIHEAP policy manuals are available to the public as well. BCAEO typically holds an annual WAP conference for Weatherization.</p> <p>As well, bi-monthly meetings are held with the 2 largest providers to discuss updates, policy changes, system issues or other concerns as they arise.</p> <p>The LIHEAP policy office also is available to meet with other providers upon request.</p> |
| <p>15.2 Does your training program address fraud reporting and prevention?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> | |
| <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.</p> | |

Section 16 - Performance Goals and Measures, 2605(b)

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

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

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

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (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 LIHEAP program office continues to identify the business and technical solutions required for obtaining and reporting the required performance measures.

We continue to work with more energy providers, in addition to the largest two companies. We hold bi-monthly meetings with the two largest companies to maintain open communication and provide any system/policy updates. We also communicate weekly/monthly through emails regarding ways to improve energy waste reduction.

We have completed the work with APPRISE which addressed any issues related to LIHEAP performance measures, data collection and reporting as well.

Using information obtained relating to performance, data and reporting will assist program policy in re-evaluating areas where funding is most useful, provide contracted agencies with ways to improve distribution of funding to meet the needs of the families served and reach the most targeted areas within Michigan through prevented measures.

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

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

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

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OMB Clearance No.: 0970-013
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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:

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 checked="" type="checkbox"/> Requested | <input checked="" type="checkbox"/> Requested | <input checked="" type="checkbox"/> Requested |
| Social Security Number (Without actual Card) | <input checked="" type="checkbox"/> Required | <input checked="" type="checkbox"/> Required | <input checked="" type="checkbox"/> Required |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input type="checkbox"/> Required |
| | <input checked="" type="checkbox"/> Requested | <input checked="" type="checkbox"/> Requested | <input checked="" type="checkbox"/> Requested |

17.3. Citizenship/Legal Residency Verification

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP

benefits? Select all that apply.

Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen

Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.

Non-Citizens must provide documentation of immigration status

Citizens must provide a copy of their birth certificate, naturalization papers, or passport

Non-Citizens are verified through the SAVE system

Tribal members are verified through Tribal enrollment records/Tribal ID card

Other - Describe:
The data match with the Social Security Administration is sufficient verification of citizenship.

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

17.4. Income Verification

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

Require documentation of income for all adult household members

Pay stubs

Social Security award letters

Bank statements

Tax statements

Zero-income statements

Unemployment Insurance letters

Other - Describe:
DHS-38, Employment Verification form
Collateral contact with employer

Computer data matches:

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

Proof of unemployment benefits verified with state Department of Labor

Social Security income verified with SSA

Utilize state directory of new hires

Other - Describe:
Electronic data exchanges including the department's internal Consolidated Inquiry and Single Online Query for income records.
Electronic data through employer sites such as the Work Number.

b. Describe any exceptions to the above policies.

Policy provides an exception when all measures have been made to acquire verification of income, however client is unable to obtain verification. Examples include:

- Job loss (employer refuses to provide information and is not on the WN)
- Self employment just began, therefore no tax returns to submit, written and signed statement of self employment income is therefore adequate in such circumstances.
- Other instances in which system's may be down or immediate need must be met can be approved by Program Policy upon request.

17.5 Identification Verification

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

Verify SSNs with Social Security Administration

| |
|---|
| <input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency |
| <input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) |
| <input type="checkbox"/> Match with state Department of Labor system |
| <input checked="" type="checkbox"/> Match with state and/or federal corrections system |
| <input checked="" type="checkbox"/> Match with state child support system |
| <input checked="" type="checkbox"/> Verification using private software (e.g., The Work Number) |
| <input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only) |
| <input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only) |
| <input type="checkbox"/> Other - Describe: |
| 17.6. Protection of Privacy and Confidentiality |
| 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 checked="" type="checkbox"/> Employees must sign confidentiality agreement |
| <input checked="" 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: |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe. |
| <input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form |
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household |
| <input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors |
| <input type="checkbox"/> Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| <input checked="" type="checkbox"/> Applicants required to submit proof of physical residency |
| <input checked="" type="checkbox"/> Applicants must submit current utility bill |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> Account ownership |
| <input 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 type="checkbox"/> | Separation of duties between intake and payment approval |
| <input checked="" type="checkbox"/> | Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input checked="" type="checkbox"/> | Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input checked="" type="checkbox"/> | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| <input type="checkbox"/> | Direct payment to households are made in limited cases only |
| <input checked="" type="checkbox"/> | Procedures are in place to require prompt refunds from utilities in cases of account closure |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> | Other - Describe: |
| 17.9. Benefits Policy - Bulk Fuel Vendors | |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. | |
| <input checked="" type="checkbox"/> | Vendors are checked against an approved vendors list |
| <input checked="" type="checkbox"/> | Centralized computer system/database is used to track payments to all vendors |
| <input checked="" type="checkbox"/> | Clients are relied on for reports of non-delivery or partial delivery |
| <input type="checkbox"/> | Two-party checks are issued naming client and vendor |
| <input checked="" type="checkbox"/> | Direct payment to households are made in limited cases only |
| <input type="checkbox"/> | Vendors are only paid once they provide a delivery receipt signed by the client |
| <input type="checkbox"/> | Conduct monitoring of bulk fuel vendors |
| <input type="checkbox"/> | Bulk fuel vendors are required to submit reports to the grant recipient. |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input checked="" type="checkbox"/> | Other - Describe: Crisis payments to deliverable fuel vendors are not released until a service invoice has been received from the provider or client confirmation of delivery of wood, or other fuel types, has been confirmed. |
| 17.10. Investigations and Prosecutions | |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. | |
| <input checked="" type="checkbox"/> | Refer to state Inspector General |
| <input checked="" type="checkbox"/> | Refer to local prosecutor or state Attorney General |
| <input type="checkbox"/> | Refer to US DHHS Inspector General (including referral to OIG hotline) |
| <input checked="" type="checkbox"/> | Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public |
| <input checked="" type="checkbox"/> | Grant recipient attempts collection of improper payments. If so, describe the recoupment process Providers who are unwilling to cooperate in the refund/recoupment process will have their provider enrollment terminated. In some instances, the State's Department of Treasury may impose a tax offset to collect the amount over issued. When an SER overissuance is found, it is the responsibility of the worker to determine the refund amount and notify the provider of the details and request the repayment. Providers are instructed to submit repayment to DHHS and include the customer's name, address and case number so DHHS can ensure proper processing of the refund. |
| <input type="checkbox"/> | Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? |
| <input type="checkbox"/> | Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |
| <input checked="" type="checkbox"/> | Vendors found to have committed fraud may no longer participate in LIHEAP |
| <input type="checkbox"/> | Other - Describe: |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | |

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)

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

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

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

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

(2) The Grant recipients policy of maintaining a drug-free workplace;

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|---|----------------------------|----------------------------|
| 235 S. Grand Ave * Address Line 1 | | |
| Address Line 2 | | |
| Address Line 3 | | |
| Lansing * City | Michigan * State | 48909 * Zip Code |

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

Alternate II. (Grant recipients Who Are Individuals)

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

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



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

Plan Attachments

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