

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: DEPARTMENT OF COMMERCE MINNESOTA

Report Name: DETAILED MODEL PLAN (LIHEAP)

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

Report Status: Submission Accepted by CO

Report Sections

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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***
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Mandatory Grant Application SF-424

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

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

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) W6J6NATNK6J5 | 5. Date Received By State: |
| | | 4b. Federal Award Identifier: | 6. State Application Identifier: |

7. APPLICANT INFORMATION

*** a. Legal Name:** State of Minnesota

*** b. Address:**

| | | | |
|--------------------|------------------------|-----------------------------|------------------------------|
| * Street 1: | Department of Commerce | Street 2: | 85 7th Place East, Suite 500 |
| * City: | SAINT PAUL | County: | Ramsey |
| * State: | MN | Province: | |
| * Country: | United States | * Zip / Postal Code: | 55101-2198 |

c. Organizational Unit:

| | |
|---|---|
| Department Name: Minnesota Department of Commerce | Division Name: Division of Energy Resources |
|---|---|

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: Michael | * Last Name: Schmitz |
| Title: Energy Assistance Program Director | Organizational Affiliation: |
| * Telephone Number: 651-485-0544 | Fax Number: |
| * Email: michael.schmitz@state.mn.us | |

*** 8. TYPE OF APPLICANT:**

A: State Government

*** a. Is the applicant a Tribal Consortium:** Yes No

*** b. If yes please attach at least one the following documentation:**

| | | |
|-----------------------------------|--|---|
| | Catalog of Federal Domestic Assistance Number: | CFDA Title: |
| 9. CFDA Numbers and Titles | 93.568 | Low-Income Home Energy Assistance Program |

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Low-Income Home Energy Assistance Program

11. AREAS AFFECTED BY FUNDING:

Statewide

12. CONGRESSIONAL DISTRICTS OF APPLICANT:


04

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 Pete Wyckoff | 17c. Telephone (area code, number and extension) |
| | 17d. Email Address pete.wyckoff@state.mn.us |
| 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 | 10/01/2024 | 05/31/2025 |
| <input type="checkbox"/> Cooling assistance | | |
| <input type="checkbox"/> Summer crisis assistance | | |
| <input checked="" type="checkbox"/> Winter crisis assistance | 10/01/2024 | 07/01/2025 |
| <input type="checkbox"/> Year-round crisis assistance | | |
| <input checked="" type="checkbox"/> Weatherization assistance | 10/01/2024 | 09/30/2025 |

Provide further explanation for the dates of operation, if necessary

When a date of operation falls on a weekend or holiday, the effective date will be the first business day following the listed date with the exception of September 30. The last date of operation for the Federal Fiscal year is September 30 or the last business day in September if September 30 is on a weekend.

- Primary Heat and Crisis will be made available upon receipt of initial federal award
- ERR will begin 10/1
- Crisis may be initiated and obligated through 7/1
- ERR may be initiated through 7/1 and obligated through 9/15
- Applications must be received or postmarked by May 31

Funding for Weatherization Assistance will be available to the Weatherization Assistance Program in the Minnesota Department of Commerce (Commerce) after receipt of 100% of the regular LIHEAP federal allocation and the approval of the EAPWX State Annual Plan.

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 | 53.50% | 0.00% |

| | | |
|--|----------------|--------------|
| Cooling assistance | 0.00% | 0.00% |
| Summer crisis assistance | 0.00% | 0.00% |
| Winter crisis assistance | 0.00% | 0.00% |
| Year-round crisis assistance | 17.50% | 0.00% |
| Weatherization assistance | 10.00% | 0.00% |
| Carryover to the following federal fiscal year | 4.00% | 0.00% |
| Administrative and planning costs | 10.00% | 0.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 5.00% | 0.00% |
| Used to develop and implement leveraging activities | 0.00% | 0.00% |
| TOTAL | 100.00% | 0.00% |

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 checked="" type="checkbox"/> | Heating assistance | <input type="checkbox"/> | Cooling assistance |
| <input type="checkbox"/> | Weatherization assistance | <input checked="" type="checkbox"/> | Other (specify:) Remain in the Crisis Assistance component to provide Crisis until 7/1 |

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

1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below? Yes No

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

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

1.4a. - Provide your definition of categorical eligibility.

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

If Yes, explain:

1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

| | |
|---|---|
| <input type="checkbox"/> | Other - Describe |
| 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 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"/> | <input type="checkbox"/> Including MediCare deduction |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Excluding MediCare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) |
| <input checked="" type="checkbox"/> | Retirement / pension benefits |
| <input 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 checked="" type="checkbox"/> | Jury duty compensation |
| <input checked="" type="checkbox"/> | Rental income |
| <input type="checkbox"/> | Income from employment through Workforce Investment Act (WIA) |
| <input type="checkbox"/> | Income from work study programs |
| <input checked="" type="checkbox"/> | Alimony |
| <input type="checkbox"/> | Child support |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties |
| <input checked="" type="checkbox"/> | Commissions |
| <input type="checkbox"/> | Legal settlements |
| <input type="checkbox"/> | Insurance payments made directly to the insured |
| <input type="checkbox"/> | Insurance payments made specifically for the repayment of a bill, debt, or estimate |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits |

| | |
|---|--|
| <input type="checkbox"/> | Earned income of a child under the age of 18 |
| <input type="checkbox"/> | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| <input type="checkbox"/> | Income tax refunds |
| <input type="checkbox"/> | Stipends from senior companion programs, such as VISTA |
| <input checked="" type="checkbox"/> | Funds received by household for the care of a foster child |
| <input type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| <input type="checkbox"/> | Reimbursements (for mileage, gas, lodging, meals, etc.) |
| <input type="checkbox"/> | Other |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | |
| 1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> 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 type="checkbox"/> | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |
| <input checked="" type="checkbox"/> | Online application that is also mobile friendly |
| <input type="checkbox"/> | Other, please describe |
| Please include a link(s) to a statewide application, if available: https://energy-assistance.web.commerce.state.mn.us/ | |
| 1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| If no, explain which components can and cannot be applied for online. | |
| 1.11 Do you have a process for conducting and completing applications by phone? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required. | |
| 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 type="checkbox"/> | Other, please describe |

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 2 - Heating Assistance

Section 2 - Heating Assistance

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

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

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|-----------------------|-----------------------|
| 1 | 1 | State Median Income | 50.00% |
| 2 | 2 | State Median Income | 50.00% |
| 3 | 3 | State Median Income | 50.00% |
| 4 | 4 | State Median Income | 50.00% |
| 5 | 5 | State Median Income | 50.00% |
| 6 | 6 | State Median Income | 50.00% |
| 7 | 7 | State Median Income | 50.00% |
| 8 | 8 | State Median Income | 50.00% |
| 9 | 9 | State Median Income | 50.00% |
| 10 | 10 | State Median Income | 50.00% |

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 in subsidized housing may be eligible if they pay for their heat and/or electric bill.

Households living in government-subsidized housing with heat and electric included in rent, when rent is solely income-based, are not eligible for energy assistance as they are not vulnerable to rising energy costs.

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? Households with an energy emergency Yes No

If yes, describe:

Other: Minnesota processes applications on a first-come first-served basis. Households with

an energy emergency (disconnect, disconnect notice, low or out of delivered fuel, etc.) are deemed high priority.

Explanations of policies for each "yes" checked above:

All household members must have a verifiable Social Security Number or SSN Exception documentation. Minnesota's EAP Policy Manual identifies acceptable SSN Exceptions. Minnesota does not count ineligible non-citizens as household members but counts their income.

Households must be vulnerable to rising energy costs. For heat included in rent households, rising energy costs can result in higher rent if rent is not government subsidized based on income.

Households living in government-subsidized housing with heat and electric included in rent, when rent is solely income-based, are not eligible for energy assistance as they are not vulnerable to rising energy costs.

Other: Minnesota processes applications on a first-come first-served basis. Households with an energy emergency (disconnect, disconnect notice, low or out of delivered fuel, etc.) are deemed high priority.

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.

Minnesota serves households on a first come - first served basis unless they have an energy emergency that must be addressed to restore or retain energy in the home.

Commerce mails applications to EAP-eligible households from the previous year. Commerce mails applications to fixed income households first. Elderly and disabled households are likely to have fixed incomes.

75% of LIHEAP applicants are vulnerable populations. Commerce and local service providers prioritize outreach efforts to these populations.

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:

Annual energy cost. If annual energy cost is not available, Commerce uses fuel-cost averages to determine the benefit level.

Commerce uses eHEAT (EAP centralized software) to determine eligibility and benefits.

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 | \$200 | Maximum Benefit | \$1,400 |
|-----------------|-------|-----------------|---------|

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 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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|-----------------------|-----------------------|
| 1 | 1 | State Median Income | 50.00% |
| 2 | 2 | State Median Income | 50.00% |
| 3 | 3 | State Median Income | 50.00% |
| 4 | 4 | State Median Income | 50.00% |
| 5 | 5 | State Median Income | 50.00% |
| 6 | 6 | State Median Income | 50.00% |
| 7 | 7 | State Median Income | 50.00% |
| 8 | 8 | State Median Income | 50.00% |
| 9 | 9 | State Median Income | 50.00% |
| 10 | 10 | State Median Income | 50.00% |

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.

To receive a Crisis benefit, a household must:

- Request assistance with an energy emergency by either submitting a bill, disconnect notice or disconnection document verifying the energy emergency OR notifying the Service Provider of an energy emergency.
- Be EAP eligible.
- Have received a Primary Heat benefit that did not resolve the emergency.
- Have the emergency verified and documented by the Service Provider with the energy vendor at the time the Crisis benefit is determined.
- Be occupying the dwelling at the time Crisis is requested and the benefit is determined.
- Not have a redundant heating system that has fuel. An exception is that households with a redundant heating system are eligible for Crisis if the heating system that is out of fuel is needed to allow continuous heat to the dwelling (e.g. if the electric portion of the redundant heating system is on an off-peak discount program that interrupts electric heat to the dwelling or if the operational heating system uses biofuel.)
- Not have a Crisis payment that results in a credit on an account.
- Have one of the following Crisis reasons:
 - Heat Related Shut Off.
 - Heat Related Disconnection Notice.
 - Less than 20% in Fuel Tank and Refusal to Deliver (RTD).
 - Less than One Week Biofuel.
 - Non-Heat Electric Shut Off.
 - Non-Heat Electric Disconnection Notice.
 - Senior Past Due or Current Energy Bill
 - Less than 10 Days Pre-pay Energy.

4.3 What constitutes a life-threatening crisis?

No heat in the house or no heat distribution, and air temperature is not at a safe level and the household does not have an alternative or temporary heat source.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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): Energy Emergency | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In Order to receive crisis assistance: | | | |
| Must the household have received a shut-off notice or have a near empty tank? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have been shut off or have an empty tank? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have exhausted their regular heating benefit? | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): Malfunctioning heating unit that still operates | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> |
| Explanations of policies for each "yes" checked above: | | | |
| <p>FFY25 EAP Policy: Household must have one of the following Crisis reasons:</p> <ul style="list-style-type: none"> • Heat Related Shut Off • Heat Related Disconnection Notice • Less than 20% in Fuel Tank and Refusal to Deliver (RTD) • Less than One Week Biofuel • Non-Heat Electric Shut Off • Non-Heat Electric Disconnection Notice • Senior Past Due or Current Energy Bill • Less than 10 Days Pre-pay Energy • Energy Related Repair (ERR) is a Crisis program for heating systems that do not heat, do not distribute heat, are malfunctioning or have health and safety issues (such as producing carbon monoxide). Households must be homeowners as landlords are required to maintain heat in rental units. <p>If the regular heating benefit resolves a crisis, no Crisis funds are used. Some crisis situations need to use the remaining regular heating benefit and Crisis funds.</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 checked="" type="checkbox"/> | Amount to resolve the crisis. \$0 | | |
| <input checked="" type="checkbox"/> | Other - Describe: <p>If the energy emergency cannot be resolved with the EAP funds available to a household, Crisis funds may pay for an arrearage if the funds do not create a credit balance.</p> <p>When a household has a delivered fuel emergency, a Service Provider may use Crisis benefits to pay an arrearage on the household's energy vendor account.</p> <p>When Crisis funds are used to pay an arrearage, the remaining Crisis benefit may not be enough to provide a fuel delivery. In that case, use Crisis benefits to reduce the arrearage and use a "reasonability check" to estimate the household has less than 20% in their fuel tank. If the remaining Crisis benefit, combined with other resources (household or other), is enough to provide a fuel delivery, a Service Provider may authorize and pay the remaining Crisis benefit.</p> | | |

Example 1: A household with a confirmed emergency is \$800 in arrears with its delivered fuel vendor. A Service Provider may use Crisis funds to reduce the arrearage.

Example 2: A household with a confirmed emergency is in arrears with its delivered fuel vendor. A Service Provider may use Crisis to pay the full arrearage, potentially leaving additional Crisis available to the HH. The service provider may combine the remaining Crisis with household resources and/or other program resources to authorize and pay for an additional Crisis delivery.

Crisis Requirements, 2604(e)

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?

Yes No **Explain.**

Offices are physically accessible to all households. Households may request Crisis assistance by telephone, fax, email, US mail or in person. Households are not required to request Crisis in person, as 4.11 states, households do not need to leave their home.

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

Submit applications for crisis benefits without leaving their homes?

Yes No

If No, explain.

Offices are physically accessible to all households. Households may request Crisis assistance by telephone, fax, email, US mail or in person. Households are not required to request Crisis in person, as 4.11 states, households do not need to leave their home.

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

Yes No

If No, explain.

Households are able to apply for Crisis benefits by mail, email, online application, telephone or fax. Local service provider staff can provide in-home assistance to complete an application.

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 \$600.00 maximum benefit

Summer Crisis \$0.00 maximum benefit

Year-round Crisis \$0.00 maximum benefit

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

Yes No **If yes, Describe**

4.14 Do you provide for equipment repair or replacement using crisis funds?

Yes No

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

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

| | Winter Crisis | Summer Crisis | Year-round Crisis |
|----------------------------|-------------------------------------|--------------------------|--------------------------|
| Heating system repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): A dwelling must have adequate electrical service to operate the heating system for the furnace to be repaired or replaced. ERR electrical repairs outside of the furnace are limited to the wiring (dedicated circuit) that connects from the furnace to the service panel or from the furnace to the thermostat. Energy Related Repair (ERR) is a Crisis program for heating systems that do not heat, do not distribute heat, are malfunctioning or have health and safety issues (such as producing carbon monoxide). Households must be homeowners as landlords are required to maintain heat in rental units. ERR may pay for all related costs including gas line installation, fuel tanks, fuel line burying, and duct work when the fuel type change is medically necessary. | <input checked="" 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 type="radio"/> Yes <input checked="" 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. | | | |
| | | | |
| 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| If yes, describe | | | |
| <p style="color: red;">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 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
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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 | 1 | State Median Income | 50.00% |
| 2 | 2 | State Median Income | 50.00% |
| 3 | 3 | State Median Income | 50.00% |
| 4 | 4 | State Median Income | 50.00% |
| 5 | 5 | State Median Income | 50.00% |
| 6 | 6 | State Median Income | 50.00% |
| 7 | 7 | HHS Poverty Guidelines | 200.00% |
| 8 | 8 | HHS Poverty Guidelines | 200.00% |
| 9 | 9 | HHS Poverty Guidelines | 200.00% |
| 10 | 10 | HHS Poverty Guidelines | 200.00% |

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract.

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:

For income eligibility, these funds use 200% of federal poverty or eligible for assistance under the LIHEAP income threshold, whichever is greater at the time of eligibility determination.

Allowable measures by event type:

Audit events: Audit event activities will follow Section 4 of the MN WAP Policy Manual and associated appendices (attached).

Standalone events: Standalone event activities will follow Section 5 of the MN WAP Policy Manual and associated appendices (attached). EAPWX standalone funds may be used for allowed activities in non-emergency situations during the entire grant period (WAP Policy 5.1).

State level EAP and WAP coordination includes:

Annual EAP and WAP planning activities

Coordination and communication of issues identified through monitoring of local Service Providers

Coordination and management of complaints, appeals, suspected fraud, local Service Provider issues, etc.

Only EAPWX administrative funds may be used for Training and Technical Assistance (T&TA) cost. EAPWX program funds may be used for local travel expenses. EAPWX funds may be used for purchasing or leasing of hardware, software, and/or equipment (including vehicles). Commerce WAP is responsible for the review and approval of these purchases in accordance with USDOE rules.

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? High energy use 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.

5.7 Eligible Dwellings:

Standalone Events have the same dwelling eligibility as Audit Events with the following exceptions:

- Rental dwellings are eligible for a Standalone Event only if there is written documentation in the household file that the property owner is unable to make needed repairs/replacements.
- There is a \$3,000 limit per Standalone Event on rental properties.
- Owner occupied dwellings are not subject to the \$3,000 limit.
- Vacant or otherwise ineligible rental units are not eligible for a Standalone Event.
- In the event where that an eligible owner-occupied dwelling is a multifamily property with a shared heating system, and a standalone event is being requested, contact Commerce on a case-by-case situation for direction.
- Property Owner Agreement is required.

Multifamily Income Eligibility: For a multifamily building to be weatherized, at least 66% (50% for duplex and four-plex, and with Commerce approval, certain multifamily buildings that meet requirements found in WPN 22-12) of units in the building must meet one of the following: Are income eligible dwelling units, or Will become an eligible dwelling unit within 180 days under a Federal, State, or local government program for rehabilitating the building or making similar improvements to the building.

5.8 Priority for Providing Weatherization Services: POLICY: In accordance with 10 CFR 440.16, when identifying and providing weatherization assistance to households, priority must be given where one or more of the following exist:

High energy consumption (high energy use)

High energy burden

Elderly household member(s) (60 years or over)

Disabled household member(s)

Household member(s) under the age of 19

Households that do not meet at least one of the priority categories may only be served if all eligible priority households in the Service Provider's territory have been served, with the exception detailed in Section 2.2.1.

Within the above listed priorities, Service Providers may choose the order in which households are served. Priority systems must be applied equally to both renter and owner-occupied dwellings and applied equitably to all areas of the Service Provider's territory.

Within the priority categories, Service Providers may choose to consider additional criteria for order of service including but not limited to:

Using the oldest application approval date for positioning applicants within the same category;

An emergency referral from the Energy Assistance Program (EAP) for a life-threatening emergency;

Opportunity to complete other rehabilitation work with non-weatherization funds; or

An official state or federal disaster designation.

Each Service Provider determines the order in which they will serve the priority categories. Priority categories may be treated equally, ranked so that one group is served before another, or combined to create a ranking based on a household having multiple priority designations. The approach each Service Provider chooses, or any subsequent changes must be communicated to Commerce by entering the sorting criteria into FACSPRO. Service Providers must use the client search and waiting list tabs in FACSPRO to implement their preference in how to serve the priority categories.

Priority List Exception

Any income eligible household, whether they have a priority category or not, may be moved to the top of the priority list for immediate service when either non-federal leveraged funds are available for use on the household, or the household is part of a targeted outreach strategy. In such cases where this exception is utilized, no US DOE funds may be used on the household and a note documenting why the exception was used must be entered into FACSPRO.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expense 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 checked="" type="checkbox"/> Roof top solar | <input type="checkbox"/> Community solar projects |
| <input checked="" type="checkbox"/> Compact florescent light bulbs | <input checked="" type="checkbox"/> Other - Describe: EAPWX funds can be used to complete measures included in the MN Weatherization Assistance Program Policy Manual and its associated addendums (see attachment). |

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):

The State issues press releases regarding LIHEAP. The State may work with other entities such as AARP to mail postcards to households. Commerce partners with other statewide low-income programs to conduct outreach. The mass mailing to prior-year LIHEAP recipients includes an application for the upcoming program year. The above outreach activities are allowable outreach activities the local EAP Service Providers may provide in their area.

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) Weatherization, Conservation Improvement Program |
| <input checked="" type="checkbox"/> | Intake referrals to/from other programs (indicate programs included) Weatherization, Conservation Improvement Program, TANF, SSI, SNAP |
| <input checked="" type="checkbox"/> | One - stop intake centers |
| <input checked="" type="checkbox"/> | Other - Describe: |

Minnesota administers LIHEAP and DOE Weatherization (WAP) in the Department of Commerce, Division of Energy Resources. This helps facilitate coordination between similar and related services. The Minnesota Energy Assistance Programs Application serves as the application for LIHEAP, DOE, and LIHEAP weatherization activities, and the Conservation Improvement Program (CIP). LIHEAP Service Provider staff determine income for most WAP recipients.

The energy programs application instructions provide information for the Cold Weather Rule administered by the Public Utilities Commission (PUC). EAP coordinates closely with WAP at the state and local levels.

The EAP application consent section and accompanying Privacy Notice permits organizations with access to EAP household data for EAP administration to use the data to identify eligible participants for low-income affordability and conservation programs. Energy vendors, including Xcel Energy and CenterPoint Energy, provide affordability programs for EAP recipient households and state-mandated low-income utility conservation improvement programs (CIP).

Local administering agencies (Service Providers) develop plans for local coordination with other human services providers and community organizations.

Service Providers may also administer similar and related programs including the Community Services Block Grant, Head Start, income assistance programs and housing programs.

State law requires the local Service Providers to provide voter registration information to households, as needed.

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

Section 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 type="checkbox"/> | Administration Agency |
| <input checked="" type="checkbox"/> | Commerce Agency |
| <input type="checkbox"/> | Community Services Agency |
| <input type="checkbox"/> | Energy/Environment Agency |
| <input type="checkbox"/> | Housing Agency |
| <input type="checkbox"/> | State Department of Welfare (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?

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

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

| 8.5 LIHEAP Component Administration. | Heating | Cooling | Crisis | Weatherization |
|---|--|----------------|--|--|
| 8.5a Who determines client eligibility? | Local County Government Community Action Agencies Non-profits Tribal Government | Non-Applicable | Local County Government Community Action Agencies Non-profits Tribal Government | Local County Government Community Action Agencies Non-profits Tribal Government |
| 8.5b Who processes benefit payments to gas and electric vendors? | Local County Government Community Action Agencies Non-profits | Non-Applicable | Local County Government Community Action Agencies Non-profits | |

| | | | | |
|--|--|----------------|--|---|
| | Tribal Government | | Tribal Government | |
| 8.5c who processes benefit payments to bulk fuel vendors? | Local County Government Community Action Agencies Non-profits Tribal Government | Non-Applicable | Local County Government Community Action Agencies Non-profits Tribal Government | |
| 8.5d Who performs installation of weatherization measures? | | | | Community Action Agencies Non-profits Tribal Government |

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?

Service Provider Selection

As part of the annual State Plan application required by LIHEAP statute, the chief executive officer of each State shall certify the State's agreement to meet the conditions of sixteen assurances. As part of assurances six and fifteen, Commerce developed a network of local administering agencies to serve as local EAP Service Providers. Commerce continues to contract with these agencies, whenever possible, to operate LIHEAP.

In the event of an EAP Service Provider acquisition or merger, EAP Service Provider resignation, or Commerce contract termination or non-renewal, Commerce must select a successor EAP Service Provider.

Acquisition or Merger

When a current EAP Service Provider acquires another current EAP Service Provider or when two or more current EAP Service Providers merge, the EAP Service Providers must submit written, signed notification on Service Provider letterhead to the Commerce EAP Director. The written notice must include the following: a statement clearly describing the acquisition or merger plan; the effective acquisition or merger date; and documentation of a formal board resolution, signed and dated by each organization's governing board chair or designee. EAP Service Providers must obtain Commerce input prior to an acquisition or merger. A minimum notice of 60 days prior to the effective acquisition or merger date is required.

If the EAP Service Provider change is due to an acquisition or merger, Commerce will decide if the new entity post-merger will continue to provide EAP services or if a formal request for proposal (RFP) process is necessary.

Service Provider Resignation

To resign from EAP delivery, an EAP Service Provider must submit written, signed notification on Service Provider letterhead to the Commerce EAP Director. The resignation notice must include the following: a statement clearly indicating the Service Provider's intent to resign; the effective resignation date; and documentation of a formal board resolution, signed and dated by the governing board chair or designee. A minimum notice of 60 days is required to voluntarily terminate a current grant contract.

The resigning EAP Service Provider must complete all contractual obligations to finalize the resignation. Commerce

Contract Termination or Non-Renewal

Commerce may terminate or decline to renew an EAP Service Provider's LIHEAP Grant Contract. Commerce will strictly follow contract requirements if terminating a contract. Commerce will provide the EAP Service Provider with written notice identifying the effective date and the remaining obligations for both parties.

Successor Selection

If the EAP Service Provider change is due to an EAP Service Provider resignation or Commerce contract termination or non-renewal, Commerce follows the Minnesota Department of Administration's Office of Grants Management policies and procedures.

Between Program Years

Commerce will select a successor EAP Service Provider through a formal RFP process.

During the Program Year

Commerce will select a successor EAP Service Provider through a formal RFP process. However, Commerce may execute a short-term contract with an existing EAP Service Provider on an interim or emergency basis, as needed.

Commerce may subdivide the vacated EAP service area.

Transferring Program Activity

Upon identifying the successor EAP Service Provider, Commerce directs the transition with the exiting and successor EAP Service Providers to facilitate the transition.

8.7 How many local administering agencies do you use? 28

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

- Yes
 No

8.9 If so, why?

Agency was in noncompliance with Grant recipient requirements for LIHEAP -

Agency is under criminal investigation

Added agency

Agency closed

Other - describe

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

8.10a If yes, please explain.

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

8.10c If yes, please explain.

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

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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

| | |
|-----------------------|---|
| Heating | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Cooling | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Crisis | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Are there exceptions? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

If yes, Describe.

Direct Payments

Households may receive direct payments under limited circumstances. First determine any Primary Heat benefits to the household's electric or other heating energy vendors based on the household's needs. Make direct payments to households in the following circumstances:

All energy utilities, electric and heat are included in the rent.

Certain situations where heat is in rent (HIR) and the household pays an electric vendor. (See Heat in Rent; Household Pays an Electric Vendor below.)

A biofuel vendor or usable biofuel (e.g., seasoned wood) is not available. Biofuel payments must go to a biofuel vendor whenever possible. Service Providers must maintain knowledge of the biofuel vendors in their service area.

The Service Provider must document there is no biofuel vendor or usable biofuel available.

The household's energy vendor(s) refused to sign the energy vendor agreement.

The household is unable to secure an energy vendor.

The household does not have an account in a household member's name.

Note: Reimbursements to applicants for payments made to energy vendors are not allowed.

Heat in Rent; Household Pays an Electric Vendor

Primary Heat benefits are first distributed to the household's electric vendor. eHEAT automatically calculates payments for distribution to the household's electric vendor equal to the household's annual electric cost or \$400, whichever is greater. Any remaining amount is distributed as a direct payment to the household. If the Primary Heat benefit is less than \$400, the entire benefit is distributed to the household's electric vendor.

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

Households receive a letter or email (depending on household preference) stating the amount paid to energy vendor(s) or, in some instances, the amount paid directly to the household.

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?

Vendors must sign and comply with a vendor agreement to be eligible to receive payments for heating assistance or crisis assistance on household's energy accounts. Vendor payments are made through a centralized payment system. Local administering agencies work closely with vendors throughout the program year and perform ongoing formal monitoring of a percentage of the vendors annually to assure that all requirements of this assurance are met. Commerce program performance auditors review the vendor monitoring activity performed by the local service provider.

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?

Vendors must sign and comply with a vendor agreement to be eligible to receive payments for heating assistance or crisis assistance on household's energy accounts. Vendor payments are made through a centralized payment system. Local administering agencies work closely with vendors throughout the program year and perform ongoing formal monitoring of a percentage of the vendors annually to assure that all requirements of this assurance are met. Commerce program performance auditors review the vendor monitoring activity performed by the local service provider.

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 accounting and tracking of LIHEAP funds takes place on the state and local levels. Local administering agencies are allowed only three days' cash on hand. The Minnesota Department of Commerce requires local administering agencies to submit monthly financial status reports and tracks and monitors those reports on an ongoing basis.

Fiscal accounting and tracking of LIHEAP funds takes place on the state and local levels. Local administering agencies are allowed only three days' cash on hand. The Minnesota Department of Commerce requires local administering agencies to submit monthly financial status reports and tracks and monitors those reports on an ongoing basis.

Quality and Performance Control tracking is performed to reduce late payments and process energy vendor refunds in a timely manner.

Centralized payment process for Primary Heat, Crisis, and ERR benefits.

Commerce staff review and assess SP fiscal information annually for compliance as part of the annual contracting process (Local Plan and Internal Controls Documentation).

10.1a Provide your definitions of the following:

Obligation

Minnesota's Definition of Obligation: Amount of award for a specific Federal Fiscal Year that is spent or encumbered plus funds that are obligated via agreement or memo (e.g., to the Weatherization Assistance Program) through the end of that Federal Fiscal Year (i.e., through September 30).

Encumbrances include:

- Money that is budgeted in SWIFT for state personnel
- Money for which a purchase order has been created for a specific purpose
- Money for which a Notice of Funds Available (NFA) has been created for a specific purpose

Expenditures

Expenditures are funds that are spent on a specific item. Expenditures occur when funds are actually paid out.

Expenditure timeframe

90 percent of funds from an award for a give Federal Fiscal Year (FFY) must be obligated in the same FFY in which they were awarded. Any funds carried over into the subsequent FFY must be obligated by the end of the FFY following the FFY in which they were awarded. Funds that are obligated by the abovementioned deadlines time must be fully expended by the deadline for the final SF-425 for the associated award.

Administrative costs

Administrative Funds may be used for the cost of EAP staff and associated costs including:

- Program planning and preparation.
- Taking an application and verifying information.
- Entering data into eHEAT.
- Advocacy services not paid with Assurance 16 funds.
- Out-of-State travel.

Additionally, time spent processing completed applications, determining eligibility, entering information into eHEAT, etc. is always an administrative cost, regardless of household need. Time spent helping households who are able to complete their application without unreasonable hardship is an administrative cost.

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.

All single audits of state agencies are conducted by the State Auditor, which is a statewide elected position. <https://www.osa.state.mn.us/>

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 | reporting | One of the three monthly FFATA reports tested was submitted by the Minnesota Department of Commerce using an incorrect Federal Award Identification Number (FAIN), Project Description, Federal Funding Amount, and Obligation/Action Date. | Yes | procedure/policy changes |

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

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

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

Local Administering Agencies/District Offices:

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

Commerce EAP receives, reviews and assesses SP corporate audit information annually for compliance as part of the annual contracting process (Local Plan and Internal Controls Documentation).

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

All local EAP agencies are monitored on site at least once a year. Initial monitoring takes place from October to December at selected EAP agencies. Full monitoring is typically started in late December or January, with the last visits completed in May or June. All local EAP agencies receive a full monitoring visit.

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

Site Visits:

All local EAP Service Providers receive at least one on-site monitoring visit. Commerce conducts a comprehensive organizational risk assessments annually. The risk assessment includes review of various planning documents as well as an assessment of each organization's financial position and internal controls maturity. Overall risk is based on both probability (i.e., likelihood of risk events occurring) and impact (as measured by relative program size and/or service to particularly sensitive populations). Service providers are rated as low, medium, or high risk. Low and medium risk service providers are typically not selected for in-person initial program audit visits, whereas high risk service providers will typically have both an in-person initial visit and subsequent full program audit visits. All service provider have the latter. Particularly high risk service providers will receive ongoing T&TA throughout the program year, depending on the particular issues.

Desk Reviews:

Commerce runs and analyzes reports on a weekly basis for all EAP Service Providers. Commerce has authority to request any information regarding the operation of the program. In addition, Commerce regularly analyzes eHEAT (EAP's database) and other data for patterns and information. This information may lead to questions about a Service Provider's program delivery. When questions arise, the Program Performance Auditor or other designated staff may follow up with the Service Provider

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

Annually

10.9. How many local agencies are currently on corrective action plans? 3

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:

Commerce publishes public hearing and public comment period in the Minnesota State Register, on Commerce website, and sends to all local service providers, policy advisory committee members, and other stakeholders, with a minimum of 30-days notice to submit feedback.

Commerce Commissioner and Commerce tribal liaison consult with Minnesota's tribal communities.

Commerce accepts comments through multiple channels: US Mail, email, public hearing, online form, and fax.

Throughout the program year, Commerce seeks input from local service providers, policy advisory committee members, energy vendors, and other stakeholders. Commerce also has an electronic consumer feedback form posted on the Energy Assistance Program website, which allows members of the public to submit comments, complaints, and improvement ideas at any time.

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

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

| | Date | Event Description |
|---|------------|------------------------------------|
| 1 | 07/12/2024 | Public Hearing via Microsoft Teams |

11.3. How many parties commented on your plan at the hearing(s)? 2

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

Comments urged for program to serve applicants faster, with less documentation, and for more assistance (dollars per household).

General support for program and recent improvements.

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

N/A

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

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

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 0

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

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

N/A

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

Households have 30 days from the date they receive their notification letter to appeal decisions made regarding their energy assistance application.

Applicants are informed of this right when they receive their application and again on their notification letter. Applicants may initiate an appeal if:

The application was denied, or

The application received no action in the appropriate timeframe

Incorrect facts or improper procedures were used to determine eligibility, assistance amounts, or services, or

The Energy Related Repair services at the time of completion or final inspection were not adequate or were inappropriate

The three levels of appeal are:

Local, including investigation and a written response.

State, including investigation and a written response.

Hearing with an administrative law judge followed by a written recommendation to the Commissioner of the Department of Commerce

Households may contact their local agency to inquire about their application.

Households have the right to appeal and may request fair hearing

12.5 When and how are applicants informed of these rights?

The household receives a "Rights and Responsibilities" form with their application. The EAP application describes the applicant's right to appeal. Denial letters also inform applicants of their right to appeal.

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?

Minnesota uses LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby need for energy assistance. Commerce refers to supported activities as "Assurance 16 (A16)." A16 allowable activities include:

- Budget counseling
- Energy conservation education
- Facilitation of household negotiations for budget payments
- Advocacy with fuel suppliers on behalf of households
- Household energy assessments
- Referrals Case management

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

Commerce assigns a dedicated project code in the State Accounting System and a dedicated line item on the contract with local administering agencies and allocate a specific amount for A16 activities to each service provider, the total of which does not exceed 5%.

Service Providers record A16 activities in LIHEAP software, and EAP Program Performance Auditors monitor the use of Assurance 16 funds.

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

Energy Self-Sufficiency includes activities that help reduce household energy need and enable energy security by affecting one or more of the following areas:

- Enabling and encouraging a household's optimal, or most desirable, energy usage (e.g., more efficient, reduced usage)
- Increasing the affordability of energy.
- Enabling household access to services and opportunities that increase or improve income and/or assets
- Encouraging increased household housing/energy provider options. Seek to help households substantially improve their energy security in the long-term

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

N/A

13.5 How many households received these services? Unduplicated count is not 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 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.

Separate instructions/leveraging survey forms are attached for:

- EAP Service Providers/Non-profit agencies
- Delivered fuel vendors
- Connected utility vendors

The Minnesota Department of Commerce and the local administering agencies acquire non-federal leveraged resources for Minnesota EAP. These leveraged resources are administered by the State or the local administering agencies or in collaboration and cooperation with the local administering agency and made available to federally qualified low-income households under 2605(b)(2).

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 | Contributions to the State or local administering agencies | Sources of the contributions include State or local governments, foundations, individuals, businesses, and other entities. | The resource will be used to provide assistance to supplement LIHEAP payments, in accordance with federal program requirements. |
| 2 | CIP Funds used to assist low-income EAP households. | Contributions and monies received under Minnesota Statutes 216B.241, "Energy Conservation Improvements," | E. The purchase of blankets, space heating devices and space cooling devices and equipment (including stoves and refrigerators) which meet MN Stat. 216C.19 Energy Conservation. F. The purchase, delivery and installation of electrical conservation materials to households where electricity is required to help meet the household's home heating needs. |
| 3 | Monies expended by local governments, foundations, individuals, businesses or other entities that assist the energy assistance program, including primary heat, crisis, weatherization and energy related repair assistance. | Minnesota social services agencies have informally agreed on a protocol for providing low-income home energy assistance, beginning with federal funds, then state and local government funds. Community resources may be spent after federal funds or after state and local government funds, depending upon the purposes of the resources. The agreement also provides for coordination and collaboration of funding and advocacy efforts to assist households to meet home energy needs. | These monies assist low-income households to meet the costs of home energy in accordance with federal program requirements and Funds are integrated into the energy assistance program through coordination activities to assist low-income EAP households. |
| 4 | Local delivery agencies contract with energy vendors to administer vendor sponsored fuel funds. These funds use energy assistance eligibility criteria and supplement Energy assistance funding. | Energy vendors and community groups operate fuel funds that integrate with the energy assistance program through coordination of eligibility determination and grant award determination. The energy assistance program maintains strong communications ties with | The energy assistance program maintains strong communications ties with these fuel funds, which coordinate their activities with the energy assistance program |

| | | | |
|---|---|---|--|
| | | these fuel funds, which piggy-back their activities on the energy assistance program. | |
| 5 | The State of Minnesota, local administering agencies and will collaborate to ensure integration with the energy assistance program. Heat Share is a private fuel fund that receives voluntary contributions collected from energy vendor customers and stockholders. Item A. Negotiated price discount for an agreed-upon number of gallons of heating fuel. The heating fuel will be available to EAP households at the discounted price. Item E. The purchase of blankets, space heating devices and space cooling devices and equipment (including stoves and refrigerators) which meet MN Stat. 216C. 19 Energy Conservation. | The Salvation Army Heat Share Program | Heat Share and the local administering agencies coordinate services through eligibility determination, referral networks, and joint training meetings. Heat Share accepts EAP eligibility as proof of income eligibility and accepts EAP certified income as verified household income. The State of Minnesota and the Salvation Army cooperate on many levels including reciprocal membership in advisory boards. |
| 6 | The purchase, delivery and installation of electrical conservation materials to households where electricity is required to help meet the household's home heating needs. The reduction in home energy bills obtained when a household participates in a utility or energy supplier's Special Rate or Practices Plan. These include programs designed to reduce the cost of home energy needs of the household and minimize the risk of an energy crisis. Special rate programs may include but are not limited to: discount rate, off-peak, time of day or dual heating plans. | Energy Vendors | Discounts or reductions in bulk fuel prices. Contracts at the local level with oil or liquid propane vendors will guarantee |
| 7 | The purchase, delivery and installation of electrical conservation materials to households where electricity is required to help meet the household's home heating needs. | Energy Vendors | The reduction in home energy bills obtained when a household participates in a utility or energy supplier's Special Rate or Practices Plan. These include programs designed to reduce the cost of home energy needs of the household and minimize the risk of an energy crisis. Special rate programs may include but are not limited to: discount rate, off-peak, time of day or dual heating plans. |

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: During weekly staff meetings.

Employees are provided with policy manual

Other, describe:

Commerce provides training regularly at Energy Assistance Coordinator Association (EACA) meetings and biweekly webinars. Training and technical assistance is provided during initial monitoring program assessment visits, as needed. Additional training is provided as needed. Local agencies also receive The Energizer, which is distributed approximately 52 times during the program year.

b. Local Agencies:

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

How often?

Annually

Biannually

As needed

Other, describe: Bi-weekly webinars

On-site training

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

Commerce provides training regularly at Energy Assistance Coordinator Association (EACA) meetings and biweekly webinars. Training and technical assistance is provided during initial monitoring program assessment visits, as needed. Additional training is provided as needed. Local agencies also receive The Energizer, which is distributed approximately 44 times during the program year.

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 checked="" type="checkbox"/> | Policies are outlined in a vendor manual |
| <input checked="" type="checkbox"/> | Other, describe: Local EAP Service Providers may provide training and technical assistance during vendor monitoring, when obtaining energy consumption data, or as needed. |
| 15.2 Does your training program address fraud reporting and prevention? | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| <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.

Minnesota's centralized eHEAT software collects data in real-time to report on the four required LIHEAP performance measures when needed. We use the Benefit Targeting Index and Burden Reduction Targeting Index at program start-up to ensure higher burden households receive proportionately higher benefits via our statewide benefit matrix. We use the Restoration of Home Energy Service and Prevention of Loss of Home Energy Service measures throughout the heating season to ensure that all households are served appropriately. Minnesota continues to meet and report on all required data collection on schedule and with precise data. We hope to use this data during the upcoming federal fiscal year to further target our households with highest energy burden.

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

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

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

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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 type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested |
| Social Security Number (Without actual Card) | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input checked="" type="checkbox"/> Required |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input type="checkbox"/> Required |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input 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:
Please see pages 2-12 in the attachment "17.3 FFY25 EAP Policy Manual - Chapter 3"

| | 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:
Signed statements from employers
Tribal Casino Per Capita Letters
County statement of public assistance benefits
Veteran Benefits award letters
IRS Form 1099

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:
Commerce utilizes a data exchange agreement with the Minnesota Department of Employment and Economic Development (DEED) to verify wage and unemployment insurance income.

b. Describe any exceptions to the above policies.

17.5 Identification Verification

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

Verify SSNs with Social Security Administration

Match SSNs with death records from Social Security Administration or state agency

Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)

Match with state Department of Labor system

Match with state and/or federal corrections system

Match with state child support system

| | |
|---|---|
| <input type="checkbox"/> | Verification using private software (e.g., The Work Number) |
| <input type="checkbox"/> | In-person certification by staff (for tribal Grant recipients only) |
| <input type="checkbox"/> | Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only) |
| <input checked="" type="checkbox"/> | Other - Describe: Commerce EAP is pursuing the verification of SSNs with the Social Security Administration. Minnesota continues to wait for SSA approval. |
| 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 checked="" type="checkbox"/> | Local agencies/district offices |
| <input checked="" type="checkbox"/> | Physical files are stored in a secure location |
| <input checked="" type="checkbox"/> | Electronic files are protected in a secure location. |
| <input type="checkbox"/> | Other - Describe: |
| 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 checked="" 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 type="checkbox"/> | Applicants required to submit proof of physical residency |
| <input type="checkbox"/> | Applicants must submit current utility bill |
| <input checked="" type="checkbox"/> | Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> | Account ownership |
| <input checked="" type="checkbox"/> | Consumption |
| <input checked="" type="checkbox"/> | Balances |
| <input type="checkbox"/> | Payment history |
| <input checked="" type="checkbox"/> | Account is properly credited with benefit |
| <input type="checkbox"/> | Other - Describe: |
| <input checked="" type="checkbox"/> | Centralized computer system/database tracks payments to all utilities |
| <input checked="" type="checkbox"/> | Centralized computer system automatically generates benefit level |
| <input checked="" type="checkbox"/> | Separation of duties between intake and payment approval |
| <input type="checkbox"/> | Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input type="checkbox"/> | Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input checked="" type="checkbox"/> | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |

| | |
|---|---|
| <input checked="" type="checkbox"/> | Direct payment to households are made in limited cases only |
| <input checked="" type="checkbox"/> | Procedures are in place to require prompt refunds from utilities in cases of account closure |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> | Other - Describe: |
| 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 checked="" type="checkbox"/> | Conduct monitoring of bulk fuel vendors |
| <input type="checkbox"/> | Bulk fuel vendors are required to submit reports to the grant recipient. |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> | Other - Describe: |
| 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 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 See FFY25 EAP Policy Manual - Chapter 10 (attached) |
| <input checked="" type="checkbox"/> | Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Remainder of program year |
| <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 checked="" type="checkbox"/> | Other - Describe: Local agencies have their own internal policies and procedures regarding employees found to have committed fraud. |
| 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.*)

| | | |
|--|----------------------|----------------------------|
| 85 7th Place E, Suite 280 * Address Line 1 | | |
| MN Department of Commerce Address Line 2 | | |
| Address Line 3 | | |
| St. Paul * City | MN * State | 55101 * 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. |