

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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


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

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Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
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) HKQDEXRXGKLI	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
7. APPLICANT INFORMATION			
* a. Legal Name: State of Nebraska			
* b. Address:			
* Street 1:	P.O. BOX 95026	Street 2:	301 CENTENNIAL MALL SOUTH, 3RD FLOOR
* City:	LINCOLN	* County:	
* State:	NE	* Province:	
* Country:	United States	* Zip / Postal Code:	68509 - 5026
* c. Organizational Unit:			
* Department Name: Department of Health and Human Services		* Division Name: Office of Economic Assistance	
* d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)			
* First Name: Andrea		* Last Name: Morinelli	
* Title: LIHEAP Program Manager		* Organizational Affiliation:	
* Telephone Number: 402-429-0204		* Fax Number:	
* Email: andrea.morinelli@nebraska.gov			
* 8. TYPE OF APPLICANT: A: State Government			
* a. Is the applicant a Tribal Consortium: <input type="radio"/> Yes <input checked="" type="radio"/> No			
* b. If yes please attach at least one the following documentation:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles		93.568	Low-Income Home Energy Assistance Program
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2025 Nebraska LIHEAP State Plan			
11. AREAS AFFECTED BY FUNDING: LIHEAP and Weatherization			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: 01			
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 Andrea Morinelli	17c. Telephone (area code, number and extension)
	17d. Email Address andrea.morinelli@nebraska.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 09/16/2024

Section 1 - Program Components

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

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

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

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2024	03/31/2025
<input checked="" type="checkbox"/> Cooling assistance	06/01/2025	08/31/2025
<input type="checkbox"/> Summer crisis assistance		
<input type="checkbox"/> Winter crisis assistance		
<input checked="" type="checkbox"/> Year-round crisis assistance	10/01/2024	09/30/2025
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2024	09/30/2025

Provide further explanation for the dates of operation, if necessary

The Nebraska Department of Health and Human Services (DHHS) provides heating assistance to eligible households during the heating season through March).

- DHHS may determine a household's eligibility for heating assistance after the heating season if a household applied for/requested LIHEAP assistance during the heating season and eligibility was not determined, eligibility was incorrectly determined, or a household had a current application (a pending economic assistance program case) during the heating season, and eligibility was not determined.
- DHHS may begin determining eligibility for heating assistance prior to the beginning of the heating season. If this occurs, heating assistance payments will be issued until the start of the heating season. DHHS will make this decision based on operational and technical capabilities. Eligibility staff will provide guidance if eligibility will be determined before the heating season begins.

DHHS currently provides a year-round crisis assistance program. For each program year (October through September), DHHS accepts and processes applications and crisis assistance requests according to the earliest application date until DHHS determines that pending payments will exhaust available program year. Upon making this determination, DHHS will accept no more applications for crisis assistance for the program year.

DHHS contracts with the Nebraska Department of Environment and Energy (NDEE) to administer the weatherization assistance program.

The availability of the cooling assistance program and the variables used to determine eligible households will depend on the LIHEAP fund and available for the current federal fiscal year. DHHS typically provides cooling assistance to eligible households during the cooling season (June through August).

- DHHS may determine a household's eligibility for cooling assistance after the cooling season in certain situations, such as eligibility for a timely request was not determined by the end of the cooling season or eligibility was incorrectly determined.
- DHHS may determine a household's eligibility for cooling assistance prior to the beginning of the cooling season. If this occurs, cooling assistance payments will not be issued until the beginning of the cooling season. DHHS will make this decision based on operational and technical capabilities. Eligible households will be notified via guidance if eligibility will be determined before the cooling season begins.

For heating or cooling eligible households, an extra payment may be made in the form of a supplemental payment or an increase in the regular payment.

payment. The supplemental payments may be processed and issued at any time during the current LIHEAP program year (October through September) for a supplemental payment for households that received heating or cooling assistance may be identified during or following the heating or cooling season for the supplemental issuance may be due to circumstances including but not limited to high energy costs; extreme weather; disasters; pandemic funding; or receipt of additional funding.

For example, a supplemental payment may be issued in September (or any month of the year) for LIHEAP-eligible households that received heating assistance or for LIHEAP-eligible households that received cooling assistance if it identified excess funds exist. Processing and issuing the supplemental payments late in the program year allows DHHS to more easily project the number of households that will receive the supplemental payment. These payments may be issued to either a provider or to the household. Supplemental payments are typically issued to the utility provider; however, below are some circumstances in which a supplemental payment would be issued to the household:

- The utility provider does not cooperate with DHHS in accepting payments; or,
- An economically vulnerable household's utilities are included in rent.

Section 1.2: DHHS utilizes 9% of available funds for administrative and planning costs; however, a portion of the funds awarded to NDEE for weatherization are for administrative costs and planning costs. Thus, a portion of the expended administrative costs are considered in the amount for weatherization.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)	Prior year totals
Heating assistance	58.00%	58.00%
Cooling assistance	18.00%	18.00%
Summer crisis assistance	0.00%	3.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	3.00%	3.00%
Weatherization assistance	10.00%	10.00%
Carryover to the following federal fiscal year	2.00%	2.00%
Administrative and planning costs	9.00%	9.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
TOTAL	100.00%	100.00%

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

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

<input type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input checked="" type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify:) DHHS runs a year-round crisis assistance program at this time. DHHS provides year-round deposit assistance. DHHS may utilize additional funds for cooling assistance. DHHS may utilize additional funds for repair and replacement assistance. DHHS may utilize additional funds for window air conditioner assistance. DHHS may utilize additional funds for heating assistance for households that were eligible for heating assistance (within the rules of the program). DHHS may provide supplemental payments for heating and/or cooling eligible households depending on whether there are additional funds, disasters, pandemics, etc. DHHS may utilize additional funds for weatherization services.

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

Once Per Year

Once every five years

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?

Gross Income

Net Income

Other - Describe

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

Wages

Self - Employment Income

Contract Income

Payments from mortgage or Sales Contracts

Unemployment insurance

Strike Pay

Social Security Administration (SSA) benefits

Including MediCare deduction

Excluding MediCare deduction

Supplemental Security Income (SSI)

Retirement / pension benefits

General Assistance benefits

Temporary Assistance for Needy Families (TANF) benefits

Loans that need to be repaid

Cash gifts

Savings account balance

One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.

<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input checked="" type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input checked="" type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input checked="" 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 checked="" type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other For the purposes of calculating and treating income for LIHEAP eligibility, DHHS applies the rules and regulations from the Supplemental Nutrition Assistance Program, Title 475 Nebraska Administrative Code (NAC). As a result, some of the aforementioned income types may be considered income in some circumstances but excluded as income in other circumstances. For example, the earned income of a child age 17 or younger and attending elementary or secondary school at least half-time is excluded. However, the income of a 16 or 17-year-old that is not attending school half-time must be counted. Some other examples include but are not limited to: General Assistance; VISTA; WIA; and reimbursements. DHHS does not deduct medical costs from gross income when determining eligibility. Thus, Medicare is not considered a deduction for LIHEAP. DHHS considers the gross amount of income a client is eligible for from Social Security to be countable unearned income, regardless of whether a portion of the Social Security is used to pay for a Medicare premium. DHHS applies an earned income disregard of 20% to gross countable earned income if a household passes the gross countable income test. Section 1.2: DHHS utilizes 10% of available funds for administrative and planning costs; however, a portion of the funds awarded to NDEE for weatherization are for administrative costs and planning costs. Thus, a portion of the expended administrative costs are considered in the amount for weatherization.

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

1.10 Do you have an online application process? Yes No

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

- A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
- 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://iserve.nebraska.gov/	
1.10b Can all program components be applied for online? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If no, explain which components can and cannot be applied for online. Weatherization Assistance Program. DHHS awards a portion of the LIHEAP funding to NDEE for weatherization assistance. NDEE award community action agencies to provide weatherization services. When a household requests assistance from DHHS with a furnace or air conditioner replacement assistance, the household is provided contact information for the agency that serves their community.	
1.11 Do you have a process for conducting and completing applications by phone <input checked="" type="radio"/> Yes <input 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 checked="" type="checkbox"/>	Other, please describe An applicant can create an account online and upload documents through their cell phone.

Hidden for Section 1

Section 2 - HEATING 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 2 - Heating Assistance

Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

2.2 Do you have additional eligibility requirements for Heating Assistance? Yes No

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

Do you require an Assets test? Yes No

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

For subsidized housing, the household must be responsible for a portion of the heating payment to be eligible for heating.

Renters with utilities included in the rent? Yes No

If yes, describe:

For renters with utilities included in the rent, the household must be responsible for a portion of the heating.

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:

Eligibility and the benefit payment amount for heating assistance are determined based on factors such as income level, dwelling type, fuel type, and the number of household members. Thus, households with the lowest income receive the highest benefit amount.

Other? Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

For subsidized housing, the household must be responsible for a portion of the heating payment to be eligible for heating.

For renters with utilities included in the rent, the household must be responsible for a portion of the heating.

Eligibility and the benefit payment amount for heating assistance are determined based on factors such as income level, dwelling type, fuel type, and the number of household members. Thus, households with the lowest income receive the highest benefit amount

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.

DHHS reviews the household size, income, dwelling type, and fuel type to determine the benefit payment amount. Households with the least income, receive a higher benefit payment amount.

See attached LIHEAP Heating Season Payment Table and LIHEAP Cooling Season Payment Table in the Low Income Home Energy Assistance Program (LIHEAP) Guidance Document 10.1.24.

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

<input checked="" type="checkbox"/> Income	
<input checked="" type="checkbox"/> Family (household) size	
<input checked="" type="checkbox"/> Home energy cost or need:	
<input checked="" type="checkbox"/> Fuel type	
<input type="checkbox"/> Climate/region	
<input type="checkbox"/> Individual bill	
<input checked="" type="checkbox"/> Dwelling type	
<input type="checkbox"/> Energy burden (% of income spent on home energy)	
<input type="checkbox"/> Energy need	
<input checked="" type="checkbox"/> Other - Describe:	

In the future, DHHS plans to utilize the previous season's LIHEAP Energy burden data to evaluate whether the benefit levels are adequately reducing the energy burden for high energy-burdened households.

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	\$154	Maximum Benefit	\$1,050
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2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

2.6 The 2025 LIHEAP Heating Season Payment Table is attached in the LIHEAP Guidance Document 10.1.24. The amounts may be adjusted at the discretion of DHHS based upon a variety of factors, which could include but are not limited to the amount of LIHEAP carry-over funds, the amount of LIHEAP funds received for the program year, the projected number of households to be served, disasters, and pandemics.

2.7 DHHS provides financial assistance for furnace (heating system) repair and replacement up to \$750 for eligible households. If extenuating circumstances exist, DHHS may exceed the \$750 maximum.

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	All Household Sizes	HHS Poverty Guidelines	150.00%

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

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

Do you require an Assets test? Yes No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

For subsidized housing, the household must be responsible for a portion of the cooling utilities to be eligible for cooling.

Renters with utilities included in the rent? Yes No

If yes, describe:

For renters with utilities included in rent, the household must be responsible for a portion of the cooling utilities.

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

To qualify for cooling assistance, a household must qualify for LIHEAP and include a household member who is a child under age six who receives Aid to Dependent Children (ADC); is age 70 or older; has a severe illness or condition which is aggravated by extreme heat as verified by a medical statement signed by a licensed healthcare provider; or has received an air conditioner from DHHS within four years of the application date. Thus, DHHS gives priority to elderly individuals (70 and over), individuals with a severe illness or condition aggravated by extreme heat, and young children (5 years and under and ADC-eligible) for cooling assistance purposes.

Individuals with a disability? Yes No

If yes, describe:

Young children? Yes No

If yes, describe:

To qualify for cooling assistance, a household must qualify for LIHEAP and include a household member who is a child under age six who receives Aid to Dependent Children (ADC); is age 70 or older; has a severe illness or condition which is aggravated by extreme heat as verified by a medical statement signed by a licensed healthcare provider; or has received an air conditioner from DHHS within four years of the application date. Thus, DHHS gives priority to elderly individuals (70 and over), individuals with a severe illness or condition aggravated by extreme heat, and young children (5 years and under and ADC-eligible) for cooling assistance purposes.

Households with high energy burdens? Yes No

If yes, describe:

To qualify for cooling assistance, a household must qualify for LIHEAP and include a household member who is a child under age six who receives Aid to Dependent Children (ADC); is age 70 or older; has a severe illness or condition which is aggravated by extreme heat as verified by a medical statement signed by a licensed healthcare provider; or has received an air conditioner from DHHS within four years of the application date. Thus, DHHS gives priority to elderly individuals (70 and over), individuals with a severe illness or condition aggravated by extreme heat, and young children (5 years and under and ADC-eligible) for cooling assistance purposes.

Other? Medical necessity	<input checked="" type="radio"/> Yes <input type="radio"/> No		
If yes, describe:			
<p>The medical necessity for cooling assistance is documented on the IM-55. A new IM-55 was implemented in 2020 to simplify and create a more efficient process. In 2021, a revision was made to the IM-55 to include an additional medical condition. In 2022, minor revisions were made, and in 2023, revisions were made to the form to accommodate changes related to the approval process. See the attached IM-55 form.</p>			
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.			
<p>DHHS reviews the household size, income, and dwelling type to determine the benefit payment amount. Households with the least income receive higher benefit payment amounts. Additionally, as previously stated, to be eligible for cooling a household member must be age 70 or older; be a child under the age of six and receiving ADC; have received an air conditioner from DHHS within the four years of the application date; or have a severe illness or condition aggravated by extreme heat.</p> <p>See the attached LIHEAP Heating Season Payment Table and LIHEAP Cooling Season Payment Table in the Low Income Home Energy Assistance Program (LIHEAP) Guidance Document 10.1.24.</p>			
Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.5 Check the variables you use to determine your benefit levels. (Check all that apply):			
<input checked="" type="checkbox"/> Income			
<input checked="" type="checkbox"/> Family (household) size			
<input checked="" type="checkbox"/> Home energy cost or need:			
<input type="checkbox"/> Fuel type			
<input type="checkbox"/> Climate/region			
<input type="checkbox"/> Individual bill			
<input checked="" type="checkbox"/> Dwelling type			
<input type="checkbox"/> Energy burden (% of income spent on home energy)			
<input type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
<p>The LIHEAP Cooling Season Payment Table (matrix) is subject to update (closer to the cooling season) based on funding availability. The cooling season is June through August.</p>			
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. Please note: the maximum and minimum benefits must be shown in the payment matrix.			
Minimum Benefit	\$273	Maximum Benefit	\$700
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
<p>LIHEAP funds are utilized to provide financial assistance to households meeting the cooling assistance and other eligibility requirements to purchase window air conditioning units. In some instances, financial assistance is provided for a portable air conditioner rather than a stationary window air conditioner.</p> <p>DHHS provides financial assistance to eligible households to assist with central air conditioner (cooling system) repair and replacement up to \$750. If extenuating circumstances exist, DHHS may exceed the \$750 maximum.</p>			
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-013
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 4 - Crisis Assistance

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

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

DHHS defines a crisis as a household that is under immediate threat of loss of home energy because it has received a shutoff notice, had utilities discontinued, lacks energy service delivery, or anticipates removal from a provider's budget plan. To qualify for crisis assistance, a household must be eligible for LIHEAP, be in a crisis situation, and have an unanticipated inability to pay home energy costs because within the most recent 90 days: the household experienced an unanticipated medical or household expense; a significant, permanent, and involuntary loss of work hours, wages, or employment; the departure of a primary wage earner; the inability of a primary wage earner to work because of illness or injury; or a significant loss because of the death of a household member. A household may also be eligible for an unspecified crisis related to a loss of income or inability to pay as determined at DHHS's discretion.

The criteria for a crisis can be found at 476 NAC 2-004.01.

4.3 What constitutes a life-threatening crisis?

DHHS considers a crisis to be life-threatening if the household is experiencing loss of the ability to heat or cool their home and the household contains a member that: is frail (receives disability through the Social Security Administration/Social Security Income, Veteran's Administration, or other types of disability payment); has a medical condition aggravated by extreme heat or cold that a licensed medical provider verifies; is elderly (60 or older); is a young child (under the age of 6 and does not have to be receiving Aid to Dependent Children); or must use a medical device that requires electricity.

Crisis Requirement, 2604(c)

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

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

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

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

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

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 checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify): Households with medical devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

In Order to receive crisis assistance:

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

Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): DHHS considers anticipation of removal from a provider's budget plan to be a crisis situation. DHHS also considers extenuating circumstances when determining eligibility for crisis assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have additional/differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<p>A LIHEAP-eligible household must be in a crisis situation, as per Title 476 NAC, to receive crisis assistance. A crisis situation is defined as a household under immediate threat of loss of home energy because it has received a shutoff notice, had utilities discontinued, lacks energy service delivery, or anticipates removal from a provider's budget plan. If the heating payment was issued to the household's utility provider and the crisis involves the heating source, the heating payment was utilized in full by the heating utility provider. Crisis assistance may also be requested from the cooling utility provider. Crisis assistance for the heating or cooling source may be requested year-round. If the household has a crisis situation, DHHS will determine whether the household has received a crisis payment in the same program year (October through September). If the household has not, DHHS determines whether the household meets the crisis criteria, as identified at 476 NAC 2-004. Eligibility is determined if the household meets the crisis criteria and all requested information is obtained. If the household does not meet the crisis eligibility criteria, DHHS determines whether the household has an unspecified crisis related to a loss of income or inability to pay, which qualifies the household for crisis assistance. This is determined based on DHHS's discretion. If the household has already received a crisis payment and extenuating circumstances exist, the household may be eligible for crisis assistance per DHHS's discretion. If the household qualifies for crisis assistance, DHHS makes crisis assistance payments for no more than the amount necessary to alleviate</p> <p>the crisis situation, up to \$500 per program year. In some instances, a household may be responsible for a portion of the payment before DHHS will pay the remainder of the amount needed to alleviate the crisis situation. The household may be responsible for a portion of the payment if the amount required to alleviate the crisis situation includes utilities that cannot be paid with LIHEAP funds. Additionally, if the amount required to alleviate the crisis situation exceeds \$500, the household may be responsible for a portion of the payment before DHHS will pay the remaining amount. If extenuating circumstances exist, DHHS may authorize a crisis assistance payment for more than \$500 per DHHS's discretion. When households are determined to be ineligible for a crisis payment, DHHS refers the household to another agency for potential assistance through other funding. DHHS may consider the household members' vulnerability when using discretion to determine whether an extenuating circumstance or an unspecified crisis-related reason for loss of income or an inability to pay applies. DHHS considers vulnerable household members to include elderly, disabled, young children, those with high energy burdens, and those who require an energy source for essential medical devices. Thus, these populations may receive priority. DHHS also takes into account the household's income, ability to pay, and payment history for the most recent six months. This factors into what DHHS considers a "high energy burden". Households that are determined eligible,</p> <p>per DHHS's discretion, may be responsible for a portion of the bill before DHHS will pay the remainder of the amount needed to alleviate the shutoff in some circumstances. For subsidized housing, the household must be responsible for a portion of the heating or cooling payment to be eligible for crisis assistance. If utilities are included in rent and there is an eviction notice, the eviction notice needs to be resolved prior to receiving crisis assistance through LIHEAP.</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>For households eligible for crisis assistance, DHHS may provide financial assistance for no more than the amount necessary to alleviate the crisis situation, up to a maximum of \$500. If extenuating circumstances exist, per DHHS's discretion, DHHS may authorize a crisis assistance payment for more than \$500. Households may also be required to pay a portion of the crisis prior to DHHS paying the remainder of the amount necessary to alleviate the crisis.</p>			
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.			
<p>DHHS accepts online applications. Thus, households are able to apply for benefits from their homes. Households may also call DHHS's 1-800 number to request assistance. DHHS has the ability to take applications and requests via telephone.</p>			
4.11 Do you provide individuals who are individuals with a disability the means to:			

Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If No, explain.			
<p>DHHS accepts online applications. In addition, households may call DHHS's 1-800 number to request assistance. If the household has a pending or active LIHEAP program case, a new application is not required. If the household does not have a pending or active LIHEAP program case but has a current application on file (pending or active economic assistance program case), a new application is not required. If the household does not have a current application on file, DHHS can complete the application via telephone, can send an application via mail to the household, or can provide the website at which the household can complete the application online. Thus, individuals can submit applications or make LIHEAP requests without leaving their homes.</p>			
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?			
Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.			
Winter Crisis	\$0.00	maximum benefit	
Summer Crisis	\$0.00	maximum benefit	
Year-round Crisis	\$500.00	maximum benefit	
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DHHS does provide financial assistance with furnace (heating system) and central air conditioner (cooling system) repair and replacement up to \$750 for eligible households; however, this is not a function of the crisis assistance program. LIHEAP funds are also utilized for Weatherization to provide assistance with heating and cooling system repair and</p>			

<p>replacement; however, this is separate from the crisis assistance program. DHHS provides eligible households with financial assistance to purchase window air conditioners upon request; however, this is not a function of the crisis assistance program.</p>			
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4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?

Yes No

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

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

Many of the utility providers in Nebraska have organization-specific guidelines regarding utility disconnection which account for factors such as temperature, date (time of year), and emergency situations.

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

If yes, describe

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

Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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	All Household Sizes	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract. Nebraska Department of Environment and Energy (NDEE)

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:

Weatherization is not subject to the NDEE WAP maximum health and safety cap. The NDEE NEAT (frame built/multi-family) and MHEA (mobile) audit tool approved by NDEE in June 2021 is utilized to determine cost-effective measures that meet a savings-to-investment ratio (SIR) of 0.5 or greater if the cumulative SIR for the household is 1.0. Please see the attached Weatherization Program Bulletin regarding the procedures for augmenting LIHEAP and DOE funding.

The maximum income level for weatherization is 200% of the federal poverty level, which follows DOE rules. DOE rules are utilized for the purposes of calculating and treating income for weatherization.

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:	
Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Individuals with a disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? High energy users	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Section 5.6: NDEE sub-grantees obtain financial statements from clients to determine income eligibility. There is no resource test.</p> <p>Section 5.7: Renters must have a landlord agreement to approve modifications to the household and to ensure the landlord will not increase the rent or sell the property in a twelve month period.</p> <p>Section 5.8: The identified populations receive priority as weatherization services are completed for households before households that do not include these types of household members. NDEE gives priority to those that have high energy burden.</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.9a If yes, what is the maximum? \$0	
5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input type="radio"/> 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 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 type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Air Ventilation, Carbon Monoxide Detectors, LED Lighting, Fire Alarms, Smoke Detectors, and Health and Safety Measures
<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 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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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):

Other (specify): Nebraska has Community Support Specialists that work with community organizations, including the community action agencies, and clients to provide information and updates regarding LIHEAP. The Community Support Specialists attend different functions in the communities to provide information to the public.

Energy providers also reach out to Nebraska residents with energy assistance needs. DHHS developed and provided flyers to partnering utility providers to distribute to their customers. The flyers were also distributed to staff from other economic assistance programs to distribute in the community.

DHHS has a website to inform the public about LIHEAP. Applications can be submitted via the DHHS website, as well. In addition, DHHS utilizes one application for all economic assistance programs. Thus, when a client applies for one program he or she is made aware of all available programs on the application.

LIHEAP staff actively provide updates to various divisions and agencies within the State of Nebraska, as well as to community agencies. LIHEAP staff may facilitate or participate in the following meetings to share and obtain information: Executive Directors of the Community Action Agencies and Community Action of Nebraska meetings; monthly meetings with Community Action of Nebraska; monthly meetings with NDEE; meetings with Continuum of Care leadership and homeless service providers; Connect the Dots meeting; Statewide Central Navigation

meetings (which include representatives from both government and community agencies); Nebraska Partner Council meetings; Economic Assistance Program Management Meetings; and utility provider meetings.

LIHEAP staff provide updates throughout the year to energy utility providers via e-mail.

LIHEAP utilizes text messaging to inform prior recipients of the need to apply for or request assistance when the new LIHEAP season begins.

LIHEAP-specific information is provided on the automated message of the ACCESSNebraska phone line at the beginning of the program year.

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) SNAP; TANF; Child Care Subsidy; Assistance to Aged, Blind, or Disabled; Emergency Assistance
<input type="checkbox"/>	Intake referrals to/from other programs (indicate programs included)
<input type="checkbox"/>	One - stop intake centers
<input type="checkbox"/>	Other - Describe:

DHHS administers all low-income programs within the same unit through ACCESSNebraska. Households can complete one application to request all of the economic assistance programs offered.

DHHS also sends a list of all currently eligible LIHEAP households to the Weatherization Program Staff as a referral for Weatherization.

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

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

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

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

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

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

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

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

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

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for heating assistance?

DHHS administers low-income programs. Individuals can apply for economic assistance programs on one application. If an application is on file and is current (pending or active economic assistance program case), a new application is not required for LIHEAP. Either prior to or during the heating season, the eligibility system (NFOCUS) conducts a "mass run" to determine heating assistance eligibility for households the system identifies as having met the pre-determined eligibility factors.

In addition, LIHEAP staff communicate regularly with home energy utility providers, community service providers, community action agencies, and other government departments to provide updated information.

DHHS provides updates on the public website and the ACCESSNebraska phone system throughout the year.

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

DHHS administers low-income programs. Individuals can apply for all economic assistance programs on one application. If an application is on file and is current (pending or active economic assistance program case, including LIHEAP), a new application is not required. Either prior to or during the cooling season, the eligibility system (NFOCUS) conducts a "mass run" to determine cooling assistance eligibility for households the system identifies as having met the pre-determined eligibility factors.

In addition, the LIHEAP staff communicate regularly with home energy utility providers, community service providers, community action agencies, and other government departments to provide updated information.

DHHS provides updates on the public website and the ACCESSNebraska phone system throughout the year.

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

DHHS administers low-income programs. Individuals can apply for economic assistance programs on one application. A household can verbally request crisis assistance if a current application is on file (pending or active economic assistance program case). If the household does not have a current application on file (pending or active economic assistance program case, including LIHEAP), an application is required. A paper, online, or telephone application can be completed. An application can be submitted for multiple economic assistance programs or specific to LIHEAP (see attached).

In addition, LIHEAP staff communicate regularly with home energy utility providers, community service providers, community action agencies, and other government departments to provide updated information.

DHHS provides updates on the public website and the ACCESSNebraska phone system throughout the year.

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

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

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

8.6 What is your process for selecting local administering agencies?

LIHEAP is administered by the state office, DHHS, in Nebraska. DHHS accepts applications, determines eligibility, and issues LIHEAP payments. No other agencies determine LIHEAP eligibility for Nebraska households.

Weatherization is administered through NDEE. NDEE contracts with eight community action agencies in Nebraska to perform the actual weatherization components. The agreement between DHHS and NDEE reduces the potential for duplication of work as NDEE also receives federal funds for weatherization from the Department of Energy.

8.7 How many local administering agencies do you use? 1

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

- Yes
- No

8.9 If so, why?

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

<input type="checkbox"/>	Other - describe
8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? <input type="radio"/> Yes	
<input checked="" type="radio"/> 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. <input type="radio"/> Yes <input checked="" type="radio"/> No	
8.10c If yes, please explain.	
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 9 - Energy Suppliers

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

DHHS issues the majority of LIHEAP payments directly to providers. However, some exceptions to paying the provider are identified below:

- Providers that do not cooperate with DHHS in accepting payments;
- Households whose utilities are included in rent but still meet economic vulnerability; and,

Financial assistance for window air conditioners, furnace (heating system) repair or replacement, and central air conditioner (cooling system) repair or replacement.

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

A notice is generated by the NFOCUS eligibility system and sent to the household (see attached client notice of action) within one day of benefit determination. The household can also view the notice electronically by creating a 'My Account' on the State ACCESSNebraska website. Additionally, an explanation of payment is sent to the provider that will receive the payment to ensure payments are made to the correct account.

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?

Provider agreements are signed by all providers that receive direct payments from DHHS, which require that the provider applies payment amounts appropriately. See the attached provider agreement.

DHHS is working on a revised LIHEAP Provider Agreement for home energy suppliers throughout Nebraska. The goal is to implement this agreement in the federal fiscal year 2026. DHHS is also developing a guidance document for partnering utility providers.

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?

A provider agreement is executed to assure LIHEAP households are treated in the same manner as private pay customers and to assure the partnering utility providers will comply with state statutes for termination of utility services. LIHEAP staff follow up on any complaints of adverse treatment by utility providers when reported. Reviews of LIHEAP payments issued to partnering utility providers are completed weekly.

DHHS is working on a revised LIHEAP Provider Agreement for partnering home energy utility providers.

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.

Unregulated vendors also sign the aforementioned provider agreement.

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?

LIHEAP expenditures are accounted for in Nebraska's Enterprise-One (E1) accounting system. Eligibility and authorization services are entered and tracked through the NFOCUS system. NFOCUS interfaces with E1 to issue payments.

Additionally, LIHEAP staff have monthly meetings with the financial services unit and with NDEE to discuss and track LIHEAP funds.

E1 tracks LIHEAP funds (including funds awarded to NDEE) that are expended within the program year to ensure funds are not overspent. Refunds are tracked through On-Base using subsidiary codes. Subsidiary codes are also utilized for other components, such as: heating; cooling; crisis; deposit; and repair and replacement. This is also tracked via NFOCUS.

The DHHS Economic Assistance Program Accuracy Specialist Team tests a sample of LIHEAP payments daily to ensure LIHEAP funds are expended according to State and Federal Regulations.

10.1a Provide your definitions of the following:

Obligation

When used in connection with a non-Federal entity's utilization of funds under a Federal award, *obligations* mean orders placed for property and services, contracts and subawards made, and similar transactions during a given period that require payment by the non-Federal entity during the same or a future period. Obligations are legal commitments of funds for a specific use and dollar amount.

Expenditures

Charges made by a non-Federal entity to a project or program for which a Federal award was received.

Expenditure timeframe

To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award

§ 75.502 Basis for determining Federal awards expended.

(a) Determining Federal awards expended. The determination of when a Federal award is expended must be based on when the activity related to the Federal award occurs. Generally, the activity pertains to events that require the non-Federal entity to comply with Federal statutes, regulations, and the terms and conditions of Federal awards, such as: expenditure/expense transactions associated with awards including grants, cost-reimbursement contracts under the FAR, compacts with Indian Tribes, cooperative agreements, and direct appropriations; the disbursement of funds to subrecipients; the use of loan proceeds under loan and loan guarantee programs; the receipt of property; the receipt of surplus property; the receipt or use of program income; the distribution or use of food commodities; the disbursement of amounts entitling the non-Federal entity to an interest subsidy; and the period when insurance is in force. Expenditures are the payments of funds.

Administrative costs

Accounts for the costs of actually operating state agencies including the expenditure Major Accounts of employee Salaries and Benefits, Operating Expenses, Travel Expenses, and Capital Outlay. Examples of some of the more detailed objects of expenditure included within operations are postage expense, publication and printing, utilities, office and facility rent, repair and maintenance of property and equipment, legal services, information technology consulting services, insurance expense, and purchase of furniture, machinery and computer equipment.

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.

DHHS receives an audit engagement letter each year from the Nebraska Auditor of Public Accounts relating to an audit period and it is full the Government Auditing Standards from the GAO Yellow Book.

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	DHHS lacked adequate procedures to ensure LIHEAP applicants met eligibility requirements prior to issuing aid payments.	In Progress	procedure/policy changes
2	reporting	DHHS lacked adequate procedures to ensure that required FFATA reports were submitted and Household Report information reported was complete and accurate.	In Progress	procedure/policy changes

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

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

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

DHHS is the grantee administering agency. DHHS strives to comply with federal laws and regulations. The DHHS Economic Assistance Program Accuracy Team completes reviews of a sample of payments to ensure compliance with Federal and State LIHEAP regulations, policies, and procedures. This team also completes reviews of LIHEAP eligibility determinations to ensure compliance with Federal and State regulations, policies, and procedures.

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:

DHHS does not utilize a local administering agency or district office to distribute funds to eligible households.

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

DHHS does not utilize a local administering agency or district office to distribute funds to eligible households.

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

Site Visits:

NDEE conducts reviews and provides oversight of the agencies that are contracted for weatherization services.

Desk Reviews:

DHHS does not utilize a local administering agency or district office to distribute funds to eligible households.

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

Other

10.9. How many local agencies are currently on corrective action plans? 0

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

Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)

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

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

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

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

	Date	Event Description
1	08/21/2024	Public Hearing at the Nebraska State Office Building Lower Level, Meadowlark Conference Room, 301 Centennial Mall South, Lincoln, NE

11.3. How many parties commented on your plan at the hearing(s)? 1

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

An individual from one of the utility companies in Nebraska suggested Nebraska LIHEAP extend the heating season by one month to end April 30 rather than March 31.

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

None. The heating season timeframe cannot be changed for the State Plan as it is written into Title 476 of NAC (476 NAC 1-004.07).

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
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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? 14

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?

A total of 14 LIHEAP appeal decisions were made from 10/20/2023 – 8/29/2024. Five of the appeals resulted in the action of DHHS being affirmed. Nine of the appeals resulted in a dismissal. This number may change if additional appeal decisions are received between 8/30/2024 and 9/30/2024.

No policy or procedural changes have been made as a result of fair hearings, at this time.

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

Households must request an appeal in writing. DHHS utilizes form DA-6 (attached) for this. A fair hearing is held unless the situation can be alleviated prior to the hearing. Attached is the ACCESSNebraska Economic Assistance Guide for Client Appeals, which outlines the steps to the fair hearing process.

Note: Clients who are not satisfied with the determination on their application may also request an informal conference.

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing on the application forms utilized to determine LIHEAP benefits. See the attached EA-117 (paper application for economic assistance programs).

The EA-117, economic assistance recertification application (EA-RA), telephone application, and electronic application (E-app) are different types of applications utilized for multiple economic assistance programs, including LIHEAP. Each of these applications provides information regarding fair hearings that is similar to the language displayed on the attached EA-117. The EA-117 states, "If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing. Fair hearing for SNAP can be requested verbally by contacting DHHS. You may continue to receive your current level of assistance until a hearing decision is made IF (1) DHHS receives your request for a hearing within in 10 days from the mail date listed on the agency notice, and (2) for SNAP benefits only, your certification period has not expired. A fair hearing request must be made within 90 days of the action or inaction. You or your representative have the right to examine your case record. At the hearing, you may represent yourself or be represented by another person".

The notice of action that is sent to the client also contains the right to appeal information (see attached NFOCUS Notice).

In addition, Title 465 NAC also provides fair hearing information (see attached).

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
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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?

DHHS does not utilize LIHEAP funds for Assurance 16, at this time.

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

DHHS does not utilize LIHEAP funds for Assurance 16, at this time.

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

DHHS does not utilize LIHEAP funds for Assurance 16, at this time.

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

DHHS does not utilize LIHEAP funds for Assurance 16, at this time.

13.5 How many households received these services?

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

Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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.

DHHS does not plan to submit an application for the leveraging incentive program.

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

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

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

Section 15 - Training

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

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

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other, describe: New hires receive LIHEAP training

Employees are provided with policy manual

Other, describe:

Refresher training can be conducted when needed. DHHS has an information sharing website that has helpful material available for staff to review when questions arise and for training needs. The LIHEAP staff create and maintain help tools and desk aids for staff to accurately and efficiently determine eligibility for LIHEAP households. The LIHEAP staff creates and distributes policy and informational memos when needed.

b. Local Agencies:

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

How often?

Annually

Biannually

As needed

Other, describe:

On-site training

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

DHHS has some refreshers for workers to utilize. The LIHEAP staff participates in statewide meetings to provide updated policy and procedure information regarding LIHEAP throughout the program year.

c. Vendors
<input type="checkbox"/> Formal training conference
How often?
<input type="checkbox"/> Annually
<input type="checkbox"/> Biannually
<input 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: <p>The LIHEAP staff are creating a guidance document for providers. LIHEAP is using a vendor manual for the LIHEAP Performance Measures to provide information on how to submit household energy consumption data. LIHEAP staff sends emails to utility providers to provide updated information throughout the year. In addition, LIHEAP staff conduct meetings with utility providers as needed. The LIHEAP staff created a Performance Measures PowerPoint Presentation and training for partnering utility providers at the end of the prior program year. LIHEAP staff plans to provide this training again in the upcoming program year.</p>
15.2 Does your training program address fraud reporting and prevention?
<input checked="" type="radio"/> Yes <input type="radio"/> No
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 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.

DHHS started collecting client energy usage from utility providers in October 2016. Each year a data collection table is sent to all Nebraska utility providers that have an agreement with DHHS. These utility providers provide the requested energy consumption data for LIHEAP clients. DHHS issues a LIHEAP Performance Measures Handbook to vendors annually in an effort to receive accurate data and to continue to obtain increased participation. DHHS received a return rate of 99.27% for FFY 2023. In FFY 2023, DHHS began conducting additional data reviews in order to better identify data outliers. This will assist in obtaining more accurate data in the upcoming years.

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:

The application and notice address the need to provide truthful and accurate information. An overpayment guide provides guidance for DHHS staff in regards to how to make a fraud referral.

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,	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required

Tribal ID, passport, etc.)	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>
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.							
<input checked="" type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen							
<input checked="" type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.							
<input checked="" type="checkbox"/> Non-Citizens must provide documentation of immigration status							
<input checked="" type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input checked="" type="checkbox"/> Non-Citizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input checked="" type="checkbox"/> Other - Describe: Client attestation/declaration of citizenship is accepted unless the information received is questionable. Verification of immigration status is required for non-citizens. LIHEAP applies the regulations for the Supplemental Nutrition Assistance Program (Title 475 NAC) in regards to citizenship and legal residency.							
	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.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input checked="" type="checkbox"/> Other - Describe: DHHS requires self-employed individuals to provide a current tax return or ledgers that will provide income and expenses. DHHS utilizes collateral contacts directly to employers or the source of earned and unearned income to obtain verification of income. DHHS also utilizes the Work Number to verify earned income. DHHS utilizes award letters and income statements from organizations regarding unearned income.							
<input checked="" type="checkbox"/> Computer data matches:							
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input checked="" type="checkbox"/> Social Security income verified with SSA							
<input checked="" type="checkbox"/> Utilize state directory of new hires							
<input checked="" type="checkbox"/> Other - Describe: DHHS also has a data match with Child Support Enforcement. Some of the aforementioned data matches require additional verification as the information received is considered a lead only.							
b. Describe any exceptions to the above policies.							
17.5 Identification Verification							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							

<input checked="" type="checkbox"/> Verify SSNs with Social Security Administration
<input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/> Match with state Department of Labor system
<input checked="" type="checkbox"/> Match with state and/or federal corrections system
<input checked="" type="checkbox"/> Match with state child support system
<input checked="" type="checkbox"/> Verification using private software (e.g., The Work Number)
<input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input type="checkbox"/> Other - Describe:
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input checked="" type="checkbox"/> Other - Describe: DHHS utilizes a release of information, signed by the household, to obtain information for the household from outside sources.
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 type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: DHHS must verify the account name and account number through submission of the actual billing statement or verification from the utility provider. DHHS only makes payments to utility providers that have signed the provider agreement with DHHS. Nebraska performs payment reviews to ensure payments are being made to providers correctly. Nebraska reviews provider refund information from utility vendors and addresses any provider complaints from LIHEAP households.
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history

<input type="checkbox"/> Account is properly credited with benefit
<input checked="" type="checkbox"/> Other - Describe: Verification of physical residency is required if questionable. Households must submit current utility bills to verify account information or the account information must be obtained from the utility provider.
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input 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 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 DHHS currently works with utility providers to collect improper payments when possible. The provider returns funds directly to DHHS. DHHS withholds future benefits to LIHEAP households when the household has intentionally caused an inaccurate payment of LIHEAP heating, cooling, crisis, or repair and replacement assistance. DHHS imposes a sanction for intentional program violations (IPV), which would include fraud. DHHS tracks the individuals with overpayments to withhold benefits they would have normally received until the overpayment has been depleted. LIHEAP overpayments are not collected on agency-caused errors, per the Title 476 NAC. DHHS does not take action to collect on any overpayments less than \$100
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? For the first IPV, the individual is ineligible for the remainder of the program year and the next full program year. For the second IPV, the individual is ineligible for the remainder of the program year and the next three full program years. For the third IPV, the individual is permanently ineligible.
<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:

Grantee employees who commit fraud will be reprimanded. This may include termination and the possibility of prosecution.

Clients who commit fraud will be sanctioned. Overpayment and IPV requirements are in the Title 476 NAC at 1-004.01, 1-004.10, 1-004.12, 1-004.13, 2-002.03(C), 2-004.02(B), 2-004.02(C), and 3-004.02.

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.*)

301 Centennial Mall South * Address Line 1		
Address Line 2		
Address Line 3		
Lincoln * City	NE * State	68509 * 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.