

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: Executive Office Of The State Of New Hampshire

Report Name: DETAILED MODEL PLAN (LIHEAP)

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

Report Status: Submission Accepted by CO

Report Sections

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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) TNVEUXNKAF57	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:

7. APPLICANT INFORMATION

*** a. Legal Name:** Executive Office of the State of New Hampshire

*** b. Address:**

* Street 1:	21 South Fruit St Suite 10	Street 2:	
* City:	Concord	County:	Merrimack
* State:	NH	Province:	
* Country:	United States	* Zip / Postal Code:	03301

c. Organizational Unit:

Department Name: NH Department of Energy	Division Name:
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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: Leah	* Last Name: Richards
Title: Fuel Assistance Program Admin	Organizational Affiliation: Department of Energy - LIHEAP
* Telephone Number: 6032718317	Fax Number:
* Email: leah.l.richards@energy.nh.gov	

*** 8. TYPE OF APPLICANT:**

A: State Government

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

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

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

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
New Hampshire Fuel Assistance Program

11. AREAS AFFECTED BY FUNDING:
NH Statewide


12. CONGRESSIONAL DISTRICTS OF APPLICANT:
2

13. FUNDING PERIOD:

a. Start Date: 10/01/2024	b. End Date: 09/30/2025
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*** 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 Leah Richards	17c. Telephone (area code, number and extension)
	17d. Email Address leah.l.richards@energy.nh.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 08/27/2024

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

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2024	09/30/2025
<input type="checkbox"/> Cooling assistance		
<input type="checkbox"/> Summer crisis assistance		
<input checked="" type="checkbox"/> Winter crisis assistance	12/01/2024	04/30/2025
<input type="checkbox"/> Year-round crisis assistance		
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2024	09/30/2025

Provide further explanation for the dates of operation, if necessary

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	71.00%	65.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	5.00%	5.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	5.00%	5.00%
Carryover to the following federal fiscal year	5.00%	10.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	4.00%	5.00%
Used to develop and implement leveraging activities	0.00%	0.00%
TOTAL	100.00%	100.00%

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

1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:				
<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance	
<input checked="" type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify:)	
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? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.				
1.7b Amount of Nominal Assistance: \$0.00				
1.7c Frequency of Assistance				
<input type="checkbox"/>	Once Per Year			
<input type="checkbox"/>	Once every five years			
<input type="checkbox"/>	Other - Describe:			
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?				
Determination of Eligibility - Countable Income				
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?				
<input checked="" type="checkbox"/>	Gross Income			
<input type="checkbox"/>	Net Income			
<input type="checkbox"/>	Other - Describe			
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP				
<input checked="" type="checkbox"/>	Wages			
<input checked="" type="checkbox"/>	Self - Employment Income			
<input checked="" type="checkbox"/>	Contract Income			
<input type="checkbox"/>	Payments from mortgage or Sales Contracts			
<input checked="" type="checkbox"/>	Unemployment insurance			
<input checked="" type="checkbox"/>	Strike Pay			

<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits
<input type="checkbox"/>	Including MediCare deduction
<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input type="checkbox"/>	General Assistance benefits
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)

<input checked="" type="checkbox"/>	Other Ongoing cash gifts received for six months or longer are counted as income
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	
1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input 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:	
1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
1.11 Do you have a process for conducting and completing applications by phone? <input 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 type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe Fax - which is primarily utilized by caseworkers helping applicants

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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	State Median Income	60.00%

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

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

Do you require an Assets test? Yes No

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

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Renters in subsidized housing are eligible if they meet all other requirements if they are responsible for paying the heating bill directly. Renters residing in subsidized housing are not eligible if the heat is included in rent.

Renters with utilities included in the rent? Yes No

If yes, describe:

Renters with utilities included in rent have same eligibility requirements (other than subsidized rents with heat included), but benefits are reduced compared to those who pay utility bills directly.

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

Any household with someone age 60 or older is given priority as described in 2.4 below.

Individuals with a disability? Yes No

If yes, describe:

Any household with someone with a disability defined as a physical or mental impairment which substantially limits one or more major life activities is given priority as described in 2.4 below.

Young children? Yes No

If yes, describe:

Any household with someone younger than 6 years old at time of application is given priority as described in 2.4 below.

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

- Applicants who heat with wood are included in the priority categories as described in 2.4 below.
- Applicants who heat with a deliverable fuel are prioritized for intake and certification during a six week period from approx. September 1 – October 15.
- Applicants who experienced a winter heating crisis in the prior program year receive priority outreach through Assurance 16 activities during the “pre-season” period (July through October).
- Applicants who are experiencing a heating crisis during the crisis period of December 1 – April 30 are given priority as described

Explanations of policies for each "yes" checked above:

- Renters are eligible for LIHEAP and there is no separate policy if there have a direct cost for heat. Renters who pay for heat included in their rent are eligible for a reduced benefit.
- Households residing in subsidized housing are eligible if they have a direct cost for heat. Households are not eligible if heat is included in their subsidized rent.
- Any household with one or more members who meet the below criteria are eligible to apply starting in July (program opens to all in October): a household member who is age 60 or older, age 5 or young, or who has a disability defined as a physical or mental impairment which substantially limits one or more major life activities

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.

The households noted above – those with household members who are 60 or older, under 6 years of age, or disabled, as well as those households who heat with wood, are given early access to apply to the program. These households, referred to here as our “priority applicants,” can submit applications as early as July 1 each year. A targeted mailing is sent to all priority applicants who applied in the prior year. During July and August (as well as throughout the season), communications and marketing target eligible priority applicants through elderly centers, early child development centers, housing developments, and publications targeted toward these groups.

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

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

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

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

Minimum Benefit	\$94	Maximum Benefit	\$2,177
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2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?2 Yes No

If yes, describe.

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

Section 3 - COOLING ASSISTANCE

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

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

Section 3 - Cooling Assistance

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

3.1 Designate The income eligibility threshold used for the Cooling component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test? Yes No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Renters with utilities included in the rent? Yes No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

Individuals with a disability? Yes No

If yes, describe:

Young children? Yes No

If yes, describe:

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

- Income
- Family (household) size
- Home energy cost or need:
 - Fuel type
 - Climate/region
 - Individual bill

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

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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	State Median Income	60.00%

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

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

The New Hampshire Fuel Assistance Program determines that an applicant household is in crisis based upon the following situations:

- Applicant households with deliverable fuel having 1/4 tank or less oil or kerosene, 20% or less propane in their tank, or less than a week's supply of wood
- Applicant households heating with a metered utility having a disconnect notice
- Applicant households with heat included in the rent (when not subsidized) having received an eviction notice

4.3 What constitutes a life-threatening crisis?

The New Hampshire Fuel Assistance Program determines that an applicant household is in life-threatening crisis when they are without heat. This includes the following situations:

- Applicant households utilize a deliverable fuel but are out of the product (oil, kerosene, propane, wood)
- Applicant households utilize a metered utility for heat and have been disconnected
- Applicant households with heat included in the rent (when not subsidized) have been evicted/served by the court to vacate
- Applicant households have a non-functioning, unsafe, or otherwise inoperable heating system and secondary source of heat that can heat the dwelling adequately

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 type="checkbox"/>

4.7 Check the appropriate boxes below to indicate type(s) of assistance provided
0

Do you require an Assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In Order to receive crisis assistance:

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

Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input checked="" 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):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have additional/differing eligibility policies for:			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<p>Households (other than those with heat included in rent) are considered in crisis if they have a shut-off notice or near empty tank OR if they have non-working heating equipment. They do not need both to be considered a crisis.</p> <p>Renters living in subsidized housing who have heat included in rent are not eligible for the NH Fuel Assistance Program.</p>			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<input type="checkbox"/>	Separate component		
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe:		
4.9 If you have a separate component, how do you determine crisis assistance benefits?			
<input type="checkbox"/>	Amount to resolve the crisis. \$0		
<input type="checkbox"/>	Other - Describe:		
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>The five NH Community Action Agencies (CAA) cover all counties in the state. Each CAA has at least one office within each county they serve that is open fulltime and year-round. Some agencies have multiple offices in the counties they serve while others have space within other organizations. All CAAs perform outreach to accept applications at satellite locations or community events.</p>			
4.11 Do you provide individuals who are individuals with a disability the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?			
Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.			
Winter Crisis	\$2,177.00	maximum benefit	
Summer Crisis	\$0.00	maximum benefit	
Year-round Crisis	\$0.00	maximum benefit	
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?			
<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"/>

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.

Winter Disconnection Rules (Administered by the NH Department of Energy)

From November 15 through March 31, there is increased protection for customers of regulated electric and natural gas utilities. While customers can still be disconnected if they fail to make payments on their gas or electric bills, it is more difficult to be disconnected during the winter period.

En 1204.03 Protection from Disconnection.

(a) An arrearage resulting from non-payment of bills for service rendered during the winter and non-winter period shall exceed the following amounts before a notice of disconnection for a primary residence can be sent:

- (1) For gas non-heating customers, \$125;
- (2) For electric non-heating customers, \$225; and
- (3) For electric and gas heating customers, \$450.

(b) Notwithstanding (a) above, during the winter period utilities shall seek department approval before disconnecting the service of residential customers known to be 65 years or older.

(c) No residential customer shall be disconnected during the winter period for non-payment of a deposit or portion of deposit.

In addition, there are also additional protections, including altered payment arrangements, during the winter with a known financial hardship,* including LIHEAP households.

*Definition of financial hardship per NH DOE: Section En 1202.10 "Financial hardship" means a residential customer has provided the utility with evidence of current enrollment of the customer or the customer's household in the Low Income Home Energy Assistance Program, the Electric Assistance Program, the Neighbor Helping Neighbor Program, the Link-Up and Lifeline Telephone Assistance Programs, their successor programs or any other federal, state or local government program or government funded program of any social service agency which provides financial assistance or subsidy assistance for low income households based upon a written determination of household financial eligibility.

Full winter disconnection rules can be provided at request.

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

If yes, describe

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

Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 5 - Weatherization Assistance

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

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

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

WEATHERIZATION - Types of Rules

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

Other - Describe:

Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.):

Income Threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.

Other - Describe:

- LIHEAP Weatherization funds are used primarily for repair, modification, or replacement of heating system equipment, which can include domestic hot water and space condition systems. Any component of the household's main heating system that is required for functioning can be repaired/replaced, including but not limited to boilers, furnaces, oil tanks, wood stoves, chimney/chimney liners, and distribution system.
- While DOE WAP rules require a 15-year 'look back' period to pass before further work, a household in need of a heating system repair/ replacement could be revisited for heating system assessment and possible repair or replacement before 15 years had passed with a waiver.
- While full whole house weatherization is preferable, households may be provided with heating system repair or replacement without providing a full weatherization of the entire dwelling.
- A professional Energy Auditor or person with NH DOE-approved qualifications is qualified to perform a final inspection for heating repair/ replacement; QCI certification is not required.

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? Priority is also given to those with non-functioning heating equipment	<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>5.7 – Rental unit dwellings are not eligible for the LIHEAP Weatherization funds without the use of a waiver. Rental unit dwellings of less than four units meeting WAP eligibility requirements may use LIHEAP Weatherization funds.</p> <p>5.8 – The NH Weatherization Assistance Program, including the work done with LIHEAP Weatherization funds, utilizes a scorecard system to prioritize households for assistance. Priority is given to households with high energy usage, a household member who is elderly (60+), disabled, or has a child present (a child is defined as someone 19 years old or younger). Priority is also given to those with non-functioning heating equipment during the timeframe of October 1 – March 31 when we declare no-heat crisis situations.</p>	
Benefit Levels	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.9a If yes, what is the maximum? \$20,000	
5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10a If so, what is the ACPU amount? \$0	
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 type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input 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 type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Carbon monoxide and/or smoke alarms
<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

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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):
 - As a state, we partner with our state Electric Assistance Program to use a marketing firm to target streaming ads on radio, internet, and television platforms.
 - The CAA subgrantees utilize many avenues, including those above as well as partnerships with local organizations, schools, veteran organizations, and community fairs.
 - Several of the subgrantees operate food pantries and use this as an outreach opportunity, placing info in food pantry bags or using a visit for food pantry use to offer LIHEAP 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 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) Electric Assistance Program and Weatherization Assistance Program
<input checked="" type="checkbox"/>	Intake referrals to/from other programs (indicate programs included) Electric Assistance Program, Senior Energy Assistance Services, Neighbor Helping Neighbor, Weatherization Assistance Program
<input checked="" type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

In NH, we have a joint application for LIHEAP, WAP, and also our state Electric Assistance Program. This allows eligibility to be determined for all three programs at one time, making it easier for households to apply. Our CAA subgrantees also offer many other services that households can be referred to, including food pantries, WIC or Head Start offices, Senior Centers or other elder services, and more. Some CAAs have a 'one-stop intake' model.

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

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 8 - Agency Designation**

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

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

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

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

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

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

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

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

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

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

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

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

8.6 What is your process for selecting local administering agencies?

The selection is based on the historical performance of the Community Action Agencies (CAAs). They have local outreach and client service capabilities, an infrastructure already in place to deliver the Fuel Assistance Program alongside WAP and other low-income household services, and many synergies that benefit the Fuel Assistance Program as a result of the five statewide CAAs' implementation of other federal, state, and local assistance programs.

8.7 How many local administering agencies do you use? 5

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

- Yes
 No

8.9 If so, why?

Agency was in noncompliance with Grant recipient requirements for LIHEAP -

Agency is under criminal investigation

Added agency

Agency closed

Other - describe

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

8.10a If yes, please explain.

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

8.10c If yes, please explain.

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

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

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

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

If yes, Describe.

The exceptions made are limited, but there are instances where payment is made directly to the applicant household. Written approval from the grantee (NH Department of Energy) is required in these instances. Situations where this direct payment is made include:

- Eligible LIHEAP applicant has heat included in rent, but the landlord declines to participate in the program
- Eligible LIHEAP applicant shares a fuel tank with other units/households and does not have dedicated account for this reason.
- Eligible LIHEAP applicant who purchases a product from a vendor who does not participate in the program. This happens most with our households that heat with wood or wood product (pellets, for example), especially when there are limited vendors in the local area.

There may be other exceptions considered with a waiver that would require the approval of the NH Department of Energy.

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

Written notification of eligibility or denial must be sent to the applicant within thirty (30) days of certification. When a household is determined eligible for a benefit, the award letter is mailed to the applicant that informs the of the benefit they were eligible for as well as which vendor will receive the payment.

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?

All participating vendors agree to the following language by signing the vendor agreement: "The 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 of New Hampshire or its sub-grantee." The vendor agreement is signed by both the vendor and the sub-grantee. The amount of the FAP payment and any remaining balance on the account is listed on the customer's monthly billing statement.

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?

All participating vendors agree to the following language by signing the vendor agreement: "The Supplier shall not advertise in a manner that implies that LIHEAP assistance is available only through the Supplier, or that LIHEAP applications are taken by the Supplier, or in any other way that misleads the public about LIHEAP. The Supplier will assure that no households will be treated adversely because of such assistance under applicable provisions of New Hampshire law or any other regulatory requirements (U.S.C. 8624 (b)(7)(C)). The Supplier will not discriminate in either the cost of goods or services provided against any Fuel Assistance Program household on whose behalf the State of New Hampshire or its agents make payments. The Supplier also agrees to respect the confidentiality of those households participating in the Fuel Assistance Program."

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.

By signing the vendor agreement, unregulated vendors agree to provide home energy to eligible households after receiving a letter from the CAA giving direct authorization of benefits.

They also agree to provide home energy on an immediate basis after receiving direct authorization of the benefit by email or telephone from the CAA. All special delivery and/or reconnection charges must be pre-approved by the CAA and only after the applicant or authorized household member has requested and acknowledges the charges associated with special delivery or reconnection charges.

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?

In order to ensure proper fiscal account and tracking for our LIHEAP funds, the NH Department of Energy staff work closely with the five CAA subgrantees to ensure accurate and regular tracking and reporting. NH DOE staff track grant awards and provide funding to the CAAs through a contract process. Once funds are authorized to spend, the CAAs submit reimbursements with fiscal reports and backup documentation weekly for program benefits paid or monthly for other expenditures. Multiple layers of review are required at the CAAs and NH DOE.

A statewide software system designed specifically for the Fuel Assistance Program helps the NH DOE and each CAA generate reports that are then reviewed and checked against the CAA cash disbursement record. All program benefits paid are tracked in the state LIHEAP software while other expenditures are tracked in the CAA fiscal software. Vendor payments, including any refunds, are performed and tracked by the CAAs, with funds being returned after a contract expires requiring NH DOE approval before receipt.

A risk assessment and fiscal monitoring at least once annually provides an in depth analysis of each CAA's fiscal operations and ends with a written report. This fiscal monitoring includes a review of the agency's internal controls, financial policies and procedures, cash receipts, compliance with the OMB Uniform Guidance, contract compliance, cost allocations, purchasing, and budgeting. A sampling of expenditures is verified from the general ledger to the reimbursement request. A separate annual program monitoring includes a testing of accuracy of benefits awarded, verification of vendor agreement compliance, and a second review of benefit expenditures.

The five CAAs are required to submit their Single Audit reports annually as well as a copy of their fiscal policies and procedures manual. The NH DOE also has a Single Audit conducted annually.

10.1a Provide your definitions of the following:

Obligation

Funds that have been committed to be spent, typically through an executed contract

Expenditures

Funds spent on purchases for goods or services

Expenditure timeframe

When expenditures were actually spent

Administrative costs

Costs associated with running the program

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.

The State of New Hampshire Department of Administrative Services does a competitive Request for Proposals for independent audit service

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	financial	Cash Management - Finding 2023-014 NH DOE was found to not draw funds in a timely manner.	Yes	staffing/management changes
2	monitoring	Subrecipient Monitoring - Finding 2023-015 NH DOE was found to not	Yes	procedure/policy changes

		provide monitoring reports in a timely manner.		
3	reporting	Reporting - Finding 2023-016 NH DOE was found to not complete required reports in a timely, complete manner.	Yes	staffing/management changes

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

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

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

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:

In addition to NH DOE performing the above monitoring procedures, The NH Office of Legislative Budget Assistant (LBA) does spot reviews of the CAA programs, including LIHEAP.

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

The New Hampshire Department of Energy utilizes a risk assessment tool for each of our five local agencies. Most agencies fall into the middle on the assessment key which requires annual monitoring, though if an agency scored particularly low risk they could be monitored on a biannual basis. Two monitoring teams from the NH DOE provide two distinct monitoring occurrences: a program monitoring (site, applications, outreach, use of software, and other programmatic components) and a fiscal monitoring (reviewing expenditures, spend down, fiscal and agency policies, and other business components). At least one of these is an onsite visit and additional monitoring will be completed as deemed necessary.

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

Site Visits:

All five agencies have an annual site visit at one of their locations. The Risk Assessment score could dictate more than one annual visit.

Desk Reviews:

All five agencies have desk reviews throughout the program year for compliance with application and certification timelines.

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

Annually

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

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

- The NH Department of Energy holds monthly meetings with the CAA subgrantees, with 1-3 members of each CAA in attendance. These meetings are held both virtually and in person and all policy and procedure changes, including changes to the Model Plan, are discussed here. This year, we also held two 'spring summit' meetings – one virtual and one in person – to solicit feedback from our CAA subgrantees on program/model plan changes.
- In addition, meetings were held to discuss program changes with internal Department of Energy partners, including the Weatherization Assistance Program staff, as well as external stakeholders, including the Electric Assistance Program Advisory Board and New Hampshire Legal Assistance.
- An online survey was sent this summer to our 300+ vendor partners to solicit feedback on program changes.
- Several applicants who had specific concerns with the program during the prior program year were invited to attend the hearing or provide comments via email/phone call.

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

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

	Date	Event Description
1	07/17/2024	This is the date we shared the public hearing with stakeholders (CAAs, elected officials, and many other interested parties around the state).
2	07/19/2024	This is the date we posted the draft plan online for public review and comment.
3	07/25/2024	This is the date we posted the public notice in the print and online newspaper.
4	08/08/2024	This is the date the in-person Public Hearing was held.

11.3. How many parties commented on your plan at the hearing(s)? 5

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

- There was a question and several comments regarding outreach. The inquiry was regarding the expectations and philosophy of outreach from the state Department of Energy, followed by comments about various methods and targeted vs broad based outreach.
- There were comments regarding a large vendor that had not signed on to participate yet in the upcoming program year.
- There was a concern expressed about changes that would lead to a slight increase in direct payment to households. The concern was the lack of control over how funds are spent. Another organization inquired about the volume of direct payments made, which is has been small and is expected to remain small.
- There was a question about how funding is allocated across the state.
- There was a comment about income documentation.

- There was a question about how much fraud has been discovered in the program.

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

- There were several changes to Section 5: Weatherization Assistance made as a result of soliciting input from the NH Weatherization Assistance Program staff.
- There was a change to our outreach made as a result of conversations with our CAAs and also the state's Electric Assistance Program director.
- Information was added to Section 14: Leveraging Programs based on written comments provided by one of the CAAs.
- There were several policies altered for the new LIHEAP program year due to public engagement and comment throughout the prior year. One example of this is a change to eligibility based on household type (non-official rooming houses or divided residences), allowing more to benefit from the program.
- There were also changes made to the policies related to qualified non-citizens based on conversations and solicitation of input from staff at the New Hampshire Legal Assistance.

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

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

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

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

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

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

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

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

While there were zero fair hearings, there were two requests for a fair hearing, but both were resolved via a waiver approval that reversed the initial decision of the CAA before a hearing was needed. These two requests were related to denials based on shared housing and this resulted in a policy change for the new program year.

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

All FAP applicants/clients who have been denied, who question the Fuel Assistance Program (FAP) benefits provided, and/or question the processing of their application are entitled to appeal the decision, which may include a Fair Administrative Hearing. All FAP applicants will be provided information regarding the appeal process and the FAP Fair Administrative Hearing Procedures. The CAA must provide written notification of either benefits or the benefit determination to all FAP applicants/clients.

The written notification to FAP applicants who are denied benefits must include the following:

- A brief statement of the reason(s) for denial of benefits
- A brief explanation of the appeal process
- The applicant's right to a Fair Administrative Hearing
- A brief explanation of the FAP Fair Administrative Hearing process

An applicant/client is entitled to appeal the FAP benefit determination for any of the following reasons:

- The application has been denied
- The application was neither denied nor approved within sixty (60) days of the application date
- The benefit amount is less than what the applicant/client believes it should be
- The benefit amount or the duration of the benefit is less than what the written CAA notification originally identified

A FAP applicant may appeal the determination of benefits by contacting the CAA FAP Director and requesting a review of his or her application within thirty (30) days of receiving the determination letter. The CAA FAP Director must meet with the applicant/client either over the phone or in-person within thirty (30) days of the applicant's request for an appeal.

During the meeting between the applicant and the CAA FAP Director, the applicant will have an opportunity to express his or her concerns. The CAA FAP Director will have an opportunity to review and attempt to resolve the dispute. The CAA is responsible for documenting the results of the meeting. The documentation must contain information relative to the eligibility requirements or benefit determination.

If the client is not satisfied with the results of the meeting with the CAA FAP Director, he or she must be referred to the NH DOE FAP Administrator for an additional review of the application. The NH DOE FAP Administrator must meet with the applicant either over the phone or in-person within thirty (30) days of the applicant's request for an additional review of the application.

If the applicant is not satisfied with the determination of FAP benefits after discussing the issue with the CAA FAP Director and the NH DOE FAP Administrator, the applicant may request a Fair Administrative Hearing.

An applicant must request a Fair Administrative Hearing with NH DOE within thirty (30) business days of the exchange with the NH DOE FAP Administrator.

The NH DOE Fair Administrative Hearings will meet the following standards:

- All hearings shall be held in a location reasonably convenient to the applicant.
- The hearing officer shall be a NH DOE employee who was not involved in rendering the challenged action or decision.
- The NH DOE hearing officer shall review the applicant CAA file prior to the hearing.
- The CAA file shall include at least the following:
 - a) Application in question
 - b) supporting household and income documentation
 - c) copy of written notification to the applicant of denial or any other contested decision
 - d) notes and/or documentation containing information relied upon by the CAA in making the decision to deny benefits or to take the course of action
- The hearing will be recorded by NH DOE, and the decision will be based upon the record and any evidence and information introduced from the FAP file.

The applicant is entitled to:

- Review CAA documents prior to the hearing. NH DOE will ensure that the applicant is provided with this option in a timely manner.
- A copy of the current FAP Policy and Procedures Manual. The NH DOE will provide the copy of the manual if it is requested by the applicant.
- Bring a representative to accompany him/her to the hearing; however, NH DOE is not required to provide or to pay for such a representative.
- Present oral testimony, a written statement, and/or other relevant evidence.
- Present witnesses.
- Cross-examine witnesses.
- Request an interpreter to be provided and funded by NH DOE.

The NH DOE will adhere to the following requirements:

- The applicant has thirty (30) days from the applicant's meeting with the NH DOE FAP Administrator to request a hearing in writing.
- The NH DOE will conduct a hearing within twenty (20) business days of receipt of the written request.
- The NH DOE will make a written decision within ten (10) business days of the hearing. The written decision will contain a statement of reasons for the decision and will refer to the evidence relied upon regarding the decision.
- Strict rules of evidence will not apply to the conduct of the hearing.
- All written correspondence from NH DOE to the applicant shall be sent via the U.S. Postal Service with a return receipt requested.

If the applicant has requested a Fair Administrative Hearing, the CAA will hold funds equal to the benefit in question in reserve, pending the outcome of the Fair Administrative Hearing.

12.5 When and how are applicants informed of these rights?

The full Appeal and Fair Administrative Hearing procedures are:

- Mailed to all denied applicants with the denial letter
- Posted in all intake offices in both the general waiting area and individual intake workstations
- Included in the New Hampshire Fuel Assistance Policy and Procedures Manual that is posted on the grantee's website.

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

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

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

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

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

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

The NH Fuel Assistance Program allocates up to 4% of the total grant award to Assurance 16 activities to provide early outreach and self-sufficiency education to all households with fast-tracked crisis applications within the prior program year. The goal is to encourage applicants to apply for benefits in a timely manner in the new program year to avoid life-threatening situations and special delivery charges, which deplete the household's benefit. Households receive information on timeframes for applying, the application process, managing resources, communication with vendors, and referrals to other resources. All five CAAs participate in these Assurance 16 activities, with some having a case manager position performing the work.

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

After the LIHEAP Grant Award is received, NH DOE calculates the maximum 10% Administrative and maximum 5% Assurance 16 funding the maximum for each category has been calculated, NH DOE contracts the funds to the five CAA with the contracts providing the specific maximum Assurance 16 activities. NH DOE uses an internal tracking and reporting system and reviews individual CAA Assurance 16 expenditures and activity remaining balances are reviewed on a monthly basis to ensure that payments do not exceed the approved Assurance 16 funding level for allowable

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

The most immediate impact of the interactions, outreach, and in some instances case management is a change in behavior for most households experiencing an energy emergency from one year to the next. The impact is also hopefully that the information provided will lead to behavior changes that not only minimize crisis situations but also can reduce dependency and increase self-sufficiency long term. Some data below from the prior program year will illustrate this.

In PY23, NH had 1,701 households present as an energy emergency, meaning they had a crisis or life-threatening crisis in the winter. The vast majority of these had utility or deliverable fuel heat (95%), but 5% were facing an eviction with included in rent. 100% of the households were contacted and offered application assistance, budget or energy conservation counseling, and/or help with vendor relations or other referrals.

Below are some outcome data from the work during the PY24 year as reported by the five CAAs:

- Two-thirds of the households (65%) were reenrolled in FAP again in PY24
- More than 1/3 of the households (39%) achieved greater self-sufficiency in PY24 and required a lower benefit
- Only 13% of the households were a repeat emergency in PY24

Overall, the number of emergencies year-over-year from PY23 to PY24 dropped significantly, with only 785 households in a crisis situation in PY24.

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

N/A

13.5 How many households received these services? 1,701

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

Section 14 - Leveraging Incentive Program ,2607A

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

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

Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

The CAAs are responsible for compiling and submitting documentation of any leveraged resources. Guidelines for retention of records is in contract language. Program and financial records pertaining to this contract shall be retained by the agency for 3 (three) years from the date of sub final expenditure report or until all audit findings have been resolved.

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	Neighbor Helping Neighbor (NHN) - Assistance with payment to prevent utility disconnections	Donations contributed by customers from three utilities Liberty, Eversource, and Unitil	Benefits are available to households who approach the CAA in a crisis situation with an active disconnection notice from one of the participating utilities and are not eligible for LIHEAP payment at that time (due to eligibility or funding timelines). CAAs complete application and one CAA has responsibility for eligibility determination.
2	NH Electric Cooperative Project Care - Assistance with payment on utility arrearages/ disconnections	Donations contributed by members of the New Hampshire Electric Co-op	Benefits are available to households who approach the CAA in crisis with an active disconnection notice from the NH Electric Co-op. CAA staff review LIHEAP eligibility and send referrals to this program, which is a condition of this program.
3	New Hampshire Electric Assistance Program - A tiered discount program for low-income households receiving electric service from one of the four major utilities in the state. LIHEAP shares an application with this state program.	This program, approved by the NH Public Utilities Commission, is funded through the system benefits charge of \$0.0015 per kWh on customer bills	The Electric Assistance Program is a 12-month (24-month for seniors with fixed income) discount program that results in a lower, more affordable electric bill and decreases the likelihood of an interruption in the electric service necessary for the operation of the heating system.
4	Vendor discounts - Heating product (fuel) provided at a discounted price to LIHEAP households	Fuel vendors	In the vendor agreement, supplies agree to this: If the Supplier uses a variable pricing structure with a discount rate for prompt payment, the maximum rate charged for products/services paid for with FAP funds must be the discounted rate.
5	Utility rate-payer funded weatherization services - A funding source that is braided with federal Weatherization funding from LIHEAP and the US DOE Weatherization Assistance Program	Eversource, Liberty Utilities, NH Electric Co-Op, and Unitil the four major NH utilities fund this program through the system benefit charge and the Local Distribution Adjustment Charge (LDAC)	A parallel process to the LIHEAP application process, this program is administered by the LIHEAP/Weatherization staff as part of their regular operations. State Department of Energy and CAAs participate in the development and implementation of this program.
6	NH Gas Assistance Program - A discount program for low-income households that utilize natural gas heat	This program, approved by the NH Public Utilities Commission, is funded through utility rates	LIHEAP households enrolled with natural gas as their primary heating source are eligible for and auto enrolled in the Gas Assistance Program, which provides a 45% discount on natural gas bills between November 1 and April 30. Enrollment and application of the discount is retroactive to Nov 1 regardless of when the LIHEAP benefit is awarded.

7	Senior Energy Assistance Services (SEAS) - Energy assistance program for elderly households ineligible for LIHEAP	NH DOE has an MOU with the NH DHHS to administer this program, with funding provided by the Bureau of Elderly and Adult Services	The SEAS program provides funds paid to energy providers to assist households with elderly members who do not qualify for LIHEAP.
8	Private Donations - Funding for heating crisis for those ineligible for LIHEAP or who need crisis assistance beyond their benefit	The CAAs that administer LIHEAP work with community non-profits, faith-based groups, businesses, and individuals to seek donations.	The CAAs utilize these funds to assist with filling unmet needs for crisis heating.
<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 15 - Training

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

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

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

The NH LIHEAP Administrator works closely with relevant Department of Energy staff, including fiscal, grants compliance, legal, and program and policy staff. Fiscal and compliance staff participate in federal trainings with LIHEAP program staff and meet together formally at least monthly.

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:

Training is offered through monthly meetings with NH DOE and local CAAs. More specific trainings and training materials are offered as requested, including virtual or on site trainings. NH DOE is available for training and technical assistance. NH utilizes emails and Information Memoranda for any training/information between meetings.

c. Vendors

Formal training conference

How often?

Annually

Biannually

<input type="checkbox"/>	As needed
<input type="checkbox"/>	Other, describe:
<input checked="" type="checkbox"/>	Policies communicated through vendor agreements
<input type="checkbox"/>	Policies are outlined in a vendor manual
<input checked="" type="checkbox"/>	Other, describe: There is an annual training (offered both in person and virtually this program year) as well as an FAQ sheet re: program changes. Formal communications are sent from NH DOE to vendors at least twice a year (opening and closing). Meetings are held at the vendor request for training or discussion.
15.2 Does your training program address fraud reporting and prevention?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	

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

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

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

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

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

NH has engaged with APPRISE to provide technical assistance and training with the PY2023 and PY2024 Performance Goals and Measures. NH has implemented the required LIHEAP Performance Measures data collection into our application and intake process and all required data elements will be reported by the annual deadline.

Energy Burden Reduction and Benefit Targeting

The following information is collected for each application, entered into the software, and available for reporting purposes:

- Household Income
- Main fuel type and vendor account number
- Electric utility and electric account number

The applications release and conditions and vendor agreements include the ability for the Department of Energy to collect required energy usage data to calculate the energy burdens to determine, utilizing the benefit and income data stored in the software, the performance of benefit targeting and energy burden reduction for highest burden and lowest income households.

Restoration of Home Energy and Prevention of Loss of Home Energy

Through information shared on the application as well as direct applicant contact via phone, email or in person visits, the CAA subgrantees are able to track reported instances where households have a "no heat" or "low heat" crisis situation as described in Section Four. The state software tracks when this is reported (with one exception – see * below) and when the household is enrolled in program and has a benefit awarded to resolve the crisis. This data can then be utilized to document both an unduplicated count and a number of instances where home energy was restored or loss was prevented due to LIHEAP.

*If the home energy loss (or imminent risk of loss) is due to heating equipment failure, this is tracked manually by our CAAs utilizing spreadsheets that are compiled and shared monthly. It is tracked against LIHEAP bill pay/crisis payments to provide unduplicated information when needed. We are in the process of procuring new software that will enable all tracking for LIHEAP funded services, but this manual workaround has been effective.

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

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grant recipient office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:

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

- Printed outreach materials
- Posted in local administering agencies offices.
- Addressed on LIHEAP application
- Website
- Other - Describe:

17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in Household	All Household Members
Social Security Card is photocopied and retained	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input checked="" type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested

17.3. Citizenship/Legal Residency Verification

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

benefits? Select all that apply.

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

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

Non-Citizens must provide documentation of immigration status

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

Non-Citizens are verified through the SAVE system

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

Other - Describe:

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

17.4. Income Verification

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

Require documentation of income for all adult household members

Pay stubs

Social Security award letters

Bank statements

Tax statements

Zero-income statements

Unemployment Insurance letters

Other - Describe:

- Bank statements may be utilized for verification

Computer data matches:

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

Proof of unemployment benefits verified with state Department of Labor

Social Security income verified with SSA

Utilize state directory of new hires

Other - Describe:

Proof of unemployment benefits verified with NH Employment Securities

b. Describe any exceptions to the above policies.

17.5 Identification Verification

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

Verify SSNs with Social Security Administration

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

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

Match with state Department of Labor system

Match with state and/or federal corrections system

Match with state child support system

Verification using private software (e.g., The Work Number)

In-person certification by staff (for tribal Grant recipients only)

Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)

<input checked="" type="checkbox"/> Other - Describe:
All applicants and household members are required to provide a government issued document with full name and social security number to verify identity. This is most often a Social Security Card but can also be federal tax returns or other acceptable documentation. No household member who is one year or older can be included on the LIHEAP application without this SSN or qualified noncitizen documentation verification.
Subgrantee staff verify through certification process. New Hampshire will be exploring other possible methods of information sharing for identification verification purposes as new software is implemented.
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input type="checkbox"/> Employees must sign confidentiality agreement
<input type="checkbox"/> Grant recipient employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input type="checkbox"/> Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input checked="" type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above:
In addition to a vendor agreement, the New Hampshire Fuel Assistance Program requires all fuel and utility vendors to register with the state and have a State of New Hampshire Certificate of Good Standing. Property management/landlords must provide the IRS W-9 form in order to receive a fuel assistance benefit payment.
In the situation where a vendor has not registered with the state and the CAA confirms they have had no issues with the vendor based on past experience, the CAA may submit a waiver to request to utilize the vendor in the program.
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments

<input checked="" type="checkbox"/>	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 type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: NH has only four main electric utilities and two main natural gas utilities. The larger utilities have portals for the CAAs to access billing and account information. The utilities that do not have a portal have a dedicated phone and/or email for CAA staff to verify the account, obtain billing/account information, or commit to benefit amounts.
17.9. Benefits Policy - Bulk Fuel Vendors	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General
<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process When it has been determined that a benefit was received due to error or fraud, the CAA sends a letter requesting repayment of the benefit. Any future benefits are suspended or terminated dependent upon the outcome.
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? One year
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/>	Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.	

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 S Fruit St * Address Line 1		
Address Line 2		
Address Line 3		
Concord * City	NH * State	03301 * 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.