

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: NEW YORK STATE OFFICE OF TEMPORARY & DISABILITY ASSISTANCE

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

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


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

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Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY			
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received:	State Use Only:
		3. Applicant Identifier:	
		4a. Unique Entity Identifier (UEI) F52HV648QBH6	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
7. APPLICANT INFORMATION			
* a. Legal Name: New York State Office of Temporary & Disability Assistance			
* b. Address:			
* Street 1:	40 NORTH PEARL STREET	Street 2:	
* City:	ALBANY	County:	ALBANY
* State:	NY	Province:	
* Country:	United States	* Zip / Postal Code:	12243 - 001
* c. Organizational Unit:			
Department Name: Office of Temporary and Disability Assistance		Division Name: Employment and Income Support Programs	
* 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: Emily		* Last Name: Urban	
Title: HEAP Bureau Chief		Organizational Affiliation:	
* Telephone Number: 518-473-0332		Fax Number: 518-474-0985	
* Email: Keri.Stark@otda.ny.gov			
* 8. TYPE OF APPLICANT: A: State Government			
* a. Is the applicant a Tribal Consortium: <input type="radio"/> Yes <input checked="" type="radio"/> No			
* b. If yes please attach at least one the following documentation:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program	
10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Low-Income Home Energy Assistance			
11. AREAS AFFECTED BY FUNDING: Statewide			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: NY-20th			
13. FUNDING PERIOD:			
a. Start Date: 10/01/2024		b. End Date: 09/30/2025	
* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under Executive Order 12372			

Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Barbara Guinn	17c. Telephone (area code, number and extension)
	17d. Email Address barbaraC.Guinn@otda.ny.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 09/06/2024

Section 1 - Program Components

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

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

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

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	11/01/2024	03/17/2025
<input checked="" type="checkbox"/> Cooling assistance	04/15/2025	08/29/2025
<input type="checkbox"/> Summer crisis assistance		
<input checked="" type="checkbox"/> Winter crisis assistance	01/02/2025	03/17/2025
<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

Regular benefits under Heating Assistance component will operate from 11/1/2024 through 3/17/2025 or until funding allocated to this benefit is exhausted, whichever comes first. Benefits under the Regular component may be extended beyond the proposed 3/17/2025 closing date if New York State receives additional funding. This Plan is based on an assumption of flat Federal funding.

NYS will offer a 1st Emergency benefit and a 2nd Emergency benefit under Winter Crisis Assistance, which will both operate from 1/2/2025 through 3/17/2025.

New York State will operate a Heating Equipment Repair and Replacement component under Crisis Assistance from 10/01/2024 through 9/30/2025, or until funding allocated to this benefit is exhausted, whichever comes first.

New York State will operate a Clean and Tune benefit under the Heating Assistance component and will operate from 10/01/2024 through 09/30/2025, or until funding allocated to this benefit is exhausted, whichever comes first.

New York State will operate a Cooling Assistance Component (CAC) from 4/15/2025 through 8/29/2025, or until funding allocated to this benefit is exhausted, whichever comes first.

Weatherization assistance in New York State is administered by the New York State Homes and Community Renewal (HCR) and the New York State Energy Research and Development Authority (NYSERDA).

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	51.00%	48.00%
Cooling assistance	4.00%	4.00%

Summer crisis assistance	0.00%	23.00%
Winter crisis assistance	20.00%	23.00%
Year-round crisis assistance	0.00%	0.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
TOTAL	100.00%	100.00%

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

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

<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input 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? Yes No

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

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

1.4a. - Provide your definition of categorical eligibility.

With the exception of HERR applications, any household that contains a member in active receipt of ongoing Supplemental Nutritional Assistance Program (SNAP), Federally Funded Temporary Assistance (TA), or Code A Supplemental Security Income (SSI) (state and federal living arrangement code of "A") is considered Categorically Income Eligible (CE) for HEAP. Not All household members need to be in receipt of Federally Funded TA, SNAP, or Code A SSI. If one household member is in receipt of one of these programs, the entire household is considered categorically income eligible.

For a HERR household to be categorically income eligible, the homeowner must be the household member in receipt of SNAP, Federally Funded TA, or Code A SSI.

There is no outside data exchange in place. TA and SNAP are determined through OTDA's system of record, the Welfare Management System (WMS), and Code A SSI is declared by the applicant and verified by the social service district (district). Categorical Eligibility streamlines the application process by allowing households in receipt of TA, SNAP, and Code A SSI to apply for HEAP without providing additional income documentation. A household that has a member that is CE can have their HEAP benefit issued automatically through the HEAP Mass Authorization (Autopay) process without submitting a separate HEAP Application (LDSS-3421).

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

If Yes, explain:

Federally Funded Temporary Assistance (TA), and Supplemental Nutrition Assistance Program (SNAP) recipient households who are in receipt of ongoing benefits are considered categorically income eligible, but these recipients must also meet all other eligibility criteria in order to be eligible for a Regular HEAP benefit. These recipients consent to have their eligibility determined through the HEAP Autopay process when they complete and submit a NYS Application for Certain Benefits and Services (LDSS-2921), Recertification Application for Certain Benefits and Services for TA or SNAP (LDSS-3174), or Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (LDSS-4826). The consent language is found in the consent section of each application. TA, and SNAP recipient households who are categorically income eligible or have income at or below the maximum allowable for HEAP based on household size, meet all other eligibility criteria, and are in receipt of ongoing benefits at the time the Autopay is run are not required to complete a separate HEAP Application (LDSS-3421). OTDA uses the TA, and SNAP recipient household eligibility information and budget found in WMS at the time of the Autopay run to determine the household's income eligibility for HEAP, as well as other eligibility criteria. If all HEAP eligibility factors, including vendor information, can be collected from WMS, a Regular eligibility determination is made and a payment amount is electronically issued, as appropriate, to either the vendor or to the recipient through their Electronic Benefits Transfer (EBT) card. Households approved for a Regular benefit via the Autopay process receive a notice of approval containing the eligibility factors used to determine their eligibility, the amount of the benefit and their fair hearing rights. Regular heat-included benefits may be paid directly to a recipient's domestic electric utility account or directly to the household through their EBT card if the household does not pay a utility directly for domestic electric. Heat-included households are households that do not make payments directly to a vendor for their primary heating but make undesignated payments for heat as a portion of their rent and are in an eligible living arrangement. All Regular heater HEAP benefits through the Autopay must be paid directly to a vendor. If required HEAP eligibility factors beyond income eligibility cannot be retrieved from WMS, the case appears on an exception report for districts to review. If missing information can be obtained by 12/31/2024, a Regular benefit may be approved by the eligibility examiner.

To enhance participation and benefits for households enrolled in SNAP after the Heating Assistance component closes, NYS will obligate FFY 2025 funds to the FFY 2026 program and continue issuing nominal assistance benefits to SNAP households that make undesignated payments for heat as a portion of their rent and have not already been approved for HEAP during the FFY 2025 program year. The balance of the benefits, if warranted, will be issued as part of the FFY 2026 Autopay process.

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?

Eligibility criteria for each program component are applied uniformly to all applicant households.

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$21.00

1.7c Frequency of Assistance

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

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

OTDA and districts confirm that a household that receives a nominal HEAP payment has an energy cost or need based on information contained in the case record and in WMS.

Clients must provide documentation of direct or indirect responsibility of incurred energy costs. A direct energy burden must be documented through vendor fuel bill or fuel bill receipt, a statement from the vendor or collateral contact with the vendor specifying who pays the bill and to whom the bill is paid. Households that pay energy costs indirectly, in the form of rent, must document their energy cost in the form of a landlord statement or a signed lease agreement between the applicant and the landlord.

NYS HEAP Manual Chapter 8, Section F (Rev.07/21)

3. Applicants in the following living situations are eligible for a Heat and Eat (\$21) benefit:

- Government subsidized housing with heat included in the rent.
- Publicly operated or State-certified private non-profit residential drug or alcoholic treatment facilities.
- Private non-profit residential drug or alcoholic treatment facilities that are authorized as a SNAP retailer by the United States Department of Agriculture or are in receipt of a letter from the certifying State agency stating that the facility operates to further the goals of Title XIX.
- Publicly operated or State-certified private non-profit enriched housing.
- Publicly operated or State-certified private non-profit residential group living facilities serving no more than 16 residents.
- Publicly operated or State-certified private non-profit supervised or supportive living arrangements.
- State operated community residences.

Determination of Eligibility - Countable Income

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

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

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

<input checked="" type="checkbox"/>	Wages		
<input checked="" type="checkbox"/>	Self - Employment Income		
<input checked="" type="checkbox"/>	Contract Income		
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts		
<input checked="" type="checkbox"/>	Unemployment insurance		
<input checked="" type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits		
<input type="checkbox"/>	Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)		
<input checked="" type="checkbox"/>	Retirement / pension benefits		

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

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

1.10 Do you have an online application process Yes No

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

<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
Please include a link(s) to a statewide application, if available: myBenefits (ny.gov), ACCESS HRA (nyc.gov)	
1.10b Can all program components be applied for online? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If no, explain which components can and cannot be applied for online. Outside of New York City, only the Regular benefit can be applied for through myBenefits (ny.gov). Applicants must contact their local social services district to obtain and submit an application for Emergency, HERR, Clean & Tune, and Cooling. In New York City, the Human Resource Administration (HRA) allows HEAP applicants to apply for Regular and Cooling benefits online through the HRA customer portal ACCESS HRA (nyc.gov). Applicants must contact NYC HRA to obtain and submit an application for Emergency, HERR and Clean & Tune.	
1.11 Do you have a process for conducting and completing applications by phone <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe Documentation can be faxed to the social service districts

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

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

Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	8	State Median Income	60.00%
10	10	State Median Income	60.00%
11	11	State Median Income	60.00%
12	12	State Median Income	60.00%
13	13	HHS Poverty Guidelines	150.00%

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

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

Do you require an Assets test? Yes No

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

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Renters 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:

Households containing a member aged 60 years or older are considered vulnerable and can receive an additional \$35 to their base Regular heater benefit

Individuals with a disability? Yes No

If yes, describe:

Households containing a member that is permanently disabled are considered vulnerable and can receive an additional \$35 to their base Regular heater benefit

Young children? Yes No

If yes, describe:

Households containing a child under the age of 6 are considered vulnerable and can receive an additional \$35 to their base Regular heater benefit.

Households with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
If yes, describe:	Households with gross income in the lowest income tier at or below 130% of the Federal Poverty Level (FPL) receive an additional \$61 to their base Regular heater benefit. This add-on is also applied to Regular heater benefits received by CE households in receipt of SNAP, federally funded TA, or Code A SSI.		
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, describe:			
Explanations of policies for each "yes" checked above:			
Three groups targeted for higher HEAP benefits because of their vulnerability to higher energy needs: Disabled individuals, Individuals aged 60 or older (elderly individuals), and Children under six (very young children).			
Additionally households with gross income in the lowest income tier, at or below 130% of the FPL, are also targeted for higher HEAP benefits because of their higher energy burden.			
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.			
NYS provides early application access to households with a vulnerable member (under age 6, aged 60 or older, or permanently disabled). In addition, these households receive an additional \$35 to their base Regular heater benefit if eligible.			
2.5 Check the variables you use to determine your benefit levels. (Check all that apply):			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input checked="" 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)			
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	\$21	Maximum Benefit	\$996
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.			

Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 3 - Cooling Assistance

Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	State Median Income	60.00%
11	11	HHS Poverty Guidelines	60.00%
12	11	State Median Income	60.00%
13	13	HHS Poverty Guidelines	150.00%

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

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

Do you require an Assets test? Yes No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Renters 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:

Households containing a member aged 60 years or older which meet all other component eligibility criteria may receive Cooling benefits without a corresponding medical need.

Individuals with a disability? Yes No

If yes, describe:

Young children? Yes No

If yes, describe:

Households containing a child under age 6 which meet all other component eligibility criteria may receive Cooling benefits without a corresponding medical need.

Households with high energy burdens? Yes No

If yes, describe:			
Other? Documented Medical Need		<input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes, describe:			
<p>Applicants with a documented medical condition. In addition to meeting NYS's income eligibility and living arrangement eligibility criteria, all applicants for Cooling must have a medical condition, which is exacerbated by extreme heat and verified in writing by a physician, physician assistant or nurse practitioner. Households must not have a working air conditioner that is newer than five years or operable central air conditioning. Applicants are only eligible for a Cooling Assistance benefit once every five years. Applicants that are pended for a written statement from their physician, physician assistant, or nurse practitioner regarding their medical condition that cannot obtain documentation may contact the district and attest to both having a medical condition exacerbated by extreme heat and that they are not able to obtain written documentation.</p>			
Explanations of policies for each "yes" checked above:			
<p>Part of the eligibility criteria for the Cooling component is that the household must contain an individual with a documented medical condition, or who is age 60 years or older, or under age 6.</p>			
3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.			
<p>Applicants with a documented medical condition.</p> <p>Households containing a vulnerable member (aged 60 years or older, or under age 6) which meet all other component eligibility criteria may receive a Cooling benefit without a corresponding medical need.</p>			
Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.5 Check the variables you use to determine your benefit levels. (Check all that apply):			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input type="checkbox"/>	Individual bill		
<input checked="" type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe:		
<p>NYS will authorize a HEAP payment up to \$800 for a single window or portable air conditioner/fan, or up to \$1,000 for a wall sleeve air conditioner unit if the household has an existing wall sleeve. The benefit amount is determined by the actual cost of equipment, material, and labor necessary to establish a cooling area.</p>			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.			
Minimum Benefit	\$10	Maximum Benefit	\$1,000
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
<p>NYS does not provide a cash Cooling benefit; NYS only provides an air conditioner or fan if the household is eligible. The benefit amount is determined by the actual cost of equipment, material, and labor necessary to establish a cooling area and is issued directly to the vendor. The benefit is not applied to the client's electric bill, nor is it issued to the applicant as a cash benefit.</p>			
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

Section 4 - CRISIS ASSISTANCE

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

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	9	State Median Income	60.00%
11	10	State Median Income	60.00%
12	12	State Median Income	60.00%
13	13	HHS Poverty Guidelines	150.00%

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

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

The definition of a crisis emergency is when loss of heat is imminent. Imminent loss of heat is defined as less than 1/4 tank for oil, kerosene, or propane or less than a 10-day supply for other deliverable fuels, or heat or heat related utility service is scheduled for termination. Any HEAP eligible household's crisis emergency must be resolved within 48 hours from the time of the emergency application.

4.3 What constitutes a life-threatening crisis?

The definition of a life-threatening emergency is when a HEAP applicant or recipient household is without heat or utility service required to operate a heating source. Any HEAP eligible household's life-threatening emergency must be resolved within 18 hours from the time of the emergency application.

Crisis Requirement, 2604(c)

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for Crisis Assistance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Check the appropriate boxes below to indicate type(s) of assistance provided 0			
Do you require an Assets test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Young Children?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanations of policies for each "yes" checked above:			
<p>Crisis assistance eligibility criteria:</p> <p>In addition to verified crisis emergency, as described in Sections 4.2 and 4.3, meeting income, residence, citizenship, living situation, responsibility for heating costs, and providing a valid Social Security Number (SSN) for all household members that have a SSN, applicants for crisis assistance must have exhausted their Regular benefit, and meet the asset test in order to be eligible. If the applicant for crisis assistance has a credit remaining from their Regular benefit but the credit is less than the minimum delivery amount for a deliverable fuel then the applicant can receive a crisis benefit, if otherwise eligible.</p> <p>All applicants and household members for crisis assistance are asset (resource) tested. Applicants for the Emergency benefit must not have more than \$2,500 (or \$3,750 for households containing a vulnerable member aged 60 years or older, or child under age 6) in available liquid resources to be eligible. For Heating Equipment Repair and Replacement (HERR) benefits, all applicants receive a standard resource exclusion of \$10,000 in available liquid resources. Only available liquid resources are counted. Declared liquid resources can be verified using the following: checking account statements, savings statements or bankbooks, stock certificates, bank or dividend statements, savings bonds, and statements from the institution where funds are deposited or managed.</p> <p>Applicants for HERR must meet the income and resource eligibility criteria in addition to having equipment that is unsafe or inoperable. The heating equipment must have been the primary heating equipment in the 12 months prior to the month of application, and the applicant must have owned the dwelling and resided in the dwelling for the 12 months prior to the month of application.</p> <p>Renters with heat included in their rent and renters residing in government subsidized housing with heat included in their rent are not eligible for Emergency HEAP, with the exception of eligible households that pay a supplier directly for heat-related utility service. These households may be eligible for a HEAP Emergency Domestic Heat-Related Utility benefit if such benefit is necessary to resolve the heat-related energy crisis of the household.</p>			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe: <p>If the Regular HEAP benefit is open and a household has yet to apply for and receive a Regular benefit, NYS will utilize the Regular benefit to ameliorate an energy emergency. OTDA HEAP policy requires districts take appropriate action to resolve applicant energy related life-threatening or crisis energy emergency, as declared at the time of application for HEAP benefits as follows:</p> <p>(1) No later than 18 hours after a household applies for benefits and declares an energy emergency, districts must provide some form of assistance that will resolve the life-threatening energy emergency.</p> <p>(2) No later than 48 hours after a household applies for benefits and declares an energy emergency, districts must provide some form of assistance that will resolve the crisis energy emergency.</p> <p>If HEAP eligibility cannot be determined within the 18 to 48-hour timeframe and thus the emergency cannot be resolved with the issuance of a HEAP benefit, the district must take at least one of the following actions:</p> <p>(1) Referral to Temporary Assistance</p> <p>(2) Referral to community resource</p> <p>(3) Verify the availability of or access to safe supplemental heat</p>		

	(4) Verify access to temporary alternate housing		
4.9 If you have a separate component, how do you determine crisis assistance benefits?			
<input type="checkbox"/>	Amount to resolve the crisis. \$0		
<input checked="" type="checkbox"/>	Other - Describe: Amount to resolve the crisis, up to a maximum of \$900.		
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.			
4.11 Do you provide individuals who are individuals with a disability the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If No, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If No, explain.			
Local districts have homebound unit staff that can travel and assist homebound applicants in their own homes.			
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	\$900.00 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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe			
The districts provide eligible households temporary relocation with a maximum total benefit not to exceed \$500 per program year. The districts must also provide propane tank deposits to eligible households with a maximum total benefit not to exceed \$500 per program year.			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.			
<p style="text-align: center;">The NYS Public Service Commission (PSC) regulated utilities agree to provide a two-week moratorium encompassing the Christmas and New Year holidays.</p>			
4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe			
<p style="color: red; text-align: center;">If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

Section 5 - WEATHERIZATION ASSISTANCE

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

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

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	State Median Income	60.00%
11	11	State Median Income	60.00%
12	12	State Median Income	60.00%
13	13	HHS Poverty Guidelines	150.00%

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. NYS Homes and Community Renewal (HCR) and NYS Energy Research and Development Authority (NYSERDA)

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:
HCR does not have a minimum investment per unit for weatherization, the average cost per unit is approximately \$8000. NYSERDA

measures are not subject to DOE SIR standards. HCR and NYSEDA give priority to LIHEAP recipients with eligibility limited to households with incomes at or below 60% of State Median Income or 150% of the Federal Poverty Level, whichever is higher.

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

5.6 Do you require an assets test? Yes No

5.7 Do you have additional/differing eligibility policies for :

 Renters Yes No

 Renters living in subsidized housing? Yes No

 Renters with utilities included in the rent? Yes No

5.8 Do you give priority in eligibility to:

 Older Adults? Yes No

 Individuals with a disability? Yes No

 Young Children? Yes No

 House holds with high energy burdens? Yes No

 Other? Housing projects assisted by HCR and NYSEDA Yes No

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

5.7 In accordance with the U.S. DOE rules, rental building eligibility is limited to those buildings where 66% or more units (or 51% for projects that will realize significant energy savings) are occupied by eligible households. Owners of the rental buildings, that are not themselves income eligible households, must contribute 15-25% of the cost of the work being done for the building to participate. To help maintain affordability in assisted housing, most owners of State and federally subsidized housing are exempt from this required contribution.

5.8 Providers are required to give priority for service to HEAP households with elderly persons, households with children under 18 years of age, households that include persons with disabilities, HEAP recipients with extremely high energy use or high energy burdens, and affordable housing projects assisted by HCR and NYSEDA.

Benefit Levels

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

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

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

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

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

5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Electric baseload reduction measures, energy related health & safety measures such as smoke detectors and ventilation, major appliance replacement: replacement of refrigerators only, energy related roof repairs: repairs only, no replacements; and exterior doors only. On June 30, 2022, Governor Hochul signed Chapter 295 of the Laws of 2022, which allows the Division of Housing and Community Renewal (HCR) to direct LIHEAP funds to any public benefit corporation or authority under the HCR umbrella and expand the permissible uses of the funds to include weatherization or energy upgrades beyond what is explicitly permitted by OTDAs WAP.

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

Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 6 - Outreach**

Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

- Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- Web Posting
- Email
- Texting
- Events
- Social Media
- Other (specify):
 - Toll free information hotline operated by NYS OTDA 1-800-342-3009, provides information about the program and printable applications are available on the OTDA internet site (www.otda.ny.gov/heap) when the program is open.
 - Identification of households potentially eligible for LIHEAP funded weatherization services and assessing the need for identified households.
 - State and local resources dedicated to implementing mandated outreach plans and program dissemination activities.
 - Targeted efforts by OTDA, NYS Office for the Aging (NYSOFA), HCR, NYSERDA and the NYS Department of Health (DOH) to provide program information and access to vulnerable households.

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

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

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

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

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

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

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

myBenefits provides applicants the ability to apply for SNAP and HEAP online with one application, when the Regular HEAP benefit is open.

Recipients of Heating Equipment Repair and Replacement are referred for weatherization services. Weatherization providers are provided with lists of HEAP recipients to conduct outreach. Weatherization providers can also reach out to HEAP to confirm applicants for weatherization services are in receipt of HEAP and are therefore categorically income eligible for weatherization services.

OTDA developed written policies and procedures with NYSERDA and HCR to ensure that Weatherization information is shared, and referrals are made. Recipients of Weatherization services may be referred to the district for HEAP eligibility.

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

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

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

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

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

As with other income tested assistance programs administered by NYS OTDA, HEAP is State supervised/locally administered with 58 districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for Regular and Emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies. These outside agencies are not tied to the receipt of TA and are available to any community member seeking assistance with heating costs. They operate outside of the TA framework located within the districts.

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

As with other income tested assistance programs administered by NYS OTDA, HEAP is State supervised/locally administered with 58 districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for Regular and Emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies.

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

As with other income tested assistance programs administered by NYS OTDA, HEAP is State supervised/locally administered with 58 districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for regular and emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies.

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Local City Government	Local City Government	Local City Government	Other
8.5b Who processes benefit payments to gas and electric vendors?	Local City Government	Local City Government	Local City Government	
8.5c who processes benefit payments to bulk fuel vendors?	Local City Government	Local City Government	Local City Government	
8.5d Who performs installation of weatherization measures?				Other

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?

New York State Social Services Law Section 61 establishes each county of the state and the city of New York as a social services district. NYS Social Services Law Section 97 and Part 393 of the Code, Rules and Regulations of the State of New York provide that social services districts are to participate in the LIHEAP program and assist eligible households obtain energy assistance. All county social services districts and the city of New York operate and administer HEAP to residents of their county or city of New York. The social services districts set forth in NYS Social Services Law Section 61 are not at risk for elimination.

As with other income tested programs administered by NYS OTDA, HEAP is State supervised and locally administered with 58 local districts designated as the lead local agencies for outreach, certification, and payment. Prior to program opening, each district must establish a local certification network that provides for an alternative non-district site(s) for a reasonable share of outreach and intake for Regular and Emergency HEAP assistance. The district may contract with other State or local government entities or community-based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local Offices for the Aging, and community action agencies. Districts may also execute agreements with community organizations for outreach through alternative certifiers.

The districts mentioned above are the county departments of social services. Districts execute agreements with community organizations for outreach through alternative certifiers. However, the processing of the HEAP applications is completed within the county departments of social services. All county department of social services offices operate and administer HEAP to residents of their county.

8.7 How many local administering agencies do you use? 58

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

- Yes
 No

8.9 If so, why?

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

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

8.10a If yes, please explain.

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

8.10c If yes, please explain.

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

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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

Eligible households who provide their own cut wood or natural gas may receive a direct payment, if there is reasonable documentation to support that the household has a sufficient heating supply for the heating season and the household does not have a utility vendor.

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

All applicants are provided with a notice which advises them of their eligibility for the HEAP benefit, the supplier to which the payment was authorized, and the amount paid on their behalf. Local districts have a maximum of 30 business days to notify an applicant of the eligibility determination from the date of the application. This includes HEAP recipients that receive their benefit through the Autopay process.

9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

Each home energy supplier must sign a NYS HEAP Vendor Agreement to participate in the Regular and Emergency components of HEAP. The vendor agreement provides that the home energy supplier agrees and assures to NYS OTDA to charge HEAP recipients, in the normal billing process, the difference between the cost of the home energy and the amount of the HEAP payment made.

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?

Each home energy supplier must sign a NYS HEAP vendor agreement to participate in the Regular, Emergency, Cooling, Clean and Tune and HERR components of HEAP. The vendor agreement provides that the home energy supplier agrees and assures to NYS OTDA that the households served by the supplier will not be treated adversely because of such assistance under applicable provision of State law and public regulatory requirements.

9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

Yes No

If so, describe the measures unregulated vendors may take.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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

Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 10 - Program, Fiscal Monitoring, and Audit**

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

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

NYS OTDA utilizes fiscal and fund accounting procedures similar to those utilized by the agency and districts in the administration of other income tested programs. Districts are provided with allocations for district payments. All claims by the districts are monitored by NYS OTDA fiscal staff to ensure that allocation levels are not exceeded. The NYS OTDA WMS is used to monitor application activity and benefits authorized outside New York City (NYC). NYC utilizes its own computer system to authorize and pay HEAP benefits and NYC provides reports to NYS OTDA from its system for review.

The use of LIHEAP funds sub-allocated to the HCR, NYSEDA, and NYSOFA is governed by Cooperative Agreements which OTDA enters into with these agencies on an annual basis for weatherization and outreach services. The Cooperative Agreements with HCR and NYSEDA require they transmit fiscal reports to OTDA on a quarterly basis that show the amount of LIHEAP funds obligated and expended by category of expenditure.

OTDA conducts periodic reviews of HCR, NYSEDA and NYSOFA's use of LIHEAP funds. OTDA tracks sub-grantee awards and obligations and OTDA expenditures on a quarterly basis to ensure that funds are expended within the allowable contract/grant period. These expenditures are gathered from the NYS Statewide Financial System (SFS). The SFS system allows OTDA to run reports showing the sub-grantee activity by Federal grant year. OTDA also prepares a weekly funding and obligations report which breaks out spending by components such as heating, crisis, equipment repair/replacement, clean and tune, and cooling. Refund checks related to Federal grants are first deposited in the NYS Treasury and then checks are issued to the Federal government referencing the Federal grant and fiscal year.

10.1a Provide your definitions of the following:

Obligation

The commitment of federal funds for a specific purpose.

Expenditures

Cost of assistance paid to or on the behalf of eligible applicants of HEAP benefits services, and the administration of HEAP. Total expenditures include direct and indirect payments and vendor assistance furnished to eligible clients in accordance with State rules and regulations applicable to HEAP.

Expenditure timeframe

LIHEAP expenditures start with opening of the grant period with the receipt of verified Autopay vouchers from home energy suppliers and runs throughout the two-year grant period, with the final Program and Administrative expenditures being processed for eligible obligated benefits/administrative costs and disbursed within 90 days after the end of the two-year grant period. Closeout and cleanup grant activities may occur after that but no later than five-years after the grant start date during the grant's five-year liquidation timeframe

Administrative costs

Block grant regulations at 45 CFR 96.88(a)

(a) Costs of planning and administration. Any expenditure for governmental functions normally associated with administration of a public assistance program must be included in determining administrative costs subject to the statutory limitation on administrative costs, regardless of whether the expenditure is incurred by the State, a subrecipient, a grantee, or a contractor of the State.

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 NYS Office of the State Comptroller (OSC) has the constitutional authority (Articles V and X) to conduct financial, compliance, and performance audits of all State and New York City agencies, including their associated facilities, institutions, boards, and program activities, as well as virtually all public benefit corporations (authorities). In addition to the Constitution, the legal basis for the Comptroller's authority is contained in various statutes, including the State Finance Law and New York City's General Municipal Law. The Comptroller also has the authority to audit the records of private firms and non-profit organizations that are awarded contracts or grants by, or receive funding from, these government entities.

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	monitoring	OTDA must develop written policies and procedures to ensure that applicants of all LIHEAP funded components are informed about the benefits of both LIHEAP bill payment assistance and weatherization services.	Yes	procedure/policy changes
2	monitoring	To be considered Categorical Eligible (CE) for LIHEAP benefits, the household must be in receipt of a federally funded benefit. OTDA must only include federally funded households when determining categorical income eligibility.	Yes	procedure/policy changes
3	financial	OTDA must establish written policies and procedures for regular participation in the monitoring of subrecipient agencies that administer weatherization.	Yes	procedure/policy changes
4	financial	OTDA must establish written policies and procedures for tracking local districts process for vendor refunds.	Yes	procedure/policy changes

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

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

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

Local Administering Agencies/District Offices:

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

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

OTDA conducts an operational review that includes but is not limited to: an assessment of pending applications; client and vendor complaint program access; Regular benefit application processing, Emergency benefit telephone procedures; compliance with the 18-48 hour emergency resolution and compliance with all HERR, Cooling, and Clean and Tune procedures. Any contracts with alternate certifiers and other agencies performing HEAP related services are also reviewed. OTDA's review period/schedule runs January through April each year.

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

Site Visits:

5 of the top 10 districts with the largest caseloads are monitored every other year, plus additional districts on a rotating basis. As part of a district monitoring, the HEAP Bureau staff conducts an operational review of the district's Home Energy Assistance Program. This includes an assessment of the overall adherence to processing timeframes for both districts and the alternate certifiers. The operational review also includes but is not limited to an assessment of pending applications; client and vendor complaints; client access to application forms; Regular benefit application processing, Emergency benefit telephone procedures; compliance with the 18-48 hour emergency resolution rules; and compliance with all HERR, Cooling and Clean and Tune procedures. Any contracts with alternate certifiers and other agencies performing HEAP related services are also reviewed.

Desk Reviews:

Districts who must have a corrective action plan (CAP) must submit them to OTDA within 60 days of receipt of notification of findings to the Commissioner. OTDA will then monitor elements of the CAP during the next HEAP year.

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

Other

10.9. How many local agencies are currently on corrective action plans? 5

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:

Block Grant Advisory Committee, Interagency Taskforce, Equity Collaborative, and the Weatherization Assistance Policy Advisory Committee.

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	04/23/2024	Public hearing offered by Webex 10AM-11AM
2	04/23/2024	Public hearing offered by Webex 5PM-6PM
3	04/25/2024	Public hearing offered by Webex 10AM-11AM
4	04/25/2024	Public hearing offered by Webex 5PM-6PM

11.3. How many parties commented on your plan at the hearing(s)? 9

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

Please see Attachment 3 from 2024-2025 HEAP Summary Needs Assessment Comments

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

Additional funding will be obligated for the Cooling Assistance Component benefit and the add on for Tier I benefits was increased by \$20.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 12 - Fair Hearings**

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 329

12.2 How many of those fair hearings resulted in the initial decision being reversed? 61

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

none

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

Individuals whose applications for HEAP benefits are denied are afforded an opportunity for a fair administrative hearing conducted by the NYS OTDA Office of Administrative Hearings (OAH). All client notices, both approvals and denials contain information on how to request a fair hearing. All HEAP applications contain information on how to request a fair hearing. Districts are required to make determinations and provide notification on eligibility decisions on applications for HEAP benefits within 30 business days after the filing of such application or within 30 business days of program opening for applications received during the early outreach period (prior to program opening). Applications which are incomplete may be pended for up to 10 business days and the pending period is not counted in the 30 business day timeframe for providing notification. Individuals whose applications for HEAP benefits are not acted upon by districts within the established timeframes are afforded an opportunity for a fair hearing conducted by NYS OTDA.

Households whose applications for weatherization assistance with HCR are denied are provided an opportunity for an appeal conducted by HCR through the HCR Appeals Process. Households whose applications for EmPower program services, or successor program EmPower+ with NYSEKDA are denied may request a review of the decision by NYSEKDA through the NYSEKDA Review Process.

12.5 When and how are applicants informed of these rights?

When an applicant first applies for a HEAP benefit, they are informed of their fair hearing rights in their initial eligibility notification. This information is also available on OTDA's website, contained in client informational booklets and in the HEAP Application (LDSS-3421) instructions.

Households whose applications for HCR administered weatherization and NYSEKDA administered EmPower, or successor program EmPower+, services are advised of the right to an appeal, conducted by HCR or a review conducted by NYSEKDA by the provision of such rights and information as to how to request an appeal or a review through written denial notices.

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?

N/A

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

N/A

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

Impact can be measured in many ways, for example: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management.

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? 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 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.

Protocol for submission on leveraging activities to OTDA: Submission of data on leveraging activities is due to NYS OTDA by October 15th of each year.

OTDA instructs third parties and/or local agencies to follow the requirements of 45 CFR 96.87(d) in all submissions for the LIHEAP leveraging incentive program. Those requirements are as follows:

d) Basic requirements for leveraged resources and benefits.

(1) In order to be counted under the leveraging incentive program, leveraged resources and benefits must meet all of the following five criteria:

(i) They are from non-federal sources

(ii) They are provided to the grantee's low-income home energy assistance program, or to federally qualified low-income households as described in section 2605(b)(2) of Public Law 97-35 (42 U.S.C. 8624 (b)(2)).

(iii) They are measurable and quantifiable in dollars.

(iv) They represent a net addition to the total home energy resources available to low-income households in excess of the amount of such resources that could be acquired by these households through the purchase of home energy, or the purchase of items that help these households meet the cost of home energy, at commonly available household rates or costs, or that could be obtained with regular LIHEAP allotments provided under section 2602(b) of Public Law 97-35 (42 U.S.C. 8621(b)).

(v) They meet the requirements for countable leveraged resources and benefits throughout this section and section 2607A of Public Law 97-35 (42 U.S.C. 8626(a)).

(2) Also, in order to be counted under the leveraging incentive program, leveraged resources and benefits must meet at least one of the following three criteria:

(i) The grantee's LIHEAP program had an active, substantive role in developing and/or acquiring the resource/benefits from home energy vendor(s) through negotiation, regulation and/or competitive bid. The actions or efforts of one or more staff of the grantee's LIHEAP program- at the central and/or local level- and/or one or more staff of LIHEAP program subrecipient(s) acting in that capacity, were substantial and significant in obtaining the resource/benefits from the vendor(s).

(ii) The grantee appropriated or mandated the resource/benefit for distribution to low-income households through (that is, within and a part of) its LIHEAP program. The resource/benefit are provided through the grantee's LIHEAP program to low-income households eligible under the grantee's LIHEAP standards, in accordance with the LIHEAP statute and regulations and consistent with the grantee's LIHEAP plan and program policies that were in effect during the base period, as if they were provided from the grantee's federal LIHEAP allotment.

(iii) The grantee appropriated or mandated the resource/benefits for distribution to low-income households as described in its LIHEAP Plan (referred to in section 2605(c)(1)(A) of Public Law 97-35) (42 U.S.C. 8642(c)(1)(A)). The resource/benefits are provided to low-income households as a supplement and/or alternative to the grantee's LIHEAP program, outside (that is, not through, within, or as part of) the LIHEAP program. The resource/benefits are integrated and coordinated with the grantee's LIHEAP program. Before the end of the base period, the Plan identifies and describes the resource/benefits, their source(s), and their integration/coordination with the LIHEAP program. The Department will determine resources/benefits to be integrated and coordinated with the LIHEAP program if they meet at least one of the eight conditions. If a resource meets at least one of conditions A through F when the grantee's LIHEAP program is operating (and meets all other applicable requirements), the resource also is countable when the LIHEAP program is not operating

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	Weatherization	HCR, NYSERDA	HCR Weatherization Assistance Program (WAP). Owners of rental buildings that are not themselves income-eligible must contribute 15-25% of the cost of the work being done for the building to participate. In addition to multi-family building owner contributions, primary sources for leveraged funds include: the NYSERDA EmPower Multi-family Performance and "Green Jobs/Green NY" programs; and, Utility programs financed through the Clean Energy Fund (CEF) (Case 14-M-0094), the Low and Moderate Income (LMI) Case 14-M-0565 and the Reforming

			the Energy Vision (REV) (Case 14-M-0101) proceedings
2	Non-public fuel funds to assist with utility bills	All Public Service Commission (PSC) regulated utility companies in NYS	All PSC-regulated utilities in NYS operate non-public funded fuel funds to assist their service territory population with payments of energy bills. These resources are targeted to HEAP eligible households that have exhausted their HEAP eligibility or are ineligible because of the unavailability of LIHEAP funding.
3	Low-Income Customer Assistance Plans	NYS Utility Companies	Several NYS utility companies have implemented low-income customer assistance plans. The plans consist of two components: rate moderation and uncollectable initiatives, including a negotiated percentage of income plan, coupled with an arrearage forgiveness arrangement.
4	Reduce energy costs through aggregation	NYS OTDA & NYS PSC	In conjunction with various districts and the National Fuel Gas (NFG) distribution corporation, NYS has established the Temporary Assistance Cooperative for Energy (PACE) program. PACE is a natural gas aggregation program for certain TA recipients in Erie, Chautauqua, and Niagara counties in NY. The programs objective is to provide the benefits of competition to low-income payment troubled customers by offering the opportunity to reduce energy costs through aggregation.
5	Fuel buying component	NYS OTDA	OTDA has established a HEAP fuel buying component in NYS. The purpose of this component is to expand the buying power of LIHEAP dollars by obtaining a lower than retail price for HEAP purchased oil, kerosene, and propane. This discounted price materially enhances the purchasing power of LIHEAP eligible households.

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

Section 15 - Training

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

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

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

TA/SNAP Institutes, online Training Modules, as well as in person training with OTDA Training staff and HEAP Program staff.

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:

TA/SNAP Institutes, Local Commissioner Memoranda (LCM), Information Letters (INF), and General Information System (GIS) Messages, Online Training Modules, and online Eligibility and Certification Training (ECT).

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

Other, describe: Vendor Webex meetings, Vendor update newsletter

<input checked="" type="checkbox"/> Policies communicated through vendor agreements
<input type="checkbox"/> Policies are outlined in a vendor manual
<input type="checkbox"/> Other, describe:
15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> No
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

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

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

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

OTDA's performance measurement (PM) implementation plan includes both short and long-term strategies for complete, accurate and timely reporting of LIHEAP Performance data.

OTDA executed vendor agreement addendums in support of PM. The provisions of the addendum included the requirement that vendors collect and securely transmit to OTDA the data required for the completion of PM reporting. Expanding the vendor pool beyond the required minimum increases the volume of data returned, providing an increase in statistically valid results.

Vendors are provided with additional data, tools, and instruction to improve return data accuracy. Each vendor's return file is evaluated for the number of customers with return data, and the reporting of crisis and life-threatening emergencies. Data system enhancements capture customers' domestic electric vendor information, and track crisis and life-threatening emergency situations. This approach permits OTDA to continue to report systematically validated vendor provided data

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

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

The New York State What You Should Know About Your Rights and Responsibilities (When Applying for or Receiving Benefits) (LDSS-4148A) provides this information as well.

17.2. Identification Documentation Requirements

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

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

17.3. Citizenship/Legal Residency Verification			
What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.			
<input type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen			
<input type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.			
<input type="checkbox"/> Non-Citizens must provide documentation of immigration status			
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport			
<input type="checkbox"/> Non-Citizens are verified through the SAVE system			
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card			
<input checked="" type="checkbox"/> Other - Describe: The HEAP Application allows applicants to attest to their citizenship status. The application is signed by the applicant.			
	Other	Applicant Only Required	Applicant Only Requested
1		<input type="checkbox"/>	<input type="checkbox"/>
	All Adults in Household Required	All Adults in Household Requested	All Household Members Required
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.4. Income Verification			
What methods does your agency utilize to verify household income? Select all that apply.			
<input checked="" type="checkbox"/> Require documentation of income for all adult household members			
<input checked="" type="checkbox"/> Pay stubs			
<input checked="" type="checkbox"/> Social Security award letters			
<input checked="" type="checkbox"/> Bank statements			
<input checked="" type="checkbox"/> Tax statements			
<input checked="" type="checkbox"/> Zero-income statements			
<input checked="" type="checkbox"/> Unemployment Insurance letters			
<input checked="" type="checkbox"/> Other - Describe: Statement from individuals who provide regular cash support. An applicant's attestation is accepted for earned and unearned income under \$20 in the month of application.			
<input checked="" type="checkbox"/> Computer data matches:			
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)			
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor			
<input checked="" type="checkbox"/> Social Security income verified with SSA			
<input type="checkbox"/> Utilize state directory of new hires			
<input checked="" type="checkbox"/> Other - Describe: The Work Number			
b. Describe any exceptions to the above policies.			
17.5 Identification Verification			
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply			
<input checked="" type="checkbox"/> Verify SSNs with Social Security Administration			
<input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency			
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)			
<input type="checkbox"/> Match with state Department of Labor system			
<input checked="" type="checkbox"/> Match with state and/or federal corrections system			
<input type="checkbox"/> Match with state child support system			
<input checked="" type="checkbox"/> Verification using private software (e.g., The Work Number)			

<input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input checked="" type="checkbox"/> Other - Describe: An electronic clearance process through WMS is used to verify identity with the documentation provided by the applicant.
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Electronic files are protected in a secure location.
<input checked="" type="checkbox"/> Other - Describe: All personally identifying information about a HEAP applicant or recipient is confidential and may be disclosed only for purposes of investigating or prosecuting suspected fraud or abuse, in cooperation with Federal or State authorities regarding LIHEAP audits or investigations, or with the written consent of the applicant or recipient. Agreements with vendors and outside agencies prohibit the disclosure of Personal Identifiable Information (PII) and mandate the use of electronic safeguards. The use of SFTP when transmitting PII data outside OTDA is required.
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input checked="" type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy

<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: Conduct monitoring of Gas and Electric Utilities
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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Refer to state Inspector General
<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input checked="" 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 Districts are required to recover improper payments made to vendors or recipients through all legally enforceable methods.
<input type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input checked="" 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.*)

40 North Pearl Street * Address Line 1		
11th Floor Address Line 2		
Address Line 3		
Albany * City	New York * State	12243 * 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.