

## DETAILED MODEL PLAN (LIHEAP)

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** SOUTH CAROLINA OFC. STATE TRSRR

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

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


**Report Status:** Submission Accepted by CO

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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	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>			
* 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) UL2HEZMR7HN1	5. Date Received By State:
		4b. Federal Award Identifier:	6. State Application Identifier:
<b>7. APPLICANT INFORMATION</b>			
* a. Legal Name: South Carolina			
* b. Address:			
* Street 1:	1200 Senate St Ste 409	Street 2:	
* City:	COLUMBIA	County:	
* State:	SC	Province:	
* Country:	United States	* Zip / Postal Code:	29201 - 3734
* c. Organizational Unit:			
Department Name: Department of Administration		Division Name: Office of Economic Opportunit	
* 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: Kelly		* Last Name: Buckson	
Title: Senior Manager		Organizational Affiliation:	
* Telephone Number: 803-734-0662		Fax Number:	
* Email: kelly.buckson@admin.sc.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: LIHEAP			
11. AREAS AFFECTED BY FUNDING: Low income residence of South Carolina			
12. CONGRESSIONAL DISTRICTS OF APPLICANT: 06			
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			

<b>Process for review on:</b>	
<b>b. Program is subject to E.O. 12372 but has not been selected by State for review.</b>	
<b>c. Program is not covered by E.O. 12372.</b>	
<b>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="radio"/> YES <input checked="" type="radio"/> NO	
<b>If Yes, explain:</b>	
<b>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)</b> <b>**I Agree</b> <input checked="" type="checkbox"/>	
<b>** 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.</b>	
<b>17a. Typed or Printed Name and Title of Authorized Certifying Official</b> Kelly S. Buckson	<b>17c. Telephone (area code, number and extension)</b>
	<b>17d. Email Address</b> kelly.buckson@admin.sc.gov
<b>17b. Signature of Authorized Certifying Official</b> 	<b>17e. Date Report Submitted (Month, Day, Year)</b> 08/29/2024

## Section 1 - Program Components

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

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

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

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

## Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2024	04/30/2025
<input checked="" type="checkbox"/> Cooling assistance	05/01/2025	09/30/2025
<input type="checkbox"/> Summer crisis assistance		
<input type="checkbox"/> Winter crisis assistance		
<input checked="" type="checkbox"/> Year-round crisis assistance	10/01/2024	09/30/2025
<input checked="" type="checkbox"/> Weatherization assistance	04/01/2025	09/30/2025

Provide further explanation for the dates of operation, if necessary

South Carolina will operate its LIHEAP providing year-round crisis assistance according to the calendar year (January 1 - December 31.) If funding allows, an additional non-emergency benefit may be provided during the heating/cooling seasons. Therefore, LIHEAP assistance may also occur October 1 – December 31, 2025. South Carolina's Weatherization operates April 1 - March 31. South Carolina utilizes the SC Enterprise Information System (SCEIS) to ensure the proper tracking of federal grant awards by the appropriate year.

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	10.00%	10.00%
Cooling assistance	5.00%	5.00%
Summer crisis assistance	0.00%	50.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	50.00%	0.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	10.00%	10.00%
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%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

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

**1.4a. - Provide your definition of categorical eligibility.**

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

**If Yes, explain:**

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

**SNAP Nominal Payments**

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

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

**1.7b Amount of Nominal Assistance:** \$0.00

**1.7c Frequency of Assistance**

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

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

**Determination of Eligibility - Countable Income**

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

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

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

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input type="checkbox"/>	Payments from mortgage or Sales Contracts

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

<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<b>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.</b>	
1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input 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 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:  LITT LITE Portal ( <a href="http://littlitesc.azurewebsites.net">littlitesc.azurewebsites.net</a> )	
1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
1.11 Do you have a process for conducting and completing applications by phone? <input type="radio"/> Yes <input checked="" type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe  Secure dropbox

**Hidden for Section 1**

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 2 - Heating Assistance

#### Section 2 - Heating Assistance

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

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

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

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

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

**Do you require an Assets test?**  Yes  No

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

**Renters?**  Yes  No

**If yes, describe:**

**Renters Living in subsidized housing?**  Yes  No

**If yes, describe:**

**Renters 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:**

Eligible households may receive a base nonemergency energy benefit of \$200. Households with at least one older adult (age 60 or older) may receive an additional \$75 toward the household's total nonemergency energy benefit.

**Individuals with a disability?**  Yes  No

**If yes, describe:**

Eligible households may receive a base nonemergency energy benefit of \$200. Households with at least one disabled person may receive an additional \$50 toward the household's total nonemergency energy benefit.

**Young children?**  Yes  No

**If yes, describe:**

Eligible households may receive a base nonemergency energy benefit of \$200. Households with at least one child (age 5 and younger) may receive an additional \$50 toward the household's total nonemergency energy benefit.

**Households with high energy burdens?**  Yes  No

**If yes, describe:**

Eligible households may receive a base nonemergency energy benefit of \$200. Households demonstrating a high energy burden may receive an additional \$175 toward the household's total nonemergency energy benefit.

**Other? Households that heat with fuel, have extremely low incomes, and include a veteran.**  Yes  No

**If yes, describe:**

Eligible households may receive a base nonemergency energy benefit of \$200. Households that heat with fuel may receive an additional \$75 toward the household's total nonemergency energy benefit.



benefit during the heating season. Households with a total gross income at or below 70% of the State's 60% Median Income guidelines may receive an additional \$175. Households with at least one veteran may receive an additional \$50 toward the household's total nonemergency energy benefit.

**Explanations of policies for each "yes" checked above:**

Eligible households may receive a base nonemergency energy benefit of \$200. Benefit amounts increase when the household has at least one member of the vulnerable population or meets the guidelines for the other expressed categories. The maximum nonemergency heating assistance a household may receive is \$850.

**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.**

South Carolina considers vulnerable households as having at least one member that is elderly (age 60 or older), disabled, or a young child (age 5 and under). Benefit amounts increase when the household includes at least one member of the vulnerable population. Agencies may set aside a designated day/period to serve vulnerable households. Eligible entities provide the state a written plan to ensure vulnerable households are given priority as part of the agency's Community Action Plan submission. The State verifies prioritization during monitoring.

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

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

Each eligible household receives a minimum nonemergency benefit of \$200. Additional benefits are awarded if the household/a member of the household is: elderly (\$75); disabled (\$50); household income 70% of the SMI or less (\$175); child age 5 or under (\$50); household energy burden is demonstrated ((20% or more of income used for utilities) \$175); heats with fuel (\$75); a veteran (\$50). The maximum nonemergency benefit during the heating season is \$850.

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

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

Minimum Benefit	\$200	Maximum Benefit	\$850
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?  Yes  No**

If yes, describe.

**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  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 3 - Cooling Assistance

### Section 3 - Cooling Assistance

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

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

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

**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:

Eligible households may receive a base nonemergency energy benefit of \$200. Households with at least one older adult (age 60 or older) may receive an additional \$75 toward the household's total nonemergency energy benefit.

**Individuals with a disability?**  Yes  No

If yes, describe:

Eligible households may receive a base nonemergency energy benefit of \$200. Households with at least one disabled person may receive an additional \$50 toward the household's total nonemergency energy benefit.

**Young children?**  Yes  No

If yes, describe:

Eligible households may receive a base nonemergency energy benefit of \$200. Households with at least one child (age 5 and younger) may receive an additional \$50 toward the household's total nonemergency energy benefit.

**Households with high energy burdens?**  Yes  No

If yes, describe:

Eligible households may receive a base nonemergency energy benefit of \$200. Households demonstrating a high energy burden may receive an additional \$175 toward the household's total nonemergency energy benefit.

**Other? Households that have extremely low incomes and households with a veteran.**  Yes  No

If yes, describe:

Eligible households may receive a base nonemergency energy benefit of \$200. Households with a total gross income at or below 70% of the State's 60% Median Income guidelines may receive an additional \$175. Households with at least one veteran may receive an additional \$50 toward the household's total nonemergency energy benefit.

**Explanations of policies for each "yes" checked above:**

Each eligible household receives a minimum nonemergency benefit of \$200. Additional benefits are awarded if the household/a member of the household is: elderly (\$75); disabled (\$50); household income 70% of the SMI or less (\$175); child age 5 or under (\$50); household energy burden is demonstrated ((20% or more of income used for utilities) \$175); heats with fuel (\$75); a veteran (\$50). The maximum nonemergency benefit during the heating season is \$850. The maximum nonemergency benefit during the cooling season is \$775.

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

South Carolina considers vulnerable households as having at least one member that is elderly (age 60 or older), disabled, or a young child (age 5 and under). Benefit amounts increase when the household includes at least one member of the vulnerable population. Agencies may set aside a designated day/period to serve vulnerable households. Eligible entities provide the state a written plan to ensure vulnerable households are given priority as part of the agency's Community Action Plan submission. The State verifies prioritization during monitoring.

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

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

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

Each eligible household receives a minimum nonemergency benefit of \$200. Additional benefits are awarded if the household/a member of the household is: elderly (\$75); disabled (\$50); household income 70% of the SMI or less (\$175); child age 5 or under (\$50); household energy burden is demonstrated ((20% or more of income used for utilities) \$175); heats with fuel (\$75); a veteran (\$50). The maximum nonemergency benefit during the heating season is \$850. The maximum nonemergency benefit during the cooling season is \$775.

**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	\$200	Maximum Benefit	\$775
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**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?  Yes  No**

If yes, describe.

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

## Section 4 - CRISIS ASSISTANCE

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

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

#### Section 4: CRISIS ASSISTANCE

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

**4.1 Designate the income eligibility threshold used for the crisis component**

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

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

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

An energy crisis is when a low-income household is facing disconnection within five business days and/or needs restoration to their home heating/cooling source. An energy crisis may also be the result of weather or energy-related emergencies. Vulnerable households (including an elderly (60 and older) individual, disabled (proof required) individual or young child (5 and under) with a bill due may receive crisis assistance. Finally, an energy crisis may be deemed to exist where there is an energy burden due to home energy costs when compared to the household's gross income.

**4.3 What constitutes a life-threatening crisis?**

A life-threatening crisis is an emergency requiring immediate action to prevent the loss or impairment of life/health due to a medical condition if the household's energy service is interrupted

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

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

Do you require an Assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
Older Adults (60 years or older)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
Must the household have received a shut-off notice or have a near empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must the household have non-working heating or cooling equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters with utilities included in the rent?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explanations of policies for each "yes" checked above:				
<p>At least one condition listed above must exist. Equitable treatment of renters: If an applicant is behind on their rent, which includes their energy bill, the LIHEAP benefit must only be for arrearages and rate reductions related to heating/cooling energy services, not for general rental payments. Payments cannot be made directly to landlords nor households. South Carolina's LIHEAP Renter's Affidavit should be used to gather and document information that demonstrates the household is in receipt of rent reduction if provided a LIHEAP benefit.</p>				
<b>Determination of Benefits</b>				
<b>4.8 How do you handle crisis situations?</b>				
<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 checked="" type="checkbox"/>	<b>Other - Describe:</b>  Eligible applicants with a general LIHEAP emergency must be processed within 48 hours (2 business days). Eligible applicants with a life-threatening emergency must be processed within 18 hours (1 business day) to restore energy. Once eligibility is determined a pledge is made to the vendor for payment on the household's utility account.			
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>				
<input checked="" type="checkbox"/>	Amount to resolve the crisis. \$0			
<input type="checkbox"/>	Other - Describe:			
<b>Crisis Requirements, 2604(c)</b>				
<b>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?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.				
Applications are geographically accessible to households in each of South Carolina's 46 counties.				
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>				
<b>Submit applications for crisis benefits without leaving their homes?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If No, explain.				
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If No, explain.				
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?				
<b>Benefit Levels, 2605(c)(1)(B)</b>				
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>				
Winter Crisis	\$0.00	maximum benefit		
Summer Crisis	\$0.00	maximum benefit		
Year-round Crisis	\$1,500.00	maximum benefit		
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe				
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
If you answered "Yes" to question 4.14, you must complete question 4.15.				
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>				

	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 type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):  Chimney sweep service(s) as a health and safety measure for households that heat using wood stoves.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?**  
 Yes  No

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

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

From December 1 to March 31, Dominion Energy South Carolina and Duke Energy will not disconnect a residential customer if the customer or a member of his household at the premises being served, furnishes the vendor, no less than three days prior to termination or to the terminating crew at the time of termination, a certificate on a form provided by the vendor and signed by (i) a licensed physician, stating that termination of electric and/or gas service would be especially dangerous to such person's health, and (ii) the customer, stating that he is unable to pay by installments. A certification expires 31 days after execution by the physician and may be renewed for an additional 30 days no more than three times. South Carolina does not provide special dispensation to clients during or after the moratorium. All qualifying households may receive up to \$1,500.

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

**If yes, describe**

**LIHEAP Disaster Relief measures may only be provided upon OEO directive.** The following activities will be considered allowable uses of LIHEAP funds to assist with disaster relief crisis, particularly with respect to assistance for home energy related needs resulting from a hurricane or other natural disaster:

**Allowable Uses of LIHEAP Funds for Disasters**

1. Costs to temporarily shelter or house individuals in hotels, apartments or other living situations in which homes have been destroyed or damaged, i.e., placing people in settings to preserve health and safety and to move them away from the crisis (rent and/or mortgage payments are not allowed)
2. Costs for transportation to move individuals away from the crisis area to shelters, when health and safety is endangered by loss of access to heating or cooling (based on season)
3. Utility reconnection costs
4. Repair or replacement costs for furnaces/air conditioners (based on season)
5. Coats and blankets, as tangible benefits to keep individuals warm (heating season only)
6. Crisis payments for utilities and utility deposits

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 5 - Weatherization Assistance

#### Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

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

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

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

#### WEATHERIZATION - Types of Rules

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

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

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

Other - Describe:

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

Income Threshold

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

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

Other - Describe:

LIHEAP Weatherization (LWAP) work will not be subject to the DOE Weatherization maximum average cost per dwelling unit. The LWAP work will not be subject to DOE Saving to Investment Ratio (SIR) standards. Energy Conservation Measures with a SIR of 0.5 or greater can be installed with LWAP money. In addition, an entire dwelling can be completed with LWAP money if the cumulative SIR of the dwelling is below the 1.0 threshold require by DOE.

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

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

5.8 Do you give priority in eligibility to:

Older Adults?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Individuals with a disability?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> 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.

Renters must have permission from owner and rent must not increase for one year once weatherization services are completed. Subgrantees shall use the application prioritization system in DBA FACSPRO/LITT which prioritizes program eligible persons who are:

- Elderly - 60 years of age and older
- Disabled
- Households with minors under age 18
- A high energy burden - at least 20 percent of the household income is utilized to pay for energy usage.
- A high energy user - LIHEAP eligible household benefit

**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? \$12,000

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: LED Bulbs, HVAC Assessments

**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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OMB Clearance No.: 0970-013  
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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):

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

Eligible entities are required to outline coordination efforts in their agency's annual Community Action Plan submission. OEO will verify these efforts during monitoring.

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

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

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

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

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

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

<input checked="" type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input 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?**

N/A

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

N/A

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

N/A

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	Community Action Agencies
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	Community Action Agencies	Community Action Agencies	Community Action Agencies	

8.5c who processes benefit payments to bulk fuel vendors?	Community Action Agencies	Community Action Agencies	Community Action Agencies	
8.5d Who performs installation of weatherization measures?				Community Action Agencies
<p style="color: red; text-align: center;"><b>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.</b></p> <p style="color: red; text-align: center;"><b>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.</b></p>				
<p><b>8.6 What is your process for selecting local administering agencies?</b></p> <p>OEO may redesignate an eligible entity if an area of the state is not served or ceases to be served by an eligible entity. This includes situations where an existing eligible entity goes out of business, funding is terminated, or relinquishes its designation as an eligible entity. The procedure for redesignation shall be as follows: 1. The State will notify in writing and request written applications from:(a) Any private nonprofit organization that is geographically located in the unserved area, that can provide a range of services designed to meet the requirements of the LIHEAP Statute; and (b)Any private nonprofit eligible entity that is geographically located in an area contiguous to or within reasonable proximity of the unserved area and that is already providing related services in the unserved area. 2. Special Consideration. The designation shall be granted to an organization of demonstrated effectiveness in meeting the goals and purposes of LIHEAP. Priority may be given to eligible entities that are providing related services in the unserved area.</p> <p>Each CAA is assigned a service area made up of a county or counties whereby program services of these grants are provided to specific county residents. Allocations for LIHEAP and the LIHEAP Weatherization Assistance Program (LWAP) are prepared by OEO's Fiscal Manager. Sub-grantee allocations for each grant are calculated based on the poverty rates of the county(ies) served by the sub-grantee. Disbursements are payments to the sub-grantees for administrative and program costs based, in part, on the funding allocated to a sub-grantee, timing, and reason for disbursement. All disbursements made to sub-grantees must ensure that the time between the day the funds are paid to the sub-grantee and when the sub-grantee spends the funds are minimized, ensuring compliance with federal requirements. The SC OEO references guidance in section 2 C. F.R 200.305(b)(1). During the program year, it is the sub-grantee's responsibility to track expenditures and submit a Certification of Advancement of Funds requesting funds needed and the reason for the request through the statewide database. The Certification of Advancement of Funds must be signed and dated by the sub-grantee's Executive Director, Finance Officer, and Program Officer. A separate form is required for each grant. The Senior Fiscal Manager must review the request, and if approved, a disbursement request will be submitted to Accounts Payable within the Department of Administration's Finance office for processing.</p>				
<p><b>8.7 How many local administering agencies do you use?</b> 13</p>				
<p><b>8.8 Have you changed any local administering agencies in the last year?</b></p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>				
<p><b>8.9 If so, why?</b></p>				
<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			
<p style="text-align: center;">N/A</p>				
<p><b>8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
<p><b>8.10a If yes, please explain.</b></p> <p style="text-align: center;">N/A</p>				
<p><b>8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy</b></p>				

Weatherization funding, etc.  Yes  No

8.10c If yes, please explain.

N/A

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

**Section 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.

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

LIHEAP Subgrantees must provide the customer a copy of the customer voucher generated through the statewide database to include the Notice of Fair Hearing and Appeals. The customer voucher includes the amount of assistance paid to the vendor.

**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?**

The vendor shall 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. The vendor agreement attached is an arrangement between the energy supplier and the eligible entity. The eligible entity is responsible for making direct payments to the vendor on behalf of the customer. Eligible customers are notified of the award amount at the time of application and a voucher is generated via the statewide database. The state office (OEO) does not make payments directly to home energy suppliers. However, the validity of charges and payments are reviewed by OEO during monitoring.

**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?**

The state prohibits any difference in treatment to households because of their receipt of LIHEAP assistance. This prohibition is reflected on the customer application and the statewide LIHEAP vendor agreement.

**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?**

The State maintains the internal controls and financial management system necessary to accurately account for LIHEAP expenditures; both fiscally and programmatically. OEO's fiscal team initially reviews and accepts budget applications, then closely monitors comprehensive expenditure reports and monthly financial status reports prepared/submitted by Subgrantees. Technical assistance and fiscal training are ongoing for agency fiscal officers and staff.

**10.1a Provide your definitions of the following:**

**Obligation**

An obligation is a legal liability to pay out money in the future, or immediately, as a result of a series of actions. For OEO, funds are to be considered obligated to subgrantees, when OEO and the subgrantee enter into a grant agreement, or when OEO enters into a binding commitment with another vendor or agency. For OEO, funds are to be obligated to subgrantees within the federal award period, as stated in Section IV *Definitions, E* of the grant agreement and Section VI *Funding; Federal Award Period* of the grant agreement. For subgrantees, funds are to be considered obligated when the subgrantee enters into some form of a binding commitment to pay out money. For subgrantees, obligations may include, but are not limited to, contracts for supplies or services, contracts with local agencies, credit lines established with vendors, lease or rental agreements, and approval letters issued to clients. Subgrantees must obligate funds within the expenditure timeframe, as stated in Section III *Grant Period* of the grant agreement and Section VI *Funding; Subgrantee Period of Performance* of the grant agreement.

**Expenditures**

Expenditures are charges made by a subgrantee to a project or program for which a federal award was received, as referenced in 2 CFR 200.1 *Expenditures* and 45 CFR 75.1 *Expenditures*. Expenditures are to be charged to awards based on the proportional benefit of the expenditure to the federal award(s), as referenced in 2 CFR 200.405 (d) and 45 CFR 75.405 (d). Expenditures may be reported on a cash or accrual basis, as referenced in 2 CFR 200.1 *Expenditures* and 45 CFR 75.1 *Expenditures*.

**Expenditure timeframe**

The expenditure timeframe is the period of time in which subgrantees may charge expenditures to federal awards. The expenditure timeframe for subgrantees is stated in Section III *Grant Period* of the grant agreement and Section VI *Funding; Subgrantee Period of Performance* of the grant agreement.

**Administrative costs**

Administrative costs are expenses, incurred by OEO or the subgrantees, which support the day-to-day business operations of their organization. Administrative costs are overhead costs, which are not directly tied to a specific program purpose.

**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.**

**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				

**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)

<input checked="" type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.
<input checked="" type="checkbox"/> Grant recipient conducts fiscal and program monitoring of local agencies/district offices
<input checked="" type="checkbox"/> Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
<b>Compliance Monitoring</b>
<b>10.5. Describe your monitoring process for compliance at each level below. Check all that apply.</b>
<b>Grant recipients have a policy in place for appropriate separation of duties and internal controls.</b>
<input checked="" type="checkbox"/> Internal program review
<input checked="" type="checkbox"/> Departmental oversight
<input checked="" type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>Local Administering Agencies/District Offices:</b>
<input checked="" type="checkbox"/> On - site evaluation
<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing/Sampling
<input checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:
Monthly financial and household reports; quarterly vendor interaction reports; annual cumulative financial and household reports.
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>To assure the accomplishment of program outcomes and grant compliance, the OEO will monitor each Subgrantee a minimum of one time per three program years. Monitoring visits will be scheduled and confirmation letters will be forwarded to the Subgrantee at least 30 days prior to the scheduled visit. The OEO may conduct monitoring through a team visit. The team or individuals visiting Subgrantees will prepare a summary of the field visit and monitoring report upon return to the OEO. Subsequently, the monitoring report will be forwarded to the Subgrantee, with a copy to the Chairman of the Board of Directors, and will address any deficiencies identified during the field visit. (Copies of the monitoring report will be forwarded to the entire Board of Directors when there are major issues to be addressed.) Each Subgrantee will have a specific period of time to correct the deficiencies identified, if applicable. Major findings will be tracked by OEO to final resolution. Uncorrected deficiencies may result in contract suspension or possible termination in accordance with established policies. Monitoring Report Timeline: Following the exit conference, the CAA has five (5) business days to provide pending information requested by OEO to resolve outstanding monitoring concerns. •Following the exit conference, OEO has twenty-five (25) calendar days to issue a draft report to the CAA. •From the date of receipt, the CAA has ten (10) calendar days to respond to OEO's report. •Finally, OEO has twenty (20) calendar days to issue a final report, including the CAA's rebuttals. •Note: If the deadline falls on a holiday or weekend, the deadline will be extended to the next business day. It is a best practice for OEO to monitor each subgrantee annually. Along with the yearly review, OEO reviews financial expenditures by way of the subgrantee submissions of financial status reports. A fiscal desk review of subgrantee's detailed general ledgers and summary expenditure reports is also performed intermittently throughout the year. A tracking of quarterly expenditures is reviewed by programmatic LIHEAP staff and households served. OEO may also review real-time customer intake applications through the statewide database.</p>
<b>10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.</b>
<p><b>Site Visits:</b></p> <p>OEO provides program and fiscal monitoring for each agency, at least once every three program years. Additional monitoring will be imposed by the state if severe deficiencies are identified. As a best practice, OEO makes the effort to monitor annually. The state attempts to perform on-site monitorings annually as a best practice. Criteria used to determine the scope of monitoring include the following: Financial stability of agency • Agency's financial/quality management systems • Results of past monitorings and status of findings • Results of single audit report • Leadership and key staff of agency, turnover • Reporting and timely submission • Additional monitoring activities may be performed due to: Results of last monitoring performed • Unresolved findings • Escalation of findings from last monitoring from noncompliant to deficient or immediate deficiency • Resolution of findings • News, word of mouth, complaints, etc. • Potential mismanagement of funds • Consistent errors in reporting • Monitoring activities of the state include, but are not limited to the following: On-site monitoring (program and fiscal) • Desk monitoring • Monthly review of Financial Status Reports • Single audit review.</p>
<p><b>Desk Reviews:</b></p> <p>Fiscal monitoring staff perform a desk monitoring of all subgrantees in addition to the on-site monitoring to assist in identifying potential issues, opportunities for training and technical assistance, and areas to focus on during the on-site monitoring. A desk review is also performed on the subgrantee's single audit with a management decision issued when required. Programmatic desk reviews will be performed as needed.</p>
<b>10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.</b>
Other



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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b>  <b>MODEL PLAN</b>  <b>Section 11 - Timely and Meaningful Public Participation</b></p>	

**Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)**

11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.  
*Note: Tribes do not need to hold a public hearing but must ensure participation through other means.*

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

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

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

	Date	Event Description
1	08/15/2024	Public Hearing

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

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

No comments were made at the hearing.

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

South Carolina temporarily lifted restrictions to the number of times a household could be served in one program year. To stretch resources, eligible households may be served a maximum of two times during the 2025 program year.

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

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

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

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

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

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

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

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

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

N/A

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

Except for emergencies, all non-emergency applications must be processed within 10 business days from the applicant's date of submission. LIHEAP crisis assistance must be expedited, and eligible households receive assistance within 18 to 48 hours upon the receipt of all required documents necessary for application. Individuals whose applications are not acted upon within the established timeframes may appeal at the agency and state level. Applicants should first file a written appeal with the Community Action Agency in which he/she applied for service(s), requesting a formal hearing within 30 calendar days of the agency's Notice of Denial of Assistance/Services. If the appeal is denied at the Community Action Agency, the applicant may file a written appeal to the Office of Economic Opportunity (OEO) within 20 calendar days of the agency's notification of their hearing decision. The written appeal shall be submitted to: • Attention: Legal Counsel, the South Carolina Department of Administration Office of Economic Opportunity, 1205 Pendleton Street, Suite 366, Columbia, SC 29201. If the appeal is further denied by OEO, the applicant may file a written appeal within 20 calendar days of the applicant's receipt of OEO's written hearing decision. The Department of Administration's Chief Legal Counsel will select a Hearings Officer to conduct the hearing within 30 days of receipt of the letter of appeal, utilizing the informal disposition procedures outlined in S.C. Code §§ 1-23-310 to 1-23-400 of the S.C. Administrative Procedures Act. •The funds or services in question must be obligated (set aside) until a final decision is reached. If the applicant is successful, the funds or services will be provided to the applicant. If the applicant is unsuccessful, funds are to be reverted to Client Assistance and made available to eligible participants. OEO will also provide training and technical assistance to agencies whose applications fail to be processed in a timely manner. OEO verifies applications are processed in a timely manner during monitoring.

12.5 When and how are applicants informed of these rights?

An Appeal and Fair Hearing notice must be posted in the lobbies and at intake sites where LIHEAP applications are taken. The notice outlines the escalation process for appeals, beginning with the serving agency. Applicants are also informed of their right to appeal on the statewide application, the customer's commitment voucher, and OEO website.

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

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

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

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 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.

N/A

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

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 14 - Leveraging Incentive Program**

**Section 14:Leveraging Incentive Program, 2607(A)**

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

Yes  No

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

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

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

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

## Section 15 - Training

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

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 15 - Training

#### Section 15: Training

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

**a. Grant recipient Staff:**

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

How often?

Annually

Biannually

As needed

Other, describe: New employees as hired

Employees are provided with policy manual

Other, describe:

Additional federal training is requested per the needs of the state.

**b. Local Agencies:**

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

How often?

Annually

Biannually

As needed

Other, describe:

On-site training

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other, describe:

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	
<b>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.</b>	

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

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 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.**

Performance data is used to determine South Carolina's LIHEAP benefit matrix and the level of benefit assistance provided for energy assistance. Performance measures influence changes to South Carolina's eligibility guidelines (ex. FPL vs. SMI). An annual review of energy data and households served is used to guide South Carolina's benefit matrix which is designed to target households with the lowest incomes and highest energy need. South Carolina will continue to engage additional vendors and collect data from electric, natural gas and propane vendors/ utilities to ensure a more accurate account of customer energy consumption and costs.

**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

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 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:  
Each subgrantee is required to submit an annual LIHEAP integrity plan to address fraud, waste and abuse.

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

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

**17.2. Identification Documentation Requirements**

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

Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in Household	All Household Members
Social Security Card is photocopied and retained	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input 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 type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested

17.3. Citizenship/Legal Residency Verification							
What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.							
<input type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen							
<input checked="" type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.							
<input checked="" type="checkbox"/> Non-Citizens must provide documentation of immigration status							
<input 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:  Green cards, consular identification, visas or proof of right to work in the state is allowed for foreign nationals. If a Social Security card is not available, the state will accept a Social Security number printed on a government issued document.							
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Official proof for disabled persons to be considered vulnerable and receive expedited or additional benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Official proof for veterans to be considered to receive additional non-emergency benefits if funds are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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:  Section 8 utility allowance check copies. Unemployment printouts for adult household members reporting zero income.							
<input type="checkbox"/> Computer data matches:							
<input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							
<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input type="checkbox"/> Social Security income verified with SSA							
<input type="checkbox"/> Utilize state directory of new hires							
<input type="checkbox"/> Other - Describe:							
b. Describe any exceptions to the above policies.  Elderly and/or homebound applicants may qualify for a waiver if documents cannot be provided (no exception for proof of disabled status).							
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 type="checkbox"/> Verify SSNs with Social Security Administration							
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input 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 type="checkbox"/>	Match with state and/or federal corrections system
<input type="checkbox"/>	Match with state child support system
<input type="checkbox"/>	Verification using private software (e.g., The Work Number)
<input type="checkbox"/>	In-person certification by staff (for tribal Grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)
<input checked="" type="checkbox"/>	Other - Describe:  Applicants are required to provide a South Carolina identification card and proof of U.S. Citizenship/Legal Residency for all household members. Legal documents may be provided to support a difference in names. Subgrantees may also verify identification in-person during intake, request wage verification information from employers, and via Social Security Administration award letters, SNAP and TANF printouts, and accepted income tax documentation.
<b>17.6. Protection of Privacy and Confidentiality</b>	
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:  Policy and procedures manual and contract outline requirements for Grantee and agencies.
<b>17.7. Verifying the Authenticity</b>	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input type="checkbox"/>	All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/>	Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>	
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 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 type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
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 type="checkbox"/>	Vendors are checked against an approved vendors list
<input 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 type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
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 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 type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process
<input checked="" type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? one year to permanent debarment.
<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:
<b>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.</b>	

**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.* )**

1205 Pendleton Street <b>* Address Line 1</b>		
Address Line 2		
Address Line 3		
Columbia <b>* City</b>	SC <b>* State</b>	29201 <b>* Zip Code</b>

**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"><li>• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</li></ul>
<ul style="list-style-type: none"><li>• Heating component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Cooling component benefit matrix, if applicable</li></ul>
<ul style="list-style-type: none"><li>• Minutes, notes, or transcripts of public hearing(s).</li></ul>
<ul style="list-style-type: none"><li>• Policy Manual.</li></ul>
<ul style="list-style-type: none"><li>• Subrecipient Contract.</li></ul>
<ul style="list-style-type: none"><li>• Model Plan Participation Notes for Tribes.</li></ul>