

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: Commerce, Washington State Department of

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

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


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

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Mandatory Grant Application SF-424

| | | | |
|--|--|--|---|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES | | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027 | |
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY | | | |
| * 1.a. Type of Submission: <input checked="" type="radio"/> Plan | * 1.b. Frequency: <input checked="" type="radio"/> Annual | * 1.c. Consolidated Application/ Plan/Funding Request? Explanation: | * 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update |
| | | 2. Date Received: | State Use Only: |
| | | 3. Applicant Identifier: | |
| | | 4a. Unique Entity Identifier (UEI) K5CXYFV3DJA5 | 5. Date Received By State: |
| | | 4b. Federal Award Identifier: | 6. State Application Identifier: |
| 7. APPLICANT INFORMATION | | | |
| * a. Legal Name: Washington State Department of Commerce | | | |
| * b. Address: | | | |
| * Street 1: | 906 COLUMBIA ST. SW | Street 2: | PO BOX 48350 |
| * City: | OLYMPIA | County: | Washington |
| * State: | WA | Province: | |
| * Country: | United States | * Zip / Postal Code: | 98504 - 8350 |
| c. Organizational Unit: | | | |
| Department Name: Community Economic Opportunities | | Division Name: Community Services | |
| 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: Brian | | * Last Name: Sarensen | |
| Title: LIHEAP program manager | | Organizational Affiliation: WA State Department of Commerce | |
| * Telephone Number: 3607252862 | | Fax Number: | |
| * Email: brian.sarensen@commerce.wa.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: Administering the WA State 2025 Low-Income Home Energy Assistance Program (October 1 September 30), per the specific and general terms & conditions of this contract, and the program policies & procedures established by the Washington State Department of Commerce. | | | |
| 11. AREAS AFFECTED BY FUNDING: Statewide | | | |
| 12. CONGRESSIONAL DISTRICTS OF APPLICANT: 10th | | | |
| 13. FUNDING PERIOD: | | | |
| a. Start Date: 10/01/2024 | | b. End Date: 09/30/2026 | |
| * 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS? | | | |

| | |
|--|--|
| <p>a. This submission was made available to the State under Executive Order 12372</p> <p>Process for review on:</p> | |
| <p>b. Program is subject to E.O. 12372 but has not been selected by State for review.</p> | |
| <p>c. Program is not covered by E.O. 12372.</p> | |
| <p>*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</p> <p><input type="radio"/> YES</p> <p><input checked="" type="radio"/> NO</p> | |
| <p>If Yes, explain:</p> | |
| <p>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)</p> <p>**I Agree <input checked="" type="checkbox"/></p> | |
| <p>** 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.</p> | |
| <p>17a. Typed or Printed Name and Title of Authorized Certifying Official</p> <p>Brian Sarensen</p> | <p>17c. Telephone (area code, number and extension)</p> |
| | <p>17d. Email Address</p> <p>brian.sarensen@commerce.wa.gov</p> |
| <p>17b. Signature of Authorized Certifying Official</p>  | <p>17e. Date Report Submitted (Month, Day, Year)</p> <p>09/05/2024</p> |

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 | 09/30/2026 |
| <input type="checkbox"/> Cooling assistance | | |
| <input type="checkbox"/> Summer crisis assistance | | |
| <input type="checkbox"/> Winter crisis assistance | | |
| <input checked="" type="checkbox"/> Year-round crisis assistance | 10/01/2024 | 09/30/2026 |
| <input checked="" type="checkbox"/> Weatherization assistance | 10/01/2024 | 09/30/2026 |

Provide further explanation for the dates of operation, if necessary

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

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage (%) | Prior year totals |
|--|------------------|-------------------|
| Heating assistance | 55.00% | 50.17% |
| Cooling assistance | 0.00% | 0.00% |
| Summer crisis assistance | 0.00% | 21.00% |
| Winter crisis assistance | 0.00% | 0.00% |
| Year-round crisis assistance | 16.00% | 0.00% |
| Weatherization assistance | 15.00% | 15.00% |
| Carryover to the following federal fiscal year | 0.00% | 0.19% |
| Administrative and planning costs | 10.00% | 9.81% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 3.92% | 3.75% |
| Used to develop and implement leveraging activities | 0.08% | 0.08% |
| TOTAL | 100.00% | 100.00% |

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

| | | | | |
|---|--|--|--|--|
| 1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to: | | | | |
| <input checked="" type="checkbox"/> | Heating assistance | <input type="checkbox"/> | Cooling assistance | |
| <input checked="" type="checkbox"/> | Weatherization assistance | <input type="checkbox"/> | Other (specify:) | |
| Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8 | | | | |
| 1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6. | | | | |
| | Heating | Cooling | Crisis | Weatherization |
| TANF | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SSI | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| SNAP | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 1.4a. - Provide your definition of categorical eligibility. | | | | |
| 1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input type="radio"/> No | | | | |
| If Yes, explain: | | | | |
| 1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts? | | | | |
| SNAP Nominal Payments | | | | |
| 1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | |
| If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d. | | | | |
| 1.7b Amount of Nominal Assistance: \$20.01 | | | | |
| 1.7c Frequency of Assistance | | | | |
| <input checked="" type="checkbox"/> | Once Per Year | | | |
| <input type="checkbox"/> | Once every five years | | | |
| <input type="checkbox"/> | Other - Describe: | | | |
| 1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need? | | | | |
| The benefits provided through the WA Basic Food Partnership are invoiced on a monthly basis and back-up documentation is provided. The determinatinm is made by Department if Social and Health Services staff and reviewed by COMmerce LIHEAP prortam staff. | | | | |
| 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 type="checkbox"/> | Contract Income | | | |
| <input type="checkbox"/> | Payments from mortgage or Sales Contracts | | | |
| <input checked="" type="checkbox"/> | Unemployment insurance | | | |
| <input checked="" type="checkbox"/> | Strike Pay | | | |

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Social Security Administration (SSA) benefits |
| <input type="checkbox"/> | Including MediCare deduction |
| <input checked="" type="checkbox"/> | Excluding MediCare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) |
| <input checked="" type="checkbox"/> | Retirement / pension benefits |
| <input checked="" type="checkbox"/> | General Assistance benefits |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits |
| <input checked="" 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 checked="" type="checkbox"/> | Jury duty compensation |
| <input checked="" type="checkbox"/> | Rental income |
| <input type="checkbox"/> | Income from employment through Workforce Investment Act (WIA) |
| <input type="checkbox"/> | Income from work study programs |
| <input checked="" type="checkbox"/> | Alimony |
| <input checked="" type="checkbox"/> | Child support |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties |
| <input checked="" type="checkbox"/> | Commissions |
| <input checked="" type="checkbox"/> | Legal settlements |
| <input 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 type="checkbox"/> | Veterans Administration (VA) benefits |
| <input type="checkbox"/> | Earned income of a child under the age of 18 |
| <input type="checkbox"/> | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| <input type="checkbox"/> | Income tax refunds |
| <input type="checkbox"/> | Stipends from senior companion programs, such as VISTA |
| <input checked="" type="checkbox"/> | Funds received by household for the care of a foster child |
| <input type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| <input type="checkbox"/> | Reimbursements (for mileage, gas, lodging, meals, etc.) |

| | |
|--|--|
| <input checked="" type="checkbox"/> | Other Legal settlements are counted as income if structured and recurring and used for household expenses |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | |
| 1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| 1.10a If yes, describe the type of online application (Select all boxes that apply) | |
| <input checked="" type="checkbox"/> | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing. |
| <input type="checkbox"/> | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing. |
| <input checked="" type="checkbox"/> | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |
| <input checked="" type="checkbox"/> | Online application that is also mobile friendly |
| <input type="checkbox"/> | Other, please describe |
| Please include a link(s) to a statewide application, if available: | |
| 1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| If no, explain which components can and cannot be applied for online. | |
| 1.11 Do you have a process for conducting and completing applications by phone? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| 1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required. | |
| 1.13 How can applicants submit documentation for verification? Select all that apply: | |
| <input checked="" type="checkbox"/> | In-person |
| <input checked="" type="checkbox"/> | Mail |
| <input checked="" type="checkbox"/> | Email |
| <input checked="" type="checkbox"/> | Portal application |
| <input type="checkbox"/> | Other, please describe |

Hidden for Section 1

Section 2 - HEATING ASSISTANCE

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

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

Section 2 - Heating Assistance

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

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

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

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

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

Do you require an Assets test? Yes No

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

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

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:

Sub-grantees have the option to provide priority scheduling to the vulnerable groups identified above for a period of time at the start of the program year. This targeted scheduling is not intended to exclude non-targeted households for more than an initial period of time. Each sub-grantee's decision and plan to provide priority scheduling must be approved by Commerce in their annual application.

Sub-grantees also have the option to provide targeted intake appointments for the vulnerable groups identified above. These services are provided directly at various offsite locations to accommodate elderly and disabled populations.

Individuals with a disability? Yes No

If yes, describe:

Sub-grantees have the option to provide priority scheduling to the vulnerable groups identified above for a period of time at the start of the program year. This targeted scheduling is not intended to exclude non-targeted households for more than an initial period of time. Each sub-grantee's decision and plan to provide priority scheduling must be approved by Commerce in their annual application.

Sub-grantees also have the option to provide targeted intake appointments for the vulnerable groups identified above. These services are provided directly at various offsite locations to accommodate elderly and disabled populations.

Young children? Yes No

If yes, describe:

Sub-grantees have the option to provide priority scheduling to the vulnerable groups identified above for a period of time at the start of the program year. This targeted scheduling is not intended to exclude non-targeted households for more than an initial period of time. Each sub-grantee's decision and plan to provide priority scheduling must be approved by Commerce in their annual application.

Sub-grantees also have the option to provide targeted intake appointments for the vulnerable groups identified above. These services are provided directly at various offsite locations to accommodate elderly and disabled populations.

Households with high energy burdens?

Yes No

If yes, describe:

Sub-grantees have the option to provide priority scheduling to the vulnerable groups identified above for a period of time at the start of the program year. This targeted scheduling is not intended to exclude non-targeted households for more than an initial period of time. Each sub-grantee's decision and plan to provide priority scheduling must be approved by Commerce in their annual application.

Sub-grantees also have the option to provide targeted intake appointments for the vulnerable groups identified above. These services are provided directly at various offsite locations to accommodate elderly and disabled populations.

Other?

Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

Sub-grantees have the option to provide priority scheduling to the vulnerable groups identified above for a period of time at the start of the program year. This targeted scheduling is not intended to exclude non-targeted households for more than an initial period of time. Each sub-grantee's decision and plan to provide priority scheduling must be approved by Commerce in their annual application.

Sub-grantees also have the option to provide targeted intake appointments for the vulnerable groups identified above. These services are provided directly at various offsite locations to accommodate elderly and disabled populations.

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.

Sub-grantees have the option to provide priority scheduling to the vulnerable groups identified above for a period of time at the start of the program year. This targeted scheduling is not intended to exclude non-targeted households for more than an initial period of time. Each sub-grantee's decision and plan to provide priority scheduling must be approved by Commerce in their annual application.

Sub-grantees also have the option to provide targeted intake appointments for the vulnerable groups identified above. These services are provided directly at various offsite locations to accommodate elderly and disabled populations.

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

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

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 | \$250 | Maximum Benefit | \$1,250 |
|-----------------|-------|-----------------|---------|

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes No

If yes, describe.

Contractors (sub-grantees) may choose among the following list of OES services to resolve a heat-related crisis situation, but must not exceed \$1,000:

1. Provide blankets, space heaters, air conditioners, fans, and other emergency supplies.

a. Client Files must document the request and/or need for services.

2. Repair or replace broken and/or damaged windows.

a. If the cost to replace the windows is less than the cost to repair, then they will be replaced.

3. Provide limited roof repair when the roof conditions and inclement weather both pose a threat to the health and safety of the dwelling's occupants.

a. Roof repair is held to the same policy guidelines as broken and/or damaged windows.

4. Purchase a small generator to serve as an emergency energy source for a life-threatening health condition.

a. Client Files must document the request and/or need for the service.

5. Provide air conditioners.

a. Client Files must document the request and/or need for services

b. If household is a renter, then the air conditioner provided must be portable.

c. If households is an owner, then the air conditioner provided can be portable or window mount.

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 | | | 0.00% |

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

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

Do you require an Assets test? Yes No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

Renters Living in subsidized housing? Yes No

If yes, describe:

Renters with utilities included in the rent? Yes No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

Individuals with a disability? Yes No

If yes, describe:

Young children? Yes No

If yes, describe:

Households with high energy burdens? Yes No

If yes, describe:

Other? Yes No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

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

| | |
|---|-----|
| <input type="checkbox"/> Dwelling type | |
| <input type="checkbox"/> Energy burden (% of income spent on home energy) | |
| <input type="checkbox"/> Energy need | |
| <input type="checkbox"/> Other - Describe: | |
| | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | |
| 3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i> | |
| Minimum Benefit | \$0 |
| Maximum Benefit | \$0 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input type="radio"/> No | |
| If yes, describe. | |
| <p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p> | |

Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 4 - Crisis Assistance

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

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

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

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

A crisis is defined individually by each sub-grantee and approved by the Department of Commerce at the beginning of each program year when sub-grantees apply to provide LIHEAP services. Definitions range from sub-grantee to sub-grantee, from a shutoff notice or less than a 10-day supply of fuel to being shut off or without fuel.

If a client has a "medical necessity" noted on their utility account and they heat with electric or gas, they become eligible for an emergency appointment the moment they receive a past-due notice from the utility. Different utilities use different terminology for this, but it's essentially the same thing. We consider the "medical necessity" notation on their utility account to be the "life-threatening" aspect of it because if they have that designation on their account, there are things they have already documented for the utility company to verify they would have a life-threatening situation if they lost their power.

4.3 What constitutes a life-threatening crisis?

In general, if a client provides proof of their medical condition(s) that requires a heat source to mitigate potential health risks, then they are considered as having a life-threatening condition. Eligible households faced with a life-threatening energy crisis, must have the crisis relieved within 18 hours of a completed application.

Crisis Requirement, 2604(c)

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

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

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

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

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

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

In Order to receive crisis assistance:

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| Must the household have received a shut-off notice or have a near empty tank? | <input 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 type="checkbox"/> |
| Must the household have exhausted their regular heating benefit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--|--------------------------|-------------------------------------|
| Must renters with heating costs included in their rent have received an eviction notice? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Must heating/cooling be medically necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have non-working heating or cooling equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have additional/differing eligibility policies for: | | | |
| Renters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters living in subsidized housing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters with utilities included in the rent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanations of policies for each "yes" checked above: | | | |
| <p>Documentation is required to verify that the applicant is experiencing an energy crisis. The contractor will include in the applicant's file, as applicable:</p> <ul style="list-style-type: none"> • A copy of the disconnection notice or bill, or a notation of a telephone call to the vendor that verifies the same. <ul style="list-style-type: none"> • Documentation stating the applicant is on a budget and/or average payment plan. • A copy of the notice or bill that indicates that the applicant is in jeopardy of being terminated from a budget and/or average payment plan. • A letter from the vendor, or a file notation of a phone call with the vendor that verifies when the applicant could be removed from the budget or average payment plan. (For example, a vendor may indicate that the applicant will be terminated from a budget payment plan after non-payment of the second billing for the same period.) • A signed statement by the applicant that they have less than a ten-day supply of oil, wood, or propane and insufficient funds to re-order; or if feasible, written verification from a vendor that the applicant has a fuel supply of ten days or less. | | | |
| Determination of Benefits | | | |
| 4.8 How do you handle crisis situations? | | | |
| <input type="checkbox"/> | Separate component | | |
| <input checked="" type="checkbox"/> | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames. | | |
| <input type="checkbox"/> | Other - Describe: | | |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits? | | | |
| <input type="checkbox"/> | Amount to resolve the crisis. \$0 | | |
| <input type="checkbox"/> | Other - Describe: | | |
| Crisis Requirements, 2604(c) | | | |
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Explain. | | | |
| <p>Sub-grantees have the option to allow mail-in, faxed, over the phone, and/or emailed application submittals for homebound clients or households that reside in outlying areas.</p> <p>Most sub-grantees that serve multiple and/or larger counties in the state provided multiple locations for households to access LIHEAP services.</p> | | | |
| 4.11 Do you provide individuals who are individuals with a disability the means to: | | | |
| Submit applications for crisis benefits without leaving their homes? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If No, explain. | | | |
| Travel to the sites at which applications for crisis assistance are accepted? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| If No, explain. | | | |
| Our sub-grantees have team/intake staff travel to the customer's location if needed | | | |
| If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically | | | |

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| disabled? | | | |
| Benefit Levels, 2605(c)(1)(B) | | | |
| 4.12 Indicate the maximum benefit for each type of crisis assistance offered. | | | |
| Winter Crisis | \$0.00 | maximum benefit | |
| Summer Crisis | \$0.00 | maximum benefit | |
| Year-round Crisis | \$10,000.00 | maximum benefit | |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe | | | |
| <p>Households in crisis situations may be eligible for Other Emergency Services (OES) depending on the household's situation and needs. Some of the allowable benefits include providing in-kind items such as blankets, space heaters, air conditioners, fans, and other emergency supplies.</p> <p>Our year-round crisis program can provide Other Emergency Services (OES) in the form of deposits either to restore or establish power, back bill assistance to help avoid disconnections and restore power after disconnection, and propane tank set and rental assistance.</p> | | | |
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If you answered "Yes" to question 4.14, you must complete question 4.15. | | | |
| 4.15 Check appropriate boxes below to indicate type(s) of assistance provided. | | | |
| | Winter Crisis | Summer Crisis | Year-round Crisis |
| Heating system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heating system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If you responded "Yes" to question 4.16, you must respond to question 4.17. | | | |
| 4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period. | | | |
| <p>1. The lien for charges for service by a city waterworks, or electric light or power plant may be enforced only by cutting off the service until the delinquent and unpaid charges are paid, except that until June 30, 1991, utility service for residential space heating may be terminated between November 15 and March 15 only as provided in subsections (2) and (4) of this section. In the event of a disputed account and tender by the owner of the premises of the amount the owner claims to be due before the service is cut off, the right to refuse service to any premises shall not accrue until suit has been entered by the city and judgment entered in the case.</p> <p>1. Utility service for residential space heating shall not be terminated between November 15 through March 15 if the customer:</p> <ul style="list-style-type: none"> • Notifies the utility of the inability to pay the bill, including a security deposit. This notice should be provided within five business days of receiving a payment overdue notice unless there are extenuating circumstances. If the customer fails to notify the utility within five business days and service is terminated, the customer can, by paying reconnection charges, if any, and fulfilling the requirements of this section, receive the protections of this chapter; • Provides self-certification of household income for the prior twelve months to a grantee of the department of community, trade, and economic | | | |

development which administers federally funded energy assistance programs. The grantee shall determine that the household income does not exceed the maximum allowed for eligibility under the state's plan for low-income energy assistance under 42 U.S.C. 8624 and shall provide a dollar figure that is seven percent of household income. The grantee may verify information in the self-certification;

- Has applied for home heating assistance from applicable government and private sector organizations and certifies that any assistance received will be applied to the current bill and future utility bills;
- Has applied for low-income weatherization assistance to the utility or other appropriate agency if such assistance is available for the dwelling;
- Agrees to a payment plan and agrees to maintain the payment plan. The plan will be designed both to pay the past due bill by the following October 15 and to pay for continued utility service. If the past due bill is not paid by the following October 15, the customer shall not be eligible for protections under this chapter until the past due bill is paid. The plan shall not require monthly payments in excess of seven percent of the customer's monthly income plus one-twelfth of any arrear-age accrued from the date application is made and thereafter during November 15 through March 15. A customer may agree to pay a higher percentage during this period, but shall not be in default unless payment during this period is less than seven percent of monthly income plus one-twelfth of any arrear-age accrued from the date application is made and thereafter. If assistance payments are received by the customer subsequent to implementation of the plan, the customer shall contact the utility to reformulate the plan; and
- Agrees to pay the moneys owed even if they move.

1. The utility shall:

- Include in any notice that an account is delinquent and that service may be subject to termination, a description of the customer's duties in this section;
- Assist the customer in fulfilling the requirements under this section;
- Be authorized to transfer an account to a new residence when a customer who has established a plan under this section moves from one residence to another within the same utility service area;
- Be permitted to disconnect service if the customer fails to honor the payment program. Utilities may continue to disconnect service for those practices authorized by law other than for nonpayment as provided for in this section. Customers who qualify for payment plans under this section who default on their payment plans and are disconnected can be reconnected and maintain the protections afforded under this chapter by paying reconnection charges, if any, and by paying all amounts that would have been due and owing under the terms of the applicable payment plan, absent default, on the date on which service is reconnected; and
- Advise the customer in writing at the time it disconnects service that it will restore service if the customer contacts the utility and fulfills the other requirements of this section.

1. All municipal utilities shall offer residential customers the option of a budget billing or equal payment plan. The budget billing or equal payment plan shall be offered low-income customers eligible under the state's plan for low-income energy assistance prepared in accordance with 42 U.S.C. 8624(C)(1) without limiting availability to certain months of the year, without regard to the length of time the customer has occupied the premises, and without regard to whether the customer is the tenant or owner of the premises occupied.

1. An agreement between the customer and the utility, whether oral or written, shall not waive the protections afforded under this chapter.

[1995 c 399 § 36; 1991 c 165 § 2; 1990 1st ex.s. c 1 § 1; 1987 c 356 § 1; 1986 c 245 § 1; 1985 c 6 § 3; 1984 c 251 § 1; 1965 c 7 § 35.21. 300. Prior: 1909 c 161 § 2; RRS § 9472.]

NOTES: Findings -- 1991 c 165: "The legislature finds that the health and welfare of the people of the state of Washington require that all citizens receive essential levels of heat and electric service regardless of economic circumstance and that rising energy costs have had a negative effect on the afford-ability of housing for low-income citizens and have made it difficult for low-income citizens of the state to afford adequate fuel for residential space heat. The legislature further finds that level payment plans, the protection against winter heating shutoff, and house weatherization programs have all been beneficial to low-income persons." [1991 c 165 § 1.]

Summer Moratorium

Prohibits involuntarily terminating water or electric service to any residential user during days for which the National Weather Service has issued certain heat-related alerts.

Requires utilities to promptly make a reasonable attempt to reconnect service to a dwelling upon receipt of a request to reconnect utility service for a day in which the National Weather Service has issued certain heat-related alerts.

Authorizes, in connection with a request to reconnect service for a day for which a heat alert has been issued, to require the residential user to enter into a payment plan prior to reconnecting service to the dwelling.

Prohibition on Utility Termination During High-Temperature Periods Applies to:

Utilities Regulated by the Utilities and Transportation Commission.

Publicly-owned Utilities.

Residential Landlord Tenant Act and Manufactured and Mobile Home Act.

Repayment plans are at the discretion of the utility and/or landlord

A repayment plan required by a utility will be designed both to pay the past due bill by the following May 15, or as soon as possible after May 15 if needed to maintain monthly payments that are no greater than 6 percent of the customer's monthly income, and to pay for continued utility service;

The plan may not require monthly payments in excess of 6 percent of the customer's monthly income;

A customer may agree to pay a higher percentage during this period, but will not be in default unless payment during this period is less than 6 percent of the customer's monthly income; and

If assistance payments are received by the customer subsequent to the implementation of the plan, the customer must contact the utility to reformulate the plan.

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

We will use the federal guidelines for disaster assistance should one happen in our State.

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:

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

5.8 Do you give priority in eligibility to:

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

| | |
|---|---|
| burdens? | |
| Other? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>1. Providing Weatherization Services: Local Agencies are committed to delivering weatherization services to qualified households within their jurisdictions, guaranteeing accessible application processes for interested parties. Acknowledging the diverse presence of potential clients, Commerce entrusts local agencies with the autonomy to assess and address community-specific needs. For guidance on identifying eligible weatherization clients, refer to Policy 1.2.2.</p> <p>2. Prioritizing Clients: Local Agencies must give priority for weatherization services to: a. Elderly (60 years of age or older). b. Persons with disabilities. c. Children nineteen years of age, or under. d. High Residential Energy Users. Households with High Energy Burden</p> <p>3. Giving Preference to Clients: Local Agencies may give preference for weatherization services to households meeting two or more of the priority criteria listed (e.g. elderly + households with high energy burden).</p> | |
| Benefit Levels | |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| 5.9a If yes, what is the maximum? \$20,000 | |
| 5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 5.10a If so, what is the ACPU amount? \$0 | |
| Types of Assistance, 2605(c)(1), (B) & (D) | |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.) | |
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits | <input checked="" type="checkbox"/> Energy related roof repair |
| <input checked="" type="checkbox"/> Caulking and insulation | <input checked="" type="checkbox"/> Major appliance repairs |
| <input checked="" type="checkbox"/> Storm windows | <input checked="" type="checkbox"/> Major appliance replacement |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/repairs | <input checked="" type="checkbox"/> Windows/sliding glass doors |
| <input checked="" type="checkbox"/> Furnace replacement | <input checked="" type="checkbox"/> Doors |
| <input checked="" type="checkbox"/> Cooling system modifications/repairs | <input checked="" type="checkbox"/> Water Heater |
| <input checked="" type="checkbox"/> Water conservation measures | <input checked="" type="checkbox"/> Cooling system replacement |
| <input checked="" type="checkbox"/> Roof top solar | <input checked="" type="checkbox"/> Community solar projects |
| <input checked="" type="checkbox"/> Compact florescent light bulbs | <input type="checkbox"/> Other - Describe: |
| <p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p> | |

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 6 - Outreach**

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

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

- Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- Web Posting
- Email
- Texting
- Events
- Social Media
- Other (specify):

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

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

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

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

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

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

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Joint application for multiple programs (indicate programs included) LIHEAP, Weatherization, SHEAP, Appliance Rebate Program, Clean Home Funds, Climate Commitment Account Funded programs |
| <input checked="" type="checkbox"/> | Intake referrals to/from other programs (indicate programs included) LIHEAP, Weatherization, SHEAP, Appliance Rebate Program, Clean Home Funds, Climate Commitment Account Funded programs |
| <input checked="" type="checkbox"/> | One - stop intake centers |
| <input type="checkbox"/> | Other - Describe: |

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

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

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

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

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

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

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

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

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

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

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

Sub-grantees have the option of providing alternate outreach and intake services. Each local agency must have their outreach plan approved by Commerce in their annual application to provide LIHEAP services. Sub-grantees may elect to provide intake and/or outreach opportunities by partnering with local agencies that work with or provided resources for the elderly and/or disabled populations. These partnerships establish a means of getting program information to our most vulnerable households as well as creating a more accommodating means of accessing services.

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

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

Sub-grantees have the option of providing alternate outreach and intake services. Each local agency must have their outreach plan approved by Commerce in their annual application to provide LIHEAP services. Sub-grantees may elect to provide intake and/or outreach opportunities by partnering with local agencies that work with or provided resources for the elderly and/or disabled populations. These partnerships establish a means of getting program information to our most vulnerable households as well as creating a more accommodating means of accessing services.

| | | | | |
|---|----------------|----------------|---------------|-----------------------|
| 8.5 LIHEAP Component Administration. | Heating | Cooling | Crisis | Weatherization |
|---|----------------|----------------|---------------|-----------------------|

| | | | | |
|--|---------------------------|--|---------------------------|---------------------------|
| 8.5a Who determines client eligibility? | Community Action Agencies | | Community Action Agencies | Community Action Agencies |
| 8.5b Who processes benefit payments to gas and electric vendors? | Community Action Agencies | | Community Action Agencies | |
| 8.5c who processes benefit payments to bulk fuel vendors? | Community Action Agencies | | Community Action Agencies | |
| 8.5d Who performs installation of weatherization measures? | | | | Community Action Agencies |

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

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

8.6 What is your process for selecting local administering agencies?

We give preference to Community Action Agencies. An annual application packet is sent to Community Action Agencies for their plan to provide LIHEAP services.

8.7 How many local administering agencies do you use? 26

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

- Yes
 No

8.9 If so, why?

Agency was in noncompliance with Grant recipient requirements for LIHEAP -

Agency is under criminal investigation

Added agency

Agency closed

Other - describe

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

8.10a If yes, please explain.

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

8.10c If yes, please explain.

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

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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

When there is not an available home energy supplier with a current LIHEAP vendor agreement on file or when heat is included in rent, LIHEAP benefits are awarded directly to the household.

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

Clients are notified of the amount of assistance they are eligible for at the time intake is completed. This information will be provided for them in writing on a LIHEAP application form, referred to as the Household Information Form (HIF), which is signed by the primary applicant. In instances where program eligibility and a benefit cannot be determined at the completion of intake, the client will receive a letter confirming the household's eligibility status as well as their benefit amount, or the information will be made available to the client through alternate means, if applicable.

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?

Energy vendors must be approved and sign a bi-annual LIHEAP vendor agreement in order to receive LIHEAP payments. In that agreement, it states that energy vendors must, "not treat adversely, or discriminate against any household that receives LIHEAP payments, either in the cost of the goods supplied or the services provided. "

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?

Local administering agencies work directly with the energy suppliers in their area. These vendors understand the program requirements, and they sign an annual LIHEAP vendor agreement that states they may not, "treat adversely, or discriminate against any household that receives LIHEAP payments, either in the cost of the goods supplied or the services provided."

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?

Through our Contract Management System, AFFERS, and Federal Payment Management System reconciliation as well as monthly budget meetings.

10.1a Provide your definitions of the following:

Obligation

The commitment of funds for specific use. When a contract is executed and signed by all parties.

Expenditures

Decreases in net current financial resources. Expenditures include disbursements and accruals of the current period. Expenditures do not include encumbrances.

Expenditure timeframe

COM does not setup encumbrances, we establish expenditure timeframes in contracts

Administrative costs

Costs to administer the program.

Audit Process

10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?

Yes No

10.2a - if yes, describe your auditor selection process.

Program is audited annually by the Washington State Auditors' Office due to amount of federal funding recieved.

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

No Findings

| Finding | Type | Brief Summary | Resolved? | Action Taken |
|---------|------------|---|-----------|--------------------------|
| 1 | reporting | The Department of Commerce did not have adequate internal controls over and did not comply with requirements to ensure it filed reports required by the Federal Funding Accountability and Transparency Act. | Yes | procedure/policy changes |
| 2 | monitoring | The Departments internal control officer is responsible for completing the monitoring of federal reporting and issuing management decisions for subrecipients who receive federal audit findings for programs funded with the Departments federal pass-through funding. The Department of Commerce did not have adequate internal controls over and did not comply with requirements to issue management decisions for audit findings to subrecipients of the Low-Income Home Energy Assistance | Yes | procedure/policy changes |

| | | | | |
|--|---|----------|--|--|
| | | Program. | | |
| 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. | | | | |
| <input checked="" type="checkbox"/> | Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133 | | | |
| <input type="checkbox"/> | 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 | | | |
| Compliance Monitoring | | | | |
| 10.5. Describe your monitoring process for compliance at each level below. Check all that apply. | | | | |
| Grant recipients have a policy in place for appropriate separation of duties and internal controls. | | | | |
| <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: | | | |
| Local Administering Agencies/District Offices: | | | | |
| <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 type="checkbox"/> | Other program review mechanisms are in place. Describe: | | | |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. | | | | |
| Attached | | | | |
| 10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized. | | | | |
| Site Visits: Sub-grantees are on a rotating three-year onsite monitoring schedule. Annual risk assessments are performed to determine sub-grantees with a higher level of risk. Those agencies identified will have increased frequency of monitoring in accordance with their determined level of risk. | | | | |
| Desk Reviews: Sub-grantees that will not receive an onsite monitoring visit during the current program year will receive a desk monitoring review. | | | | |
| 10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed. Annually | | | | |
| 10.9. How many local agencies are currently on corrective action plans? 0 | | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | | |

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

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

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

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

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

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 | 08/08/2024 | LIHEAP Model Plan 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).
 We recieved no comments at the public hearing

11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?
 We received comments during the posting period prior to the public hearing and we increases our minimum and maximum benefits in an attempt to mitigate the rise in energy prices.

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

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

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

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 3

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?

none

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

An applicant will be provided the opportunity to request a fair hearing if:

1. They have applied for, received, or have been denied benefits;
2. They request a hearing within 30 calendar days of receiving the contractor's notice of approval or denial (COMMERCE will have 30 working days to respond to the claimant after receiving of a fair hearing request); AND
3. They have completed the Household Information Form.

COMMERCE will assign a Hearings Officer (usually the contractor's assigned EAP Contract Manager) on receiving a request for a fair hearing. The Hearings Officer will contact the contractor for the client file associated with the fair hearing request.

1. Claimants will be responded to, by COMMERCE, within 30 working days of receiving a fair hearings request. Time line changes will be noted in the COMMERCE hearing file.
2. Hearings will be conducted by telephone and if applicable by mail or electronic mail.
3. A written decision will be mailed to the claimant and the contractor within ten working days of the hearing.

12.5 When and how are applicants informed of these rights?

Applicants are notified of their right to request a fair hearing during their intake appointment interview and in writing on their LIHEAP Household Information Form (HIF), which is signed by each primary applicant of the household to complete their application and the intake process.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 13 - Reduction of Home Energy Needs

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

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

Each local agency has the option to provide conservation education to applicants. This can occur during the intake process, through a group workshop, or an in-home visit. Local agencies provide their conservation plan in their annual application to provide LIHEAP services which Commerce approves. Any conservation education services provided are done so equitably to all households served. Conservation education services include but are not limited to:

- Energy conservation education classes
- Informational videos
- Handouts/flyers
- Energy conservation kits
- Review and education of household's energy usage and costs
- Hands on conservation exhibits
- In home visits in conjunction with weatherization home energy efficiency assessments
- Engaging with the Utilities and Transportation Commission on rate cases
- Educating legislative staff on the energy issues faced by our shared customers

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

In Commerce's budget matrix, we set a ceiling of 3.75% for Assurance 16 activities. When allocated and contracted to local agencies, these activities are tracked, recorded and reported as an individual line item referred to as conservation education. Each local agency is required to establish specific accounting codes to identify Assurance 16 expenditures from other allowable costs.

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

Households do not apply for conservation education services. Contractors who elect and are approved by Commerce to provide conservation education services will do so equitably to all households.

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

Households do not apply for conservation education services. Contractors who elect and are approved by Commerce to provide conservation education services will do so equitably to all households.

13.5 How many households received these services? 90,000

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

Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 14 - Leveraging Incentive Program

Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

Commerce distributes leveraging program instructions, requirements, and data reporting tools to local agencies. Local agencies work internally and with local energy providers to collect qualified leveraging data. Using the provided data reporting tool local agencies submit their leveraging data to Commerce. Commerce reviews and approves the data received from local agencies. Commerce also collects additional weatherization leveraging data which is available in the State's weatherization database. Once all the data is collected, Commerce completes the HHS leveraging report and submits all required documentation.

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 | Education of UTC and other parties to the need for low-income services and inclusion of low-income provisions in rate cases | Washington Community Action Partnership | Attend meetings, workgroups, public hearings, and provide input on policies and state plan |

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

Section 15 - Training

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

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

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other, describe:

Employees are provided with policy manual

Other, describe:

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

Policies are outlined in a vendor manual

Other, describe:

15.2 Does your training program address fraud reporting and prevention?

- Yes
- No

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN
Section 16 - Performance Goals and Measures**

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

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

Washington State currently collects performance data at the sub-grantee level. Every benefit, household member demographics, energy burden, income, fuel type, and energy vendor is tracked in our central database

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

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

17.1 Fraud Reporting Mechanisms

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

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

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

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

17.2. Identification Documentation Requirements

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

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

17.3. Citizenship/Legal Residency Verification

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

benefits? Select all that apply.

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

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

Non-Citizens must provide documentation of immigration status

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

Non-Citizens are verified through the SAVE system

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

Other - Describe:

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

17.4. Income Verification

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

Require documentation of income for all adult household members

Pay stubs

Social Security award letters

Bank statements

Tax statements

Zero-income statements

Unemployment Insurance letters

Other - Describe:

Computer data matches:

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

Proof of unemployment benefits verified with state Department of Labor

Social Security income verified with SSA

Utilize state directory of new hires

Other - Describe:

b. Describe any exceptions to the above policies.

Infants 12 months and under are not required to provide a social security number, parents are required to provide proof of birth.

17.5 Identification Verification

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

Verify SSNs with Social Security Administration

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

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

Match with state Department of Labor system

Match with state and/or federal corrections system

Match with state child support system

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

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

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

Other - Describe:

17.6. Protection of Privacy and Confidentiality

| |
|--|
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent |
| <input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards |
| <input checked="" type="checkbox"/> Employee training on confidentiality for: |
| <input checked="" type="checkbox"/> Grant recipient employees |
| <input type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement |
| <input checked="" type="checkbox"/> Grant recipient employees |
| <input checked="" type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Physical files are stored in a secure location |
| <input checked="" type="checkbox"/> Electronic files are protected in a secure location. |
| <input type="checkbox"/> Other - Describe: |
| 17.7. Verifying the Authenticity |
| What policies are in place for verifying vendor authenticity? Select all that apply. |
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe. |
| <input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form |
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household |
| <input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors |
| <input type="checkbox"/> Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| <input checked="" type="checkbox"/> Applicants required to submit proof of physical residency |
| <input type="checkbox"/> Applicants must submit current utility bill |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> Account ownership |
| <input checked="" type="checkbox"/> Consumption |
| <input checked="" type="checkbox"/> Balances |
| <input type="checkbox"/> Payment history |
| <input checked="" type="checkbox"/> Account is properly credited with benefit |
| <input type="checkbox"/> Other - Describe: |
| <input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities |
| <input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level |
| <input checked="" type="checkbox"/> Separation of duties between intake and payment approval |
| <input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only |
| <input type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> Other - Describe: |
| 17.9. Benefits Policy - Bulk Fuel Vendors |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. |

| |
|---|
| <input checked="" type="checkbox"/> Vendors are checked against an approved vendors list |
| <input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors |
| <input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery |
| <input type="checkbox"/> Two-party checks are issued naming client and vendor |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only |
| <input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client |
| <input type="checkbox"/> Conduct monitoring of bulk fuel vendors |
| <input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient. |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> Other - Describe: |
| 17.10. Investigations and Prosecutions |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. |
| <input checked="" type="checkbox"/> Refer to state Inspector General |
| <input type="checkbox"/> Refer to local prosecutor or state Attorney General |
| <input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline) |
| <input checked="" type="checkbox"/> Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public |
| <input 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? 1 program year |
| <input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |
| <input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP |
| <input type="checkbox"/> Other - Describe: |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

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

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grant recipients Other Than Individuals)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|----------------------|---------------------------------|
| 1011 Plum Street SE * Address Line 1 | | |
| Address Line 2 | | |
| Address Line 3 | | |
| Olympia * City | WA * State | 98504-2525 * Zip Code |

Check if there are workplaces on file that are not identified here.

Alternate II. (Grant recipients Who Are Individuals)

(a) The Grant recipient certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

The submitter of this application certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Assurances

Assurances

(1) use the funds available under this title to--

(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair;and

(D)plan, develop, and administer the State's program under this title including leveraging programs, and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving--

(i)assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of -

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

(except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income

energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that -

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local Grant recipients and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;

(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);

(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and

(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

(15) * beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.

*** This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.**

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and

thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.



By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

Plan Attachments

| PLAN ATTACHMENTS |
|---|
| The following documents must be attached to this application |
| <ul style="list-style-type: none">• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report. |
| <ul style="list-style-type: none">• Heating component benefit matrix, if applicable |
| <ul style="list-style-type: none">• Cooling component benefit matrix, if applicable |
| <ul style="list-style-type: none">• Minutes, notes, or transcripts of public hearing(s). |
| <ul style="list-style-type: none">• Policy Manual. |
| <ul style="list-style-type: none">• Subrecipient Contract. |
| <ul style="list-style-type: none">• Model Plan Participation Notes for Tribes. |