

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

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)

Report Sections

1. *Mandatory Grant Application SF-424*
2. *Section 1 - Program Components*
3. *Section 2 - HEATING ASSISTANCE*
4. *Section 3 - COOLING ASSISTANCE*
5. *Section 4 - CRISIS ASSISTANCE*
6. *Section 5 - WEATHERIZATION ASSISTANCE*
7. *Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)*
8. *Section 7 - Coordination, 2605(b)(4) - Assurance 4*
9. *Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6*
10. *Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7*
11. *Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10*
12. *Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)*
13. *Section 12 - Fair Hearings,2605(b)(13) - Assurance 13*
14. *Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16*
15. *Section 14 - Leveraging Incentive Program ,2607A*
16. *Section 15 - Training*
17. *Section 16 - Performance Goals and Measures, 2605(b)*
18. *Section 17 - Program Integrity, 2605(b)(10)*
19. *Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters*
20. *Section 19: Certification Regarding Drug-Free Workplace Requirements*
21. *Section 20: Certification Regarding Lobbying*
22. *Assurances*
23. *Plan Attachments*

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) EATUQFX9ENE9 | 5. Date Received By State: |
| | | 4b. Federal Award Identifier: | 6. State Application Identifier: |

7. APPLICANT INFORMATION

*** a. Legal Name:** Association of Village Council Presidents

*** b. Address:**

| | | | |
|--------------------|---------------|-----------------------------|----------------|
| * Street 1: | P.O. BOX 219 | Street 2: | 1200 State Hwy |
| * City: | BETHEL | County: | |
| * State: | AK | Province: | |
| * Country: | United States | * Zip / Postal Code: | 99559 - |

c. Organizational Unit:

| | |
|--|--|
| Department Name: Social Services | Division Name: Benefits Division |
|--|--|

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: Katheryn | * Last Name: Nenneman |
| Title: Benefits Division Director | Organizational Affiliation: |
| * Telephone Number: 907-543-8711 | Fax Number: 907-543-7479 |
| * Email: knenneman@avcp.org | |

*** 8. TYPE OF APPLICANT:**
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

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

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

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

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Provide energy assistance to low income families in the YK Delta

11. AREAS AFFECTED BY FUNDING:
42 Villages in the AVCP Region, Western Alaska


12. CONGRESSIONAL DISTRICTS OF APPLICANT:
AK

13. FUNDING PERIOD:

| | |
|-------------------------------------|-----------------------------------|
| a. Start Date: 10/01/2024 | b. End Date: 09/30/2025 |
|-------------------------------------|-----------------------------------|

*** 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

a. This submission was made available to the State under Executive Order 12372

| | |
|--|--|
| Process for review on: | |
| b. Program is subject to E.O. 12372 but has not been selected by State for review. | |
| c. Program is not covered by E.O. 12372. | |
| *15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | |
| <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| If Yes, explain: | |
| 16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree <input checked="" type="checkbox"/> | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | |
| 17a. Typed or Printed Name and Title of Authorized Certifying Official Katheryn N. Nenneman | 17c. Telephone (area code, number and extension) 17d. Email Address knenneman@avcp.org |
| 17b. Signature of Authorized Certifying Official  | 17e. Date Report Submitted (Month, Day, Year) 09/13/2024 |

Section 1 - Program Components

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

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

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

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

Section 1 Program Components

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

| 1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of Operation | |
|---|--------------------|------------|
| | Start Date | End Date |
| <input checked="" type="checkbox"/> Heating assistance | 10/01/2024 | 09/30/2025 |
| <input type="checkbox"/> Cooling assistance | | |
| <input type="checkbox"/> Summer crisis assistance | | |
| <input checked="" type="checkbox"/> Winter crisis assistance | 10/01/2024 | 05/31/2025 |
| <input type="checkbox"/> Year-round crisis assistance | | |
| <input checked="" type="checkbox"/> Weatherization assistance | 10/01/2024 | 09/30/2025 |

Provide further explanation for the dates of operation, if necessary

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

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage (%) | Prior year totals |
|--|------------------|-------------------|
| Heating assistance | 59.00% | 59.00% |
| Cooling assistance | 0.00% | 0.00% |
| Summer crisis assistance | 0.00% | 0.00% |
| Winter crisis assistance | 6.00% | 6.00% |
| Year-round crisis assistance | 0.00% | 0.00% |
| Weatherization assistance | 15.00% | 15.00% |
| Carryover to the following federal fiscal year | 10.00% | 10.00% |
| Administrative and planning costs | 10.00% | 10.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 0.00% | 0.00% |
| Used to develop and implement leveraging activities | 0.00% | 0.00% |
| 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 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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| SSI | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| SNAP | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 1.4a. - Provide your definition of categorical eligibility. | | | | |
| <p>Any family eligible for TANF or SNAP will automatically be eligible for LIHEAP, but the benefit level will need to be determined for accuracy. Categorical eligibility is especially important in weatherization work we are doing. A LIHEAP family will automatically qualify for weatherization using SNAP or TANF categorical eligibility.</p> | | | | |
| 1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" 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? | | | | |
| <p>We have combined our TANF and Social Services program application. If the dwelling has a TANF eligible family residing in the household, we will have to determine eligibility for all members in the household not just the TANF family. Most homes in rural Alaska have multi-generational families living in a single dwelling.</p> | | | | |
| SNAP Nominal Payments | | | | |
| 1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d. | | | | |
| 1.7b Amount of Nominal Assistance: \$0.00 | | | | |
| 1.7c Frequency of Assistance | | | | |
| <input type="checkbox"/> | Once Per Year | | | |
| <input type="checkbox"/> | Once every five years | | | |
| <input type="checkbox"/> | Other - Describe: | | | |
| 1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need? | | | | |
| | | | | |
| Determination of Eligibility - Countable Income | | | | |
| 1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income? | | | | |
| <input checked="" type="checkbox"/> | Gross Income | | | |
| <input type="checkbox"/> | Net Income | | | |
| <input type="checkbox"/> | Other - Describe | | | |
| 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP | | | | |
| <input checked="" type="checkbox"/> | Wages | | | |
| <input checked="" type="checkbox"/> | Self - Employment Income | | | |
| <input checked="" type="checkbox"/> | Contract Income | | | |

| | | | |
|-------------------------------------|--|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Payments from mortgage or Sales Contracts | | |
| <input checked="" type="checkbox"/> | Unemployment insurance | | |
| <input checked="" type="checkbox"/> | Strike Pay | | |
| <input checked="" type="checkbox"/> | Social Security Administration (SSA) benefits | | |
| <input type="checkbox"/> | Including MediCare deduction | <input checked="" type="checkbox"/> | Excluding MediCare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) | | |
| <input checked="" type="checkbox"/> | Retirement / pension benefits | | |
| <input 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 type="checkbox"/> | Cash gifts | | |
| <input type="checkbox"/> | Savings account balance | | |
| <input checked="" type="checkbox"/> | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. | | |
| <input checked="" type="checkbox"/> | Jury duty compensation | | |
| <input checked="" type="checkbox"/> | Rental income | | |
| <input checked="" type="checkbox"/> | Income from employment through Workforce Investment Act (WIA) | | |
| <input checked="" type="checkbox"/> | Income from work study programs | | |
| <input checked="" type="checkbox"/> | Alimony | | |
| <input checked="" type="checkbox"/> | Child support | | |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties | | |
| <input checked="" type="checkbox"/> | Commissions | | |
| <input checked="" type="checkbox"/> | Legal settlements | | |
| <input checked="" type="checkbox"/> | Insurance payments made directly to the insured | | |
| <input checked="" type="checkbox"/> | Insurance payments made specifically for the repayment of a bill, debt, or estimate | | |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits | | |
| <input type="checkbox"/> | Earned income of a child under the age of 18 | | |
| <input checked="" type="checkbox"/> | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. | | |
| <input checked="" 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 checked="" type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| <input checked="" type="checkbox"/> | Reimbursements (for mileage, gas, lodging, meals, etc.) |
| <input checked="" type="checkbox"/> | Other Seasonal employment gross income |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | |
| 1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| 1.10a If yes, describe the type of online application (Select all boxes that apply) | |
| <input checked="" type="checkbox"/> | A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing. |
| <input type="checkbox"/> | A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing. |
| <input type="checkbox"/> | One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing. |
| <input type="checkbox"/> | Online application that is also mobile friendly |
| <input checked="" type="checkbox"/> | Other, please describe The new online application that will allow customers to complete data and electronically file will be available October 1st. |
| Please include a link(s) to a statewide application, if available: https://www.avcp.org/wp-content/uploads/2022/01/AVCP-BENEFITS-DIVISION-APPLICATION.pdf | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No | |
| If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required. This generally requires dropping off income documents needed for application submission. Villages in Rural Alaska still suffer from a technology gap and use of in person navigators is key to program success. | |
| 1.13 How can applicants submit documentation for verification? Select all that apply: | |
| <input checked="" type="checkbox"/> | In-person |
| <input checked="" type="checkbox"/> | Mail |
| <input checked="" type="checkbox"/> | Email |
| <input type="checkbox"/> | Portal application |
| <input 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 in subsidized housing, or whose heating costs are paid in part or full by the landlord, are required to submit a copy of their rental agreement in order to determine eligibility.

Renters with utilities included in the rent? Yes No

If yes, describe:

Renters who pay 100% of their heating and electricity utilities are eligible. Renters who pay one utility are eligible for 50% of their regular benefit amount.

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

It is in our policy to prioritize processing applications whose household includes at least one elder, disabled, or child under the age of 2 as the priority group members. These applications are processed ahead of applicants whos household do not include a priority group member.

Individuals with a disability? Yes No

If yes, describe:

It is in our policy to prioritize processing applications whose household includes at least one elder, disabled, or child under the age of 2 as the priority group members. These applications are processed ahead of applicants whos household do not include a priority group member.

Young children? Yes No

If yes, describe:

It is in our policy to prioritize processing applications whose household includes at least one elder, disabled, or child under the age of 2 as the priority group members. These applications are processed ahead of applicants whos household do not include a priority group member.

Households with high energy burdens? Yes No

If yes, describe:

It is also our priority that applicants from households with high energy burdens be expedited if their electricity or utility is scheduled to be shut off within 14 days or we have verified with a Tribal authority that the applicant is within 3 days of running out of heating fuel and have exhausted all their crisis assistance resources.

| | |
|---|--|
| Other? | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, describe: | |
| Explanations of policies for each "yes" checked above: | |
| 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. <p style="text-align: center;">Households with at least one elderly or disabled member are entitled to receive an additional \$100 to accommodate their need for a higher thermostat setting.</p> | |
| 2.5 Check the variables you use to determine your benefit levels. (Check all that apply): | |
| <input checked="" type="checkbox"/> Income | |
| <input checked="" type="checkbox"/> Family (household) size | |
| <input checked="" type="checkbox"/> Home energy cost or need: | |
| <input checked="" type="checkbox"/> Fuel type | |
| <input checked="" type="checkbox"/> Climate/region | |
| <input checked="" type="checkbox"/> Individual bill | |
| <input checked="" type="checkbox"/> Dwelling type | |
| <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy) | |
| <input checked="" type="checkbox"/> Energy need | |
| <input checked="" type="checkbox"/> Other - Describe: | |
| <p>Appropriate share of home heating expenses for multiple families living in a single residence.</p> <p>Dwelling type: for households living in subsidized housing, or whose heating costs are paid in full by the landlord, we require a copy of the rental agreement in order to determine eligibility.</p> | |
| 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 | \$400 |
| Maximum Benefit | \$3,000 |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| If yes, describe. | |
| <p>In-kind donations consist of donated items such as: clothing, cold winter gear, boots, shoes, hats, gloves, bedding, kitchenware, essential food and beverage items from donation providers.</p> <p>In most crisis situations (house fires, floods) families will request donations and AVCP will conduct donation drives on their behalf.</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. | |

Section 3 - COOLING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN Section 3 - Cooling Assistance

Section 3 - Cooling Assistance

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

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

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

AVCP Does not provide cooling assistance as a benefit.

Do you have additional/differing eligibility policies for:

Renters? Yes No

If yes, describe:

N/A

Renters Living in subsidized housing? Yes No

If yes, describe:

N/A

Renters with utilities included in the rent? Yes No

If yes, describe:

N/A

Do you give priority in eligibility to:

Older Adults (60 years or older)? Yes No

If yes, describe:

N/A

Individuals with a disability? Yes No

If yes, describe:

N/A

Young children? Yes No

If yes, describe:

N/A

Households with high energy burdens? Yes No

If yes, describe:

N/A

Other? Yes No

If yes, describe:

| | | | |
|--|-----|-----------------|-----|
| N/A | | | |
| Explanations of policies for each "yes" checked above: | | | |
| N/A | | | |
| 3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc. | | | |
| N/A | | | |
| Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | |
| 3.5 Check the variables you use to determine your benefit levels. (Check all that apply): | | | |
| <input type="checkbox"/> Income | | | |
| <input type="checkbox"/> Family (household) size | | | |
| <input type="checkbox"/> Home energy cost or need: | | | |
| <input type="checkbox"/> Fuel type | | | |
| <input type="checkbox"/> Climate/region | | | |
| <input type="checkbox"/> Individual bill | | | |
| <input type="checkbox"/> Dwelling type | | | |
| <input type="checkbox"/> Energy burden (% of income spent on home energy) | | | |
| <input type="checkbox"/> Energy need | | | |
| <input checked="" type="checkbox"/> Other - Describe: | | | |
| N/A | | | |
| 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 checked="" type="radio"/> No | | | |
| If yes, describe. | | | |
| N/A | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |

Section 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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 household that has properly exhausted their heating assistance benefit from the previous years program, or has not received a heating assistance benefit from the current year, and meets one of the following criteria:

- 1) The household has run out of heating fuel/firewood or has electricity services terminated; or
- 2) The household will run out of heating fuel/firewood or have electricity services terminated within the next 48 hours.

4.3 What constitutes a life-threatening crisis?

The same definition as 4.2 with at least one member from the vulnerable population group: elderly, disabled or child under the age of 2.

Crisis Requirement, 2604(c)

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

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

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

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

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

| | Winter Crisis | Summer Crisis | Year-Round Crisis |
|--|-------------------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individuals with a disability? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young Children? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Households with high energy burdens? | <input checked="" 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:

| | Winter Crisis | Summer Crisis | Year-Round Crisis |
|---|-------------------------------------|--------------------------|--------------------------|
| Must the household have received a shut-off notice or have a near empty tank? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have been shut off or have an empty tank? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have exhausted their regular heating benefit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must heating/cooling be medically necessary? | <input checked="" 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"/> |

| | | | |
|--|---|--------------------------|--------------------------|
| | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters living in subsidized housing? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters with utilities included in the rent? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanations of policies for each "yes" checked above: | | | |
| <p>Households with at least one elderly, disabled, or infants under 2 years of age are prioritized ahead her applicants. Households with high energy burdens are asked to apply for other programs and agency resources. Their applications are expedited.</p> <p>Households must explain their condition of need for immediate assistance including electricy shut off notices within 14 days, less than 15 gallons of heating fuel, exhaust all resources, and identify at least one member from the vulnerable population group for life threatnign scenerious. We continue to educate clients that this service is for those who are truly in need of immediate assistance.</p> <p>Our policy requires renters to provide a copy of their rental agreement in order to determine eligibility. This is accepted as proof of responsible party for energy of that dwelling. A household that does not pay for their heat, or pays less than \$200 annually, in inelligible for heating assistance.</p> | | | |
| Determination of Benefits | | | |
| 4.8 How do you handle crisis situations? | | | |
| <input checked="" type="checkbox"/> | Separate component | | |
| <input type="checkbox"/> | Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames. | | |
| <input checked="" type="checkbox"/> | Other - Describe: <p>For FY25 we will continue to have Crisis applicants EAP applications expedited in order to provide a larger benefit amount within 48 and 18 hour requirements.</p> <p>Households who meet the crisis criteria after exhausting their general EAP benefit will be recertified for household members income and further assisted if needed.</p> | | |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits? | | | |
| <input type="checkbox"/> | Amount to resolve the crisis. \$0 | | |
| <input checked="" type="checkbox"/> | Other - Describe: <p>The amount of the crisis assistance benefit amount is up to 50 gallons of heating fuel determined by our annual payment matrix or 10 gallons of gasoline and one quart of motor oil for those who harvest fire wood. The amount depends on the cost of heating fuel, number of households assisted in the previous years program and the amount of LIHEAP funding.</p> | | |
| Crisis Requirements, 2604(c) | | | |
| 4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No Explain. | | | |
| All Tribal members can find out application at their Tribal council offices or meet with their local AVCP Tribal Workforce Navigator to help assist printing off and filling out the application for expedited submission. | | | |
| 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. | | | |
| All villages are really small. Everyone knows everyone. Navigators will travel to homes to drop off and pick up applications if necessary. | | | |
| Travel to the sites at which applications for crisis assistance are accepted? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If No, explain. | | | |
| There is a local TWD navigator in 32 of the 42 villages in which we serve. Navigators do travel to the remaining 10 to do application drives or will fill in for a crisis need. | | | |
| 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 | \$450.00 | maximum benefit | |
| Summer Crisis | \$0.00 | maximum benefit | |
| Year-round Crisis | \$0.00 | maximum benefit | |
| 4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, Describe | | | |
| Our organization will conduct donation drives on behalf of families in need on a case by case basis. | | | |
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| If you answered "Yes" to question 4.14, you must complete question 4.15. | | | |
| 4.15 Check appropriate boxes below to indicate type(s) of assistance provided. | | | |
| | Winter Crisis | Summer Crisis | Year-round Crisis |
| Heating system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles / gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | |
| <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. | | | |
| Once applications are approved, vendors are notified verbally or in writing. Most vendors accept our notices or promise to pay letters so the client does not lose service while waiting for payment from AVCP. | | | |
| 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If yes, describe | | | |
| We do application drives to try to get eligible families to utilize our program funding to help with unmet utility need. | | | |
| 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 | 150.00% |

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

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

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

5.8 Do you give priority in eligibility to:

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

| | |
|--|---|
| burdens? | |
| Other? | <input type="radio"/> Yes <input type="radio"/> No |
| <p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Renters must have written letters from their landlord to preform Weatherization work on the premises. The landloard must also provide assurance to us that they will not raise the rent for one year or evict them to attract a higher paying tenant. The weatherization work is confided to addressing heat sources, weather proofing, basic leveling, window and door replacement or repairs.</p> <p>If the heating unit is replaced, the landlord must understand that the unit belongs to the recipient, and not the landlord. If the recipient moves away, they can take the heating unit with them.</p> <p>Households with vulnerable population members are prioritized. Households with high energy burdens are referred to the regular assistance program as well as other resources.</p> | |
| Benefit Levels | |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| 5.9a If yes, what is the maximum? \$0 | |
| 5.10 Do you use an Average Cost per Unit (ACPU). <input type="radio"/> Yes <input type="radio"/> No | |
| 5.10a If so, what is the ACPU amount? \$0 | |
| Types of Assistance, 2605(c)(1), (B) & (D) | |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.) | |
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits | <input type="checkbox"/> Energy related roof repair |
| <input checked="" type="checkbox"/> Caulking and insulation | <input type="checkbox"/> Major appliance repairs |
| <input type="checkbox"/> Storm windows | <input checked="" type="checkbox"/> Major appliance replacement |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/repairs | <input checked="" type="checkbox"/> Windows/sliding glass doors |
| <input type="checkbox"/> Furnace replacement | <input checked="" type="checkbox"/> Doors |
| <input type="checkbox"/> Cooling system modifications/repairs | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Water conservation measures | <input type="checkbox"/> Cooling system replacement |
| <input type="checkbox"/> Roof top solar | <input type="checkbox"/> Community solar projects |
| <input type="checkbox"/> Compact florescent light bulbs | <input 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

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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):

AVCP Workforce Navigators will conduct outreach activities, assist clients in their application process, verify household information, and help submit applications by fax, secured direct messaging, or postal mail to our office. A toll-free number is available to all applicants. The Indian Health Service hospital is also aware of our services, so they refer medically vulnerable people to us, helping to ensure their home is heated if necessary.

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) TANF LIHEAP BIA OSG and State of AK SNAP, APA and Medicaid |
| <input checked="" type="checkbox"/> | Intake referrals to/from other programs (indicate programs included) AVCP, Tribal Child Welfare, OCS and YKHC |
| <input checked="" type="checkbox"/> | One - stop intake centers |
| <input type="checkbox"/> | Other - Describe: |

We share our combined Benefits Division program application with the State of Alaska. Any individual or family applying for SNAP or Public Assistance benefits has the option to select our program for us to provide support.

We have also created 32 job centers staffed by the AVCP Workforce Development team navigators. These individuals are trained on our programs application processes and work directly with clients in need of services. They are our one stop shop resource centers for clients in need of services.

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

Section 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 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?

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

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

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

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?

8.7 How many local administering agencies do you use?

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

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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.

All funding is paid directly to fuel, utility, and heating vendors on the client's behalf.

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

Approved clients receive a Notice of Action letter informing them the decision made on their case and the amount of their benefit.

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?

Vendors sign into an annual agreement with us specifically stating the maximum of two-thirds of a clients EAP benefit can be applied to any past due balance, but one third of the award must be applied to the new service or current need.

9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

The annual vendor agreement prohibits discrimination against AVCP Energy Assistance Program clients.

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?

Fiscal control and accounting procedures are provided by AVCP to ensure proper dispersal of and accounting of Federal Funds.

The required annual financial and compliance audit of all LIHEAP funds is conducted by the BDO United States firm as of the FY2016, in accordance with generally accepted accounting principles and requirement of the "Single Audit Act of 1984" (P.L. 98-502)

10.1a Provide your definitions of the following:

Obligation

Pledge or agreement to provide the resource or funding amount that you or the organization you work for has agreed to provide.

Expenditures

These are funds spent on approved programmatic costs.

Expenditure timeframe

A reasonable time frame in which a benefit or cost has been determined, submitted for approval and payment made to the vendors in a timely manner.

Administrative costs

These are costs that are identified by our Tribal program as indirect and supportive of the program functions. Any costs identified as client facing are determined to be direct and not administrative.

Audit Process

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

Yes No

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

The required annual financial and compliance audit of all LIHEAP funds is conducted by the BDO United States firm as of the FY2016, in accordance with generally accepted accounting principles and requirement of the "Single Audit Act of 1984" (P.L. 98-502)

BDO has not selected AVCP as a high risk program to audit since 2020.

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 | 2022-001 Material Weakness in Internal Control of Compliance and Material Noncompliance-Reporting | Yes | procedure/policy changes |

10.4. Audits of Local Administering Agencies

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

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

| |
|---|
| <input 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 checked="" type="checkbox"/> Other program review mechanisms are in place. Describe: |
| <p>All applications are verified and certified by another staff member to ensure checks and balances in eligibility determination process. We have implemented a checklist to ensure accurate eligibility determination.</p> <p>Maintenance of program records, case files, and financial transaction documentation by the agency which provided a clear monitoring and audit trail.</p> <p>AVCP utilizes the Rite Track (R) software specifically designed for our EAP program to reduce the human error aspect of eligibility determination and reporting.</p> <p>Checklists have been implemented for two of the three components of our program. With revisions to our policy and procedures for internal review.</p> |
| Local Administering Agencies/District Offices: |
| <input type="checkbox"/> On - site evaluation |
| <input type="checkbox"/> Annual program review |
| <input type="checkbox"/> Monitoring through central database |
| <input type="checkbox"/> Desk reviews |
| <input type="checkbox"/> Client File Testing/Sampling |
| <input checked="" type="checkbox"/> Other program review mechanisms are in place. Describe: |
| Internally we have two staff review each case for accuracy. We have had no State or Federal requests for on site reviews. |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. |
| N/A |
| 10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized. |
| Site Visits: |
| N/A |
| Desk Reviews: |
| N/A |
| 10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed. |
| Other |
| 10.9. How many local agencies are currently on corrective action plans? 0 |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |

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

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

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

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

- 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:

We implemented program improvements derived from best practice methods learned from other agencies as well as from State, regional, and national conferences.

On invitation program summary presentations are given during our AVCP quarterly until teleconferences. We outline the scope of work, processes, take field questions, and request comments for consideration in program improvement.

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

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

| | Date | Event Description |
|---|------------|--|
| 1 | 07/05/2024 | Emergency Application drive in Akiak Alaska. Program manager brought last years plan ready to discuss possible changes. |
| 2 | 08/02/2024 | Tribal gathering in Quinhagak Alaska. I presented about our LIHEAP program and asked for public participation or recommendations. |
| 3 | 08/28/2024 | AVCP Annual Convention. I presented on all of our program accomplishments for 2024 and encouraged the board and unit delegates to provide feedback or answer questions ending the public comment period. |

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).

I have not recieved any feed back. Only questions about household eligibility determiantion questions.

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

None at this time.

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

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

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

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

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

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

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

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

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

None

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

If we have a household denied for services, a formal letter is sent explaining why the case was denied. If the family does not agree with the action taken, they are given the opportunity to speak to the program manager or division director to dispute action taken. Should they continue to not agree, an option for a fair hearing is offered. However, we have never gotten to that point. Generally all our clients understand why their case has been denied and accept the action taken by the organization.

12.5 When and how are applicants informed of these rights?

A notice is included in the introductory pages of our program application. The bottom statement is also at the bottom of the denial letters.

IMPORTANT NOTICE ABOUT YOUR RIGHTS OF FAIR HEARING

Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing before an AVCP select committee. If you desire a hearing you may request one by calling 1 (907)543-8710 or write to: AVCP Benefits Division Director, PO Box 219, Bethel, Alaska 99559. At the hearing you may represent yourself, be represented by legal counsel, or another person of your choice. You must request the hearing within thirty (30) days of receiving a notice of a benefit decision.

Title VI of the 1964 Civil Rights Act states "NO PERSON IN THE UNITED STATES SHALL, ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION UNDER ANY PROGRAM OR ACTIVITY RECEIVING FEDERAL FINANCIAL ASSISTANCE." If you feel you have been discriminated against under this provision, you may file a complaint with the U.S. Department of Health and Human Services or the U.S. Department of Justice.

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

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

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

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

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

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

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

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

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

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

13.5 How many households received these services?

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

Section 14 - Leveraging Incentive Program ,2607A

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

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

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

Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

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

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

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

Section 15 - Training

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

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

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

Section 15: Training

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

a. Grant recipient Staff:

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

How often?

Annually

Biannually

As needed

Other, describe: New Employee Training

Employees are provided with policy manual

Other, describe:

We annually update and refresh staff on a step by step procedure manual specific to our software. The refresher training is conducted at the beginning of each new program year before applications are processed. We also will conduct quarterly trainings to go over program highlights and address questions or common issues that need additional trainings.

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:

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

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

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

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

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

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

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

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

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

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Online Fraud Reporting |
| <input type="checkbox"/> | Dedicated Fraud Reporting Hotline |
| <input checked="" type="checkbox"/> | Report directly to local agency/district office or Grant recipient office |
| <input type="checkbox"/> | Report to State Inspector General or Attorney General |
| <input type="checkbox"/> | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse |
| <input checked="" type="checkbox"/> | Other - Describe: Everyone is encouraged to report suspected fraud, waste and abuse to our office regardless of their capacity. We require identification to validate reports, but honor requests of anonymity outside this department. |

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

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Printed outreach materials |
| <input type="checkbox"/> | Posted in local administering agencies offices. |
| <input checked="" type="checkbox"/> | Addressed on LIHEAP application |
| <input checked="" type="checkbox"/> | Website |
| <input type="checkbox"/> | Other - Describe: |

17.2. Identification Documentation Requirements

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

| Type of Identification Collected | Collected from Whom? | | |
|---|--|--|--|
| | Applicant Only | All Adults in Household | All Household Members |
| Social Security Card is photocopied and retained | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input type="checkbox"/> Required |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input 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 type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested |

| 17.3. Citizenship/Legal Residency Verification | | | | | | | |
|--|--|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|
| What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply. | | | | | | | |
| <input type="checkbox"/> Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen | | | | | | | |
| <input type="checkbox"/> Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen. | | | | | | | |
| <input type="checkbox"/> Non-Citizens must provide documentation of immigration status | | | | | | | |
| <input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport | | | | | | | |
| <input type="checkbox"/> Non-Citizens are verified through the SAVE system | | | | | | | |
| <input checked="" type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card | | | | | | | |
| <input type="checkbox"/> 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 | Verification of household members makeup by the Tribal Administrator of their delegate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17.4. Income Verification | | | | | | | |
| What methods does your agency utilize to verify household income? Select all that apply. | | | | | | | |
| <input checked="" type="checkbox"/> Require documentation of income for all adult household members | | | | | | | |
| <input checked="" type="checkbox"/> Pay stubs | | | | | | | |
| <input checked="" type="checkbox"/> Social Security award letters | | | | | | | |
| <input type="checkbox"/> Bank statements | | | | | | | |
| <input checked="" type="checkbox"/> Tax statements | | | | | | | |
| <input checked="" type="checkbox"/> Zero-income statements | | | | | | | |
| <input checked="" type="checkbox"/> Unemployment Insurance letters | | | | | | | |
| <input checked="" type="checkbox"/> Other - Describe: Clients can report income in several ways. Work/unemployment statements are provided at application. We also have access to a State database that has already verified income eligibility for SNAP and unemployment. If paystubs are not available, we also accept tax statements. Tribal Administrators also verify that copies of proof of income are submitted at the time of application. | | | | | | | |
| <input checked="" type="checkbox"/> Computer data matches: | | | | | | | |
| <input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF) | | | | | | | |
| <input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor | | | | | | | |
| <input checked="" type="checkbox"/> Social Security income verified with SSA | | | | | | | |
| <input type="checkbox"/> Utilize state directory of new hires | | | | | | | |
| <input type="checkbox"/> Other - Describe: | | | | | | | |
| b. Describe any exceptions to the above policies. | | | | | | | |
| 17.5 Identification Verification | | | | | | | |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply | | | | | | | |
| <input type="checkbox"/> Verify SSNs with Social Security Administration | | | | | | | |
| <input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency | | | | | | | |
| <input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) | | | | | | | |
| <input checked="" type="checkbox"/> Match with state Department of Labor system | | | | | | | |
| <input type="checkbox"/> Match with state and/or federal corrections system | | | | | | | |
| <input checked="" type="checkbox"/> Match with state child support system | | | | | | | |
| <input type="checkbox"/> Verification using private software (e.g., The Work Number) | | | | | | | |
| <input type="checkbox"/> In-person certification by staff (for tribal Grant recipients only) | | | | | | | |

| |
|---|
| <input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only) |
| <input type="checkbox"/> Other - Describe: |
| 17.6. Protection of Privacy and Confidentiality |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. |
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent |
| <input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards |
| <input checked="" type="checkbox"/> Employee training on confidentiality for: |
| <input checked="" type="checkbox"/> Grant recipient employees |
| <input type="checkbox"/> Local agencies/district offices |
| <input type="checkbox"/> Employees must sign confidentiality agreement |
| <input type="checkbox"/> Grant recipient employees |
| <input type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Physical files are stored in a secure location |
| <input 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 type="checkbox"/> All vendors must register with the State/Tribe. |
| <input type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form |
| <input 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 checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: Our service area villages are small and everyone knows who their one or two vendors are. Most clients only have one fuel and one utility vendor. Changes in vendors are very infrequent. |
| 17.8. Benefits Policy - Gas and Electric Utilities |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply. |
| <input type="checkbox"/> Applicants required to submit proof of physical residency |
| <input checked="" type="checkbox"/> Applicants must submit current utility bill |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> Account ownership |
| <input type="checkbox"/> Consumption |
| <input checked="" type="checkbox"/> Balances |
| <input checked="" type="checkbox"/> Payment history |
| <input checked="" type="checkbox"/> Account is properly credited with benefit |
| <input checked="" type="checkbox"/> Other - Describe: All payments are made to vendors on clients' behalf. |
| <input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities |
| <input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level |
| <input checked="" type="checkbox"/> Separation of duties between intake and payment approval |
| <input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| <input type="checkbox"/> Direct payment to households are made in limited cases only |

| |
|---|
| <input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> Other - Describe: |
| 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 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 type="checkbox"/> Direct payment to households are made in limited cases only |
| <input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client |
| <input type="checkbox"/> Conduct monitoring of bulk fuel vendors |
| <input type="checkbox"/> Bulk fuel vendors are required to submit reports to the grant recipient. |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> Other - Describe: |
| 17.10. Investigations and Prosecutions |
| Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. |
| <input type="checkbox"/> Refer to state Inspector General |
| <input type="checkbox"/> Refer to local prosecutor or state Attorney General |
| <input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline) |
| <input checked="" type="checkbox"/> Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public |
| <input checked="" type="checkbox"/> Grant recipient attempts collection of improper payments. If so, describe the recoupment process Account funds from our program are frozen until inquiries are made to determine whether or not an official investigation is required by the Division Director. Actions are taken on confirmed findings. |
| <input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 3 months first offense, 6 months for the second offense and lifetime for a third offense. |
| <input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |
| <input 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.*)

| | | |
|---|----------------------|----------------------------|
| AVCP Benefits Division * Address Line 1 | | |
| 1200 State Hwy Building 500 Address Line 2 | | |
| Address Line 3 | | |
| Bethel * City | AK * State | 99559 * 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. |