

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** Arizona

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

**Report Period:** 10/01/2018 to 09/30/2019

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

### Report Sections

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## Mandatory Grant Application SF-424

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 09/30/2020

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Federal Entity Identifier:</b>	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>

**7. APPLICANT INFORMATION**

**\* a. Legal Name:** Arizona Department of Economic Security

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 86-6004791	<b>* c. Organizational DUNS:</b> 136730434
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**\* d. Address:**

<b>* Street 1:</b>	1789 WEST JEFFERSON 3RD FLOOR NW	<b>Street 2:</b>	P.O. BOX 6123
<b>* City:</b>	PHOENIX	<b>County:</b>	
<b>* State:</b>	AZ	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	85007 -

**e. Organizational Unit:**

<b>Department Name:</b>	<b>Division Name:</b>
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b>	<b>* First Name:</b> Shelley	<b>Middle Name:</b>	<b>* Last Name:</b> Morgan
<b>Suffix:</b>	<b>Title:</b> Administrative Services Officer	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (602) 542-6620	<b>Fax Number:</b>	<b>* Email:</b> smorgan@azdes.gov	

**\* 8a. TYPE OF APPLICANT:**  
A: State Government

**b. Additional Description:**


**\* 9. Name of Federal Agency:**

	Catalog of Federal Domestic Assistance Number:	CFDA Title:
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10. CFDA Numbers and Titles	93568	Low-Income Home Energy Assistance
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**11. Descriptive Title of Applicant's Project**

**12. Areas Affected by Funding:**

<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> D7		<b>b. Program/Project:</b> Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2018	<b>b. End Date:</b> 09/30/2019	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the 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.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<b>**I Agree</b> <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.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Shelley Morgan		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b>	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 09/19/2018	
<b>Attach supporting documents as specified in agency instructions.</b>			

## 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.: 0970-0075  
Expiration Date: 09/30/2020

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Department of Health and Human Services  
Administration for Children and Families  
Office of Community Services  
Washington, DC 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Approval No. 0970-0075  
Expiration Date: 09/30/2020

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 in years in which the grantee is not permitted to file an abbreviated plan. 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	10/01/2018	09/30/2019
<input checked="" type="checkbox"/> Cooling assistance	10/01/2018	09/30/2019
<input checked="" type="checkbox"/> Crisis assistance	10/01/2018	09/30/2019
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2018	09/30/2019

**Provide further explanation for the dates of operation, if necessary**

Arizona has identified date ranges for heating and cooling, and has assigned a date range to each county for FFY 2018.

1)HEATING (November 1-March 31) and COOLING (April 1-October 21) for counties: Coconino, Yavapai, Navajo, Apache, Greenlee, Graham, Cochise, and Santa Cruz.

2)HEATING (December 1-March 31) and COOLING (April 1-November 30) for counties: Mojave, La Paz, Yuma, Maricopa, Gila, Pinal, and Pima.

The heating and cooling months overlap doing to weather conditions. The budget for each Community Action Agency

The heating and cooling months illustrate when heating and cooling began for each Arizona region. The above dates are based in the calendar year and not on the FFY 2018. Funding for the Federal Fiscal Year is not effected by the heating and cooling months listed above.

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 ( % )
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Heating assistance	16.80%				
Cooling assistance	38.12%				
Crisis assistance	5.00%				
Weatherization assistance	15.00%				
Carryover to the following federal fiscal year	10.00%				
Administrative and planning costs	10.00%				
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%				
Used to develop and implement leveraging activities	0.08%				
<b>TOTAL</b>	<b>100.00%</b>				
<b>Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)</b>					
<b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>					
<input type="checkbox"/> Heating assistance	<input type="checkbox"/> Cooling assistance				
<input type="checkbox"/> Weatherization assistance	<input checked="" type="checkbox"/> Other (specify): Support a year round crisis assistance program that includes heating and cooling				
<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>					
<b>1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? <input checked="" type="radio"/> Yes <input type="radio"/> No</b>					
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>					
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>	
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	<b>Program Name</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
Other(Specify) 1		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No</b>					
<b>If Yes, explain:</b>					
<b>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?</b> A LIHEAP payment is made to the energy vendor or landlord (if utilities are included in the rent) on behalf of eligible households that meet income criteria and accumulate the required number of points.					
<b>SNAP Nominal Payments</b>					
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No</b>					
<b>If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.</b>					
<b>1.7b Amount of Nominal Assistance: \$0.00</b>					
<b>1.7c Frequency of Assistance</b>					
<input type="checkbox"/>	Once Per Year				
<input type="checkbox"/>	Once every five years				
<input type="checkbox"/>	Other - Describe:				
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>  Determination of Eligibility-Countable Income					
<b>Determination of Eligibility - Countable Income</b>					
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?</b>					
<input checked="" type="checkbox"/>	Gross Income				

<input type="checkbox"/>	Net Income
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>	
<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 type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input checked="" 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 type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions

<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input checked="" type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other Cash gifts over \$50 are counted. Earned income of a child under the age of 18 is counted if the child is not a full-time student.

**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 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 09/30/2020

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### 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	7	State Median Income	60.00%
2	8	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

**Do you have additional/differing eligibility policies for:**

- Renters?**  Yes  No
- Renters Living in subsidized housing ?**  Yes  No
- Renters with utilities included in the rent ?**  Yes  No

**Do you give priority in eligibility to:**

- Elderly?**  Yes  No
- Disabled?**  Yes  No
- Young children?**  Yes  No
- Households with high energy burdens ?**  Yes  No
- Other? Working Poor**  Yes  No

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

Eligibility points are given to households with elderly (60+ years old), disabled, children 6 years old and under, and working poor. A household may receive one point for each category, if eligible. Elderly participants in recertification programs may use a pre-register/pre-enrollment application process, and may have their eligibility date adjusted to the beginning of the Federal Fiscal Year for ease of administration.

**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.**

Eligibility points are given to households with elderly (60+ years old), disabled, children 6 years old and under, and working poor. A household may receive one point for each category, if eligible.

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

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



<input 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>Elderly, disabled, working poor, and households with children age 6 and under are given additional points for eligibility, which could increase the benefit level.</p>		
<p><b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b></p>		
<p><b>2.6 Describe estimated benefit levels for FY 2020:</b></p>		
<b>Minimum Benefit</b>	\$75	<b>Maximum Benefit</b>
		\$800
<p><b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
<p><b>If yes, describe.</b></p>		
<p>Service providers offer blankets, wood, wood pellets, and bottled propane when available. Please see LIHEAP Only Benefit Matrix attached for Heating/Cooling/Crisis.</p>		
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>		

## Section 3 - COOLING ASSISTANCE

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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

### 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	7	State Median Income	60.00%
2	8	HHS Poverty Guidelines	150.00%

**3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE?**  Yes  No

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

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

**Do you have additional/differing eligibility policies for:**

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

**Do you give priority in eligibility to:**

<b>Elderly?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Disabled?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Young children?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Households with high energy burdens ?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Other? Working poor</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

Eligibility points are given to households with elderly (60+ years old), disabled, children 6 years old and under, and working poor. A household may receive one point for each category, if eligible. Elderly participants in recertification programs may use a pre-register/pre-enrollment application process, and may have their eligibility date adjusted to the beginning of the Federal Fiscal Year for ease of administration.

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

Elderly, disabled, working poor, and households with children age 6 and under are given additional points for eligibility, which could increase the benefit level.

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

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input checked="" type="checkbox"/>	Home energy cost or need:
<input checked="" type="checkbox"/>	Fuel type
<input type="checkbox"/>	Climate/region

<input checked="" type="checkbox"/> Individual bill				
<input type="checkbox"/> Dwelling type				
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)				
<input checked="" type="checkbox"/> Energy need				
<input type="checkbox"/> Other - Describe:				
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)				
3.6 Describe estimated benefit levels for FY 2020:				
<table border="1"> <tr> <td>Minimum Benefit</td> <td>\$75</td> <td>Maximum Benefit</td> <td>\$800</td> </tr> </table>	Minimum Benefit	\$75	Maximum Benefit	\$800
Minimum Benefit	\$75	Maximum Benefit	\$800	
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No				
If yes, describe.  Service providers may provide fans when available.				
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>				

## Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### 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	7	State Median Income	60.00%
2	8	HHS Poverty Guidelines	150.00%

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

A crisis is defined as a delinquent or shut off notice, or if utilities are included in the rent, an eviction notice is required.

Added to the definition of a crisis is the determination of a Human Service Emergency made by the Arizona Department of Economic Security. A Human Service Emergency includes, but is not limited to, fire or flood which results in the evacuation of homes and shelters. Upon determination of a Human Service Emergency, households affected may be assisted with costs to temporarily shelter or house individuals in hotels, apartments, or other living situations, i.e. placing people in settings to preserve health and safety and to move them away from the crisis situation.

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

A life-threatening crisis is defined as, but not limited to, individuals who are exposed to extreme outdoor temperatures that adversely affect their health and can potentially directly or indirectly lead to death. A life-threatening crisis also includes individuals who must utilize life sustaining medical equipment and are either unable to pay their utility bill or are within five days of running out of fuel/utility being shut off. A household member's health and/or well being would likely be endangered if energy assistance is not provided.

**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)**

**4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?**  Yes  No

**4.7 Check the appropriate boxes below and describe the policies for each**

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

**Do you give priority in eligibility to :**

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young Children?**  Yes  No

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

**Other?**  Yes  No

**In Order to receive crisis assistance:**

**Must the household have received a shut-off notice or have a near empty tank?**  Yes  No

Must the household have been shut off or have an empty tank?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have exhausted their regular heating benefit?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must renters with heating costs included in their rent have received an eviction notice ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must heating/cooling be medically necessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Although the point system is not used for LIHEAP supplemental assistance, the household must receive heating/cooling assistance either prior to or with the supplemental payment. The point system is utilized to determine the household's LIHEAP assistance and is not recalculated for the supplemental payment.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  Crisis assistance is available to applicants who have already received non-crisis assistance within a twelve (12) month period. The applicant must have a shut-off, disconnect notice, or a notice that the utility has already been disconnected or an eviction notice if utilities are included in the rent.
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>	
<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  Amount to resolve the crisis, up to a maximum of \$500.
<b>Crisis Requirements, 2604(c)</b>	
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>	
<p>Accommodations are made to address households in rural areas by various Service Providers offering satellite locations and partnering with local community agencies that are geographically accessible to households. Some Service Providers travel to alternate alternate locations to accommodate those who reside in rural areas.</p>	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
<b>Submit applications for crisis benefits without leaving their homes?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>	
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>	
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>	
<b>Benefit Levels, 2605(c)(1)(B)</b>	
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>	
Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$500.00 maximum benefit

**4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?**

Yes  No If yes, Describe

Service providers offer blankets, space heaters, and fans when available.

**4.14 Do you provide for equipment repair or replacement using crisis funds?**

Yes  No

If you answered "Yes" to question 4.14, you must complete question 4.15.

**4.15 Check appropriate boxes below to indicate type(s) of assistance provided.**

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?**

Yes  No

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

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

Several of Arizona's energy vendors enforce moratoriums with varying criteria. The largest energy vendors are represented below with their specific guidelines.

In accordance with Arizona Administrative Code 14-2-211(A)(5)(c) and 14-2-201(46), Arizona Public Service (APS) uses 32 degrees Fahrenheit as the point in which they stop disconnections for non-payment for low temperatures. In addition, APS also developed an internal business process where disconnections are suppressed for non-payment when high heat stress indexes are present, as determined by the Phoenix Heat Alert website that relies on heat and humidity predictions from the National Oceanic and Atmospheric Administration (NOAA).

Southwest Gas (SWG) tariff is prohibited from performing shutoffs during periods of time where weather will be especially dangerous to one's health. These weather conditions are defined as that period of time commencing with the scheduled determination date when the local weather forecast, as predicted by NOAA, indicates that the temperature will not exceed 32 degrees Fahrenheit for the next day's forecast. The Corporation Commission may determine that other weather conditions are especially dangerous to one's health as the need arises.

Salt River Project (SRP) self-initiates moratoriums in the winter and summer based on weather conditions. The duration of the self-initiated moratorium fluctuates based on weather conditions. The criteria for moratoriums are extreme cold temperatures or excessive heat warnings issued by the National Weather Service.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%
2	All Household Sizes	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency. Arizona Department of Housing

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:  
Weatherization Measures are not subject to DOE Savings to Investment Ration (SIR) Standards.

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 Ration (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  Yes  No

    Renters living in subsidized housing?  Yes  No

5.8 Do you give priority in eligibility to:

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<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>Elderly, disabled, working poor, and households with children age 6 and under are given additional points for eligibility, which could increase the benefit level.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expense per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10 If yes, what is the maximum? \$10,000	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Please see attachment 5A for full explanation.
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	



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

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**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.
- Other (specify):  
Service providers periodically hold mass intake events.

**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**

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**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
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:

The Arizona Department of Economic Security will continue its policy of cooperation, coordination, and information exchange with the Arizona Department of Housing and Federal Resources, LIHEAP Provider Agencies, Community Services Block Grant providers, Social Security Administration, and any other Energy Programs in order to minimize duplication of services and maximize services available to eligible clients. This cooperation is in the form of both formal and informal meetings, coordination of contracting procedures and contractors, exchange of significant correspondence, and joint planning. Currently, the same Assistant Director administers the Community Services, Social Services, and Low Income Home Energy Assistance Program Block Grants. Coordination between LIHEAP, CSBG, and TANF Block Grants occurs on a regular basis to ensure that the needs of the low-income households are addressed. The LIHEAP Weatherization Program is administered by the Arizona Department of Housing.

**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**

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

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

<input checked="" type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy / Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	Welfare Agency
<input type="checkbox"/>	Other - Describe:

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

If you selected "Welfare Agency" 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?**

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits
<b>8.5b Who processes benefit payments to gas and</b>	Local City	Local City	Local City	

electric vendors?	Government Local County Government Community Action Agencies Non-profits	Government Local County Government Community Action Agencies Non-profits	Government Local County Government Community Action Agencies Non-profits	
8.5c who processes benefit payments to bulk fuel vendors?	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	Local City Government Local County Government Community Action Agencies Non-profits	
8.5d Who performs installation of weatherization measures?				Local City Government Local County Government Community Action Agencies Non-profits

**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?

In FFY 2019, there are 12 LIHEAP Providers, which consist of 11 Community Action Agencies, which are awarded as LIHEAP Providers due to the 2003 Procurement Code change that exempts Community Action Agencies (A.R.S. 41-2081.P) and Tohono O'Odham Nation, who is a LIHEAP sub-grantee.

8.7 How many local administering agencies do you use? 12

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

- Yes  
 No

8.9 If so, why?

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

**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**

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

**9.1 Do you make payments directly to home energy suppliers?**

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

If yes, Describe.

Service providers make payments directly to Energy Suppliers on behalf of the client.

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

Clients are notified by Service Providers via an approval letter of the amount paid on their behalf.

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

Energy suppliers will, through their normal billing process, apply the Energy Assistance Payments to the approved household's account, just as any other payment would be applied.

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

Local Service Providers assure that households receiving LIHEAP are not treated adversely by working collaboratively with energy vendors.

**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.

**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**

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

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

The Arizona Department of Economic Security assures that fiscal control and fund accounting procedures are established to assure the proper accounting of their disbursement of federal funds paid to the state under this program, including procedures for monitoring the assistance provided under this title, and that the Arizona Auditor General's Office includes LIHEAP in its audit of program expenditures in accordance with the Single Audit Act of 1984.

**Audit Process**

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

Yes  No

**10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.**

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

**10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply**

Grantee employees:

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

The State of Arizona, Department of Economic Security

Local Administering Agencies / District Offices:

<input checked="" type="checkbox"/> On - site evaluation
<input type="checkbox"/> Annual program review
<input type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>Schedule--Monitoring of Service Providers will occur at least once every three years. Any Service Provider that has a particular problem will be given technical assistance until the problem is resolved.</p> <p>Focus-Monitoring focuses on the following areas: program, fiscal, policy, and general contract requirements. Monitoring may occur through a desk review of materials or on-site monitoring. Weatherization monitoring encompasses the aforementioned areas, plus on site quality control inspection of weatherized homes. Monitoring visits are also used for contractor training and technical assistance as required. Monitoring relates to Service Providers' separate evaluations of internal controls, such as control self-assessments or internal procedures and performance. Internal monitoring processes shall be practiced by Service Providers. LIHEAP Service Providers have a responsibility to monitor and be monitored for compliance with program requirements.</p> <p>The Arizona Department of Economic Security monitors Service Providers' compliance with all requirements of federal, state, and local laws, the contractual requirements, and directives in the policy manual. The Service Provider shall cooperate in the evaluation of contracted services. The evaluation may assess the Service Provider's progress and/or success in achieving the goals, objectives, and deliverables set forth in their contract related to LIHEAP.</p> <p>Protocol-The Arizona Department of Economic Security shall provide the Service Provider with the request for needed documents, such as case management files, and fiscal and administrative records, at least one week prior to the scheduled monitoring date. Regarding unscheduled monitoring, the Arizona Department of Economic Security may request needed documents while on site without prior notice. The Arizona Department of Economic Security will communicate recommendations of findings with key personnel and provide the opportunity for clarification, and will provide written results of the monitoring within a reasonable amount of time.</p> <p>The Service Provider will ensure that key personnel are available for discussion during the scheduled monitoring and that the requested records are available and in order beginning on the first day of the scheduled on-site monitoring visit. It is the Arizona Department of Economic Security's expectation that the monitoring will begin at the agreed date and time for scheduled monitoring.</p> <p>The on-site monitoring visit will include these activities:</p> <p>The interview should include the Arizona Department of Economic Security Contract Specialist, Arizona Department of Economic Security Program Specialist, and the Service Provider's Program Manager. It may include other Arizona Department of Economic Security and Service Provider staff upon request of the Arizona Department of Economic Security's Contract Specialist, Arizona Department of Economic Security Program Specialist, or at the discretion of the Service Provider. The entrance interview will describe the monitoring activities that will take place, review the monitoring process, and schedule interviews with other Service Provider staff, as requested by the Arizona Department of Economic Security monitoring team.</p> <p>On-site compliance monitoring will consist of a program review, with follow-up questions appropriate to the local situation. In order to complete the compliance monitoring, the Arizona Department of Economic Security Contract Specialist and/or the Arizona Department of Economic Security Program Specialist will interview the Service Provider Program Manager, the Fiscal Director, the position responsible for outreach activities, and any other staff whose work is integral to the program, as well as applicants.</p>
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<p><b>Site Visits:</b></p> <p>Service providers are monitored at least once every three years. If there are concerns related to a specific Service Provider's operations, that Provider would be a priority for monitoring.</p>
<p><b>Desk Reviews:</b></p> <p>Desk reviews are conducted on a monthly basis for financial and contract compliance.</p>
<b>10.8. How often is each local agency monitored ?</b>
<p>Service providers are monitored at least once every three years.</p>
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>
<p>The Arizona Department of Economic Security has not captured collective data in this area; however, resolution to eligibility determination issues is addressed at the time of monitoring and in a formal Report of Findings.</p>

**10.10. What is the combined error rate for benefit determinations? OPTIONAL**

The Arizona Department of Economic Security has not captured collective data in this area; however, resolution to eligibility determinatoin issues is addressed at the time of monitoring and in a Formal Report of Findings.

**10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0**

**10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 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)**

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**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.

- 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:

**11.2 What changes did you make to your LIHEAP plan as a result of this participation?**

Stakeholder comments were incorporated into this draft, including revising the document verification sections to more closely align with Service Providers' processes.

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

**11.3 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	06/19/2018	Phoenix-State Capital in the Grand Canyon Rm
2	07/05/2018	Tucson-Pima County Community Action Agency
3	07/11/2018	Flagstaff-Coconino County Community Services Dept

**11.4. How many parties commented on your plan at the hearing(s)?** 4

**11.5 Summarize the comments you received at the hearing(s).**

The comments from the three LIHEAP State Plan hearing held on 06/19/2018, 07/05/2018 and 07/11/2018 were in support of the current LIHEAP State Plan.

**11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?**

There were no changes made to the LIHEAP State Plan as a result of of the hearing comments for the SFY 2019.

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 1

12.2 How many of those fair hearings resulted in the initial decision being reversed? 1

12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

Policy was adjusted to reflect the most current Federal policy change regarding the I-551 stamp:

1) Temporary I-551 Admission Stamp-Eligible when the key phrase reads one the following:

a) "Admission for Permanent Residence at: a machine-readable immigrant visa (MRIV) usually has the following text on it: "UPON ENDORSEMENT SERVES AS TEMPORARY I-551 EVIDENCING PERMANENT RESIDENCE FOR 1 YEAR"

12.4 Describe your fair hearing procedures for households whose applications are denied.

Fair Hearing procedure is in place within the Department of Economic Security (DES), Division of Aging and Adult Services (DAAS), Community Action Programs and Services Administration, and the Community Action Agencies (CAAs). Clients will be notified at time of application of their right to appeal.

Step 1: An opportunity to file a request for fair hearing regarding any adverse action shall be granted by the CAA to any applicant/recipient who requests a hearing because his or her benefit assistance is denied, delayed, discontinued, suspended, or terminated. The applicant/recipient must, within 10 working days, provide in writing a statement of the grounds for the hearing. The request must be submitted to the CAA within 10 working days after the mailing date on the decision letter. The CAA receiving the grievance will make all efforts to resolve the issues within 10 working days of the request.

Step Two: In the event the applicant/recipient wishes to appeal the decision of the CAA, the applicant/recipient may, within 10 working days of receiving the CAA decision letter, appeal in writing to the Arizona Department of Economic Security Assistant Director. The Assistant Director will assign the appropriate personnel to conduct the hearing. A decision will be provided within 10 working days of the appeal letter.

Step Three: In the event the applicant/recipient wishes to appeal the decision of the Arizona Department of Economic Security Assistant Director, the applicant/recipient may, within 10 working days of receiving the Arizona Department of Economic Security Assistant Director's decision letter, request, in writing, a fair hearing from the Department of Economic Security. The Department will be responsible for conducting the hearing and providing a decision within 60 days of the request, in accordance with Arizona Administrative Code R6-5-2404.

Step Four: In the event the applicant/recipient wishes to appeal the decision of the Department of Economic Security, the applicant/recipient may, within 10 working days of receiving the Department of Economic Security's decision letter, request in writing a fair hearing from the Department of Health and Human Services, Office of Community Services in Washington, D.C. The Department of Health and Human Services, Office of Community Services in Washington, D.C. will be responsible for providing a decision within 60 days of the request.

12.5 When and how are applicants informed of these rights?

Applicants are informed of the right to a fair hearing through notices posted in the Service Providers' waiting areas and in writing and verbally during their initial intake appointment. Applicants are informed through a written notice either included in the packet provided prior to the intake appointment or during the intake appointment.

12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.

A Fair Hearing procedure is in place within the Department of Economic Security (DES), Division of Aging and Adult Services (DAAS), Community Action Programs and Services Administration and the Community Action Agencies (CAAs). Clients will be notified at time of application of their right to appeal.

**Step One:** An opportunity to file a request for a fair hearing regarding any adverse action shall be granted by the CAA to any applicant/recipient who requests a hearing because his or her benefit assistance is denied, delayed, discontinued, suspended, or terminated. The applicant/recipient must, within 10 working days, provide in writing a statement of the grounds for the hearing. The request must be submitted to the CAA within 10 working days after the mailing date on the decision letter. The CAA receiving the grievance will make all efforts to resolve the issues within 10 days of the request.

**Step Two:** In the event the applicant/recipient wishes to appeal the decision of the CAA, the applicant/recipient may, within 10 working days of receiving the CAA decision letter, appeal in writing to the Arizona Department of Economic Security Assistant Director. The Assistant Director will assign the appropriate personnel to conduct the hearing. A decision will be provided within 10 working days of the appeal letter.

**Step Three:** In the event the applicant/recipient wishes to appeal the decision of the Arizona Department of Economic Security Assistant Director, the applicant/recipient may, within 10 working days of receiving the request, in writing, request a fair hearing from the Department of Economic Security. The Department will be responsible for conducting the hearing and providing a decision within 60 days of the request, in accordance with Arizona Administrative Code R6-5-2404.

**Step Four:** In the event the applicant/recipient wishes to appeal the decision of the Department of Economic Security, the applicant/recipient may, within 10 working days of receiving the Department of Economic Security's decision letter, request in writing a fair hearing from the Department of Health and Human Services, Office of Community Services in Washington, D.C. The Department of Health and Human Services, Office of Community Services in Washington, D.C. will be responsible for providing a decision within 60 days of the request.

**12.7 When and how are applicants informed of these rights?**

Applicants are informed of the right to a fair hearing through notices posted in Service Providers' waiting areas and in writing and verbally during their initial intake appointment. Applicants are informed through a written notice either included in the packet provided prior to the intake appointment or during the intake appointment.

**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.: 0970-0075  
Expiration Date: 09/30/2020

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
SF - 424 - MANDATORY**

**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?**

Service Providers offer energy reduction education through various methods such as brochures, teaching applicants during the application process, in-house tutorial videos presented in waiting areas, and/or classes.

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

To ensure that no more than 5 percent of LIHEAP funding is used for Assurance 16 purposes, the Arizona Department of Economic Security utilizes fiscal and program controls, including fund accounting procedures, to ensure that Service Providers abide by federal guidelines.

**13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.**

The Arizona Department of Economic Security has not collected impact data on Assurance 16 activities for FFY 2018; however, we are currently working on redesigning the program with impact measures in mind, which will be included in future reports.

**13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.**

FFY 2018 data is not finalized; however, the data is forthcoming in the Performance Data Form. No direct monetary benefits have been issued to households using Assurance 16 funds during FFY 2018.

**13.5 How many households applied for these services?** Applicants do not apply for these services. Clients are offered the education during their intake appointment.

**13.6 How many households received these services?** 5559

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### 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.**

When funding is made available, a request for submittal is emailed to Service Providers along with all pertinent attachments (blank leveraging report and previous year report/reports submitted, if applicable) with a deadline to submit all leveraging resource reports by October 15th. Funds used for leveraging are not federal funds.

**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	Arizona Community Action Association (ACAA) Utility Repair, Replace and Deposit Program (URRD)	URRD funds are used by community action agencies in coordination with LIHEAP for deposits, and repairs, or replacements of energy related appliances and systems.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(E).
2	Arizona Community Action Association (ACAA) Home Energy Assistance Fund	This resource provides energy assistance to eligible low income households statewide.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A)
3	Arizona Public Service (APS)	Provides a discount to households based on electricity usage for each month.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(D).
4	APS/Community Action Partnership	APS provides funding for materials, supplies and repairs to low income homeowners for weatherization. Funds are also used to provide utility assistance payments for gas and electric to LIHEAP eligible households.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
5	City of Phoenix Water Fund (Project Assist)	The Project Assist dollars are used in conjunction with LIHEAP funds to assist low income families in addressing their utility and water needs.	N/A
6	City of Scottsdale Utility Assistance Program	Funds are used to provide emergency utility assistance to low income families.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
7	City of Tucson Low Income Assistance Program	Funds are used to provide a discount to low income households with water bills.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A)

8	Coconino County General Funds (Not State General Funds)	Funds are used to provide low income Coconino County residents with financial assistance with utility bills in conjunction with LIHEAP.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A, C and E).
9	Donations to Agency	The resource provides funds to the Community Action Human Resources Agency (CAHRA), LIHEAP provider, for utility assistance to low income households.	N/A
10	Neighbors Helping Neighbors	Funds for Home Energy Assistance available statewide. Funds are received through a voluntary State Tax check off.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(E).
11	Pima County General Fund -Utility Assistance	Funds are used to provide low income Pima County residents with financial assistance with utility bills in conjunction with LIHEAP.	N/A
12	Salt River Project (SRP) Bill Assistance Program	This resource provides funds to meet the energy affordability needs of low income customers.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
13	SRP - Economy Price Plan	Provides a discount to households based on monthly electricity usage. The LIHEAP Grantee and Arizona Community Action Association met with SRP to discuss the expansion of the utility discount program to all low income households rather than only seniors. All low income households at 150 percent of poverty may apply for the discount. A LIHEAP eligibility criterion was incorporated with this resource.	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 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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Arizona Department of Economic Security LIHEAP Staff receives formal training from the Office of Community Services and National Energy Assistance Directors Association.

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe: Service Providers also attend various National, OCS, and other LIHEAP training via conferences at their discretion.

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



<input type="checkbox"/>	As needed
<input type="checkbox"/>	Other - Describe:
<input type="checkbox"/>	Policies communicated through vendor agreements
<input type="checkbox"/>	Policies are outlined in a vendor manual
<input checked="" type="checkbox"/>	<b>Other - Describe:</b> Vendors are provided with current LIHEAP Policy Manuals. Questions and concerns are communicated verbally and via email.
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<p style="color: red; text-align: center;"><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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**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 performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

The State of Arizona (AZ) uses a proprietary system-in-house to complete the LIHEAP Performance Measures Data Collection goals. The State of Arizona implemented the new system in SFY19 and reported FFY18 dated in March 2019. The State Of Arizona will utilize the same proprietary system for FFY18 and report on January 1, 2019.

**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)**

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ADMINISTRATION FOR CHILDREN AND FAMILIES

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
SF - 424 - MANDATORY**

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

**17.1 Fraud Reporting Mechanisms**

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:  
A dedicated fraud reporting hotline is in place for statewide fraud abuse and is not specific to LIHEAP.

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

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other - Describe:

**17.2. Identification Documentation Requirements**

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

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

(i.e.: driver's license, state ID, Tribal ID, passport, etc.)		<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
	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	Other documents that State uses for identification verification are; wage stubs, work and school identification cards, Arizona State Driver's License and identification cards, birth certificates, birth records, Certificates of Indian Blood (CIBs), tribal identification cards, 1 housing authority (section 8) documents, social security cards and documents, family census cards, health benefit identification cards, social service program documents or cards, passports, legal permanent residence documents, tax returns and voter registration cards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b. Describe any exceptions to the above policies.</b> <p style="text-align: center;">Some Service Providers verify SSNs with the State eligibility/management system (e.g. SNAP, TANF).</p>							
<b>17.3 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input type="checkbox"/> Verify SSNs with Social Security Administration							
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input type="checkbox"/> Match with state Department of Labor system							
<input type="checkbox"/> Match with state and/or federal corrections system							
<input type="checkbox"/> Match with state child support system							
<input type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input checked="" type="checkbox"/> Other - Describe: <p style="text-align: center;">Some Service Providers verify SSNs with the State eligibility/management system (e.g. SNAP, TANF).</p>							
<b>17.4. Citizenship/Legal Residency Verification</b>							
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.							
<input checked="" type="checkbox"/> Clients sign an attestation of citizenship or legal residency							
<input checked="" type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency							
<input checked="" type="checkbox"/> Noncitizens must provide documentation of immigration status							
<input checked="" type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Noncitizens are verified through the SAVE system							
<input checked="" type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input checked="" type="checkbox"/> Other - Describe: <p style="text-align: center;">Some Service Providers verify Citizenship/Legal Residency Status with the State eligibility/management system (e.g. SNAP, TANF).</p>							
<b>17.5. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							

<input checked="" type="checkbox"/> <b>Require documentation of income for all adult household members</b>
<input checked="" type="checkbox"/> <b>Pay stubs</b>
<input checked="" type="checkbox"/> <b>Social Security award letters</b>
<input checked="" type="checkbox"/> <b>Bank statements</b>
<input checked="" type="checkbox"/> <b>Tax statements</b>
<input checked="" type="checkbox"/> <b>Zero-income statements</b>
<input checked="" type="checkbox"/> <b>Unemployment Insurance letters</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>  Clients must provide verification for unearned income. Agencies require documentation of income for all adult household members and persons age 16 or above who are not full-time students. Agencies may, at their discretion, accept a participant statement as verification for income when the client has attempted but is unable to provide the verification, no other source of verification is available, and agency staff have attempted to assist in obtaining the verification on behalf of the client. When a partial month of check stubs is available, the documents available will be used to calculate the income received during the period lacking documentation.
<input checked="" type="checkbox"/> <b>Computer data matches:</b>
<input checked="" type="checkbox"/> <b>Income information matched against state computer system (e.g., SNAP, TANF)</b>
<input type="checkbox"/> <b>Proof of unemployment benefits verified with state Department of Labor</b>
<input type="checkbox"/> <b>Social Security income verified with SSA</b>
<input type="checkbox"/> <b>Utilize state directory of new hires</b>
<input type="checkbox"/> <b>Other - Describe:</b>
<b>17.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>
<input checked="" type="checkbox"/> <b>Policy in place prohibiting release of information without written consent</b>
<input type="checkbox"/> <b>Grantee LIHEAP database includes privacy/confidentiality safeguards</b>
<input checked="" type="checkbox"/> <b>Employee training on confidentiality for:</b>
<input checked="" type="checkbox"/> <b>Grantee employees</b>
<input checked="" type="checkbox"/> <b>Local agencies/district offices</b>
<input type="checkbox"/> <b>Employees must sign confidentiality agreement</b>
<input type="checkbox"/> <b>Grantee employees</b>
<input type="checkbox"/> <b>Local agencies/district offices</b>
<input checked="" type="checkbox"/> <b>Physical files are stored in a secure location</b>
<input type="checkbox"/> <b>Other - Describe:</b>
<b>17.7. Verifying the Authenticity</b>
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>
<input type="checkbox"/> <b>All vendors must register with the State/Tribe.</b>
<input checked="" type="checkbox"/> <b>All vendors must supply a valid SSN or TIN/W-9 form</b>
<input checked="" type="checkbox"/> <b>Vendors are verified through energy bills provided by the household</b>
<input type="checkbox"/> <b>Grantee and/or local agencies/district offices perform physical monitoring of vendors</b>
<input type="checkbox"/> <b>Other - Describe and note any exceptions to policies above:</b>
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>
<input checked="" type="checkbox"/> <b>Applicants required to submit proof of physical residency</b>
<input checked="" type="checkbox"/> <b>Applicants must submit current utility bill</b>
<input checked="" type="checkbox"/> <b>Data exchange with utilities that verifies:</b>

<input type="checkbox"/>	Account ownership
<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input 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 checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe:  Some Service Providers utilize computer databases to periodically review and verify accuracy and timeliness of payments made to utilities.
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input type="checkbox"/>	Vendors are checked against an approved vendors list
<input type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe:  Service Providers directly pay vendors and keep accounting records which are monitored by the Arizona Department of Economic Security to avert fraud and improper payments.
<b>17.10. Investigations and Prosecutions</b>	
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/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 Grantee conduct investigation of fraud complaints from public
<input type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process
<input type="checkbox"/>	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input 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

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 grantee 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 grantee 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 grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee 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 grantee's 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 grantee 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. Grantees' 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 grantee 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 grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

#### **Certification Regarding Drug-Free Workplace Requirements**

##### **Alternate I. (Grantees Other Than Individuals)**

The grantee 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 grantee's 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 grantee's 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 grantee 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 (Street address, city, county, state, zip code)**

1789 W Jefferson

\* **Address Line 1**

Address Line 2

Address Line 3

Phoenix

\* **City**

Arizona

\* **State**

85007

\* **Zip Code**

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

**Alternate II. (Grantees Who Are Individuals)**

(a) The grantee 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 grantees 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.**

## Plan Attachments

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