

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** Colorado

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

**Report Period:** 10/01/2021 to 09/30/2022


**Report Status:** Submission Accepted by CO

### Report Sections

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## Mandatory Grant Application SF-424

|  |  |   |   |
|--|--|---|---|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES   |  | August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance No.: 0970-0075<br>Expiration Date: 12/31/2023 |   |
| <b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br/>                 MODEL PLAN<br/>                 SF - 424 - MANDATORY</b> |  |   |   |
| * 1.a. Type of Submission:<br><input checked="" type="radio"/> Plan  | * 1.b. Frequency:<br><input checked="" type="radio"/> Annual | * 1.c. Consolidated Application/PI<br>an/Funding Request?<br><br>Explanation:                                     | * 1.d. Version:<br><input checked="" type="radio"/> Initial<br><input type="radio"/> Resubmission<br><input type="radio"/> Revision<br><input type="radio"/> Update |
|  |  | 2. Date Received:   | State Use Only:   |
|  |  | 3. Applicant Identifier:  |   |
|  |  | 4a. Federal Entity Identifier:  | 5. Date Received By State:  |
|  |  | 4b. Federal Award Identifier:   | 6. State Application Identifier:  |
| <b>7. APPLICANT INFORMATION</b>  |  |   |   |
| * a. Legal Name: Colorado Department of Human Services   |  |   |   |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 84064473<br>9C3  |  | * c. Organizational DUNS: 878147602   |   |
| * d. Address:  |  |   |   |
| * Street 1:  | 1575 Sherman Street  | * Street 2:   |   |
| * City:  | DENVER   | * County:   |   |
| * State:   | CO   | * Province:   |   |
| * Country:   | United States  | * Zip / Postal Code:  | 80203 -   |
| e. Organizational Unit:  |  |   |   |
| Department Name:<br>Colorado Department of Human Services  |  | Division Name:<br>Food and Energy Assistance  |   |
| f. Name and contact information of person to be contacted on matters involving this application:                                   |  |   |   |
| Prefix:  | * First Name:<br>Theresa                                     | Middle Name:  | * Last Name:<br>Kullen  |
| Suffix:  | Title:<br>LEAP Manager                                       | Organizational Affiliation:   |   |
| * Telephone Number:<br>720-788-8050  | Fax Number:  | * Email:<br>theresa.kullen@state.co.us  |   |
| * 8a. TYPE OF APPLICANT:   |  |   |   |
| A: State Government  |  |   |   |
| b. Additional Description:   |  |   |   |
|  |  |   |   |
| * 9. Name of Federal Agency:   |  |   |   |
|  |  |   |   |
|  |  | Catalog of Federal Domestic<br>Assistance Number:   | CFDA Title:   |
| 10. CFDA Numbers and Titles  |  | 93.568  | Low-Income Home Energy Assistance Program   |
| 11. Descriptive Title of Applicant's Project   |  |   |   |
| Low Income Energy Assistance Program   |  |   |   |
| 12. Areas Affected by Funding:   |  |   |   |
| Statewide  |  |   |   |
| 13. CONGRESSIONAL DISTRICTS OF:  |  |   |   |
| * a. Applicant<br>1  |  | b. Program/Project:<br>Statewide  |   |
| Attach an additional list of Program/Project Congressional Districts if needed.  |  |   |   |
| 14. FUNDING PERIOD:  |  | 15. ESTIMATED FUNDING:  |   |

|   |                                   |  |                              |
|---|-----------------------------------|--|------------------------------|
| <b>a. Start Date:</b><br>10/01/2021   | <b>b. End Date:</b><br>09/30/2022 | <b>* a. Federal (\$):</b><br>\$0                                   | <b>b. Match (\$):</b><br>\$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<br><input checked="" type="radio"/> NO  |                                   |  |                              |
| <b>Explanation:</b>   |                                   |  |                              |
| 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)<br><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><br>Barry Pardus   |                                   | <b>18c. Telephone (area code, number and extension)</b>            |                              |
|   |                                   | <b>18d. Email Address</b><br>Barry.Pardus@state.co.us              |                              |
| <b>18b. Signature of Authorized Certifying Official</b><br>  |                                   | <b>18e. Date Report Submitted (Month, Day, Year)</b><br>08/30/2021 |                              |
| <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: 12/31/2023

### 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: 12/31/2023

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.<br>(Note: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of Operation |            |
|---|--------------------|------------|
|   | Start Date         | End Date   |
| <input checked="" type="checkbox"/> Heating assistance  | 11/01/2021         | 04/30/2022 |
| <input type="checkbox"/> Cooling assistance   |                    |            |
| <input checked="" type="checkbox"/> Crisis assistance   | 10/01/2021         | 09/30/2022 |
| <input checked="" type="checkbox"/> Weatherization assistance   | 10/01/2021         | 09/30/2022 |

Provide further explanation for the dates of operation, if necessary

The year round Crisis Intervention Program (CIP) allows for the repair or replacement of inoperable primary fuel heating systems. The State contracts with Energy Outreach Colorado (EOC), a local non-profit agency, to manage this program. EOC coordinates with local weatherization agencies, which has provided the opportunity to repair and/or replace inoperable systems prior to the start of the cold weather season ensuring the health and safety of vulnerable households.

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 ( % ) |
|---|------------------|
| Heating assistance  | 65.00%           |
| Cooling assistance  | 0.00%            |
| Crisis assistance   | 5.00%            |
| Weatherization assistance   | 15.00%           |
| Carryover to the following federal fiscal year  | 5.00%            |
| Administrative and planning costs   | 10.00%           |
| Services to reduce home energy needs including needs assessment (Assurance 16)  | 0.00%            |
| Used to develop and implement leveraging activities   | 0.00%            |
| <b>TOTAL</b>  | <b>100.00%</b>   |

Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <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): These funds are utilized year round for furnace/repair replacement services. |  |  |
| <b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</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 type="radio"/> Yes <input checked="" type="radio"/> No |  |  |   |  |  |
| If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.   |  |  |   |  |  |
|  | <b>Heating</b>                                     | <b>Cooling</b>                                     | <b>Crisis</b>   | <b>Weatherization</b>                              |  |
| TANF   | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No  | <input type="radio"/> Yes <input type="radio"/> No |  |
| SSI  | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No  | <input type="radio"/> Yes <input type="radio"/> No |  |
| SNAP   | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No  | <input type="radio"/> Yes <input type="radio"/> No |  |
| Means-tested Veterans Programs   | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No  | <input type="radio"/> Yes <input type="radio"/> No |  |
|  | <b>Program Name</b>                                | <b>Heating</b>                                     | <b>Cooling</b>  | <b>Crisis</b>                                      | <b>Weatherization</b>                              |
| Other(Specify) 1   |  | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No  | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No  |  |  |   |  |  |
| If Yes, explain:   |  |  |   |  |  |
| 1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?                      |  |  |   |  |  |
| SNAP Nominal Payments  |  |  |   |  |  |
| 1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No  |  |  |   |  |  |
| If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.   |  |  |   |  |  |
| 1.7b Amount of Nominal Assistance: \$0.00  |  |  |   |  |  |
| 1.7c Frequency of Assistance   |  |  |   |  |  |
| <input type="checkbox"/>   | Once Per Year                                      |  |   |  |  |
| <input type="checkbox"/>   | Once every five years                              |  |   |  |  |
| <input type="checkbox"/>   | Other - Describe:                                  |  |   |  |  |
| 1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?   |  |  |   |  |  |
| Determination of Eligibility - Countable Income  |  |  |   |  |  |
| 1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?   |  |  |   |  |  |
| <input checked="" type="checkbox"/>  | Gross Income                                       |  |   |  |  |
| <input type="checkbox"/>   | Net Income   |  |   |  |  |
| 1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP   |  |  |   |  |  |
| <input checked="" type="checkbox"/>  | Wages  |  |   |  |  |
| <input checked="" type="checkbox"/>  | Self - Employment Income                           |  |   |  |  |
| <input checked="" type="checkbox"/>  | Contract Income                                    |  |   |  |  |
| <input checked="" type="checkbox"/>  | Payments from mortgage or Sales Contracts          |  |   |  |  |
| <input checked="" type="checkbox"/>  | Unemployment insurance                             |  |   |  |  |
| <input checked="" type="checkbox"/>  | Strike Pay   |  |   |  |  |
| <input checked="" type="checkbox"/>  | Social Security Administration (SSA ) benefits     |  |   |  |  |

| <input checked="" type="checkbox"/> | Including MediCare deduction   | <input type="checkbox"/> | Excluding MediCare deduction |
|-------------------------------------|--|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI )  |                          |                              |
| <input checked="" type="checkbox"/> | Retirement / pension benefits  |                          |                              |
| <input 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 type="checkbox"/>            | Earned income of a child under the age of 18   |                          |                              |
| <input type="checkbox"/>            | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |                          |                              |
| <input type="checkbox"/>            | Income tax refunds   |                          |                              |
| <input type="checkbox"/>            | Stipends from senior companion programs, such as VISTA   |                          |                              |
| <input type="checkbox"/>            | Funds received by household for the care of a foster child   |                          |                              |
| <input type="checkbox"/>            | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid                           |                          |                              |
| <input type="checkbox"/>            | Reimbursements (for mileage, gas, lodging, meals, etc.)  |                          |                              |

|   |       |
|---|-------|
|   |       |
| <input type="checkbox"/>  | Other |
| <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 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: 12/31/2023

### 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   | All Household Sizes | State Median Income   | 60.00%                |

**2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE?**  Yes  No

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

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

**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?**  Yes  No

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

Preference is given to the elderly, disabled, and households with young children by allowing local agencies to accept applications from these households prior to the official start of the program, which is November 1st.

Please see attached Income Guideline attachment for explanation on the current income guidelines being used, along with the federal IM\_LIHEAP FY22 SMI for verification of the source where the income guidelines were obtained.

**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.**

Colorado LIHEAP coordinates a mass mailing of applications including instructions and self-addressed, stamped envelopes to all previous year LIHEAP recipients including households with elderly, disabled and young children prior to the start of the season. This early application period allows for local agencies to expedite the eligibility determination process for vulnerable households.

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

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



|  |       |                 |         |
|--|-------|-----------------|---------|
| <input type="checkbox"/> Energy burden (% of income spent on home energy)  |       |                 |         |
| <input type="checkbox"/> Energy need   |       |                 |         |
| <input checked="" type="checkbox"/> Other - Describe:  |       |                 |         |
| <p>Actual home heating costs for primary fuel are utilized to determine each applicant household's benefit from the previous November through April heating season. These costs are provided by each applicant household's utility company. Flat rates based on average home heating costs for each fuel and dwelling type are utilized for households that use a vendor who does not have an agreement with the State or where heat is included in rent.</p> <p>Please see the Methodology for Calculating a LEAP Benefit and Benefit Matrix.</p> |       |                 |         |
| <b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>   |       |                 |         |
| <b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies</b>   |       |                 |         |
| Minimum Benefit  | \$250 | Maximum Benefit | \$1,000 |
| <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  |       |                 |         |
| <b>If yes, describe.</b>   |       |                 |         |
| <p>The State's contracted project management organization for the Crisis Intervention Program (CIP), Energy Outreach Colorado, is required through the terms of the contract to provide blankets, space heaters, and optional shelter, if applicable, to those households who are without heat due to an inoperable furnace or unable to access the primary heating source due to severe weather.</p>  |       |                 |         |
| <p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>   |       |                 |         |

## Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN 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   |                |                       | 0.00%                 |

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

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

Do you require an Assets test ?  Yes  No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

|                                       |  |
|---------------------------------------|--|
| Elderly?                              | <input type="radio"/> Yes <input type="radio"/> No |
| Disabled?                             | <input type="radio"/> Yes <input type="radio"/> No |
| Young children?                       | <input type="radio"/> Yes <input type="radio"/> No |
| Households with high energy burdens ? | <input type="radio"/> Yes <input type="radio"/> No |
| Other?                                | <input type="radio"/> Yes <input type="radio"/> No |

Explanations of policies for each "yes" checked above:

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

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

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

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

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

|  |     |                 |     |
|--|-----|-----------------|-----|
| <b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies</b>   |     |                 |     |
| Minimum Benefit  | \$0 | Maximum Benefit | \$0 |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No                        |     |                 |     |
| If yes, describe.  |     |                 |     |
| <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   | All Household Sizes | State Median Income   | 60.00%                |

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

A household in crisis is one where service has been discontinued or is threatened to be discontinued, is out of fuel or will run out of fuel, or is responsible for heating costs that are included in rent and has received an eviction notice. A crisis also includes a household whose primary heating system is inoperable or access to a fuel tank is not possible due to severe weather.

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

A life threatening crisis means a household whose members' health and/or well-being would likely be endangered if energy assistance or repair or replacement of the primary heating source 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?                             | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Disabled?                            | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Young Children?                      | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Households with high energy burdens? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Other?                               | <input type="radio"/> Yes <input checked="" type="radio"/> 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?**  Yes  No

**Must the household have exhausted their regular heating benefit?**  Yes  No

**Must renters with heating costs included in their rent have received an eviction notice ?**  Yes  No

**Must heating/cooling be medically necessary?**  Yes  No

**Must the household have non-working heating or cooling equipment?**  Yes  No

**Other?**  Yes  No

|   |  |
|---|--|
| <b>Do you have additional / differing eligibility policies for:</b>   |  |
| <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  |
| <b>Explanations of policies for each "yes" checked above:</b>   |  |
| <p>The household must provide the following verification in order to be considered in a crisis situation at which point the case will be processed expeditiously to assure the health and safety of the household. 1. A shut-off notice or other documentation of intent to terminate heating services by the heating supplier or landlord or that termination of services has occurred; 2. A declaration by the household that the fuel supply has been or will be depleted within the next two weeks and the specific amount needed to maintain heat; 3. An eviction notice and a statement from the landlord that the client will not be evicted for thirty (30) days, if approved, for those households where heat is included in rent.</p> |  |
| <b>Determination of Benefits</b>  |  |
| <b>4.8 How do you handle crisis situations?</b>   |  |
| <input checked="" type="checkbox"/>   | <b>Separate component</b>  |
| <input checked="" type="checkbox"/>   | <b>Fast Track</b>  |
| <input checked="" type="checkbox"/>   | <b>Other - Describe:</b><br><br><p>The furnace repair and replacement crisis program is a separate component of the heating fuel assistance program. Once eligibility is determined for the LIHEAP heating fuel assistance program the recipient is automatically eligible for the furnace repair or replacement crisis program, which is handled by a sub-contractor, Energy Outreach Colorado and a separate application is required for the benefit.</p> <p>The disconnect/out of heating fuel component of the crisis program is part of the regular heating assistance program.</p> <p>All crisis situations are fast tracked and applications are processed expeditiously.</p>   |
| <b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>   |  |
| <input checked="" type="checkbox"/>   | <b>Amount to resolve the crisis.</b>   |
| <input checked="" type="checkbox"/>   | <b>Other - Describe:</b><br><br><p>The crisis benefit for the furnace repair or replacement program is set at the amount of benefit required to resolve the crisis with the average benefit of the program not to exceed \$4,000.</p> <p>The crisis benefit for the heating fuel impending disconnect/already disconnected or out of fuel component of the program is the amount needed to remedy the situation not to exceed the benefit amount of the basic heating assistance benefit or the \$1,000 maximum benefit whichever is lower.</p> <p>Through the use of the ARP Act funds the crisis component for FFY 2022 will also include benefits to households approved for the regular LIHEAP benefit facing disconnect or already disconnected an additional benefit for their heating or supportive fuel account the dollar amount required to bring the account balance to zero.</p> |
| <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>Applications are accepted at local county agencies statewide for LIHEAP emergencies. In addition, households facing an emergency due to an inoperable primary heating system are directed to the (CIP) hotline, which is maintained by Energy Outreach Colorado. The customer service representative completes the application with the client and an appointment is set up in real time for a subcontractor to go out and assess the heating system.</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>  |  |
| <b>Winter Crisis</b>  | \$1,000.00 maximum benefit   |
| <b>Summer Crisis</b>  | \$0.00 maximum benefit   |

Year-round Crisis \$4,000.00 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

The winter crisis program maximum benefit is a component of the basic heating assistance program and the maximum benefit amount for that program is \$1,000.00. The winter crisis program relates to LEAP applicants who are facing disconnect on metered fuel or are already disconnected, or households whose bulk fuel is almost out or already out of fuel. The winter crisis amount of the benefit is the amount the household is found eligible to receive under the basic heating fuel program not to exceed the \$1,000.00 maximum benefit allowance.

The year round crisis benefit maximum, listed as \$4,000, is an average maximum benefit for the furnace repair/replacement households. The year round crisis benefit is our furnace repair/replacement program.

Colorado LIHEAP requires that Energy Outreach Colorado, the agency responsible for the management of the Crisis Intervention Program, make blankets, space heaters, and alternative lodging available if deemed necessary to assure the health and safety of the eligible LIHEAP households where the primary heating system is inoperable or when a fuel tank cannot be accessed due to severe weather.

**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 checked="" type="checkbox"/> |
| Heating system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system repair             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Cooling system replacement        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Wood stove purchase               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pellet stove purchase             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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.**

The Colorado Public Utilities Commission set forth the following mandate for the State's four regulated utility providers: Medical Certificates - a customer who has a medical certificate may not be shut off for 60 days with a potential 30 day extension.

In addition, Xcel Energy (serves the largest number of LIHEAP households) has the following moratorium: Xcel Energy will not shut off a customer 55 or older that lives alone during the winter months. Xcel offers a company sponsored program for customers who are on ventilators whereby electric service will not be discontinued for 12 months with potential for recertification.

Regulated utility providers who enter into agreement with Colorado LIHEAP agree to provide continuous service for 60 days to LIHEAP households from the date of approval. Households that have been disconnected, will have service restored within 24 hours of approval and will continue utility services for at least 60 days.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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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%                |

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. Colorado Energy Office

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:  
The use of administrative definitions per DOE WAP rules.  
Please see the Income Guideline Attachment to see the current income guidelines for this program year.

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

Income Threshold

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

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

Other - Describe:

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

|                                       |   |
|---------------------------------------|---|
| Renters                               | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters living in subsidized housing? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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>Colorado LIHEAP provides the Colorado Energy Office (CEO) access to data reports of all approved LIHEAP households to the Colorado Energy Office (CEO) during the program year for the purpose of outreach. CEO targets households with elderly, disabled and young children to assure that these vulnerable populations are the first to receive weatherization services and is also now focusing on high energy burden households.</p> <p>Regarding 5.11 Rooftop Solar Panels here is the description:</p> <p><i>The solar measure is a full rooftop solar photovoltaic system. The items in this system typically include (but are not limited to):</i></p> <ul style="list-style-type: none"> <li>• Solar photovoltaic panels</li> <li>• Balance of system components such as inverters, power controllers, monitoring devices, and racking</li> <li>• Repairs and upgrades to existing electrical components such as electrical service panels and wiring</li> <li>• Fees for items such as utility interconnection, permitting, and engineering documents</li> <li>• Labor for installation of the solar system</li> </ul> |  |
| <b>Benefit Levels</b>  |  |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No   |  |
| 5.10 If yes, what is the maximum? \$0  |  |
| <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 type="checkbox"/> Cooling system modifications/ repairs   | <input checked="" type="checkbox"/> Water Heater   |
| <input checked="" type="checkbox"/> Water conservation measures  | <input type="checkbox"/> Cooling system replacement  |
| <input type="checkbox"/> Compact florescent light bulbs  | <input checked="" type="checkbox"/> Other - Describe:<br>Rooftop solar panels not to exceed 25% of the transfer of funds to CEO . LED light bulbs. |
| <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)**

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 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):

A media campaign is conducted each year that includes paid advertising on television including interviews on major state wide news stations, interviews on a Spanish speaking network, ads on radio stations and monthly publications in local newspapers. The State maintains a website that provides eligibility information, a current application and instructions on the application process. Colorado LIHEAP also maintains a toll-free phone line, which is highly publicized. The customer service representatives provide information on the LIHEAP application process, answer questions, assist with taking applications over the phone and will provide the customer with instructions to access the application online or mail applications to interested households.

The Colorado Department of Human Services maintains a website that provides information about the program, criteria, directions on how to apply, access to an application that can be downloaded and a link to an on-line application.

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

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

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

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

**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, SS I, WAP, etc.).**

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <b>Joint application for multiple programs</b> |
| <input checked="" type="checkbox"/> | <b>Intake referrals to/from other programs</b> |
| <input checked="" type="checkbox"/> | <b>One - stop intake centers</b>               |
| <input checked="" type="checkbox"/> | <b>Other - Describe:</b>                       |

The State LIHEAP office coordinates with Colorado's four regulated utilities in the delivery of percentage of income payment plans (PIPP) that provide energy assistance to low income gas and electric consumers pursuant to rules established by the Colorado Public Utilities Commission. The PIPP program is offered to LIHEAP recipients that are customers of Atmos Gas, Black Hills Utilities, Colorado Natural Gas and Xcel Energy. Black Hills Utilities will offer their electric program to non-LIHEAP low income customers as well as LIHEAP customers and the gas program only to customers receiving LIHEAP. The State LIHEAP office provides LIHEAP eligibility criteria to the utilities through a secure automated transmission method for participating PIPP households upon written consent of the PIPP applicant. Utilities will calculate the "affordable" part of the bill as a prescribed percentage of the total household income as defined in the PUC ruling. The residual difference between the "affordable" portion and the annual bill will become the "non-affordable" portion. The LIHEAP benefit will be applied to the "non-affordable" portion of the bill for all the plans that are offered to LIHEAP eligible customers. Black Hills Utilities will apply the LIHEAP benefit to the "affordable" portion of the bill for those customers enrolled in their electric program because it is being offered to non-LIHEAP low-income customers. Utilities must treat any individual LIHEAP benefit amounts that are in total greater than the amount applied to the "unaffordable" portion of the utility bill by applying it first to pre-existing arrearages, and secondly, to the account of the program participant. For Black Hills Utilities electric program participants, any LIHEAP benefit amounts that are in total greater than the amount applied to the "affordable" portion of the utility bill will first be applied to the pre-existing arrearages and secondly to the account of the program participant.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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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 type="checkbox"/>            | Administration Agency       |
| <input type="checkbox"/>            | Commerce Agency             |
| <input type="checkbox"/>            | Community Services Agency   |
| <input type="checkbox"/>            | Energy / Environment Agency |
| <input type="checkbox"/>            | Housing Agency              |
| <input checked="" type="checkbox"/> | 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?**

County and state offices mail or deliver outreach materials to a number of community agencies as well as LIHEAP vendors. Applications with instructions on how to apply are made available to consumers. Colorado LIHEAP and Energy Outreach Colorado maintain websites from which interested parties can print an application, complete it and mail it in. Colorado LIHEAP also maintains a toll-free phone line, which is highly publicized. People can call in, receive advice on how to apply for LIHEAP, complete an application over the phone and be given directions for an on-line option or get an application mailed to their home.

The State maintains an online service for Coloradans to screen and apply for benefits for medical, food, and cash assistance benefits known as the Colorado Program Eligibility and Application Kit (PEAK). Coloradans can screen and apply for LIHEAP benefits online.

In addition clients who are approved for other benefits through PEAK will be informed on their notice that they also may be eligible for LIHEAP.

**8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?**

N/A

**8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?**

Information on the Crisis Intervention Program (CIP) is provided through various methods. Each approved household is informed of the service on his or her approval notice and is provided the toll-free number dedicated to the program. All information sheets that accompany LIHEAP applications provide information about (CIP). In addition, information about CIP is publicized in newspaper columns as well as in television ads and information is maintained on both the Colorado Department of Human Services' website and Energy Outreach Colorado's website.

| <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 County Government | Non-Applicable | Local County Government | Local County Government |
| <b>8.5b Who processes benefit payments to gas and electric vendors?</b> | Local County Government | Non-Applicable | Local County Government |                         |
| <b>8.5c who processes benefit payments to bulk fuel vendors?</b>        | Local County Government | Non-Applicable | Local County Government |                         |

|  |  |  |  |                         |
|--|--|--|--|-------------------------|
| 8.5d Who performs installation of weatherization measures? |  |  |  | Local County Government |
|--|--|--|--|-------------------------|

**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?**

Colorado LIHEAP is a state supervised and county administered program. The State is represented by 64 county offices who are responsible for the administration and or outreach for LIHEAP. The State currently contracts directly with Discover Goodwill, a non-profit agency, located in Colorado that determines eligibility on behalf of 53 counties for FFY 2022. The State is able to provide better oversight and monitoring through a direct contractual relationship with Discover Goodwill instead of each county subcontracting with Discover Goodwill, which was the process prior to October 2016.

County offices who are no longer processing eligibility are still responsible for outreach efforts, providing information and referral and assuring there is a coordinated process with Discover Goodwill to handle emergencies.

**8.7 How many local administering agencies do you use? 64**

**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**

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

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

**If yes, Describe.**

The State maintains a centralized LIHEAP eligibility system whereby local agencies determine eligibility and the State processes payment, which is sent directly to vendors through an electronic transfer of funds.

The State processes payments directly to a client's Electronic Benefit Transfer (EBT) card when heat is included in rent and/or the client utilizes a vendor who has not entered into an agreement with the State. Clients can also choose an electronic fund transfer of the LIHEAP payment to their bank account instead of an EBT card.

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

A notice is generated from the LIHEAP computer system detailing the benefit amount that is paid on behalf of the applicant household to the specified utility provider. A notice is also generated with the benefit amount for those clients that will receive a direct payment on their EBT card when heat is included in rent or they use a vendor who has not entered into agreement with the State. The county administering agencies and contractor are responsible for mailing notices to applicant households.

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

The State has included a provision in the LIHEAP vendor agreement that requires the vendor to charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment. The vendor agrees to implement this provision by signing the LIHEAP vendor agreement.

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

The vendor agrees that there will be no adverse treatment of a household due to receipt of LIHEAP assistance upon signing of the LIHEAP vendor agreement. The State will terminate a vendor agreement if it is determined that a vendor has treated LIHEAP households adversely and inactivate the vendor account in the LIHEAP eligibility system.

**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.**

Yes, unregulated utilities are required to sign a vendor agreement in order to serve LIHEAP households and receive payment from the State.

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

**Section 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 program has implemented a fiscal review process for sub-grantees to assure proper spending and accounting of Federal LIHEAP funds.

**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       | other | When completing the case file sampling several data entry errors were found. There were no benefit errors found, however, the auditors felt the need to increase awareness of accurate data entry and raised it to a finding. | Yes       | training changes         |
| 2       | other | The Department and OIT staff stated that a component of the LEAP system, the integrated data transfer applications data, was categorized as Low and Moderate, instead of strictly defined to a single category.               | Yes       | procedure/policy changes |

**10.4. Audits of Local Administering Agencies**

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

- Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- Local agencies/district offices are required to have an annual audit (other than A-133)
- Local agencies/district offices' A-133 or other independent audits are reviewed by 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:

|  |
|--|
| <b>Local Administering Agencies / District Offices:</b>  |
| <input checked="" type="checkbox"/> On - site evaluation   |
| <input checked="" type="checkbox"/> Annual program review  |
| <input checked="" type="checkbox"/> Monitoring through central database  |
| <input checked="" type="checkbox"/> Desk reviews   |
| <input checked="" type="checkbox"/> Client File Testing / Sampling   |
| <input checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:  |
| State LIHEAP staff review various reports on a daily, weekly, and monthly basis to determine a pattern or trend that indicates an issue with an agency's performance in adequately determining eligibility within required timelines. Staff follow up with each agency to provide the necessary technical assistance to assure compliance.   |
| <b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>   |
| Please find an attached copy of the monitoring schedule and protocol.  |
| <b>10.7. Describe how you select local agencies for monitoring reviews.</b>  |
| <b>Site Visits:</b><br>Quality Assurance Division staff within the Colorado Department of Human Services monitors 14 county agencies/contractor on a every three year basis basis. On-site visits are conducted each year with five of the agencies with the largest client base and/or the contractor, Discover Goodwill. In addition, staff conduct an on-site visit with a small and medium county each year and these visits are prioritized based on performance. |
| <b>Desk Reviews:</b><br>Desk reviews are typically performed for the remaining 27 small and medium counties.   |
| <b>10.8. How often is each local agency monitored ?</b>  |
| Local agencies and the statewide contractor are monitored on a triennial basis. However, a county will be reviewed again the following program year, if a 90% or lower error rate is indicated.  |
| <b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>  |
| <b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b>   |
| <b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 1</b>  |
| <b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0</b>  |
| <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 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:

Proposed program rules are presented annually before the Colorado Board of Human Services for review and approval. Prior to final approval two public hearings are typically held in August and September to provide opportunity for public comment and input. Both public hearings were conducted in a virtual environment and the public was engaged for comment during the hearings.

Colorado LIHEAP meets monthly with a stakeholders' group comprised of county LEAP and contractor staff to discuss various issues, review and develop rules, and gather feedback on program development and implementation. In addition, the proposed rules are sent to partner agencies for their feedback and they are posted on the state LIHEAP web site for general public feedback and participation.

Colorado also has a Governor appointed Commission on Low-Income Energy Assistance. The Commission is represented by LIHEAP clients, utilities, partner agencies and the general public. The Commission advises the Governor and the State LIHEAP program and makes recommendations regarding program improvements through public participation. The State LIHEAP plan is presented to the Commission on Low-Income Energy Assistance for review and feedback each year.

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

There were no changes made to the LIHEAP plan as a result of this participation.

**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 | 08/06/2021 | The State Board of Human Services -Rule Making Session - Virtual, On-line hearings were conducted, |

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

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

There will be a final public hearing at the State Board of Human Services on 9/3/2021 for final acceptance of the LEAP rule for FFY 2022. County stakeholders and the Colorado Commission on Low Income Energy Assistance were included in the development of the rules.

**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 plan based on feedback from stakeholders.

**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?** 15

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

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

There have been no policy and/or procedural changes made this last federal fiscal year as a result of fair hearings.

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

Applicant households denied a LIHEAP benefit are sent a notice immediately upon denial with information on appeal rights.

Applicants are given the right to request a review of their application at the county/contractor department within 10 days from the date of the notice, if they disagree with the action.

Any applicant who chooses to bypass the local review with the county/contractor or disagrees with the outcome of the local conference may request a State hearing within 90 days of the date of notice.

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

The local county agencies and contractor mail the notices immediately upon denial.

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

Applicant households may request a dispute resolution conference with the State LIHEAP office, if they believe the application was not acted upon in a timely manner.

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

Applicant households are informed of these rights on the LIHEAP information sheet, which is provided along with a LIHEAP application to every individual who is interested in applying for LIHEAP.

**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**

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

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

N/A

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

N/A

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

N/A

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

N/A

13.5 How many households applied for these services? N/A

13.6 How many households received these services? 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 14 - Leveraging Incentive Program ,2607A

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#### 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.

Colorado LIHEAP instructs third parties and/or local agencies to keep detailed records on the services and the dollar amount of the benefits provided to each LIHEAP household for the fiscal year in which they were provided. Each agency is required to submit the information to the Colorado LIHEAP office on an annual basis.

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        | Payment Assistance for LIHEAP clients who are in need of assistance and for low-income clients who exceed LIHEAP eligibility guidelines. The vast majority of assistance is provided during the months that LIHEAP is not in operation. | Energy Outreach Colorado   | Energy Outreach Colorado staff and Colorado LIHEAP staff meet on a quarterly basis to assure coordination of services.   |
| 2        | Weatherization services   | Colorado Energy Office   | Colorado LIHEAP coordinates with the Colorado Energy Office (CEO) by providing data on LIHEAP eligible households. CEO then serves these households through coordination with local weatherization agencies. |
| 3        | Percent of Payment Income Plans offered by Colorado's five regulated utility companies for gas and electric customers.  | Atmos Energy, Black Hills Utilities, Colorado Natural Gas, and Xcel Energy | Colorado LIHEAP coordinates with each utility by providing information on LIHEAP eligible households on a monthly basis for the purpose of outreach and the development of percentage of payment plans.      |

**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  
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## 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:

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

15.2 Does your training program address fraud reporting and prevention?

Yes

No

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

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

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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.**

1. LIHEAP Bill Payment Assisted Households's Average Annual Usage of Main Fuel Heating, Electricity and Income - The State received the consumption and usage data from the top four gas and electric companies for FFY 2017 and was able to report the required data. The State is currently working on making changes to the LEAP system to assure that the consumption and cost data can be uploaded, which will allow for more efficient data reporting.

The State is able to obtain electric useage from 2 of our largest automated electric vendors and we will be attempting to match this with our propane primary heat users.

2. Restoration of Home Energy Service - The State has revised the LIHEAP application to gather this information and has enhanced the LIHEAP eligibility system to track this information. The State is now able to report this information annually.

3. Prevention of Loss of Home Energy Service - The State has revised the LIHEAP application to gather this information and made enhancements to the LEAP eligibility system to track this information. The State will be able to report this information annually.

**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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**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:

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                    |                                       |
|   | <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 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 type="checkbox"/>            | Required                       | <input type="checkbox"/>        | Required                                | <input checked="" type="checkbox"/>      | Required                              |
|   | <input type="checkbox"/>            | Requested                      | <input type="checkbox"/>        | Requested                               | <input type="checkbox"/>                 | Requested                             |
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | <input checked="" type="checkbox"/> | Required                       | <input type="checkbox"/>        | Required                                | <input type="checkbox"/>                 | Required                              |
|   | <input type="checkbox"/>            | Requested                      | <input type="checkbox"/>        | Requested                               | <input type="checkbox"/>                 | Requested                             |
| <b>Other</b>  |                                     | <b>Applicant Only Required</b> | <b>Applicant Only Requested</b> | <b>All Adults in Household Required</b> | <b>All Adults in Household Requested</b> | <b>All Household Members Required</b> |
| 1 Alien registration card   | <input type="checkbox"/>            |                                | <input type="checkbox"/>        | <input type="checkbox"/>                | <input type="checkbox"/>                 | <input checked="" type="checkbox"/>   |



**b. Describe any exceptions to the above policies.**

Alien registration cards are required for all household members who are not born in the U.S. or U.S. Citizens, and are lawfully permanent residents of the U.S.

**17.3 Identification Verification**

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

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
- Other - Describe:

**17.4. Citizenship/Legal Residency Verification**

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.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card
- Other - Describe:  

Citizens must provide a copy of their birth certificate, naturalization papers or passport if born outside of the United States.

All registered aliens must provide a photocopy of the alien registration card.

**17.5. Income Verification**

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

- Require documentation of income for all adult household members
  - Pay stubs
  - Social Security award letters
  - Bank statements
  - Tax statements
  - Zero-income statements
  - Unemployment Insurance letters
  - Other - Describe:
- Computer data matches:
  - Income information matched against state computer system (e.g., SNAP, TANF)
  - Proof of unemployment benefits verified with state Department of Labor
  - Social Security income verified with SSA
  - Utilize state directory of new hires
  - Other - Describe:

|   |
|---|
| <b>17.6. Protection of Privacy and Confidentiality</b>  |
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.   |
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent  |
| <input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards   |
| <input checked="" type="checkbox"/> Employee training on confidentiality for:   |
| <input checked="" type="checkbox"/> Grantee employees   |
| <input checked="" type="checkbox"/> Local agencies/district offices   |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement   |
| <input checked="" type="checkbox"/> Grantee employees   |
| <input checked="" type="checkbox"/> Local agencies/district offices   |
| <input checked="" type="checkbox"/> Physical files are stored in a secure location  |
| <input type="checkbox"/> Other - Describe:  |
| <b>17.7. Verifying the Authenticity</b>   |
| What policies are in place for verifying vendor authenticity? Select all that apply.  |
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe.   |
| <input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form   |
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household   |
| <input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors  |
| <input type="checkbox"/> Other - Describe and note any exceptions to policies above:  |
| <b>17.8. Benefits Policy - Gas and Electric Utilities</b>   |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.   |
| <input checked="" type="checkbox"/> Applicants required to submit proof of physical residency   |
| <input checked="" type="checkbox"/> Applicants must submit current utility bill   |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies:   |
| <input checked="" type="checkbox"/> Account ownership   |
| <input type="checkbox"/> Consumption  |
| <input type="checkbox"/> Balances   |
| <input type="checkbox"/> Payment history  |
| <input checked="" type="checkbox"/> Account is properly credited with benefit   |
| <input checked="" type="checkbox"/> Other - Describe:<br><br>The data exchange with utilities includes the actual home heating costs for each LIHEAP household for the previous year's heating season (November through April) for the purpose of calculating a LIHEAP benefit. |
| <input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities   |
| <input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level   |
| <input checked="" type="checkbox"/> Separation of duties between intake and payment approval  |
| <input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments  |
| <input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy   |
| <input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities  |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only   |
| <input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure  |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism  |
| <input type="checkbox"/> Other - Describe:  |

|   |
|---|
| <b>17.9. Benefits Policy - Bulk Fuel Vendors</b>  |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.  |
| <input checked="" type="checkbox"/> Vendors are checked against an approved vendors list  |
| <input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors   |
| <input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery   |
| <input type="checkbox"/> Two-party checks are issued naming client and vendor   |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only   |
| <input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client  |
| <input type="checkbox"/> Conduct monitoring of bulk fuel vendors  |
| <input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee   |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism  |
| <input type="checkbox"/> Other - Describe:  |
| <b>17.10. Investigations and Prosecutions</b>   |
| Describe the 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 checked="" type="checkbox"/> Refer to state Inspector General  |
| <input checked="" 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 checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? One program year, 1st violation, 2 program years 2nd violation, permanently, for third violation |
| <input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated  |
| <input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP   |
| <input type="checkbox"/> Other - Describe:  |
| <b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>  |

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

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

**Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Section 19: Certification Regarding Drug-Free Workplace Requirements

### Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

1. By signing and/or submitting this application or grant agreement, the 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)**

|  |                            |                            |
|--|----------------------------|----------------------------|
| 1575 Sherman Street<br>* <b>Address Line 1</b> |                            |                            |
| Address Line 2                                 |                            |                            |
| Address Line 3                                 |                            |                            |
| Denver<br>* <b>City</b>                        | Colorado<br>* <b>State</b> | 80203<br>* <b>Zip Code</b> |

**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>  |