DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance Grantee Name: IDAHO Report Name: DETAILED MODEL PLAN (LIHEAP) Report Period: 10/01/2018 to 09/30/2019 Report Status: Submission Accepted by CO

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES					August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020						
	l		OME			L PLAN		PROG	GRAM	(LIHEAP)	
			1.b. Frequency: • Annual		* 1.c. Consolidated Application/Plan/Funding Request? Explanation: 2. Date Received:			* 1.d. Version: Initial Resubmission Revision Update State Use Only:			
						3. Applicant 4a. Federal				5. Date Received By State:	
						4b. Federal				6. State Application Identifie	r:
7. APPLICAN	IT INFO	ORMATION	<u> </u>			<u>.</u>					
		ho Department o									
* b. Employe 82-6000995	r/Taxpa	yer Identificati	on Nun	iber (EIN/TIN):	* c. Organiz	ational D	UNS:	8252014	86	
* d. Address:		K				4					
* Street 1:		DIVISION O	F MAN	AGEMENT SE	RVICES	Street 2:		450 V	WEST ST	ATE STREET	
* City:		BOISE				County:		Ada			
* State:		ID				Province	:				
* Country:	:	United States				* Zip / Po Code:	ostal	83720 - 0036			
e. Organizatio	onal Uni	t:									
Department M Idaho Depart	Name: ment of	Health and Wel	fare			Division Nat Division of					
f. Name and c	ontact i	nformation of j	person (to be contacted	on matters in	volving this ap	oplication	:	4		
Prefix:	* First Dawr	Name:			Middle Nam	e:			* Last N Boyce	Name:	
Suffix:	Title: Progr	am Manager				nal Affiliation: tment of Healt		lfare			
* Telephone Number: (208) 334-5782	Fax N((208)	umber 334-5817			* Email: Dawn.Boyce	e@dhw.idaho.g	gov				
* 8a. TYPE O A: State Gover		LICANT:									
b. Addition	al Desci	ription:									
* 9. Name of I	Federal	Agency:									
					g of Federal Do sistance Numbe	of Federal Domestic tance Number:				CFDA Title:	
10. CFDA Num	bers and	Titles		93568			Low-Inc	ome Ho	ome Energ	gy Assistance	
11. Descriptiv	e Title o	of Applicant's I	Project								
12. Areas Affe	ected by	Funding:									
	SSION	AL DISTRICT	S OF:								
	202011					1					

* a. Applicant 2		b. Program/Project: Statewide		
Attach an additional list of Program	/Project Congressional Districts if ne	eded.		
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:		
a. Start Date: 10/01/2018	b. End Date: 09/30/2019	* a. Federal (\$): \$0	b. Match (\$): \$0	
* 16. IS SUBMISSION SUBJECT TO	O REVIEW BY STATE UNDER EX	ECUTIVE ORDER 12372 PROCESS?		
a. This submission was made avai	lable to the State under the Executiv	e Order 12372		
Process for Review on :				
b. Program is subject to E.O. 123	72 but has not been selected by State	for review.		
c. Program is not covered by E.O.	. 12372.			
* 17. Is The Applicant Delinquent O O YES O NO	n Any Federal Debt?			
Explanation:				
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree				
** 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.				
18a. Typed or Printed Name and Tit	le of Authorized Certifying Official	18c. Telephone (area code	e, number and extension)	
Russell S. Barron		18d. Email Address		
18b. Signature of Authorized Certify	ring Official	18e. Date Report Submitted (Month, Day, Year) 08/30/2018		
Attach supporting doc	uments as specified in a	igency instructions.		

	DEPARTMENT OF HEALTH AND HUMAN SERVICES August 1987, INISTRATION FOR CHILDREN AND FAMILIES		,03/96,12/98,11/01 ice No.: 0970-0075 n Date: 09/30/2020		
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY				
Admin Office	ment of Health and Human Services istration for Children and Families of Community Services Igton, DC 20201				
OMB A	1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 Approval No. 0970-0075 tion Date: 09/30/2020				
require file an a for revi	APERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)Use of this model plan is optional. ed in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in year abbreviated plan. Public reporting burden for this collection of information is estimated to aver iewing instructions, gathering and maintaining the data needed, and reviewing the collection of r, and a person is not required to respond to, a collection of information unless it displays a cur	rs in which the grantee rage 1 hour per respon information. An agen	is not permitted to se, including the time cy may not conduct or		
	Section 1 Program Components				
Program	n Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)				
1.1 Che	eck which components you will operate under the LIHEAP program. You must provide information for each component designated here as requested elsewhere in	Dates of	Operation		
		Start Date	End Date		
Me He	eating assistance	10/01/2018	06/30/2019		
	ooling assistance				
Cr	isis assistance	10/01/2018	09/30/2019		
✓ w	eatherization assistance	10/01/2018	09/30/2019		
Provid	e further explanation for the dates of operation, if necessary				
The end date for heating assistance is estimated. This category is dependent on the amount of funding received.					
Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16					
1.2 Estir must ad	Percentage (%)				
Heati	Heating assistance 61.9				
Cooli	Cooling assistance 0.00%				
	Crisis assistance 3.0				
Weatherization assistance					
	yover to the following federal fiscal year		6.84%		
	inistrative and planning costs		10.00%		
	ces to reduce home energy needs including needs assessment (Assurance 16)		3.00%		
Used	to develop and implement leveraging activities		0.18%		
1 · · · · · · · · · ·			100.0070		

Section 1 - Program Components

1.3 The funds reser	ved for winter crisis assistance	e that have no	ot been expe	nded by	v March 15 wi	ll he re	programmed to.		
	g assistance	e that have he			Cooling assista		programmed to:		
	erization assistance				Other (specify		is Assistance		
					other (speens	, ens			
Categorical Eligibil	ity, 2605(b)(2)(A) - Assurance	2, 2605(c)(1)	(A), 2605(b)	(8A) - A	Assurance 8				
	households categorically eligi	ible if one hou	isehold mem	ıber ree	ceives one of tl	he follo	wing categories of	of ben	efits in the left
column below? 💽 Y			4-1-1-1			15	117		
1 you answered "Y	es" to question 1.4, you must o	-	table below a	and ans	Cooling	s 1.5 an	Crisis		Weatherization
ſANF			O No	0	Yes ONO	0	Yes O _{No}	0	Yes ONo
SI			O No	_	Yes 💿 No		Yes O No		Yes ONo
NAP		• Yes		_	Yes 💿 No		Yes O _{No}		Yes O _{No}
Aeans-tested Veterans	s Programs	O Yes		_	Yes 💿 No		Yes • No		Yes ONO
	Program Name	- 103	Heating		Cooling		Crisis		Weatherization
Other(Specify) 1		0	Yes 💽 No		O Yes O N		O Yes O No		O Yes O No
	ically enroll households without								<u> </u>
Yes, explain:									
busehold is based of pe by region. Hous e given a target ber the or more vulnerab the beginning of th	is to the heating component, it y using a Åheating matrix whit n the household income, fuel ty eholds with members who are d hefit. We estimate approximately ble members in the household. T he LIHEAP regular season. In ac will be contacted by the State a	ich shows an a pe and energy lisabled, over y three quarter These families ddition, all oth	average heatin burden. Hou 60 or have ch rs of categori will be allow her household	ng cost iseholds nildren u cally el ved to u ls who r	by region in the s with the lowes under the age o igible families se the StateÂs received a bene	e State. st incon f six (6 who re abbrevi fit last	The benefit amoune receive the high are considered viceived a LIHEAP ated application p year with member	int rec hest be ulnera benef rocess rs who	weived by an eligible enefit for their fuel able populations and it the prior year have s to apply for benefit meet the vulnerable
ousehold is based of ype by region. Hous re given a target ber one or more vulnerab it the beginning of th yopulation definition	y using a Âheating matrix whi n the household income, fuel typ eholds with members who are d hefit. We estimate approximately ble members in the household. T ie LIHEAP regular season. In ac will be contacted by the State a	ich shows an a pe and energy lisabled, over y three quartee Chese families ddition, all oth and encourage	average heatin burden. Hou 60 or have ch rs of categori will be allow her household d to apply for	ng cost iseholds nildren u cally el ved to u ls who r r benefi	by region in the swith the lowes under the age o igible families se the StateÂs i received a bene ts at the beginn	e State. st incon f six (6 who rea abbrevi fit last ing of	The benefit amoune receive the high) are considered viceived a LIHEAP ated application p year with member the regular LIHEA	int rec hest be ulnera benef rocess rs who	enefit for their fuel ble populations and it the prior year have s to apply for benefit meet the vulnerable
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>	Contract Income						
>	Payments from mortgage or Sales Contracts						
~	Unemployment insurance						
~	Strike Pay						
~	Social Security Administration (SSA) benefits						
	Including MediCare deduction Excluding MediCare deduction						
>	Supplemental Security Income (SSI)						
>	Retirement / pension benefits						
	General Assistance benefits						
>	Temporary Assistance for Needy Families (TANF) benefits						
	Supplemental Nutrition Assistance Program (SNAP) benefits						
	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits						
	Loans that need to be repaid						
	Cash gifts						
	Savings account balance						
	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.						
>	Jury duty compensation						
~	Rental income						
~	Income from employment through Workforce Investment Act (WIA)						
	Income from work study programs						
>	Alimony						
	Child support						
N	Interest, dividends, or royalties						
>	Commissions						
	Legal settlements						
	Insurance payments made directly to the insured						
	Insurance payments made specifically for the repayment of a bill, debt, or estimate						
	Veterans Administration (VA) benefits						
	Earned income of a child under the age of 18						

4	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.					
	Income tax refunds					
	Stipends from senior companion programs, such as VISTA					
	Funds received by household for the care of a foster child					
	runds received by nousenoid for the care of a foster child					
	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid					
	Reimbursements (for mileage, gas, lodging, meals, etc.)					
	Other					
-						
	If any of the above questions require further explanation or clarification that could not be made in the					
field	ïelds provided, attach a document with said explanation here.					

Section 2 - I	HEATING	ASSISTA	NCE
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

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

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

	Secti	ion 2 - 1	Heating Assistance	
Eligibility, 260	95(b)(2) - Assurance 2			
2.1 Designate	the income eligibility threshold used for the	heating co	mponent:	
Add	Household size		Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		HHS Poverty Guidelines	150.00%
2.2 Do you ha HEATING AS	ve additional eligibility requirements for SITANCE?	• Yes	C No	
2.3 Check the	appropriate boxes below and describe the p	olicies for	each.	
Do you requir	re an Assets test ?	O Yes	• No	
Do you have a	dditional/differing eligibility policies for:			
Renters	?	O Yes	⊙ No	
Renters	Living in subsidized housing ?	O Yes	• No	
Renters	with utilities included in the rent ?	O _{Yes}	⊙ _{No}	
Do you give p	riority in eligibility to:	-1		
Elderly?			O No	
Disabled?			O No	
Young children?		• Yes	O No	
Households with high energy burdens ?		O Yes	⊙ _{No}	
Other?			• No	

Vulnerable households are defined as those with members who are disabled, have members over the age of 60 or under the age of six (6). We estimate approximately three-quarters of categorically eligible families who received a LIHEAP benefit the prior year have one or more vulnerable members in the household. These families will be allowed to use the State's abbreviated application process to apply for benefits at the beginning of the LIHEAP regular season. In addition, all other households who received a benefit last year with members who meet the vulnerable population definition will be contacted by the State and encouraged to apply for benefits at the beginning of the regular LIHEAP season. All vulnerable households eligible for a LIHEAP benefit receive increased funding through a target benefit as determined by the State. The target amount for the program year is \$25.

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

2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc.

We estimate approximately three-quarters of categorically eligible families who received a LIHEAP benefit the prior year have one or more vulnerable members in the household. These families will be allowed to use the State's abbreviated application process to apply for benefits at the beginning of the LIHEAP regular season. In addition, all other households who received a benefit last year with members who meet the vulnerable population definition will be contacted by the State and encouraged to apply for benefits at the beginning of the regular LIHEAP season. All vulnerable households eligible for a LIHEAP benefit receive increased funding through a target benefit as determined by the State. The target amount for the program year is \$25.

2.5	Check the	variables you	use to determine	vour 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:						
Households with heat included in rent receiv low-burden household.	e the minimum benefit. F	Households with subsidized housing recei	/e a benefit equivalent to that of a			
Benefit Levels, 2605(b)(5) - Assurance 5, 26	05(c)(1)(B)					
2.6 Describe estimated benefit levels for F	Y 2018:					
Minimum Benefit	\$50	Maximum Benefit	\$847			
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? • Yes						
If yes, describe.						
Agencies accept donations as listed in the leveraging section of this plan. In the event of an area-wide emergency or disaster situation declared by the Governor, private resources supplement program services with donations such as firewood, blankets, winter clothing and assorted materials from Home Depot. Home Depot donations are donated for weatherization activities.						
If any of the above questions r fields provided, attach a docur	· · ·		could not be made in the			

Section 3 -	COOLING	ASSISTANCE
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES

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

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

Section 3 - Cooling Assistance				
Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2				
3.1 Designate The income eligibility threshold used for th	e Cooling co	omponent:		
Add Household size		Eligibility Guideline	Eligibility Threshold	
1			0.00%	
3.2 Do you have additional eligibility requirements for COOLING ASSITANCE?	C Yes	O _{No}		
3.3 Check the appropriate boxes below and describe the	policies for a	each.		
Do you require an Assets test ?	C Yes	C No		
Do you have additional/differing eligibility policies for:				
Renters?	Oyes			
Renters Living in subsidized housing ?	O Yes			
Renters with utilities included in the rent ?	C Yes	C No		
Do you give priority in eligibility to:	-			
Elderly?	C Yes	C No		
Disabled?	Oyes	O No		
Young children?	C Yes	O No		
Households with high energy burdens ?	OYes	O No		
Other?	Oyes	O No		
Explanations of policies for each "yes" checked above:				
3.4 Describe how you prioritize the provision of cooling a	ssistance 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	t levels. (Ch	eck 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)					
3.6 Describe estimated benefit levels for FY 2018:					
Minimum Benefit	\$0	Maximum Benefit	\$0		
3.7 Do you provide in-kind (e.g., fans, air conditioners) an	3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? O Yes O No				
If yes, describe.					
If any of the above questions require furth fields provided, attach a document with sa		tion or clarification that could not be made i tion here.	in the		

Section 4 -	CRISIS	ASSISTA	ANCE
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES		05/92,02/95,03/96,12/98,11/01 MB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
	Y ASSISTANCE PROGRAM DEL PLAN - MANDATORY	(LIHEAP)
Section 4: CR	RISIS ASSISTANCE	
Eligibility - 2604(c), 2605(c)(1)(A)		
4.1 Designate the income eligibility threshold used for the crisis com	ponent	
Add Household size	Eligibility Guideline	Eligibility Threshold
1 All Household Sizes	HHS Poverty Guidelines	150.00%
4.2 Provide your LIHEAP program's definition for determining a cr		
 Is at risk of disconnection of utility service; Has had their utility service disconnected; or Has less than 48 hours of bulk fuel. 		
4.3 What constitutes a life-threatening crisis?		
 With an illness or medical condition that poses an immediate r Has a medical condition requiring the use of an energy source Idaho also considers it a life-threatening situation when the household hat 	to operate a medical device or store medicatio	
Crisis Requirement, 2604(c)		
4.4 Within how many hours do you provide an intervention that will		
4.5 Within how many hours do you provide an intervention that will 18Hours	resolve the energy crisis for engible nousen	loids in life-threatening situations?
Crisis Eligibility, 2605(c)(1)(A)		
4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?	⊙ Yes O No	
4.7 Check the appropriate boxes below and describe the policies for	each	
Do you require an Assets test ?	O Yes 💿 No	
Do you give priority in eligibility to :		
Elderly?	• Yes O No	
Disabled?	• Yes O No	
Young Children?	• Yes O No	
Households with high energy burdens?	O Yes 💿 No	
Other?	C Yes 💿 No	
In Order to receive crisis assistance:		
Must the household have received a shut-off notice or have a n empty tank?	near O _{Yes} O _{No}	
Must the household have been shut off or have an empty tank?	? • Yes O No	
Must the household have exhausted their regular heating bene	efit? O Yes O No	

Must renters with heating costs included in their rent have received an eviction notice ?	C Yes • No
Must heating/cooling be medically necessary?	
Must the household have non-working heating or cooling equipment?	C Yes • No
Other?	C Yes C No
Do you have additional / differing eligibility policies for:	
Renters?	C Yes 💿 No
Renters living in subsidized housing?	O Yes 💿 No
Renters with utilities included in the rent?	O Yes 💿 No
Explanations of policies for each "yes" checked above:	

The intake process for crisis application uses the same intake process as regular benefits. This allows the agency to determine whether a household applying for crisis has members who are elderly, disabled or young children. Vulnerable households are prioritized when crisis funding is limited. Crisis applications are processed within 48 hours. In the event a household can show a life-threatening crisis situation, the application is processed within 18 hours. Households are required to provide documentation of a life-threatening condition. All households applying for crisis benefits must show they are at imminent risk of losing energy services or have already lost services. In some cases, the agency is able to verify this information directly from the energy provider.

Determination of Benefits

4.8 How do you handle crisis situations?

K	Separate component
	Fast Track
	Other - Describe:
4.9 If you have a separate of	component, how do you determine crisis assistance benefits?
>	Amount to resolve the crisis.

Crisis Requirements, 2604(c)

4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?

• Yes O No Explain.

Each agency provides application intake either in their offices, by telephone, or in off-site locations.

4.11 Do you provide individuals who are physically disabled the means to:

Submit applications for crisis benefits without leaving their homes?

Other - Describe:

• Yes O No If No, explain.

Travel to the sites at which applications for crisis assistance are accepted?

🔿 Yes 💿 No If No, explain.

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?

Idaho provides intake services through home visits or by telephone for the physically infirm (i.e. elderly or disabled).

Benefit Levels, 2605(c)(1)(B)

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis \$0.00 maximum benefit

Summer Crisis \$0.00 maximum benefit

Year-round Crisis \$750.00 maximum benefit

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

• Yes O No If yes, Describe

Agencies accept donations as listed in the leveraging section of this plan. In the event of an area-wide emergency or disaster situation declared by the Governor, private resources supplement program services with donations such as firewood, blankets, clothing and portable space heaters.

4.14 Do you provide for equipment repair or replace	cement usin	g crisis fund	s?	
• Yes O No				
If you answered "Yes" to question 4.14, you must o	complete qu	estion 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				
Heating system replacement				
Cooling system repair				
Cooling system replacement				
Wood stove purchase				
Pellet stove purchase				
Solar panel(s)				
Utility poles / gas line hook-ups				
Other (Specify):				
4.16 Do any of the utility vendors you work with en	aforce a mor	atorium on	shut offs?	
• Yes O No				
If you responded "Yes" to question 4.16, you must	respond to	question 4.1'	7.	
4.17 Describe the terms of the moratorium and any	y special disj	pensation re	ceived by LIHEAP clients during or after the moratorium period.	
	nber 1 through		s of a regulated utility qualify. The plan allows you to pay less than the full Regulated utilities also are not allowed to discontinue services to	

	TMENT OF HEALTH AN ATION FOR CHILDREN		3	5/92,02/95,03/96,12/98,11/01 IB Clearance No.: 0970-0075
ADMINISTRA				Expiration Date: 09/30/2020
			Y ASSISTANCE PROGRAM(DEL PLAN	LIHEAP)
		SF - 424	- MANDATORY	
	Sect	ion 5: WEATHE	RIZATION ASSISTANCE	
Eligibility, 2605	(c)(1)(A), 2605(b)(2) - Assur	rance 2		
5.1 Designate th	e income eligibility threshol	d used for the Weatheriz	ation component	4
Add	Househo	old Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		HHS Poverty Guidelines	200.00%
5.2 Do you enter No	r into an interagency agreen	nent to have another gove	ernment agency administer a WEATHERIZ	ATION component? C Yes 🕚
5.3 If yes, name	the agency.			
5.4 Is there a sep	parate monitoring protocol	for weatherization? 💽 Y	es ^O No	
WFATHERIZA	ATION - Types of Rules			
	rules do you administer LII	HEAP weatherization? (C	Check only one.)	
	under LIHEAP (not DOE) r			
	under DOE WAP (not LIHE			
			e(s) where LIHEAP and WAP rules differ ((Theck all that apply):
	ome Threshold			
Wea			is permitted if at least 66% of units (50% in	2- & 4-unit buildings) are eligible
			ncome persons (excluding nursing homes, pr	isons, and similar institutional
· · · ·	er - Describe:			
Mostly un	der DOE WAP rules, with t	the following LIHEAP ru	le(s) where LIHEAP and WAP rules differ (Check all that apply.)
Inco	ome Threshold			
Wea	atherization not subject to D	OE WAP maximum stat	ewide average cost per dwelling unit.	
	0		s to Investment Ration (SIR) standards.	
	er - Describe:			
Eligibility, 2605	(b)(5) - Assurance 5			
	ire an assets test?	O Yes O No		
5.7 Do you have	additional/differing eligibil			
Renters		O Yes 💿 No		
Renters liv housing?	ving in subsidized	O Yes 💿 No		
	priority in eligibility to:	и.		
Elderly?		• Yes O No		
Disabled?		• Yes O No		

Section 5 - WEATHERIZATION ASSISTANCE

Young Children?	• Yes O No	
House holds with high energy burdens?	• Yes O No	
Other?	O Yes O No	
If you selected "Yes" for any of the option below.	ns in questions 5.6, 5.7, or 5.8, yo	u must provide further explanation of these policies in the text field
Idaho considers the presence of elderly, disa demographics for weatherization prioritizati		ehold as well as households with high energy burdens as priority
Benefit Levels		
5.9 Do you have a maximum LIHEAP we	atherization benefit/expenditure	per household? 🖸 Yes 💿 No
5.10 If yes, what is the maximum? \$0		
Types of Assistance, 2605(c)(1), (B) & (D)		
5.11 What LIHEAP weatherization measured	res do you provide ? (Check all	categories that apply.)
Weatherization needs assessments	audits	Energy related roof repair
Caulking and insulation		Major appliance Repairs
Storm windows		Major appliance replacement
Furnace/heating system modificati	ons/ repairs	Windows/sliding glass doors
Furnace replacement		Doors
Cooling system modifications/ repa	airs	☑ Water Heater
Water conservation measures		Cooling system replacement
Compact florescent light bulbs		Other - Describe:
If any of the above questions a fields provided, attach a docur		on or clarification that could not be made in the on here.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
LOW INCOME HOME ENERGY ASSIS MODEL PL SF - 424 - MAND	AN
Section 6: Outreach, 2605(b)(3) - A	Assurance 3, 2605(c)(3)(A)
6.1 Select all outreach activities that you conduct that are designed to assure tha available:	t eligible households are made aware of all LIHEAP assistance
Place posters/flyers in local and county social service offices, offices of agin	ng, 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 available	ability 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 as	sistance at application intake for other low-income programs.
Execute interagency agreements with other low-income program offices to	o perform outreach to target groups.
 Other (specify): Provide intake services through home visits or by telephone for the physica Provide intake services through mail or email for applicants in rural areas. Advise community partners and utility vendors of LIHEAP start date and p Publish program information on website and through social media (Direct S Provide electronic application and completion instructions on website to su 	rogram eligibility information. Service Providers and Home Energy Vendors).
If any of the above questions require further explanation o fields provided, attach a document with said explanation h	

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

	DEPARTMENT OF HEALTH AND HUMAN SERVICES NISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
	LOW INCOME HOME ENERGY ASSIST MODEL PLA SF - 424 - MANDA	N
	Section 7: Coordination, 2605(b)(4) - Assurance 4
7.1 Dese WAP, e	cribe how you will ensure that the LIHEAP program is coordinated with ot otc.).	her programs available to low-income households (TANF, SSI,
~	Joint application for multiple programs	
~	Intake referrals to/from other programs	
	One - stop intake centers	
~	Other - Describe:	
	ically eligible households who have received a LIHEAP benefit the prior year a tion used to determine eligibility for SNAP benefits in the current year.	pply through an abbreviated application process based on
	y of the above questions require further explanation or a provided, attach a document with said explanation her	

	DEPARTMENT OF HEALTH AND HUM NISTRATION FOR CHILDREN AND F		August 19		95,03/96,12/98,11/01 ance No.: 0970-0075 ion Date: 09/30/2020
	LOW INCOME HON	NE ENERGY AS Model SF - 424 - MA	PLAN	ROGRAM(LIHEA	۱P)
Sec	tion 8: Agency Designation,	2605(b)(6) - As Commonwealth	-		rantees and the
8.1 How	would you categorize the primary respons	ibility of your State age	ncy?		
	Administration Agency				
	Commerce Agency				
	Community Services Agency				
	Energy / Environment Agency				
	Housing Agency				
>	Welfare Agency				
	Other - Describe:				
	te Outreach and Intake, 2605(b)(15) - Assu				
If you se	elected ''Welfare Agency'' in question 8.1, y	ou must complete quest		s applicable.	
If you se		ou must complete quest		s applicable.	
If you see 8.2 How Idaho pr requeste	elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior AP benefit the prior year apply through an abb	you must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h	STANCE? ole populations. Applica nousing in rural areas. Ca	tions are emailed or maile ategorically eligible house	holds who have received
If you so 8.2 How Idaho pr requeste a LIHEA the curre	elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior AP benefit the prior year apply through an abb	you must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h reviated application proce	STANCE? ole populations. Applica nousing in rural areas. Ca ess based on information	tions are emailed or maile ategorically eligible house	holds who have received
If you so 8.2 How Idaho pr requeste a LIHEA the curre	elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior AP benefit the prior year apply through an abb ent year.	you must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h reviated application proce	STANCE? ole populations. Applica nousing in rural areas. Ca ess based on information	tions are emailed or maile ategorically eligible house	holds who have received
If you so 8.2 How Idaho pr requeste a LIHEA the curre 8.3 How N/A	elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior AP benefit the prior year apply through an abb ent year.	vou must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h reviated application proce ake for COOLING ASSI	STANCE? ole populations. Applica nousing in rural areas. Ca ess based on information STANCE?	tions are emailed or maile ategorically eligible house	holds who have received
If you so 8.2 How Idaho pr requeste a LIHEA the curre 8.3 How N/A 8.4 How Idaho pr requeste	elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior P benefit the prior year apply through an abb int year.	vou must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h reviated application proce ake for COOLING ASSI ake for CRISIS ASSIST by telephone for vulnerat centers and low-income h	STANCE? ble populations. Applica housing in rural areas. Ca ess based on information STANCE? ANCE? ble populations. Applica housing locations in rural	tions are emailed or maile ategorically eligible house used to determine eligibil	holds who have received ity for SNAP benefits in d to participants as
If you so 8.2 How Idaho pr requeste a LIHEA the curre 8.3 How N/A 8.4 How Idaho pr requeste househo	 elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior P benefit the prior year apply through an abb ont year. do you provide alternate outreach and int do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior 	vou must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h reviated application proce ake for COOLING ASSI ake for CRISIS ASSIST by telephone for vulnerat centers and low-income h	STANCE? ble populations. Applica housing in rural areas. Ca ess based on information STANCE? ANCE? ble populations. Applica housing locations in rural	tions are emailed or maile ategorically eligible house used to determine eligibil	holds who have received ity for SNAP benefits in d to participants as
If you so 8.2 How Idaho pr requeste a LIHEA the currer 8.3 How N/A 8.4 How Idaho pr requeste househo 8.5 LIH	elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior P benefit the prior year apply through an abb ent year. do you provide alternate outreach and int do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior lds (those receiving SNAP, TANF or SSI) car	vou must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h reviated application proce ake for COOLING ASSI ake for CRISIS ASSISTA by telephone for vulnerat centers and low-income h a complete their application	STANCE? ble populations. Applica housing in rural areas. Ca ess based on information STANCE? ANCE? ble populations. Applica housing locations in rural on via telephone.	tions are emailed or maile ategorically eligible house used to determine eligibil tions are emailed or maile areas. In addition, catego	holds who have received ity for SNAP benefits in d to participants as rically eligible
If you so 8.2 How Idaho pr requeste a LIHEA the curre 8.3 How N/A 8.4 How Idaho pr requeste househo 8.5 LIH 8.5a Wh 8.5b Wh	 elected "Welfare Agency" in question 8.1, y do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior AP benefit the prior year apply through an abb nt year. do you provide alternate outreach and int do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior do you provide alternate outreach and int ovides intake services through home visits or d and off-site applications are taken at senior lds (those receiving SNAP, TANF or SSI) can 	vou must complete quest ake for HEATING ASSI by telephone for vulnerat centers and low-income h reviated application proce ake for COOLING ASSI ake for CRISIS ASSISTA by telephone for vulnerat centers and low-income h a complete their application Heating Community Action Agencies	STANCE? ble populations. Applica iousing in rural areas. Ca ess based on information STANCE? ANCE? ble populations. Applica iousing locations in rural on via telephone. Cooling	tions are emailed or maile ategorically eligible house used to determine eligibil tions are emailed or maile areas. In addition, catego Crisis Community Action Agencies	holds who have received ity for SNAP benefits in d to participants as rically eligible Weatherization Community Action Agencies

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

			Non-profits	
8.5d Who performs installation of weatherization measures?				Community Action Agencies Non-profits Other
If any of your LIHEAP component complete questions 8.6, 8.7, 8.8, an			d by a state ag	ency, you must
8.6 What is your process for selecting local admini	stering agencies?			
In Idaho, Community Action Agencies are exempt fro Action Agencies are defined as follows:	om the bidding process for	contracts. In the Depa	rtment of Purchasing b	oid exemption, Community
 Community Action Agencies - Community in the CSBG Act, Public Law 105-285 (42) responsibilities. 				
8.7 How many local administering agencies do you	use? 6			
8.8 Have you changed any local administering ager Yes No	ncies in the last year?			
8.9 If so, why?				
Agency was in noncompliance with grant	ee requirements for LIH	EAP -		
Agency is under criminal investigation				
Added agency				
Agency closed				
Other - describe				
If any of the above questions require fields provided, attach a document w			on that could no	t be made in the

í .		
	IENT OF HEALTH AND HUMAN SERVICES ION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
	LOW INCOME HOME ENERGY	ASSISTANCE PROGRAM(LIHEAP)
		MANDATORY
	Section 9: Energy Supplie	ers, 2605(b)(7) - Assurance 7
9.1 Do you make p	ayments directly to home energy suppliers?	
Heating	• Yes O No	
Cooling	O Yes 💿 No	
Crisis	🖸 Yes 🔘 No	
Are there except	ions? • Yes • No	
If yes, Describe.		
Idaho does make pa utilizes bulk fuel.	syments directly to the participant when the following co	nditions are met: household benefit is for heat in rent payment or household
9.2 How do you no	tify the client of the amount of assistance paid?	
household is determ of the eligibility not	nined to be eligible, the notice includes the benefit amount	otice stating whether or not the household is eligible for assistance. If the nt, energy supplier and account number as applicable. When requested, a copy expected to provide the required protections to the eligible household. If the r denial of services and their appeal rights.
	sure that the home energy supplier will charge the eli nome energy and the amount of the payment?	gible household, in the normal billing process, the difference between the
to the start of the pr Vendor Agreement that the full amount	ogram season or when a new vendor begins providing se ensures that program eligible households are treated fair	nt Vendor Agreement with each participating energy supplier to be on file prior ervices to LIHEAP households. The signed Idaho LIHEAP Direct Payment ly and not discriminated against in the cost of goods or services provided and Department works with a contractor to manage vendor agreements and monitor in the vendor agreement.
9.4 How do you ass assistance?	sure that no household receiving assistance under thi	s title will be treated adversely because of their receipt of LIHEAP
The signed vendor a		ed vendor agreement prior to receiving LIHEAP funds for eligible households. le households are treated fairly and not discriminated agains in the cost of to the household account.
9.5. Do you make p households? O Yes O No	payments contingent on unregulated vendors taking a	appropriate measures to alleviate the energy burdens of eligible
If so, describe th	e measures unregulated vendors may take.	
	above questions require further explana ed, attach a document with said explana	ation or clarification that could not be made in the ation here.

Section 10 - 11	rogram, Fiscal Monitoring,	and Audit, 2005(D)(10	0) - Assurance 10
U.S. DEPARTMENT OF HE ADMINISTRATION FOR CH	EALTH AND HUMAN SERVICES HILDREN AND FAMILIES		05/92,02/95,03/96,12/98,11/01 MB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
LOW IN	ICOME HOME ENERGY AS MODEL SF - 424 - MA	PLAN	I(LIHEAP)
Secti	on 10: Program, Fiscal Moni	itoring, and Audit, 2605	(b)(10)
10.1. How do you ensure good fi	scal accounting and tracking of LIHEAP fu	ınds?	
Direct Service Providers are review Additionally, monitoring is perform	irct Service Provider invoices which are subm wed by the primary contractor and the Departr med annually. Monitoring includes an in-dept have an annual audit conducted in accordance	nent prior to payment. Fiscal activities the financial review of the program years	es are monitored throughout the year.
	luring the season using reports generated by the umber of days to process applications).	ne Department computer database (i.e	, number of application per county
	l and program performance activities of the pr esults) and is subject to an annual independen		unless more frequent monitoring is
Audit Process			
10.2. Is your LIHEAP program	audited annually under the Single Audit Ac	et and OMB Circular A - 133?	
	s rising to the level of material weakness or eviews, or other government agency reviews		
No Findings 🗹			
Finding Type	Brief Summary	Resolved?	Action Taken
1			
10.4. Audits of Local Administer	ring Agencies		
What types of annual audit requ Select all that apply.	irements do you have in place for local adn	ninistering agencies/district offices?	
Local agencies/district	offices are required to have an annual audi	it in compliance with Single Audit A	
		-	
Local agencies/district	offices are required to have an annual audi	it (other than A-133)	et and OMB Circular A-133
Local agencies/district Local agencies/district Local agencies/district	offices are required to have an annual audi offices are required to have an annual audi	it (other than A-133) are reviewed by Grantee as part of	et and OMB Circular A-133
Local agencies/district Local agencies/district Local agencies/district	offices are required to have an annual audi offices are required to have an annual audi offices' A-133 or other independent audits	it (other than A-133) are reviewed by Grantee as part of	et and OMB Circular A-133
 Local agencies/district Local agencies/district Compliance Monitoring 	offices are required to have an annual audi offices are required to have an annual audi offices' A-133 or other independent audits	it (other than A-133) are reviewed by Grantee as part of //district offices	compliance process.
Local agencies/district Local agencies/district Grantee conducts fisca Compliance Monitoring 10.5. Describe the Grantee's stra	offices are required to have an annual audi offices are required to have an annual audi offices' A-133 or other independent audits a l and program monitoring of local agencies	it (other than A-133) are reviewed by Grantee as part of //district offices	compliance process.
 Local agencies/district Local agencies/district Grantee conducts fisca Compliance Monitoring 10.5. Describe the Grantee's stra apply 	offices are required to have an annual audi offices are required to have an annual audi offices' A-133 or other independent audits a al and program monitoring of local agencies ategies for monitoring compliance with the o	it (other than A-133) are reviewed by Grantee as part of //district offices	compliance process.
Local agencies/district Local agencies/district Grantee conducts fisca Compliance Monitoring 10.5. Describe the Grantee's stra apply Grantee employees:	offices are required to have an annual audi offices are required to have an annual audi offices' A-133 or other independent audits a al and program monitoring of local agencies ategies for monitoring compliance with the o	it (other than A-133) are reviewed by Grantee as part of //district offices	compliance process.
 Local agencies/district Local agencies/district Grantee conducts fisca Compliance Monitoring 10.5. Describe the Grantee's stra apply Grantee employees: Internal program revie 	offices are required to have an annual audi offices are required to have an annual audi offices' A-133 or other independent audits a al and program monitoring of local agencies ategies for monitoring compliance with the of ew	it (other than A-133) are reviewed by Grantee as part of //district offices	compliance process.
 Docal agencies/district Local agencies/district ✓ Local agencies/district ✓ Grantee conducts fisca Compliance Monitoring 10.5. Describe the Grantee's stra apply Grantee employees: ✓ Internal program revie ✓ Departmental oversigh ✓ Secondary review of in 	offices are required to have an annual audi offices are required to have an annual audi offices' A-133 or other independent audits a al and program monitoring of local agencies ategies for monitoring compliance with the of ew	it (other than A-133) are reviewed by Grantee as part of //district offices	compliance process.

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Local Administering Agencies / District Offices:

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.

LIHEAP is reviewed on a monthly basis through quality assurance reviews of participant files during the regular season. Regular quality assurance reviews are completed throughout the program year and included in reports submitted to the Department. Annual monitoring reviews are completed and include participant file reviews, desk review of policy, processes and procedures, fiscal/administrative and program/contractual compliance.

Eastern Idaho Community Action Partnership - 3/15/18

SouthEastern Idaho Community Action Partnership - 3/13/18

Community Action Partnership - 4/6/18

El-Ada Community Action - 1/22/18

South Central Community Action Partnership - 2/15/18

Western Idaho Community Action Partnership - 4/17/18

10.7. Describe how you select local agencies for monitoring reviews.

Site Visits:

All agencies are monitored on an annual basis.

Desk Reviews:

LIHEAP monitoring is completed via desk review of documentation and teleconference interview.

10.8. How often is each local agency monitored ?

Annually.

10.9. What is the combined error rate for eligibility determinations? OPTIONAL

The combined error rate for eligibility determinations based on 319 file reviews is 0%.

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

The combined error rate for benefit determinations based on 319 file reviews is 0%.

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

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0 (zero)

ance 12, 2605(c)(2) Sect

ction 11 - Timely and Meaningful Pu	blic Participatio	on, , 2605(b)(12) - Assurance 12, 2605(c)
U.S. DEPARTMENT OF HEALTH AND HUMAN SE ADMINISTRATION FOR CHILDREN AND FAMILIE		August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
LOW INCOME HOME EI	NERGY ASSIST/	ANCE PROGRAM(LIHEAP)
	MODEL PLAN	l í í
SF	- 424 - MANDAT	FORY
Section 11: Timely and Meaning	ngful Public Parti	cipation, 2605(b)(12), 2605(C)(2)
11.1 How did you obtain input from the public in the deve Select all that apply.	lopment of your LIHEAP	plan?
Tribal Council meeting(s)		
Public Hearing(s)		
Draft Plan posted to website and available for co	mment	
Hard copy of plan is available for public view an	d comment	
Comments from applicants are recorded		
Request for comments on draft Plan is advertised	d	
Stakeholder consultation meeting(s)		
Comments are solicited during outreach activitie	2S	
Other - Describe:		
11.2 What changes did you make to your LIHEAP plan as	a result of this participati	ion?
		Plan. No additional program focus has been added and no prior
program focus has been deleted.		I G
Public Hearings, 2605(a)(2) - For States and the Common	wealth of Puerto Rico Only	y
11.3 List the date and location(s) that you held public hear	ring(s) on the proposed use	a and distribution of your I IHEAD funds?
The list the date and location(s) that you new public near	Date	Event Description
1	07/17/2018	PY19 LIHEAP Public Hearing held at 450 W State Street, 2nd Floor, Boise, ID
11.4. How many parties commented on your plan at the he	earing(s)? 1	
11.5 Summarize the comments you received at the hearing	g(s).	
Idaho received one verbal comment in support of the LIHEAH	P plan and the weatherization	on commitment included within the plan.
11.6 What changes did you make to your LIHEAP plan as	a result of the comments	received at the public hearing(s)?
None.		
If any of the above questions require furth	er explanation or c	larification that could not be made in the

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 0

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

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

None

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

Process for households whose applications are denied: the household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the formal 'Notice of Denial' letter. If the participant feels they were wrongly denied services, the direct service provider holds a conference with the participant to attempt to resolve their appeal. If unresolved, the direct service provider assists the household with completing and mailing the appeal form to the Department of Health and Welfare's Fair Hearing Unit. Upon receipt of the participant's appeal request, the Department of Health and Welfare proceedure as outlined in the section below. To accommodate the applicant, hearings are conducted at the Regional Health and Welfare office closest to their residence through a telephone conference.

Standard fair hearing procedure: administrative fair hearings are available to any household applying for or receiving a LIHEAP benefit in accordance to Idaho Administrative Code. Any program applicant or recipient may request a hearing. Included with all determination notices is a form that instructs customers how to request a hearing if they disagree with the action taken by the Department or if they feel they have been discriminated against. Fair Hearing Requests must be received within 30 days of the determination and can be submitted using the Department's Hearing Request Form (HW-0406) or by submitting in writing their name, address and phone number and the remedy requested. Once a fair hearing request is received, the Department acknowledges the fair hearing request and has 30 days to schedule a hearing. The Department contacts each individual before scheduling the hearing to discuss the basis of the hearing and to address any misunderstandings or miscommunication that may have occurred. If the individual does not request to withdraw their hearing officer has 30 days to file a preliminary order which is distributed to both the Department and the individual. The individual will receive a written copy of the hearing decision by mail. If the individual does not agree with the hearing officer's decision, he or she has an opportunity to appeal the decision. These appeals are managed by the office of the Director of Health and Welfare and the Deputy Attorney General.

Division of Welfare- Time for filing appeal: A decision issued by the Department in a Division of Welfare program will be final and effective unless an individual or representative appeals within thirty (30) days from the date the decision was mailed, except that a recipient or applicant for food stamps has ninety (90) days to appeal. An individual or representative may also appeal when the Department delays in making an eligibility decision or making payment beyond the limits specified in the particular program within thirty (30) days after the action would have been taken if the Department had acted in a timely manner.

12.5 When and how are applicants informed of these rights?

Fair hearing notices are posted in local agency offices and satellite offices in the intake area, intake work stations and/or lobby area. Agencies who serve limited English proficiency applicants provide this information in Spanish. The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial.' The eligibility notice and the 'Notice of Denial' are provided in Spanish to households who indicate their primary language is Spanish.

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

All fair hearing processes are handled within the process described under Section 12.4.

12.7 When and how are applicants informed of these rights?

The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial.'

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

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

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

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

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

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

Services provided to encourage and enable households to reduce their home energy consumption include the following:

-Include information on level payment plans during energy education, targeted to vulnerable populations and fixed income participants;

-In-home energy education to support installation of utility-provided kit materials;

-Purchase of low cost/no cost energy conservation items for non-regulated electric utility customers;

-Leverage supplemental payments for participants who were unable to obtain their LIHEAP benefits;

-Assessment of home energy use;

-Referral to the Weatherization Assistance Program;

-Provide centralized energy education classes to outreach sites, target households of a specific utility to increase impact;

-Provide a supplemental payment on behalf of the participant to the home energy vendor to incentivize participation in formal energy education;

-Referral to available utility-funded energy conservation programs/services;

-Advocacy on behalf of households with home energy vendor to prevent disconnection; and

-Incentive benefits to households for attendance at energy education classes.

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

Each budget component is assigned a Program Cost Accounting (PCA) code. Expenditures applicable to these activities are coded to the specific PCA. The fiscal accounting of the Direct Service Providers is monitored to ensure costs are coded to the appropriate PCA for the type of activity being billed.

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

Last year, Assurance 16 services were provided to 41% of LIHEAP applicants. This year, Assurance 16 services were provided to 50% of households. The data collection occurred by tracking services statewide in the database.

To assess the impact of Assurance 16 services, PY 17 served as a baseline year for tracking outcomes of education and other Assurance 16 activities. The outcome of Assurance 16 activities will be determined by a combination of data analysis, and a short survey to an audience of participants that have 2 years of cost/usage data to compare. The dataset analyzed to assess impact is the energy consumption, cost for LIHEAP recipient households who have a minimum of 24 months of energy cost and consumption data and, received Assurance 16 services in PY17 and PY18. Energy consumption and cost from PY 17 when the participant received Assurance 16 services, is compared with their following year (PY18) of cost/usage data. The first survey is scheduled to be sent out August 2018 to participants who received Assurance 16 services in PY 17 and PY18. Once responses are collected, a report on the impact of Assurance 16 activities will be completed.

This same process will be used to assess impact of Assurance 16 activities in 2019. Participants from PY 18 will be surveyed on energy cost and usage analysis will be completed and reported.

13.4 Describe the level ofdirect benefitsprovided to those households in the previous Federal fiscal year.

In PY18, 33,301 households received LIHEAP services.

13.5 How many households applied for these services? $\ensuremath{\,\mathrm{N/A}}$

13.6 How many households received these services? In PY18, 16,822 households received Assurance 16 these services.

Section 14:Leveraging Incentive Program, 2607(A) 14.1 Do you plan to submit an application for the leveraging incentive program? • Yes O No 14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records. Direct Service Providers pursue enhanced heat and weatherization funding through leveraging activities according to the guidelines set in the LIHEAP regulations outlined in 45 CFR 96.87 in DOE Grant Guidance and 10 CFR 440. Direct Service Providers will ensure all funds obtained from leveraging are used to increase LIHEAP impact on utility bill assistance and expand energy efficiency services and/or increase the number of dwelling units completed for weatherization eligible participants. Direct Service Providers are required by contract to submit an Annual Leveraging Report no later than October 14th. 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: What is the type of What is the source(s) of the Resource How will the resource be integrated and coordinated with LIHEAP? resource or benefit ? resource ? 1 Cash donations Community members Cash donations are used to offset utility bill assistance to low income households. Discounts and/or Discounts and/or waivers provided to low income households to increase impact of 2 Local businesses Waivers utility bill assistance Donation of time and talent to the agency by community members to provide 3 Volunteer time Community members firewood to low income households referred by agency to partner organization. Funding allocated to agencies by utilities to be used to provide weatherization Utility funding for 4 Local businesses weatherization services to low income housing. Donations of warm clothing and blankets to agency to be used to benefit low Donated winter 5 Community members clothing/blankets income households and individuals. Avista, Idaho Power and Rocky Mountain Power provide funding to agencies who determine whether to provide individualized education, host energy education Energy Education Regulated electric utilities events, develop printed materials or provide energy conservation kits to distribute to 6 funding utility customers to increase impact of utility bill assistance through energy conservation and education. Handymen, community members, and chimney sweepers donated services to low 7 Donated services Community members income households to increase impact of utility bill assistance to these households. Painting services donated to local low income community members to improve 8 Paint Magic Local business dwelling durability. Housing Preservation Allows weatherized homes to get non-energy improvements to improve dwelling 9 Grant funding grant durability Landlord Contribution of funds to agency toward weatherization of rental units and/or 10 contribution to Community members provision of repair that resulted in weatherization services of low income weatherization households Contribution of materials to weatherization agencies to increase dwelling durability, 11 Material donations Local businesses comfort and provide measures which are not allowable with federal funds. 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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020

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Section	15	- Training
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020				
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY					
Section 15: T	raining				
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:					

🗹 Р	olicies communicated through vendor agreements
Р	olicies are outlined in a vendor manual
	Other - Describe:
15.2 Does	your training program address fraud reporting and prevention?
	of the above questions require further explanation or clarification that could not be made in the rovided, attach a document with said explanation here.

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

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

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

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

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.

Idaho began collecting data on the four required LIHEAP performance measures in FFY 2015. The statewide database has new data fields to track all necessary information required for reporting. The four required measures are as follows:

-Energy Burden Targeting (all households)

-Energy Burden Targeting (high burden households)

-Restoration of Home Energy Service

-Prevention of Loss of Home Energy Service

These four measures were initially reported in FFY2016 in Sections V through VII of the Performance Data form in OLDC. When reviewing the data that was collected by intake staff, Idaho identified a gap in reporting accuracy. It was recognized that staff was interpreting the required data elements differently. To provide clarity, we provided T and TA across the network to ensure uniformity in collecting future data. Additionally, improvements were made to the reporting module of the statewide database.

Policy Manual Updates and Staff Training: Intake staff were trained on the new data elements and processes for collecting information beginning in FFY2015. This is the timeframe when the new data points were incorporated in to the statewide database. In FFY 2017, Idaho continued to utilize analysis of data to improve training for intake staff and developed a comprehensive manual for data collection into the statewide database for users to reference throughout the LIHEAP season. In addition, Idaho evaluates data collection related to federal reporting requirements quarterly in order to minimize inaccurate data collection. This is expected to continually improve the quality of data collected within the statewide database.

Idaho's LIHEAP Intake Manual is reviewed annually to include any policy and/or process improvements to support integrity of data collection. Collection of the four data points related to the Performance Data form were incorporated into this policy manual. This manual is used by LIHEAP intake staff and program managers. Idaho hosts a de-brief meeting after the close of the heating season to discuss challenges with program delivery and to identify solutions which are then incorporated into the policy manual to ensure high-quality program implementation and accurate data collection.

Modified Vendor Agreement: Idaho's vendor agreements identify the new data elements and established data reporting requirements. All vendors with a signed agreement will be required to submit data to the Department on an annual basis. Idaho continues to work with vendors to address challenges and/or concerns that arise regarding reporting requirements. Per the agreement, vendors are required to submit their data reports annually. The data will be analyzied in preparation for reporting on the LIHEAP Performance Measures report.

In FFY19 Idaho will continue to review LIHEAP performance measure data to aid in interpreting the state's approach to enhancing LIHEAP program delivery.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES August 1987, revised 05/92,02/95,03/96,12/98,11/01						
	ADMINISTRATION FOR CHILDREN AND FAMILIES OMB Clearance No.: 0970-007					3 Clearance No.: 0970-0075 Expiration Date: 09/30/2020
LOW INC	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY					
	Section 17: Program Integrity, 2605(b)(10)					
17.1 Fraud Reporting Mechanisms						
a. Describe all mechanisms availab	le to t	he public for reporting cases of	suspe	ected waste, fraud, and abuse. Se	lect a	all that apply.
Online Fraud Reporting	g					
Dedicated Fraud Repor	rting H	Iotline				
Report directly to local	agenc	y/district office or Grantee offic	e			
Report to State Inspecto	or Gei	neral or Attorney General				
Forms and procedures	in pla	ce for local agencies/district offic	ces ai	nd vendors to report fraud, wast	e, an	d abuse
Other - Describe:						
b. Describe strategies in place for a	ndverti	ising the above-referenced resou	rces	Select all that apply		
Printed outreach mater	ials					
Addressed on LIHEAP	applie	cation				
Website						
Other - Describe:						
Idaho statewide 2-1-1 customer care-	line.					
17.2. Identification Documentation	Requ	irements				
a. Indicate which of the following f members.	orms (of identification are required or	requ	ested to be collected from LIHE	AP a	pplicants or their household
				Collected from Whom?		
Type of Identification Collected						
	Applicant Only All Adults in Household All Household Members					
Social Security Card is photocopied and retained		Required		Required		Required
		Requested		Requested		Requested
Social Security Number (Without actual Card)		Required	>	Required	~	Required
	Requested Requested Requested					Requested
Government-issued identification card	tification					
l	Π	Requested		Requested		Requested

Other Applicant Only Required Applicant Only Required Hosehold Required Hosehold Required Hosehold Required Members Required Members Required 1 Documented Refugees and Lawful Permanent Resident (LPR) visa Image: Control of the source of t	(i.e.: driver's license, state ID, Tribal ID, passport, etc.)]			
Permanent Resident (LPR) visa	Other			Household	Household	Members	All Household Members Requested
Applicants do not have to provide a SSN if it is against their religious or political beliefs to do so. If an applicant is living temporarily in the Uhiled, or work or calcustional purposes, providing a SSN in not required. The reasons that an applicant idd not provide a SSN must be adding to accument and the index database. 17.3 Identification Verification Provide a SSN with Social Security Number, if a household he sequence by its funktion of provide a SSN must be adding to accument and the SSN must be adding to a sequence accument and the SSN must be adding to a sequence accument and the SSN must be adding to a sequence accument and the SSN must be adding to accument and the SSN must be system and the SSN		ful 🔽		✓		✓	
ió [*] work or choational puiposes, providing a SSN is not required. The reasons that an applicant did not provide a SSN that is do and provide a SSN during morgan instack. At least one member of the Nouebold is equired to give their Social Security Number. If a household has only one member, that per materia is a final decimation. The database does have the ability to assign a unique decimiter to applications who do not provide a SSN during morgan instack. At least one member, that per materia is a final decimation. The database does have the datily to assign a unique decimation of the social Security Number. If a household members. Select all payls what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all payls what methods are used to verify the authenticity of identification or state agency. Match SSNs with Social Security Administration or state agency. Match SSNs with state eligibility/cose management system (e.g., SNAP, TANF) Match with state eligibility/cose management system (e.g., SNAP, TANF) Match with state cligibility/cose management system (e.g., SNAP, TANF) Match with state cligibility agence (e.g., The Work Number) In-person certification using private software (e.g., The Work Number) Match SSN/Tribal ID number with tribal grantees only) Match SSN/Tribal ID number with tribal database or eurollment records (for tribal grantees only) Match SSN/Tribal ID number with tribal database or eurollment records (for tribal grantees only) C Client's submission of Social Security cards is accepted as proof legal residency Match SSN/Tribal ID number with tribal database or eurollment records (for tribal grantees only) C Client's submission of Social Security cards is accepted as proof legal residency C Client's submission of social Security cards is accepted as proof legal residency C Noncitizens must provide acception this certificate, naturalization papers, or passport C Client's submission of Social Secur	b. Describe any exceptions to the ab	oove policies.					
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all pppy Verify SSNs with Social Security Administration Match SSNs with death records from Social Security Administration or state agency Match SSNs with data eligibility/case management system (e.g., SNAP, TANF) Match with state Department of Labor system Match with state add/or federal corrections system Match with state add/or federal corrections system Verification using private software (e.g., The Work Number) Ire-person certification by staff (for tribal grantees only) Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only) Verification by staff, duplicate SSN check in statewide database. 174. Ctitzenshipf.egal Residency Verification What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LHIEAP benefite? Static and any corrective corrective corrective as proof of legal residency Client's submission of Social Security cards is accepted as proof of legal residency Citizens must provide documentation of immigration status Citizens must provide a copy of their birth certificate, naturalization papers, or passport Noncitizens must provide a copy of their birth certification status Tribal members are verified through the SAVE system Tribal members are verified through the SAVE system Tribal members are verified through the SAVE system Tribal members are verified through the SAVE system To categorially eligible households, state eligibility system provides verification through SSA and SAVE interfaces. 175. Income Verification What methods does your agency utilize to verify household income? Select all that apply. Provide social Security award letters Provides documentation of income for all adult household members Provides our agency utilize to verify household income? Select all that apply. Providences the statements P	for work or educational purposes, pro Notes" section of the intake database. program intake. At least one member	viding a SSN is not requ The database does hav of the household is requ	uired. The reasons e the ability to assignized to give their S	that an applicant di gn a unique identifi ocial Security Num	d not provide a SSN er to applicants who ber. If a household l	must be document do not provide a S	ed in the "Case SN during
ppply Verify SSNs with Social Security Administration Match SSNs with death records from Social Security Administration or state agency Match with state eligibility/case management system Match with state eligibility/case management system Match with state offed al corrections system Match with state child support system Verification using private software (e.g., The Work Number) Io-person certification by staff (for tribal grantees only) Match with state child support system Verification using private software (e.g., The Work Number) Io-person certification by staff (duplicate SSN check in statewide database. 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 benefite? Stati that apply. ✓ Citents sign an attestation of citizenship or legal residency ✓ Citent's submission of Social Security cards is accepted as proof of legal residency ✓ Noncitizens must provide a copy of their birth certificate, naturalization papers, or passport Tribal members are verified through Tribal enrollment records/Tribal ID card ✓ Other - Describe: Tribal members are verified through Tribal enrollment records/Tribal ID card ✓ Other - Describe:<	17.3 Identification Verification						
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✓ Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) Match with state Department of Labor system Match with state Department of Labor system Match with state child support 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: n-person certification by staff, duplicate SSN check in state-wide database. 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? St Id that apply. ✓ Citient's submission of Social Security cards is accepted as proof of legal residency ✓ Citient's submission of Social Security cards is accepted as proof of legal residency ✓ Noncitizens must provide documentation of immigration status Citient's submission of Social Security cards is accepted as proof of legal residency ✓ Noncitizens are verified through the SAVE system Tribal members are verified through the SAVE system Tribal members are verified through Tribal enrollment records/Tribal ID car	Verify SSNs with Social Sec	curity Administration					
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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 XSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only) ✓ Other - Describe: in-person certification by staff, duplicate SSN check in statewide database. 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? Staff at apply. ✓ 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: ?or categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces. 17.5. Income Verification What methods does your agency utilize to verify household income? Select all that apply. ✓ Pay stubs ✓ Social Security award letters ✓ Require documentation of income for all adult household members </td <td>Match SSNs with state eligi</td> <td>bility/case managemen</td> <td>t system (e.g., SNA</td> <td>AP, TANF)</td> <td></td> <td></td> <td></td>	Match SSNs with state eligi	bility/case managemen	t system (e.g., SNA	AP, TANF)			
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Noncitizens are verified through the SAVE system □ Tribal members are verified through Tribal enrollment records/Tribal ID card ✓ Other - Describe: ~or categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces. 7-or categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces. 7-or categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces. 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	Noncitizens must provide	documentation of imm	igration status				
□ Tribal members are verified through Tribal enrollment records/Tribal ID card ✓ Other - Describe: For categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces. 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	Citizens must provide a co	py of their birth certif	icate, naturalizatio	on papers, or pass	port		
 Other - Describe: For categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces. 17.5. Income Verification What methods does your agency utilize to verify household income? Select all that apply. Mequire documentation of income for all adult household members Pay stubs Social Security award letters Bank statements Tax statements Zero-income statements 	Noncitizens are verified th	rough the SAVE system	m				
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What methods does your agency utilize to verify household income? Select all that apply. Image: Pay stubs Image: Pay stubs Image: Social Security award letters Image: Pay statements	For categorically eligible households,	state eligibility system	provides verification	on through SSA and	I SAVE interfaces.		
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 Tax statements Zero-income statements 		d letters					
Zero-income statements							
Unemployment Insurance letters		ents					
	Unemployment Insu	rance 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:
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
Policy in place prohibiting release of information without written consent
Grantee LIHEAP database includes privacy/confidentiality safeguards
Employee training on confidentiality for:
Grantee employees
Local agencies/district offices
Employees must sign confidentiality agreement
Grantee employees
Local agencies/district offices
Physical files are stored in a secure location
Other - Describe:
Electronic files are uploaded and stored in the statewide database which includes privacy/confidentiality safeguards.
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
All vendors must register with the State/Tribe.
All vendors must supply a valid SSN or TIN/W-9 form
Vendors are verified through energy bills provided by the household
Grantee and/or local agencies/district offices perform physical monitoring of vendors
V Other - Describe and note any exceptions to policies above:
Idaho verifies the authenticity of energy vendors being paid with LIHEAP funding using the Idaho LIHEAP Direct Payment Vendor Agreement.
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
Applicants required to submit proof of physical residency
Applicants must submit current utility bill
Data exchange with utilities that verifies:
Account ownership
Consumption
Balances
Payment history
Account is properly credited with benefit
Other - Describe:
Centralized computer system/database tracks payments to all utilities
Centralized computer system automatically generates benefit level

Separation of duties between intake and payment approval
Payments coordinated among other energy assistance programs to avoid duplication of payments
Payments to utilities and invoices from utilities are reviewed for accuracy
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Direct payment to households are made in limited cases only
Procedures are in place to require prompt refunds from utilities in cases of account closure
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
Vendors are checked against an approved vendors list
Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery
Two-party checks are issued naming client and vendor
Direct payment to households are made in limited cases only
Vendors are only paid once they provide a delivery receipt signed by the client
Conduct monitoring of bulk fuel vendors
Bulk fuel vendors are required to submit reports to the Grantee
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.10. Investigations and Prosecutions
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.
Refer to state Inspector General
Refer to local prosecutor or state Attorney General
Refer to US DHHS Inspector General (including referral to OIG hotline)
Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
Grantee attempts collection of improper payments. If so, describe the recoupment process
Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
Vendors found to have committed fraud may no longer participate in LIHEAP
Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

Instructions for Certification

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

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

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

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

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 pint 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)

Address Line 2 Address Line 3 Boise ID 83720 State State State	450 W. State Street * Address Line 1				
Boise ID 83720	Address Line 2				
	Address Line 3				

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

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 disbursal 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

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).