

**DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: MASSACHUSETTS

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

Report Period: 10/01/2017 to 09/30/2018

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

Report Sections>

1. *Mandatory Grant Application SF-424* ..... 2

2. *Section 1 - Program Components* ..... 4

3. *Section 2 - HEATING ASSISTANCE* ..... 8

4. *Section 3 - COOLING ASSISTANCE* ..... 10

5. *Section 4 - CRISIS ASSISTANCE* ..... 12

6. *Section 5 - WEATHERIZATION ASSISTANCE* ..... 15

7. *Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)* ..... 17

8. *Section 7 - Coordination, 2605(b)(4) - Assurance 4* ..... 18

9. *Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6* ..... 19

10. *Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7* ..... 21

11. *Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10* ..... 22

12. *Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2) .....*  
24

13. *Section 12 - Fair Hearings,2605(b)(13) - Assurance 13* ..... 26

14. *Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16* ..... 28

15. *Section 14 - Leveraging Incentive Program ,2607A* ..... 29

16. *Section 15 - Training* ..... 30

17. *Section 16 - Performance Goals and Measures, 2605(b)* ..... 32

18. *Section 17 - Program Integrity, 2605(b)(10)* ..... 33

19. *Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters* ..... 38

20. *Section 19: Certification Regarding Drug-Free Workplace Requirements* ..... 42

21. *Section 20: Certification Regarding Lobbying* ..... 46

22. *Assurances* ..... 48

23. *Plan Attachments* ..... 53


## Mandatory Grant Application SF-424

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

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

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

<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Federal Entity Identifier:</b>	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>
<b>7. APPLICANT INFORMATION</b>			
<b>* a. Legal Name:</b> Commonwealth of Massachusetts			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 1-046002284-K4		<b>* c. Organizational DUNS:</b> 824848162	
<b>* d. Address:</b>			
<b>* Street 1:</b>	100 CAMBRIDGE STREET, SUITE 300	<b>Street 2:</b>	
<b>* City:</b>	BOSTON	<b>County:</b>	
<b>* State:</b>	MA	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	02114 - 2425
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Department of Housing and Community Development		<b>Division Name:</b> Division of Community Services	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b>	<b>* First Name:</b> Edward	<b>Middle Name:</b>	<b>* Last Name:</b> Kiely
<b>Suffix:</b>	<b>Title:</b> Manager	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (617) 573-1406	<b>Fax Number:</b>	<b>* Email:</b> Edward.kiely@state.ma.us	
<b>* 8a. TYPE OF APPLICANT:</b> A: State Government			
<b>b. Additional Description:</b>			
<b>* 9. Name of Federal Agency:</b>			
		<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>10. CFDA Numbers and Titles</b>		93568	Low-Income Home Energy Assistance
<b>11. Descriptive Title of Applicant's Project</b> Fiscal Year 2018 Low Income Home Energy Assistance Program State Plan and Application			
<b>12. Areas Affected by Funding:</b> Statewide			
<b>13. CONGRESSIONAL DISTRICTS OF:</b>			

* a. Applicant 8		b. Program/Project: Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2017	b. End Date: 09/30/2018	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official Louis M. Martin		18c. Telephone (area code, number and extension)	
		18d. Email Address louis.martin@state.ma.us	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 10/04/2017	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	11/01/2017	04/30/2018
<input type="checkbox"/> Cooling assistance		
<input checked="" type="checkbox"/> Crisis assistance	11/01/2017	04/30/2018
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2017	09/30/2018

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

An application received on April 30th must be completed by the applicant no later than May31st. If April 30th falls on a weekend, the last business day in April will serve as the final date to apply for fuel assistance. Given a variety of factors, including a particularly increment winter, increase in fuel prices, lower than expect application numbers, an extension of the statewide moratorium, etc. DHCD may extend the application date from the end of April into the month of May.

DHCD will research a 2 year certification process for those reapplying household whose memeber are either elderly, disabled or both and have income from only fixed income sources. A subcommittee comprised of DHCD and LAA members will consider the impacts of such a policy and the feasibility under th current program guidelines and constraints.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	77.55%
Cooling assistance	0.00%
Crisis assistance	3.00%

Weatherization assistance	6.40%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	3.00%
Used to develop and implement leveraging activities	0.05%
<b>TOTAL</b>	<b>100.00%</b>

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

**1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:**

<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify):

**Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8**

**1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below?**  Yes  No

**If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.**

	Heating	Cooling	Crisis	Weatherization
TANF	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SSI	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SNAP	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other(Specify) 1	Heating	Cooling	Crisis	Weatherization
H-EAT	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**1.5 Do you automatically enroll households without a direct annual application?**  Yes  No

**If Yes, explain:**

SNAP recipient households with limited energy burden are eligible to receive an annual benefit of \$21 based on their residential energy cost and affordability threshold as determined by DHCD. Income eligible households with no energy cost (i.e. excluding heat included in rent tenants) are not eligible to receive a H-EAT benefit.

**1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?**

All applicant households, including H-EAT recipients must have their eligibility for regular LIHEAP assistance determined separately through one of the 20 LAAs. DHCD has specific program eligibility criteria. Since the Massachusetts LIHEAP does not recognize categorical eligibility other than H-EAT, as noted above, those households that receive income from the sources mentioned above are treated the same as those households with income from any other source.

SNAP Nominal Payments

**1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?**  Yes  No

**If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.**

**1.7b Amount of Nominal Assistance:** \$21.00

**1.7c Frequency of Assistance**

<input checked="" type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other - Describe:

**1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?**

Bi-monthly secure data exchange between the Massachusetts Department of Transitional Assistance (DTA) and DHCD pre-screen households to establish eligibility for the H-EAT benefit.

Determination of Eligibility - Countable Income

**1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?**

<input checked="" type="checkbox"/>	Gross Income
-------------------------------------	--------------

<input type="checkbox"/>	Net Income
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>	
<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits
<input checked="" type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction <input type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input checked="" type="checkbox"/>	General Assistance benefits
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements

<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input checked="" type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other Self-employment households receive a 40% deduction off their gross profit. Certain veterans' benefits, such as benefits for children of Vietnam Veterans are excluded.

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

## Section 2 - HEATING ASSISTANCE

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

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

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

#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

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

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

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

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

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

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

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

For purposes of determining LIHEAP eligibility, there are three type of renters: 1) Those that receive a subsidy, 2) those that live in a rent restricted unit within a Low Income Housing Tax Credit (LIHTC) building, and 3) all other renters. The LIHEAP benefit is based on the renter and their heating situation.

A renter living in a subsidized building or living in a LIHTC building who pays a vendor directly for their heat, or who lives in a subsidized building or a LIHTC building, as described above, with heat included in rent where the monthly rent is more than 30% of the gross LIHEAP monthly income, is eligible for a partial LIHEAP benefit. For those renters living in subsidized housing or in a LIHTC building with heat included in their rent that pay 30% or less of their gross LIHEAP monthly income towards rent are not eligible for fuel assistance.

A renter that does not live in a subsidized building or a LIHTC building, as described above, that either pays their vendor directly for their heat or whose heat cost is included in their rent is eligible for a full LIHEAP benefit.

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

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

Subgrantees target their outreach to vulnerable populations including but not limited to the disabled, elderly and those on fixed incomes. The benefit amount is determined in the same manner regardless of the source of income or vulnerable status; the determining factors are family income level and size. Those factors place the household in the Massachusetts LIHEAP benefit matrix and there may additionally be proration of benefit due to household members' U.S. Citizenship/Qualified Alien Status. DHCD maintains a mail-in recertification process, thereby many of the households including vulnerable households can get their application status are determined before the beginning of the heating season on November 1st.

DHCD uses a mixture of a fixed benefit determined by poverty level, and offers an additional benefit, the High Energy Cost Supplement (HECS) to each household. This process assures that households with the lowest income and the highest fuel costs receive the most benefits.



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

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

Deliverable fuel benefits: \$448 (minimum); \$850 (maximum)

Utilities: \$375 (minimum); \$710 (maximum)

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

**2.6 Describe estimated benefit levels for FY 2018:**

Minimum Benefit	\$375	Maximum Benefit	\$850
-----------------	-------	-----------------	-------

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

If yes, 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 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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 the Cooling component:**

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

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

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

**Renters?**  Yes  No

**Renters Living in subsidized housing ?**  Yes  No

**Renters with utilities included in the rent ?**  Yes  No

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

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

**Other?**  Yes  No

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

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

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

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

Income

Family (household) size

Home energy cost or need:

Fuel type

Climate/region

Individual bill

Dwelling type

Energy burden (% of income spent on home energy)

Energy need

Other - Describe:

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

**3.6 Describe estimated benefit levels for FY 2018:**

<b>Minimum Benefit</b>	\$0	<b>Maximum Benefit</b>	\$0
------------------------	-----	------------------------	-----

**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?**  Yes  No

If yes, 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 4 - CRISIS ASSISTANCE

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

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

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

#### Section 4: CRISIS ASSISTANCE

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

#### 4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

The crisis intervention component of Massachusetts' LIHEAP is a FastTrack system, integrated into the heating assistance program, for prioritizing and expediting services to households experiencing heating emergencies. The purpose of this FastTrack system is to provide swift response to heating emergencies, while steering applicants into the mainstream heating assistance component with full benefits. Emergency applications are given priority at all intake and processing steps. LAAs are required to provide emergency service within 24 hours or 18 hours of the eligible household's application or request, in accordance with the statute and corresponding procedures outlined in the Fiscal Year 2018 Administrative Guidance.

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

A life threatening crisis includes no heat for any reason (out of fuel, utilities disconnected) and includes heating system failure. When an applicant notifies the Subgrantee of their emergency, the Subgrantee reviews the application and requests any documentation still required to complete the application. The emergency application is given certification priority. If eligible, the vendor will be notified to authorize an emergency delivery, or guarantee payment in cases of eviction or utility disconnection.

#### Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 24Hours

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

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

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

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

Do you require an Assets test ?  Yes  No

Do you give priority in eligibility to :

Elderly?  Yes  No

Disabled?  Yes  No

Young Children?  Yes  No

Households with high energy burdens?  Yes  No

Other?  Yes  No

In Order to receive crisis assistance:

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

Must the household have been shut off or have an empty tank?  Yes  No

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

Must renters with heating costs included in their rent have received an eviction notice ?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Must heating/cooling be medically necessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Must the household have non-working heating or cooling equipment?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Do you have additional / differing eligibility policies for:			
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Explanations of policies for each "yes" checked above:			
In order to receive crisis assistance, households may report any one condition or combination of conditions.			
Determination of Benefits			
4.8 How do you handle crisis situations?			
<input type="checkbox"/>	Separate component		
<input checked="" type="checkbox"/>	Fast Track		
<input type="checkbox"/>	Other - Describe:		
4.9 If you have a separate component, how do you determine crisis assistance benefits?			
<input type="checkbox"/>	Amount to resolve the crisis.		
<input type="checkbox"/>	Other - Describe:		
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.			
This is accomplished through the Subgrantee and volunteer agency network.			
4.11 Do you provide individuals who are physically disabled the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input checked="" type="radio"/> Yes <input type="radio"/> 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?			
Benefit Levels, 2605(c)(1)(B)			
4.12 Indicate the maximum benefit for each type of crisis assistance offered.			
Winter Crisis	\$850.00 maximum benefit		
Summer Crisis	\$0.00 maximum benefit		
Year-round Crisis	\$0.00 maximum benefit		
4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
4.15 Check appropriate boxes below to indicate type(s) of assistance provided.			
	Winter Crisis	Summer Crisis	Year-round Crisis

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

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

Yes  No

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

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

From November 15 to March 15, Massachusetts law prevents gas and electric companies from shutting off a customer's heating fuel because of their inability to pay for it. Also, service that is needed to run a customer's residential heating system cannot be shut off during this period. Charges continue to be applied during this period and the customer still owes the utility company for the provided service. The moratorium does not apply to debt accrued before November 15. In addition to the winter moratorium, Massachusetts provides some additional protection from utility shutoffs for those who qualify.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

#### Section 5: WEATHERIZATION ASSISTANCE

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

**5.1 Designate the income eligibility threshold used for the Weatherization component**

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

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

**5.3 If yes, name the agency.**

**5.4 Is there a separate monitoring protocol for weatherization?**  Yes  No

**WEATHERIZATION - Types of Rules**

**5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)**

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

Other - Describe:  
Heating systems not subject to DOE Installation Standards/Standard Work Specifications.

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

Income Threshold

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

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

Other - Describe:

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

**5.6 Do you require an assets test?**  Yes  No

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

**Renters**  Yes  No

**Renters living in subsidized housing?**  Yes  No

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

**Elderly?**  Yes  No

Disabled?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Young Children?	<input type="radio"/> Yes <input checked="" type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? No-Heat emergencies	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Priority for no-heat emergencies is designated for the "heating season" between October 1st through April 30th. Priority is always based on the need for service.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10 If yes, what is the maximum? \$11,900	
<b>Types of Assitance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Oil tank replacement, oil line replacement, chimney liners, and asbestos abatement when related to heating system replacement.
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	



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

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

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

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

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

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

Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

Publish articles in local newspapers or broadcast media announcements.

Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

Mass mailing(s) to prior-year LIHEAP recipients.

Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

Execute interagency agreements with other low-income program offices to perform outreach to target groups.

Other (specify):

DHCD and its Subgrantees maintain working relationships with other state agencies such as the Massachusetts Department of Transitional Assistance (DTA), especially the Supplemental Nutritional Assistance Program (SNAP) Office. DHCD will continue to partner with both state and outside resources to promote the LIHEAP program and explore new partnerships and methods of outreach. The Massachusetts Registry of Motor Vehicles will have a LIHEAP advertisement run on all of its waiting room monitors. Using DHCD LIHEAP materials, the Department of Veteran Services will send an email blast to Veterans' Offices in each of the cities and towns across the Commonwealth to promote the program. DHCD will explore the feasibility of targeted social media (e.g. Facebook, Twitter, etc.) ads.

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

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

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

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

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

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

DHCD uses a single application for LIHEAP, Heating System Repair/Replacement and Weatherization Assistance Program.

Data exchange with the Department of Transitional Assistance coordinates LIHEAP with H-EAT.

The Subgrantees develop plans for local coordination in their service territories both internally as well as external partnerships with other community and human service organizations including WAP, WIC, and utility funded programs.

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

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

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

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

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

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

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

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?

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

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

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

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

8.6 What is your process for selecting local administering agencies?

Massachusetts currently subcontracts for local administration of fuel assistance with 20 agencies, 18 of which are Community Action Agencies that are in operation under the Economic Opportunity Act of 1964. DHCD reserves the right to select a Subgrantee in any service area via a Notice of Funding Availability (NOFA) process or by designation of the Undersecretary of DHCD.

A list of designated Subgrantees is included as an attachment to this State Plan.

**8.7 How many local administering agencies do you use? 20**

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

- Yes  
 No

**8.9 If so, why?**

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

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

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

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

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

Heat in Rent clients receive a check directly from LAAs, provided that their tenancy is verified by the landlord or the management company.

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

Clients are notified through a Notice of Eligibility Determination.

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

The Vendor Agreement details how the vendor must treat LIHEAP customers. This includes costs and payments. Further, the LIHEAP Program Directors' Guidance instructs LAAs regarding the methods to be used to ensure the vendor is following the business practices/procedures indicated in the Vendor Agreement. Additionally, a review of payments and charges are a part of the onsite monitoring conducted by DHCD.

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

All participating vendors must agree in the Vendor Agreement not to discriminate against the certified LIHEAP customer in prices or services and to make deliveries/supply services in accordance with normal business practice.

##### 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

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

The Massachusetts Management Accounting and Reporting System (MMARS) tracks the receipt of LIHEAP revenue and payments to Subgrantees. This is reconciled monthly. Subgrantees submit financial status reports with every drawdown requested as well as quarterly reports. This information is reviewed and reconciled. On-site fiscal monitoring is conducted in conjunction with CSBG program monitoring. A standard monitoring checklist is used to guide the testing of revenue, expenditures, and internal controls at the subgrantee level.

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	financial	The Auditor found that for FY15 DHCD's LIHEAP did not have the specific written procedure in place that is required under 2 CFR 200.302(b)(7) for determining the allowability of costs. No costs were questioned	Yes	procedure/policy changes
2	financial	The auditor found that for FY15, DHCD did not document its subrecipient risk assessment process or identify required CFDA information to its subrecipients (2 CFR 200.331(b) and 2 CFR 200.331(a)(xi)). No cost were questioned.	Yes	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

Grantee employees:

Internal program review

Departmental oversight

Secondary review of invoices and payments

Other program review mechanisms are in place. Describe:

**Local Adminstering 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:

The DHCD Office of Administration and Finance (OAF) and Community Service Unit (CSU) respectively perform fiscal and program monitoring. OCS shall continue to review/modify program monitoring procedures to ensure compliance with all state and federal laws, regulations, and DHCD LIHEAP Administrative Guidance and operating procedures.

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

DHCD OAF and CSU annually evaluate each Subgrantee's risk of noncompliance with Federal statutes, regulations and the term and conditions of the subaward to determine the appropriate type of monitoring. Unless a Subgrantee has been determined to be a "high risk", in general, the alternating schedule outlined below applies. It divides the monitoring of the LAAs between onsite visits and remote assessments. Each type of assessment has its own protocol and monitoring tool.

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

**Site Visits:**

Subgrantees that were assessed remotely in the last fiscal year will be monitored on site this upcoming fiscal year.

**Desk Reviews:**

A remainder of the assessments will be conducted remotely unless the Subgrantee has been deemed by DHCD as "high risk" which would then trigger an onsite assessment. For those agencies monitored remotely, performance is assessed by review of client databases.

**10.8. How often is each local agency monitored ?**

Once a year.

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

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

**10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? None**

**10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? None**

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

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

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

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

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

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

**11.1 How did you obtain input from the public in the development of your LIHEAP plan?  
Select all that apply.**

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

Throughout the year, DHCD solicits and considers the comments and participation of the public and community stakeholders through a variety of methods including the quarterly meetings of the DHCD LIHEAP Advisory Group, monthly meetings with the Massachusetts Energy Directors' Association (MEDA), quarterly meetings of the Arrearage Management Program (AMP) Best Practices group, the annual LIHEAP training conference and regular program monitoring.

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

See 11.6 for response.

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

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

	Date	Event Description
1	06/12/2017	Advisory Group Meeting and Preliminary Hearing
2	07/11/2017	Boston Public Hearing
3	07/12/2017	Holyoke Public Hearing

**11.4. How many parties commented on your plan at the hearing(s)? 8**

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

A total of eight representatives from Local Administrating Agencies (LAAs), Massachusetts Energy Directors' Association (MEDA) and National Consumer Law Center.

The following common themes emerged at the public hearings: 1) Increase HEARTWAP funding from \$8.5 million to \$10 Million; 2) Continue Enrollment Assistance Funds (EAF); 3) Request for HHS to swiftly release LIHEAP funds as not to delay the beginning of the program year; 4) Noted DHCD streamlined some LIHEAP forms that were considered "burdensome"; 5) Ease requirement to wage match adults who have no income two or more years and have a child at home under the age of six; 6) Implement 2 year certification process for elderly and disabled with only fixed income; 7) Surrounding leveraging activities (e.g. 25% utility discount) are critical in further assisting LIHEAP households; 8) Correct language in State Plan concerning heat-included in rent and eligibility. Replace "30% or more" with "more than 30%"; 9) Support DHCD's continued efforts to find ways to promote LIHEAP and outreach to new households.



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

DHCD engaged in meaningful discussion concerning items brought forward through the public hearing process. DHCD supports the increase in HEARTWAP funding to \$10 million. DHCD recognizes the positive impact of the EAF as separate budget category in FY17 and will continue in FY18. DHCD agrees with the suggestion regarding wage match for adults who have no income for two or more years and have a child under six in the home. DHCD has updated the FY18 Operators Guidance and LIHEAP software concerning this policy. DHCD will explore the process and impact of a two year certification process for elderly and/ or disabled households with only fixed income. In regards to the recommended text change for heat included in rent eligibility, DHCD has corrected the language in the State Plan.

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

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

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

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

### 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?** 57 Y-T-D

**12.2 How many of those fair hearings resulted in the initial decision being reversed?** 6

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

To date all reversals have been due to miscalculation of household income. In each case DHCD informed the LAAs staff on their error and how to properly calculate income.

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

The appeals process require applicants to initially appeal to the LAA, and offers the opportunity to appeal to DHCD if the applicant is not satisfied with the decision issued by the LAA. Appeals must be made to the LAA, on a form provided by the LAA, within 20 working days of the date of any notice of eligibility or ineligibility. Applicants can also request an appeal, on a form provided by the LAA if they have not been notified of their application status with in forty-five (45) days of the date of application.

The LAA will convene an informal, face-to-face hearing with an applicant when an applicant requests such a hearing, or when the LAA deems such a hearing is necessary.

Within 20 working days of receiving an appeal, the LAA must:

1. Schedule the hearing if a hearing has been requested by the applicant or has been deemed necessary by the LAA and send a notice to the applicant establishing the date, time and location of the hearing.
2. In all other cases,
  - a. Review and reconsider the applicant's application, include the possibility of obtaining additional income or other documentation;
  - b. Reach a decision on the case; and
  - c. Notify the applicant of the final decision in writing, along with notice of the applicant's right to and procedures for appeal to DHCD.

Within 10 working days of a face-to-face hearing the LAA shall

1. Reach a decision on the case; and
2. Notify the applicant of the final decision in writing, along with notice of the applicant's right to and procedures for appeal to DCHD.

Local appeals are accepted from November 1st through the fourth Friday in June.

#### State Level Fair Hearing (appeal) Process

Appeals to the State of an LAA decision are accepted by DHCD from November 1st through the fourth Friday in August.

Appeals to DHCD of LAA decisions will be handled by a Program Coordinator within DHCD's Community Services Unit. Applicants must appeal, in writing, to DHCD within 20 working days of the date of the final LAA decision that includes the notice of appeal rights.

The Program Coordinator will review all applicant files and information pertinent to the appeal, and will notify the applicant and the LAA of the decision in writing within 20 working days of receipt of the complete applicant file.

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

Massachusetts requires all applicants/clients to be notified of their right to appeal specific LAA decisions in the heating assistance/crisis assistance and energy conservation programs. Written notification of these rights must be given:

1. When the applicant first applies for assistance;
2. When an LAA provides an applicant with a notice of either eligibility or ineligibility; and

3. When an LAA issues a final decision of denial on an appeal.

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

The LAAs must notify a household if it submitted incomplete documentation for their application within 20 working days. If a household provided complete documentation, the LAA must notify the household of its eligibility with in 45 working days. If the LAA does not notify the household within 45 days, the household has a right to appeal to the agency for its determination.

At the state level, denied applicants are afforded appeal rights except when the applications are not completed in a timely manner. Since applicants have a maximum of 30 days after the end of each year's heating season to complete an incomplete application, those that remain incomplete due to an applicant's inability to provide eligibility documentation are denied and cannot be completed through the state appeal process.

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

Households are informed of their right to appeal and the procedure to do so upon application. Applicants receive a Notice of Appeal Rights with their application package. Furthermore, when applicants receive a notice of denial, they are provided with a copy of Notice of Appeal Rights and the Appeal form.

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

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

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

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

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

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

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

In accordance with LIHEAP regulations and pending the availability of funds, LAAs provide such services as needs assessment, budget counseling, energy education/awareness and vendor relations as part of the ongoing service of eligible households. These services, under Assurance 16 of the LIHEAP statute, are directed toward households that may be in financial/energy crisis requiring individual attention beyond the standard course of action. The funding is used to enhance outreach efforts to eligible customers.

DHCD encourages targeted outreach, working with utilities on issues impacting users, particularly elders, expanding education, awareness efforts, and referrals. DHCD monitors the Assurance 16 activities conducted by LAAs through annual contracting and monitoring process to ensure compliance with funding requirements.

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

The amount set aside to fund these activities are predetermined by DHCD so that it does not exceed the 5% threshold.

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

Assurance 16 activities resulted in a reduction in emergencies, as reflected in the LIHEAP Household Data reported to DHCD by the LAAs, as well as the Arrearage Management Pprogram (AMP) reported by the local stakeholder working groups, and increased leveraging activities, including utility discounts.

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

In addition to the payments rendered on their behalf to the home heating vendor, all LIHEAP eligible households are also eligible for direct benefits, such as utility discounts. Households with high home energy needs are also eligible for a High Energy Cost Supplement (HECS) benefit based on their income and prior year's heating costs and consumption. DHCD will continue to monitor and analyze its benefit matrix including HECS to ensure that those eligible households with the lowest income and the highest burden receive the maximum benefit amount.

All applicable LIHEAP eligible households are also referred to heating system repair and replacement (HEARTWAP), Weatherization Assistance or utility company funded programs. Subject to available resources, households who exhaust their LIHEAP benefit are referred to non-LIHEAP home energy assistance programs, available through other local or regional non-profit organizations. Veterans can be referred to programs available through their respective Veterans Administrative Agencies.

**13.5 How many households applied for these services?** 187,435

**13.6 How many households received these services?** 159,228

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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

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

#### Section 14:Leveraging Incentive Program, 2607(A)

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

Yes  No

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

In the years OCS offers the Leveraging Incentive Program under the LIHEAP, Massachusetts requests supporting documentation of non-federal leveraged resources (local, public and private funds) within a reasonable timeframe from LAAs, Utility Companies and resource providers such as United Way, Salvation Army, etc.

Once received, each Leveraging Resource Form would be vetted through a DHCD review process and a statewide Leveraging Report prepared for the Undersecretary's signature and submitted to the Office of Community Services, U.S. Department of Health and Human Services for the purpose of receiving the Leveraging Incentive Grant.

**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. Â§ 96.87(d)(2)(iii), describe the following:**

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Margin Over Rack (MOR)	DHCD Heating Oil at a discounted or below market prices.	The MOR pricing method is used by local Fuel Assistance Agencies to purchase #2 fuel oil from local dealers on behalf of their clients. Participating dealers are paid for deliveries based on a margin of 50 cents per gallon over the daily average rack price, based on the Oil Price Information Service (OPIS). Dealers receive either the MOR price OR their current posted price for the delivery date, whichever is less.
2	Utility Discounted Rates	Investor Owned Utility Companies	All income eligible LIHEAP applicants automatically qualify for discounts on their utility bills. These discounts can save up to 35% on each bill.
3	Combined Fuel Funds	LAAs	LAAs use their combined fuel funds to assist certain LIHEAP eligible and over-income households. LIHEAP eligible households can receive an additional benefit to pay for home heating costs through locally established fuel funds.
4	Weatherization Support	In-kind contributions and funding from utility companies, and property owners	Certain LIHEAP eligible households can also receive utility funded weatherization support.
5	Supplemental State Allocation	From time to time, the Massachusetts State Legislature has allocated supplemental funds to provide home energy assistance to income eligible households.	Federal LIHEAP benefit can be augmented using state appropriated 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 15 - Training

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

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

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

#### Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

**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

Any updated to policies during the program year are distributed to LAAs via Information Memorandums.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

15.2 Does your training program address fraud reporting and prevention?

Yes

No

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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.**

Massachusetts currently collects the four required LIHEAP performance measures.

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



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

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

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

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

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

##### 17.1 Fraud Reporting Mechanisms

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

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

There is also a state Whistleblower provision in place.

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

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

At the Annual LIHEAP training, a presentation is made by either the Office of the Comptroller of the Commonwealth or the Massachusetts Office of the Inspector General, and training materials are provided to the Subgrantees through administrative guidance.

##### 17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Proof of Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

### 17.3 Identification Verification

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

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

Other - Describe:

In-person certification by LAA staff.

### 17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

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

Other - Describe:

Clients sign an attestation verifying their understanding that only United States Citizens or Qualified Aliens are eligible to receive federal energy assistance benefits and certifying under the penalties of perjury that all information they submit is true and complete to the best of their knowledge.

### 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

<input checked="" type="checkbox"/> Zero-income statements
<input checked="" type="checkbox"/> Unemployment Insurance letters
<input checked="" type="checkbox"/> Other - Describe: Wage matches are conducted through Massachusetts Department of Revenue for zero income households. Fixed income and other cash and non-cash benefit information, where applicable, is obtained from the Massachusetts Department of Transitional Assistance.
<input checked="" type="checkbox"/> Computer data matches:
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)
<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Other - Describe: Each LIHEAP employee is required to sign an acknowledge notice of Massachusetts Executive Order 504.
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: As part of the contracting process, Subgrantees are required to obtain an acceptable vendor certification document to authenticate the vendor.
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit

<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: Printed delivery slips or computer printouts are required.
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input checked="" type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input checked="" type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process LAAs are instructed to recoup the value of the assistance rendered to ineligible applicants, when applicable. As stated on the back of the LIHEAP application, applicants are fully liable for repayment in these situations. LAAs are encouraged to use the applicable recoupment notice template provided by DHCD. The notice advises applicants of their responsibility to make restitution. LAAs are advised to reduce the client's benefit level in the subsequent program year or pursue collection/ legal action.
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/> Other - Describe: An applicant with stop pay or recoupment situation can apply for LIHEAP, however, no payments can be issued until either the applicant submits information that clarifies or corrects their application or repays the benefit amount that was inappropriately received.

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**

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

**6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment,**



**Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**

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

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

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

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

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

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

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

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

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

**This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central 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)**

Department of Housing and Community Development		
<b>* Address Line 1</b>		
100 Cambridge Street, Suite 300		
Address Line 2		
Address Line 3		
Boston	MA	02114
<b>* City</b>	<b>* State</b>	<b>* Zip Code</b>

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

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

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

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other

**designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.**

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any

**person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

## Assurances

### Assurances

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

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

**(B) intervene in energy crisis situations;**

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

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

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

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

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

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

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

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

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



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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;**

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

**(B) the State will pay from non-Federal sources the remaining costs of planning**

and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

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

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

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

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

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

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

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

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with

energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

# Plan Attachments

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