

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** Maryland

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

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

**Report Status:** Saved -- Validated (Revision #1)

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## Mandatory Grant Application SF-424

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 12/31/2023

### 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> 93.568	<b>6. State Application Identifier:</b>

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> State of Maryland			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 1-526002033		<b>* c. Organizational DUNS:</b> 878358332	
<b>* d. Address:</b>			
<b>* Street 1:</b>	311 West Saratoga St, 2nd Floor	<b>Street 2:</b>	
<b>* City:</b>	BALTIMORE	<b>County:</b>	
<b>* State:</b>	MD	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	21201 -

**e. Organizational Unit:**

<b>Department Name:</b> Maryland Department of Human Services	<b>Division Name:</b> Office of Home Energy Programs
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b>	<b>* First Name:</b> William	<b>Middle Name:</b>	<b>* Last Name:</b> Freeman
<b>Suffix:</b>	<b>Title:</b> Director, Office of Home Energy	<b>Organizational Affiliation:</b> Department of Human Services	
<b>* Telephone Number:</b> 4107675324	<b>Fax Number:</b>	<b>* Email:</b> bill.freeman@maryland.gov	

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

**b. Additional Description:**

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

	<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>10. CFDA Numbers and Titles</b>	93.568	Low-Income Home Energy Assistance Program

**11. Descriptive Title of Applicant's Project**  
Low-Income Home Energy Assistance Program for the State of Maryland

**12. Areas Affected by Funding:**  
Statewide

**13. CONGRESSIONAL DISTRICTS OF:**

<b>* a. Applicant</b> 7	<b>b. Program/Project:</b> Statewide
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Attach an additional list of Program/Project Congressional Districts if needed.

<b>14. FUNDING PERIOD:</b>	<b>15. ESTIMATED FUNDING:</b>
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<b>a. Start Date:</b> 10/01/2021	<b>b. End Date:</b> 09/30/2022	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
<b>Explanation:</b>			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b>		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b>	
<b>18b. Signature of Authorized Certifying Official</b>		<b>18e. Date Report Submitted (Month, Day, Year)</b>	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 12/31/2023

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Approval No. 0970-0075  
Expiration Date: 12/31/2023

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2021	09/30/2022
<input checked="" type="checkbox"/> Cooling assistance	10/01/2021	09/30/2022
<input checked="" type="checkbox"/> Crisis assistance	11/01/2021	03/31/2022
<input type="checkbox"/> Weatherization assistance		

Provide further explanation for the dates of operation, if necessary

Customers do not apply separately for crisis assistance in Maryland and there are no separate fuel benefits provided. Crisis assistance is provided as expedited assistance as defined by Code of Maryland Regulations (COMAR) 07.03.21.10. Crisis assistance funds are also provided to the Maryland Department of Housing and Community Development through and Inter-Agency Agreement for emergency heating and/or cooling system repair and replacement.

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	67.00%
Cooling assistance	12.00%
Crisis assistance	5.00%
Weatherization assistance	5.00%
Carryover to the following federal fiscal year	3.00%
Administrative and planning costs	8.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

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

<input type="checkbox"/>	<b>Heating assistance</b>	<input type="checkbox"/>	<b>Cooling assistance</b>		
<input type="checkbox"/>	<b>Weatherization assistance</b>	<input checked="" type="checkbox"/>	<b>Other (specify:)</b> Maryland provides expedited heating assistance payments to assist households experiencing a crisis situation, but we do not reserve funds specifically for crisis assistance. We do however take measures to ensure that heating assistance funds are available throughout the crisis season to make expedited payments to qualified households experiencing crisis situations. The 5% number in Section 1.2 represents the estimate of the amount of heating assistance funds that will be distributed in an expedited manner for crisis assistance in addition to the crisis funds provided to DHCD for heating and cooling system repair.		
<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>					
1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.					
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>	
TANF	<input type="radio"/> Yes <input 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	
	<b>Program Name</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
Other(Specify) 1		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If Yes, explain:					
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?					
<b>SNAP Nominal Payments</b>					
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input checked="" type="radio"/> Yes <input type="radio"/> No					
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.					
1.7b Amount of Nominal Assistance: \$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?					
<p>Nominal payments will be introduced in fiscal year 2022 to comply with newly established state statute enacted under Article I I, Section 17(c) of the Maryland Constitution - Chapters 362 and 363. Households are screened for energy costs during the application process for the Supplemental Nutrition Assistance Program (SNAP).</p>					
<b>Determination of Eligibility - Countable Income</b>					
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?					
<input checked="" type="checkbox"/>	Gross Income				
<input type="checkbox"/>	Net Income				
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP					
<input checked="" type="checkbox"/>	Wages				
<input checked="" type="checkbox"/>	Self - Employment Income				
<input checked="" type="checkbox"/>	Contract Income				
<input type="checkbox"/>	Payments from mortgage or Sales Contracts				

<input checked="" type="checkbox"/>	Unemployment insurance		
<input checked="" type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
<input type="checkbox"/>	Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input checked="" type="checkbox"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input checked="" type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input 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 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"/>	
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<p><b>Other</b></p> <p>Workmen's Compensation, Railroad Retirement Benefits, Mine Worker Benefits, Armed Forces Allowance Benefits, Criminal Injuries Compensation Board Payments, Severance Pay, Monetary Settlements as a Result of Insurance Claims or Lawsuits, Inheritances.</p>
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

## Section 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  
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### 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	HHS Poverty Guidelines	175.00%
2	All Household Sizes	HHS Poverty Guidelines	200.00%

**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:**

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

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

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

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

In compliance with state legislation enacted under Article II, Section 17(c) of the Maryland Constitution - Chapter 638 and 639, households with one or more member age 67 or older are eligible at 200% of the Federal Poverty Level. All other households are eligible at 175% of the Federal Poverty Level.

Applicants who are renters are eligible to receive energy assistance benefits provided they meet all other eligibility requirements. Specific rental arrangements between the renter (tenant) and the landlord must be verified in order to determine if and how benefits will be paid.

- Applicants who are renters and pay their heating costs directly must identify their energy supplier and fuel type.
- Applicants who are renters (including roomers and boarders) and pay their energy costs indirectly as undesignated portions of rent payments are required to furnish the name, address, and phone number of the landlord to whom the rent payments are made. If their application is qualified, benefits will be paid to the landlord and their rent will be reduced accordingly.
- Applicants who are residents of subsidized housing must provide proof that they are directly responsible for paying their own heating costs and receive a lower benefit level than those with similar incomes that do not have access to subsidized housing since a utility allowance is incorporated into their subsidy.

**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.**

During the crisis season defined by COMAR 07.03.21.10, crisis situations are deemed "life threatening" if a household has a member that is over the age of 65, under the age of 2, or is experiencing an energy-related life threatening crisis. In these situations, vulnerable households are given priority. Further, applicants with a Physician's Certification are provided expedited processing. Under the arrearage assistance program, applicants considered vulnerable may receive a waiver to obtain forgiveness of past due electric and gas bills multiple times within a 7-year period. This is as opposed to other non-vulnerable applicants that can only obtain the benefit once every 7 years.

Beginning October 1, 2019, the new Critical Medical Needs Program is in place. This program provides for streamlined and expedited application processing for individuals with particular medical vulnerabilities.



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

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

The program accounts for whether customer lives in subsidized housing and if the bill is in the name of the customer or the landlord.

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

**2.6 Describe estimated benefit levels for the fiscal year for which this plan applies**

<b>Minimum Benefit</b>	\$500	<b>Maximum Benefit</b>	\$2,213
------------------------	-------	------------------------	---------

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

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	175.00%
2	All Household Sizes	HHS Poverty Guidelines	200.00%

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

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

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

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

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

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

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

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

In compliance with state legislation enacted under Article II, Section 17(c) of the Maryland Constitution - Chapter 638 and 639, households with one or more member age 67 or older are eligible at 200% of the Federal Poverty Level. All other households are eligible at 175% of the Federal Poverty Level.

Applicants who are renters are eligible to receive energy assistance benefits provided they meet all other eligibility requirements. Specific rental arrangements between the renter (tenant) and the landlord must be verified in order to determine if and how benefits will be paid.

- Applicants who are renters and pay their heating costs directly must identify their energy supplier and fuel type.
- Applicants who are renters (including roomers and boarders) and pay their energy costs indirectly as undesignated portions of rent payments are required to furnish the name, address, and phone number of the landlord to whom the rent payments are made. If their application is qualified, benefits will be paid to the landlord and their rent will be reduced accordingly.
- Applicants who are residents of subsidized housing must provide proof that they are directly responsible for paying their own heating costs and receive a lower benefit level than those with similar incomes that do not have access to subsidized housing since a utility allowance is incorporated into their subsidy.

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

Applicants with a Physician's Certification are provided expedited processing. Under the arrearage assistance program, applicants considered vulnerable may receive a waiver to obtain forgiveness of past due electric and gas bills multiple times within a 7-year period. This is as opposed to other non-vulnerable applicants that can only obtain the benefit once every 7 years.

Beginning October 1, 2019, the new Critical Medical Needs Program is in place. This program provides for streamlined and expedited application processing for individuals with particular medical vulnerabilities.

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

<b>3.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input checked="" type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
<b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies</b>			
Minimum Benefit	\$150	Maximum Benefit	\$2,213
<b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

## Section 4 - CRISIS ASSISTANCE

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	175.00%
2	All Household Sizes	HHS Poverty Guidelines	200.00%

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

Maryland defines an energy crisis as a situation wherein a household has no heat or a shortage of fuel supply or an immediate utility turn off (less than three days) during the normal winter period (November 1 through March 31). Local agencies may request a waiver to change the time length in the definition of the winter period.

Crisis funds are also used to address non-functioning heating and cooling equipment. OHEP maintains an inter-agency agreement (attached) with the Department of Housing and Community Development (DHCD) to carry out this work. Energy assistance applicants inform local agencies on the application that they have non-functioning equipment. Upon receiving an energy crisis referral regarding non-functioning equipment from the local energy assistance agency, DHCD promptly assigns the work to a licensed HVAC contractor for assessment within 48 hours.

For heating and cooling system repair, first preference is given to elderly and handicapped homeowners. Second preference to dwellings with children under five (5) years of age in the household and/or inefficient heating systems.

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

Maryland defines a life-threatening crisis as a household experiencing a life-threatening or health-related emergency due to a heating or cooling issue or has an energy crisis and has a member of the household under age two or over the age of sixty-five.

**Crisis Requirement, 2604(c)**

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

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

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

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

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young Children?**  Yes  No

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

**Other?** A household that is experiencing or in danger of experiencing a life-threatening or health-related emergency due to a heating or cooling issue.  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 type="radio"/> Yes <input checked="" type="radio"/> No
Must heating/cooling be medically necessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>As described above, Maryland defines "life-threatening" as a household experiencing a life-threatening or health-related emergency due to a heating or cooling issue or a crisis situation where a member of the household under age two or over the age of sixty-five lives in the house. (COMAR 07.03.21.10)</p> <p>The elderly, households with young children, and those facing an energy emergency that threatens their health or their life, have their crisis situation treated in an expedited way since it is determined to be "life threatening".</p> <p>The Department of Housing &amp; Community Development (DHCD) provides crisis assistance on an expedited schedule when the situation is defined as "life-threatening":</p> <ul style="list-style-type: none"> <li>• a household is experiencing or in danger of experiencing a life-threatening or health-related emergency due to a heating or cooling issue; or</li> <li>• a member of the household is over the age of 65; or</li> <li>• a member of the household is under the age of 2.</li> </ul> <p>The elderly, households with young children, and those facing an energy emergency that threatens their health or their life, have their crisis situation treated in an expedited way since it is determined to be "life threatening".</p> <p>For renters, DHCD must obtain permission from the property owner before providing furnace repair and replacement crisis assistance to a customer and the landlord must comply with DHCD Weatherization policies on rental housing.</p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input type="checkbox"/>	Separate component
<input checked="" type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>	
<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe:  Maryland provides the same benefit levels for customers with a crisis situation. However, services are expedited in order to ensure timely resolution of the crisis situation.
<b>Crisis Requirements, 2604(c)</b>	
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
OHEP operates a network of 20 Local Administering Agencies with locations in each county to ensure that all households have access to a site that is not too far away from their home. All of the Local Administering Agencies are also required to provide reasonable accommodations to customers with mobility issues that have difficulty accessing a local office.	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
<b>Submit applications for crisis benefits without leaving their homes?</b>	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>	
<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?	
<b>Benefit Levels, 2605(c)(1)(B)</b>	
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>	
Winter Crisis	\$0.00 maximum benefit

Summer Crisis	\$0.00 maximum benefit		
Year-round Crisis	\$2,213.00 maximum benefit		
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, Describe			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
If you answered "Yes" to question 4.14, you must complete question 4.15.			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
	Winter C risis	Summer Crisis	Year-round Crisis
Heating system repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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): Note: Heating and cooling system repair/replacement is provided by the Maryland Department of Housing & Community Development (DHCD) with LIHEAP funds provided through Inter-Agency Agreements. Heating systems from October 1 take priority. If funds remain and there are no outstanding heating system requests as of June 1, DHCD may expend funds for cooling system repairs or replacements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
If you responded "Yes" to question 4.16, you must respond to question 4.17.			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

**Section 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: 12/31/2023

**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	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency. Maryland Department of Housing and Community Development (DHCD)

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

**WEATHERIZATION - Types of Rules**

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

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE WAP (not LIHEAP) rules
- Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
  - Income Threshold
  - Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
  - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
  - Other - Describe:
- Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
  - Income Threshold
  - Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
  - Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
  - Other - Describe:

The Maryland Department of Housing and Community Development (DHCD) utilizes its network of DOE WAP agencies and contractors to complete weatherization and crisis activities. LIHEAP funds may be used for standard weatherization measures and activities, including health and safety and incidental repairs that directly affect the ability to install and protect the integrity of the measures. In particular, LIHEAP funding may be used to repair/replace existing ductwork or other distribution systems to facilitate the installation/ replacement of a heating system. DHCD will allocate these funds to its service providers and generally in accordance with DHCD's energy efficiency program guidelines.

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

5.6 Do you require an assets test?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5.7 Do you have additional/differing eligibility policies for :	
Renters	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5.8 Do you give priority in eligibility to:	
Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input type="radio"/> No

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

The Department of Housing & Community Development (DHCD) provides weatherization is

defined as "life-threatening":

- A household is experiencing or in danger of experiencing a life-threatening or health-threatening emergency;
- A member of the household is over the age of 65; or
- A member of the household is under the age of 2.

The elderly, households with young children, and those facing an energy emergency than treated in an expedited way since it is determined to be "life threatening".

For renters, DHCD must obtain permission from the property owner before providing work and must comply with DHCD Weatherization policies on rental housing.

<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10 If yes, what is the maximum? \$0	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input type="checkbox"/> Storm windows	<input checked="" 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 checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> DHCD may perform standard weatherization services to LIHEAP customers receiving heating system replacement funds, including health and safety and incidental repairs that directly affect the ability to install and protect the integrity of the 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 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  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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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):

OHEP has a robust annual outreach planning process through which local agencies identify specific goals and craft localized strategies suitable to their particular jurisdiction. Local Administering Agencies (local Departments of Social Services, local jurisdictions, and contracted Community Action Agencies) submit the annual plan, which includes a supplemental request for additional outreach funding from State Special Funds. These plans include all events, targeted outreach efforts, advertising, and partnerships planned for the year. OHEP then approves a final plan and Local Administering Agencies submit a monthly Outreach Log detailing the activities performed in the month and the results of each activity. Outreach activities are further monitored during the formal program monitoring process.

On July 1, 2019, Maryland launched an important outreach effort and streamlined process for the medically vulnerable. Through the Critical Medical Needs Program (CMNP) "Navigators" are trained to work within hospitals and health care communities to assist clients with energy assistance applications. Navigators provide risk assessments, counseling, and assistance with energy suppliers. Applications are submitted directly to OHEP for expeditious processing to ensue maintenance or restoration of service.

The program also partners with Benefits Data Trust to conduct targeted outreach to older adults receiving Medicaid that have not applied for energy assistance. Through a central call center, Benefits Data Trust provides remote application assistance and document collection and coordinate direct submission of applications to local LIHEAP offices.

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

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

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

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

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

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

Customers can apply online through <https://mydmthink.maryland.gov> for LIHEAP, TANF, SNAP, and other benefit programs offered by the Department of Human Services. Customers wishing to be referred to weatherization based on eligibility for LIHEAP assistance are referred up on eligibility certification for LIHEAP. Lists of customers determined eligible for energy assistance programs are provided directly to the Maryland Department of Housing and Community Development for enrollment in weatherization and other energy efficiency 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: 12/31/2023
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**Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)**

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

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

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

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

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

Local Administering Agencies are required to conduct home visits for intake when requested by customers. All outreach activities are included in the annual outreach plan submitted by each Local Administering Agency and approved by OHEP. These plans include many targeted outreach events and strategic partnerships for outreach to target populations. OHEP partners with local vendors and utilities in outreach activities. Targeted messaging is conducted in the heating season to promote LIHEAP as a way to prepare for the winter. Satellite intake is conducted by several program partners, such as Area Agencies on Aging, to help increase access to LIHEAP. Customers can access information and obtain applications for heating assistance alternatively by contacting the DHS Call Center.

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

Local Administering Agencies are required to conduct home visits for intake when requested by customers. All outreach activities are included in the annual outreach plan submitted by each Local Administering Agency and approved by OHEP. These plans include many targeted outreach events and strategic partnerships for outreach to target populations. OHEP partners with local vendors and utilities in outreach activities. Targeted messaging is conducted in the heating season to promote LIHEAP as a way to prepare for the winter. Satellite intake is conducted by several program partners, such as Area Agencies on Aging, to help increase access to LIHEAP. Customers can access information and obtain applications for heating assistance alternatively by contacting the DHS Call Center.

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

General Crisis outreach mirrors that of heating and cooling outreach. The Office of Home Energy Programs and Local Administering Agencies also receive lists of households that are in imminent danger of termination. Direct outreach to these households is a key part of Crisis outreach in Maryland. OHEP also works closely with the Office of People's Counsel and the Public Service Commission to coordinate on crisis cases that have been identified by those entities. All emergency repair cases are referred by OHEP directly to the Department of Housing and Community Development.

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
<b>8.5a Who determines client eligibility?</b>	Local City Government Local County Government Community Action Agencies	Local City Government Local County Government Community Action Agencies	Local City Government Local County Government Community Action Agencies	State Housing Agency

	State Community Services Agency State Welfare Agency		State Welfare Agency	
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	State Administration Agency	State Administration Agency	State Administration Agency	
<b>8.5c who processes benefit payments to bulk fuel vendors?</b>	Local City Government Local County Government Community Action Agencies	Local City Government Local County Government Community Action Agencies	Local City Government Local County Government Community Action Agencies State Welfare Agency	
<b>8.5d Who performs installation of weatherization measures?</b>				State Housing Agency

**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?**

The Department of Human Services conducts an RFP process in the jurisdictions not served by a local Department of Social Services or local government entity. Interagency agreements are executed with participating local governments (Baltimore City and Frederick). The remaining administering agencies are local Departments of Social Services, which are local welfare offices that are part of the Department of Human Services.

**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 checked="" type="checkbox"/>	Other - describe

The contract with the Allegany County Human Resources Development Commission ended June 30, 2021. The Allegany County Department of Social Services assumed responsibilities as the local administering agency on July 1, 2021. This change in local administering agency provides greater access to the applicants already working with the Allegany County Department of Social Services to access other federal benefits, including SNAP and TCA.

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

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

The vast majority of payments are made directly to home energy suppliers and Energy Supplier Agreements are established to facilitate such payments. Occasional payments are made directly to customers in special circumstances when a landlord or supplier will not accept the benefit payment. If a landlord refuses to sign a Landlord Agreement or an energy supplier refuses to sign an Energy Supplier Agreement, and there is no alternative energy supplier, then a payment may be made directly to a customer. Direct payment may also be used for purchase of certain fuel types, such as wood or coal, when no Energy Supplier Agreement is in place with a vendor in the applicant's immediate area.

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

Maryland sends a benefit letter to the customer's mailing address.

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?

Maryland requires that all vendors submit an Energy Delivery Record for reconciliation of all transactions at the end of each year.

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?

Non-discrimination language is included in the Energy Supplier Agreements executed with suppliers.

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.

Maryland requires that unregulated vendors provide a 3% discount off their cash price for the fuel delivered to program participants as part of their LIHEAP benefit.

**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  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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**Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)**

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

Maryland uses the State financial accounting system to manage LIHEAP funds. Separate budget costs are used to account for expenditures charged to LIHEAP, and separate sub-codes distinguish between various eligible uses of LIHEAP funds (e.g. administration, crisis, client benefits, etc.).

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	The Maryland Office of Legislative Audits review of November 25, 2013 - April 30, 2017 found that periodic review and adequate restrictions of user access to its Office of Home Energy Programs computer system were not conducted, resulting in several hundred employees with unnecessary access to recipients personally identifiable information. This issue was primarily the result of Call Center employees having inquiry access to the OHEP Data Management System that was never used or not used for some time. OHEP addressed this finding through a combination of enhanced, automated system security measures, and improved system use entitlement and access protocols and monitoring. As of July 1, 2019, the OHEP Data System automatically disables inactive accounts after 60 days of inactivity and permanently removes inactive accounts after 90 days. OHEP reviews and documents the user access policy on an annual basis to ensure that levels of access are appropriate for specific job duties. This entitlement review is comprehensive in looking at each role, user group, and user assignments to ensure access is related to specific job duties. The OHEP System User List in the OHEP Data Management System is reviewed monthly to ensure that all deactivations and deletions were completed appropriately.	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)

<input checked="" type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.
<input checked="" type="checkbox"/> Grantee conducts fiscal and program monitoring of local agencies/district offices
<b>Compliance Monitoring</b>
<b>10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply</b>
<b>Grantee employees:</b>
<input checked="" type="checkbox"/> Internal program review
<input checked="" type="checkbox"/> Departmental oversight
<input checked="" type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>Local Administering Agencies / District Offices:</b>
<input checked="" type="checkbox"/> On - site evaluation
<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>Monitoring is conducted on an ongoing basis throughout the year and annually. Monitoring is conducted both remotely and onsite. Ongoing monitoring ensures consistent compliance with all program and fiscal elements and includes a limited selection of files for review. Comprehensive monitoring examines program and administrative performance in greater depth and includes a larger selection of files and other documents for review.</p> <p>The purpose of monitoring is to ensure compliance with all program policies, procedures, and standards, as well as any fiscal and administrative requirements. Elements of both program and fiscal monitoring will be conducted each month for every agency. The objective of OHEP fiscal monitoring is to determine if a Local Administering Agency (LAA), as a recipient of federal LIHEAP block grant funds and State Special Funds, has obligated and expended the grant funds in accordance with any contractual obligations and applicable federal statutes and regulations. Administrative cost allocations, record keeping, personnel time policies, corrective action for any prior audit findings.</p> <p>Every LAA will receive an annual monitoring report. Interim corrective action may be required as the result of monthly monitoring.</p> <p>If selected for onsite monitoring, the LAA will receive notice from State OHEP at least two weeks prior to the monitoring visit, notifying the LAA of the date and duration of the visit as well as expectations for the monitoring process. The local OHEP Director must be present throughout the monitoring visit. The LAA must provide private and secure space on-site for State OHEP staff to conduct the monitoring visit and assist in retrieval of case files and other program materials as needed.</p> <p><b>Ongoing Monitoring</b></p> <p>Each month OHEP monitors each agency for certain program and fiscal elements.</p> <p><u>Monthly Monitoring for All LAAs:</u> All LAAs are monitored each month on the following compliance elements.</p> <ol style="list-style-type: none"> <li>1. Outreach: LAAs are assessed on whether they have submitted the annual Outreach Proposal Plan and monthly Outreach Logs timely and completely.</li> <li>2. myDHR: LAAs are assessed on whether online applications through myDHR are processed in a timely and efficient manner.</li> <li>3. Customer Relationship Management (CRM) Tool: LAAs are assessed on whether work orders through the CRM tool are resolved in a timely manner. However, it will not be a part of the monitoring findings.</li> <li>4. Application Timeliness: LAAs are assessed on the average time it takes to certify applications, as well as the percentage of applications certified beyond 45 days.</li> <li>5. Application Denial Rates: State OHEP evaluates trends in denial rates among LAAs.</li> <li>6. Financial Reports and Invoices: LAAs are assessed on the submission of accurate MEAP Monthly Financial Status Report, OHEP Administrative Funds-Monthly Financial Status Report, Administrative Invoices, Supplemental Outreach Invoices, and any other reports or documentation required that month (ex. Bulk Fuel Processing Plan, Energy Crisis Plan etc.)</li> </ol> <p><u>Monthly Monitoring for Select LAAs:</u> LAAs are selected monthly on a rotating basis to be monitored on the following compliance elements.</p> <ol style="list-style-type: none"> <li>1. Case File Monitoring: State OHEP will pull a random sample of case file records from ECMS/ECM. If the files selected are not scanned and available for review, State OHEP will request the full file be sent electronically for review. Case files will be monitored for the following areas:</li> </ol>

- Application completeness and accuracy –
  - Applications should be filled out completely and accurately
- Documentation –
  - Documentation to support the application must be in accordance with OHEP policies and procedures
- System Verifications –
  - The OHEP Data Management System must match the application and documentation in the case file
- Denied Case Review –
  - Denied cases should be denied in a timely manner and the reason for denial must be justified

1. Customer Service: LAAs will be assessed on whether service is provided to customers in a manner that is accessible, courteous and secure.
2. Language Access: LAAs will be assessed on whether non-English speaking customers are able to effectively access services and receive information about the agency’s programs.
3. Financial Supporting Documents: State OHEP may request LAAs provide supporting documentation for expenses documented on the OHEP Administrative Funds-Monthly Financial Status Report, the MEAP Monthly Financial Status Report, or other reports.

**Program Areas Monitored in Annual Monitoring**

Review of Monthly Monitoring Outcomes:

1. Case File Monitoring: State OHEP will pull a random sample records. Case files will be monitored for the following areas:

- Application completeness and accuracy
- Applications should be filled out completely and accurately
- Documentation –
  - Documentation to support the application must be in accordance with OHEP policies and procedures
- System Verifications –
  - The OHEP Data Management System must match the application and documentation in the case file
- Denied Case Review –
  - Denied cases should be denied in a timely manner and the reason for denial must be justified

1. Fraud Prevention & Enforcement: LAAs will be assessed on whether the Duplicate Applications Report and the Social Security Number Validation Report are completed properly and on time. LAAs will also be assessed on their adherence to the Fraud, Repayment, and Administrative Hearing Procedures Manual.
2. Computer Information and Security: LAAs will be assessed on their compliance with the File Retention Policy, as well as the ability to keep customer files and computer information systems secure.
3. File Retention Policy: Applicant records are to be kept on file for three complete program years. A random sample files per program year will be requested in order to verify that the LAA is in compliance with the File Retention Policy. The LAA will be given the list of applicant names the day before the monitoring review in order to give time for the files to be pulled.
4. Application Documentation Scanning (ECMS): LAAs will be evaluated on their ability to completely and accurately scan applications and documentation for OHEP into ECMS.
5. All Components of Ongoing Monitoring: LAAs will be evaluated on their continued compliance and performance for all elements of ongoing monitoring noted above.
6. Annual Fiscal Monitoring: State OHEP staff will request documentation from the LAA to support grant expenditures, including a general ledger and payroll journal. After reviewing the submitted documents, specific expenditures will be selected for further review and request additional supporting documentation, such as copies of invoices, receipts, and time and effort records. If necessary, OHEP staff will inquire about specific aspects of a transaction, such as the source documentation and the business purpose of the transaction.

**Determination of Areas of Concern and Findings**

LAAs are evaluated through a Case File Monitoring Tool, focused on review of individual case files, and a Monitoring Summary Report, focused on overall program management. Based off the results of the monitoring, LAAs may be found deficient in specific program areas. These deficiencies will be documented as either an “Area of Concern” or a “Finding.” Areas of Concern indicate that the LAA must make improvement in the program area, but the issue does not constitute a material weakness. A Finding indicates that a material weakness has been identified and a corrective action plan must be executed to correct the problem. State OHEP has established a rubric establishing criteria for what issues constitute an Area of Concern versus a Finding.

**Exit Interview and Follow-Up**

An Exit Interview will follow the completion of the monitoring visit. During the Exit Interview, the Quality Assurance Analyst will review preliminary observations from the monitoring visit with the local OHEP Director. A final report will be issued to the LAA within 45 days from the date of the monitoring visit. LAAs may choose to submit a formal response to the monitoring report within 45 days after it was issued.

LAAs that are issued Findings within the monitoring report will be required to submit a detailed Corrective Action Plan to the Quality Assurance Analyst within 45 days after the final monitoring report was issued. The Corrective Action Plan should outline the specific steps the LAA has taken to rectify any Findings from the monitoring process. The Quality Assurance Analyst, at his/her discretion, may mandate that the LAA submit periodic reporting, beyond the Corrective Action Plan, on progress to resolve Findings.

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

**Site Visits:**

State OHEP annually monitors all LAAs under contract on a comprehensive basis.

Non-contractual LAAs (Local Departments of Social Services) are selected using a risk-based assessment. The risk-based assessment for non-contractual LAAs is based on the results of ongoing monitoring. Each LAA is assessed and given a score based on a set of risk factors. The agencies with the lowest score are found to be at the highest risk and will be monitored. However, monitoring is mandatory for any agency that has not been monitored by State OHEP within the last three years, regardless of its risk assessment score.

**Desk Reviews:**



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

The State monitors all Local Administering Agencies under contract each year. Non-contractual Local Administering Agencies receive a comprehensive monitoring based on a risk determination. Every agency is monitored a minimum of once every three years.

**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? 0**

**10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 1**

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

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

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

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

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

Notice for comments is issued to stakeholders, including local agencies, bulk fuel vendors, utilities and advocates.

**11.2 What changes did you make to your LIHEAP plan as a result of this participation?**  
 No changes were made as a result of participation in advance of the 2022 plan.

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

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

	Date	Event Description
1	08/16/2021	Public Hearing- Held virtually due to public health restrictions
2	08/18/2021	Public Hearing- Held virtually due to public health restrictions

**11.4. How many parties commented on your plan at the hearing(s)?** 2

**11.5 Summarize the comments you received at the hearing(s).**  
 Comments focused on the additional funding made available to the Department of Housing and Community Development for weatherization and crisis resolution. All comments were supportive of the changes.

**11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?**  
 No changes were made as a result of participation in public hearings.

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

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 31

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

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

OHEP maintains a comprehensive Fraud, Repayment and Fair Hearing Rights Manual, that outlines the procedures for how local agencies handle all aspects of appeals and fair hearing processes. No changes have been made as a result of fair hearing outcomes.

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

Households that are denied may reapply after 30-days should the circumstances of their denial change. Should the applicant disagree with the reason for denial, they may choose to resolve the issue informally with the local office or submit a request within 30 days for a formal hearing through the Office of Administrative Hearings where an administrative law judge will hear the case and issue a ruling.

12.5 When and how are applicants informed of these rights?

All benefit notices sent out also include instructions for requesting a Fair Hearing including details for how customers can appeal a program decision should they wish to do so.

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

If an applicant does not submit the required documentation within the stated time frame they are sent a letter which informs them of the case status and the outstanding documents needed. The application is placed in "pending" status and the client has 15 days to produce the documentation. If the documentation is not submitted within this time frame, the application is denied. The applicant will receive a denial notice that includes a Request for Fair Hearing form. The client may choose to informally resolve the missing documents with their local agency, reapply after 30-days, or request a formal hearing to review the matter in front of the Office of Administrative Hearings.

If an applicant does not submit the required documentation within the stated time frame they are sent a letter which informs them of the case status and the outstanding documents needed. The application is placed in "pending" status and the client has 15 days to produce the documentation. If the documentation is not submitted within this time frame, the application is denied. The applicant will receive a denial notice that includes a Request for Fair Hearing form. The client may choose to informally resolve the missing documents with their local agency, reapply after 30-days, or request a formal hearing to review the matter in front of the Office of Administrative Hearings.

If the applicant has processed the necessary documents but the agency has not processed the case in a timely manner and has been unresponsive to the applicant, a Request for Fair Hearing can be filed so that the case can be reviewed for an administrative law judge in the Office of Administrative Hearings.

12.7 When and how are applicants informed of these rights?

Applicants are informed of these rights on client letters such as the "Request for Additional Information" and the "Denial Letter." Clients are also provided appeal rights information on the application and in posters made publicly available at local administering agencies.

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

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

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

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

N/A

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

N/A

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

N/A

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

N/A

13.5 How many households applied for these services? 0

13.6 How many households received these services? 0

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

**Section 14 - Leveraging Incentive Program ,2607A**

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

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

Yes  No

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

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

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

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

## Section 15 - Training

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## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Work group calls are held between the state office, local agencies, vendors and other stakeholders to review policy, technology and communications/outr each program updates on a regular basis. Action Transmittals are issued as needed, providing pertinent updates on policy directives.

**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

Work group calls are held between the state office, local agencies, vendors and other stakeholders to review policy, technology and communications/outr each program updates on a regular basis. Action Transmittals are issued as needed, providing pertinent updates on policy directives.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

<input type="checkbox"/> <b>Policies are outlined in a vendor manual</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b> The State office attends quarterly and annual vendor meetings to provide pertinent program updates and information. Work group calls are held between the state office, local agencies, vendors and other stakeholders to review policy, technology and communications/outreach program updates on a regular basis. Action Transmittals are issued as needed, providing pertinent updates on policy directives.
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

Maryland continues to refine its process for collecting performance measures. In 2019, OHEP worked with utilities to ensure that twelve-months usage is properly included in the data set. As a result of this review, the 2019 data set was limited to 49,368 households but the data set properly excluded all household records with less than twelve-months usage. OHEP believes that continuing to refine the process will result in both more accurate and larger data sets for the 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)**

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other - Describe:  
Maryland Office of Home Energy Programs provides signs at the Local Administering Agency sites.

**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 checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Social Security Number (Without actual Card)	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household	All Adults in Household	All Household Members	All Household Members

				Required	Requested	Required	Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>b. Describe any exceptions to the above policies.</b></p> <p>Subject to guidance issued under LIHEAP Information Memorandum "HHS Guidance on the Use of Social Security Numbers and Citizenship Status Verification," Maryland has adopted policies that reflect the federally-allowable definition of an eligible and ineligible household member. Accordingly, Maryland collects income for both eligible and ineligible household members when considering eligibility, but does not exclude an eligible household member from receiving a benefit due to an ineligible individual living in the unit.</p>							
<b>17.3 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input checked="" type="checkbox"/> Verify SSNs with Social Security Administration							
<input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input checked="" type="checkbox"/> Match with state Department of Labor system							
<input checked="" type="checkbox"/> Match with state and/or federal corrections system							
<input checked="" type="checkbox"/> Match with state child support system							
<input checked="" type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input checked="" type="checkbox"/> Other - Describe: Tax and Assessments, Lexis Nexis, MVA System, Vitals Records							
<b>17.4. Citizenship/Legal Residency Verification</b>							
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.							
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency							
<input checked="" type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency							
<input checked="" type="checkbox"/> Noncitizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Noncitizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input type="checkbox"/> Other - Describe:							
<b>17.5. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input type="checkbox"/> Other - Describe:							
<input checked="" type="checkbox"/> Computer data matches:							
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input checked="" type="checkbox"/> Social Security income verified with SSA							
<input type="checkbox"/> Utilize state directory of new hires							

<input checked="" type="checkbox"/> Other - Describe: Verification using private software (The Work Number).
<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 type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input 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 type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:

<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input checked="" type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  If a client committed fraud and received under \$2,500 they are put on a monthly payment plan to reimburse the State. If a client received over \$2,500 then the case is referred to the Attorney General's office for criminal prosecution.
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1-year for first offense, 2-years for second offense, indefinitely for 3rd offense.
<input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

**Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

**Controlled substance** means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

**Conviction** means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

**Criminal drug statute** means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

**Employee** means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

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

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

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification

number(s) of each affected grant;  
 (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or  
 (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;  
 (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).  
 (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

**Place of Performance (Street address, city, county, state, zip code)**

311 West Saratoga Street * <b>Address Line 1</b>		
Address Line 2		
Address Line 3		
Baltimore * <b>City</b>	MD * <b>State</b>	21201 * <b>Zip Code</b>

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

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

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

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;**

**(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income**

energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

**(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));**

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

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

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

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

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

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

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

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**

**thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.**



## Plan Attachments

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