

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** New Hampshire

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

**Report Period:** 10/01/2020 to 09/30/2021

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

### Report Sections

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## Mandatory Grant Application SF-424

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

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

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

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

**7. APPLICANT INFORMATION**

**\* a. Legal Name:** State of New Hampshire

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 026000618	<b>* c. Organizational DUNS:</b> 033099933
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**\* d. Address:**

<b>* Street 1:</b>	107 PLEASANT ST RM 2	<b>Street 2:</b>	
<b>* City:</b>	CONCORD	<b>County:</b>	Merrimack
<b>* State:</b>	NH	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	03301 - 3834

**e. Organizational Unit:**

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

<b>Prefix:</b> Ms.	<b>* First Name:</b> Eileen	<b>Middle Name:</b> P.	<b>* Last Name:</b> Smiglowksi
<b>Suffix:</b>	<b>Title:</b> LIHEAP Director	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> 603-271-8317	<b>Fax Number:</b> 603-271-2615	<b>* Email:</b> Eileen.Smiglowksi@osi.nh.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**  
NH Fuel Assistance Program

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

<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> 2		<b>b. Program/Project:</b> Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2020	<b>b. End Date:</b> 09/30/2021	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Jared Chicoine		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b> Jared.Chicoine@OSI.NH.Gov	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 09/24/2020	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2020	09/30/2021
<input type="checkbox"/> Cooling assistance		
<input checked="" type="checkbox"/> Crisis assistance	10/01/2020	09/30/2021
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2020	09/30/2021

Provide further explanation for the dates of operation, if necessary

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	60.00%
Cooling assistance	0.00%
Crisis assistance	15.00%
Weatherization assistance	5.00%
Carryover to the following federal fiscal year	5.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%

Used to develop and implement leveraging activities	0.00%				
<b>TOTAL</b>	<b>100.00%</b>				
<b>Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)</b>					
<b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>					
<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify:)		
<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>					
<b>1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>					
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>	
TANF	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input 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 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 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 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 type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>1.5 Do you automatically enroll households without a direct annual application?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>If Yes, explain:</b>					
<b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>					
<b>SNAP Nominal Payments</b>					
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.</b>					
<b>1.7b Amount of Nominal Assistance:</b> \$0.00					
<b>1.7c Frequency of Assistance</b>					
<input type="checkbox"/>	Once Per Year				
<input type="checkbox"/>	Once every five years				
<input type="checkbox"/>	Other - Describe:				
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>					
<b>Determination of Eligibility - Countable Income</b>					
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?</b>					
<input checked="" type="checkbox"/>	Gross Income				
<input type="checkbox"/>	Net Income				
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>					
<input checked="" type="checkbox"/>	Wages				
<input checked="" type="checkbox"/>	Self - Employment Income				
<input checked="" type="checkbox"/>	Contract Income				

<input 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"/>	<input type="checkbox"/> Including MediCare deduction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input 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 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 checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input type="checkbox"/>	Legal settlements
<input type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits

<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<p><b>Other</b></p> <ol style="list-style-type: none"> <li>1. Supplemental Security Income (SSI) for disabled children under the age of 18 is <u>not</u> included when determining income eligibility.</li> <li>2. Other <i>regular</i> support from an absent member or someone not living in the household is <u>included</u> when determining income eligibility.</li> <li>3. One time net winnings from lotteries are <u>included</u> when determining income eligibility.</li> <li>4. Rebates/credits and refund deposits are <u>not</u> included when determining income eligibility.</li> </ol>

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

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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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	State Median Income	60.00%

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

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

Do you require an Assets test ?  Yes  No

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

Renters?  Yes  No

Renters Living in subsidized housing ?  Yes  No

Renters with utilities included in the rent ?  Yes  No

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

Elderly?  Yes  No

Disabled?  Yes  No

Young children?  Yes  No

Households with high energy burdens ?  Yes  No

Other?  Yes  No

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

##### Section 2.3

1. Renters living in subsidized housing are eligible for benefits if they meet all other FAP requirements for eligibility and are responsible for paying the heating bill directly to a deliverable fuel vendor or utility. Renters residing in subsidized housing will not be eligible for a benefit if the heat is included in the rent.
2. Renters with heat included in the rent (when not subsidized) are eligible for a full benefit just as all other eligible households.
3. Priority in eligibility includes a minimum six week application priority period each year for households with at least one member who is over age 60, disabled, or a child under age six. This priority application period begins on July 1 and ends on August 31.
4. Because 67.9% of NH households heat with a deliverable fuel (oil, kerosene, propane, wood, or coal), there is an additional six week application priority period for all households heating with a deliverable fuel. This period begins on September 1 and ends on October 15; during this time applications for households heating with deliverable fuels are prioritized for intake and certification.

### 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.

Households with at least one vulnerable member can apply as early as July of each year. Many of these applications are completed through a targeted mailing in which the sub-grantee will mail out applications to all vulnerable households who had applied in the prior year. Some sub-grantees will also reach out to the housing developments where vulnerable populations reside throughout the heating season via outreach and targeted communications to venues such as elderly centers and housing developments with elderly, disabled, and/or low-income residents.

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

- Income
- 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 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)			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$158	Maximum Benefit	\$1,575
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>			

## Section 3 - COOLING ASSISTANCE

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

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

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test ?  Yes  No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

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

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

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

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

NH does not operate a cooling assistance component.

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

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

Minimum Benefit	\$0	Maximum Benefit	\$0
-----------------	-----	-----------------	-----

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

If yes, describe.

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

## Section 4 - CRISIS ASSISTANCE

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

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

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

The New Hampshire Fuel Assistance Program determines that an applicant household is in crisis based upon the following situations:

Applicant households with deliverable fuel having 1/4 tank or less oil or kerosene, 20% or less propane, or less than a week's supply of wood; Applicant households heating with a metered utility having a disconnect notice; And applicant households with heat included in the rent (when not subsidized) having received an eviction notice.

The applicant facing a non life-threatening energy emergency must have the opportunity to apply for fuel assistance within the next business day of the initial contact and have resolution of the emergency within 48 hours.

The application for a household facing an energy emergency is given certification priority. Upon being deemed eligible, the vendor will be notified by the sub-grantee immediately via phone or e-mail to authorize an emergency delivery. In the case of a utility disconnection or eviction notice when heat is included in the rent, payment will be guaranteed to the vendor or landlord. Formal written notification is then sent to the vendor and applicant during the normal notification process.

In addition, for PY 21, any certified LIHEAP household impacted by the COVID-19 pandemic will automatically be awarded a supplemental crisis benefit of \$200.

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

The New Hampshire Fuel Assistance Program definition of a life-threatening crisis is a household in a no-heat situation that is: out of fuel, utilities disconnected, or served by the court to vacate when heat is included in the rent (and rent is not subsidized)).

The applicant in a life-threatening crisis must have the opportunity to apply for fuel assistance on the same business day of the initial contact, with resolution of the emergency within 18 hours.

The application for a household facing an energy emergency is given certification priority. Upon being deemed eligible, the vendor will be immediately notified by the sub-grantee via phone or e-mail to authorize an emergency delivery. In the case of a utility disconnection or eviction notice when heat is included in the rent, payment will be guaranteed to the vendor or landlord. Formal written notification is then sent to the vendor and applicant during the normal notification process.

When a household experiencing an energy emergency (either crisis or life-threatening) is not eligible, they are given referrals to other resources and often times are assisted with discretionary programs (when funding allows) within the sub-grantees own operations.

At no time during the application process should a household go from an energy emergency to a life-threatening crisis due to a delay in the processing of an application.

**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 ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you give priority in eligibility to :</b>	
Elderly?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Disabled?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Young Children?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Households with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>In Order to receive crisis assistance:</b>	
Must the household have received a shut-off notice or have a near empty tank?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have been shut off or have an empty tank?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have exhausted their regular heating benefit?	<input type="radio"/> Yes <input checked="" type="radio"/> 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 checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

As in all previous years, normal (48 and 18 hours) crisis assistance in New Hampshire is a fast-tracked Fuel Assistance Program application for a regular assistance benefit. There is no separate crisis benefit. In those cases, the household must have received a shut-off notice or have a near empty tank. In addition, renters with heating costs included in their rent must have received an eviction notice.

The application for any household with less than an estimated seven days of fuel (1/4 tank for oil and kerosene, 20% for propane, or less than a week's supply of wood), a utility disconnection notice or eviction notice when heat is included in the rent, is processed using the 48 hour timeline.

The application for any household with no heat is processed using the 18 hour timeline.

When a household experiencing an energy emergency (either crisis or life-threatening) do not meet the eligibility requirements, they are given referrals to other resources. Often times assisted with discretionary programs (when funding allows) within the sub-grantees own operations.

The same rules apply to subsidized renters who are responsible for paying for their heat.

Subsidized renters with heat included are not eligible for a NH Fuel Assistance Program benefit.

For PY 21 only, all certified households who have been impacted by the COVID-19 pandemic are awarded an additional, one time benefit of \$200 per household. The above listed conditions (need for a shut-off notice, near empty tank, or eviction notice) are not required to receive the crisis benefit of \$200 per certified household.

**Determination of Benefits**

**4.8 How do you handle crisis situations?**

<input type="checkbox"/>	Separate component
<input checked="" type="checkbox"/>	Fast Track
<input checked="" type="checkbox"/>	Other - Describe:  Fast Track process: The New Hampshire Fuel Assistance Program application for crisis is a fast-tracked processing of a standard application. The full benefit is awarded when eligibility is determined. The household does not need to re-apply during the same heating season as the energy vendor is notified of the full award upon the household being certified as eligible.

**4.9 If you have a separate component, how do you determine crisis assistance benefits?**

<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	<b>Other - Describe:</b> <p>As explained above, certified households affected by the COVID-19 pandemic are automatically awarded a special crisis benefit of \$200.</p>

**Crisis Requirements, 2604(c)**

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

Yes  No **Explain.**

The five New Hampshire Community Action Agencies (CAAs) cover all counties in the state. Each CAA has at least one satellite office within each county they serve. Some have multiple satellite offices that are open year round while some have space within other organizations.

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

**Submit applications for crisis benefits without leaving their homes?**

Yes  No **If No, explain.**

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

Yes  No **If No, explain.**

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

All NH CAAs have an outreach component which includes home visits to homebound or physically disabled individuals. CAAs also use mail-out and telephone application processes to reach households not able to travel to an outreach site. Some CAAs have the application available on their website.

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

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

Winter Crisis      \$1,575.00 maximum benefit

Summer Crisis      \$0.00 maximum benefit

Year-round Crisis      \$200.00 maximum benefit

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

Yes  No **If yes, Describe**

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

Yes  No

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

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

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

Other (Specify):

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

Yes  No

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

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

New Hampshire Public Utilities Commission - Winter Termination Rules:

During the winter months, there is increased protection for customers of regulated electric, natural gas, and steam utilities. While customers can still be disconnected if they fail to make payments on their gas, electric, or steam bills, it is more difficult to be disconnected in the winter time.

From November 15 to March 31, a regulated utility may not disconnect a customer's service:

- If the customer does not use electric service for heating and the balance owed for service provided is less than \$225;
- If the customer does not use gas service for heating and the balance owed for service provided is less than \$125;
- If the customer has electric, gas, or steam heat, the utility may not disconnect service if the balance owed for service provided is less than \$450.

Utilities must seek Public Utilities Commission approval before disconnecting the service of residential customers known to be 65 years or older and/or customers with a known financial hardship.

In addition, the following rules apply: Puc 1204.04 Payment Arrangements.

(a) During the winter period, the requirements of Puc 1203.07 relative to payment arrangements shall be replaced by the following:

(1) For non-financial hardship customers, the payment arrangement shall include a promise to pay the current bill on or before the due date and permit repayment of the arrearage in equal installments over the winter period and the 6 months following the conclusion of the winter period; and

(2) For financial hardship customers, the payment arrangement shall consist of monthly payments equal to:

- a. 10% of the monthly total balance due for the duration of the winter period; or
- b. 10% of the total balance due and the projected future monthly bills.

If customers think they qualify for financial hardship status as defined below, they are told to contact their utility for further assistance.

Section Puc 1202.10 "Financial hardship" means a residential customer has provided the utility with evidence of current enrollment of the customer or the customer's household in the Low Income Home Energy Assistance Program, the Electric Assistance Program, the Neighbor Helping Neighbor Program, the Link-Up and Lifeline Telephone Assistance Programs, their successor programs, or any other federal, state or local government program or government-funded program of any social service agency which provides financial assistance or subsidy assistance for low income households based upon a written determination of household financial eligibility.

In addition to the protections described above, no residential customer of a regulated utility can be disconnected during the winter period for non-payment of a deposit or portion of a deposit. In addition, any security deposit will be waived for any household that is eligible for low income programs such as LIHEAP, the state's Electric Assistance Discount Program, TANF, Food Stamps, SSI, etc.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

#### Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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:
    1. Weatherization measures are subject to either DOE Savings to Investment Ratio (SIR) or the Utility Funded Weatherization Benefit to Cost Ratio Standard (B/C). Heating system repair or replacement do not require these standards.
    2. Re-weatherizing will be allowed when necessary, for units that were previously weatherized as DOE does not allow re-weatherization if the home was initially weatherized after September 30, 1994.

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

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



<b>5.8 Do you give priority in eligibility to:</b>	
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
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>The New Hampshire Weatherization Assistance Program utilizes a scorecard system to prioritize households for assistance. High energy usage or the presence of a household member who is elderly, disabled, or a child contributes to the prioritization of the client's priority level.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No	
5.10 If yes, what is the maximum? \$12,000	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input 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> Carbon monoxide and smoke alarms. Energy related roof repair requires an approved waiver by the grantee in order for this measure to be covered under LIHEAP Funded Weatherization. NH states a maximum LIHEAP Weatherization benefit/expenditure per household of \$12,000, however, an approved waiver by the grantee is required for expenditures above \$8,000 up to the \$12,000 maximum when expenses are necessary to avoid having to defer a project. Cooling system modifications/repair/replacement require a note of medical necessity.
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

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

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

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

Publish articles in local newspapers or broadcast media announcements.

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

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

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

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

Other (specify):

As social media is becoming more mainstream, some CAAs are using this platform to inform the public of LIHEAP as well as other programs that they have available. Other forms of media such as radio and television adds that run on a schedule are used and will be expanded. OSI intends to enter into a partnership with the NH Electric Assistance Program to expand our social media presence.

CAAs regularly attend community fairs (education, health, utility, etc.) to ensure that LIHEAP information is reaching the public.

Some NH School Administration Units now contact parents via list serve e-mail to distribute "winter resource guides" in which local agencies will provide their LIHEAP brochures and fliers to reach parents/guardians.

Many CAAs have food pantries. Some are strategically placed near their LIHEAP outreach office and will see clients on a walk-in basis or will make LIHEAP appointments in conjunction with the food pantry appointment.

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

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

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

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

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

The New Hampshire Fuel Assistance Program and Weatherization Assistance Program is a dual application. This allows eligibility to be determined for both programs at one time. The CAAs will also take an Electric Assistance Program (EAP) application in coordination with FAP and WAP as EAP uses mostly the same eligibility requirements, although it is a separate application.

Often times CAA food pantries, HeadStart or WIC offices are in the same facility as the energy office which allows coordination between many services being offered.

Some are in the beginning stages of implementing one-stop intake centers.

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

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

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

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

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

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

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

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

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

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

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

measures?				Agencies
<p><b>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.</b></p>				
<p><b>8.6 What is your process for selecting local administering agencies?</b></p> <p>The selection is based upon the historical performance of the Community Action Agencies (CAAs), their outreach and client service capabilities, the synergies that benefit the Fuel Assistance Program as a result of the five statewide CAAs' implementation of several other federal and local assistance programs, and the infrastructure that is already in place to deliver Fuel Assistance Program services.</p>				
<p><b>8.7 How many local administering agencies do you use? Five</b></p>				
<p><b>8.8 Have you changed any local administering agencies in the last year?</b></p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>				
<p><b>8.9 If so, why?</b></p>				
<input type="checkbox"/>	<p>Agency was in noncompliance with grantee requirements for LIHEAP -</p>			
<input type="checkbox"/>	<p>Agency is under criminal investigation</p>			
<input type="checkbox"/>	<p>Added agency</p>			
<input type="checkbox"/>	<p>Agency closed</p>			
<input type="checkbox"/>	<p>Other - describe</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 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

#### If yes, Describe.

The direct client payment process requires written documentation of the paid rent or energy expense with the written approval by the grantee (OSI).

Payments may be made directly to the eligible LIHEAP applicant when their heat is included in the rent and the landlord declines participation in the Program.

Payments can also be made directly to the eligible LIHEAP applicant when they purchase product from a vendor who does not participate in the New Hampshire Fuel Assistance Program. For example, when heating with wood pellets, a client may purchase the pellets at a supplier of their choosing. Often times a vendor cannot participate in the NH Fuel Assistance Program because their corporate office will not allow the local store to sign the NH Vendor Agreement. This typically happens when a household purchases their product from a big box store. When a client is unable to purchase the product and wait for reimbursement, the CAA will refer the client to vendors who are participating in the program.

The direct client payment process requires written documentation of the paid rent or energy expense.

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

Written notification of eligibility or denial must be sent to the applicant within thirty (30) days of certification.

When a household is determined eligible for a benefit, the award letter is mailed to the applicant and a letter of credit is mailed to the client's vendor notifying them of the full award.

At the end of the program year, applicants will be sent an End of Year Closeout Letter documenting all Fuel Assistance Program benefits paid on their behalf.

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

All participating vendors agree to the following language by signing the vendor agreement:

"The 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 of New Hampshire or its sub-grantee." The vendor agreement is signed by both the vendor and the sub-grantee. The amount of the FAP payment and any remaining balance on the account is listed on the customer's monthly billing statement.

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

All participating vendors agree to the following language by signing the vendor agreement:

"The Supplier shall not advertise in a manner that implies that LIHEAP assistance is available only through the Supplier, or that LIHEAP applications are taken by the Supplier, or in any other way that misleads the public about LIHEAP.

The Supplier will assure that no households will be treated adversely because of such assistance under applicable provisions of New Hampshire law or any other regulatory requirements (U.S.C. 8624 (b)(7)(C)). The Supplier will not discriminate in either the cost of goods or services provided against any Fuel Assistance Program household on whose behalf the State of New Hampshire or its agents make payments. The Supplier also agrees to respect the confidentiality of those households participating in the Fuel Assistance Program."

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.**

By signing the vendor agreement, unregulated vendors agree to provide home energy to eligible households after receiving a letter of credit from the CAA, giving direct authorization of benefits.

They also agree to provide home energy on an *immediate* basis after receiving direct authorization of the benefit by email or telephone from the CAA. All special delivery and/or reconnection charges must be pre-approved by the CAA and only after the applicant or authorized household member has requested and acknowledges the charges associated with special delivery or reconnection charges.

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

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

The New Hampshire Fuel Assistance Program application process, benefit determination, and tracking of payments are all completed using a software system specifically designed for the administration of the Fuel Assistance Program. OSI has access to each database and report site solely for the administration of the program (monitoring, desk review, verification of benefits and review of applications should a complaint/concern arise). The CAAs generate and submit reports and signed reimbursement requests to OSI on a weekly basis. Reports and reimbursement requests are reviewed and checked against the CAA's check disbursement for that week prior to reimbursement authorization.

OSI conducts monitoring using two separate monitoring tools.

**Fiscal monitoring** of Administration and Assurance 16 expenses includes verifying the accuracy of the reimbursement requests submitted by the sub-grantee. A monitoring visit includes a review of the agency's internal controls, financial policies and procedures, compliance with the OMB Super Circular (Uniform Guidance), contract compliance, purchasing, and budgeting. A sampling of expenditures is verified from the general ledger to the reimbursement request. Cash receipts, cost allocations, and equipment are also sampled.

Each CAA is required to submit a copy of the agency's single audit report to OSI. LIHEAP is considered to be a major program within the single audit.

**Program application monitoring** includes a review of recipient applications and all supporting documentation for program eligibility. Since there is also a fiscal component to the program with regards to vendor payment, the following are also reviewed during program monitoring: Verification of required signatures and information on energy supplier (vendor) agreements, accuracy of benefit levels awarded, review of invoices sent by the energy supplier to the subgrantee to ensure that bills are properly calculated and that the price is reasonable, verification that the check sent to the energy supplier is in agreement with the bill and was paid timely, a review of the utilization of the benefit to the vendor to ensure that the benefit is being applied appropriately, and a review of payments to energy suppliers in conjunction with the reimbursement requests submitted by the sub-grantee.

**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	monitoring	New Hampshire's LIHEAP program was reviewed in November 2018 by the Legislative Budget Assistant (LBA) Office. The finding was as follows: "OSI did not perform a formal risk assessment for each subrecipient as required." OSI monitors all five subrecipients for both fiscal and program activities. A formal risk assessment was not done to evaluate the risk of non-compliance. A risk assessment tool is in development and will be used in FY 20 to evaluate all LIHEAP subrecipients.	Yes	procedure/policy changes



<b>10.4. Audits of Local Administering Agencies</b>
What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.
<input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
<input type="checkbox"/> 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 checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:
In addition to OSI performing the above monitoring procedures, The NH Office of Legislative Budget Assistant (LBA) does spot reviews of the CAA programs, including LIHEAP.
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
OSI (grantee) expects to visit each of the five CAAs (sub-grantees) for both fiscal and program monitoring beginning in October of each year. The expenditures and applications that are to be verified are chosen using random.org for the month being monitored (fiscal) and also for the applications (program) selected. Based on comments made during NH's most recent LBA (single audit) review, in addition to random.org, an additional sample of materials (applications, fiscal expenditures, etc.) may also be pulled during the on-site monitorings.
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<b>Site Visits:</b>  OSI has committed to visit all five CAAs (sub-grantees) on an annual basis for both fiscal and application monitorings. New Hampshire has implemented a risk assesment tool which will be utilized to determine if agencies should be reviewed more frequently or to determine if there are specific areas that require additional attention.
<b>Desk Reviews:</b>  All five CAAs (sub-grantees) are monitored during desk reviews throughout the program year for compliance with application and certification timelines. This is done on a weekly basis from the beginning of the heating season. This continues throughout the season and becomes more sporadic based upon the performance of the individual CAA.
<b>10.8. How often is each local agency monitored ?</b>
It is expected that OSI will visit each of the five CAAs (sub-grantees) at least once during the program year specifically for a site monitoring, in addition to the fiscal and program monitorings which are done separately. Additional site monitoring visits are done on an as-needed basis.

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? 0

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

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

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

**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:

OSI holds monthly meetings with the sub-grantee Fuel Assistance Program Directors and other staff. On occasion an Executive, Deputy, or Operations Director will attend.

Comments are also solicited during vendor meetings and statewide staff trainings.

Comments from applicants, participants, and stakeholders are discussed throughout the program year as calls are received and are obtained via discussions at meetings and outreach events.

Customer Advocacy meetings sponsored by the utilities and attended by local service agencies involve State LIHEAP staff who present LIHEAP program information during these meetings. Comments are made during these events and are taken into consideration when planning.

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

As a result of feedback to comments from various sources and analysis of performance measures, New Hampshire made changes to:

The Heating Component: Benefit matrices were changed to have a separate matrix for households heating with deliverable fuels and one for households heating with utilities (electric and natural gas).

Heat Included in the Rent: Changed benefit from "Rental Voucher" to "Heating Voucher". Benefit for households with heat included in the rent will now be allocated over the course of the heating season instead of the benefit being mostly utilized in one month with no ongoing heating benefits throughout the winter.

The LIHEAP Funded Weatherization Component: NH changed the types of rules under which LIHEAP Funded Weatherization is administered and also a clarification of measures to be allowed.

**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	09/16/2020	Advertised public hearing for review of the NH LIHEAP State Plan.

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

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

Our public hearing will be held on September 16, 2020. Any comments received will be noted in a revised plan submitted after this meeting.

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

See response above.

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

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

12.2 How many of those fair hearings resulted in the initial decision being reversed? n/a

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

None.

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

All FAP applicants/clients who have been denied, who question the Fuel Assistance Program (FAP) benefits awarded or the timely processing of their applications are entitled to appeal the decision, which may include a Fair Administrative Hearing.

All denied FAP applicants/clients will be provided with information regarding the Appeal and Fair Administrative Hearing Procedures. The CAA must provide written notification of the denial of benefits to all FAP applicant households.

The written notification to FAP applicants who are denied benefits must include the following information:

- A brief statement of the reason(s) for denial of benefits
- A brief explanation of the appeal process
- Their right to a Fair Administrative Hearing
- A brief explanation of the Fair Administrative Hearing process

An applicant/client is entitled to appeal the FAP benefit determination for any of the following reasons:

- Their application has been denied.
- Their application was neither denied nor approved within sixty (60) days of the application date.
- Their benefit amount is less than what the applicant/client believes it should be.
- Their benefit amount or the duration of the benefit is less than what the written CAA notification originally identified.

A FAP applicant/client may *appeal* the determination of benefits by contacting the CAA FAP Director and requesting a review of the application. The CAA FAP Director must meet with the applicant/client either over the phone or in-person within ten (10) days of the applicant/client's request for an appeal.

During the exchange between the applicant/client and the CAA FAP Director, the applicant/client will have an opportunity to express his or her concerns and the CAA FAP Director will have an opportunity to review and attempt to resolve the dispute. The CAA is responsible for documenting the results of the meeting. The documentation must contain information relative to the eligibility requirements or benefit determination.

If the client/applicant is not satisfied with the results of the meeting with the CAA FAP Director, he/she must be referred to the OSI FAP Administrator for an additional review of the application.

If the applicant/client is not satisfied with the determination of FAP benefits after discussing the issue with the CAA FAP Director and the OSI FAP Administrator, he/she may request a Fair Administrative Hearing.

An applicant/client must request a Fair Administrative Hearing with OSI within thirty (30) working days of the exchange with the OSI FAP Administrator.

The OSI Fair Administrative Hearings will meet the following standards:

- All hearings shall be held in a location reasonably convenient to the client/applicant.
- The hearing officer shall be an OSI employee who was not involved in rendering the challenged action or decision.
- The OSI hearing officer shall review the applicant/client CAA file prior to the hearing.
- The CAA file shall include at least the following:

a) client application

- b) supporting household and income documentation
- c) copy of written notification to the client/applicant of denial or any other contested decision
- d) notes and/or documentation containing information relied upon by the CAA in making the decision to deny benefits or to take the contested action.

The hearing will be recorded by OSI and the decision will be based on the record and any evidence and information introduced from the applicant's FAP file.

The applicant/client is entitled to:

- Review his/her CAA documents prior to the hearing. OSI will insure that the client/applicant is provided with this option in a timely manner.
- A copy of the FAP Procedures Manual. OSI will provide the copy of the manual if it is requested by the applicant/client.
- Bring a representative to accompany him/her to the hearing; however OSI is not required to provide or to pay for such a representative.
- Present oral testimony, a written statement, and/or other relevant evidence.
- Present witnesses.
- Cross-examine witnesses.
- Request an interpreter to be provided and funded by OSI.

OSI will adhere to the following parameters:

- The applicant/client has thirty (30) days to request a hearing.
- OSI will conduct a hearing within twenty (20) working days of the request.
- OSI will make a written decision within ten (10) working days of the hearing. The written decision will contain a statement of reasons in support of the decision and will refer to the evidence relied upon regarding the decision.
- Strict rules of evidence will not apply to the conduct of the hearing.
- All written correspondence from OSI to the applicant/client shall be sent certified mail via the U.S. Postal Service.

If the applicant/client has requested a Fair Administrative Hearing, the CAA will hold funds equal to the benefit in question in reserve, pending the outcome of the Fair Administrative Hearing.

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

The full Appeal and Fair Administrative Hearing procedures are:

- Mailed to all denied applicants with the denial letter.
- Posted in all intake offices in both the general waiting area and individual intake work stations.
- Included in the New Hampshire Fuel Assistance Procedures Manual that is posted on the grantee's website.

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

**All FAP applicants/clients who have been denied, who question the Fuel Assistance Program (FAP) benefits awarded or the timely processing of their applications are entitled to appeal the decision, which may include a Fair Administrative Hearing.**

**All denied FAP applicants/clients will be provided with information regarding the Appeal and Fair Administrative Hearing Procedures. The CAA must provide written notification of the denial of benefits to all FAP applicant households.**

**The written notification to FAP applicants who are denied benefits must include the following information:**

- **A brief statement of the reason(s) for denial of benefits**
- **A brief explanation of the appeal process**
- **Their right to a Fair Administrative Hearing**
- **A brief explanation of the Fair Administrative Hearing process**

**An applicant/client is entitled to appeal the FAP benefit determination for any of the following reasons:**

- **Their application has been denied.**
- **Their application was neither denied nor approved within sixty (60) days of the application date.**
- **Their benefit amount is less than what the applicant/client believes it should be.**
- **Their benefit amount or the duration of the benefit is less than what the written CAA notification originally identified.**

**A FAP applicant/client may *appeal* the determination of benefits by contacting the CAA FAP Director and requesting a review of the application. The CAA FAP Director must meet with the applicant/client either over the phone or in-person within ten (10) days of the applicant/client's request for an appeal.**

**During the exchange between the applicant/client and the CAA FAP Director, the applicant/client will have an opportunity to express his or her concerns and the CAA FAP Director will have an opportunity to review and attempt to resolve the dispute. The CAA is responsible for documenting the results of the meeting. The documentation must contain information relative to the eligibility requirements or benefit determination.**

**If the client/applicant is not satisfied with the results of the meeting with the CAA FAP Director, he/she must be referred to the OSI FAP Administrator for an additional review of the application.**

**If the applicant/client is not satisfied with the determination of FAP benefits after discussing the issue with the CAA FAP Director and the OSI FAP Administrator, he/she may request a Fair Administrative Hearing.**

**An applicant/client must request a Fair Administrative Hearing with OSI within thirty (30) working days of the exchange with the**

OSI FAP Administrator.

The OSI Fair Administrative Hearings will meet the following standards:

- All hearings shall be held in a location reasonably convenient to the client/applicant.
- The hearing officer shall be an OSI employee who was not involved in rendering the challenged action or decision.
- The OSI hearing officer shall review the applicant/client CAA file prior to the hearing.
- The CAA file shall include at least the following:
  - a) client application
  - b) supporting household and income documentation
  - c) copy of written notification to the client/applicant of denial or any other contested decision
  - d) notes and/or documentation containing information relied upon by the CAA in making the decision to deny benefits or to take the contested action.

The hearing will be recorded by OSI and the decision will be based on the record and any evidence and information introduced from the applicant's FAP file.

The applicant/client is entitled to:

- Review his/her CAA documents prior to the hearing. OSI will insure that the client/applicant is provided with this option in a timely manner.
- A copy of the FAP Procedures Manual. OSI will provide the copy of the manual if it is requested by the applicant/client.
- Bring a representative to accompany him/her to the hearing; however OSI is not required to provide or to pay for such a representative.
- Present oral testimony, a written statement, and/or other relevant evidence.
- Present witnesses.
- Cross-examine witnesses.
- Request an interpreter to be provided and funded by OSI.

OSI will adhere to the following parameters:

- The applicant/client has thirty (30) days to request a hearing.
- OSI will conduct a hearing within twenty (20) working days of the request.
- OSI will make a written decision within ten (10) working days of the hearing. The written decision will contain a statement of reasons in support of the decision and will refer to the evidence relied upon regarding the decision.
- Strict rules of evidence will not apply to the conduct of the hearing.
- All written correspondence from OSI to the applicant/client shall be sent certified mail via the U.S. Postal Service.

If the applicant/client has requested a Fair Administrative Hearing, the CAA will hold funds equal to the benefit in question in reserve, pending the outcome of the Fair Administrative Hearing.

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

The full Appeal and Fair Administrative Hearing procedures are:

- Mailed to all denied applicants with the denial letter.
- Posted in all intake offices in both the general waiting area and individual intake work stations.
- Included in the New Hampshire Fuel Assistance Procedures Manual that is posted on the grantee's website.

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

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

The NH Fuel Assistance Program allocates up to 5% of the total grant award to Assurance 16 activities to provide self-sufficiency education to all households with fast-tracked crisis applications within the prior program year to encourage applicants to apply for benefits in a timely manner in the new program year to avoid life-threatening situations and special delivery charges, which deplete the household's benefit. Households receive information on timeframes for applying, the application process, managing resources, communication with vendors, and referrals to other resources.

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

After the LIHEAP Grant Award is received, OSI calculates the maximum 10% Administrative and maximum 5% Assurance 16 funding levels. Once the maximum for each category has been calculated, OSI contracts the funds to the five CAAs. OSI uses an internal spreadsheet tracking and reporting system and reviews individual CAA Assurance 16 expenditures and activities. The remaining balances are reviewed on a monthly basis to ensure that payments do not exceed the approved Assurance 16 funding level for allowable activities.

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

The impact of the Assurance 16 activities results in a change in the behavior of those households experiencing an energy emergency in one year to applying for assistance in a non-emergency situation during the following year.

The impact of Assurance 16 activities in FY 20 are based upon households who presented as having an energy emergency (crisis or life-threatening) in FY 19.

The total number of households presented as an energy emergency in FY 19: **1,905**.

Deliverable fuel and metered utility households: **1,726**

Households with heat included in the rent: **179**

**Outcomes reported by all five CAAs for FY 20:**

- 1,101 (57.8%) received a benefit in FY 20
- 106 (5.6%) were denied in FY 20
- 698 (36.6%) did not apply in FY 20

**Self-sufficiency**

- 603 (31.7%) households had reduced dependency (received a benefit equal to or larger, than the benefit they received in FY 19 **and** were not an emergency in FY 20)
- 246 (12.9%) households achieved greater self-sufficiency (received a lower benefit or were over income **and** were not an emergency in FY 20)
- 252 (13.2%) households applied once again as an emergency in FY 20
- 106 (5.6%) households were denied in FY 20
- 698 (36.6%) households did not apply in FY 20

Of the 1,905 emergency households in PY 19, 398 (20.9%) were new to the program in PY 20 (had never applied in the past).

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

N/A



13.5 How many households applied for these services? n/a

13.6 How many households received these services? n/a

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

## Section 14 - Leveraging Incentive Program ,2607A

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 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.**

The CAAs are responsible for compiling and submitting documentation of most leveraged resources. Guidelines for retention of records is included in the contract language.

Program and financial records pertaining to this contract shall be retained by the agency for 3 (three) years from the date of submission of the final expenditure report or until all audit findings have been resolved.

**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	Neighbor Helping Neighbor	Donations made by customers of Eversource, Liberty, and Unutil	Benefits are available to clients in a crisis situation with an active disconnect from their utility who are not eligible for LIHEAP assistance.
2	NH Electric Cooperative Project Care	Donations contributed by members of the New Hampshire Electric Cooperative	Benefits are available to clients whose LIHEAP benefits are not sufficient to alleviate a crisis situation with an active NH Electric Co-op disconnection notice. Applications for Project Care are completed by the Community Action Agency staff.
3	New Hampshire Electric Assistance Program	The New Hampshire Public Utilities Commission. The source of the resource is the system benefit charge (@\$.0015) paid by all electric customers of public utilities	LIHEAP representatives from the NH Office of Strategic Initiatives have been involved in the development, implementation, and ongoing evaluation of the NH Electric Assistance Program.
4	NH Town/City Municipal Welfare Assistance	Assistance that is provided by cities and towns to purchase heating fuels and to pay electric bills	Persons seeking assistance with fuel or utilities are directly referred to municipal welfare officials by LIHEAP personnel in the field.
5	Vendor discounts for LIHEAP purchases	Fuel vendors	This program was developed by the State of New Hampshire and the CAAs in the mid 1980s; each year we negotiate with each vendor, leading to a vendor agreement which addresses discounts.
6	Utility rate-payer funded weatherization services	Eversource, Liberty Utilities, NH Electric Co-Op, and Unutil, funded by the system benefit charge and the Local Distribution Adjustment Charge (LDAC)	Recipients of this program are determined by a process parallel to the LIHEAP application process; the program is administered by LIHEAP/WXN staff as part of their regular operations; State LIHEAP and Community Action Agencies participate in the development/implementation of the program.
7	Donations to CAAs	Donations to CAAs that work with the LIHEAP program from faith-based community groups, businesses, and individuals	The Community Action Agencies work actively in the community to secure donations for fuel and utility needs not met by LIHEAP funding.
8	Residential Low Income Assistance Program	A low-income gas discount program for retail customers	LIHEAP representatives from the NH Office of Strategic Initiatives were involved in the development and implementation of the Residential Low Income Assistance Program. Low income households are automatically enrolled in the discount

			program for a full year when the utility is notified of LIHEAP eligibility by one of the five Community Action Agencies (CAAs).
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**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 15 - Training

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

**Other - Describe:** The Program Administrator works closely with all fiscal, Program, and Weatherization staff to ensure that policies and procedures are understood by all.

Employees are provided with policy manual

Other-Describe:

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

**Other - Describe:** Program Administrator attends CAA-held training sessions whenever possible.

Employees are provided with policy manual

**Other - Describe**

CAA employees receive additional written guidance as needed in the form of e-mails and Information Memoranda from OSI. The Program Administrator holds monthly in-person meetings with CAA Program Directors to discuss changes, updates, and future planning. If a situation should arise between meetings, a conference call is held.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

<input checked="" type="checkbox"/>	As needed
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Policies communicated through vendor agreements
<input type="checkbox"/>	Policies are outlined in a vendor manual
<input type="checkbox"/>	Other - Describe: There are annual presentations/trainings offered to vendors(including utilities). CAAs are also invited to attend. Grantee sends formal notification out to all vendors (based upon CAA vendor agreements) at the beginning of the heating season and also at the end of the heating season, to inform/remind of opening and closing timelines and processes. Any programmatic changes or concerns would also be communicated as needed.
15.2 Does your training program address fraud reporting and prevention?	
<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)

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

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

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

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

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

1. Benefit Targeting Index for High Burden Households – measures the extent to which the highest benefits are provided to the LIHEAP recipient households with the highest energy burden (the percent of gross income spent on utility costs).

- NH is still using an older software system that does not calculate the household energy burden. The FAP software calculates the heating burden and the NH Electric Assistance Program calculates the electricity burden, but the two are not calculated together.
- NH is continuing the process of developing an RFP for new software.
- NH plans to obtain bill data for both heating and electric base load directly from vendors to ensure accurate reporting of these measures for PY 20 and moving forward. NH will contact HHS contractor to assist with aggregating the data when necessary.

2. Energy Burden Reduction Index for High Burden Households – measures the extent to which LIHEAP benefits are adequate to deliver the same energy burden reduction to high burden recipient households as to low and moderate burden recipient households.

- The NH software is able to report annual heating costs which will be used to compare to the LIHEAP benefit but it is not able to measure full home energy costs.
- NH plans to obtain bill data for both heating and electric base load directly from vendors. With the assistance of the HHS Contractor, we feel we will not only be able to provide more accurate measures but also a greater quantity of data for FY 20 and beyond.

3. Prevention of Loss of Home Energy Services is the unduplicated count of households where LIHEAP prevented the loss of home energy services.

- The current software is able to identify and report on households that were assisted with LIHEAP benefits that prevented the loss of home energy services, however a system enhancement was deployed to more accurately reflect the data collected. The Program Administrator continues to work with CAA staff to increase understanding of performance measure definitions and requirements to ensure accurate reporting of prevention measures.

4. Restoration of Home Energy Services - the unduplicated count of households where LIHEAP restored home energy services to the client.

- The current software is able to identify and report on households that were assisted with LIHEAP benefits that restored the loss of home energy services, however a system enhancement was deployed to more accurately reflect the data collected. The Program Administrator continues to work with CAA staff on understanding the performance measure definitions and requirements to ensure accurate reporting of restoration measures.

5. Repair/Replacement of Operable and Inoperable Home Energy Equipment

- New Hampshire has implemented tracking of these measures and will be able to report on these for FY 20 and beyond.

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
SF - 424 - MANDATORY**

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

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

**17.2. Identification Documentation Requirements**

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

Type of Identification Collected	Collected from Whom?					
		Applicant Only		All Adults in Household		All Household Members
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested

	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1	Previous year income tax form is requested for all able bodied adults in the household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Describe any exceptions to the above policies.</b>  Social security numbers for newborns are requested. However due to the turn-around time from the Social Security Administration and FAP application processing times, they are not always available by the time the application is complete. CAAs are asked to follow up with the household post-application certification, to obtain the SS number. The software will assign a temporary number and will allow the SSN to be entered post-certification. The SSN for the newborn must be documented when the household applies in the future.							
<b>17.3 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input type="checkbox"/> Verify SSNs with Social Security Administration							
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input type="checkbox"/> Match with state Department of Labor system							
<input type="checkbox"/> Match with state and/or federal corrections system							
<input checked="" type="checkbox"/> Match with state child support system							
<input type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input checked="" type="checkbox"/> Other - Describe:  New Hampshire is in the process of developing a new centralized database system that may allow sharing of information with other agencies and programs which may include verification of identity.							
<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 checked="" 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 checked="" type="checkbox"/> <b>Other - Describe:</b>
Child support, when received via the State Child Support Enforcement Agency, is verified via the automated NH Child Support Enforcement Voice Response System.
Bank statements are only used for income verification when it is readily apparent that the amount being direct deposited is a gross amount.
<input checked="" type="checkbox"/> <b>Computer data matches:</b>
<input 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 type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input checked="" type="checkbox"/> <b>Other - Describe:</b>
There is an agreement with the NH Department of Employment Security (DES) in which signed releases must be sent to the DES office and a state employee sends the release back to the sub-grantee for verification of unemployment benefits. The process is not used for identity verification but for income verification when a client is not able to provide documentation of their unemployment benefits.
<b>17.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>
<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 checked="" type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> <b>Other - Describe and note any exceptions to policies above:</b>
New Hampshire does not currently have a vendor agreement for landlords whose tenants have heat included in the rent. All landlords must provide IRS form W-9 in order to receive a fuel assistance payment based upon the sub-grantee's fiscal requirements.
Fuel and utility vendors are required to have a State of New Hampshire Certificate of Good Standing. In the situation where a vendor has not registered with the state and the CAA confirms they have had no issues with the vendor based on past experience, the CAA may submit a request to the grantee for an exception to allow the vendor to participate. Since all vendors are paid only after the product is delivered, this has not been an issue.
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>
<input 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:  <p>There are only four electric providers in the state of New Hampshire and two natural gas providers. The larger utilities have agency portals in which CAAs can access to obtain billing and account information. For the utilities that do not have a portal, they have dedicated customer service lines or email for CAA staff to verify the account, obtain billing information or commit to benefits.</p>
<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 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 checked="" type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe:  <p>Vendors are paid once they provide a delivery receipt for the fuel delivered to the eligible household. The client is not required to sign the invoice except in the case of households who heat with wood, as the wood voucher is mailed to the eligible applicant with the benefit award letter. The wood vendor presents an invoice along with the signed voucher for payment to the CAA; for vendor landlords when heat is included in the rent, the heating voucher is mailed to the eligible household with the award letter and must be signed by both the tenant and landlord in order for payment to be issued.</p>
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input type="checkbox"/> Refer to state Inspector General
<input 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  <p>When it has been determined that a benefit was received due to error or fraud, the CAA sends a letter requesting repayment of the benefit. Any future benefits are suspended or terminated dependent upon the outcome.</p>

<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? For that program year
<input 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)**

107 Pleasant Street - Johnson Hall

\* **Address Line 1**

Address Line 2

Address Line 3

Concord

\* **City**

NH

\* **State**

03301

\* **Zip Code**

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

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

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

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

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

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

**Section 20: Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

**entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant**

program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

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

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

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

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

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

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

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

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

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will

contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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



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

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

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.**

## Plan Attachments

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