

**DETAILED MODEL PLAN (LIHEAP)**

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

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## 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

<b>* a. Legal Name:</b> New York State Office of Temporary & Disability Assistance			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 1-146013200-W4		<b>* c. Organizational DUNS:</b> 806781860	
<b>* d. Address:</b>			
<b>* Street 1:</b>	40 NORTH PEARL STREET	<b>Street 2:</b>	
<b>* City:</b>	ALBANY	<b>County:</b>	ALBANY
<b>* State:</b>	NY	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	12243 - 001
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Office of Temporary and Disability Assistance		<b>Division Name:</b> Employment and Income Support Programs	


#### f. Name and contact information of person to be contacted on matters involving this application:

<b>Prefix:</b>	<b>* First Name:</b> Samuel	<b>Middle Name:</b> D	<b>* Last Name:</b> Roberts
<b>Suffix:</b>	<b>Title:</b> HEAP Bureau Chief	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (518) 408-3847	<b>Fax Number:</b> (518) 474-0985	<b>* Email:</b> samuel.roberts@otda.ny.gov	

<b>* 8a. TYPE OF APPLICANT:</b> A: State Government	
<b>b. Additional Description:</b>	
<b>* 9. Name of Federal Agency:</b>	

	<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>10. CFDA Numbers and Titles</b>	93568	Low-Income Home Energy Assistance

<b>11. Descriptive Title of Applicant's Project</b> Low-Income Home Energy Assistance
<b>12. Areas Affected by Funding:</b> Statewide
<b>13. CONGRESSIONAL DISTRICTS OF:</b>

* a. Applicant 21		b. Program/Project: Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2018	b. End Date: 09/30/2019	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official Samuel Roberts		18c. Telephone (area code, number and extension)	
		18d. Email Address Samuel.Roberts@otda.ny.gov	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 08/30/2018	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation		
	Start Date	End Date	
<input checked="" type="checkbox"/>	Heating assistance	11/13/2018	03/15/2019
<input checked="" type="checkbox"/>	Cooling assistance	05/01/2019	08/30/2019
<input checked="" type="checkbox"/>	Crisis assistance	01/02/2019	03/15/2019
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2018	09/30/2019

Provide further explanation for the dates of operation, if necessary

The Heating Assistance component may be extended beyond the proposed 3/15/2018 closing date if New York State receives additional funding. This Plan is based on an assumption of flat Federal funding.

The Cooling Assistance component will run until 8/30/2019 or until funding allocated to this component is exhausted, whichever comes first.

The Crisis Assistance component may be extended beyond the proposed 3/15/2019 closing date if New York State receives additional funding. This Plan is based on an assumption of flat Federal funding.

New York State will operate a Heating Equipment Repair and Replacement component from 11/05/2018 until 9/30/2019 or until funding allocated to this component is exhausted, whichever comes first.

New York State will operate a Clean and Tune Program under the Heating Assistance component from 04/01/2019 and to close on 11/01/2019 or until funding allocated to this program is exhausted, whichever comes first.

Weatherization assistance in New York State is administered by the New York State Division of Homes and Community Renewal (HCR) and the New York State Energy Research and Development Authority (NYSERDA).

Income Guidelines, maximum income eligibility for the New York State Home Energy Assistance Program is set at the higher of 60% of State Median Income or 150% of the Federal Poverty Level.

**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	54.00%
Cooling assistance	1.00%
Crisis assistance	20.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

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

<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Extend the Crisis Assistance Component

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

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

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

	Heating	Cooling	Crisis	Weatherization
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1	Code A SSI defined as Code A for both federal and New York State SSI living arrangements. Code A SSI households are categorically eligible for the Heating and, Cooling, and Crisis components. Code A SSI households are categorically eligible for Weatherization.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

**If Yes, explain:**

Whenever Temporary Assistance or TA is used in this document, it means Family Assistance and Safety Net Assistance. Statutorily, these programs are referred to as Public Assistance. Temporary Assistance (TA) and Supplemental Nutrition Assistance Program (SNAP) recipients who are in receipt of ongoing benefits are considered to be categorically income eligible, but these recipients must also meet all other eligibility criteria in order to be eligible for a Regular benefit and Tier 1. These recipients consent to have their eligibility determined for HEAP through the Automatic Payment (Autopay) process when they complete and submit NYS Statewide Common Application LDSS-2921, Recertification Application for TA or SNAP LDSS-3174, or Supplemental Nutrition Assistance Program (SNAP) Application/Recertification LDSS-4826. The consent language is found in the consent section of each application. TA and SNAP recipients who are categorically income eligible, meet all other eligibility criteria and are in receipt of ongoing benefits at the time of the Autopay pull down are not required to complete a separate HEAP application. OTDA uses the TA and SNAP eligibility information found in the Welfare Management System (WMS) at the time of the Autopay pull down to determine the household's income eligibility for HEAP, as well as other

eligibility criteria. If all HEAP eligibility factors, including vendor information, can be collected from WMS, a Regular eligibility determination is made and a payment amount is electronically issued, as appropriate, to either the vendor or household. Clients approved for a regular benefit via the Autopay process receive a notice of approval containing the eligibility factors used to determine their eligibility, the amount of the benefit and their fair hearing rights. Regular heat included benefits may be paid directly to the household; ALL other HEAP benefits including the regular heating benefit must be paid directly to a vendor. Heat included households are households that do not make payments directly to a vendor for their primary heating but make undesignated payments for heat as a portion of their rent and are in an eligible living arrangement. If required HEAP eligibility factors beyond income eligibility cannot be retrieved from WMS, the case appears on an exception report for required Social Services District (SSD) review and eligibility determination. To enhance participation and benefits for households enrolled in the Supplemental Assistance Program (SNAP), after the Heating Assistance component closes, NYS will obligate FFY19 funds to the FFY20 program and continue issuing nominal assistance benefits to SNAP households that make undesignated payments for heat as a portion of their rent and have not already been approved for HEAP during the FFY19 program year. The balance of the benefits, if warranted will be issued as part of the FFY20 autopay process.

**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?**

Eligibility criteria for each program component are applied uniformly to all applicant households.

SNAP Nominal Payments

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

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

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

**1.7c Frequency of Assistance**

Once Per Year

Once every five years

Other - Describe:

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

OTDA and Social Services Districts (districts) confirm that a household that receives a nominal payment has an energy cost or need based on information contained in the case record and in WMS.

Clients must provide documentation of direct or indirect responsibility of incurred energy costs. A direct energy burden must be documented through vendor fuel bills, a statement from the vendor, or collateral contact with the vendor. Households that pay energy cost indirectly, in the form of rent, must document their energy cost in the form of a vendor statement or collateral contact specifying who pays the bill, a landlord statement or collateral contact specifying who pays the bill, a landlord statement or collateral contact stating who pays the bill and to whom the bill is paid, current receipt for payment, or canceled checks showing payment to the vendor.

NYS HEAP Manual 17.B.3.c. (Rev. 10/15)

c. Applicants in the following living situations are eligible for a Heat and Eat benefit:

- Government subsidized housing with heat included in the rent;
- Publicly operated or State-certified private non-profit residential drug or alcoholic treatment facilities;
- Private non-profit residential drug or alcoholic treatment facilities that are authorized as a SNAP retailer by the United States Department of Agriculture or are in receipt of a letter from the certifying State agency stating that the facility operates to further the goals of Title XIX;
- Publicly operated or State-certified private nonprofit enriched housing;
- Publicly operated or State-certified private non-profit residential group living facilities serving no more than 16 residents;
- Publicly operated or State-certified private non-profit supervised or supportive living arrangements; or
- State-operated community residences.

Determination of Eligibility - Countable Income

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

Gross Income

Net Income

**1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP**

Wages

Self - Employment Income

Contract Income

Payments from mortgage or Sales Contracts

Unemployment insurance

<input checked="" type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
<input type="checkbox"/>	Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input type="checkbox"/>	General Assistance benefits		
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input checked="" type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input checked="" type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input checked="" type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input checked="" type="checkbox"/>	Legal settlements		
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured		
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate		
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits		
<input checked="" 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 checked="" type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>	



## Section 2 - HEATING ASSISTANCE

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

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

#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	State Median Income	60.00%
11	11	HHS Poverty Guidelines	150.00%

**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:**

Eligibility policy for renter's explanation:

Households that do not make payments directly to a vendor for their primary heating but make undesignated payments for heat as a portion of their rent and are in an eligible living arrangement will receive a benefit based on the two-tier payment structure. A household's tier is based on their gross monthly income taking into account household size.

Variables that determine benefit level explanation for household's that pay directly for heat:

Tier I eligibility is based on gross income and household size, on the date of application the households gross income must be at or below 130% of federal poverty level for the household size; or at least one adult household member must be in receipt of ongoing assistance through Temporary Assistance (TA), Supplemental Nutrition Assistance (SNAP) or Code A SSI. Tier I will receive an additional \$26 to their base benefit.

Households with a vulnerable member (under the age of six, age 60 or older, or permanently disabled) will receive an additional \$25 to their base benefit.

\*If a household meets the criteria for both, the maximum total regular benefit is \$726. The base regular benefit for oil, kerosene, and propane of \$675, plus an additional \$25 for households containing a vulnerable household member and \$26 for Tier I households.

New York State's regular HEAP benefit structure assists households that pay a high proportion of household income for energy. As research has shown that heat included households consume less energy than households that pay directly for heat and are, therefore, less likely to have a high home energy burden, higher benefit levels are provided to households that pay directly for heat than to heat included households. In addition, to target high burden households, higher benefits are provided to those households that have the lowest income.

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.**

New York State provides early application access to households with a vulnerable member. In addition, these households receive an additional \$25 to their base benefit.

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

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

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

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

Minimum Benefit	\$21	Maximum Benefit	\$726
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?**  Yes  No

If yes, describe.

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

## Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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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	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	State Median Income	60.00%
11	11	HHS Poverty Guidelines	150.00%

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

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

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

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

**Renters?**  Yes  No

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

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

**Other? Applicants with a documented medical need.**  Yes  No

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

In addition to meeting New York State's income eligibility and living arrangement eligibility criteria, all applicants for the Cooling Assistance component must have a medical condition, which is exacerbated by heat and verified in writing by a physician, physician's assistant or nurse practitioner and do not have a working air conditioner that is newer than five years. Applicants are only eligible for a Cooling Assistance benefit once every ten years.

Households that reside in subsidized housing and with heat included are not eligible for the Cooling Assistance component.

New York State (NYS) does not provide a cash cooling benefit. NYS only provides an air conditioner or fan if medically necessary. NYS will not authorize a HEAP payment of more than \$800 for a single air condition/fan. The benefit amount is determined by the actual cost of equipment, materials and labor necessary to establish a cooling area and is issued directly to the vendor not to exceed \$800. The benefit is not applied to the client's electric bill, nor is it issued to the client as a cash benefit.

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

Applicants with a documented medical need.

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:**

New York State does not provide a cash cooling benefit. NYS only provides an air conditioner or fan if medically necessary. To be eligible for the air conditioner/fan, households must meet HEAP income standards for their household size (i.e., 60% SMI or 150% FPL, whichever is greater).

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

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

<b>Minimum Benefit</b>	\$10	<b>Maximum Benefit</b>	\$800
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**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?**  Yes  No

**If yes, describe.**

Additional eligibility explanation:

In addition to meeting New York State's income eligibility and living arrangement eligibility criteria, all applicants for the Cooling Assistance component must have a medical condition, which is exacerbated by heat and verified in writing by a physician, physician's assistant, or nurse practitioner and do not have a working air conditioner that is newer than five years. Applicants are only eligible for a Cooling Assistance benefit once every ten years.

Households that reside in subsidized housing and with heat included are not eligible for the Cooling Assistance component.

New York State does not provide a cash cooling benefit. NYS only provides an air conditioner or fan if medically necessary. New York State will not authorize a HEAP payment of more than \$800 for a single air conditioner/fan. The benefit amount is determined by the actual cost of equipment, material and labor necessary to establish a cooling area and is issued directly to the vendor not to exceed \$800. The benefit is not applied to the client's electric bill, nor is it issued to the client as a cash benefit.

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

## Section 4 - CRISIS ASSISTANCE

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

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

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

#### Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	State Median Income	60.00%
11	11	HHS Poverty Guidelines	150.00%

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

The definition of a crisis emergency is when loss of heat is imminent. Imminent loss of heat is defined as less than ¼ tank for oil, kerosene or propane or less than a ten-day supply for other deliverable fuels, or heat or heat related utility service is scheduled for termination. Any HEAP eligible household's crisis emergency must be resolved within 48 hours from the time of the emergency application.

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

The definition of a life-threatening emergency is when a HEAP applicant or recipient household is without heat or utility service to operate a heating source. Any HEAP eligible household's life-threatening emergency must be resolved within 18 hours from the time of the emergency 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 ?  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

	<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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input 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
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Crisis assistance eligibility criteria:</p> <p>In addition to meeting income, residence, citizenship, living situation, responsibility for heating costs, eligibility criteria, and providing a valid Social Security number for all household members, applicants for crisis assistance must have exhausted their regular benefit, have a shut-off notice or less than ¼ tank of deliverable fuel/10-day supply of other deliverable fuel, be customer of record and meet the asset test in order to be eligible.</p> <p>All applicants and household members for crisis assistance are asset (resource) tested. Applicants for the Emergency benefit component must not have more than \$2000 (or \$3000 if the household contains a member 60 or older) in available liquid resources in order to be eligible. For Heating Equipment Repair and Replacement benefits, all applicants receive a standard resource exclusion of \$3000. Only available liquid are counted. Verification of declared resources can be verified using the following: checking account statements, savings statements or bankbooks, stock certificates, bank or dividend statements, saving bonds, and statements from the institution where funds are deposited or managed.</p> <p>Applicants for the Heating Equipment Repair and Replacement component must meet the income eligibility criteria in addition to having primary heating equipment that is unsafe or inoperable, the heating equipment must have been the primary equipment for the 12 months prior to the month of application, and they must own the dwelling and have resided in it for the 12 months prior to the month of application.</p> <p>Households residing in certain living arrangement categories listed below are only eligible for a maximum annual HEAP regular benefit of \$21.00 and are not eligible for emergency HEAP or any other benefit under HEAP, except that eligible households in government subsidized housing with heat included in the rent that pay a supplier directly for heat-related utility service may be eligible for a HEAP heat-related emergency benefit if such benefit is necessary to resolve the heat-related energy crisis of the household.</p> <p>The following living arrangements are eligible for a \$21.00 benefit:</p> <p>Government subsidized housing with heat included in the rent;</p> <p>Publicly operated or State-certified private nonprofit residential drug or alcoholic treatment facilities; Private nonprofit residential drug or alcoholic treatment facilities that are authorized as a SNAP retailer by the USDA or are in receipt of a letter from the certifying State agency stating that the facility operates to further the goals Title XIX;</p> <p>Publicly operated or State-certified private nonprofit enriched housing;</p> <p>Publicly operated or State-certified private nonprofit residential group living facilities serving no more than 16 residents;</p> <p>Publicly operated or State-certified private nonprofit supervised or supportive living arrangements; and State-operated community residences.</p> <p>Eligibility criteria for elderly applicants:</p> <p>Applicants with a household member age 60 or older have an asset test up to \$3,000 rather than the \$2,000 for all other applicants.</p>	
Determination of Benefits	
<b>4.8 How do you handle crisis situations?</b>	
<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input checked="" type="checkbox"/>	Other - Describe:

If the regular HEAP program component is open and if a household has yet to apply and receive a regular benefit, NYS will utilize the regular benefit to ameliorate an emergency crisis situation.

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

Amount to resolve the crisis.

**Other - Describe:**  
Amount to resolve crisis, up to a maximum of \$675.

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.**

Applicants may apply for crisis assistance via a phone application with the exception of heating equipment repair replacement assistance. There is also a certification network in all SSDs for walk-in applicants.

**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?**

Applicants may apply for crisis assistance via a phone application with the exception of heating equipment repair replacement assistance. In addition, local districts have homebound unit staff that can travel and assist homebound applicants in their own home.

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

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

Winter Crisis	\$675.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$0.00 maximum benefit

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

Yes  No **If yes, Describe**

The districts provide eligible households temporary relocation with a maximum total benefit not to exceed \$500 during the HEAP season. The districts also provide propane tank deposits to eligible households with a maximum total benefit not to exceed \$500 during the HEAP season.

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

Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes  No

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

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

The New York State Public Service Commission (PSC) regulated utilities agree to provide a two-week moratorium around Christmas and the New Year holidays.

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



## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

#### Section 5: WEATHERIZATION ASSISTANCE

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	State Median Income	60.00%
11	11	HHS Poverty Guidelines	150.00%

**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.** New York State Homes and Community Renewal (HCR) and New York State Energy Research and Development Authority (NYSERDA)

**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 Ration (SIR ) standards.
  - Other - Describe:

New York State Division of Homes and Community Renewal (HCR) does not have a maximum investment per unit for weatherization, the average cost per unit is approximately \$6,200. New York State Energy and Research Development Authority (NYSERDA) measures are not subject to DOE SIR standards.

HCR and NYSERDA give priority to LIHEAP recipients with eligibility limited to households with incomes at or below 60% of State Median Income or 150% of the Federal Poverty Level whichever is higher.

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

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

**If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.**

5.7 In accordance with US DOE rules, rental building eligibility is limited to those buildings where 66% or more of the units (or 51% for projects that will realize significant energy savings) are occupied by eligible households. Owners of rental buildings, that are not themselves income eligible households, must contribute 25% of the cost of the work being done, for the building to participate. To help maintain affordability in assisted housing, most owners of State and federally subsidized housing are exempt from this required contribution.

5.8 Providers are required to give priority for service to HEAP households with elderly persons, households with children under 18 years of age, households that include persons with disabilities, HEAP recipients with extremely high energy use or high energy burdens, and affordable housing projects assisted by the New York State Homes and Community Renewal (HCR) and New York State Energy Research Development Authority (NYSERDA).

**Benefit Levels**

<b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>5.10 If yes, what is the maximum?</b>	\$0

**Types of Assistance, 2605(c)(1), (B) & (D)**

<b>5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)</b>	
<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 checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> Electric baseload reduction measures, energy related health & safety measures such as smoke detectors and ventilation, Major appliance replacement: replacement of refrigerators only, Engery related roof repairs:repairs only, no replacements; and exterior doors only.

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

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

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

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

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

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

- Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.
- Other (specify):  
Toll free information hotline operated by NYS Office of Temporary and Disability Assistance.  
Information about the program and a printable application are available on the OTDA internet site when the program is open.  
Identification of households potentially eligible for LIHEAP funded weatherization services and assessing the scope of need for identified households.  
State and local resources dedicated to implementing mandated outreach plans and program dissemination activities.  
Targeted efforts by OTDA and by NYSOFA to provide program information and access to vulnerable households.

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

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

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

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

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

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

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

MyBenefits provides applicants the ability to jointly apply for both SNAP and HEAP, when HEAP is open.

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

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

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

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

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

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

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

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

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

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

As with other income tested assistance programs administered by the NYS OTDA, HEAP is State supervised / locally administered with 58 local social service districts (districts) designated as the lead local agencies for outreach, certification and payment. Prior to program start-up, each SSD must establish a local certification network that provides for an alternative non- SSD site(s) for a reasonable share of outreach and intake for regular and emergency HEAP assistance. The SSD may contract with other State or local government entities or community- based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local offices for the aging and community action agencies.

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

As with other income tested assistance programs administered by the NYS OTDA, HEAP is State supervised / locally administered with 58 local social service districts (districts) designated as the lead local agencies for outreach, certification and payment. Prior to program start-up, each SSD must establish a local certification network that provides for an alternative non- SSD site(s) for a reasonable share of outreach and intake for regular and emergency HEAP assistance. The SSD may contract with other State or local government entities or community- based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local offices for the aging and community action agencies.

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

As with other income tested assistance programs administered by the NYS OTDA, HEAP is State supervised / locally administered with 58 local social service districts (districts) designated as the lead local agencies for outreach, certification and payment. Prior to program start-up, each SSD must establish a local certification network that provides for an alternative non- SSD site(s) for a reasonable share of outreach and intake for regular and emergency HEAP assistance. The SSD may contract with other State or local government entities or community- based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local offices for the aging and community action agencies.

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Local County Government	Local County Government	Local County Government	Other

8.5b Who processes benefit payments to gas and electric vendors?	Local County Government	Local County Government	Local County Government	
8.5c who processes benefit payments to bulk fuel vendors?	Local County Government	Local County Government	Local County Government	
8.5d Who performs installation of weatherization measures?				Other

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

**8.6 What is your process for selecting local administering agencies?**

As with other income tested programs administered by the NYS OTDA, HEAP is State supervised and locally administered with 58 local social services districts (districts) designated as the lead local agencies for outreach, certification, and payment. Prior to program start-up, each SSD must establish a local certification network that provides for an alternative non- SSD site(s) for a reasonable share of outreach and intake for regular and emergency HEAP assistance. The SSD may contract with other State or local government entities or community- based organizations to fulfill this mandate. Examples of community-based organizations include not-for-profit neighborhood-based organizations, local offices for the aging and community action agencies.

**8.7 How many local administering agencies do you use? 58**

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

- Yes  
 No

**8.9 If so, why?**

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

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

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

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

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

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

##### If yes, Describe.

Eligible households who cut their own wood may receive a direct payment if there is reasonable evidence to support that the household has a sufficient supply for the heating season and the household does not have a utility vendor.

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

All applicants are provided with a notice which advises them of their eligibility for the HEAP benefit, the vendor to which the payment was authorized and the amount paid on their behalf. Local districts have a maximum of 30 business days to notify a client of the eligibility determination from the date of application.

##### 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?

Each home energy vendor must sign a New York State HEAP vendor agreement to participate in both the regular and emergency components of HEAP. The vendor agreement provides that the home energy vendor agrees and assures to the New York State Office of Temporary and Disability Assistance (OTDA) to charge HEAP recipients, in the normal billing process, the difference between the cost of the home energy and the amount of the HEAP payment made.

##### 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?

Each home energy vendor must sign a New York State HEAP vendor agreement to participate in both the regular and emergency components of HEAP. The vendor agreement provides that the home energy vendor agrees and assures to OTDA that households served by the vendor will not be treated adversely because of such assistance under applicable provision of State law and public regulatory requirements.

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

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

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

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

NYS OTDA utilizes fiscal and fund accounting procedures similar to those utilized by the agency and districts in the administration of other income-tested assistance programs. Districts are provided with allocations for administration and for district payments. All claims by the districts are monitored by NYS OTDA fiscal staff to ensure that allocation levels are not exceeded. The NYS OTDA Welfare Management System (WMS) is used to monitor application activity and benefits authorized outside of NYC. NYC utilizes its own computer system to authorize and pay HEAP benefits and NYC provides reports to NYS OTDA from its system for review.

The use of LIHEAP funds sub allocated to the NYS Homes and Community Renewal (HCR), New York State Energy Research Development Authority (NYSERDA) and the New York State Office for the Aging (NYSOFA) is governed by a Cooperative Agreement which OTDA enters into with these agencies on an annual basis for weatherization and outreach services. The Cooperative Agreements with HCR and NYSERDA require they transmit fiscal reports to OTDA on a quarterly basis that show the amount of LIHEAP funds obligated and expended by category of expenditure.

OTDA conducts periodic reviews of HCR's, NYSERDA's and NYSOFA's use of LIHEAP funds. OTDA tracks sub-grantee awards and obligations and OTDA expenditures on a quarterly basis to ensure that funds are expended within the allowable contract/grant period. These expenditures are gathered from the NYS Statewide Financial System (SFS). The SFS system allows OTDA to run reports showing the sub-grantee and activity by federal grant year. OTDA also prepares a weekly funding and obligations report which breaks out spending by components such as heating, crisis, equipment repair/replacement and cooling. Refund checks related to federal grants are first deposited in the NYS Treasury and then checks are issued to the federal government referencing the federal grant and fiscal year.

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	financial	SEFA reporting control	Yes	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

What types of annual audit requirements do you have in place for local administering agencies/district offices?

Select all that apply.

Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

Local agencies/district offices are required to have an annual audit (other than A-133)

Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.

Grantee conducts fiscal and program monitoring of local agencies/district offices

**Compliance Monitoring**

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



<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 type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>OTDA conducts an operational review that includes, but is not limited to: an assessment of pending applications; client and vendor complaints logged by OTDA; client program access to; emergency benefit phone procedures; compliance with the 18-48 hour emergency resolution rules; and compliance with all Heating Equipment Repair and Replacement procedures. Any contracts with alternate certifiers and other agencies performing HEAP related services are also reviewed. OTDA's review period/schedule runs January through March each year.</p> <p>Social Services Districts who must have a corrective action plan must submit them to OTDA within 60 days of receipt of notification. OTDA will then monitor elements of the corrective action plan during the next HEAP season.</p>
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<p><b>Site Visits:</b></p> <p>Five of the top 10 districts with the largest caseloads are monitored every other year, plus five additional districts on a rotating basis. As part of a district monitoring HEAP Bureau staff conducts an operational review of the district's HEAP Program. This includes an assessment of the percentage of early outreach cases received and processed prior to program opening and the overall adherence to processing timeframes for both the districts and the alternate certifier. The operational review also includes, but is not limited to: an assessment of pending applications; client and vendor complaints logged by OTDA; client access to application forms; emergency benefit phone procedures; compliance with the 18-48 hour emergency resolution rules; and compliance with all Heating Equipment Repair and Replacement procedures. Any contracts with alternate certifiers and other agencies performing HEAP related services will also be reviewed.</p>
<p><b>Desk Reviews:</b></p> <p>Five of the top 10 districts with the largest caseloads are monitored every other year, plus five additional agencies on a rotating basis.</p>
<b>10.8. How often is each local agency monitored ?</b>
Top ten districts every other year, other 48 on a rotating basis.
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>
<b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b>
<b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 2</b>
<b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0</b>
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>

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

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

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

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

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

Blockgrant Advisory Committee/ Interagency Taskforce/ Low Income forum on Energy/ Weatherization Policy Advisory Committee.

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

NYS will allocate 15% for weatherization activities.

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

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

	Date	Event Description
1	08/07/2018	Albany Public Hearing - Second hearing held 08/14/2018
2	08/09/2018	New York City Public Hearing - Second hearing held 08/16/2018

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

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

Attached is a summary of the comments received at the hearings and comments received in writing.

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

No Changes were made to the plan as a result of comments received during the Public Hearings.

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

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

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

**12.1 How many fair hearings did the grantee have in the prior Federal fiscal year?** 197

**12.2 How many of those fair hearings resulted in the initial decision being reversed?** 25

**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.**

Individuals whose applications for HEAP benefits are denied are afforded an opportunity for a fair hearing conducted by NYS OTDA. All client notices both approval and denial contain information on how to request a fair hearing. All HEAP applications contain information on how to request a fair hearing.

Households whose applications for weatherization assistance with NYS HCR which have been denied are provided an opportunity for a fair hearing conducted by NYS HCR. All applicants who apply for LIHEAP funded EmPower Program services and are denied shall be entitled to a review of the decision by NYSERDA.

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

When a client first applies for a HEAP benefit, they are informed of their fair hearing rights in their initial eligibility notification. Also, this information is available on OTDA's website, contained in client informational booklets and the HEAP application instructions.

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

Districts are required to make determinations and provide notification of eligibility decisions on applications for regular HEAP benefits within 30 business days after the filing of such application or within 30 business days of program opening for applications received during the early outreach period. Applications which are incomplete may be pending for up to 10 business days and the pending period is not counted in the 30 business day timeframe for providing notification.

Individuals whose applications for HEAP benefits are not acted upon within the established timeframes are afforded an opportunity for a fair hearing conducted by NYS OTDA.

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

Applicants are advised of fair hearing rights for applications that are not acted on in a timely manner at the time of the application by the provision of the "Application Rights" language in the application instructions. This information is also on the OTDA website and in the client informational booklets.

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

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

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

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

N/A

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

N/A

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

N/A

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

N/A

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

**13.6 How many households received these services? N/A**

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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

Yes  No

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

Protocol for submission on leveraging activities to OTDA: Submission of data on leveraging activities is due to NYS OTDA by October 15th of each year.

OTDA instructs third parties and/or local agencies to follow the requirements of 45 CFR 96.87(d) in all submissions for the LIHEAP leveraging incentive program. Those requirements are as follows:

**d) Basic requirements for leveraged resources and benefits.**

(1) In order to be counted under the leveraging incentive program, leveraged resources and benefits must meet all of the following five criteria:

(i) They are from non-Federal sources.

(ii) They are provided to the grantee's low-income home energy assistance program, or to federally qualified low-income households as described in section 2605(b)(2) of Public Law 97-35 ([42 U.S.C. 8624\(b\)\(2\)](#)).

(iii) They are measurable and quantifiable in dollars.

(iv) They represent a net addition to the total home energy resources available to low-income households in excess of the amount of such resources that could be acquired by these households through the purchase of home energy, or the purchase of items that help these households meet the cost of home energy, at commonly available household rates or costs, or that could be obtained with regular LIHEAP allotments provided under section 2602(b) of Public Law 97-35 ([42 U.S.C. 8621\(b\)](#)).

(v) They meet the requirements for countable leveraged resources and benefits throughout this section and section 2607A of Public Law 97-35 ([42 U.S.C. 8626a](#)).

(2) Also, in order to be counted under the leveraging incentive program, leveraged resources and benefits must meet at least one of the following three criteria:

(i) The grantee's LIHEAP program had an active, substantive role in developing and/or acquiring the resource/benefits from home energy vendor(s) through negotiation, regulation, and/or competitive bid. The actions or efforts of one or more staff of the grantee's LIHEAP program-at the central and/or local level-and/or one or more staff of LIHEAP program subrecipient(s) acting in that capacity, were substantial and significant in obtaining the resource/benefits from the vendor(s).

(ii) The grantee appropriated or mandated the resource/benefits for distribution to low-income households through (that is, within and as a part of) its LIHEAP program. The resource/benefits are provided through the grantee's LIHEAP program to low-income households eligible under the grantee's LIHEAP standards, in accordance with the LIHEAP statute and regulations and consistent with the grantee's LIHEAP plan and program policies that were in effect during the base period, as if they were provided from the grantee's Federal LIHEAP allotment.

(iii) The grantee appropriated or mandated the resource/benefits for distribution to low-income households as described in its LIHEAP plan (referred to in section 2605(c)(1)(A) of Public Law 97-35) (42 U.S.C. 8624(c)(1)(A)). The resource/benefits are provided to low-income households as a supplement and/or alternative to the grantee's LIHEAP program, outside (that is, not through, within, or as a part of) the LIHEAP program. The resource/benefits are integrated and coordinated with the grantee's LIHEAP program. Before the end of the base period, the plan identifies and describes the resource/benefits, their source(s), and their integration/coordination with the LIHEAP program. The Department will determine resources/benefits to be integrated and coordinated with the LIHEAP program if they meet at least one of the following eight conditions. If a resource meets at least one of conditions A through F when the grantee's LIHEAP program is operating (and meets all other applicable requirements), the resource also is countable when the LIHEAP program is not operating.

**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	Weatherization	NYS HCR, NYSEDA	Part of NYS LIHEAP appropriation is utilized by HCR to provide weatherization services to HEAP eligible household through the Weatherization Assistance Program (WAP). Owners of rental buildings that are not themselves income-eligible households must contribute 15% - 25% of the cost of the work being done for the building to participate. In addition to multifamily building owner contributions, primary sources for leveraged funds include: the NYSEDA Empower, Multifamily Performance and "Green Jobs/Green NY" programs; and, Utility programs financed through the Clean Energy Fund (CEF) (Case 14-M-0094), the Low and Moderate Income (LMI) (Case 14-M-0565) and the Reforming the Energy Vision (REV) (Case 14-M-0101) proceedings.
2	Non-public fuel funds to assist with utility bills	All Public Service Commission (PSC) regulated utility companies in NYS	All PSC-regulated utilities in NYS operate non-public funded fuel funds to assist their service territory population with payments of energy bills. These resources are targeted to HEAP-eligibility households that have exhausted their HEAP eligibility or are ineligible because of the unavailability of LIHEAP funding.
3	Low Income Customer Assistance Plans	NYS Utility companies	Several NYS utility companies have recently implemented low-income customer assistance plans. The plans consist of two components: rate moderation and uncollectable initiatives, including a negotiated percentage of income plan, coupled with an arrearage forgiveness arrangement.
4	Reduce energy costs through aggregation	NYSOTDA & NYS PSC	In conjunction with various local social services districts and the National Fuel Gas distribution corporation, NYS has established the Temporary Assistance Cooperative for Energy (PACE) program. PACE is a natural gas aggregation program for certain TA recipients in Erie, Chautauqua and Niagara counties in NY. The programs objective is to provide the benefits of competition to low-income payment troubled customers by offering the opportunity to reduce energy costs through aggregation.
5	Fuel Buying component	NYS OTDA	OTDA has established a HEAP fuel buying component in NYS. The purpose of this component is to expand the buying power of LIHEAP dollars by obtaining a lower than retail price for HEAP purchased oil, kerosene and propane. This discounted price materially enhances the purchasing power of LIHEAP eligible households.

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

## Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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#### Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

TA/SNAP Institutes

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe: Local Commissioner Memoranda (LCM), Information Letters (INF), and General Information System (GIS) Messages, Online Training Modules

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed



<input checked="" type="checkbox"/> <b>Other - Describe:</b> Vendor Conference Calls
<input checked="" type="checkbox"/> <b>Policies communicated through vendor agreements</b>
<input type="checkbox"/> <b>Policies are outlined in a vendor manual</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b> Vendor Update Newsletter
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

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

NYS will continue to report all case types which have a HEAP benefit issued to vendors required to participate in performance measures. Vendor Agreement Addendums to facilitate performance measurement reporting have been signed by all the vendors participating in the sample. NYS will continue to utilize the database and established secure conductivity for the exchange and reporting of consumer consumption data.

NYS has finalized and implemented the addition of consent language to NYS Statewide Common Application LDSS-2921, Recertification Application for TA or SNAP LDSS-3174, and Supplemental Nutrition Assistance program (SNAP) Application/Recertification LDSS-4826. The consent language is found in the consent section of each application, this authorization includes permission for the home energy vendors to release certain statistical information, including but not limited to, electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the Local Social Services District and the United States Department of Health and Human services for the purposes of Low Income Home Energy Assistance Program (HEAP) performance measurement.

The following consent Language has been added to NYS LDSS-3421 HEAP Application and to the NYS myBenefits online applications for HEAP, SNAP, and TA Recertification:

**LDSS-3421 HEAP Application**

I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for the home energy vendors (including my utility) to release certain statistical information, including but not limited to, my electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the Local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

**HEAP myBenefits Online Application**

I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for the home energy vendors (including my utility) to release certain statistical information, including but not limited to, my electricity usage, electricity cost, annual fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the Local Social Services District and the United states Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

**SNAP myBenefits Online Application:**

I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost, and payment history to the Office of Temporary and Disability Assistance and the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Energy Assistance Program (LIHEAP) performance measurement.

**TA Recertification myBenefits Online Application:**

I understand that the State will use my Social Security Number to verify with my home energy vendors receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the NYS Office of Temporary and Disability Assistance, local Social Services District and the United States Department of Health and Human Services for the purpose of Low Income Energy Assistance Program (LIHEAP) performance measurement.

**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  
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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:

The New York State What You Should Know About Your Rights and Responsibilities (When Applying for and Receiving Benefits) - LDSS-4148A provides this information as well.

##### 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 type="checkbox"/> Requested
Social Security Number (Without actual Card)	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Government-issued identification card	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required

(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Describe any exceptions to the above policies.

**17.3 Identification Verification**

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

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

An electronic clearance process though WMS is used to verify identity with the documentation provided by the applicant.

**17.4. Citizenship/Legal Residency Verification**

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

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

The HEAP Application allows applicants to attest to their citizenship status. The application is signed by the applicant.

**17.5. Income Verification**

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

- Require documentation of income for all adult household members
  - Pay stubs
  - Social Security award letters
  - Bank statements
  - Tax statements
  - Zero-income statements
  - Unemployment Insurance letters
  - Other - Describe:

Statement from individuals who provide regular cash support.

<input checked="" type="checkbox"/> Computer data matches:
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input checked="" type="checkbox"/> Other - Describe: Statement from individuals who provide regular cash support. The Work Number.
<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 checked="" type="checkbox"/> Other - Describe: All personally identifying information about a HEAP applicant or recipient is confidential and may be disclosed only for purposes of investigating or prosecuting suspected fraud or abuse, in cooperation with Federal or State authorities regarding LIHEAP audits or investigations, or with the written consent of the applicant or recipient.
<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 type="checkbox"/> Other - Describe and note any exceptions to policies above:
<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 checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities

<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: Conduct monitoring of Gas and Electric Utilities.
<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 checked="" 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 checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: Conduct monitoring of Bulk Fuel Vendors.
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input checked="" type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input checked="" type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process Districts are required to recover improper payments made to vendors or recipients through all legally enforceable methods.
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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



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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

#### Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

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

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

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

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

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

and

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

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

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

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

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

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

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1)

Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

40 North Pearl Street

\* Address Line 1

Address Line 2

Address Line 3

Albany

\* City

NY

\* State

12243

\* 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>• <b>Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Heating component benefit matrix, if applicable</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Cooling component benefit matrix, if applicable</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Minutes, notes, or transcripts of public hearing(s).</b></li></ul>