

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** TX ST Dept of Housing/Community Affairs

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

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

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

### Report Sections

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## Mandatory Grant Application SF-424

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

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

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

|  |   |  |  |
|--|---|--|--|
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="radio"/> Plan | <b>* 1.b. Frequency:</b><br><input checked="" type="radio"/> Annual | <b>* 1.c. Consolidated Application/<br/>Plan/Funding Request?</b><br><br><b>Explanation:</b> | <b>* 1.d. Version:</b><br><input checked="" type="radio"/> Initial<br><input type="radio"/> Resubmission<br><input type="radio"/> Revision<br><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><br>14B1TXCOSR   | <b>6. State Application Identifier:</b>  |

**7. APPLICANT INFORMATION**

**\* a. Legal Name:** Texas Department of Housing and Community Affairs

|   |  |
|---|--|
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br>742610542 | <b>* c. Organizational DUNS:</b> 806781902 |
|---|--|

**\* d. Address:**

|                    |               |                             |                       |
|--------------------|---------------|-----------------------------|-----------------------|
| <b>* Street 1:</b> | PO BOX 13941  | <b>Street 2:</b>            | 221 EAST 11 TH STREET |
| <b>* City:</b>     | AUSTIN        | <b>County:</b>              | TRAVIS                |
| <b>* State:</b>    | TX            | <b>Province:</b>            |                       |
| <b>* Country:</b>  | United States | <b>* Zip / Postal Code:</b> | 78711 - 3935          |

**e. Organizational Unit:**

|   |  |
|---|--|
| <b>Department Name:</b><br>TX Department of Housing and Community Affairs | <b>Division Name:</b><br>Community Affairs |
|---|--|

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

|  |  |   |                                       |
|--|--|---|---------------------------------------|
| <b>Prefix:</b><br>Ms.                        | <b>* First Name:</b><br>Rita           | <b>Middle Name:</b><br>Denise                   | <b>* Last Name:</b><br>Gonzales-Garza |
| <b>Suffix:</b>                               | <b>Title:</b><br>Program Administrator | <b>Organizational Affiliation:</b><br>staff     |                                       |
| <b>* Telephone Number:</b><br>(512) 475-3905 | <b>Fax Number:</b><br>512-475-3935     | <b>* Email:</b><br>rita.garza@tdhca.state.tx.us |                                       |

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


**b. Additional Description:**

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

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

**11. Descriptive Title of Applicant's Project**  
FY 2021 LIHEAP State Plan

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

|   |                                   |   |                              |
|---|-----------------------------------|---|------------------------------|
| <b>13. CONGRESSIONAL DISTRICTS OF:</b>  |                                   |   |                              |
| <b>* a. Applicant</b><br>25   |                                   | <b>b. Program/Project:</b><br>Texas Districts #1-#36                      |                              |
| Attach an additional list of Program/Project Congressional Districts if needed.   |                                   |   |                              |
| <b>14. FUNDING PERIOD:</b>  |                                   | <b>15. ESTIMATED FUNDING:</b>   |                              |
| <b>a. Start Date:</b><br>10/01/2020   | <b>b. End Date:</b><br>09/30/2021 | <b>* a. Federal (\$):</b><br>\$0  | <b>b. Match (\$):</b><br>\$0 |
| <b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>  |                                   |   |                              |
| a. This submission was made available to the State under the Executive Order 12372  |                                   |   |                              |
| Process for Review on :   |                                   |   |                              |
| b. Program is subject to E.O. 12372 but has not been selected by State for review.  |                                   |   |                              |
| c. Program is not covered by E.O. 12372.  |                                   |   |                              |
| <b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>   |                                   |   |                              |
| <input type="radio"/> YES   |                                   |   |                              |
| <input checked="" type="radio"/> NO   |                                   |   |                              |
| Explanation:  |                                   |   |                              |
| 18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) |                                   |   |                              |
| <b>**I Agree</b> <input checked="" type="checkbox"/>  |                                   |   |                              |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.   |                                   |   |                              |
| <b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b><br>Michael Deyoung  |                                   | <b>18c. Telephone (area code, number and extension)</b><br>(512) 475-2125 |                              |
|   |                                   | <b>18d. Email Address</b><br>michael.deyoung@tdhca.state.tx.us            |                              |
| <b>18b. Signature of Authorized Certifying Official</b><br>  |                                   | <b>18e. Date Report Submitted (Month, Day, Year)</b><br>09/10/2020        |                              |
| <b>Attach supporting documents as specified in agency instructions.</b>   |                                   |   |                              |

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

| 1.1 Check which components you will operate under the LIHEAP program.<br>(Note: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of Operation |            |
|---|--------------------|------------|
|   | Start Date         | End Date   |
| <input checked="" type="checkbox"/> Heating assistance  | 10/01/2020         | 09/30/2022 |
| <input checked="" type="checkbox"/> Cooling assistance  | 10/01/2020         | 09/30/2022 |
| <input checked="" type="checkbox"/> Crisis assistance   | 10/01/2020         | 09/30/2022 |
| <input checked="" type="checkbox"/> Weatherization assistance   | 10/01/2020         | 09/30/2022 |

Provide further explanation for the dates of operation, if necessary

Related to Section 1 of plan: [1] Capitalized terms are defined in Title 10, Chapters 1, 2, or 6 (as applicable) of the Texas Administrative Code or by federal law.

related to question 1.1 Dates of Operation: [2] Identification of these periods does not limit the payment of assistance on any "seasonal" basis.

related to question 1.2: [3] If 15% is not used for weatherization assistance, the balance will be added to heating, cooling, or crisis assistance as needed.

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  | 15.00%           |
| Cooling assistance  | 50.00%           |

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| Crisis assistance  | 10.00%  |   |   |   |  |
| 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>  |   |   |   |  |
| <b>Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)</b>   |   |   |   |   |  |
| <b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>  |   |   |   |   |  |
| <input type="checkbox"/>   | Heating assistance  | <input type="checkbox"/>                                      | Cooling assistance  |   |  |
| <input type="checkbox"/>   | Weatherization assistance                                     | <input checked="" type="checkbox"/>                           | Other (specify): funds are utilized for all eligible components |   |  |
| <b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>  |   |   |   |   |  |
| <b>1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? <input checked="" type="radio"/> Yes <input type="radio"/> No</b>  |   |   |   |   |  |
| <b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>  |   |   |   |   |  |
|  | <b>Heating</b>  | <b>Cooling</b>  | <b>Crisis</b>   | <b>Weatherization</b>   |  |
| TANF   | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No   | <input type="radio"/> Yes <input checked="" type="radio"/> No |  |
| SSI  | <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 |  |
| SNAP   | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No | <input type="radio"/> Yes <input checked="" type="radio"/> No   | <input type="radio"/> Yes <input checked="" type="radio"/> No |  |
| Means-tested Veterans Programs   | <input 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 |  |
|  | <b>Program Name</b>   | <b>Heating</b>  | <b>Cooling</b>  | <b>Crisis</b>   | <b>Weatherization</b>                              |
| Other(Specify) 1   |   | <input type="radio"/> Yes <input type="radio"/> No            | <input type="radio"/> Yes <input type="radio"/> No              | <input type="radio"/> Yes <input type="radio"/> No            | <input type="radio"/> Yes <input type="radio"/> No |
| <b>1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No</b>   |   |   |   |   |  |
| <b>If Yes, explain:</b>  |   |   |   |   |  |
| <b>1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?</b>   |   |   |   |   |  |
| Texas provides Categorical Eligibility for SSI and Means-Tested Veterans Programs into its program. State rules have a provision that there is to be no difference in the treatment of Categorical Eligible Households. The Department has a system for persons to submit complaints, and the monitoring reviews would also note any differences in treatment of persons that are or are not Categorical Eligible. |   |   |   |   |  |
| <b>SNAP Nominal Payments</b>   |   |   |   |   |  |
| <b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No</b>   |   |   |   |   |  |
| <b>If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.</b>  |   |   |   |   |  |
| <b>1.7b Amount of Nominal Assistance: \$0.00</b>   |   |   |   |   |  |
| <b>1.7c Frequency of Assistance</b>  |   |   |   |   |  |
| <input type="checkbox"/>   | Once Per Year   |   |   |   |  |
| <input type="checkbox"/>   | Once every five years   |   |   |   |  |
| <input type="checkbox"/>   | Other - Describe:   |   |   |   |  |
| <b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>  |   |   |   |   |  |
| <b>Determination of Eligibility - Countable Income</b>   |   |   |   |   |  |
| <b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?</b>  |   |   |   |   |  |
| <input checked="" type="checkbox"/>  | Gross Income  |   |   |   |  |
| <input type="checkbox"/>   | Net Income  |   |   |   |  |

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

|   |  |
|---|--|
| <input type="checkbox"/>  | Insurance payments made directly to the insured  |
| <input type="checkbox"/>  | Insurance payments made specifically for the repayment of a bill, debt, or estimate  |
| <input checked="" type="checkbox"/>   | Veterans Administration (VA) benefits  |
| <input type="checkbox"/>  | Earned income of a child under the age of 18   |
| <input type="checkbox"/>  | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.   |
| <input type="checkbox"/>  | Income tax refunds   |
| <input type="checkbox"/>  | Stipends from senior companion programs, such as VISTA   |
| <input type="checkbox"/>  | Funds received by household for the care of a foster child   |
| <input type="checkbox"/>  | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid   |
| <input type="checkbox"/>  | Reimbursements (for mileage, gas, lodging, meals, etc.)  |
| <input checked="" type="checkbox"/>   | <p><b>Other</b></p> <p>Other: Any item not excluded in 10 TAC §6.4 or by other federal law.</p> <p>In regards to question 1.8: footnote (4): Exceptions on use of income are provided in 10 TAC §6.4.</p> <p>In regards to question 1.9: Footnote (5) Any income received by a household that is received from a federal, State, local government, or disaster relief agency that is in excess of the amounts of what would be received if not for the CARES Act legislation, will be excluded per 10 TAC §6.4(c)(28).</p> |
| <p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p> |  |

## Section 2 - HEATING ASSISTANCE

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

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

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

## Section 2 - Heating Assistance

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

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

| Add | Household size      | Eligibility Guideline  | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |
| 2   | All Household Sizes | State Median Income    | 60.00%                |

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

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

Do you require an Assets test ?  Yes  No

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

Renters?  Yes  No

Renters Living in subsidized housing ?  Yes  No

Renters with utilities included in the rent ?  Yes  No

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

Elderly?  Yes  No

Disabled?  Yes  No

Young children?  Yes  No

Households with high energy burdens ?  Yes  No

Other? Households with high energy consumption  Yes  No

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

See attached document: TX\_liheap\_2021plan\_Sec2\_qstns2.1-2.3\_2.6

### 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.

Subrecipients use a rating system which determines priority based on persons in Households who are particularly vulnerable such as the Elderly, Persons with Disabilities, Households with Young Children, Households with High Energy Burden, and Households with High Energy Consumption. Benefit amounts are determined on a sliding scale based on the Household's income. Households with the presence of a vulnerable member such as the Elderly, Persons with Disabilities, and Households with Young Children do not have a limit on the number of benefit payments, but adhere to the same benefit amounts. The maximum benefit amount is determined per program year based on Household need, is split between heating and cooling assistance, and is not required to be applied equally to heating and cooling costs.

#### 2.5 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



|  |
|--|
| <input checked="" type="checkbox"/> Individual bill                                  |
| <input type="checkbox"/> Dwelling type   |
| <input checked="" type="checkbox"/> Energy burden (% of income spent on home energy) |
| <input checked="" type="checkbox"/> Energy need                                      |
| <input checked="" type="checkbox"/> Other - Describe:                                |

*Other Description:* Other - Utility assistance payment can be based on the previous twelve (12) month's home energy consumption history or, if this data is unavailable, payments may be based on payments of the current program year's bill or utilize an alternative billing method (ABM) for clients with incomplete billing histories. The Department recommends an alternative billing method where the subrecipient determines the average consumption amount (kWh, therms, MCF, gallons, etc.) per month, for each household size and type based on a minimum sample size of 30 files that contain complete billing histories. Subrecipients can propose other types of ABMs. The ABM proposed by the subrecipient must be approved by the Department prior to utilization.

The amount of benefit/assistance that an applicant is eligible for is based on their level of household income. Per 10 TAC §6.309(e), Households with incomes 0-50% of Federal Poverty Income Guidelines (FPIG) have a maximum of \$1,600 for the Utility Payment Assistance Component and the Crisis Assistance Component; Households with incomes at 51%-75% FPIG have a maximum of \$1,500 per Component; Households with incomes 76%-150% FPIG have a maximum of \$1,400 per Component; and there is a maximum of up to \$5,000 for Service and Repair of heating and cooling units. The maximum total eligible assistance is \$8,200.

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

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

|                        |     |                        |         |
|------------------------|-----|------------------------|---------|
| <b>Minimum Benefit</b> | \$1 | <b>Maximum Benefit</b> | \$8,200 |
|------------------------|-----|------------------------|---------|

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

**If yes, describe.**

See attached document: TX\_liheap\_2021plan\_Sec2\_qstns2.1-2.3\_2.6

Note for question 2.6: The State of Texas does not have a minimum benefit amount. The amount of benefit/assistance indicates \$1.00, because the OLDC system requires that a figure be inserted in the minimum amount.

Non-vulnerable Households may receive service and repair of existing heating and cooling units not to exceed \$5,000 if the household is experiencing crisis conditions. Vulnerable Households that include at least one member that is Elderly, Disabled, or a Child age 5 or younger, may receive service and repair of existing heating and cooling units not to exceed \$5,000. All households experiencing a life-threatening crisis may be eligible to receive portable air conditioning/evaporative coolers and heating units (portable electric heaters are allowable only as a last resort).

Eligible Households may receive temporary shelter not to exceed the annual household expenditure limit for the duration of the contract period in the limited instances when natural disasters result in energy supply shortages or other energy-related emergencies. Eligible Households may receive emergency deliveries of fuel up to 250 gallons per crisis per Household, at the prevailing price. This benefit may include coverage for tank pressure testing. When natural disasters result in energy supply shortages or other energy-related emergencies, LIHEAP will allow home energy related expenditures as described in 10 TAC §6.310 (c), which include blankets, fans, air conditioners, and generators.

**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   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |
| 2   | All Household Sizes | State Median Income    | 60.00%                |

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

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

See attached document "TX\_liheap\_2021plan\_Sec3\_qstns3.1-3.3\_3.6" for footnotes for questions 3.1, 3.3, and 3.6.

10 TAC §6.307(e) states "Subrecipients must establish a written procedure to serve Households that have a Vulnerable Population Household member, Households with High Energy Burden, and Households with High Energy Consumption. High Energy Burden shall be the highest rated item in sliding scale priority determinations. The Subrecipient must maintain documentation of the use of the criteria."

Priority must be given to Elderly, Disabled, Households with Young Children, and Households with High Energy Burden and High Energy Consumption.

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

Subrecipients use a rating system which determines priority based on persons in Households who are particularly vulnerable such as the Elderly, Persons with Disabilities, Families with Young Children, Households with High Energy Burden, and Households with High Energy Consumption. Benefit amounts are determined on a sliding scale based on the Household's income. Households with the presence of a vulnerable member such as the Elderly, Persons with Disabilities, and Households with Young Children do not have a limit on the number of benefit payments, but adhere to the same benefit amounts. The maximum benefit amount is determined per-program year based on Household need, is split between heating and cooling assistance, and is not required to be applied equally to heating and cooling costs.

**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

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

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

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

|                 |     |                 |         |
|-----------------|-----|-----------------|---------|
| Minimum Benefit | \$1 | Maximum Benefit | \$8,200 |
|-----------------|-----|-----------------|---------|

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

If yes, describe.

See attached document "TX\_liheap\_2021plan\_Sec3\_qstns3.1-3.3\_3.6" for footnotes for questions 3.1, 3.3, and 3.6.

For 3.6, minimum benefit is shown as \$1 because OLDC requires a figure and it will not accept \$0.

For 3.7: Non-vulnerable Households may receive service and repair of existing heating and cooling units not to exceed \$5,000 if the Household is experiencing crisis conditions. Vulnerable Households that include at least one member that is Elderly, Disabled, or a Child age 5 or younger, may receive service and repair of existing heating and cooling units not to exceed \$5,000. All Households experiencing a Life-Threatening Crisis may be eligible to receive portable air conditioning/evaporative coolers and heating units (portable electric heaters are allowable only as a last resort).

Eligible Households may receive temporary shelter not to exceed the annual household expenditure limit for the duration of the contract period in the limited instances when natural disasters result in energy supply shortages or other energy-related emergencies. Eligible Households may receive emergency deliveries of fuel up to 250 gallons per crisis per Household, at the prevailing price. This benefit may include coverage for tank pressure testing. When natural disasters result in energy supply shortages or other energy-related emergencies, LIHEAP will allow home energy related expenditures as described in 10 TAC §6.310 (c), which include blankets, fans, air conditioners, and generators.

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

#### Section 4: CRISIS ASSISTANCE

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

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

| Add | Household size      | Eligibility Guideline  | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |
| 2   | All Household Sizes | State Median Income    | 60.00%                |

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

Crisis Assistance can be provided to persons who have already lost service or are in immediate danger of losing service only under one of the following conditions, as defined in 10 TAC §6.301 (relating to Background and Definitions):

- (1) Extreme Weather Conditions, with assistance provided within 48 hours;
- (2) Disaster, with assistance provided within 48 hours; or
- (3) Life Threatening Crisis, with assistance provided within 18 hours.

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

A Life Threatening Crisis exists when the life of at least one person in the applicant Household who is a U.S. Citizen, U.S. National, or a Qualified Alien would likely, in the opinion of a reasonable person, be endangered if utility assistance or heating and cooling assistance is not provided due to a Household member who needs electricity for life-sustaining equipment or whose medical professional has prescribed that the person with a medical condition requires that the ambient air temperature be maintained at a certain temperature. Examples of life-sustaining equipment include, but are not limited to, kidney dialysis machines, oxygen concentrators, and cardiac monitors. Documentation must not be requested about the medical condition of the applicant, but the applicant must state that such a device is required in the Dwelling Unit to sustain life.

**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?                                  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Disabled?                                 | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Young Children?                           | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Households with high energy burdens?      | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other? HHlds with high energy consumption | <input checked="" type="radio"/> Yes <input type="radio"/> No |

**In Order to receive crisis assistance:**

|  |  |
|--|--|
| Must the household have received a shut-off notice or have a near empty tank?  | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Must the household have been shut off or have an empty tank?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Must the household have exhausted their regular heating benefit?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Must renters with heating costs included in their rent have received an eviction notice ?  | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Must heating/cooling be medically necessary?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Must the household have non-working heating or cooling equipment?  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |
| Other? see below   | <input checked="" type="radio"/> Yes <input type="radio"/> No  |
| <b>Do you have additional / differing eligibility policies for:</b>  |  |
| Renters?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Renters living in subsidized housing?  | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Renters with utilities included in the rent?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| <b>Explanations of policies for each "yes" checked above:</b>  |  |
| <p>See attached document "Texas_Amended_FY2020_LIHEAP_Plan_footnotes_to_questions_2020-05-12" for question 4.7</p> <p>Explanation for Other:</p> <p>Crisis Assistance can be provided to persons who have already lost service or are in immediate danger of losing service only under one of the following conditions, as defined in 10 TAC §6.301 (relating to Background and Definitions):</p> <ul style="list-style-type: none"> <li>(1) Extreme Weather Conditions, with assistance provided within 48 hours;</li> <li>(2) Disaster, with assistance provided within 48 hours; or</li> <li>(3) Life Threatening Crisis, with assistance provided within 18 hours.</li> </ul>  |  |
| <b>Determination of Benefits</b>   |  |
| <b>4.8 How do you handle crisis situations?</b>  |  |
| <input checked="" type="checkbox"/>  | Separate component   |
| <input type="checkbox"/>   | Fast Track   |
| <input type="checkbox"/>   | Other - Describe:  |
| <b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>  |  |
| <input checked="" type="checkbox"/>  | Amount to resolve the crisis.  |
| <input checked="" type="checkbox"/>  | Other - Describe:<br><br>Amount to resolve crisis, up to a maximum of <u>\$1600</u><br><br><u>Other: Heating and cooling equipment repair or replace up to \$5,000</u> |
| <b>Crisis Requirements, 2604(c)</b>  |  |
| <b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>  |  |
| <input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>  |  |
| <p>In addition to what is already stated in Section 2604(c)(3) regarding the requirement that each subrecipient accept applications at sites that are geographically accessible to all Households in the area to be served, 10 TAC §6.313(c) states "Subrecipient shall handle Reasonable Accommodation requests, in accordance with §1.204 of this title (relating to Reasonable Accommodations)." 10 TAC §1.204 (b) General Considerations in Handling of Reasonable Accommodations. An applicant, participant, or occupant who has a disability may request an accommodation and, depending on the program funding the property or activity and whether the accommodation requested is a reasonable accommodation, their request must be timely addressed."</p> |  |
| <b>4.11 Do you provide individuals who are physically disabled the means to:</b>   |  |
| <b>Submit applications for crisis benefits without leaving their homes?</b>  |  |
| <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>   |  |
| <b>Travel to the sites at which applications for crisis assistance are accepted?</b>   |  |

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?

Applications can be mailed in. In some cases, applications may be completed online or the organization will go to the applicant's home to take the application.

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

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

|                   |                            |
|-------------------|----------------------------|
| Winter Crisis     | \$0.00 maximum benefit     |
| Summer Crisis     | \$0.00 maximum benefit     |
| Year-round Crisis | \$1,600.00 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

Non-Vulnerable Households may receive service and repair of existing heating and cooling units not to exceed \$5,000 if the Household is experiencing crisis conditions.

If any components of the heating and cooling unit, or heating and cooling system cannot be repaired with parts, Subrecipients can replace the heating or cooling unit, components or heating and cooling system under the Utility Assistance Component or Crisis Assistance Component, depending on whether the Household is Vulnerable or Non-Vulnerable. Where replacement is required, the subrecipient should prioritize the use of Energy Star heating and/or cooling units, and that the units are appropriately sized using standard Manual J procedures.

LIHEAP will allow home energy related expenditures as described in 10 TAC §6.310(c).

All Households experiencing a Life-Threatening Crisis may be eligible to receive portable air conditioning/evaporative coolers and heating units (portable electric heaters are allowable only as a last resort).

Eligible Households may receive temporary shelter not to exceed the annual household expenditure limit for the duration of the contract period in the limited instances when natural disasters result in energy supply shortages or other energy-related emergencies. Eligible Households may receive emergency deliveries of fuel up to 250 gallons per crisis per Household, at the prevailing price. This benefit may include coverage for tank pressure testing. When natural disasters result in energy supply shortages or other energy-related emergencies, LIHEAP will allow home energy related expenditures as described in 10 TAC §6.310(c), which include blankets, fans, air conditioners, and generators.

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

Yes  No

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

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

|  | Winter Crisis            | Summer Crisis            | Year-round Crisis                   |
|--|--------------------------|--------------------------|-------------------------------------|
| Heating system repair  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heating system replacement   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system repair  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system replacement   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wood stove purchase  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Pellet stove purchase  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Solar panel(s)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Utility poles / gas line hook-ups  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other (Specify):<br>For Households which include a member of a Vulnerable Population, service and repair or purchase of portable heating and cooling units can be provided if a system is non-existent up to \$5000. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

For Households who do not have a member of a Vulnerable Population, such assistance is limited to times when the county is experiencing Extreme Weather Conditions.

**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.**

Specific to energy assistance clients, §25.483(i) of the Texas Public Utilities Commission rules provides that a Retail Electric Provider (REP) shall not authorize a disconnection for nonpayment of electric service to a delinquent residential customer for a billing period in which the REP receives a pledge, letter of intent, purchase order, or other notification that the energy assistance provider is forwarding sufficient payment to continue service provided that such pledge, letter of intent, purchase order, or other notification is received by the due date stated on the disconnection notice, and the customer, by the due date on the disconnection notice, either pays or makes payment arrangements to pay any outstanding debt not covered by the energy assistance provider. Additionally, the rule provides that if an energy assistance provider has requested monthly usage data pursuant to §25.472(b)(4) (relating to Privacy of Customer Information), the REP shall extend the final due date on the disconnection notice, day for day, from the date the usage data was requested until it is provided; and that a REP shall allow at least 45 days for an energy assistance provider to honor a pledge, letter of intent, purchase order, or other notification before submitting the disconnection request to the TDU.

There are protections for several other categories of clients and situations applicable to LIHEAP clients served:

§25.483(g) provides that a REP shall not authorize a disconnection for nonpayment of electric service at a permanent, individually metered dwelling unit of a delinquent Critical Care Residential Customer when that customer establishes that disconnection of service will cause some person at that residence to become seriously ill or more seriously ill.

§25.483(h) provides that a REP shall not authorize a disconnection for nonpayment of electric service at a permanent, individually metered dwelling unit of a delinquent customer when that customer has been designated as a Chronic Condition Residential Customer pursuant to 25.497 with noted rule exceptions.

§25.483(j) provides that a REP shall not authorize a disconnection for nonpayment of electric service for any customer in a county in which an extreme weather emergency occurs. A REP shall offer residential customers a deferred payment plan upon request by the customer that complies with the requirements of 25.480 (relating to Bill Payment and Adjustments) for bills that become due during the weather emergency. The term "extreme weather emergency" shall mean a day when:

(A) the previous day's highest temperature did not exceed 32 degrees Fahrenheit, and the temperature is predicted to remain at or below that level for the next 24 hours anywhere in the county, according to the nearest National Weather Service (NWS) reports; or

(B) the NWS issues a heat advisory for a county, or when such advisory has been issued on any one of the preceding two calendar days in a county.

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

| Add | Household Size      | Eligibility Guideline  | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1   | All Household Sizes | HHS Poverty Guidelines | 150.00%               |
| 2   | All Household Sizes | State Median Income    | 60.00%                |

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

5.3 If yes, name the agency. n/a

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:
 

Other (describe): Adhere to DOE WAP regulation 10 CFR Section 440.18(f)(2) regarding re-weatherization. 10 TAC Part 1, Chapter 6, Subchapter D, Weatherization Assistance Program, is one area where the LIHEAP funded weatherization program adheres to DOE regulations. TDHCA uses a priority list for LIHEAP households at 150% or below USHHS poverty income level. Energy-related home repair: TDHCA will allow the use of LIHEAP weatherization funds for structural and ancillary repairs only if required to enable effective weatherization. If LIHEAP funds are included in a DOE unit, the SIR/audit must be used to justify all measures.

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

- Income Threshold
- Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
- Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
- Other - Describe:

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

Renters  Yes  No



|   |  |
|---|--|
| Renters living in subsidized housing?   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| <b>5.8 Do you give priority in eligibility to:</b>  |  |
| Elderly?  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |
| Disabled?   | <input checked="" type="radio"/> Yes <input type="radio"/> No  |
| Young Children?   | <input checked="" type="radio"/> Yes <input type="radio"/> No  |
| House holds with high energy burdens?   | <input checked="" type="radio"/> Yes <input type="radio"/> No  |
| Other? Households with high energy consumption  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |
| <p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p style="text-align: center;">Other - Households with high energy consumption</p> |  |
| <b>Benefit Levels</b>   |  |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input checked="" type="radio"/> Yes <input type="radio"/> No  |  |
| 5.10 If yes, what is the maximum? \$8,000   |  |
| <b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>   |  |
| 5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)  |  |
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits   | <input checked="" type="checkbox"/> Energy related roof repair   |
| <input checked="" type="checkbox"/> Caulking and insulation   | <input checked="" type="checkbox"/> Major appliance Repairs  |
| <input type="checkbox"/> Storm windows  | <input checked="" type="checkbox"/> Major appliance replacement  |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs   | <input checked="" type="checkbox"/> Windows/sliding glass doors  |
| <input checked="" type="checkbox"/> Furnace replacement   | <input checked="" type="checkbox"/> Doors  |
| <input checked="" type="checkbox"/> Cooling system modifications/ repairs   | <input checked="" type="checkbox"/> Water Heater   |
| <input checked="" type="checkbox"/> Water conservation measures   | <input checked="" type="checkbox"/> Cooling system replacement   |
| <input checked="" type="checkbox"/> Compact florescent light bulbs  | <input checked="" type="checkbox"/> <b>Other - Describe:</b><br>Solar screens or window film. Smart thermostats, miscellaneous repairs up to \$500 for structural and ancillary only if required to enable effective weatherization; Window screens to help prevent exposure to the Zika virus for Households with pregnant women. |
| <p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>   |  |

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

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):

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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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 type="checkbox"/>            | One - stop intake centers               |
| <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 8 - Agency Designation,, 2605(b)(6) - Assurance 6**

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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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 checked="" type="checkbox"/> | Administration Agency       |
| <input type="checkbox"/>            | Commerce Agency             |
| <input type="checkbox"/>            | Community Services Agency   |
| <input type="checkbox"/>            | Energy / Environment Agency |
| <input type="checkbox"/>            | Housing Agency              |
| <input 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?**

Report of available services at various workgroup meetings with community stakeholders (disability, health services, homeless, etc), and presentation at area events.

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

Report of available services at various workgroup meetings with community stakeholders (disability, health services, homeless, etc), and presentation at area events.

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

Report of available services at various workgroup meetings with community stakeholders (disability, health services, homeless, etc), and presentation at area events.

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

|  |       |       |       |                |
|--|-------|-------|-------|----------------|
| 8.5b Who processes benefit payments to gas and electric vendors? | Other | Other | Other |                |
| 8.5c who processes benefit payments to bulk fuel vendors?        | Other | Other | Other |                |
| 8.5d Who performs installation of weatherization measures?       |       |       |       | Non-Applicable |

**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?**

For responses to Question 8.5, see attached.

For response to Question 8.6:

The Department ensures that to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of Title 42 U.S.C. §§8621, et seq. special consideration is given to any local public or private nonprofit agency which was receiving CSBG or LIHEAP funds.

(1) The Department before giving such special consideration, determines that the agency involved meets program and fiscal requirements established by law and by the Department; and

(2) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the Department gives 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.

Currently, the Department administers all aspects of program delivery through subrecipients that have demonstrated that they are operating the program in accordance with the Economic Opportunity Act of 1964, the Low-Income Home Energy Assistance Act of 1981, as amended (42 U.S.C. §§8621, et seq.), and Department rules. If subrecipients are successfully administering the program, the Department may offer to renew the contract.

Under this model, if the Department determines that an organization is not administering the program satisfactorily, corrective actions are taken to remedy the problem. Thereafter, if a subrecipient fails to administer the program correctly, the Department will proceed with the process provided for in Department rules of removing funds and reassign the service area or a portion to another existing subrecipient or conduct solicitation or selection of a new subrecipient in accordance with the Low-Income Home Energy Assistance Act of 1981. The affected subrecipient may request a hearing in accordance with §2105.204 of the Texas Government Code.

However, the Department retains the right to go through a procurement process for some or all aspects of the LIHEAP program.

**8.7 How many local administering agencies do you use? 37**

**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

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

9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

If yes, Describe.

Our subrecipient organizations make payments to suppliers.

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

The administering agency informs them once the determination is made.

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?

Vendor agreements are used in all components. The Department provides subrecipients with a Department approved Vendor Agreements to utilize. The document can be found at the Department's website at <https://www.tdhca.state.tx.us/community-affairs/ceap/guidance.htm>

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?

Vendor agreements are used in all components. The Department provides subrecipients with a Department approved Vendor Agreements to utilize. The document can be found at the Department's website at <https://www.tdhca.state.tx.us/community-affairs/ceap/guidance.htm>

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**

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

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

1. Review annual audits
2. Monitor fiscal records
3. Review current and prior year monthly expenditure and performance reports

**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       |      |               |           |              |

10.4. Audits of Local Administering Agencies

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

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

**Compliance Monitoring**

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

Grantee employees:

- Internal program review
- Departmental oversight
- Secondary review of invoices and payments
- Other program review mechanisms are in place. Describe:

Other program review mechanisms are in place. Describe: Cross Division peer review of documents

Local Administering Agencies / District Offices:



|  |
|--|
| <input checked="" type="checkbox"/> On - site evaluation   |
| <input 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 checked="" type="checkbox"/> Other program review mechanisms are in place. Describe:  |
| <p>Desk review of 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance); A review of the Subrecipient’s resolution of prior monitoring or Single Audit reports is performed prior to awarding new contracts.</p>  |
| <b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>   |
| <p>On-site monitoring visits and desk reviews are mechanisms used for in-depth investigation and overall assessment, respectively. The Department will conduct on-site monitoring reviews and desk reviews of contracts based on an assessment of risk of non-compliance with program requirements. Subrecipient monitors review necessary program documents and financial records through desk reviews and on-site reviews. Selection of contracts for monitoring is primarily based on risk assessment. LIHEAP subrecipients are monitored at least once every three years. This is a component of the risk assessment score. If a subrecipient also has Community Service Block Grant funds, the LIHEAP monitoring may be done at the same time. Subrecipients that leverage LIHEAP funds with DOE funds for weatherization are subject to a programmatic fiscal and inspection review according to the DOE monitoring schedule (once a year). Contracts may also be selected for monitoring based on other factors, such as prior findings, complaints, or special requests.</p> |
| <b>10.7. Describe how you select local agencies for monitoring reviews.</b>  |
| <p><b>Site Visits:</b></p> <p>Onsite monitoring visits are conducted at least once every three years. The Department will inspect a minimum of 5% of all LIHEAP weatherized units reported as complete.</p>  |
| <p><b>Desk Reviews:</b></p> <p>Desk Reviews: Some materials are requested and reviewed at the Department’s office prior to the onsite visit.</p>   |
| <b>10.8. How often is each local agency monitored ?</b>  |
| At least once, every three years.  |
| <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? 0</b>  |
| <b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0</b>  |
| <b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>   |

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

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

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

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

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

Changes were made to the LIHEAP Plan as a result of Public Hearing participation as described in Section 11.6. Additionally, a change was made as a result of written comments as described here:

**Section 2.6 Heating Assistance, 3.6 Cooling Assistance, and 4.13 Crisis Assistance, Benefit Levels**

The following language was added in the appropriate Sections of the Plan: "Where replacement is required, the subrecipient should prioritize the use of Energy Star heating and/or cooling units, and that the units are appropriately sized using standard Manual J procedures."

**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 | 05/27/2020 | Virtual Hearing via GoToWebinar due to COVID-19 held from 2:00 p.m. - 2:30 p.m. |
| 2 | 05/27/2020 | Virtual Hearing via GoToWebinar due to COVID-19 held from 5:15 p.m. - 5:45 p.m. |

**11.4. How many parties commented on your plan at the hearing(s)?** 3

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

Refer to attached document.

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

For Comment Summary #4, rather than completely removing the LIHEAP WAP cost per unit ceiling as the commenter requested, staff determined that an increase in the cost per unit from \$6,500 to \$8,000 would be more beneficial and made this change in the Plan at Section 5.10.

**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? none

12.2 How many of those fair hearings resulted in the initial decision being reversed? none

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.

Subrecipient contracts include the following section:

#### APPEALS PROCESS

In compliance with the LIHEAP Act, Subrecipient must provide an opportunity for a fair administrative hearing to individuals whose application for assistance is denied, terminated or not acted upon in a timely manner. Subrecipient must establish a denial of service complaint procedure in accordance with 10 TAC §6.8 of the State Rules. The rule states:

(b) Subrecipient shall establish a denial of service complaint procedure to address written complaints from program applicants/customers. At a minimum, the procedures described in paragraphs (b)(1) - (8) of this subsection shall be included:

(1) Subrecipients shall provide a written denial of assistance notice to applicant within ten (10) calendar days of the determination. Such a determination is defined as a denial of assistance, but does not include a level of assistance lower than the possible program limits or a reduction in assistance, as long as such process is in accordance with the Subrecipient's written policy. This notification shall include written notice of the right of a hearing and specific reasons for the denial by program. The applicant wishing to appeal a decision must provide written notice to Subrecipient within twenty (20) days of receipt of the denial notice.

(2) A Subrecipient must establish an appeals committee composed of at least three persons. Subrecipient shall maintain documentation of appeals in their customer files.

(3) Subrecipients shall hold a private appeal hearing (unless otherwise required by law) by phone or in person in an accessible location within ten (10) business days after the Subrecipient received the appeal request from the applicant and must provide the applicant notice in writing of the time/location of the hearing at least seven (7) calendar days before the appeal hearing.

(4) Subrecipient shall record the hearing.

(5) The hearing shall allow time for a statement by Subrecipient staff with knowledge of the case.

(6) The hearing shall allow the applicant at least equal time, if requested, to present relevant information contesting the decision.

(7) Subrecipient shall notify applicant of the decision in writing. The Subrecipient shall mail the notification by close of business on the third calendar day following the decision (three day turn-around).

(8) If the denial is solely based on income eligibility, the provisions described in paragraphs (2) - (7) of this subsection do not apply and the applicant may request a recertification of income eligibility based on initial documentation provided at the time of the original application. The recertification will be an analysis of the initial calculation based on the documentation received with the initial application for services and will be performed by an individual other than the person who performed the initial determination. If the recertification upholds the denial based on income eligibility documents provided at the initial application, the applicant is notified in writing.

(c) If the applicant is not satisfied, the applicant may further appeal the decision in writing to the Department within ten (10) days of notification of an adverse decision.

(d) Applicants/customers who allege that the Subrecipient has denied all or part of a service or benefit in a manner that is unjust, violates discrimination laws, or without reasonable basis in law or fact, may request a contested hearing under Tex. Gov't Code, Chapter 2001.

(e) The hearing under subsection (d) shall be conducted by the State Office of Administrative Hearings on behalf of the Department in the

locality served by the Subrecipient, for which the procedures are further described in §1.13, relating to Contested Case Hearing Procedures, of this title.

(f) If the applicant/customer appeals to the Department, the funds should remain encumbered until the Department completes its decision.

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

Within ten days of the determination, the subrecipient must provide written notification to the applicant.

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

**An Applicant requests a hearing with the Subrecipient initially. If not satisfied with the results of the Subrecipient's hearing, the Applicant then appeals to the Texas Department of Housing and Community Affairs. The Department then schedules a fair administrative hearing.**

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

Applicants are informed of their rights either by 1) informing them on the application itself, 2) handing them a document with such information at the time of application, 3) displaying posters at intake offices, or 4) providing them the information in the denial of LIHEAP assistance letter that is mailed to the applicant.

**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- The State does not use funds under Assurance 16.

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

N/A- The State does not use funds under Assurance 16.

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

N/A- The State does not use funds under Assurance 16.

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

N/A- The State does not use funds under Assurance 16.

**13.5 How many households applied for these services?** N/A- The State does not use funds under Assurance 16.

**13.6 How many households received these services?** N/A- The State does not use funds under Assurance 16.

**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.

Non-Applicable (NA)

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        | NA  | NA                                      | NA   |

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

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Employees are provided with a notebook with plans, rules, the contract, and budget. The Department training team provides grantee staff with programmatic training. New staff are provided an orientation training, and invited to attend Subrecipient trainings as well.

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe: See attachment for Section 15, question 15.1

On-site training

How often?

Annually

Biannually

As needed

Other - Describe: See attachment for Section 15, question 15.1

Employees are provided with policy manual

Other - Describe

The Department uses an online portal that agencies use daily for quick responses to questions or for requesting training. The Department schedules a webinar each quarter to provide information, training, and technical assistance to the local agencies. The Department hosts an additional weatherization quarterly webinar to provide updates on rules, regulations, and technical issues that are identified. The Department creates tools, guides, best practices, and FAQs that are posted on program webpages.

**c. Vendors**

Formal training conference

How often?

Annually



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

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

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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.**

The Department was able to meet the four LIHEAP performance measures.

The Department currently requires subrecipients to upload data related to the four performance measures into our State reporting system. The Department has made this reporting a contractual requirement for all LIHEAP subrecipients. The Department periodically reviews uploaded summary reports and offers technical assistance to subrecipients who may not understand what to report or may not upload the data in a timely fashion.

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

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

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

**17.1 Fraud Reporting Mechanisms**

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

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

Other - Describe:

Regarding Fraud Reporting:

Note: TDHCA's website has a webpage named "Report Fraud, Waste, and Abuse by TDHCA Management and Staff" directing persons who suspect fraud, waste, and abuse by TDHCA management and staff to report to the State Auditor's Office at <https://sao.fraud.texas.gov/ReportFraud/>. Subrecipients are required to establish fraud, waste, and abuse procedures.

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

- Printed outreach materials
- Addressed on LIHEAP application
- Website

Other - Describe:

**17.2. Identification Documentation Requirements**

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

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

|  |   |                          |                                     |                                  |                                     |                                     |                                 |
|--|---|--------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| Government-issued identification card<br>(i.e.: driver's license, state ID, Tribal ID, passport, etc.)   | <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                           |                                 |
|  | 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  | Other: clients provide their identification to the Subrecipients at the time of application.<br>Explanation for Other: *Households may include members who are not seeking assistance and may not be included in the household count. A live in aide or attendant is not considered part of the Household for purposes of determining Household income, but is considered for a benefit based on the size of the Household. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>        |
| b. Describe any exceptions to the above policies.  |   |                          |                                     |                                  |                                     |                                     |                                 |
| NA   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <b>17.3 Identification Verification</b>  |   |                          |                                     |                                  |                                     |                                     |                                 |
| Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply  |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Verify SSNs with Social Security Administration   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Match with state Department of Labor system   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Match with state and/or federal corrections system  |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Match with state child support system   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Verification using private software (e.g., The Work Number)   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> In-person certification by staff (for tribal grantees only)   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)  |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input checked="" type="checkbox"/> Other - Describe:<br><br>Subrecipients verify the authenticity of identification documents provided by clients who are not U.S. citizens or nationals. That verification is made through the Systematic Alien Verification for Entitlements (SAVE) system. |   |                          |                                     |                                  |                                     |                                     |                                 |
| <b>17.4. Citizenship/Legal Residency Verification</b>  |   |                          |                                     |                                  |                                     |                                     |                                 |
| What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.  |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Clients sign an attestation of citizenship or legal residency   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency  |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input checked="" type="checkbox"/> Noncitizens must provide documentation of immigration status   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input checked="" type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport  |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input checked="" type="checkbox"/> Noncitizens are verified through the SAVE system   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card  |   |                          |                                     |                                  |                                     |                                     |                                 |
| <input checked="" type="checkbox"/> Other - Describe:<br><br>Other – describe: U.S. Nationals will have to provide documentation of that status.   |   |                          |                                     |                                  |                                     |                                     |                                 |
| <b>17.5. Income Verification</b>   |   |                          |                                     |                                  |                                     |                                     |                                 |

|  |
|--|
| <b>What methods does your agency utilize to verify household income? Select all that apply.</b>  |
| <input checked="" type="checkbox"/> <b>Require documentation of income for all adult household members</b>   |
| <input checked="" type="checkbox"/> <b>Pay stubs</b>   |
| <input checked="" type="checkbox"/> <b>Social Security award letters</b>   |
| <input type="checkbox"/> <b>Bank statements</b>  |
| <input type="checkbox"/> <b>Tax statements</b>   |
| <input checked="" type="checkbox"/> <b>Zero-income statements</b>  |
| <input checked="" type="checkbox"/> <b>Unemployment Insurance letters</b>  |
| <input checked="" type="checkbox"/> <b>Other - Describe:</b><br>Court Documents or government benefit statements as applicable.                                    |
| <input type="checkbox"/> <b>Computer data matches:</b>   |
| <input type="checkbox"/> <b>Income information matched against state computer system (e.g., SNAP, TANF)</b>  |
| <input type="checkbox"/> <b>Proof of unemployment benefits verified with state Department of Labor</b>   |
| <input type="checkbox"/> <b>Social Security income verified with SSA</b>   |
| <input type="checkbox"/> <b>Utilize state directory of new hires</b>   |
| <input type="checkbox"/> <b>Other - Describe:</b>  |
| <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"/> <b>Policy in place prohibiting release of information without written consent</b>  |
| <input type="checkbox"/> <b>Grantee LIHEAP database includes privacy/confidentiality safeguards</b>  |
| <input checked="" type="checkbox"/> <b>Employee training on confidentiality for:</b>   |
| <input checked="" type="checkbox"/> <b>Grantee employees</b>   |
| <input checked="" type="checkbox"/> <b>Local agencies/district offices</b>   |
| <input type="checkbox"/> <b>Employees must sign confidentiality agreement</b>  |
| <input type="checkbox"/> <b>Grantee employees</b>  |
| <input type="checkbox"/> <b>Local agencies/district offices</b>  |
| <input checked="" type="checkbox"/> <b>Physical files are stored in a secure location</b>  |
| <input checked="" type="checkbox"/> <b>Other - Describe:</b><br>See attached document TX_liheap_2021plan_Sec17_qstn17.6  |
| <b>17.7. Verifying the Authenticity</b>  |
| <b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>  |
| <input type="checkbox"/> <b>All vendors must register with the State/Tribe.</b>  |
| <input type="checkbox"/> <b>All vendors must supply a valid SSN or TIN/W-9 form</b>  |
| <input checked="" type="checkbox"/> <b>Vendors are verified through energy bills provided by the household</b>   |
| <input type="checkbox"/> <b>Grantee and/or local agencies/district offices perform physical monitoring of vendors</b>  |
| <input type="checkbox"/> <b>Other - Describe and note any exceptions to policies above:</b>  |
| <b>17.8. Benefits Policy - Gas and Electric Utilities</b>  |
| <b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b> |
| <input type="checkbox"/> <b>Applicants required to submit proof of physical residency</b>  |
| <input checked="" type="checkbox"/> <b>Applicants must submit current utility bill</b>   |
| <input type="checkbox"/> <b>Data exchange with utilities that verifies:</b>  |

|  |
|--|
| <input type="checkbox"/> Account ownership   |
| <input type="checkbox"/> Consumption   |
| <input type="checkbox"/> Balances  |
| <input type="checkbox"/> Payment history   |
| <input type="checkbox"/> Account is properly credited with benefit   |
| <input type="checkbox"/> Other - Describe:   |
| <input type="checkbox"/> Centralized computer system/database tracks payments to all utilities   |
| <input type="checkbox"/> Centralized computer system automatically generates benefit level   |
| <input checked="" type="checkbox"/> Separation of duties between intake and payment approval   |
| <input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments  |
| <input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy  |
| <input type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities  |
| <input type="checkbox"/> Direct payment to households are made in limited cases only   |
| <input type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure  |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism   |
| <input type="checkbox"/> Other - Describe:   |
| <b>17.9. Benefits Policy - Bulk Fuel Vendors</b>   |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. |
| <input type="checkbox"/> Vendors are checked against an approved vendors list  |
| <input type="checkbox"/> Centralized computer system/database is used to track payments to all vendors   |
| <input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery  |
| <input type="checkbox"/> Two-party checks are issued naming client and vendor  |
| <input type="checkbox"/> Direct payment to households are made in limited cases only   |
| <input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client   |
| <input type="checkbox"/> Conduct monitoring of bulk fuel vendors   |
| <input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee   |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism   |
| <input type="checkbox"/> Other - Describe:   |
| <b>17.10. Investigations and Prosecutions</b>  |
| Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.  |
| <input checked="" type="checkbox"/> Refer to state Inspector General   |
| <input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General  |
| <input 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 type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  |
| <input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?  |
| <input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated                                       |
| <input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP  |
| <input checked="" type="checkbox"/> Other - Describe:<br><br>Other:  |

A Subrecipient may be referred to the Department's Enforcement Committee or proposed for debarment.

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

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

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

**Instructions for Certification**

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

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

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

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

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

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

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,"



provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

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

explanation to this proposal.

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

### **Instructions for Certification**

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.**
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.**
- 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.**
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.**
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.**
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.**
- 8. Nothing contained in the foregoing shall be construed to require**

establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

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

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

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

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

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

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

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

the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

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

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

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

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

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

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

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

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance

programs; and

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

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

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

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

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

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

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

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

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

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

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

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

221 East 11th Street

\* **Address Line 1**

Address Line 2

Address Line 3

Austin

\* **City**

Texas

\* **State**

78701

\* **Zip Code**

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

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

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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



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

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

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