

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** Vermont

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

**Report Period:** 10/01/2019 to 09/30/2020

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

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## Mandatory Grant Application SF-424

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

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

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

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

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> State of Vermont			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 1-036000264-D4		<b>* c. Organizational DUNS:</b> 809376155	
<b>* d. Address:</b>			
<b>* Street 1:</b>	Center Building	<b>Street 2:</b>	280 State Drive
<b>* City:</b>	WATERBURY	<b>County:</b>	
<b>* State:</b>	VT	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	05671 - 1000

**e. Organizational Unit:**

<b>Department Name:</b> Department for Children and Families	<b>Division Name:</b> Economic Services Division
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Mr	<b>* First Name:</b> Richard	<b>Middle Name:</b>	<b>* Last Name:</b> Giddings
<b>Suffix:</b>	<b>Title:</b> LIHEAP Director	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> 802-786-5986	<b>Fax Number:</b> 802-241-0460	<b>* Email:</b> Richard.Giddings@vermont.gov	

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


**b. Additional Description:**

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

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

**11. Descriptive Title of Applicant's Project**  
LIHEAP Fuel Assistance and Weatherization

**12. Areas Affected by Funding:**  
Client grants and operation of the Vermont Fuel Assistance and Weatherization Programs

<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> 01		<b>b. Program/Project:</b> State of Vermont	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2019	<b>b. End Date:</b> 09/30/2020	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Richard Giddings		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b>	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 09/20/2019	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2019	09/30/2020
<input type="checkbox"/> Cooling assistance		
<input checked="" type="checkbox"/> Crisis assistance	10/01/2019	09/30/2020
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2019	09/30/2020

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

Applications for heating assistance are processed year-round by the Vermont Department for Children and Families (DCF), Economic Services Division (ESD). Applications for winter crisis assistance are processed by Vermont's five Community Action Agencies under grant agreements with ESD, beginning the last Monday in November up to and including the last business day in April, or until crisis funds are exhausted, whichever occurs first.

Vermont also operates a year-round, limited-funded, crisis fuel tank replacement program for fuel tanks that have been "red-tagged," or are at imminent risk of failure. The crisis tank replacement program is operated under an interagency agreement with the Department of Environmental Conservation and a second smaller agreement is in place with the DCF Office of Economic Opportunity. In addition, DCF Office of Economic Opportunity (OEO) also operates under our Crisis program a year round furnace repair and replacement program.

Weatherization assistance operates year round and is conducted by the the DCF Office of Economic Opportunity (OEO), Weatherization Program. .

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	Percentage ( % )
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must add up to 100%.	
Heating assistance	63.00%
Cooling assistance	0.00%
Crisis assistance	10.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	2.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

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

<input type="checkbox"/> Heating assistance	<input type="checkbox"/> Cooling assistance
<input type="checkbox"/> Weatherization assistance	<input checked="" type="checkbox"/> Other (specify:) Crisis assistance lasts until the last day in April. Funding for Furnance repair and Replacement in addition to oil tank repair and replacement is available year round. After April, any remaining funds originally allocated to the Community Action Agencies are reprogrammed for carryover.

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

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

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

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

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

If Yes, explain:

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

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

<input checked="" type="checkbox"/>	Commissions
<input 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"/>	Other Some Ameri-Corp Program payments for living allowances, earnings, and in-kind aid are counted as income and some are not.

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

## Section 2 - HEATING ASSISTANCE

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

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

## Section 2 - Heating Assistance

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

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

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

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

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

Do you require an Assets test ?  Yes  No

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

Renters?  Yes  No

Renters Living in subsidized housing ?  Yes  No

Renters with utilities included in the rent ?  Yes  No

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

Elderly?  Yes  No

Disabled?  Yes  No

Young children?  Yes  No

Households with high energy burdens ?  Yes  No

Other? Residency requirement  Yes  No

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

Applicants must occupy a living unit or separate living quarters in Vermont as their primary residence, and intend to occupy that living unit or separate living quarters or another living unit or separate living quarters in Vermont indefinitely in order to be eligible for fuel assistance, with the following exception: migrant workers will be determined eligible for fuel assistance if they meet all other applicable eligibility requirements. The standard for primary residence is the fuel household's, or roomer fuel household's, occupation (or, for new Vermont residents, the household's intent to occupy) of a living unit or separate living quarters, located in Vermont, as their primary residence during any month(s) during the benefit period of November 1 through March 31.

#### 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.

No eligibility priority is given to households with vulnerable members. Eligibility processing for heads of households who are elderly (age 60 or older) or disabled (in receipt of permanent disability benefits) are typically reviewed every two years along with SNAP eligibility. All others are reviewed annually.

#### 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 type="checkbox"/>	Individual bill		
<input checked="" type="checkbox"/>	Dwelling type		
<input type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Dwelling size as determined by the number of bedrooms in the home.			
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for FY 2020:			
Minimum Benefit	\$21	Maximum Benefit	\$1,323
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>			

## Section 3 - COOLING ASSISTANCE

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

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

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test ?  Yes  No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

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

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

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

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

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

3.6 Describe estimated benefit levels for FY 2020:

Minimum Benefit	\$0	Maximum Benefit	\$0
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3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?  Yes  No

If yes, describe.

**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

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

#### Section 4: CRISIS ASSISTANCE

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

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

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

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

A crisis is found to exist in households that are at imminent risk of losing home heating because they have nearly exhausted their current supply of primary heating fuel, or have received a shutoff notice from their natural gas or electricity company, and the company either provides metered service for their primary heating source, or supplies service to a necessary component of their primary home heating equipment. Criteria for determining the existence of a home heating crisis include, but are not limited to, the following circumstances: (1) the household's primary heating fuel tank is at 25% or less of its full capacity; (2) there is one week's supply or less of fuel for households whose primary heating sources include firewood, wood pellets, or coal; (3) the household has received a disconnect notice for a metered utility, and the utility is responsible for either providing the household's primary fuel source, or for operation of a necessary component of the household's primary home heating equipment.

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

A life-threatening crisis is any medical condition (physical, cognitive, or other) that requires a member of the fuel household to remain in the home and not be temporarily relocated to an alternate residence (such as another home belonging to family or friends, a commercial lodging establishment, or a residential shelter). The medical condition must be documented in writing (a letter or an email written within 30 days of the crisis fuel application) by a Vermont-licensed medical practitioner who is knowledgeable about the household member's condition. Services to resolve the home heating crisis must be completed within 18 hours of the household being determined eligible. If necessary, a benefit to pay for special trip, start-up, or similar charges may be included in the crisis fuel grant.

**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 type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**In Order to receive crisis assistance:**

**Must the household have received a shut-off notice or have a near**  Yes  No

empty tank?	
Must the household have been shut off or have an empty tank?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have exhausted their regular heating benefit?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must renters with heating costs included in their rent have received an eviction notice ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must heating/cooling be medically necessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? See 4.2 above	<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>Assets Test: Recipients of crisis assistance must pass an assets test as part of the eligibility process.</p> <p>Priority: If the head of households is elderly or disabled, they are allowed to apply for crisis assistance by phone, and not come into the office. All required paperwork is done by mail. If the head of household is elderly or disabled, or if there are young children in the household, assistance (by phone) is available from 8:30 a.m. to 4:00 p.m. on Saturdays, Sundays and state holidays. All required paperwork is done by mail for elderly and disabled. Households with young children must go into the office to complete paperwork.</p>	
<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 checked="" type="checkbox"/>	<b>Other - Describe:</b> <p>The Department for Children &amp; Families' "Economic Services Division" (ESD) processes eligibility year-round for seasonal fuel assistance benefits. ESD's Office of Fuel &amp; Utility Programs maintains grant agreements with the state's five Community Action Agencies (CAPs) to operate the crisis fuel assistance component from the last Monday in November to the last business day in April - or until funds are exhausted.</p>
<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"/>	<b>Other - Describe:</b> <p>While the crisis benefit given is intended, at a minimum, to alleviate the immediate heating crisis, there are limitations and guidelines on the amount of benefit to be distributed per crisis assist. They are:</p> <p>For oil, kerosene and propane: 125 gallons (NOTE: Price per gallon ranged between \$2.21 - \$4.17 giving an average of \$3.19 per gallon and an average benefit of \$398.75.</p> <p>For firewood: one cord</p> <p>For coal and pellets: one ton</p> <p>For electric service to run a heating system: sufficient payment to the company to maintain service for one month</p> <p>For natural gas heat: sufficient payment to the company to maintain service for one month</p>
<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>The five Community Action Agencies operate 19 separate offices that are geographically accessible to all households where crisis fuel application application intakes are performed. By comparison, the Economic Services Division operates 12 district offices.</p>	
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>	
Submit applications for crisis benefits without leaving their homes?	

Yes  No If No, explain.

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

Yes  No If No, explain.

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

If the head of households is elderly or disabled, they are allowed to apply for crisis assistance by phone, and not come into the office. All required paperwork is done by mail. If the head of household is elderly or disabled, or if there are young children in the household, assistance (by phone) is available from 8:30 a.m. to 4:00 p.m. on Saturdays, Sundays and state holidays. All required paperwork is done by mail for elderly and disabled. Households with young children must go into the office to complete paperwork.

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

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

Winter Crisis	\$619.19 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$0.00 maximum benefit

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

Yes  No If yes, Describe

Space heaters can be provided by the Community Action Agencies to divert a heating crisis until a fuel delivery can be completed.

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

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

Yes  No

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

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

The Vermont Public Service Board's Rule 3.300 "Disconnection of Residential Gas, Electric and Water Service" established detailed rules that utility vendors must comply with year-round for shut-offs. The full Rule 3.300 is available on-line at:  
[http://psb.vermont.gov/sites/psbnew/files/doc\\_library/rule-3300-disconnection-of-essential-service.pdf](http://psb.vermont.gov/sites/psbnew/files/doc_library/rule-3300-disconnection-of-essential-service.pdf)

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency.

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

WEATHERIZATION - Types of Rules

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

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE WAP (not LIHEAP) rules
- Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
  - Income Threshold
  - Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
  - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
  - Other - Describe:
- 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:  
  
Some weatherization measures that are not otherwise allowable under DOE WAP rules. See section 5.11 for more details.

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

Renters  Yes  No

Renters living in subsidized housing?  Yes  No

5.8 Do you give priority in eligibility to:

Elderly?  Yes  No



Disabled?	<input 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 receiving fuel assistance	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p><b>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.</b></p> <p>The following households that apply and are eligible for weatherization assistance are prioritized using a "client rank algorithm" that are prioritized in the following order (from highest priority to lowest priority): (1) households receiving fuel assistance; (2) households with high energy burdens; (3) the elderly; (4) the disabled; and (5) families with children.</p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10 If yes, what is the maximum? \$0	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> (1) Air Sealing and Insulation; (2) Energy health and safety measures, including, but not limited to: knob and tube wiring repairs, exhaust ventilation installation and repair, smoke alarm and carbon monoxide detector installation. A complete list of all Vermont weatherization measures, policies, and procedures can be found at: <a href="http://dcf.vermont.gov/benefits/weatherization/manual">http://dcf.vermont.gov/benefits/weatherization/manual</a>
<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  
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**Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)**

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

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

Publish articles in local newspapers or broadcast media announcements.

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

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

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

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

Other (specify):

Mass Mailings: For Seasonal (heating) Fuel Assistance, the Vermont Economic Services Division (ESD) annually mails eligibility "renewal" documents for all public benefits that a household is receiving including LIHEAP, SNAP, TANF and healthcare programs. Other: Maintain an aggressive web presence with links between state government and non-profit programs that serve generally the same clientele. Provide annual trainings for advocates around the state. Operate an "800" state-wide "Benefits Service Center." For Seasonal (heating) Fuel Assistance, paper applications are available on-line, and clients can apply on-line. We provide \$77,500 in outreach funds through our Council on Aging Agencies, plus we spend an additional \$50,000 in outreach through our Crisis providers, who are always talking with Households regarding heating options.

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

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

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

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

The Department for Children & Families' "Economic Services Division" is responsible, state-wide for: SNAP, TANF, LIHEAP, General/ Emergency Assistance and Essential Person benefits. A single coordinated application allows clients to apply for any benefits they require. Eligibility is coordinated and conducted once a year. Clients may apply with a traditional paper application or apply on-line. Confidential benefit information is available to clients at 12 district offices, online (password protected) and by phone (password protected) through the ESD Benefits Service Center.

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

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

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

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

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

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

The Department for Children & Families' "Economic Services Division" is responsible, state-wide for: SNAP, TANF and LIHEAP. A single coordinated application allows clients to apply for any benefits they require. Eligibility is coordinated so that all programs are reviewed at the same time once a year. Clients may apply with a traditional paper application or apply on-line. Confidential benefit information is available to clients at 12 district offices, on-line (password protected) and by phone (password protected) through the ESD Benefits Service Center. Additionally, outreach occurs for both seasonal and crisis components via local Area Agencies on Aging and Community Action Agencies.

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

Vermont does not operate an established "cooling assistance" component.

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

Crisis Assistance Component is administered by the five Community Action Agencies (CAPs) under annual grant agreements managed by Economic Services Division's "Office of Fuel & Utility Programs." The CAPs along with ESD and the F&U Office, as well as local Area Agencies on Aging each perform outreach activities. ONLY the CAPs do crisis assistance intakes. When a client seeks a crisis assistance grant

and has not received their seasonal fuel grant, the CAP worker will request that an ESD worker expedite that client's seasonal fuel grant to alleviate the crisis.

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

**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?

Crisis - the LIHEAP Crisis Assistance Component is administered by the five Community Action agencies (CAPs) under annual grant agreements managed by ESD's "Office of Fuel & Utility Programs." The CAPs are an established community partner with access to non-government resources to address a client's home heat or energy crisis. This "one stop shopping" approach to crisis resolution provides the most effective customer service possible. Weatherization - Wx is NOT a function of ESD. Wx is the responsibility of the Dept for Children & Families' "Office of Economic Opportunity (OEO). OEO maintains grant agreements with the five Weatherization Assistance Program (WAPs) agencies - four of which are components of community action agency and the fifth is an independent Wx non-profit.

8.7 How many local administering agencies do you use? Five Community Agencies and one weatherization non-profit

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

- Yes  
 No

8.9 If so, why?

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

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

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

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

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

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

##### If yes, Describe.

Seasonal fuel assistance clients that heat with firewood or wood pellets receive a cash benefit to be used to pay for wood or pellets. Clients whose heat is included in their rent receive a cash benefit to off-set the undesignated portion of their monthly rent that is applied by the landlord to pay for heat and or utilities. There are no payment exceptions for crisis fuel assistance. All payments are made to the fuel or energy supplier by the CAP.

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

For seasonal fuel assistance: clients receive a printed notice by mail advising them of the amount of their benefit, applicable terms and the name of the fuel or energy dealer who received their benefit. Clients who are denied assistance also receive a printed notice by mail. Clients may also go on-line or by phone through the ESD Benefits Service Center obtain information about the status of their seasonal assistance benefit. Information on-line and by phone are password protected. For crisis fuel assistance: clients receive a copy of their application from the CAP indicating the grant details (amount, fuel/energy type, dealer or utility paid), or if they were denied they get a letter with the reason for the denial which also includes their rights to appeal.

##### 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?

For seasonal fuel assistance: dealers are certified by the ESD Fuel and Utility Office and payment terms and conditions and prices are established (see: [http://dcf.vermont.gov/sites/dcf/files/pdf/esd/fuel/Terms\\_Conditions.pdf](http://dcf.vermont.gov/sites/dcf/files/pdf/esd/fuel/Terms_Conditions.pdf) ). Included in those terms is a requirement that the fuel supplier provide to the eligible households periodic statements of account activity including the receipt, credit and balance of the seasonal fuel benefit. At the end of the fuel season, all certified dealers are required to submit a "Consumption and Refund Report" documenting the use of each customer's seasonal fuel assistance benefit. Annually, the F&U Office audits a selected number of dealers to confirm that billing and pricing practices are in accordance with certification requirements. The seasonal fuel benefit pays only a portion of a household's winter home heating bill. Clients are directed (in their notice referenced in 9.2 above) to contact the Economic Services Division (ESD) with questions or concerns regarding their benefit. Questions and concerns regarding account activity or pricing by the fuel supplier are referred to the F&U Office for resolution. For crisis fuel assistance: dealer and utilities submit bills for payment to the CAPs. The CAPs financial staff apply accepted accounts receivable review and payment practices. The certified dealers, the CAPs and the F&U Office cooperate fully on required adjustments (positive and negative) when payment or billing errors are identified in seasonal and/or crisis fuel assistance.

##### 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?

The terms and conditions of the fuel supplier certification agreement referenced in 9.3 above contains discrimination and confidentiality clauses. End of season audits of selected "Consumption and Refund Report" included a price comparison between the price charged to recipient households on specific dates with the supplier's "pricing sheet" for non-recipient customers. In addition the Fuel and Utility Office accepts and investigates any complaint regarding discrimination in prices for services and the maintenance of confidentiality by a certified fuel supplier.

##### 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.

The certification agreement that permits payments to all certified fuel suppliers, regulated and unregulated, require annual Consumption Reports referenced in 9.3 above. That information is shared with the Weatherization Offices. Wx services prioritize their services to LIHEAP recipients, with the highest energy consumption, and with 'vulnerable' household members.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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**Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)**

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

The Economic Services Division (ESD) of the Vermont Department for Children and Families (DCF) together with the DCF Business Office monitor the LIHEAP funds. This process provides checks and balances on the management of program funds. All expenditures, check returns and refunds are recorded on a daily basis and are processed through the state-wide VISION fiscal management system. Monthly, all Fuel Program accounts are balanced against the monthly statement from VISION. If there are any discrepancies, they are accounted for. The state has contracted with the firm of Clifton Larson Allen (CLA) to audit expenditures of amounts received under this title as an integrated audit with other state programs in a single audit authorized under OMB Circular A-133. A LIHEAP Audit was not required under FFY19.

**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:

When applicable, the Fuel and Utility Office will conduct sample reviews for Seasonal Fuel Assistance to review program eligibility and benefit determination in compliance with policies and procedures. Typically these reviews are for recent or complex changes made to any



component of eligibility or benefit issuance, or when a pattern of questionable practice has been identified.

**Local Administering Agencies / District Offices:**

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

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

See attached Department Subrecipient Monitoring Plan.

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

**Site Visits:**

Site visits are conducted for subrecipients that are determined to be "moderate" to "high risk."

**Desk Reviews:**

Desk reviews are completed annually for all "low risk subrecipients."

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

Local agencies are monitored every year.

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

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

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

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

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

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

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

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

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

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

**11.2 What changes did you make to your LIHEAP plan as a result of this participation?**  
 None.

**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	07/11/2019	Public Hearing

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

**11.5 Summarize the comments you received at the hearing(s).**  
 A public hearing will be held of 7/11/19 and during that time there was no commenst regarding the model plan.

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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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? 9

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

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

None.

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

Clients may ask for a fair hearing if their claim for assistance, benefits, or services is denied, or in not acted upon with reasonable promptness.

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing first on their applications for benefits/assistance and every time they are notified of an action or decision regarding their application.

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

Clients may ask for a fair hearing if their claim for assistance, benefits, or services is denied, or in not acted upon with reasonable promptness.

12.7 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing first on their applications for benefits/assistance and every time they are notified of an action or decision regarding their application.

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

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

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

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

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

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

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

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

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

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

13.5 How many households applied for these services?

13.6 How many households received these services?

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

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

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

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

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

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

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

Yes  No

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

The leveraging we do is only with state funds so after consulting with OCS, this section is now empty since no LIHEAP dollars are being utilized.

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

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

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

## Section 15 - Training

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

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

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

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe: as requested

Employees are provided with policy manual

Other - Describe

The Fuel and Utility Office conducts trainings and program updates with community based-organizations around the state from August through October. This provides program staff with the opportunity to keep partners, advocates and interested parties up-to-date on both LIHEAP fuel assistance and utility discount programs.

**c. Vendors**

Formal training conference

How often?

Annually

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 checked="" type="checkbox"/>	<b>Other - Describe:</b> Annually, at predictable points in the fuel assistance season, vendors are advised/reminded of their benefit management responsibilities as third party payees under the terms of Fuel Program Certification Agreement. This includes reporting questions or concerns to the Fuel & Utility Office of fraud, abuse and/or eligibility. Vendors are the most frequent reporters of client eligibility that might lead to a finding of fraud or abuse.
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

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

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

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

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

Vermont submitted LIHEAP Performance Measures data for FFY2018 for households that are served by the top ten vendors for each delivered fuel type, as well as for households that are served by utility companies that provide services to over 90% of our LIHEAP caseload.

Vermont also amended its LIHEAP application to allow for the collection of each household's electricity account information. An IT project has been completed to generate consumption reports to Electricity Vendors, which will be utilized to generate electric consumption data for performance measures report. We continue to look at our performance data and have discussion around the work we are doing and is there a better way to serve Vermonters.

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



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

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

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

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

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

**17.1 Fraud Reporting Mechanisms**

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:  
  
Issues related to benefit fraud or abuse and household eligibility most often are referred to the Fuel and Utility Office. The Fuel and Utility Office investigates all reports of fraud or abuse of benefits. When a viable finding is made, the case and supporting documentation is forwarded to either the Economic Services Division (ESD) Fraud Unit or the Assistant Attorney General's Office. Typically, 'client' fraud is referred to the ESD Fraud Unit and 'dealer' fraud is referred to the AAG's Office.

**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:  
  
Fuel suppliers and utility companies certified by the Fuel & Utility Office to participate in the LIHEAP program are a frequent source of information or concerns regarding client eligibility that might be fraud. Through formal email notices several times a year from the Fuel and Utility Office, certified fuel suppliers are advised to report concerns of fraud, duplicate benefits, household composition or housing data that is at variance with the information that ESD maintains. Certified fuel suppliers operate under a confidentiality clause in their certification.

**17.2. Identification Documentation Requirements**

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

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

	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Describe any exceptions to the above policies.**

Newborn children are provided a "place holder" number in the social security data-entry field. Other individuals who are excluded from the fuel assistance household do not have to provide documentation.

**17.3 Identification Verification**

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

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

**17.4. Citizenship/Legal Residency Verification**

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

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

**17.5. Income Verification**

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

- Require documentation of income for all adult household members
- Pay stubs
- Social Security award letters
- Bank statements
- Tax statements

<input checked="" type="checkbox"/> Zero-income statements
<input checked="" type="checkbox"/> Unemployment Insurance letters
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Computer data matches:
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input checked="" type="checkbox"/> Other - Describe:  LIHEAP winter (Seasonal) fuel assistance eligibility is processed by Benefit Programs Specialists in the DCF Economic Services Division. Benefits for LIHEAP, SNAP (3SqsVT), TANF (Reach Up in Vermont) and health care programs all utilize the same eligibility main-frame database.
<b>17.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above:  Vendors of firewood and wood pellets are not required to be certified with the Fuel & Utility Office. Due to supply and variations in quality and quantity, firewood and pellet clients have greater success in obtaining quality product when all suppliers in the market are accessible to them.
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>
<input type="checkbox"/> Applicants required to submit proof of physical residency
<input type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history

<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input type="checkbox"/> Separation of duties between intake and payment approval
<input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: Some items checked above may be performed on a sample basis at the end of the winter heating season.
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/> Other - Describe: Benefits are paid directly to clients that heat with firewood or wood pellets. Some items checked above may be performed on a sample basis.
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process The party in question is contacted by phone and/or in writing. They are advised of the issues and specific actions are outlined with a specific date for compliance. The party is advised that failure to respond or comply will escalate the case either to the ESD Fraud Unit or the Assistant Attorney General. Most cases are resolved at this basic communication level.
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:

**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)**

280 State Drive

\* Address Line 1

HC1 South

Address Line 2

Address Line 3

Waterbury

\* City

VT

\* State

05671-1020

\* 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>