

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: West Virginia

Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 7

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

Report Status: Submission Accepted by CO (Revision #7)

Report Sections

1. *Mandatory Grant Application SF-424*
2. *Section 1 - Program Components*
3. *Section 2 - HEATING ASSISTANCE*
4. *Section 3 - COOLING ASSISTANCE*
5. *Section 4 - CRISIS ASSISTANCE*
6. *Section 5 - WEATHERIZATION ASSISTANCE*
7. *Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)*
8. *Section 7 - Coordination, 2605(b)(4) - Assurance 4*
9. *Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6*
10. *Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7*
11. *Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10*
12. *Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)*
13. *Section 12 - Fair Hearings,2605(b)(13) - Assurance 13*
14. *Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16*
15. *Section 14 - Leveraging Incentive Program ,2607A*
16. *Section 15 - Training*
17. *Section 16 - Performance Goals and Measures, 2605(b)*
18. *Section 17 - Program Integrity, 2605(b)(10)*
19. *Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters*
20. *Section 19: Certification Regarding Drug-Free Workplace Requirements*
21. *Section 20: Certification Regarding Lobbying*
22. *Assurances*
23. *Plan Attachments*

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

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

7. APPLICANT INFORMATION

*** a. Legal Name:** WV Department of Health and Human Resources

* b. Employer/Taxpayer Identification Number (EIN/TIN): 55-6000771	* c. Organizational DUNS: 148040327
---	--

*** d. Address:**

* Street 1:	ONE DAVIS SQUARE, SUITE 100 E	Street 2:	
* City:	CHARLESTON	County:	
* State:	WV	Province:	
* Country:	United States	* Zip / Postal Code:	25301 -

e. Organizational Unit:

Department Name: Health and Human Resources	Division Name: Division of Family Assistance
---	--

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

Prefix:	* First Name: Danita	Middle Name: D	* Last Name: Jones
Suffix:	Title: LIHEAP Coordinator	Organizational Affiliation: West Virginia Department of Health and Human Resources	
* Telephone Number: (304) 558-3378	Fax Number: 304-558-2059	* Email: danita.d.jones@wv.gov	

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


b. Additional Description:

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

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

11. Descriptive Title of Applicant's Project

12. Areas Affected by Funding:
Weatherization and LIHEAP

13. CONGRESSIONAL DISTRICTS OF:			
* a. Applicant 2		b. Program/Project: Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2020	b. End Date: 09/30/2021	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
**I Agree <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official Tara Buckner		18c. Telephone (area code, number and extension) (304) 558-9138	
		18d. Email Address tara.l.buckner@wv.gov	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 10/05/2020	
Attach supporting documents as specified in agency instructions.			

Section 1 - Program Components

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

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

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

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

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

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

Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2020	03/31/2021
<input checked="" type="checkbox"/> Cooling assistance	05/01/2021	09/30/2021
<input checked="" type="checkbox"/> Crisis assistance	10/01/2020	09/30/2021
<input checked="" type="checkbox"/> Weatherization assistance	10/01/2020	09/30/2021

Provide further explanation for the dates of operation, if necessary

If funding permits, crisis assistance, which includes the Emergency Repair and Replacement program, will end no earlier than March 31, 2020 and it will run the length of the program. The Agency will primarily use funds for heating assistance and crisis assistance; if there are funds remaining a cooling services program will be offered.

Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage (%)
Heating assistance	58.00%
Cooling assistance	5.00%
Crisis assistance	5.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	7.00%

Administrative and planning costs	7.00%			
Services to reduce home energy needs including needs assessment (Assurance 16)	3.00%			
Used to develop and implement leveraging activities	0.00%			
TOTAL	100.00%			
Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)				
1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:				
<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance	
<input checked="" type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Emergency Repair and Replacement	
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? <input checked="" type="radio"/> Yes <input type="radio"/> No				
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.				
	Heating	Cooling	Crisis	Weatherization
TANF	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<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
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? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If Yes, explain:				
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts? A client that is not categorically eligible will receive the same application and time frame as a client that is categorically eligible. Benefit levels are programmed into our eligibility system and they are based on income, household size, cost of energy and fuel type. The distinction is made regarding applicant's categorical or non-categorical status. Receipt of other benefits are considered in determining eligibility for LIHEAP benefits. Benefits for crisis payments are based solely on the above listed criteria plus the presence of an immediate need for home heating and the lack of resources to meet the existing need. All applicants must submit a signed form for heating benefits and all crisis applicants must be interviewed.				
SNAP Nominal Payments				
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.				
1.7b Amount of Nominal Assistance: \$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 type="checkbox"/>	Gross Income			
<input checked="" type="checkbox"/>	Net Income			
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP				

<input checked="" type="checkbox"/>	Wages	
<input checked="" type="checkbox"/>	Self - Employment Income	
<input checked="" type="checkbox"/>	Contract Income	
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts	
<input checked="" type="checkbox"/>	Unemployment insurance	
<input checked="" type="checkbox"/>	Strike Pay	
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits	
	<input 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 type="checkbox"/>	General Assistance benefits	
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits	
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits	
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits	
<input type="checkbox"/>	Loans that need to be repaid	
<input type="checkbox"/>	Cash gifts	
<input checked="" type="checkbox"/>	Savings account balance	
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.	
<input checked="" type="checkbox"/>	Jury duty compensation	
<input checked="" type="checkbox"/>	Rental income	
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)	
<input type="checkbox"/>	Income from work study programs	
<input checked="" type="checkbox"/>	Alimony	
<input checked="" type="checkbox"/>	Child support	
<input checked="" type="checkbox"/>	Interest, dividends, or royalties	
<input checked="" type="checkbox"/>	Commissions	
<input checked="" type="checkbox"/>	Legal settlements	
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured	

<input type="checkbox"/>	
<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 checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

Section 2 - HEATING ASSISTANCE

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

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

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

Section 2 - Heating Assistance

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

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

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

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

- Renters?** Yes No
- Renters Living in subsidized housing ?** Yes No
- Renters with utilities included in the rent ?** Yes No

Do you give priority in eligibility to:

- Elderly?** Yes No
- Disabled?** Yes No
- Young children?** Yes No
- Households with high energy burdens ?** Yes No
- Other?** Yes No

Explanations of policies for each "yes" checked above:

Assistance groups that have utilities included in the rent, but are not billed separately for heating costs must be evaluated for LIHEAP eligibility. If a client applies for LIHEAP and indicates that their utilities are included in their rent, the worker will request verification of those said utilities. This can be done via phone call, rent receipt, lease or contract. We also want to give priority to households that have someone in the household that is elderly, disabled, or there is a young child in the home that is age five or younger as these are the most vulnerable to the cooler temperatures in the winter and the hotter temperatures in the summer. We also want to give priority to those that have higher energy burdens as they may not have the extra money to pay for the higher heating bills.

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.

Those that received LIHEAP last year that have someone that is aged, disabled or a child in the home age five or under will be sent an application at an earlier time than those that did not receive LIHEAP benefits last year, thus giving these individuals/households a longer time to turn these applications in.

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

- Income
- Family (household) size
- Home energy cost or need:
 - Fuel type
 - Climate/region

<input checked="" type="checkbox"/>	Individual bill		
<input type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input checked="" type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$131	Maximum Benefit	\$497
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>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

Section 3 - COOLING ASSISTANCE

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

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

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

Section 3 - Cooling Assistance

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

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

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

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

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

Do you require an Assets test ? Yes No

Do you have additional/differing eligibility policies for:

- | | |
|---|---|
| Renters? | <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 checked="" type="radio"/> Yes <input type="radio"/> No |

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

Those clients that have someone that is aged, disabled or a child age five or younger in the household will be given priority to apply before the application period is open to individuals/households without these needs. If a client reports that the utility used for cooling is included in the rent costs, the applicant must provide verification that he/she is responsible for paying this additional cost and also meets other eligibility criteria.

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

There will be an early application period to those households that have someone in the household that is aged, disabled or a child that is age five or younger.

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):

- | | |
|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Income |
| <input checked="" type="checkbox"/> | Family (household) size |
| <input checked="" type="checkbox"/> | Home energy cost or need: |
| <input checked="" type="checkbox"/> | Fuel type |
| <input type="checkbox"/> | Climate/region |
| <input checked="" type="checkbox"/> | Individual bill |

<input type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input checked="" type="checkbox"/>	Energy need		
<input type="checkbox"/>	Other - Describe:		
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies			
Minimum Benefit	\$131	Maximum Benefit	\$497
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If yes, describe.			
<p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>			

Section 4 - CRISIS ASSISTANCE

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

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

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

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

A crisis is defined as being without home heat or being in danger of not having home heat and not having the resources to resolve the crisis without financial assistance. If the crisis threatens the loss of a utility, a past due bill or termination notice is required to be submitted with the application. If the home heating crisis is the result of a natural disaster, state and/or national public health emergency, payments may be issued to previously approved households. Under these circumstances, a past due bill, termination notice, or face-to-face interview may not be required. If there is an intake period in which an application is required, a past due bill or termination notice may be requested, but face-to-face contact may be waived. If the heating unit is no longer functioning or is considered unsafe heat, the client can be evaluated for the Emergency Repair and Replacement Program. If a client can no longer use the heating source due to a medical condition, i.e., a client is now disabled and cannot load a wood stove, then the heat source is considered unavailable. Households with unavailable heating sources are categorized as being in crisis, as well.

4.3 What constitutes a life-threatening crisis?

A life-threatening crisis is being without home heat or being in danger of not having home heat and having an illness or condition that will cause one's wellbeing to be detrimentally affected by not having heat or cooling in the home. A client also must have no way to resolve the crisis, i.e., having no money to pay the bill or having to pay for repair/replacement of a malfunctioning heating/cooling unit. A disconnect notice is required to verify that the utility is in danger of being terminated. If the heating unit is not functioning, the client can be evaluated for the Emergency Repair or Replacement Program. Life-threatening crisis must be documented in all cases.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 24Hours

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

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

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

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

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Households with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No
Must heating/cooling be medically necessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have non-working heating or cooling equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? When home energy costs are included in the rent, the client must verify the lack of resources to eliminate the crisis.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you have additional / differing eligibility policies for:	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Explanations of policies for each "yes" checked above:	
<p>The client must have a past-due bill or termination notice to be eligible for crisis assistance. The client must verify the lack of resources to eliminate the crisis. Lack of resources can be verified by the client verifying income, which would show that he/she does not have sufficient income to eliminate the termination. If the client reports no income then the client must fill out a zero income form. For the Emergency Repair and Replacement portion of the crisis assistance, the client would have to meet the income guidelines and also have a non-working or unsafe heating source or have no heating source at all, to be eligible. For the repair or replacement of the air conditioner units, the client would have to be income eligible, have a non-working or improperly functioning unit and have someone in the household that is age 60 or over, or someone that is disabled, or a child in the home that is age five or under. The Agency can accept a doctor's statement to verify the medical condition for the cooling repair or replacement assistance, if the client is not considered disabled by the Social Security Administration.</p>	
Determination of Benefits	
4.8 How do you handle crisis situations?	
<input checked="" type="checkbox"/>	Separate component
<input checked="" type="checkbox"/>	Fast Track
<input checked="" type="checkbox"/>	Other - Describe: If a client comes in during the regular heating season, but has a past due bill or termination notice they would need to see a worker so their application can be fast-tracked to eliminate the emergency within the proper timelines. If the client is found eligible a pledge can be made to the vendor or utility company to avoid a termination.
4.9 If you have a separate component, how do you determine crisis assistance benefits?	
<input checked="" type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: For the Emergency Repair and Replacement program we can pay up to \$7,000 for the repair or replacement of heating and or cooling units. The LIEAP coordinator has the ability to approve an amount higher than \$7,000 if there are special circumstances. This is done on a case-by-case basis.
Crisis Requirements, 2604(c)	
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?	
<input checked="" type="radio"/> Yes <input type="radio"/> No Explain.	
<p>Clients who require crisis assistance must be interviewed in a local DHHR office. There are fifty-four county offices to accommodate this need. If a client is not physically able to come into the local office the client can appoint someone to apply on his/her behalf or arrangements can be made for a worker to go out in the field to accommodate the client if necessary.</p>	
4.11 Do you provide individuals who are physically disabled the means to:	
Submit applications for crisis benefits without leaving their homes?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
Travel to the sites at which applications for crisis assistance are accepted?	
<input checked="" type="radio"/> Yes <input type="radio"/> No If No, explain.	
If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?	

If needed the Agency can provide intake service through home visits or by telephone, for those that are physically unable to come into the county DHHR offices and cannot designate someone to apply on his/her behalf.

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

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

Winter Crisis	\$1,000.00 maximum benefit
Summer Crisis	\$1,000.00 maximum benefit
Year-round Crisis	\$1,000.00 maximum benefit

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

Yes No If yes, Describe

The maximum payment for heating and or cooling assistance ,including crisis benefits, is \$1,000.00 for the program year per household. In an emergency situation space heaters may be offered by our Community Action Agencies when a client is eligible for the Emergency Repair or Replacement Program and the client has no heat source and parts and or equipments needs to be ordered to eliminate the emergency.

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

Yes No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify): Heating system repair services assistance is in demand during the winter crisis time frame, usually December - March, dependent upon weather patterns. If adequate funding is available, the Agency will extend heating system repair assistance on a 12-month basis. The agency provides cooling system repair or replacement assistance during the summer crisis months, usually May - July. If a client has a non-working heating and or/cooling system, the agency will replace it at any time during the fiscal year, if funds are available. If a client has only a non-working air conditioning unit, an application for repair or replacement services assistance can be submitted only after May 1, when the cooling assistance period begins. Clients needing assistance to replace or repair both heating and cooling systems can file an application on a 12-months basis. The Agency will provide funds for electrical upgrades to install replacement units for clients, if needed. Propane gas tank replacement services assistance is also available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

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

Section 5 - WEATHERIZATION ASSISTANCE

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

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

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

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency. West Virginia Development Office

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:
The LIHEAP rules will be used for the electrical upgrades, home repair and Emergency Crisis Intervention Program (ECIP).

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

Income Threshold

Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.

Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.

Other - Describe:
The LIHEAP rules will be used for the electrical upgrades, home repair and Emergency Crisis Intervention Program (ECIP).

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

If a client applies for LIHEAP and indicates that the utilities are included in with rent, the worker must request verification of those said utilities. This can be done by phone call, rent receipt, lease agreement or written statement from the landlord.

Vulnerable members are prioritized by heating terminations, age, disability, and documented health issues. The Agency have smaller grants with Community Action Agencies (CAAs). These CAAs go out into more rural areas and help vulnerable individuals complete the applications. The CAAs then mail or deliver the applications to the West Virginia Development Office. The Weatherization Program administered through the West Virginia Development Office has a points system that gives higher weight to those who are aged and/or disabled or have a child in the home that is age five or under. These factors alone do not determine eligibility, but does weight the application.

For Weatherization of a rental home, the landlord would need to provide permission for the Weatherization to be completed. The landlord does not have to contribute to the Weatherization, but they are required to sign an agreement that states that they will not increase the rent because of the improvements that were made on the home through the Weatherization Program.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? Yes No

5.10 If yes, what is the maximum? \$7,669

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

5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input type="checkbox"/> Windows/sliding glass doors
<input type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/ repairs	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Compact florescent light bulbs	<input 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 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)

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

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

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

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

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

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

Publish articles in local newspapers or broadcast media announcements.

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

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

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

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

Other (specify):

In order to reach vulnerable populations in West Virginia, the Agency plans to work closely with Senior Centers to coordinate outreach and to assist with completing LIHEAP applications. The Agency will also seek permission from the public schools in all counties to send informational flyers home with students so that parents and/or guardians can receive information about LIHEAP application time periods and about the Emergency Repair or Replacement Program.

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

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

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

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

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

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

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

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

The Agency will have information about Weatherization services posted at all county DHHR offices. When a client asks a social services worker about Weatherization assistance, the worker can refer the client to the local Weatherization Community Action Agency. The Agency also intends to seek permission to advertise the Weatherization program in Senior Centers throughout the State. Also, the Agency will seek permission from public schools in all counties to have an informational flyer about the Weatherization program be sent home with students to inform parents and/or guardians about the program.

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

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

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

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

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

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

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

<input checked="" type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input checked="" type="checkbox"/>	Community Services Agency
<input checked="" 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?

LIHEAP has a separate intake process, which is completed mostly by mail. Outreach is accomplished by mailing an application packet. The application form may be mailed to the local DHHR office or taken to a Community Action or Area Agency on Aging (Senior Citizen Centers) office or Center for Assistance. Community Action and Area Agency on Aging volunteers make home visits to reach those clients who are disabled and/or homebound.

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

West Virginia will implement Cooling Assistance with any remaining funds. If Cooling Assistance is provided/funded, it will have the same outreach as Heating Assistance, i.e., mailing application packets to clients. The application form may be mailed to the local DHHR office or taken to a Community Action or Area Agency on Aging office or Center for Assistance. Community Action and Area Agency on Aging volunteers make home visits to reach those clients who are disabled and/or homebound.

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

Public Service Commission regulated energy providers use billing notice inserts to inform customers about when LIHEAP crisis funds are

available and to refer them to DHHR. Community Action and Area Agency on Aging personnel make referrals to DHHR when clients request assistance with heating bills and/or Weatherization services.

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

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

8.6 What is your process for selecting local administering agencies?

There are 55 counties in the State of West Virginia. The West Virginia Department of Health and Human Resources has 54 local county offices that administer the LIHEAP program.

8.7 How many local administering agencies do you use? 54

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

Yes

No

8.9 If so, why?

- Agency was in noncompliance with grantee requirements for LIHEAP -
- Agency is under criminal investigation
- Added agency
- Agency closed
- 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

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 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.

Some of the home energy suppliers are vendors in the Agency's eligibility system. These are Public Service Commission (PSC) regulated vendors. If the vendor is set up in the Agency's eligibility system the Agency can pay them directly instead of sending a payment to the client. If the fuel vendor is not PSC regulated, the Agency will pay the client directly. These are typically wood, coal, propane and kerosene vendors.

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

If a client is found eligible for energy assistance he/she will receive an approval letter that tells the client the amount that he/she have been approved for and the method of disbursement. For the heating payment the client should receive notice no later than 30 days after the Agency has received the application. If this is a crisis payment, the application is processed the day that the client comes in to apply and the client is informed during the application process.

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?

The vendor agreement contains the following statement: Households that receive LIHEAP in the normal billing process will be charged no more than the difference between the cost of the home energy used and the payment that is provided by the DHHR.

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 vendors accept the LIHEAP payments as they would any other payment. The clients are not coded differently in the vendor systems for receiving LIHEAP. Our eligibility system creates a payment file, and if refunds are necessary vendors return LIHEAP funds back to the State Auditor's Office. Vendors have a direct line of communication with the Auditor's Office to resolve any issues. The vendors have been trained how to handle any funds that need to be returned. The vendor agreement also, states no household that is receiving LIHEAP will be treated adversely because the household receives assistance from the DHHR.

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.

Direct payments are made to clients who use bulk fuel unless crisis funds are involved. In a crisis situation, vendor payment is preferred unless the client must self-deliver in partial amounts and no vendor is willing to set up a "credit" account.

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

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

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

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

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

Federal funds awarded to West Virginia are committed and identified in WV (Our Advanced Solution with Integrated Systems) OASIS. LIHEAP customer payments are also entered into OASIS and daily payments are tracked and monitored to determine that expenditures do not exceed the amounts that are awarded. The state's Recipient Automated Payment and Information Data System (RAPIDS) is the benefits issuance processing program that workers access to determine customer eligibility for LIHEAP. The system provides individual approvals and daily batch approvals which allow for dual controls. Benefits are approved in RAPIDS and can be sent to OASIS for payments to utility companies, bulk fuel vendors and to clients.

Weatherization funds are not transferred to other state agencies. The West Virginia Development Office (WVDO) runs the Weatherization program for West Virginia. The WVDO is allotted 15% of the total grant funds.

The WV DHHR Finance department tracks all funding spent for this grant. This includes refunds, weatherizations, administration, heating assistance, crisis and carryover.

Audit Process

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

Yes No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	For the FY2018 Statewide Single Audit there were findings for the LIHEAP program. During the testing of 72 benefit payments for eligibility, the following was noted: For one of the 72 cases reviewed, an application was not provided. For six of the 72 cases, there was not adequate documentation surrounding the caseworkers verification of the recipients utility bill or wood/coal receipt. In addition, the management of DHHR was unable to provide timely supporting documentation to the auditors. The necessary underlying support was not provided in order to test compliance for the LIHEAP Performance Data Form. Correction action: DHHR will ensure that all documentation supporting reports or compliance requirements subject to audit be maintained and readily available if requested.	Yes	procedure/policy changes

10.4. Audits of Local Administering Agencies

<p>What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.</p>
<p><input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133</p>
<p><input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)</p>
<p><input type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.</p>
<p><input checked="" type="checkbox"/> Grantee conducts fiscal and program monitoring of local agencies/district offices</p>
<p>Compliance Monitoring</p>
<p>10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply</p>
<p>Grantee employees:</p>
<p><input checked="" type="checkbox"/> Internal program review</p>
<p><input type="checkbox"/> Departmental oversight</p>
<p><input type="checkbox"/> Secondary review of invoices and payments</p>
<p><input type="checkbox"/> Other program review mechanisms are in place. Describe:</p>
<p> </p>
<p>Local Administering Agencies / District Offices:</p>
<p><input type="checkbox"/> On - site evaluation</p>
<p><input checked="" type="checkbox"/> Annual program review</p>
<p><input type="checkbox"/> Monitoring through central database</p>
<p><input type="checkbox"/> Desk reviews</p>
<p><input checked="" type="checkbox"/> Client File Testing / Sampling</p>
<p><input type="checkbox"/> Other program review mechanisms are in place. Describe:</p>
<p>There is a Statewide Single Audit that is completed each year. There is a sampling of LIHEAP cases that are reviewed each year.</p>
<p>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</p>
<p>At this time the initial audits are taking place for FY2020. The Agency does not yet have a formal schedule for this process.</p>
<p>10.7. Describe how you select local agencies for monitoring reviews.</p>
<p>Site Visits:</p> <p>A sample of the LIHEAP applications are taken from all four regions to ensure that there is not a trend or an issue with the local DHHR offices in the application process. The monitoring reviews are done yearly based on the schedule of our auditors who complete the Statewide Single Audit.</p>
<p>Desk Reviews:</p> <p>A large sample is pulled for the Statewide Single Audit to ensure that the LIHEAP applications are not all coming from the same local DHHR office and to ensure that all processes and procedures are consistent.</p>
<p>10.8. How often is each local agency monitored ?</p> <p>The monitoring is done once each year. Each office is monitored every year. There are currently 54 local offices that are monitored each year.</p>
<p>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</p>
<p>10.10. What is the combined error rate for benefit determinations? OPTIONAL</p>
<p>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? none</p>

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>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY</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:

Public participation was completed by placing program details on the WVDHHR website, Press Release and communicating via email with some of the major utility companies. The Plan was also sent to Weatherization partner agencies and Subgrantees. Comment period was open until 10/2/2020. No comments were received. Next FY the comment period will be open from July 15, 2021 to August 1, 2021.

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

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	07/29/2020	Public Participation-WVDHHR Website

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).
 No comments were received from the public or utility companies as a result of the public participation.

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

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

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

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

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

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 14

12.2 How many of those fair hearings resulted in the initial decision being reversed? 2

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

There were 26 requests for a fair hearing for FY 2020. There were 3 cases that were dismissed, 12 cases that were withdrawn prior to the hearing, as they were resolved by the parties, 10 cases were abandoned by the client/no shows, and one case that upheld the Departments Decision. There will be yearly training for all eligibility workers prior to this LIHEAP season. There will also be hands-on training and technical assistance as needed by the local offices.

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

Applicants who indicate that they want a fair hearing receive a form on which they must indicate whether they want a pre-hearing conference, fair hearing, or both. Requests must be made within 60 days of the date of the denial, and the Hearings Officer must render a decision within 60 days from the date of the hearing. In most cases, the issue is resolved in a pre-hearing conference. The applicant is informed of his or her rights to a fair hearing at the time of application and when he or she is notified of the decision made on the application. There is a posted notice at each agency that informs applicants of their right to a fair hearing. Any Weatherization Fair Hearing requests will be handled by the sub-grantee that administers our Weatherization program.

12.5 When and how are applicants informed of these rights?

The applicant is informed of his or her right to a fair hearing at the time of application and when he or she is notified of the decision made on the application. There is a notice at each agency that informs applicants of their right to a fair hearing. Any Weatherization Fair Hearing requests would be handled by the sub-grantee that administers our Weatherization program.

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

Applications for LIHEAP benefits are required to be processed within 30 days from the date that the application is received by the DHHR. Clients may request a fair hearing when the application is not processed timely. As with denials, a pre-hearing conference usually resolves these issues. Weatherization applicants are informed that there is a very long waiting list for assistance and it may take 2-3 years for Weatherization services to be performed. Rejected applicants must be notified within ten days and given the reason for the rejection. Approved applicants are kept informed of their status on the waiting list and the approximate date of completion.

12.7 When and how are applicants informed of these rights?

The applicant is informed of his or her right to a fair hearing at the time of application. There is also a public notice posted in each of our 54 county DHHR offices. In addition, there is also a notice of the right to a fair hearing provided to the applicant when the decision is made on the 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?

The Agency would like to do a credit/budget counseling for clients. The Agency is going to try and work with our local Senior Citizen Centers about doing the classes there and have them help us administer the classes.

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

The Agency will not use more than 5% on these activities. The Agency's finance department will assist in monitoring specific line items in the budget. This line item in the budget only has up to 5% of our LIHEAP funds allocated for Assurance 16.

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

The Agency has not done credit/budget counseling in the past.

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

The Agency has not done credit/budget counseling in the past. In prior years West Virginia provided blanket kits with energy saving tips. One thousand homes applied for and received blanket kits.

13.5 How many households applied for these services? 0

13.6 How many households received these services? 0

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

Section 14 - Leveraging Incentive Program ,2607A

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.

N/A

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:

<input checked="" type="checkbox"/> Formal training on grantee policies and procedures	
How often?	
<input checked="" type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input checked="" type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input type="checkbox"/> Employees are provided with policy manual	
<input type="checkbox"/> Other-Describe:	

b. Local Agencies:

<input checked="" type="checkbox"/> Formal training conference	
How often?	
<input checked="" type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input checked="" type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input checked="" type="checkbox"/> On-site training	
How often?	
<input checked="" type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input checked="" type="checkbox"/> As needed	
<input type="checkbox"/> Other - Describe:	
<input checked="" type="checkbox"/> Employees are provided with policy manual	
<input type="checkbox"/> Other - Describe	

c. Vendors

<input checked="" type="checkbox"/> Formal training conference	
How often?	
<input type="checkbox"/> Annually	
<input type="checkbox"/> Biannually	
<input checked="" type="checkbox"/> As needed	

<input type="checkbox"/> Other - Describe:	
<input type="checkbox"/> Policies communicated through vendor agreements	
<input type="checkbox"/> Policies are outlined in a vendor manual	
<input type="checkbox"/> Other - Describe:	
15.2 Does your training program address fraud reporting and prevention?	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
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 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.

West Virginia will collect and report on LIHEAP performance measures data to ensure that the Agency is targeting and serving and providing bill payment assistance to households with the highest energy burden. The Agency will concentrate on restoration and prevention of loss, energy source, energy burden, income and imminent risk of running out of fuel. West Virginia has defined "Imminent Risk" as being without, disconnected, or within three days of being without heat. The Agency's eligibility system currently collects annual household income, annual LIHEAP benefit, main fuel type and whether or not the client has to pay for electricity or electric services. The Agency is also working with the major PSC-regulated utility vendors to capture annual energy usage (if applicable), prevention of loss and restoration of service.

West Virginia will also work with the 54 local offices to ensure that workers are completing the LIHEAP screens out correctly in our eligibility system and that they are documenting this information correctly. From our past Statewide Single Audits it was noted that workers did not keep copies of the utility bills for all case files or a portion of the LIHEAP application was not properly stored in our online database. We are taking measures to improve this based on training and desk guides for our eligibility workers.

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:

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

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

17.2. Identification Documentation Requirements

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

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

	<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		
	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe any exceptions to the above policies.							
17.3 Identification Verification							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input checked="" type="checkbox"/> Verify SSNs with Social Security Administration							
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input type="checkbox"/> Match with state Department of Labor system							
<input checked="" type="checkbox"/> Match with state and/or federal corrections system							
<input checked="" type="checkbox"/> Match with state child support system							
<input type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input type="checkbox"/> 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.							
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency							
<input type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency							
<input checked="" type="checkbox"/> Noncitizens must provide documentation of immigration status							
<input checked="" type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input checked="" type="checkbox"/> Noncitizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input type="checkbox"/> Other - Describe:							
17.5. Income Verification							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input 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 checked="" type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input 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:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input type="checkbox"/> Data exchange with utilities that verifies:
<input type="checkbox"/> Account ownership
<input type="checkbox"/> Consumption
<input type="checkbox"/> Balances
<input type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input 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 type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure

<input type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input type="checkbox"/> Vendors are checked against an approved vendors list
<input 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 type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
17.10. Investigations and Prosecutions
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input checked="" type="checkbox"/> Refer to state Inspector General
<input 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 type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? permanently
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input 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)

350 Capitol Street

* **Address Line 1**

Room B-18

Address Line 2

Address Line 3

Charleston

* **City**

WV

* **State**

25301

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