## **DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance
Grantee Name: IN ST Housing and Community Development Authority
Report Name: DETAILED MODEL PLAN (LIHEAP) Revision # 1
Report Period: 10/01/2022 to 09/30/2023
Report Status: Submission Accepted by CO (Revision #1)

## **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

<b>Mandatory Gra</b>	ant Applic	ation SF-424
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	L		DME I		IERGY A MODEL - 424 - M	_ PLA	N	ROG	RAN	/(LIHEAP)	
			* 1.b. Frequency: Annual		* 1.c. Consolidated Application/ Plan/Funding Request? Explanation:			ion/	<ul> <li>* 1.d. Version:</li> <li>Initial</li> <li>Resubmission</li> <li>Revision</li> <li>Update</li> </ul>		
						<u> </u>	Received:			State Use Only:	
							icant Identifie				
							eral Entity Ide			5. Date Received By State: 6. State Application Identifie	r:
7. APPLICAN	IT INFC	ORMATION	8			<u>JI</u>					
* a. Legal Nai	ne: Indi	ana Housing a	nd Com	munity Develop	ment Authority	/					
1485172	:/Taxpay	yer Identificat	ion Nun	nber (EIN/TIN	): 35-	* c. Or	ganizational D	UNS:	086870	0479	
* d. Address:		20.0 4 14		2 1 1000		1 04		1			
* Street 1:				reet, Suite 1000	)		et 2:		TON		
* City: * State:		INDIANAPO IN	OLIS			Cou	-	MAR	ION		
* State: * Country:	:	United States				Province:           * Zip / Postal         46204 -           Code:         46204 -					
e. Organizatio	nal Uni	t:						<u> </u>			
Department N Community I		;				Divisio LIHEA	<b>n Name:</b> AP				
			person	to be contacted	n		his application	1:	0		
Prefix:	Thom	Name: as			Middle Name	Hartnett-Russell					
Suffix:		unity Program	ıs Manaş	ger -EAP	Organization	itional Affiliation:					
* Telephone Number: 317-234- 8489	Fax Nu	imber			* Email: thartnettrusse	Email: hartnettrussell@ihcda.IN.gov					
* 8a. TYPE O A: State Gover		JCANT:									
b. Addition	al Descr	iption:									
* 9. Name of I	Federal .	Agency:									
					f Federal Domes tance Number:	stic			С	FDA Title:	
10. CFDA Num	bers and	Titles		93.568			Low-Income l	Home E	nergy A	Assistance Program	
11. Descriptiv	e Title o	f Applicant's ]	Project								
12. Areas Affe	ected by	Funding:									
13. CONGRE		L DISTRICT	SOF:			<u> </u>					
* a. Applicant 07 Attach an add		ist of Program	n/Projec	t Congression:	al Districto if -	Statew	ram/Project: vide				
Attach an add	nuonai	ist of Program	илг гојес	t Congressiona	a Districts II h	ceued.					
14. FUNDING	G PERIC	14. FUNDING PERIOD: 15. ESTIMATED FUNDING:					FIMATED FU	NDING	<b>;</b>		

<b>a. Start Date:</b> 10/01/2022	<b>b. End Date:</b> 09/30/2023	* a. Federal (\$): \$0	<b>b. Match (\$):</b> \$0				
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?							
a. This submission was made ava	ailable to the State under the Executiv	ve Order 12372					
Process for Review on :							
b. Program is subject to E.O. 12	372 but has not been selected by State	e for review.					
c. Program is not covered by E.C	). 12372.						
* 17. Is The Applicant Delinquent O O YES O NO							
Explanation:							
complete and accurate to the best of	f my knowledge. I also provide the re ny false, fictitious, or fraudulent state	a the list of certifications** and (2) that the statements her quired assurances** and agree to comply with any resultin ments or claims may subject me to criminal, civil, or adm	ng terms if I				
** The list of certifications and assu specific instructions.	irances, or an internet site where you	may obtain this list, is contained in the announcement or	agency				
51	itle of Authorized Certifying Official	18c. Telephone (area code, number and exte	nsion)				
Emily Krauser, Director of Communi	Emily Krauser, Director of Community Programs           18d. Email Address           ekrauser@ihcda.in.gov						
<b>18b. Signature of Authorized Certifying Official 18e. Date Report Submitted (Month, Day, Year)</b> 09/14/2022							
Attach supporting doo	cuments as specified in a	agency instructions.					

All Dep Adr Offi Wa: Aug OM Exp THI requ	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES 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: 12/31/2023 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					
time	an abbreviated plan. Public reporting burden for this collection of information is estimated to ave for reviewing instructions, gathering and maintaining the data needed, and reviewing the collect luct or sponsor, and a person is not required to respond to, a collection of information unless it di	tion of information. An	agency may not			
nun	• • • • • •					
	Section 1 Program Components					
	gram Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C) Check which components you will operate under the LIHEAP program.	Dates of (	Operation			
(No	te: You must provide information for each component designated here as requested elsewhere in plan.)	Duces of C	sperution			
	Pan)	Start Date	End Date			
	Heating assistance	10/01/2022	05/15/2023			
>						
	Cooling assistance					
<b>&gt;</b>	Crisis assistance	11/01/2022	05/15/2023			
	Weatherization assistance	10/01/2022	09/30/2023			
~						
Pro	vide further explanation for the dates of operation, if necessary	<u>.                                    </u>	·			
	Indiana allows for mail-in applications to begin September 14. On October 1, LSPs may begin to schedule appointments to begin on November 1. Crisis starts on November 1 because by starting crisis November 1, clients will be able to qualify for moratorium. The online application portal will open on November 1. We do not plan to administer any benefits in the summer. We have attempted to adjust our matrix to expand the majority of LIHEAP funds during the winter. In 2023, we are allocating 9% to Weatherization.					
Esti	Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16					
	2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages variable used and up to 100%.					
Н	Heating assistance					
С	0.00%					
С	risis assistance		15.00%			
W	/eatherization assistance		9.00%			
	arryover to the following federal fiscal year		5.00%			
_	dministrative and planning costs		10.00%			
S	5.00%					

# Section 1 - Program Components

Use	d to develop	and implement leveraging acti	vities							0.00%
тота	L									100.00%
		Crisis Assistance Funds, 260								
1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:										
>	Heati	ng assistance		Cooling assis	tance					
>	Weat	herization assistance	<b>~</b>	Other (specif	y:) LS	SPs may continue t	o adr	ninister crisis thro	ugh 0	5/15
_	-	bility, 2605(b)(2)(A) - Assur								
colun	n below? 🕻	ler households categorically Yes  I No	-						of be	nefits in the left
If you	answered	'Yes'' to question 1.4, you n	ust comple	te the table below	and a	answer questions	1.5 a	nd 1.6.		
				Heating	_	Cooling		Crisis		Weatherization
TANF				Yes ONo	_	Yes ONo		Yes ONo	-	Yes ONo
SSI			C	Yes ONo	С	Yes 🔘 No		Yes 🔘 No	$\circ$	Yes 🔘 No
SNAP			0	Yes ONo	С	Yes ONo	$\circ$	Yes ONo	$\circ$	Yes 🖸 No
Means	-tested Veter	ans Programs	0	Yes ONo	С	Yes ONo	С	Yes 🔘 No	С	Yes ONo
		Program Nan	ne	Heating		Cooling		Crisis		Weatherization
Other(	Specify) 1			O Yes O No	)	O Yes O No		O Yes O No		O Yes O No
		matically enroll households v						<b>9</b>		n.
1.7a I If you	answered	'ayments ate LIHEAP funds toward a 'Yes'' to question 1.7a, you Nominal Assistance: \$0.00								
10	requency o Once Per Y	f Assistance Zear								
	Once every	five years								
	Other - De									
	other - De	serioe.								
1.7d I	łow do you	confirm that the household	receiving a	nominal paymen	t has a	n energy cost or	need	?		
	N/.	A								
Deter	mination of	Eligibility - Countable Inco	ome							
1.8. Ir	ı determini	ng a household's income elig	gibility for I	IHEAP, do vou 1	ise gro	oss income or net	incor	ne ?		
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?         Image: Second										
	Net Incom	2								
1.9.5	elect all the	applicable forms of countal	ole income u	used to determine	a hou	sehold's income o	ljoih	ility for LIHEAP		
	Wages				unou		-inglio.			
	Self - Emp	oyment Income								
	Contract I	ncome								
	Payments from mortgage or Sales Contracts									

V	Unemployment insurance						
>	Strike Pay						
N	Social Security Administration (SSA ) benefits						
	Including MediCare deduction						
N	Supplemental Security Income (SSI )						
N	Retirement / pension benefits						
	General Assistance benefits						
	Temporary Assistance for Needy Families (TANF) benefits						
	Supplemental Nutrition Assistance Program (SNAP) benefits						
	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits						
	Loans that need to be repaid						
	Cash gifts						
	Savings account balance						
	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.						
<b>~</b>	Jury duty compensation						
<b>&gt;</b>	Rental income						
	Income from employment through Workforce Investment Act (WIA)						
	Income from work study programs						
<b>&gt;</b>	Alimony						
	Child support						
V	Interest, dividends, or royalties						
~	Commissions						
	Legal settlements						
~	Insurance payments made directly to the insured						
	Insurance payments made specifically for the repayment of a bill, debt, or estimate						
~	Veterans Administration (VA) benefits						
	Earned income of a child under the age of 18						
	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.						
	Income tax refunds						
	Stipends from senior companion programs, such as VISTA						

	Funds received by household for the care of a foster child
	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
	Reimbursements (for mileage, gas, lodging, meals, etc.)
>	Other
	Cash gifts: are counted to the extent that they are explicitly intended to provide specific household supports. Gifts of a personal nature are not counted. One-time lump sum payment: winnings from lotteries are included.
	Insurance payments: Disability Payments, Life Insurance Payments are counted. Insurance settlements are not counted.
	Combat zone pay from military is not included.
	ny of the above questions require further explanation or clarification that could not be made in fields provided, attach a document with said explanation here.

	Section	on 2 - H	Ieating Assistance	
Eligibility, 2605(	b)(2) - Assurance 2			
2.1 Designate the	income eligibility threshold used for the	e heating co	omponent:	
Add	Household size		Eligibility Guideline	Eligibility Threshold
1	All Household Sizes		State Median Income	6
2.2 Do you have a HEATING ASSI	additional eligibility requirements for TANCE?	C Yes	€ No	
2.3 Check the ap	propriate boxes below and describe the	policies for	each.	
Do you require a	n Assets test ?	C Yes	• No	
Do you have add	itional/differing eligibility policies for:	<u>.</u>		
Renters?		O Yes	• No	
Renters Liv	ving in subsidized housing ?	O Yes	• No	
Renters wi	th utilities included in the rent ?	O Yes	• No	
Do you give prio	rity in eligibility to:			
Elderly?		💽 Yes	O <sub>No</sub>	
Disabled?		💽 Yes	O <sub>No</sub>	
Young chil	dren?	💽 Yes	C <sub>No</sub>	
Household	s with high energy burdens ?	C Yes	• No	

## Section 2 - HEATING ASSISTANCE

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

**Other?** Veterans

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023

60.00%

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

Explanations of policies for each "yes" checked above:

Households containing one of our designated at-risk populations are given an opportunity to apply early.

• Yes O No

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

2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc.

Vulnerable populations [elderly (60+), disabled, veterans, households with young children (age 5 or under)] who receive benefits the prior year will receive a new application early by mail and the eligibility process is typically completed before the harsh part of the winter season begins.

Households with fixed incomes can recertify for EAP without providing documentation for the full application. Applicants may recertify every 2 years and must send in all paperwork every third year. To qualify for recertification, households must have one of these types of incomes and no others: social security, veterans benefits, SSI, or retirement pension. This allows clients who are in vulnerable populations to automatically recertify for EAP.

IHCDA has introduced a statewide online application system to increase access to the program. IHCDA has also partnered with our state 2-1-1 system to allow for telephonic application submission.

2.5 Check the variables you use to determine your benefit levels. (Check all that apply):	
Income	
Family (household) size	
W Home energy cost or need:	
Fuel type	
Climate/region	

Individual bill	
Dwelling type	
Energy burden (% of income spent on home energy)	
Energy need	
Other - Describe:	
Vulnerable population status: An additional 4 matrix points (\$100) is given to households who have one member wh young child, or veteran.	10 is elderly, disabled,
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 \$250 Maximum Benefit	\$800
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? 🔘 Yes 💿 No	
If yes, describe.	
If any of the above questions require further explanation or clarification that could a the fields provided, attach a document with said explanation here.	not be made in

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY						
	Secti	on 3 - (	Cooling Assistance			
Eligibility, 2605(	(c)(1)(A), 2605 (b)(2) - Assurance 2					
3.1 Designate Th	ne income eligibility threshold used for th	ne Cooling	component:			
Add	Household size		Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		State Median Income	60.00%		
COOLING ASS		O Yes				
	ppropriate boxes below and describe the	- 				
Do you require a		C Yes	• No			
	litional/differing eligibility policies for:		~			
Renters?		C Yes				
	iving in subsidized housing ?	O Yes				
Renters wi	ith utilities included in the rent ?	C Yes	⊙ No			
	ority in eligibility to:	1 -	-			
Elderly?		C Yes	⊙ No			
Disabled?		C Yes	⊙ No			
Young chi	ldren?	O Yes	• No			
Household	ls with high energy burdens ?	C Yes	• No			
Other?		C Yes	• No			
Explanations of	policies for each "yes" checked above:					
3.4 Describe hov	y you prioritize the provision of cooling	necistanca t	ovulnerable populations,e.g., benefit amounts,	early application periods atc		
5.4 Describe nov	v you prioritize the provision of cooling a	issistance to	ovunerable populations,c.g., benefit amounts,	carry application periods, etc.		
N/A						
Determination o	Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)					
_	riables you use to determine your benefi	it levels. (C	heck all that apply):			
Income						
Family (ho	usehold) size					
Mome ener	gy cost or need:					
Fue	l type					
	nate/region					
	_					
Individual bill						

# Section 3 - COOLING ASSISTANCE

Dwelling type						
Energy burden (% of income sp	ent on home energy)					
Energy need						
Other - Describe:						
At this time, we do not anticipat	At this time, we do not anticipate offering a cooling program.					
Benefit Levels, 2605(b)(5) - Assurance 5, 260	5(c)(1)(B)					
3.6 Describe estimated benefit levels for the	iscal year for which this pl	an applies				
Minimum Benefit	\$0	Maximum Benefit	\$0			
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? O Yes O No						
If yes, describe.						
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.						

Section 4 -	CRISIS	ASSISTA	NCE
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES						
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	e income eligibility threshold used for the crisis co	mponent				
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.				
life threate Me • Has rec	crisis situation is an energy emergency when there is ening crisis. Non-life threatening crisis situations mu etered Utilities: eived a current Notice of Disconnection on residence eccted, or the household is disconnected but nobody i	ist be mitigated within 48 hours.				
	ılk Fuel:					
<ul> <li>Househ</li> </ul>	olds who heat with a deliverable bulk fuel (e.g., LP, will automatically be considered to be in crisis at the		who have prepaid electricity			
Inoperable heatin	g equipment:					
• Househ benefit.	olds who report that their heating equipment is not o	perable will be assessed for eligibilty for the Eme	rgency Repair and Replace			
4.3 What constitutes a <u>life-threatening crisis?</u>						
A life-threatening crisis situation must be mitigated within (18) hours. The (18) hour timeframe begins at the point in time the life- threatening situation is communicated to LSP staff. A life threatening crisis situation is defined when there is at least one at-risk individual (adult age 60 or over, child age 5 or under, person with a disability, or veteran) <b>and</b> any of the following criteria is met: 1. Heating and/or electric service is currently shut off or disconnected out of bulk fuel (empty tank). 2. There is a documented medical need where there is an extreme safety concern. 3. Need of propane tank safety inspection.						
Crisis Requirem						
<u> </u>	many hours do you provide an intervention that w	ill resolve the energy crisis for eligible househo	olds? 48Hours			
	many hours do you provide an intervention that w	54 ° °				
Crisis Eligibility	, 2605(c)(1)(A)					
4.6 Do you have ASSISTANCE?	additional eligibility requirements for CRISIS	C Yes • No				
4.7 Check the appropriate boxes below and describe the policies for each						
Do you require a	an Assets test ?	C Yes 💿 No				
Do you give prio	rity in eligibility to :					
Elderly?		• Yes O No				
Disabled?		• Yes O No				
Young Chi	ildren?	• Yes O No				
Households with high energy burdens?						
Other? Ve	eterans	• Yes O No				
In Order to rece	ive crisis assistance:	<del>n.</del>	In Order to receive crisis assistance:			

Must the household have received a shut-off notice				
empty tank?	e or have a near 💽 Yes 🖸 No			
Must the household have been shut off or have an	empty tank? O Yes O No			
Must the household have exhausted their regular h	heating benefit? O Yes O No			
Must renters with heating costs included in their r received an eviction notice ?	rent have O Yes O No			
Must heating/cooling be medically necessary?	O Yes O No			
Must the household have non-working heating or equipment?	cooling O Yes • No			
Other?	O Yes 💿 No			
Do you have additional / differing eligibility policies for:				
Renters?	C Yes O No			
Renters living in subsidized housing?	C Yes O No			
Renters with utilities included in the rent?	© Yes O No			
Explanations of policies for each "yes" checked above:				
Renters with utilities in rent are not eligible f	for crisis assistance.			
4.8 How do you handle crisis situations?				
Separate	component			
Fast Trac	k			
Other - D	escribe:			
4.9 If you have a separate component, how do you deter	mine crisis assistance benefits?			
Amount to resolve the crisis.				
Other - D	escribe:			
• Yes O No Explain.	nce at sites that are geographically accessible to all households in the area to be served?			
	idiana counties. During the winter season, all of these sites are open.			
Applications are accepted at sites in all 92 In The online application portal is accessible 24				
The online application portal is accessible 24 4.11 Do you provide individuals who are physically disal	4 hours a day, seven days a week.			
The online application portal is accessible 24 4.11 Do you provide individuals who are physically disal Submit applications for crisis benefits without leaving	4 hours a day, seven days a week.			
The online application portal is accessible 24         4.11 Do you provide individuals who are physically disal         Submit applications for crisis benefits without leaving         Image: State of the stat	4 hours a day, seven days a week. bled the means to: g their homes?			
The online application portal is accessible 24 4.11 Do you provide individuals who are physically disal Submit applications for crisis benefits without leaving • Yes O No If No, explain. Travel to the sites at which applications for crisis assis	4 hours a day, seven days a week. bled the means to: g their homes?			
4.11 Do you provide individuals who are physically disal         Submit applications for crisis benefits without leaving            • Yes       No         If No, explain.         Travel to the sites at which applications for crisis assis            • Yes       No         If No, explain.	4 hours a day, seven days a week. bled the means to: g their homes?			
The online application portal is accessible 24 4.11 Do you provide individuals who are physically disal Submit applications for crisis benefits without leaving Yes No If No, explain. Travel to the sites at which applications for crisis assis Yes No If No, explain. If you answered "No" to both options in question 4.11, p	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted?			
The online application portal is accessible 24 4.11 Do you provide individuals who are physically disal Submit applications for crisis benefits without leaving Yes No If No, explain. Travel to the sites at which applications for crisis assis Yes No If No, explain. If you answered "No" to both options in question 4.11, p disabled? Benefit Levels, 2605(c)(1)(B) 4.12 Indicate the maximum benefit for each type of crisis	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? please explain alternative means of intake to those who are homebound or physically			
The online application portal is accessible 24         4.11 Do you provide individuals who are physically disal         Submit applications for crisis benefits without leaving         Yes       No         If No, explain.         Travel to the sites at which applications for crisis assis         Yes       No         If No, explain.         If you answered "No" to both options in question 4.11, p         disabled?         Benefit Levels, 2605(c)(1)(B)         4.12 Indicate the maximum benefit for each type of crisis         \$1,000.00       maximum benefit	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? please explain alternative means of intake to those who are homebound or physically			
4.11 Do you provide individuals who are physically disal         Submit applications for crisis benefits without leaving            • Yes       No         If No, explain.         Travel to the sites at which applications for crisis assis            • Yes       No         If you answered "No" to both options in question 4.11, p         disabled?         Benefit Levels, 2605(c)(1)(B)         4.12 Indicate the maximum benefit for each type of crisis         § 1,000.00       maximum benefit         Summer Crisis       \$0.00	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? please explain alternative means of intake to those who are homebound or physically			
The online application portal is accessible 24         4.11 Do you provide individuals who are physically disal         Submit applications for crisis benefits without leaving            • Yes       No         If No, explain.         Travel to the sites at which applications for crisis assis            • Yes       No         If you answered "No" to both options in question 4.11, p         disabled?         Benefit Levels, 2605(c)(1)(B)         4.12 Indicate the maximum benefit for each type of crisis         Winter Crisis       \$1,000.00         maximum benefit         Year-round Crisis       \$0.00	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? please explain alternative means of intake to those who are homebound or physically is assistance offered.			
The online application portal is accessible 24         4.11 Do you provide individuals who are physically disal         Submit applications for crisis benefits without leaving         Yes       No         If No, explain.         Travel to the sites at which applications for crisis assis         Yes       No         If You answered ''No'' to both options in question 4.11, p         disabled?         Benefit Levels, 2605(c)(1)(B)         4.12 Indicate the maximum benefit for each type of crisis         Winter Crisis       \$1,000.00 maximum benefit         Summer Crisis       \$0.00 maximum benefit	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? please explain alternative means of intake to those who are homebound or physically is assistance offered.			
The online application portal is accessible 24         4.11 Do you provide individuals who are physically disal         Submit applications for crisis benefits without leaving         Submit applications for crisis benefits without leaving         Yes O No If No, explain.         Travel to the sites at which applications for crisis assis         O Yes O No If No, explain.       If you answered ''No'' to both options in question 4.11, p         disabled?         Benefit Levels, 2605(c)(1)(B)         4.12 Indicate the maximum benefit for each type of crisis         Winter Crisis       \$1,000.00 maximum benefit         Summer Crisis       \$0.00 maximum benefit         4.13 Do you provide in-kind (e.g. blankets, space heaters	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? please explain alternative means of intake to those who are homebound or physically is assistance offered. s, fans) and/or other forms of benefits?			
The online application portal is accessible 24   4.11 Do you provide individuals who are physically disal   Submit applications for crisis benefits without leaving   Submit applications for crisis benefits without leaving   Yes   No   If No, explain.   Travel to the sites at which applications for crisis assis   O   Yes   No   If No, explain.   If you answered "No" to both options in question 4.11, p   disabled?   Benefit Levels, 2605(c)(1)(B) 4.12 Indicate the maximum benefit for each type of crisis Winter Crisis \$1,000.00 maximum benefit Summer Crisis \$0.00 maximum benefit 4.13 Do you provide in-kind (e.g. blankets, space heaters O   Yes No If yes, Describe	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? please explain alternative means of intake to those who are homebound or physically is assistance offered. s, fans) and/or other forms of benefits?			
The online application portal is accessible 24 4.11 Do you provide individuals who are physically disal Submit applications for crisis benefits without leaving          Yes       No       If No, explain.         Travel to the sites at which applications for crisis assis         Yes       No       If No, explain.         If you answered ''No'' to both options in question 4.11, p disabled?         Benefit Levels, 2605(c)(1)(B)         4.12 Indicate the maximum benefit for each type of crisis         Winter Crisis       \$1,000.00 maximum benefit         Summer Crisis       \$0.00 maximum benefit         Year-round Crisis       \$0.00 maximum benefit         4.13 Do you provide in-kind (e.g. blankets, space heaters         Yes       No         Yes       No         If yes, Describe	4 hours a day, seven days a week. bled the means to: g their homes? stance are accepted? stance are accepted? please explain alternative means of intake to those who are homebound or physically is assistance offered. s, fans) and/or other forms of benefits? nt using crisis funds?			

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.				
	Winter Crisis	Summer Crisis	Year-round Crisis	
Heating system repair	<b>~</b>			
Heating system replacement	Image: Second			
Cooling system repair				
Cooling system replacement				
Wood stove purchase	<ul> <li>✓</li> </ul>			
Pellet stove purchase	<ul> <li>✓</li> </ul>			
Solar panel(s)				
Utility poles / gas line hook-ups				
Other (Specify):				
4.16 Do any of the utility vendors you work with e	nforce a mo	natorium on	shut offs?	
• Yes O No				
If you responded "Yes" to question 4.16, you must				
4.17 Describe the terms of the moratorium and an	y special dis	pensation re	eccived by LIHEAP clients during or after the moratorium period.	
<ul> <li>The Indiana General Assembly has enacted Indiana Code 8-1-2-121 governing the termination of natural gas and electric service without the customer's request. This law, which first became effective in 1983, states that utility (Municipally-owned, privately-owned or cooperatively-owned) may not, during the period from December 1 through March 15 of any year, terminate residential utility service to any customer who is eligible for and who has applied for the Energy Assistance Program. The Indiana Utility Regulatory Commission (IURC) later promulgated regulations under the authority of IC 8-1-2-121 at 170 IAC 4-4-16.6 and 170 IAC 5-1-16.6.</li> <li>Under Indiana state law and regulations, utilities may not disconnect service to customers if:</li> <li>The customer has submitted a complete application and eligibility is being determined by the local LSP or its subcontractor.</li> <li>The customer has furnished proof to the utility provider of his/her application to receive EAP benefits; or IHCDA, the local LSP or the LSP's</li> </ul>				
	ling a munici		l, privately owned, or cooperatively owned utility, qualify as a "utility" for utility owned or operated by a city or town in Indiana.	
the purposes of the moratorium law. "Municipally owned utility" is a utility owned or operated by a city or town in Indiana. Any household who has applied for EAP on or after October 1st cannot have its service disconnected between December 1 and March 15. A "qualified" household is defined as a household that has active service and has submitted a completed application to the LSP, and a staff person at the agency has determined or is determining that eligibility.				
If a utility provider has negotiated a pa arrangement before December 1, the utility ha	ayment arran as the right to	gement with disconnect	a client who has qualified for EAP and the client violates that payment that client prior to December 1, because that client is not yet protected by , the utility may not disconnect that client until March 16.	
	on and is bei		heating season. Benefit refusal does not prevent moratorium protection. A r has been deemed EAP eligible and has active service on December 1 will	
			e a utility payment arrangement to ensure that the utility bills are paid on yment between the landlord and client is breached:	
If the utility is listed in the landlord's name, but the client has breached payment agreement with the landlord, the landlord may request service disconnection during the moratorium period. Though the client was deemed eligible for EAP assistance, the landlord is the customer of record on the utility bill.				
If the utility is listed in the client's name, but the landlord had breached the payment agreement, then the client is protected under the moratorium because the client is the customer of record on the utility bill.				
Regulations allow the utility to disconnect the utilities for a customer otherwise covered under the moratorium in the following circumstances:				
<ul> <li>If a condition dangerous or hazardous to life, physical safety or property exists.</li> <li>Upon order by any court, the IURC, or other duly authorized public authority.</li> <li>If fraudulent or unauthorized use of electricity or gas is detected, and the utility has reasonable grounds to believe the affected customer is</li> </ul>				
<ul><li>responsible for such use.</li><li>If the utility's regulating or measuring equipment has been tampered with and the utility has reasonable grounds to believe the affected customer is responsible for such tampering.</li></ul>				
If a household is denied during the moratorium period but appeals their denial, moratorium protection shall be reinstated while the appeal is being considered.				

	IT OF HEALTH AND HUMAN SERVICE NFOR CHILDREN AND FAMILIES	OMB	92,02/95,03/96,12/98,11/01 Clearance No.: 0970-0075 xpiration Date: 12/31/2023	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY				
	Section 5: WEATHE	CRIZATION ASSISTANCE		
Eligibility, 2605(c)(1)(A	A), 2605(b)(2) - Assurance 2			
5.1 Designate the incom	me eligibility threshold used for the Weatheri	ization component		
Add	Household Size	Eligibility Guideline	Eligibility Threshold	
1 All H	Household Sizes	HHS Poverty Guidelines	200.00%	
5.2 Do you enter into a No	n interagency agreement to have another go	vernment agency administer a WEATHERIZ	ATION component? O Yes 💿	
5.3 If yes, name the ag	ency.			
5.4 Is there a separate	monitoring protocol for weatherization? 💽	Yes ONo		
WEATHERIZATION	- Types of Rules			
	lo you administer LIHEAP weatherization? (	(Check only one.)		
Entirely under I	LIHEAP (not DOE) rules	· · · ·		
	DOE WAP (not LIHEAP) rules			
		ule(s) where LIHEAP and WAP rules differ ((	Theck all that annly).	
Income Th		and s) where EffEAT and WAT funds unter (	neek an that appry).	
	ation of entire multi-family housing structure ecome eligible within 180 days	e is permitted if at least 66% of units (50% in	2- & 4-unit buildings) are	
Weatheriz care facilities).	e shelters temporarily housing primarily low	income persons (excluding nursing homes, pr	isons, and similar institutional	
Other - Describe:				
Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)				
Income Th	reshold			
Veatheriz	ation not subject to DOE WAP maximum sta	atewide average cost per dwelling unit.		
Weatheriz	ation measures are not subject to DOE Savin	gs to Investment Ration (SIR ) standards.		
V Other - De	scribe:			
IHCDA allows, as a LIHEAP program expense, the costs of eliminating energy related health and safety hazards prior to installation of weatherization materials. Health and safety is not a separate budget line item in LIHEAP and therefore is included in the mechanical average cost per unit.				
Replacement of gas cook stoves will be allowed with LIHEAP funds as a health and safety measure and must be charged to the Mechanical line item. Replacement of the cook stove may not be charged to DOE but must be paid for with LIHEAP funds. Repair of the cooking stove may be charged to either DOE Health and Safety or LIHEAP Mechanical.				
In addition, Weatherization allows use of LIHEAP funds to replace on demand water heaters and heat pumps as an ECM when they have an SIR of 1 or greater.				
IHCDA does not allow DOE or LIHEAP funds to be used for replacing air conditioners. Repairs to an air conditioning system may only be made when current operation of the AC unit endangers the operation of the furnace. Repairs can be charged to either DOE Health and Safety or LIHEAP Mechanical depending upon the funding source being used to weatherize the unit.				
Maximu	m allowable ACPU of LIHEAP Capital Intensiv	ve Completions is \$13,200.		
<ul> <li>Total Base Completion average is \$7,700.</li> <li>Total Mechanical Completion is \$5,500.</li> </ul>				

Internal Note: Need language about supplies and fuel switches.					
Eligibility, 2605(b)(5) - Assurance 5					
5.6 Do you require an assets test?	O Yes 💿 No				
5.7 Do you have additional/differing eligi	m bility policies for :				
Renters	• Yes O No				
Renters living in subsidized housing?	- 103 - 110				
5.8 Do you give priority in eligibility to:					
Elderly?	• Yes O No				
Disabled?	• Yes O No				
Young Children?	• Yes O No				
House holds with high energy burdens?	O Yes O No				
Other? Medically fragile	• Yes O No				
Benefit Levels 5.9 Do you have a maximum LIHEAP we 5.10 If yes, what is the maximum? \$0	eatherization benefit/expenditu	re per household? O Yes 💿 No			
Types of Assistance, 2605(c)(1), (B) & (D		Il categories that apply.)			
Weatherization needs assessments		Energy related roof repair			
Caulking and insulation	saunts	Major appliance Repairs			
Storm windows		Major appliance replacement			
Furnace/heating system modificat	ions/ronairs	Windows/sliding glass doors			
Furnace replacement		Doors			
Cooling system modifications/ rep	airs	Water Heater			
Water conservation measures					
Compact florescent light bulbs       Other - Describe: LED Light Bulbs; Cook Stoves; Refrigerators must either be 10 years of or require comprehensive metering of the existing unit to be performed on NEAT run performed. This is for LIHEAP and DOE.					
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.					

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES					
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 t available:	hat eligible households are made aware of all LIHEAP assis	istance			
Place posters/flyers in local and county social service offices, offices of a	ging, Social Security offices, VA, etc.				
Publish articles in local newspapers or broadcast media announcements	š.				
Include inserts in energy vendor billings to inform individuals of the av	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 programs.	assistance at application intake for other low-income				
Execute interagency agreements with other low-income program offices	; to perform outreach to target groups.				
Other (specify):					
IHCDA is implementing increased statewide promotion of LIHEAI to market on a local level.	P, while continuing to depend upon the subgrantee network				
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.					

I ADMINISTRATION FOR CHILDREN AND FAMILIES	95,03/96,12/98,11/01 ance No.: 0970-0075 on Date: 12/31/2023			
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 SSI, WAP, etc.).	households (TANF,			
Joint application for multiple programs				
Intake referrals to/from other programs				
✓ One - stop intake centers				
Other - Describe:				
The EAP application serves as the application for Weatherization as well as for the Home Water Assistance 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.				

U.S. DEPARTMENT OF HEALTH AND HUI ADMINISTRATION FOR CHILDREN AND F		August 1987		5,03/96,12/98,11/01 nce No.: 0970-0075 n Date: 12/31/2023		
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 respons	ibility of your State age	ncy?				
Administration Agency	Administration Agency					
Commerce Agency						
Community Services Agency						
Energy / Environment Agency						
Housing Agency						
Welfare Agency						
Other - Describe:						
Alternate Outreach and Intake, 2605(b)(15) - Assu If you selected ''Welfare Agency'' in question 8.1, y		tions 8.2, 8.3, and 8.4, as	applicable.			
8.2 How do you provide alternate outreach and int	ake for HEATING ASS	ISTANCE?				
N/A						
8.3 How do you provide alternate outreach and int	ake for COOLING ASS	ISTANCE?				
N/A						
8.4 How do you provide alternate outreach and int	ake for CRISIS ASSIST	ANCE?				
N/A						
8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization		
8.5a Who determines client eligibility?	Community Action Agencies Non-profits	Community Action Agencies Non-profits	Community Action Agencies Non-profits	Community Action Agencies Non-profits		
8.5b Who processes benefit payments to gas and electric vendors?	State Housing Agency	State Housing Agency	State Housing Agency			
8.5c who processes benefit payments to bulk fuel vendors?	State Housing Agency	Non-Applicable	Community Action Agencies Non-profits State Housing Agency			
<b>3.5d Who performs installation of weatherization neasures?</b> Community Action Agencies						

	Non-profits Other
	ny of your LIHEAP components are not centrally-administered by a state agency, you must uplete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.
8.6 W	'hat is your process for selecting local administering agencies?
	Indiana Housing and Community Development Authority has been designated as the state oversight authority for LIHEAP since 2006. Indiana utilizes its network of 19 Community Action Agencies and one non-profit to administer LIHEAP services (total of 20 agencies). New service providers are identified in the event that there are unresolvable or significant compliance issues or a service provider is otherwise no longer able to administer LIHEAP services. New service providers, when needed, are vetted through a Request for Proposal (RFP) process, selected by an IHCDA RFP Review Committee and approved by IHCDA's Board of Directors.
8.7 He	ow many local administering agencies do you use? 20
8.8 Ha • Ye • No	
8.9 If :	so, why?
	Agency was in noncompliance with grantee requirements for LIHEAP -
	Agency is under criminal investigation
	Added agency
	Agency closed
<b>~</b>	Other - describe
	The subgrantee agency presented with multiple findings and qualified for multiple quality improvement plan over the past several years. Due to the performance concerns as well as concerns that the subgrantee was inadequately serving the eligible population within its service territory, IHCDA issued an RFP for the three-county service territory. The existing subgrantee agency was eligible to submit a proposal as part of this process. We received four qualified respondents for the territory, including the incumbent. The existing, The territory was divided and awarded to two existing subgrantees who were determined to be the best qualified among the four reposndents.
	ny of the above questions require further explanation or clarification that could not be made he fields provided, attach a document with said explanation here.

	Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7
-	e payments directly to home energy suppliers?
Heating	© Yes O No
Cooling	
Crisis	• Yes O No
Are there exce If yes, Describ	ptions? • Yes O No
other bio the vendo	hen utilities are included in rent, IHCDA will pay the client directly. Beginning in 2020, if a client heats primarily with wood, pellets, or uels, IHCDA pays the client directly unless the local subgrantee contracts with the vendor directly, in which case the subgrantee pays r and IHCDA reimburses the subgrantee. If the client who has a utility vendor who will not comply with the rules of the program, or will pate in EAP, IHCDA will pay the client directly.
.2 How do you	notify the client of the amount of assistance paid?
appeal. T the rent o	I clients who apply for EAP receive a letter informing them if they are approved or denied and gives them information on their right to he benefit letter has the amount of assistance and a list of vendors that were paid on their behalf. EAP clients having utilities included in heating primarily with biofuels receive a letter explaining that a check will be mailed to them or a direct deposit will be made to their unt along with information about their right to appeal.
ctual cost of th	assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the e home energy and the amount of the payment?
informati payments local serv	l policies and procedures are outlined in the vendor agreement, which is renewed every two years. The agreement contains all on related to the distribution of LIHEAP benefits and billing. The vendor agreement must be signed and returned to IHCDA before any are made to the vendor. The vendor agreement requires that the customer accounts are credited at their receipt of a transmittal from the ice provider (subgrantee), and that any credits remaining after being applied to current charges be carried forward as an account credit. ayments are made through a centralized payment system.
IF	CDA also monitors vendors to ensure that payments are being applied correctly.
.4 How do you ssistance?	assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP
T	e vendor agreement referred to in 9.3 includes the following requirement:
	<b>qual Treatment.</b> Vendor shall not treat any household receiving EAP benefits adversely because of such EAP assistance, including but d to charging different or additional fees, costs, rates, or other such charges on the basis of a household's qualification for or receipt of fits.
	e payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible
9.5. Do you mak households? O Yes O No	

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)

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: 12/31/2023

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

	-	TH AND HUMAN SERVICES DREN AND FAMILIES		05/92,02/95,03/96,12/98,11/01 MB Clearance No.: 0970-0075 Expiration Date: 12/31/2023		
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY						
	Section 1	0: Program, Fiscal Mo	nitoring, and Audit, 26	05(b)(10)		
10.1. How do	you ensure good fiscal	accounting and tracking of LIHEAF	? funds?			
	All fiscal monitoring w e following:	ill be conducted by an IHCDA employ	ee. To ensure good fiscal accounting ar	nd tracking of Liheap funds, IHCDA		
	The CAR is relevant a	s an indicator of the LSP's general stree	monitoring review for the CSBG Com ngth in terms of fiscal accounting proce SBG funds. The monitoring includes, bu	dures, especially since all of our		
<ul> <li>Incol</li> <li>Bank</li> <li>Accc</li> <li>Accc</li> <li>Clain</li> <li>Audi</li> <li>Agin</li> <li>Any</li> <li>Fisca</li> </ul>	<ul> <li>Balance sheet</li> <li>Income statement</li> <li>Bank reconciliation for financial statements</li> <li>Accounts payable</li> <li>Accounts receivable</li> <li>Claims</li> <li>Audit files</li> <li>Aging payables and receivables</li> <li>Any findings associated with EAP or LIHEAP-Weatherization</li> <li>Fiscal year end or interim balance sheets</li> <li>Review each sub-grantee's policies and procedure manuals related financial practices, such as the Cost Allocation Plan, Inventory List, Fraud,</li> </ul>					
claimed		views LSPs claims and transmittals to a	assess compliance with time limits for s	ubmission and accuracy of amounts		
specific	audit required by the S		ty Programs reviews each sub-grantee's (U.S.C. 7501-7507) previously prescrib rrces in the most recent financial audit.			
Each L paymer	SP fills out the budget a at system and the budge	adhering to the percentages allowed for et is line-item enforced so that the agend	on is made to an agency, an agreement each line item. Each line item is entere cy cannot overspend in any line. During r expenditures and their percentages are	d separately into the claims and g Close Out of the federal year, LSPs		
sure that		g the funds they need to best serve their	P spending to benchmarks that they must clients. For example, funds can be real			
5. Documentation: LSPs may claim reimbursement for LIHEAP-obligated funds from IHCDA. LSPs must submit documentation for all claims. There is no minimum threshold for reimbursements of assistance payments made directly by the LSP, such as crisis benefits or Emergency Repair and Replace services. For reimbursements of purchases made using the administrative budget, there is a \$1,000 threshold for detailed documentation.						
6. Vendor Refunds: IHCDA policies and procedures require that when a utility vendor sends back a refund for an unused portion of a LIHEAP benefit, the vendor is to include the following information with their remittance of payment: the name of the LSP that provided the benefit, the client's name, the client's account number, and the internal transmittal number on which the benefit had been paid out. This allows IHCDA to properly track and account for the benefit refund and to apply the correct amount to the client's new utility if the client properly completes the benefit transfer form. Any refunds for which the client does not request a benefit transfer are reinvested into the statewide program. This year, IHCDA is rolling out a new register sheet for vendors to include with refund and overpayment checks in order to more consistently gather the relevant information and encourage better reporting from the vendors.						
Audit Process						
10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?						
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	Туре	Brief Summary	Resolved?	Action Taken		
1	monitoring	IHCDA was monitored by HHS in	In Progress	procedure/policy changes		

ĩ	w	
	April 2017 and received the monitoring letter in February 2018. We received a monitoring report responding to our findings in 2022 that identified multiple items as "partially resolved." We are awaiting confirmation that our actions have	
	fully resolved the concerns/ deficiencies.	
10.4. Audits of Local Adm	inistering Agencies	
What types of annual audi	t requirements do you have in place for local administer	ring agencies/district offices?
Select all that apply.	istrict offices are required to have an annual audit in cou	mpliance with Single Audit Act and OMB Circular A-133
	istrict offices are required to have an annual audit in consistence offices are required to have an annual audit (other	
	istrict offices' A-133 or other independent audits are rev	
	s fiscal and program monitoring of local agencies/distric	
	1 8 8 8	
Compliance Monitoring		
10.5. Describe the Grantee that apply	's strategies for monitoring compliance with the Grantee	ee's and Federal LIHEAP policies and procedures: Select all
Grantee employees:		
Internal program	ı review	
Departmental ov	ersight	
Secondary review	v of invoices and payments	
Other program r	review mechanisms are in place. Describe:	
<ol> <li>The LSP has prop</li> <li>The LSP has admi</li> <li>Calculation of hot</li> <li>EAP benefits are of</li> <li>Energy Benefit Tr</li> <li>Eligible costs are of</li> <li>Internal procedure</li> <li>The LSP has the c</li> <li>The LSP has and if</li> <li>The LSP has and if</li> <li>The LSP has correst</li> <li>Additionally, cover use of funds, c</li> </ol> Local Administering Agen <ul> <li>On - site evaluati</li> </ul>	laims and transmittal compliance, and findings and concern cies / District Offices: on review	base. fraud, waste, abuse, and mismanagement. rovement Plans. year. The risk assessment includes risk categories that generally
	ıgh central database	
Desk reviews		
Client File Testir		
Other program r	eview mechanisms are in place. Describe:	
IHCDA perfo	orms a risk assessment on every agency each year. Addition	al monitoring may be done on higher risk agencies.
10.6 Explain, or attach a c	opy of your local agency monitoring schedule and protoc	col.
<ul><li>IHCDA will moni</li><li>IHCDA reserves t</li></ul>	ncy during its monitoring period: tor up to 10% of the agency's client eligibility files. he right to monitor additional files if the agency is assessed quality improvement plan (MQIP), or if there is a reason th	l to be at high risk, was recently on a quality improvement plan hat IHCDA feels that additional monitoring is necessary.

(QIP) or modified quality improvement plan (MQIP), or if there is a reason that IHCDA feels that additional monitoring is necessary.IHCDA will ensure that a review of incomplete files, denied files, for agency staff or relatives receiving benefits, and Emergency Services

or Emergency Repair and Replace recipients represent a small part of the overall review.

Notification of desktop monitoring will be sent at least 30 calendar days before the monitoring will begin.

The review will begin with an entrance conference held between the IHCDA monitor(s) and the LSP's EAP management team (or other point of contact as applicable). The entrance conference will familiarize the agency with the review process and allow the monitor to become familiar with specific details unique to each organization. Currently all EAP client file reviews are conducted remotely by desktop. EAP Fiscal Review may be conducted onsite if part of another IHCDA monitoring. During the desktop review, the EAP Monitor will provide ongoing communication of the findings to the LSP and allow for constant feedback so an accurate and complete picture is obtained of the monitored activity. When the monitoring session is complete, an exit conference will be conducted to provide the LSP with a preliminary report of the results.

After the monitoring review, the IHCDA monitor will send the LSP a letter outlining the monitoring findings or concerns. LSPs are given an opportunity to appeal the findings once to the EAP monitor and then, if necessary to the Division Director. Agencies will be given an overall performance score. Agencies with Overall Performance Scores below 87% may be put on a corrective action improvement plan. Improvement plans are tailored to improving the performance of the agency and may include additional training, peer consuling, additional review by IHCDA to understand problematic trends, etc..

After the LSP has either accepted the findings or completed the appeal process, the LSP will take Corrective Action to address the findings identified during the monitoring review. **The LSP will have thirty (30) calendar days to provide to IHCDA any payments and supporting documentation agreed upon in the report.** The corrective action may include, but is not limited to: crediting funds to a client's account, paying funds to IHCDA because of an overpayment, or reviewing an application to verify that portions of the application were properly processed.

The LSP will receive a Monitoring Completion Letter once all completed corrective actions have been accepted, documentation of credits to clients, and copies of checks paid to IHCDA have been submitted.

For Weatherization, 5% of completed DOE client files are reviewed (10% for agencies that have an in-house Energy Auditor and Quality Control Inspector). The monitor is advised to give preference to files that include both DOE base and LIHEAP funding. The monitor reviews program administration, procurement, training and licensing, data base input, fiscal information, client file review and field inspections.

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

Site Visits:

IHCDA may conduct site visits to high risk agencies and agencies who are put on a quality improvement plant (QIP) or modified quality improvement plan (MQIP).

Desk Reviews:

LIHEAP files are uploaded into a the EAP statewide database and IHCDA monitors conduct the desk review monitoring. Agencies are expected to ensure all files are uploaded accurately to the statewide database within 45 days of eligibility determination.

10.8. How often is each local agency monitored ?

IHCDA will monitor all agencies each year.

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

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

10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 5

10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0

# 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: 12/31/2023
LOW INCOME HOME ENERGY AS MODEL SF - 424 - MA	PLAN
Section 11: Timely and Meaningful Publi	· / · · · · / · · · · ·
11.1 How did you obtain input from the public in the development of your Select all that apply.	LIHEAP plan?
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:	
<ul> <li>Subgrantee listening session calls held twice a month throughout PY</li> <li>IHCDA public website hosts a copy of the state plan and encourages any time.</li> </ul>	2022. s applicants/constituents to submit questions, comments, or suggestions at
11.2 What changes did you make to your LIHEAP plan as a result of this	participation?
1. Increased maximum crisis benefit amount	
2. Increased matrix points for heating fuel and base electric benefits	
3. Increased maximum benefit for Emergency Repair and Replacement	ent
IHCDA made a conscious effort to minimize policy changes this year	ır.
Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto	o Rico Only
11.3 List the date and location(s) that you held public hearing(s) on the pr	oposed use and distribution of your LIHEAP funds?
	Date Event Description
1 07/29/2022	Draft Plan posted for public comment
2 08/10/2022	Public Hearing
<b>11.4.</b> How many parties commented on your plan at the hearing(s)? 11	
11.5 Summarize the comments you received at the hearing(s).	
Please see attached transcript	
11.6 What changes did you make to your LIHEAP plan as a result of the c	comments received at the public hearing(s)?
None	
If any of the above questions require further expla the fields provided, attach a document with said ex	

nts informed of these rights?
is included on the client benefit notification letter for both approved an he detailed procedure, is posted on IHCDA's website for the public at <b>h</b>
procedures for households whose applications are not acted on in a
Page 27 of 52

**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: 12/31/2023

### 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? 3

12.2 How many of those fair hearings resulted in the initial decision being reversed? 1

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

N/A

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

The applicant may appeal a denial or a benefit amount. Below are the steps for the client appeal process. The LSP must provide written notification of approval or denial to all walk-in households for Energy Assistance within fourteen (14) calendar days of the household's completed and processed application. If the application is a mail-in application then the LSP must provide a written notification of approval or denial within fifty-five (55) business days. The notification must include the household's right to appeal that determination.

Step I: If the applicant is not satisfied with any determination by the Program Director of the LSP, he/she may submit a written request to the LSPs EAP Manager or Executive Director for a review of the determination within thirty (30) calendar days of receipt of determination. The Executive Director or LSP Manager will make the determination of the applicants' written request within fourteen (14) calendar days of receipt of appeal.

Step II: If the applicant is still not satisfied with the determination after review by the Executive Director, he/she may request formal review by the State by submitting a written request to IHCDA's Community Programs Manager for EAP within thirty (30) calendar days. If an applicant needs assistance with this procedure, they may call IHCDA. Either the LSP or the client can submit materials to IHCDA. IHCDA's Community Programs Manager for EAP will review the materials submitted and issue a written finding to the applicant and the LSP based on the documentation submitted within fourteen (14) calendar days of reciept.

Step III: If after both appeals, the client has not recieved satisfaction, he or she may appeal IHCDA's Director of Community Programs within thirty (30) calendar days. The appeal must include the reasons for the applicant's objection to the decision and must be based solely upon evidence supporting one (1) of the following circumstances:

1. Clear and substantial error or incorrectly stated facts which were relied on in making the decision being challenged;

- 2. Unfair competition or conflict of interest in the decision-making process;
- 3. An illegal, unethical or improper act; or
- 4. Other legal basis that may substantially alter the decision.

The applicant will receive written acknowledgment of receipt of the request within seven (7) calendar days of its receipt, noting the day the request was received. The IHCDA Director of Community Programs will have thirty (30) calendar days from IHCDA's receipt of the written request to review the file and make a determination. The decision of the IHCDA Director of Community Programs is final. At the time of the formal review, the benefit in question will be considered as obligated until such time as the review is resolved. If the formal review is successful, the LSP will send a transmittal to be applied to the correct account. If the formal review is unsuccessful the funds will revert to the program.

#### 12.5 When and how are applica

nd denied applications. The entire LIHEAP The appeal process https://www.in.gov/ihcda/2329.htm. Operations Manual, with t

12.6 Describe your fair hearing timely manner. If an applicant feels that an LSP did not act on an application in a timely manner, the applicant may appeal in writing to the executive director of the LSP agency. The LSP agency must respond in writing within fourteen (14) calendar days. If an applicant is not satisfied with the response to the appeal, the applicant will be able to file a further appeal with IHCDA. This information will be communicated on the LSP agency's initial appeal response. IHCDA also allows denied clients to reapply after 55 calendar days.

12.7 When and how are applicants informed of these rights?

Information concerning appeal rights for applications not acted on in a timely manner, as well as guidelines that define what qualifies as timely and untimely action, has been posted on IHCDA's public-facing EAP webpage at https://www.in.gov/ihcda/2329.htm. This information is also posted by each LSP agency on their own individual websites, as well as physically posted in each EAP intake site they operate.

Section 13 - Reduction of home energy needs	s,2605(b)(16) - Assurance 16
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August 1987, revised 05/92,02/95,03/96,12/98,11/01 **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 12/31/2023 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? Indiana uses LIHEAP funds to conduct Family Development and Energy Education. Family Development provides low-income households with short-term and long-term case management. Clients set goals and receive referrals for education, budgeting, home energy assessments, employment, child care, and a range of other self-sufficiency tools. EAP clients may also receive energy education which focuses mainly on energy conservation techniques. Some LSPs give pre-test and post-tests to households to determine how the client's energy education knowledge changed after receiving energy education. 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? Indiana restricts LSP budgets by not allowing LSPs to spend more than the maximum of 5% on Family Development and Energy Education. Any costs above 5% are not paid by IHCDA. Because IHCDA does not engage in Assurance 16 activities directly, it is our understanding that allowing each LSP to use up to 5% of its expenditures for Assurance 16 activities will ensure that Indiana does not overobligate this budget line. 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year. LSPs choose to do a wide variety of A16 activities including energy education and family development. Some of these activities include budgeting, career planning, financial education, self sufficiency, referrals, follow ups, support services, and children's programs. 13.4 Describe the level of direct benefitsprovided to those households in the previous Federal fiscal year. N/A 13.5 How many households applied for these services? Households do not apply and LSPs have varying methods to conduct energy education, such as including energy education during the time of application and/or scheduled sessions at a later date. 13.6 How many households received these services? 75,603 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.

		TH AND HUMAN SERVIC DREN AND FAMILIES	ES <sup>/</sup>	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 12/31/2023
	LOW INCO	MO	Y ASSISTA DEL PLAN I - MANDAT	NCE PROGRAM(LIHEAP) ORY
	Se	ction 14:Leveragin	g Incentive	Program, 2607(A)
14.1 Do you p O Yes 💽 N		cation for the leveraging incen	tive program?	
14.2 Describe records.	instructions to any thi	rd parties and/or local agencie	es for submitting L	IHEAP leveraging resource information and retaining
	type of resource and/o escribe the following:	or benefit to be leveraged in th	e upcoming year th	hat will meet the requirements of 45 C.F.R. § 96.
Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will t	he resource be integrated and coordinated with LIHEAP?
1				
		ions require further h a document with s		or clarification that could not be made in ion here.

August 1987, revised 05/92,02/95,03/96,12/98,11/01 **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 12/31/2023 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: 1 Formal training on grantee policies and procedures How often? Annually Biannually ~ As needed Other - Describe: ~ Employees are provided with policy manual **Other-Describe: b. Local Agencies:** ~ Formal training conference How often? ~ Annually Biannually ~ As needed ~ Other - Describe: Due to travel resTrainings are being conducted by live webinars this year. 4 **On-site training** How often? Annually Biannually ~ As needed Other - Describe: ~ Employees are provided with policy manual 4 Other - Describe Recordings of the training session webinars are being made available on demand to our subgrantee partners on our partner website. c. Vendors ~ Formal training conference How often? Annually 1 Biannually 4 As needed ~ Other - Describe: webinars ~ Policies communicated through vendor agreements

# Section 15 - Training

Policies are outlined in a vendor manual	
Other - Describe: Certain vendor policies are included in the EAP policy manual.	
15.2 Does your training program address fraud reporting and prevention? • Yes • No	
If any of the above questions require further explanation or clarification the fields provided, attach a document with said explanation here.	that could not be made in

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: 12/31/2023

### 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.

For the 2019-2020 year, IHCDA staff contacted utility vendors in August 2020 to get data. EAP analyst combined and matched the data using the temporary EAP database to get results. Vendors are aware from their vendor MOU that they must provide performance measures data. The 2022 program year data collections will be very similar. Indiana intends to use available data, including performance measures data, to reassess and revise its matrix in the coming years in order to more consistently and directly target benefits to households with high energy burden.

Indiana received T/TA from APPRISE concerning this data collection and reporting following the departure of some key staff, and believes that the process will be improved this year.

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			IE HOME EN SF	MODE	LP		PROGRAM	V(L	LIHEAP)	
			Section 17: ]	Program	In	tegrity, 26(	<b>)5(b)(10)</b>			
17.1	Fraud Reporting Mechanisms	5								
a. D	escribe all mechanisms availab	ole to	the public for rep	orting cases of	sus	pected waste, frau	ıd, and abuse. S	elec	t all that apply.	
	Online Fraud Reportin	g								
	Dedicated Fraud Report	rting	Hotline							
	Report directly to local	age	ncy/district office o	r Grantee offi	ce					
_	Report to State Inspect	or G	eneral or Attorney	General						
	Forms and procedures	in p	lace for local agenc	ies/district off	ices	and vendors to re	port fraud, was	te, a	nd abuse	
	Other - Describe:									
b. D	escribe strategies in place for a	adve	rtising the above-re	eferenced reso	urce	s. Select all that a	pply			
[	Printed outreach mater	rials								
[	Addressed on LIHEAP	app	lication							
	Vebsite									
	Other - Describe:									
17 2	Identification Documentation	Ra	miramants							
17.2	Tuentification Documentation		Jun ements							
	dicate which of the following f ibers.	form	s of identification a	re required o	r req	uested to be colle	cted from LIHI	EAP	applicants or the	eir household
						Collected from	Whom?			
Тур	e of Identification Collected					Collected from	i whom:			
		_	Applicant O	nly	All Adults in Household			All Household Members		
	al Security Card is		Required			Required			Required	
pho	ocopied and retained		<b>D</b> (1							
			Requested			Requested			Requested	
			Destined			Descriped			Doguinod	
	al Security Number (Without		Required			Required			Required	
actu	al Card)	_	Requested			Requested			Requested	
			Requested			Kequesteu		>	Kequesteu	
Gov	ernment-issued identification	>	Required			Required			Required	
card		× 1								
	al ID, passport, etc.)		Requested			Requested			Requested	
	Other		Applicant Only Required	Applicant On Requested		All Adults in Household	All Adults in Household		All Household Members	All Household Members
1			- 1			Required	Requested		Required	Requested

b.	Describe	anv	excer	otions	to	the	above	policies.	
••	Deserioe	uny	CACC	ouono	•••	une	40010	poneico.	

IHCDA requests social security numbers for all persons, age one (1) and over. Once an applicant has furnished a social security card that copy for future years indefinitely.

IHCDA allows other federal or state forms, such as printed W-2s, Medicare cards, and correspondence from the SSA containing the household member's full Social Security Number, to be accepted in conjunction with a government-issued ID in lieu of a Social Security Card in order to verify Social Security Numbers.

IHCDA will allow REAL ID driver's licenses and United States passports to be accepted in lieu of primary verification of a Social Security Number. If an applicant provides a REAL ID or passport, no Social Security Number needs to be provided.

17.3 Identification Verification
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply
Verify SSNs with Social Security Administration
Match SSNs with death records from Social Security Administration or state agency
Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
Match with state Department of Labor system
Match with state and/or federal corrections system
Match with state child support system
Verification using private software (e.g., The Work Number)
In-person certification by staff (for tribal grantees only)
Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)
V Other - Describe:
LSP Staff are required to verify documents to complete the certification.
17.4. Citizenship/Legal Residency Verification
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.
Clients sign an attestation of citizenship or legal residency
Client's submission of Social Security cards is accepted as proof of legal residency
Noncitizens must provide documentation of immigration status
Citizens must provide a copy of their birth certificate, naturalization papers, or passport
Noncitizens are verified through the SAVE system
Tribal members are verified through Tribal enrollment records/Tribal ID card
Other - Describe:
If a household member cannot or declines to provide verification of a Social Security Number, the member is considered an "ineligible" household member. They are not included in the count of household members as they are ineligible to receive a benefit, but the ineligible household member's income is still counted against the household's total income.
17.5. Income Verification
What methods does your agency utilize to verify household income? Select all that apply.
Require documentation of income for all adult household members
Pay stubs
Social Security award letters
Bank statements
Tax statements
Zero-income statements
Unemployment Insurance letters
Other - Describe:
Computer data matches:
Income information matched against state computer system (e.g., SNAP, TANF)

Proof of unemployment benefits verified with state Department of Labor
Social Security income verified with SSA
Utilize state directory of new hires
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.
Policy in place prohibiting release of information without written consent
Grantee LIHEAP database includes privacy/confidentiality safeguards
Employee training on confidentiality for:
Grantee employees
✓ Local agencies/district offices
Employees must sign confidentiality agreement
Grantee employees
✓ Local agencies/district offices
Physical files are stored in a secure location
Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
All vendors must register with the State/Tribe.
All vendors must supply a valid SSN or TIN/W-9 form
Vendors are verified through energy bills provided by the household
Grantee and/or local agencies/district offices perform physical monitoring of vendors
Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
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.
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
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.
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.           Image: Control of C
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.         Image: Control of Con
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.         Image: Applicants required to submit proof of physical residency         Image: Applicants must submit current utility bill         Image: Applicants must submit current utility bill         Image: Applicants must submit current utility bill
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.          Image: Applicants required to submit proof of physical residency         Image: Applicants must submit current utility bill         Image: Data exchange with utilities that verifies:         Image: Account ownership
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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption
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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption         Balances
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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption         Balances         Payment history
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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption         Balances         Payment history         Account is properly credited with benefit
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.
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.         Image: Applicants required to submit proof of physical residency         Image: Applicants must submit current utility bill         Image: Data exchange with utilities that verifies:         Image: Account ownership         Image: Consumption         Image: Balances         Image: Payment history         Image: Account is properly credited with benefit         Image: Other - Describe:         Image: Consumption the properties of the payments to all 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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption         Payment history         Account is properly credited with benefit         Other - Describe:         Centralized computer system/database tracks payments to all 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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption         Balances         Payment history         Account is properly credited with benefit         Other - Describe:         Centralized computer system/database tracks payments to all utilities         Centralized computer system automatically generates benefit level         Separation of duties between intake and payment approval
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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption         Balances         Payment history         Account is properly credited with benefit         Other - Describe:         Centralized computer system/database tracks payments to all utilities         Separation of duties between intake and payment approval         Payments coordinated among other energy assistance programs to avoid duplication of payments
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.         Applicants required to submit proof of physical residency         Applicants must submit current utility bill         Data exchange with utilities that verifies:         Account ownership         Consumption         Balances         Payment history         Account is properly credited with benefit         Other - Describe:         Centralized computer system/database tracks payments to all utilities         Separation of duties between intake and payment approval         Payments to utilities and invoices from utilities are reviewed for accuracy
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.         Image: Applicants required to submit proof of physical residency         Image: Applicants must submit current utility bill         Image: Data exchange with utilities that verifies:         Image: Account ownership         Image: Consumption         Image: Balances         Image: Payment history         Image: Account is properly credited with benefit         Image: Other - Describe:         Image: Centralized computer system/database tracks payments to all utilities         Image: Centralized computer system automatically generates benefit level         Image: Separation of duties between intake and payment approval         Image: Payments to utilities and invoices from utilities are reviewed for accuracy         Image: Payments condinated among other energy assistance programs to avoid duplication of payments         Image: Payments to utilities and invoices from utilities are reviewed for accuracy         Image: Payments condinated among other energy assistance programs to avoid duplication of payments         Image: Payments to utilities and invoices from utilities are reviewed for accuracy

>	Vendor agreements specify requirements selected above, and provide enforcement mechanism	
	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.		
	Vendors are checked against an approved vendors list	
>	Centralized computer system/database is used to track payments to all vendors	
>	Clients are relied on for reports of non-delivery or partial delivery	
	Two-party checks are issued naming client and vendor	
>	Direct payment to households are made in limited cases only	
>	Vendors are only paid once they provide a delivery receipt signed by the client	
>	Conduct monitoring of bulk fuel vendors	
	Bulk fuel vendors are required to submit reports to the Grantee	
>	Vendor agreements specify requirements selected above, and provide enforcement mechanism	
	Other - Describe:	
15 10		
	Investigations and Prosecutions be 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.		
	Refer to state Inspector General	
>	Refer to local prosecutor or state Attorney General	
	Refer to US DHHS Inspector General (including referral to OIG hotline)	
>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public	
>	Grantee attempts collection of improper payments. If so, describe the recoupment process	
	If an overpayment occurs, or an improper payment has occured, the overpayment must be returned to the IHCDA. If the error is detected within sixty days of the application's approval, overpaid funds are removed from the client's account and returned to IHCDA by the utility vendor. If the overpayment is discovered after the sixty days, the LSP will be required to repay IHCDA directly from their corporate funds. Overpayment funds are returned to IHCDA and do not go back to the LSPs budget.	
	Clients who have been found to have committed fraud must pay back their EAP benefit. Clients will not be eligible for the program until the benefit is repaid.	
<b>√</b> back.	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Until funds are paid	
>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated	
>	Vendors found to have committed fraud may no longer participate in LIHEAP	
>	Other - Describe:	
	To prevent fraud, LSP staff are trained on fraud, waste and abuse prevention. Below are the main points of the training:	
	The purpose of investigating fraud, waste and abuse are:	
	<ol> <li>To ensure that energy asistance benefits are received in the correct amounts and only by those individuals who are eligible.</li> <li>To recover tax dollars obtained by participants through fraudulent activities, unintentional participant error, administrative error or non-compliance.</li> <li>To deter future occurrences of fraud and/or non-compliance within all energy assistance programs and to help maintain integrity.</li> </ol>	
	The following three (3) terms should not be confused with Non-compliance, which is the failure of the individual participant to act in accordance with the rules and regulations of the energy assistance programs:	
	<ol> <li>Fraud is defined as "wrongful or criminal deception intended to result in financial or personal gain".</li> <li>Waste is defined as "consuming, spending or expending thoughtlessly or carelessly".</li> <li>Abuse is defined as "misusing or using improperly or excessively".</li> </ol>	
	While all three (3) of the situations have serious financial implications for an LSP, fraud occurrences will likely be the most investigated. Fraud occurs when a participant knowingly and willfully provides false information about circumstances. Fraud, also occurs when a participant intentionally fails to report changes in his or her circumstances in a timely manner in order to receive benefits for which he or she is not eligible. To constitute fraud, the participant must know that the information he or she provides is false and that he or she did so with the intent to gain something of value.	
	A participant providing incorrect information by mistake is NOT committing fraud. Also, a participant does not commit fraud if he or she is unaware of their responsibility to provide certain information. The participant may provide false information for reasons other than to receive excess benefits in which case he or she is NOT committing fraud. For instance, the participant may have an embarrassing situation that causes	

Page 37 of 52

them to fail to report the actual circumstances of their situation. Or, there may be other reasons that need to be taken into consideration for concealing the truth or failing to report changes.

**Early Detection and Prevention:** Early Detection and prevention is designed to detect and prevent fraud prior to authorization of energy assistance benefits. Effort needs to be taken to keep fraud and non-compliance from occurring in the first place. By practicing early detection and prevention, the intake worker can refer applicants who meet certain conditions to their supervisor for in-depth examination.

This begins with thorough training of all intake workers. The intake worker must be capable of conducting detailed eligibility interviews and identifying cases that need to be referred to their supervisor. An initial step is to check the Ineligible Applicant List in the State's Database. This will let you know immediately if the applicant should be processed further.

Another step is to make sure that all applicants are fully completed and no information is missing or does not make sense. Questions should be asked in all situations where the intake worker needs further or more definitive clarification.

Even though early detection and prevention are utilized, there will be situations where people receive benefits they are not entitled to. Once this happens, notification is usually through a whistleblower, an anonymous tip or an agency monitoring or other action. This is when an investigation is initiated.

**Investigative Steps.** An investigation is a detailed examination or search to determine if an individual has committed an act of noncompliance or fraud and/or received benefits to which they were not entitled, resulting in a claim. When an investigation is started the following steps should be taken:

1. An In-house Investigation: These are things that can be done at the agency through the LSP's records and database.

2.Determine Eligibility Factors: based on the information received from the applicant, are they eligible for energy assistance? If there is a specific eligibility question for the applicable time period, consult the Energy Assistance Guidelines for the time period.

3. Review Background Information. Review background information that is available at the LSP about the applicant. These are several different sources available:

a) Previous EAP application

b) EAP database

c) Public and Government Websites

Determine whether the information received from the applicant conflicts with any information found during the background checks or received from an informant. If there are no conflicts, there is no need to proceed any further. If information does not conflict in some fashion, further investigation is needed.

**Documentation.** It is vital to provide documentation, in chronological order, of each step taken in the course of the investigation. This will provide a detailed and complete record of the processes used and the information obtained. Documentation will include investigation notes as well as copies of relevant documents. These are not just important for agency records, but also for situations where law enforcement will need to be involved. There are six(6) basic questions to keep in mind while collecting information during the course of any investigation.

WHO. The case should include the names, addresses and phone numbers of the applicant and other contacts made regarding the investigation.

**WHAT.** The case notes should reflect all the eligibility factors being investigated, such as: income, household composition, resources, living arrangement, etc. Make sure the applicant is eligible in all areas of eligibility, not just the area that prompted the investigation.

WHEN. Write down the data and time of all contacts made during the investigation. This will be needed should the case be appealed or if the law enforcement gets involved.

WHERE. Write down the correct address, location and time of any interivew, home visit or other fact gathering activity.

WHY. Write down the reason(s) for the investigation in the first place and the reason for any actions on the case.

HOW. Document the way in which the information was received.

Potential Sources(To assist with your investigation):

Employment Records: Does the name match on the income documentation? Does the social security number match on the award letter or tax return? Does the participant work for the State of Indiana? Review records for tax deductions for children.

Utility and Phone Bill: Contact the utility and phone service providers to determine who is billed and pays for the service.

Landlord or Mortgage Company: Contact the landlord and ask if he knows who lives in the rental property. Obtain a copy of the rental agreement or mortgage papers to determine who is party to the contract. Determine who pays the mortgage.

Courthouse and /or Records Office Records: Both of these areas are vulnerable sources of information. You will be able to determine recent loan, judgement, mortgage and real estate transfer activity of the participant or property owner. You can, also, search divorce, custody and marriage records.

Sheriff or Police Department: Local law enforcement agencies keep records of all calls and investigations. If law enforcement made a trip to the participant's address, they may have listed the names of all persons living there.

Confidentiality: The investigation of possible fraud, waste or abuse should be kept as confidential as possible. This is done to ensure the integrity of the investigation. The more people who know about an investigation, the greater the chances of the subject finding out about the investigation. Knowledge of and participation in an investigation should be shared only with necessary persons.

Final Steps: Once the violation has been identified, investigated and supporting documentation has been reviewed and corroborated by the agency, action needs to be taken against the participant's application or against their benefits if they have already been distributed. Actions taken can range from the rejection of the application to the termination of benefits and request for repayment of funds. The case can, also, be submitted to Federal officials if the situation warrants.

The IHCDA Community Programs Manager and Compliance Attorney are available to assist at any phase of the investigation, if needed.

If any of the above questions require further explanation or clarification that could not be made in

## 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.BrBbr.

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

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

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

**1.** By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For grantees other than individuals, Alternate I applies.

4. For grantees who are individuals, Alternate II applies.

5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules: *Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

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

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

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

**Certification Regarding Drug-Free Workplace Requirements** 

Alternate I. (Grantees Other Than Individuals)

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

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

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

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

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

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

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

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

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

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

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

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

(f)Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

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

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

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

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

Indiana Housing and Community Development Authority \* Address Line 1 30 S. Meridian Street, Suite 900 Address Line 2 Address Line 3 46204 Indianapolis IN <u>\* City</u> \* State <sup>\*</sup> 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

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 \$10,000 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;	
(1) coordinate its activities under this title with similar and related programs	

(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 disbursal 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

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).