

## DETAILED MODEL PLAN (LIHEAP)

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

**Grantee Name:** Montana

**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)

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## Mandatory Grant Application SF-424

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

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

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

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

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> State of Montana			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 810302402		<b>* c. Organizational DUNS:</b> 051659352	
<b>* d. Address:</b>			
<b>* Street 1:</b>	DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES	<b>Street 2:</b>	P.O. BOX 202956
<b>* City:</b>	HELENA	<b>County:</b>	
<b>* State:</b>	MT	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	59624 - 2956

**e. Organizational Unit:**

<b>Department Name:</b> Department of Health and Human Services	<b>Division Name:</b> Human and Community Services Division
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b>	<b>* First Name:</b> Sheri	<b>Middle Name:</b>	<b>* Last Name:</b> Shepherd
<b>Suffix:</b>	<b>Title:</b> Energy & Community Programs Specialist	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (406) 447-4269	<b>Fax Number:</b> 406-447-4287	<b>* Email:</b> sshepherd2@mt.gov	

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

**b. Additional Description:**

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

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


**11. Descriptive Title of Applicant's Project**  
Low Income Home Energy Assistance Program

**12. Areas Affected by Funding:**  
State of Montana

**13. CONGRESSIONAL DISTRICTS OF:**

<b>* a. Applicant</b> 01	<b>b. Program/Project:</b> 01
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Attach an additional list of Program/Project Congressional Districts if needed.

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2022	<b>b. End Date:</b> 09/30/2023	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
<b>Explanation:</b>			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Sheri Shepherd, Energy & Community Programs Specialist		<b>18c. Telephone (area code, number and extension)</b> (406) 447-4269	
		<b>18d. Email Address</b> sshepherd2@mt.gov	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 09/23/2022	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

### 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 file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2022	04/30/2023
<input type="checkbox"/>	Cooling assistance		
<input checked="" type="checkbox"/>	Crisis assistance	10/01/2022	09/30/2023
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2022	09/30/2023

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	64.00%
Cooling assistance	0.00%
Crisis assistance	8.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	0.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	3.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

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

<input checked="" type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify):

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

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

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

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

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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

**If Yes, explain:**  
Households determined eligible for the Subsidized Housing Energy Assistance modified LIHEAP benefit whose economic and housing situation does not change would be determined LIHEAP eligible for a period of five (5) years.

**1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?**  
Income, household size, type of home, type of fuel and geographic location are the factors used to determine the benefit level. It is inconsequential whether they are categorically eligible or not. If the categorically eligible household's income exceeds the program income limit, the household will still receive a benefit using the lowest multiplying factor.

**SNAP Nominal Payments**

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

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

**1.7b Amount of Nominal Assistance:** \$25.00

**1.7c Frequency of Assistance**

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

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

Residents of subsidized housing whose energy costs are included as a portion of their rent or who reside in subsidized housing and have an obligation to pay a base load electric bill are not eligible for a regular LIHEAP benefit as determined in ARM 37.70.601. However, these households are eligible for a modified LIHEAP benefit. The modified LIHEAP benefit is paid at the rate of 5% of the amount of the regular LIHEAP benefit as identified by Montana's LIHEAP benefit award matrix. A minimum payment of \$25 will be paid to the household annually. Basing payments to these households on the matrix will ensure that assistance is provided to them in proportion to need in accordance with LIHEAP statute (42 U.S. Code 8623) Applications and Requirements Section 2605 (b)(5).

In order to document the subsidized household has an energy burden the agency will document either:

1. The amount of rent the household pays; or
2. Proof the electric bill is in the client's name.

Households determined eligible for the Subsidized Housing Energy Assistance modified LIHEAP benefit whose economic and housing situation does not change will be determined LIHEAP eligible for a period of five (5) years.

The LIHEAP application cover letter and the LIHEAP application contain statements informing the client to reapply when they move or their circumstances change to continue LIHEAP eligibility. In addition, the Office of Public Assistance (SNAP Office) notifies clients of the requirement to reapply when circumstances change or they move to a new dwelling.

Residents of subsidized housing whose economic or housing situation changes during the five (5) year eligibility period will need to reapply. The households do not need to wait five (5) years before reapplying.

**Determination of Eligibility - Countable Income**

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

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

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

<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits
<input checked="" type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input type="checkbox"/>	Other

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

## Section 2 - HEATING ASSISTANCE

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

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

### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	HHS Poverty Guidelines	150.00%
10	10	HHS Poverty Guidelines	150.00%
11	11	HHS Poverty Guidelines	150.00%
12	12	HHS Poverty Guidelines	150.00%
13	13	HHS Poverty Guidelines	150.00%
14	14	HHS Poverty Guidelines	150.00%
15	15	HHS Poverty Guidelines	150.00%

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

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

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

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

**Renters?**  Yes  No

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

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

**Other?**  Yes  No

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

Please see the attached document labeled "2023 Additional Documentation".

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

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

Pre-printed applications will be sent to households that heat with a deliverable fuel (Wood, Coal, Fuel Oil and Propane) the first of September 2022. This allows the households to purchase fuel at cheaper prices.



Pre-printed applications will be sent to fixed income households (elderly and disabled) mid-September 2022. This allows the vulnerable populations to receive a LIHEAP benefit quicker.

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

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

In addition, the benefit level is determined based on the number of physical bedrooms in the dwelling.

Attached to the Model Plan is a detailed step-by-step example on how to calculate a LIHEAP benefit. It is labeled "2023 LIHEAP Benefit Calculation (Max and Minimum Benefits)".

Ineligible member(s) will not be counted in determining household size for benefit calculation. This allows households with ineligible member(s) to receive a LIHEAP benefit. In households with ineligible members, only the total number of eligible members will be counted for purposes of calculating the benefit. However, all the income will be counted for both ineligible and eligible household members. CDS will still track total number of members in the household (both ineligible and eligible) for weatherization purposes.

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

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

<b>Minimum Benefit</b>	\$135	<b>Maximum Benefit</b>	\$5,279
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?**  Yes  No

**If yes, describe.**

Space heaters are provided to alleviate a life-threatening or emergency situation.

Cooling assistance is allowable during sustained high temperatures. Cooling assistance will be limited to the purchase of fans, operation or support of local cooling centers, coordination with local social service agencies, relocation to a hotel/motel and providing an air conditioner to cool one room (where medically necessary).

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

### Section 3 - COOLING ASSISTANCE

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

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

### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

Do you require an Assets test ?  Yes  No

Do you have additional/differing eligibility policies for:

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

NA

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

NA

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

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

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

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

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

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

If yes, describe.

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

## Section 4 - CRISIS ASSISTANCE

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

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

## Section 4: CRISIS ASSISTANCE

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	HHS Poverty Guidelines	150.00%
10	10	HHS Poverty Guidelines	150.00%
11	11	HHS Poverty Guidelines	150.00%
12	12	HHS Poverty Guidelines	150.00%
13	13	HHS Poverty Guidelines	150.00%
14	14	HHS Poverty Guidelines	150.00%
15	15	HHS Poverty Guidelines	150.00%

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

Emergency Assistance benefits are available from October through September.

Emergency Assistance under the Low Income Home Energy Assistance Program (LIHEAP) may be provided to an eligible household in the following circumstances only when such circumstances present an imminent threat to the health and safety of the household.

The household is responsible, at its own expense, for documenting that circumstances exist which present a serious, immediate threat to the household. The sub-grantee may, in its discretion, assist the household in identifying and documenting such circumstances, if the subgrantee has the expertise and resources to do so.

**CONDITIONS OF EMERGENCY:**

1. The household's primary supply of energy is interrupted because of weather conditions and other supply or a different type of energy is necessary.
2. Weather or other forces outside the control of the household damages the household's dwelling and causes the dwelling to suffer a severe loss of heat.
3. Hazardous or potentially hazardous conditions exist in the household's primary home water heating and/or space heating system, and safety modification are required.
4. Any other home energy-related condition caused by severe weather conditions, fuel shortages, and/or acts of God.
5. The household has a documented medical need for home energy related safety modifications.

LIHEAP funds can be used to relight a furnace pilot light if it is the primary heat source.

LIHEAP funds can be used to relight a water heater pilot light with a medical note. Outliers are discussed with field monitors.

Crisis cooling assistance is allowable during sustained high temperatures. Cooling assistance will be limited to the purchase of fans, operation or support of local cooling centers, coordination with local social service agencies, relocation to a hotel/hotel and air conditioners (where medically necessary).

The policy regarding cooling crisis involves: an eligible household that is income qualified must have a household member that has and provides a letter from a qualified medical provider stating that a life-threatening condition exists where an air conditioner will eliminate or significantly reduce the possibility of loss of life or heat related illness. The letter does not have to include the diagnosis or condition; it only has to indicate there is a need for air conditioning and be signed by the qualified medical provider.

Cooling centers may be activated when the temperatures are expected to reach 90 degrees for at least three (3) consecutive days. Transportation to the cooling center will not be provided.

The sub-grantee must obtain departmental approval before providing crisis cooling assistance.

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

Life-threatening is defined as any of the conditions of emergency specified in 4.2 that may cause death or severe permanent damage to the health of one or more household members.

**Crisis Requirement, 2604(c)**

**4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48Hours**

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

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

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

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

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

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

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

**In Order to receive crisis assistance:**

<b>Must the household have received a shut-off notice or have a near empty tank?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must the household have been shut off or have an empty tank?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must the household have exhausted their regular heating benefit?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Must renters with heating costs included in their rent have received an eviction notice ?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Must heating/cooling be medically necessary?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Must the household have non-working heating or cooling equipment?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Other?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

<b>Renters?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Renters living in subsidized housing?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Renters with utilities included in the rent?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

**Assets Test:**

The following are the maximum non-business resources allowed:

- \$12,645 for a single person
- \$18,975 for a two-person household
- Add \$1,266 for each additional member up to \$25,305 maximum per household.

Resources include, but are not limited to the following:

1. cash on hand;
2. certificates of deposit;
3. checking/savings accounts;
4. market value of stocks, bonds, and/or other negotiable resources;
5. equity value of real property which is not the primary residence; and
6. contract for deed (countable resource if can be sold).

Note: The household may also have business assets whose equity value does not exceed \$25,000.

**Medically Necessary Explanation:**

Window air conditioners can be installed only when a household member has a documented medical need. The primary heat source may be switched if the household has a documented medical need.

**Renters:**

The landlord is responsible for replacing or repairing the furnace as per the Montana Landlord and Tenant Act. After providing and/or documenting that backup or temporary heat has been provided, the LIHEAP recipient (tenant/renter) needs to give the landlord written notice informing the landlord of the furnace problem and give the landlord "reasonable" time to fix the problem. Emergency situations, according to section 70-24-406, Montana Code Annotated must be addressed by the landlord within 3 working days. Montana Legal Services has developed a form the LIHEAP recipient can use to notify the landlord of the emergency.

Montana Legal Services has also developed a Landlord Tenant Law Information sheet. The LIHEAP recipient should send the Information Sheet to the landlord along with the letter notifying the landlord of the emergency.

In addition, the agency should encourage the LIHEAP recipient to contact Montana Legal Services at 1-800-666-6899 for assistance.

The Montana Residential Landlord and Tenant Act of 1977 (Montana Codes Annotated (MCA) 70-2425 states at 70-24-303 (1)'A landlord:

- shall maintain in good and safe working order and condition all electrical, plumbing, sanitary, heating, ventilating, air-conditioning, and other facilities and appliances, including elevators, supplied or required to be supplied by the landlord;
- shall supply running water and reasonable amounts of hot water at all times and reasonable heat between October 1 and May 1, except if the building that includes the dwelling unit is not required by law to be equipped for that purpose of the dwelling unit is so constructed that heat or hot water is generated by an installation within the exclusive control of the tenant;'

Unless a landlord can demonstrate that they are low-income or have some mitigating circumstances, the responsibility for the maintenance, repair or replacement of the home heating system in the rental unit is the responsibility of the landlord. Mitigating circumstances may include, but are not limited to:

- The landlord is absentee and the agency cannot contact the landlord and the maintenance, repair or replacement of the appliance is necessary to alleviate the health and safety related issue.
- The landlord refuses to maintain, repair or replace the appliance and the occupants of the dwelling have a health and safety issue with the appliance.
- The landlord cannot maintain, repair or replace the appliance in a timely manner to alleviate the health and safety issue.

All mitigating circumstances regarding the landlord not maintaining, repairing or replacing an appliance in a health and safety related circumstance must be documented in the participant's case file. IHSB would strongly encourage agencies to pursue written documentation of mitigating circumstances from landlords whenever practical, but detailed case notes will suffice if written documentation cannot be obtained. The agency may contact the Department for guidance in determining a mitigating circumstance.

**Determination of Benefits**

**4.8 How do you handle crisis situations?**

<input checked="" type="checkbox"/>	Separate component
<input type="checkbox"/>	Fast Track
<input type="checkbox"/>	Other - Describe:

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

<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe:  Montana will pay arrearages (late fees, past due, and reconnect fees) for all fuel types. Arrearages can be paid on accounts that have been disconnected. Eligible applicants are eligible for an arrearage payment of up to \$400.  Payment may be made for actual cost to alleviate an emergency or life threatening emergency.

**Crisis Requirements, 2604(c)**

**4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?**

Yes  No Explain.

Applications for energy crisis assistance are accessible to all eligible households in the area to be served.

**4.11 Do you provide individuals who are physically disabled the means to:**

**Submit applications for crisis benefits without leaving their homes?**

Yes  No If No, explain.

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

Yes  No If No, explain.

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

<b>Benefit Levels, 2605(c)(1)(B)</b>	
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>	
Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit

<b>Year-round Crisis</b> \$9,999.00 maximum benefit			
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No    If yes, Describe			
<p style="text-align: center;">Crisis assistance is provided year-round. Payment may be made for actual cost to alleviate an emergency or life threatening emergency.</p> <p style="text-align: center;">Emergency benefits can be used to alleviate energy-related emergencies. Emergency benefits can be used to purchase blankets, space heaters or other goods or services necessary to relieve energy related emergencies.</p> <p style="text-align: center;">Crisis cooling assistance is allowable during sustained high temperatures. Cooling assistance will be limited to the purchase of fans, operation or support of local cooling centers, coordination with local social service agencies, relocation to a hotel/motel and air conditioners (where medically necessary).</p>			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
	<b>Winter Crisis</b>	<b>Summer Crisis</b>	<b>Year-round Crisis</b>
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (Specify):</b> Repair or replacement of hot water heaters which present hazardous or potentially hazardous conditions is allowed. A water heater that has stopped working and does not present a hazard or unsafe condition does not meet the definition or intent of an emergency condition and would not be replaced. A medical note is required for installation of a window air conditioner and replacement of inoperable hazardous water heater. Temporary cooling centers are also allowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			
<b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>			
<p>It is a common misconception that utility companies are not allowed to disconnect natural gas or electricity during the winter months. Another misconception is that having children in the home of any age protects against disconnect. These beliefs are not true. Under certain circumstances, regulated utilities are allowed to proceed with non-pay disconnects during the winter moratorium period, which runs from November 1 to April 1.</p> <p>NorthWestern Energy, Montana-Dakota Utilities, Energy West, and other regulated utilities must obtain approval from the Public Service Commission (PSC) before proceeding with non-pay disconnects on delinquent accounts during the winter moratorium period. The PSC will not approve a request for disconnect if the account holder has income at or below the federal poverty guidelines, if the account holder is a recipient of a public assistance program, if a member of the customer's household is 62 years old or older, or if a member of the household is handicapped. It is the customer's responsibility to let the utility company know, prior to disconnect, if any of the above conditions exist in the home and they will likely be asked to provide documentation to the utility.</p> <p>Companies not regulated by the PSC, such as cooperatives and propane distributors, are not required to obtain PSC approval prior to disconnecting utility service and have their own procedures to follow for winter terminations.</p> <p>Customers are advised to contact their utility company to discuss their account. If the customer is not satisfied or has unanswered questions after talking to a regulated utility company they may contact the Public Service Commission at 1-800-646-6150</p>			

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



**Section 5 - WEATHERIZATION ASSISTANCE**

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

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

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

**Section 5: WEATHERIZATION ASSISTANCE**

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

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

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	HHS Poverty Guidelines	200.00%
4	4	HHS Poverty Guidelines	200.00%
5	5	HHS Poverty Guidelines	200.00%
6	6	HHS Poverty Guidelines	200.00%
7	7	HHS Poverty Guidelines	200.00%
8	8	HHS Poverty Guidelines	200.00%
9	9	HHS Poverty Guidelines	200.00%
10	10	HHS Poverty Guidelines	200.00%
11	11	HHS Poverty Guidelines	200.00%
12	12	HHS Poverty Guidelines	200.00%
13	13	HHS Poverty Guidelines	200.00%
14	14	HHS Poverty Guidelines	200.00%
15	15	HHS Poverty Guidelines	200.00%

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

5.3 If yes, name the agency.

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

**WEATHERIZATION - Types of Rules**

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

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE WAP (not LIHEAP) rules
- Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
  - Income Threshold
  - Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
  - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
  - Other - Describe:
- Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
  - Income Threshold
  - Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
  - Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
  - Other - Describe:

1. Section 2605 (b)(1)(C) of the LIHEAP statute authorizes grantees to "provide low-cost residential weatherization and other cost-effective energy related home repair" and section 2605 (k) allows grantees to use LIHEAP funds for "low-cost residential weatherization or other energy-related home repair for low income households."
2. Use of LIHEAP funds for low cost/no cost energy conservation activities. Additionally, LIHEAP funds may be used for cost-effective, efficiency-related fuel switching. The Montana Computerized Energy Audit is used to determine the SIR of any fuel switch.
3. Montana utilizes Department of Energy (DOE) Weatherization Assistance Program (WAP) income eligibility limits of up to 200% the Federal Poverty Guidelines (FPL) provided under DOE WAP regulations contained in 10 CFR Part 440. Poverty income guidelines are revised annually and published in the Federal Register.
4. Final inspections are required on every LIHEAP completion, but Quality Control Inspections performed by a BPI-Certified Quality Control Inspector are not required for LIHEAP completions.
5. Re-Weatherization Requirements: A dwelling can be reweatherized if the dwelling has been weatherized within ten (10) years following the date of the previous weatherization completion.
6. Montana tends to utilize 15% of LIHEAP weatherization funds for training and technical assistance as allowed under CFR 440.23(e).
7. Equipment purchased with LIHEAP Weatherization funds which is no longer needed by the subgrantee who initially purchased it will be offered to other Montana LIHEAP Weatherization subgrantees at no charge. If no other LIHEAP Weatherization subgrantee in the state accepts the equipment, the subgrantee who initially purchased the equipment shall sell it at fair market value (FMV). All proceeds from the sale of equipment purchased with LIHEAP Weatherization funds will be reinvested into the LIHEAP.
8. Window or door egress can be corrected as a Health and Safety Minor Repair measure when weatherization activities directly cause egress compliance to apply. LIHEAP funds can be used to replace, repair, or install doors and windows to comply with egress codes when a door or window doesn't pay back as an energy conservation measure in CDS Energy Audit, provided the WAP installed measure directly causes the egress requirement to apply. This is restricted to situations where a code-compliant egress window or door is not currently installed, is inoperable, or is removed. The wall framing must be able to support the replacement or installation of a door or window, i.e. an existing header is present in the wall. (Health and Safety Minor Repair is allowed up to a total of \$500 in aggregate. Pre-approval is required if costs will exceed \$500.)
9. Unsafe (including non-mobile home and non-EPA approved) secondary solid fueled heat sources (wood, coal, and pellet stoves) can be replaced using LIHEAP Weatherization funds. This requires prior written departmental approval.
10. When budget constraints do not allow completion of all "Major Measures" which meet an SIR of 1.0 or greater, the lowest SIR measure may be eliminated without need for deferral if using LIHEAP Weatherization funding.
11. Subgrantees can spend LIHEAP funds to co-fund a measure.
12. The Average Cost Per Unit (ACPU) weatherized is \$10,000.
13. Weatherization work needed to make the dwelling weatherization ready

Allowable costs include, but are not limited to:

Staff time to identify eligible dwellings and arrange initial inspections.

Staff time for inspection and audit of dwelling to determine scope of weatherization readiness work to be done to be come weatherization ready. (Time will be charged even if no remediation work is completed.)

Staff time for work associated with remediation of issues that prevent the dwelling form being weatherized.

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

**5.6 Do you require an assets test?**  Yes  No

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

**Renters**  Yes  No

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young Children?**  Yes  No

**House holds with high energy burdens?**  Yes  No

**Other? High residential energy users**  Yes  No

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

5.6 The following are the maximum non-business resources allowed:

1. \$12,645 for a single person
2. \$18,975 for a two-person household
3. Add \$1,266 for each additional member up to \$25,305, maximum per household

Resources include, but are not limited to the following:

1. cash on hand;
2. certificates of deposit;
3. checking/savings accounts;
4. market value of stocks, bonds, and/or other negotiable resources;
5. equity value of real property which is not the primary residence; and
6. contract for deed (countable resource if can be sold).

The household may also have business assets whose equity value does not exceed \$25,000.

5.8 In determining which eligible households will receive weatherization services and in what order, households in each of the governor's substate planning districts will be ranked according to priority to the following:

The highest priority is given to households with the highest energy burden.

1. When calculating the energy burden of households containing any of the following the energy usage shall be multiplied by 1.25:

- an elderly household member (age 60 or older);
- a disabled household member; or
- a household with a member who is a child under age 18.

2. Households with the same energy burden are prioritized by highest usage.

The grantee conducts significant outreach in all twelve state planning districts to identify and recruit those eligible for weatherization assistance. The grantee maintains a computer data base containing demographics data identifying those eligible for weatherization assistance. This information is used to target and refine outreach activities to ensure the five groups are served.

Priority numbers must be clearly displayed on the client file or the Job Order and Worksheet. Lower priority jobs may be assigned in conjunction with higher priority jobs in the same geographic area to eliminate duplication of transportation and scheduling costs or to coordinate with other state, federal or privately funded energy conservation programs.

If there exists a weatherization related imminent threat to the health or safety of an eligible household, their home may be designated a higher priority. To be so designated, it is the obligation of the household to provide proof if an imminent threat to the health or safety of the household to the subgrantee who must request emergency designation from the grantee.

**Benefit Levels**

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

5.10 If yes, what is the maximum? \$0

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Fuel Switching

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

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

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

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

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

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

- Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
- Publish articles in local newspapers or broadcast media announcements.
- Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
- Mass mailing(s) to prior-year LIHEAP recipients.
- Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
- Execute interagency agreements with other low-income program offices to perform outreach to target groups.

Other (specify):

Each administering agency targets client outreach for all eligible households in accordance with annual work plans submitted by each agency. Each work plan describes the eligible activities and then describes how the activity will be accomplished.

Examples of activities:

1. The purpose of this Outreach is to increase participation in the Low-Income Home Energy Assistance Program through enhanced outreach efforts; get income-eligible households to (re)-apply for LIHEAP; and help households avoid the need to apply for emergency fuel assistance. Outreach activities are necessary to target those households most vulnerable to the effects of cold, especially young children, the elderly and people with a disability.
2. Energy vendors are asked to advise their customers about LIHEAP, are provided a supply of current LIHEAP applications, and make referrals to the agency.
3. Include inserts in energy vendor billings to inform individuals of the availability of LIHEAP assistance.
4. Inform low-income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
5. Execute interagency agreements with other low-income program offices to perform outreach to target groups.
6. Coordinate efforts with local fuel funds through Energy Share.
7. Provide a Website and on-line LIHEAP application
8. Provide LIHEAP applications to other social service offices (Head Start, WIC Offices, child care centers, Offices of Public Assistance) and agencies in their service area. LIHEAP brochure/pamphlet mailed to recipients of other cash assistance and service programs.
9. Place posters/flyers and LIHEAP applications in local and county social service offices. Area Agencies on Aging, Social Security office, VA, Senior Centers, etc.
10. Contact local churches, synagogues and other faith-based organizations to get notices in church bulletins.
11. Meet with city and town officials, including elderly commissions and Area Agencies on Aging, to review the program and place notices in senior papers.
12. Get information out through the public school system.
13. Get information out through the local housing authorities.
14. Post notices around public transit in larger cities.
15. Get information out through supermarkets, local neighborhood stores, food pantries, soup kitchens, community events, hospital social workers, local youth organizations, temporary employment centers, career centers, neighborhood health-care centers, second hand stores, thrift stores, labor organizations, local bingo halls, private daycare centers, fraternal organizations, local veterans organizations, city halls, town halls, municipal halls, libraries, banks, check cashing outlets, local immigrant organizations, meals on wheels, other elderly programs, pre-release programs, jail release programs, and common areas in apartment complexes.
16. Public speaking appearances by LIHEAP staff at local community groups.
17. Provide LIHEAP information at Health Fairs and County Fairs.
18. Provide intake service through home visits or by telephone for the elderly and disabled.
19. Provide applications with return, pre-stamped envelopes mailed to homebound individuals who need help in applying for benefits.
20. Following up with households who have incomplete applications.
21. Assist targeted applicants to gather needed documentation.
22. Innovating with or continuing successful local outreach projects.
23. Provide a toll-free phone line.

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

**the fields provided, attach a document with said explanation here.**

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

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

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 OMB Clearance No.: 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
 MODEL PLAN  
 SF - 424 - MANDATORY**

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

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

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

The same agencies that contract with the department to deliver Montana LIHEAP also operate the weatherization assistance program and several federal housing programs. Policy manuals and regulations are in place governing these programs in Montana. Both programs are monitored using a standardized monitoring instrument. The same contracts are used for all agencies.

Montana is in the process of releasing a request for bid to select an agency to administer the weatherization contract for Blaine, Hill, and Liberty counties, formerly HRDC, District IV's service area. In the interim, Action for Eastern Montana will administer the weatherization contract for HRDC, District IV.

Additionally, the Section 8 and other housing programs as well as Energy Share, USB Energy Programs and local Emergency Services programs are operated by Community Action Agencies. Those programs are monitored under the auspices of the Community Service Block Grant (CSBG) standard monitoring instrument. The housing programs such as Section 8 are monitored and assessed based upon their own program standards. Energy programs are also required to meet standards established by their funders.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Montana LIHEAP policy for selecting local administering agencies mirrors the Community Services Block Grant policy for selecting local administering agencies. State regulations mirror Federal regulations. The following United States Code Title 42 Chapter 106 is followed for selecting and procuring local administering agencies.

**(a) Qualified organization in or near area**

**(1) In general** If any geographic area of a State is not, or ceases to be, served by an eligible entity under this chapter, and if the chief executive officer of the State decides to serve such area, the chief executive officer may solicit applications from, and the designate as an eligible entity -

**(A)** a private nonprofit organization (which may include an eligible entity) that is geographically located in the unserved area, that is capable of providing a broad range of services designed to eliminate poverty and foster self-sufficiency, and that meets the requirements of this chapter; and

**(B)** a private nonprofit eligible entity that is geographically located in an area contiguous to or within reasonable proximity of the unserved area and that is already providing related services in the unserved area.

**(2) Requirement** In order to serve as the eligible entity for the area, an entity described in paragraph (1)(B) shall agree to add additional members to the board of the entity to ensure adequate representation-

**(A)** in each of the three required categories described in subparagraphs (A), (B), and (C) of section 9910(a)(2) of this title, by members that reside in the community comprised by the unserved area; and

**(B)** in the category described in section 9910(a)(2)(B) of this title, by members that reside in the neighborhood to be served.

**(b) Special consideration** In designating an eligible entity under subsection (a), the chief executive officer shall grant the designation to an organization of demonstrated effectiveness in meeting the goals and purposes of this chapter and may give priority, in granting the designation, to eligible entities that are providing related services in the unserved area, consistent with the needs identified by a community-needs assessment.

**(c) No qualified organization in or near area** If no private, nonprofit organization is identified or determined to be qualified under subsection (a) to serve the unserved area as an eligible entity the chief executive officer may designate an appropriate political subdivision of the State to serve as an eligible entity for the area. In order to serve as the eligible entity for that area, the political subdivision shall have a board or other mechanism as required in section 9910(b) of this title.

8.7 How many local administering agencies do you use? 11

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

- Yes
- No

8.9 If so, why?

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

Montana is in the process of releasing a request for bid to select an agency to administer the weatherization contract for Blaine, Hill, and Liberty counties, formerly HRDC, District IV's service area. In the interim, Action for Eastern Montana will administer the weatherization contract for HRDC, District IV.

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



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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

- |                       |                                      |                                     |
|-----------------------|--------------------------------------|-------------------------------------|
| Heating               | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| Cooling               | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| Crisis                | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| Are there exceptions? | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |

If yes, Describe.

Payments are made directly to households in cases where there is not a fuel vendor.

- Tenants:** Utilities are included in the rent and eligible households are reimbursed based on paid rent receipts.
- Account not in Household Member's Name:** Vendor payments cannot be made to accounts that are not in a household member's name. Eligible households are reimbursed based on paid energy receipts.
- Wood:** Some eligible wood households are reimbursed based on paid wood receipts, up to the maximum amount of benefit; from the Contingency Revolving Fund (CRF). Eligible households heating with wood may receive their benefit directly without payment receipt(s). Households electing to receive direct benefits without paid wood receipt(s) must sign a waiver, waiving all future current year fuel assistance benefits, including any benefits derived from changing address or fuel type.
- Coal:** Some eligible households using coal to heat their homes will be reimbursed based on submitted paid coal receipts.
- Subsidized Rent Households:** Residents of publicly subsidized rent housing whose energy costs are included as a portion of their rent, or who reside in publicly subsidized housing and have an obligation to pay a base load electric bill are not eligible for a regular benefit as determined in ARM 37.70.601. However, these households may be eligible for a modified LIHEAP benefit. The modified LIHEAP benefit consists of a minimum payment of \$25 or 5% of the regular LIHEAP benefit is paid to the household annually. Basing payments to these households on the matrix will ensure that assistance is provided to them in proportion to need in accordance with LIHEAP statute (42 U.S. Code 8623) Applications and Requirements Section 2605 (b)(5).

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

Notification letters regarding approvals, denials and pending status are sent to each household. The notification letters are generated from the Low Income Home Energy Assistance Program (LIHEAP) CDS computer system. The local contractor must inform every applicant/recipient in writing at the time of application and at the time any action affects his benefits of the right to request a fair hearing.

The subgrantee shall notify every household:

- Of the eligibility determination of the Low Income Home Energy Assistance Program (LIHEAP) application and reason for any action if applicable.
- Of the Notice of Fair Hearing rights.
- If the applicant has been determined eligible for Weatherization, notification to the household shall contain the following: "Because of limited funds, homes are weatherized on a priority basis with special consideration given to disabled and elderly. You will be notified when funds become available to weatherize your home. If not notified within one year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again."
- When recipients discontinue utility service, change address or fuel type, the balance of their Low Income Home Energy Assistance Program (LIHEAP) benefit will be returned to the department.
- That the household who is reimbursed for paid energy costs must provide payment receipts no later than June 20th. When the heating season is extended the June 20 date, to submit paid receipts, can be extended to correspond with the heating season end date.

DOCUMENTATION REQUIREMENTS: The notification letter is available on the Low Income Home Energy Assistance Program (LIHEAP) CDS computer system. A hard copy of the notification letter will be available to the agency, upon request, for the recipient's case record.

**9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?**

Please see the attached copies of the local area vendor agreement and the vendor contract, which are used for fuel and crisis benefit payments.

In addition, fuel vendors are visited during annual state monitoring visits. The vendor monitoring tool is attached.

**9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?**

Please see the attached copies of the local area vendor and the vendor contract, which are used for fuel and crisis benefit payments.

In addition, a random sample of fuel vendors are visited during annual state monitoring visits.

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

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

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

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

All LIHEAP administering agencies are, by contract, required to conduct the program in accordance with the Office of Management and Budget Uniform Guidance.

Agencies are required to submit final expense reports and provide appropriate reconciliation.

Each administering agency is monitored on-site by the department at least annually.

The Department has a fiscal tracking sheet in place that requires the local administering agency to report and track all (federal and non-federal) funds used, regardless of fund type.

The Montana automated LIHEAP system and fiscal accounting systems produce the data which (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracking of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.

- These reports are entered into the HHS On-Line Data Collection System (OLDC) or Basecamp within the required timeframes. The reports are reviewed and approved by Apprise and OCS staff.

In Montana, the LIHEAP benefits are calculated by the Central Database System (CDS) and are issued via the AWACS (Agency Wide Accounting System) - AWACS is a collection of functionality at the core of many DPHHS application systems. AWACS provides a common financial application interface and services for generating payment and journal transaction in the Statewide Accounting, Budgeting, & Human Resource System (SABHRS).

The possibility of error is diminished and program integrity is ensured because the benefit determination and payment processing is automated. Fiscal control and fund accounting procedures are established through Montana's automated LIHEAP benefits system to assure the proper disbursement of and accounting for Federal funds paid.

New sub-grantee LIHEAP staff attend both Policy/Procedure training and CDS/LIHEAP system training at the beginning of the heating season. Experienced workers attend LIHEAP refresher training.

Sub-grantee agency workers are responsible for the entry of LIHEAP case data into CDS. Approximately, 80% of the cases are applicant households served the previous year. Each heating season pre-printed applications are sent to potential applicants who are requested to change any information which is no longer accurate. Applicants are required to include information for each household member, provide verification of all household income and a copy of their most recent fuel bill. Each household member 16 years of age or older must sign the application attesting to the completeness of the information and providing authorization for the Department to obtain personal information needed to verify information provided on the application.

Sub-grantee agency workers create a new case (for the heating season) in CDS which contains some pre-populated data from the previous case. Data required by CDS for benefit calculation must be entered each year to ensure the data is reviewed for accuracy.

Sub-grantee agency workers are responsible for the entry of LIHEAP case data into CDS, such as income, number of bedrooms, housing type, demographics (elderly, disabled, children), fuel type, fuel vendor, and fuel vendor account number. Various system edits work to ensure case data is entered correctly.

Sub-grantee agency workers are required to verify income and resource information on all cases except those meeting Categorically Eligibility requirements. The State of Montana, Department of Labor, Wage and Unemployment system is accessed to verify income.

Sub-grantee agencies also verify fuel vendor information including account numbers. For the larger vendors (comprising approximately 70% of the Montana fuel vendors) verifying active fuel account numbers is automated and the LIHEAP benefit cannot be issued until account verification has been received.

For situations in which required data is missing the worker issues a notice of missing information to the client with a due date for response. The missing information must be provided and verified before the case is approved.

Automated Social Security Number verifications are completed for all household members through CDS.

Qualified alien procedures are built into CDS allowing the household to receive a reduced benefit if some members are unqualified aliens.

The CDS system contains tables which are used to calculate the benefit amounts, based on the base benefit amount for the household type, number of bedrooms and fuel type. The automated calculation considers the household income level and percentage of poverty along with the Heating Degree Day (HDD) multiplier applicable to the agency service area in which the client resides.

CDS system security roles do not allow users to access the tables used to perform benefit calculations.

Payments are issued directly to fuel vendors each week. Fuel vendors enter into a contract with DPHHS specifying how the LIHEAP payments are to be applied to the recipients account. (Fuel vendor contract is attached.) Payments scheduled to be released are visually checked to ensure there are not multiple issuances per household, or the wrong payment type has been indicated, etc.

CDS system utilizes LIHEAP fund accounting speed chart numbers to verify the payment is allocated to the appropriate fund (e.g. Regular, Emergency, and Early Fuel).

The CDS system transfers the payment request to the Statewide Accounting system which verifies the funds available and verifies the fuel vendor has a current (non-expired W-9) on file with the Department prior to issuing the payment. If funds (spending authority) are not available the payments will be held until a review is conducted and funds are made available by DPHHS fiscal personnel. If the W-9 has expired the system will not allow a payment to be issued to the vendor.

In situations where there is not a fuel vendor (e.g. wood) or in emergency situations the sub-grantee agency may issue a payment from the Contingency Revolving Fund (CRF). CRF payments are recorded on the CDS LIHEAP case. CDS does not allow sub-grantee staff to enter CRF payments which exceed the CDS LIHEAP calculated benefit amount. CRF reconciliations are completed for each agency semi-annually.

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	reporting	Document internal controls over federal reporting data pulled from the department's case management system to ensure complete and accurate reporting for the Low-Income Home Energy Program.	In Progress	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grantee employees:**

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

The department is audited through the Legislative Auditor's office on a two (2) year cycle. Administering agencies are required, by contract, to conduct a financial audit under the single audit act.

**Local Administering Agencies / District Offices:**

- On - site evaluation
- Annual program review
- Monitoring through central database
- Desk reviews

<input checked="" type="checkbox"/> <b>Client File Testing / Sampling</b>
<input checked="" type="checkbox"/> <b>Other program review mechanisms are in place. Describe:</b>
Each administrating agency is monitored on-site by the department annually. Random case file reviews are conducted to determine if client eligibility was determined correctly. Agencies are required to perform necessary corrective actions.
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
PY 2023 Monitoring Schedule is attached.
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<p><b>Site Visits:</b></p> <p>Each administrating agency is monitored on-site by the department at least annually. Random LIHEAP case file reviews are conducted to determine if client eligibility was determined correctly. Agencies are required to perform necessary corrective actions. Additional field reviews may be conducted to address potential problems and ensure compliance with required corrective actions. Monitoring will address subgrantee program administration and production. The review of program administration will cover financial management, personnel management, property management, inventory control, record keeping, client file documentation, labor and materials procurement, reporting, and compliance documentation.</p> <p>A review of program production will cover energy audit procedures, quality of workmanship, program support costs, production goals, compliance with State and Federal material standards, monitoring of prices paid for labor and materials by subgrantees, and monitoring of the accuracy of subgrantee pre- and post-work inspections.</p>
<p><b>Desk Reviews:</b></p> <p>Monthly desk monitoring is an important component of quality control in Montana. Desk monitoring will include routine analysis of the LIHEAP monitoring report, energy audits, energy audit/fuel switch report, and quarterly energy conservation program status reports. Information contained in these reports will enable the grantee to ensure benefits are issued correctly and homes are weatherized as deemed necessary.</p> <p>Weekly LIHEAP case file reviews are conducted to identify outliers. LIHEAP case file reviews include a routine analysis of LIHEAP cases. These reviews allow the grantee to ensure benefits are issued correctly.</p>
<b>10.8. How often is each local agency monitored ?</b>
Each administering agency is monitored on-site by the department at least once annually. Random case file reviews are conducted to determine if client eligibility was determined correctly. Agencies are required to perform necessary corrective actions.
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>
<b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b>
<b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0</b>
<b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0</b>
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

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

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

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

The public hearing was advertised in the major montana newspapers and on the Department of Public Health and Human Services' website.

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

There was one attendee, and no testimony was presented at the 2023 LIHEAP State Plan Public Hearing.

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

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

	Date	Event Description
1	08/03/2022	Public Hearing

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

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

No comments were received at the public hearing.

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

No comments were received at the public hearing.

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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### 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?** 0

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

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

The State of Montana did not have any LIHEAP programmatic changes due to Fair Hearings during FFY2022.

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

Notification letters regarding denials are sent to each household. The notification letters will be generated from the Low Income Home Energy Assistance Program (LIHEAP) CDS computer system. The notification letters contain the language explaining the household's right to a fair hearing. At the time of any action affecting the recipient's benefits, the subgrantee notifies the applicant of their fair hearing rights.

The subgrantee shall notify every household:

1. of the eligibility determination of the Low Income Home Energy Assistance Program (LIHEAP) application, and
2. of the right to a Notice of Fair Hearing.

**DEFINITION OF REQUEST** - A request for a hearing is any clear expression, oral or written, by the claimant or authorized representative to present his or her case to a higher authority. The claimant who orally requests a Fair Hearing will be asked to fill out the form on the Low Income Home Energy Assistance Program (LIHEAP) notification letter. The sub-grantee shall assist the household in preparing the written request, if necessary.

**TIME ALLOWED TO FILE** - The claimant shall have reasonable time, not to exceed ninety (90) days, in which to request a hearing.

#### REQUESTING A FAIR HEARING

Prior to the steps below, the eligibility worker has sent a notification of fair hearing from the LIHEAP CDS computer system.

1. Claimant completes the "Energy Assistance Request for Fair Hearing" form.
2. Mails the request form to the Office of Administrative Hearings, Box 202922, Helena, MT 59620.

#### SCHEDULING AN ADMINISTRATIVE REVIEW

1. The hearings officer will notify the subgrantee that an administrative review has been ordered.
2. Upon receipt of form DPHHS-LS-007, a time and place for the Administrative Review is set and the claimant is notified.
3. Notification includes: A statement indicating the purpose and scope of the Administrative Review, the effect the review has on the claimant's right to a Fair Hearing, and the claimant's right to representation.

**Fair hearing:** If the claimant is still dissatisfied after the administrative review, the hearings officer sets the time and place for the fair hearing and notifies the claimant.

The decision written by the administrative law judge is technically a proposed decision rather than a final decision. The proposed decision becomes a final decision when neither party appeals it to the Board of Public Assistance.

A proposed decision must be appealed within 15 days. This means a written request to appeal must be received by the Office of Fair hearings within 15 days after the proposed decision is mailed to the parties. The certification of service at the end of the decision shows the date it was mailed.

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

An applicant or recipient is informed of the right to a fair hearing when there is an adverse action as defined in Administrative Rules of Montana 37.5.304 (1)(a)-(c).

1. "Adverse action" means:

- a failure of the department to provide a claimant an opportunity to make application or reapplication for benefits;
- a failure of the department to act with reasonable promptness on a claimant's application for benefits; and
- an action by the department denying, suspending, and reducing or terminating benefits of a claimant, or an action by the department demanding repayment of or to recover an overpayment of benefits to a claimant.

Notification letters regarding receipt of application, approvals, denials, and missing information are sent to each household. The notification letters will be generated from the Low Income Home Energy Assistance Program (LIHEAP) Central Database System. The LIHEAP application and notification letters contain language explaining the household's right to a fair hearing. At the time of any action affecting the recipient's benefits, the subgrantee notifies the applicant of their fair hearing rights.

The subgrantee shall notify every household:

1. of the eligibility determination of the LIHEAP application and
2. of the right to a fair hearing.

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

The LIHEAP application contains language that notifies the applicant of the right to be informed of the fair hearing process.

In taking a LIHEAP application a subgrantee must:

1. Review and act on a submitted application within (45) days. Action includes approval, denial or sending a letter of missing information.
2. Request any additional information or documentation needed to determine the eligibility or benefit amount, or both. If an applicant fails to provide information or documentation necessary for a determination of eligibility within 45 days of the date of the most recent request for additional information, the application must be denied, but the household may reapply for assistance.
3. Determine eligibility within forty-five (45) days of receipt of the completed application.
4. Notify applicants of determination of eligibility within forty-five (45) days of receipt of the completed application. Written notice of the determination is sent to applicants and recipients when assistance has been authorized, denied or terminated, using the CDS LIHEAP system. The notification letter of authorization states the action taken and the amount authorized. The notification letter of denial or termination states the specific reason for denial or termination and the individual's right to request a fair hearing.

Notification letters regarding approvals, denials and missing information are to be sent to each household. The notification letters will be generated from the LIHEAP CDS computer system. The notification letters contain language explaining the household's right to a fair hearing. At the time of any action affecting the recipient's benefits, the subgrantee notifies the applicant of their fair hearing rights.

The subgrantee shall notify every household:

1. of the eligibility determination of the LIHEAP application and
2. of the right to a fair hearing.

The Administrative Rules of Montana (ARM) address the fair hearing requirement. The following is an excerpt from the ARM.

**37.70.311 PROCEDURES FOLLOWED IN PROCESSING APPLICATIONS (1) (A):** An application is filed by the applicant together with verification for determining financial eligibility and benefit award. After an application is filed, the local contractor may request an additional information or documentation needed to determine the eligibility or benefit amount, or both. If an applicant fails to provide information or documentation necessary for a determination of eligibility within 45 days of the date of the most recent request for additional information, the application will be denied, but the household may reapply for assistance.

**TIME ALLOWED TO FILE -** The claimant shall have a reasonable time, not to exceed ninety (90) days, in which to request a hearing.

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

The fair hearing instructions and request form is included with every notice sent to the client. The client is informed that that they may request a fair hearing if their completed application is not acted on in a timely manner or if they disagree with any adverse action taken on their application. The address for the Office of Administrative Hearings is included on the LIHEAP application.

Notification letters regarding receipt of application, approvals, denials and missing information are to be sent to each household. The notification letters are generated from the Low Income Home Energy Assistance Program Central Database System. The notification letters contain the language explaining the household's right to a fair hearing including the time allowed to file a fair hearing. At the time of any action affecting the recipient's benefits and at the time of application, the subgrantee notifies the applicant of their fair hearing rights.

Attached to the Model Plan is an excerpt from the LIHEAP Manual that shows the time allowed to file a fair hearing labeled "Request for Fair Hearing". Also attached is the "Fair Hearing Request Instructions" and "Fair Hearing Request Form".

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



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

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

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### 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?

Assurance 16 services are provided through ten (10) local Human Resource Development Councils and one (1) Area Agency on Aging.

Each administering agency targets client education activities for eligible households in accordance with annual work plans submitted by each agency. Each work plan describes the eligible activity and then describes how the activity will be accomplished.

All LIHEAP applicants are eligible for Assurance 16 activities. Examples of activities include:

#### LIHEAP Eligible Households:

- Maintain a display rack of pamphlets about conservation; Public Service Commission regulations and the companies they regulate; understanding "unbundled bills"; Consumer Credit Counseling, etc.
- Design, produce and distribute more extensive energy information to those households outlining general energy information, energy conservation information, and notifying if the availability of vendor discounts, low-cost/no-cost materials, emergency furnace repairs, and referrals to other resources.
- Design, produce and distribute more extensive energy information to those households who request additional information in the form of a newsletter.

#### Referrals:

- Make appropriate referrals to programs about job training, retraining, housing, etc. to help applicants become more self-sufficient.
- Have work stations available for clients to review newspapers, use phones, practice computer skills, create resumes, and access internet websites to research the availability of resources that may help them to become more self-sufficient.
- Give or send card confirming receipt of LIHEAP application and reinforcing awareness of responsibility for paying utility costs until receipt of Letter of Notification and after benefit has been exhausted and providing additional energy information.

#### Other Activities:

- Encourage low income clients to participate in budget billing, to stay in contact with fuel vendors, and to make arrangements on accounts in arrears. Advocate when necessary.
- Make LIHEAP available starting in September to allow the deliverable fuel customers who receive LIHEAP benefits to purchase deliverable fuel when prices are lower.
- Information and education on reading the meter is provided.
- Information on fuel bill analysis is provided.
- Energy savings tips are provided.
- Information is provided on water heaters.
- Information on flushing the hot water tank is also provided.

#### Income Tax Assistance/Asset Development:

- Promote awareness of Earned Income Tax Credits, Child Tax Credits and credits for energy efficiency upgrades to promote self-sufficiency.
- Make work stations available with appropriate software for people to prepare their own income tax returns to promote self-sufficiency.
- Host a VISTA volunteer to work with financially vulnerable individuals to build assets and to reduce the incidence of predatory lending. Efforts will include providing financial education, access to mainstream credit and ongoing financial mentoring.
- Provide "Free to Choo\$e" (financial literacy class) participants with energy education materials.
- Provide support for "Free to Choo\$e" financial literacy class.
- Operate a VITA (Volunteer Income Tax Assistance) site to assist low to moderate income applicants in preparing their income tax return and to receive tax credits to which they are entitled.

#### Leveraging Additional Resources:

- Work with vendors to develop, expand, modify and/or continue discounts relative to age, disability and/or low-income status.
- Provide eligibility determination, referrals and notification to various vendors for low to moderate income households to receive a variety of discounts, fee waivers and emergency funding.
- Staff salary and fringe, telephone costs, postage, travel, and space costs to provide client education services.

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

Three percent (3%) of available LIHEAP funds are contracted for Assurance 16 activities with contractors. This is up from 2.75% in FFY 2022. These contracted activities are monitored as part of the department's monitoring activities.

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

Each administering agency targets client education activities for all eligible households in accordance with annual work plans submitted by each. Each work plan describes the eligible activity and then describes how the activity will be accomplished.

It is difficult to ascertain how many households benefited from the Assurance 16 services provided by the subgrantees (13.6 below) as information is provided at community events.

**Perceived program impacts:**

- Encouraged new LIHEAP applicants to apply
- Provided energy education
- Encouraged energy conservation
- Promoted awareness of energy assistance resources
- Facilitated referrals to other resources
- Encouraged the use of budget billing
- Provided awareness of potential LIHEAP eligibility
- Provided awareness of Public Service Commission regulations and the companies they regulate
- Provided understanding of "unbundled bills"
- Provided awareness of Consumer Credit Counseling
- Provided awareness of the availability of vendor discounts
- Provided awareness of the availability of low-cost/no-cost materials
- Provided awareness of assistance with emergency furnace repairs
- Assisted applicants to become more self-sufficient
- Encouraged applicants to use energy more efficiently
- Provided education on how to read an energy meter
- Increased awareness of the fuel bill, and
- Increased awareness of energy usage.

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

NA

**13.5 How many households applied for these services? NA**

**13.6 How many households received these services? 16,809**

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

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

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

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

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

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

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

Yes  No

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

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

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

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

## Section 15 - Training

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

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

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

Employees are trained on program changes as needed via meetings, webinars, and policy bulletins.

**b. Local Agencies:**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe: Agency staff are trained on program changes as needed via meetings, roundtables, monitoring, webinars and policy bulletins.

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

<input type="checkbox"/> Policies are outlined in a vendor manual	
<input checked="" type="checkbox"/> <b>Other - Describe:</b> A letter is sent to the fuel vendors annually explaining how to apply the LIHEAP benefits to applicant accounts. Fuel vendors are monitored during each monitoring visit.	
<b>15.2 Does your training program address fraud reporting and prevention?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

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

Montana submitted data to meet the required performance measures. Montana's Performance Measures data will be used to examine alternative scenarios to determine how program changes can impact program outcomes.

The following questions are on the LIHEAP application.

1. Do you have central air conditioning?
2. Do you have window/wall air conditioning (including an evaporative cooler)?
3. Has your household received a utility (heat) past due notice in the last 30 days?
4. Do you have less than 10% deliverable fuel (oil/propane/coal/wood) on hand?
5. Is your utility (heat) service currently disconnected?
6. Are you completely out of deliverable fuel (oil/propane/coal/wood)?

Those questions allow Montana to use its current system to report the number of households that had heating or cooling equipment repaired or replaced prior to failure; and the number of households where broken heating equipment needs to be repaired or replaced.

Montana does not directly provide crisis assistance for terminations or households out of fuel. Energy Share of Montana provides funds to assist households with utility service terminations and households out of fuel.

The above questions allow Montana to use its current system to track households where utility service termination was prevented; where a fuel delivery prevented loss of service; where utility service was restored; and where a fuel delivery was made to a home that was out of fuel.

Montana has been and continues to be actively involved in the Performance Measure Implementation Work Group.

A report was created to allow anyone with Montana LIHEAP system access to run a report that will provide the LIHEAP performance measures data at any point in time.

A vendor portal was developed. The vendor portal allows small fuel vendors to enter fuel consumption directly into the Central LIHEAP database.

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

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

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

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

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

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

**17.1 Fraud Reporting Mechanisms**

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

Online Fraud Reporting

Dedicated Fraud Reporting Hotline

Report directly to local agency/district office or Grantee office

Report to State Inspector General or Attorney General

Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse

Other - Describe:

Section 37.70.107 of the ARM (Administrative Rules of Montana) states:

**37.70.107 REFERRALS TO THE DPHHS OFFICE OF INSPECTOR GENERAL PROGRAM COMPLIANCE BUREAU**

The Department of Public Health and Human Services (DPHHS), Office of Inspector General, Program Compliance Bureau has the power and duty to:

1. investigate matters relating to Low Income Home Energy Assistance including, but not limited to, applications, awards of benefits, and information received relating to an application;
2. determine, based on the evidence gathered, whether an overpayment of benefits has occurred; and
3. whether the overpayment was due to:

- a false or misleading statement or a misrepresentation, concealment, or withholding of facts; or
- any other action intended to mislead, misrepresent, conceal, or withhold facts.

Local contractors may make reports of possible overpayments or fraud to the Department of Public Health and Human Services (DPHHS), Intergovernmental Human Services Bureau (IHSB), P.O. Box 202956, Helena, MT 59620. IHSB will review cases referred prior to referral to the DPHHS, Office of Inspector General, Program Compliance Bureau.

37.70.110 FRAUD/TRANSFER OF RESOURCES (1) Whoever knowingly obtains by means of a willfully false statement, representation, or impersonation or other fraudulent device low income energy assistance to which he is not entitled is guilty of theft as provided in 45-6-301, MCA and is ineligible for assistance for the entire current heating season.

(2) If an individual appears to have received assistance fraudulently, the local contractor must report all facts of the matter to the Intergovernmental Human Service Bureau (IHSB) to determine if the case should be referred to the department's Office of Inspector General, Program Compliance Bureau (PCB). The PCB may refer the matter to the Department of Justice or the county attorney of the county in which the person resides for further action.

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

Printed outreach materials

Addressed on LIHEAP application

Website

**Other - Describe:**  
 Printed training materials provided to sub-grantees.

**17.2. Identification Documentation Requirements**

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

Type of Identification Collected	Collected from Whom?						
		Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input checked="" type="checkbox"/>	Requested	
	<b>Other</b>	<b>Applicant Only Required</b>	<b>Applicant Only Requested</b>	<b>All Adults in Household Required</b>	<b>All Adults in Household Requested</b>	<b>All Household Members Required</b>	<b>All Household Members Requested</b>
1	Photo ID for all household members. Birth certificates are acceptable for household members under 18 years of age who do not have photo ID's.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b. Describe any exceptions to the above policies.

Photo ID's for all household members or birth certificates for household members under 18 years of age are no longer required, if the agency has previously verified the SSN via the CDS LIHEAP interface with the Social Security Administration.

**17.3 Identification Verification**

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

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

**Other - Describe:**  
 The State of Montana has an interface with the Social Security Administration to verify Social Security Numbers.

**17.4. Citizenship/Legal Residency Verification**

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



<input type="checkbox"/>	Clients sign an attestation of citizenship or legal residency
<input checked="" type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of legal residency
<input checked="" type="checkbox"/>	Noncitizens must provide documentation of immigration status
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport
<input type="checkbox"/>	Noncitizens are verified through the SAVE system
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card
<input checked="" type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>Providing verification and documentation:</p> <p>Including social security number, proof of U.S. citizenship, proof of lawful permanent residency, or qualified alien status for all household members, as well as photo identification for all household if not previously provided.</p> <ul style="list-style-type: none"> <li>• Photo ID's for all household members or birth certificates for household members under 18 years of age are no longer required, if the agency has verified the SSN.</li> <li>• A non-citizen who has lawfully entered the U.S. with the intent of establishing permanent residency is commonly known to have a "green card". Officially such a person is called a "lawful permanent resident (LPR)".</li> <li>• Individuals of households who refuse to submit social security numbers, proof of citizenship, proof of lawful permanent residency, or qualified alien status will be deemed ineligible members of the household. See the Naturalization Eligibility Worksheet Instructions (Form M-480) at: <a href="https://www.uscis.gov">https://www.uscis.gov</a>.</li> <li>• A voter's registration card is not acceptable verification for proof of citizenship when citizenship is questionable since an individual is not required to verify citizenship to register to vote.</li> <li>• Marriage to a U.S. citizen has no effect on the ineligible member's eligibility for LIHEAP. A person does not automatically become a lawful permanent resident or a U.S. citizen by marrying a U.S. citizen. The marriage has no effect on the person's LIHEAP eligibility.</li> </ul> <p>To Verify Lawful Entry into the United States as a "Qualified Alien"</p> <ul style="list-style-type: none"> <li>• Certificate of Naturalization (DHS Forms N-550 or N-570).</li> <li>• Certification of U.S. Citizenship (DHS Forms N-560 or N-561).</li> <li>• Certification of Birth Abroad of a U.S. Citizen (Form FS-240 or FS-545).</li> <li>• U.S. Citizen Identification Card (Form I-197)</li> <li>• Alien Registration Receipt Card (Form I-551)</li> <li>• Arrival-Departure Record (Form I-94)</li> <li>• Temporary Resident Card (Form I-688)</li> <li>• Or other proof of Qualified Alien status as provided by the Department of Homeland Security.</li> </ul> <p>Verification must be requested and provided. Note: Some of the above forms (e.g. Arrival- Departure Record (Form I-94)) may prove lawful entry but do not prove intent to establish permanent residency. See the U.S. Citizenship and Immigration Services website at: <a href="https://www.uscis.gov">https://www.uscis.gov</a>.</p> <p>Current and future benefits will be denied to any persons and households who refuse to submit social security numbers; proof of U.S. citizenship; proof of status as a qualified alien as defined in 8 U.S.C. 1641(b); or whose social security numbers, proof of residency or citizenship cannot be verified.</p>

**17.5. Income Verification**

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

<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input checked="" type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero-income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters

<input checked="" type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>It is the responsibility of the applicant to provide verification of earned income and unearned income.</p> <p>EARNED INCOME:</p> <p>Verification Information Generally Available From the Applicant or Recipient:</p> <ul style="list-style-type: none"> <li>• Pay stubs</li> <li>• Pay envelopes</li> <li>• Employee W-2 forms</li> <li>• Income tax returns-state/federal</li> <li>• Self-employment bookkeeping records or the most recently filed income tax return (within the last 12-18 months)</li> <li>• Sales and expenditure records</li> </ul> <p>Verification Information From Other Sources</p> <ul style="list-style-type: none"> <li>• Employer's wage/payroll records</li> </ul>
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- State form for clearance of earnings for employment
- Employment Security Office
- Occupation Tax Agency
- State Income Tax Bureau - Department of Revenue (DOR)
- Tax statements-Federal/State
- CHIMES inquiry (SNAP Database)
- MISTICS (Wage and UI Inquiry)
- State Compensation Insurance Fund

UNEARNED INCOME:

Verification Information Generally Available From the Applicant or Recipient

- RSDI Benefit Check
- RSDI Award Letter
- Correspondence on SSA Benefits
- Educational grant or scholarship award letter
- Unemployment compensation award letter
- Pension award notice
- Veteran's Administration award letter
- Correspondence on benefits
- Income tax record -state and federal
- Railroad retirement award letter
- Social Security & Supplementary Security Income (SSI) award letter
- Worker's compensation benefits award notice

Verification Information From Other Sources

- Utilities subsidy payments (Section 8)
- Social Security District Office
- Bureau of Employment Security - Unemployment Compensation Section
- Employer's Records
- Union Records
- Worker's Compensation Records
- Veteran's Administration
- Lawyer's Records
- Insurance Company Records
- Lodge, Club, or Fraternal Organization Records
- Personal income tax records
- Railroad retirement board records
- United Mine Workers Union (Black Lung Benefits)
- Social Security Administration Records
- College and University Financial Aid Records
- Bureau of Indian Affairs Records
- Indian Tribal Business Council Records
- County Clerk of the Court Records
- Child Support Enforcement Agency Records
- Financial Institution Records
- Personal Records of Contributions
- Money orders
- Personal Checks
- Statement from person making the contribution
- Income tax return

In addition, any economic impact payments from the Internal Revenue Service (IRS) will not be counted as income.

<input checked="" type="checkbox"/>	<b>Computer data matches:</b>
<input checked="" type="checkbox"/>	<b>Income information matched against state computer system (e.g., SNAP, TANF)</b>
<input checked="" type="checkbox"/>	<b>Proof of unemployment benefits verified with state Department of Labor</b>
<input type="checkbox"/>	<b>Social Security income verified with SSA</b>
<input type="checkbox"/>	<b>Utilize state directory of new hires</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  Household members, addresses, income and resources are matched against the Combined Healthcare Information and Montana Eligibility System (CHIMES). CHIMES is the database used for SNAP and TANF.

<b>17.6. Protection of Privacy and Confidentiality</b>	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input checked="" type="checkbox"/>	<b>Policy in place prohibiting release of information without written consent</b>
<input checked="" type="checkbox"/>	<b>Grantee LIHEAP database includes privacy/confidentiality safeguards</b>
<input checked="" type="checkbox"/>	<b>Employee training on confidentiality for:</b>
<input checked="" type="checkbox"/>	<b>Grantee employees</b>
<input checked="" type="checkbox"/>	<b>Local agencies/district offices</b>
<input checked="" type="checkbox"/>	<b>Employees must sign confidentiality agreement</b>

<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input checked="" type="checkbox"/> Other - Describe:  Applicants' and Recipients' personally identifiable information (PII) is not sent by email. All communication with PII is sent through Montana's Secure File Transfer Service.
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input checked="" type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above:  LIHEAP payments will only be sent to authorized fuel vendors who have a signed contract agreement with the State of Montana.
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
<input type="checkbox"/> Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
<input type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client

<input checked="" type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:
<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
<input type="checkbox"/> Refer to state Inspector General
<input type="checkbox"/> Refer to local prosecutor or state Attorney General
<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  <p style="text-align: center;">OVERPAYMENTS</p> <p>Current and future program year payments of Low Income Home Energy Assistance will be reduced the full amount of prior overpayments, unless the administrative cost would exceed the amount of overpayment.</p> <p>Additionally, cases in which the recipient willfully made false statements or withheld information causing overpayment are to be referred to IHSB for determination as to whether the case should be referred to the DPHHS Office of Inspector General, Program Compliance Bureau for determination of fraud as provided in the Administrative Rules of Montana 37.70.110.</p> <p>Cases of fraud at the client, vendor and employee level:</p> <ol style="list-style-type: none"> <li>1. Complete the LIHEAP Investigative Referral Form (See attached)</li> <li>2. Field Monitor will evaluate and determine if a referral to the Office of Inspector General Program Compliance Bureau is appropriate.</li> <li>3. If referred, the Office of Inspector General Program Compliance Bureau will review the case.</li> </ol> <ul style="list-style-type: none"> <li>• If additional information is needed the Program Compliance Bureau will work directly with the subgrantee.</li> <li>• Once investigation is complete the findings will be reported to the Field Monitor to either drop or pursue the case.</li> </ul> <p>When it is discovered that the local contractor caused an overpayment of LIHEAP or weatherization services, at the sole discretion of the department the local contractor may be required to repay the entire overpayment to the department, rather than the overpayment being withheld from the recipient's future payments.</p> <p>Over payments are recouped in the following ways:</p> <ol style="list-style-type: none"> <li>1. Lump sum payment</li> <li>2. Installment payments (A repayment agreement will be sent.)</li> <li>3. Reduction of future LIHEAP benefits to repay entire unpaid balance.</li> </ol> <p>A letter and with the fair hearing language will be sent to the recipient explaining the overpayment.</p>
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/> Other - Describe:
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

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

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

**Instructions for Certification**

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

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

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

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

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

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

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

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or

voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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

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

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

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

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

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

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

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

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

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

#### **Instructions for Certification**

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later

determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

number(s) of each affected grant;  
 (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted -(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or  
 (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;  
 (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).  
 (B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

Human and Community Services Division * <b>Address Line 1</b>		
Intergovernmental Human Services Bureau Address Line 2		
1400 Carter Drive Address Line 3		
Helena * <b>City</b>	MT * <b>State</b>	59620 * <b>Zip Code</b>

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

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

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;**

**(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income**

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

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

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

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

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

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

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

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

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

**(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and**

**thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.**



## Plan Attachments

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