## DETAILED MODEL PLAN (LIHEAP)

Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES											
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY											
* 1.a. Type of Submission: * 1.b. Frequency: Plan Annual				* 1.c. Consolidated Application/Plan/Funding Reque Explanation: 2. Date Received: 3. Applicant Identifier:		est?	* 1.d. Version: Initial State Use Only:				
						4a. Federal E 4b. Federal A	-			5. Date Received By State: 6. State Application Identifier:	
7. APPLICANT	INFOR	MATION				<u>I</u>					
		sas Department o	f Human	Services							
		*		EIN/TIN): 71-	6007389	* c. Organiza	tional DUN	<b>NS:</b> 024	4720901		
* d. Address:	Fujor		(						0,01		
* Street 1: OFFICE OF COMMUNITY SERVICES Street 2: P.O. BOX 1437 S330											
* City: LITTLE ROCK						County:		ARKA	ARKANSAS		
* State: AR						Province:					
* Country: United States					* Zip / Postal Code: 72203 - 1437						
e. Organizational Unit:											
Department Name:     Division Name:       Dapartment of Human Services     Office of Community Services											
f. Name and contact information of person to be contacted on matters involving this application:											
Prefix: Ms.	Ms. Shirley H Mason										
Suffix:	LIHEAP Manager										
* Telephone         Fax Number         * Email:           Number:         (501) 682-6736         shirley.mason@arkansas.gov           (501)         682-8726         shirley.mason@arkansas.gov											
* 8a. TYPE OF APPLICANT: A: State Government											
b. Additional Description:											
* 9. Name of Federal Agency:											
Catalog of Federal Dom Assistance Number							CFDA Title:				
10. CFDA Numbe	10. CFDA Numbers and Titles     93568     Low-Income Home Energy Assistance										
11. Descriptive Title of Applicant's Project       Low Income Home Energy Assistance Program											
12. Areas Affected by Funding:											
13. CONGRESS	SIONAL	DISTRICTS OF	7:			1					
* a. Applicant 2						b. Program/P	roject:				

14. FUNDING PERIOD:	14. FUNDING PERIOD:   15. ESTIMATED FUNDING:							
<b>a. Start Date:</b> 10/01/2014	<b>b. End Date:</b> 09/30/2015	* a. Federal (\$): \$0	<b>b. Match (\$):</b> \$0					
* 16. IS SUBMISSION SUBJECT TO R	EVIEW BY STATE UNDER EXECUTIV	VE ORDER 12372 PROCESS?						
a. This submission was made availab	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 h	but has not been selected by State for revie	ew.						
c. Program is not covered by E.O. 123	372.							
* 17. Is The Applicant Delinquent On Any Federal Debt? NO								
Explanation:								
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b>								
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.								
18a. Typed or Printed Name and Title of delia Anderson	f Authorized Certifying Official	<b>18c. Telephone (area code,</b> ( 501) 682- 8719 Ext.	number and extension)					
18d. Email Address delia.anderson@arkansas.gov								
18b. Signature of Authorized Certifying	Official	<b>18e. Date Report Submittee</b> 08/29/2014	d (Month, Day, Year)					
Attach supporting documents as specified in agency instructions.								

Section 1 - Program Component	Section	1 -	Program	Components
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August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017

## 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 20447

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Approval No. 0970-0075 Expiration Date: 02/28/2005

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.       Dates of Operation         (Note: You must provide information for each component designated here as requested elsewhere in this plan.)       Dates of Operation						
		Start Date	End Date				
<	Heating assistance	10/01/2014	09/30/2015				
	Cooling assistance						
>	Crisis assistance	10/01/2014	09/30/2015				
Weatherization assistance     10/01/2014							
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%.						
Н	Heating assistance 53.00%						
C	Cooling assistance 0.00%						
C	Crisis assistance 17.00%						
W	Weatherization assistance 15.00%						
C	Carryover to the following federal fiscal year 0.00%						
	Administrative and planning costs 10.009						
	Services to reduce home energy needs including needs assessment (Assurance 16) 5.00						
Used to develop and implement leveraging activities 0.00%							
TOTAL 100.00%							
Alte	rnate Use of Crisis Assistance Funds, 2605(c)(1)(C)						
1.3	1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:						

	Heating assistance									
	Weatherization assistance	<ul> <li>Other (specify:) Arkansas will implement a cooling program if adequate funds are available from the winter program and/or if additional program funds are received due to extream hot temperatures. If one is implemented, the same program guidelines which are used in other components would apply.</li> </ul>								
			2605(b)(2)(A) - Assurance 2, 2605(c) seholds categorically eligible if one					agories of benefi	ts in the lef	t column below?Ves
								legories or benefit		t column below. Tes
	If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.									
TAN	Heating     Cooling     Crisis     Weatherization       TANF									
SSI										
SNA	SNAP Yes Yes									
Mear	Means-tested Veterans Programs									
04	(0.10)1		Program Name	<u> </u>	Heating		Cooling	Cr	isis	Weatherization
_	r(Specify) 1									
	-	all	y enroll households without a direc	t annual	application?Yes					
	es, explain: licantions are mai	led	to eligible SNAP households who co	ntain an	elderly or person v	with a	lisability.			
dete	rmining eligibilit	y a	here is no difference in the treatme nd benefit amounts? not used in the energy assistance prog		tegorically eligible	e hous	eholds from those no	ot receiving other	r public assi	istance when
SNA	AP Nominal Paym	ent	3							
<b>1.7</b> a	Do you allocate	LII	HEAP funds toward a nominal pay	nent for	SNAP household	ls?No				
If yo	If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.									
1.7b Amount of Nominal Assistance: \$0										
1.7c Frequency of Assistance										
	Once Per Year									
	Once every five years									
Other - Describe:										
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?										
Determination of Eligibility - Countable Income										
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?										
Gross Income										
Net Income										
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP										
Wages										
<b>`</b>	Self - Employment Income									
~	Contract Inco	me								
	Payments from	n n	nortgage or Sales Contracts							
~	Unemploymer	nt in	Isurance							
~	Strike Pay									

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

Ameri-Corp Program payments for living allowances, earnings, and in-kind aid

Reimbursements (for mileage, gas, lodging, meals, etc.)

Other

	Section 2 -	HEATING	ASSIST	ANCE
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	Sec	tion 2 - 2	Heating Assistance				
Eligibility, 2605(b)	(2) - Assurance 2						
	ncome eligibility threshold used for the heatin	g componen	et:				
Add	Add Household size Eligibility Guideline Eligibility Threshold						
1	All Household Sizes		State Median Income	60.00%			
2.2 Do you have additional eligibility requirements for HEATING ASSITANCE?     Yes							
2.3 Check the appropriate boxes below and describe the policies for each.							
Do you require an	Assets test ?	Yes					
Do you have addit	ional/differing eligibility policies for:						
Renters?		No					
Renters Livi	ng in subsidized housing ?	No					
Renters with	utilities included in the rent ?	Yes					
Do you give priori	ty in eligibility to:						
Elderly?		Yes					
Disabled?		Yes					
Young child	Young children? No						
Households	Households with high energy burdens ? Yes						
Other? No							
Explanations of policies for each "yes" checked above: Higher maximum assets for elderly households. If the household declares that its utilities are included in the rent, it must provide documentation by submitting a copy of its lease agreement. Applications are mailed to elgible SNAP households who contain an elderly or person with a disability. The applicant must apply in the county in which they live.							
Determination of B	enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)						
2.4 Describe how you prioritize the provision of heating assistance tovulnerable populations, e.g., benefit amounts, early application periods, etc.							
Applications are mailed to eligible SNAP households who contain an elderly or person with a disability approximately four weeks prior to the LIHEAP program start date. Applicants are advised that applications are processed and paid on a first come basis.							
2.5 Check the variables you use to determine your benefit levels. (Check all that apply):							
✓ Income							
✓ Family (household) size							
✓ Home energy cost or need:							
✓ Fuel type							
Climate/region							
Indivi	dual bill						
Dwelli	ing type						
Energ	y burden (% of income spent on home energy	)					
<ul> <li>Energy need</li> </ul>							

🗸 Other -	Describe:
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There are additional policies for households that utilize propane or wood for heating purposes.

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

2.6 Describe estimated benefit levels for FY 2015:						
Minimum Benefit \$53 Maximum Benefit \$309						
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?No						
If yes, describe.						
Please see the payment matrix attached.						
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	ASSISTA	NCE
Section 5	COOLING		1,01

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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 i	ncome eligibility threshold used for the Coolin	ig compone	net:				
Add	Household size		Eligibility Guideline	Eligibility Threshold			
1	All Household Sizes		State Median Income	60.00%			
<b>3.2 Do you have additional eligibility requirements for</b> COOLING ASSITANCE?							
3.3 Check the appr	opriate boxes below and describe the policies f	or each.					
Do you require an A	Assets test ?	Yes					
Do you have additi	onal/differing eligibility policies for:						
Renters?		No					
Renters Livir	ng in subsidized housing ?	No					
Renters with	utilities included in the rent ?	Yes					
Do you give priorit	y in eligibility to:						
Elderly?		Yes					
Disabled?		Yes					
Young childr	en?	No					
Households w	vith high energy burdens ?	Yes					
Other?		No					
Explanations of policies for each "yes" checked above:							
Higher maximum assets for elderly households. Renters with utilities included in the rent must provide documentation by submitting a copy of the lease agreement. Applications are mailed to eligible SNAP households who contain an elderly or person with a disability. The applicant must apply in the county in which they live. One or more household members with a medical condition which makes them vulnerable							
3.4 Describe how ye	ou prioritize the provision of cooling assistance	e tovulneral	ble populations,e.g., benefit amounts, early application	ion periods, etc.			
Applications are mailed to eligible SNAP households who contain an elderly or person with a disability.							
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							
Dwellin	Dwelling type						
Energy	y burden (% of income spent on home energy)						
🗸 Energy	y need						

✓ Other - Describe:

Medical Necessity - One or more household members with a medical condition which makes them vulnerable to health hazards from high temperatures. This requirement must be met only for the receipt of an air conditioner when they are distributed as a result of the release of LIHEAP emergency contingency funds to assist households who may be vulnerable to extreame heat.						
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)						
3.6 Describe estimated benefit levels for FY 2015:						
Minimum Benefit	Minimum Benefit \$53 Maximum Benefit \$309					
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/	or other forms of b	enefits? No				
If yes, describe.	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.						

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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)

Engibility - 2604(c), 2605(c)(1)(A)						
4.1 Designate the income eligibility threshold used for the crisis component						
Add	Household size	Eligibility Guideline	Eligibility Threshold			
1	All Household Sizes	State Median Income	60.00%			
4.2 Provide your	LIHEAP program's definition for determining a crisis.					
	ust have an energy related emergency situation. Instances of ex mergency" as designated by the Governor.	atream hot or cold temperatures or other energy rel	ated disasters such as floods, storms, etc.			
4.3 What constit	utes a <u>life-threatening crisis?</u>					
A household that	would suffer a decline in the health condition of a household n	nember or produce a non-life sustainable environm	ent due to the loss of energy.			
Crisis Requirem	uent, 2604(c)					
4.4 Within how	many hours do you provide an intervention that will resolve	e the energy crisis for eligible households? 48H	ours			
4.5 Within how	many hours do you provide an intervention that will resolve	e 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 ASSISTAN	CE? Yes				
4.7 Check the ap	propriate boxes below and describe the policies for each					
Do you require a	an Assets test ?	Yes				
Do you give prio	ority in eligibility to :					
Elderly?		Yes				
Disabled?		Yes				
Young Ch	ildren?	No	No			
Household	s with high energy burdens?	Yes				
Other?		No	No			
In Order to rece	ive crisis assistance:					
Must the h tank?	nousehold have received a shut-off notice or have a near emp	pty Yes				
Must the h	ousehold have been shut off or have an empty tank?	Yes				
Must the h	ousehold have exhausted their regular heating benefit?	No				
Must rente eviction notice ?	ers with heating costs included in their rent have received a	n Yes				
Must heat	ing/cooling be medically necessary?	No				
Must the h	ousehold have non-working heating or cooling equipment?	No				
Other?						
Do you have add	litional / differing eligibility policies for:					
Renters?		No				
Renters liv	ring in subsidized housing?	No				
Renters w	ith utilities included in the rent?	Yes				

Explanations	of policies	for each	"yes"	checked	above:
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If the household declares that its utilities are included in the rent, it must provide documentation by submitting a copy of its lease agreement.

Determination of Benefits						
4.8 How do you handle crisis situations?						
✓	Separate component					
	Fast Track					
	Other - Describe:					
4.9 If you have a separate con	nponent, how do you detern	nine crisis ass	sistance benef	ïts?		
<ul> <li>✓</li> </ul>	Amount to resolve the cris	sis.				
	Other - Describe:					
Crisis Requirements, 2604(c)						
_	ns for energy crisis assistan	ce at sites tha	it are geogram	blically accessible to all households in the area to be served?		
Yes Explain.						
Applications for assistance are	taken at the 16 local Commu	nity Action Ag	gencies located	d in the seventy-five counties around the state of Arkansas.		
4.11 Do you provide individua	als who are physically disab	led the mean	s to:			
Submit applications for cris	sis benefits without leaving	their homes?				
Yes If No, explain.						
Travel to the sites at which	applications for crisis assist	tance are acc	epted?			
Yes If No, explain.						
If you answered "No" to both	options in question 4.11, pl	lease explain	alternative m	eeans of intake to those who are homebound or physically disabled?		
Benefit Levels, 2605(c)(1)(B)						
4.12 Indicate the maximum be	enefit for each type of crisis	assistance of	fered.			
	) maximum benefit					
Summer Crisis \$500	) maximum benefit					
Year-round Crisis \$0 r	naximum benefit					
4.13 Do you provide in-kind (	e.g. blankets, space heaters,	, fans) and/or	other forms	of benefits?		
Yes If yes, Describe						
Fans are provided with the impl	lementation of a crisis fan pro	ogram.				
4.14 Do you provide for equip	oment repair or replacemen	t using crisis	funds?			
Yes						
If you answered "Yes" to que	estion 4.14, you must comple	ete question 4	.15.			
4.15 Check appropriate boxes	s below to indicate type(s) of	f assistance p	rovided.			
		Winter Crisis	Summer Crisis	Year-round Crisis		
Heating system repair		>				
Heating system replacement		~				
Cooling system repair			~			
Cooling system replacement			~			
Wood stove purchase						
Pellet stove purchase						
Solar panel(s)						
Utility poles / gas line hook-up	ps					

Other (Specify):							
4 16 Do any of the utility vendors you work with enforce a moratorium on shut offs?							

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

Yes

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

Energy Suppliers, such as gas and electric energy suppliers are regulated by the state Public Service Commission to implement a moratorium in extream low temparatures or extream high temperatures. As a result, when the moratorium is lifted, there are a large number of low income households that are faced with unusually high energy bills and/or shut offs. Qualifying households are able to apply for LIHEAP Crisis assistance until all LIHEAP Crisis Assistance funds have been exhausted.

	IENT OF HEALTH AND HU		August 1987, revise	d 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017		
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY						
	Se	ection 5: WEATHE	ERIZATION ASSISTANCE			
Eligibility, 2605(c)	(1)(A), 2605(b)(2) - Assurance	2				
5.1 Designate the in	ncome eligibility threshold us	ed for the Weatherization co	omponent			
Add	Househ	old Size	Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		HHS Poverty Guidelines	200.00%		
5.2 Do you enter in	to an interagency agreement	to have another governmen	t agency administer a WEATHERIZATION comp	ponent?Yes		
5.3 If yes, name the	e agency. Arkansas Energy Of	fice				
5.4 Is there a separ	rate monitoring protocol for w	veatherization?Yes				
	ON - Types of Rules les do you administer LIHEA	P weatherization? (Check o	nly one.)			
Entirely und	er LIHEAP (not DOE) rules					
		milog				
	er DOE WAP (not LIHEAP)					
Mostly under	r LIHEAP rules with the follo	owing DOE WAP rule(s) wh	ere LIHEAP and WAP rules differ (Check all that	t apply):		
Income	e Threshold					
Weath become eligible wit		y housing structure is perm	itted if at least 66% of units (50% in 2- & 4-unit b	uildings) are eligible units or will		
Weath	erize shelters temporarily hou	ising primarily low income	persons (excluding nursing homes, prisons, and sin	nilar institutional care facilities).		
Other ·	- Describe:					
Mostly under	r DOE WAP rules, with the fo	ollowing LIHEAP rule(s) wh	here LIHEAP and WAP rules differ (Check all that	t apply.)		
Income	e Threshold					
Weath	erization not subject to DOE	WAP maximum statewide a	werage cost per dwelling unit.			
Weath	erization measures are not su	biect to DOE Savings to Inv	vestment Ration (SIR ) standards.			
	- Describe:	- <b>J</b>				
Eligibility, 2605(b)	(5) - Assurance 5					
5.6 Do you require	an assets test?	Yes				
5.7 Do you have ad	ditional/differing eligibility p	olicies for :				
Renters		No				
Renters livin	g in subsidized housing?	No				
5.8 Do you give pri	ority in eligibility to:					
Elderly?		Yes				
Disabled?		Yes				
Young Child	ren?	Yes				
	with high energy burdens?	No				
Other?	Other?					

Section 5 - WEATHERIZATION ASSISTANCE

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.

Preference is given to those qualifying households that contain an elderly, a person with a disability and/or young children.					
Benefit Levels					
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per hou	sehold?Yes				
5.10 If yes, what is the maximum? \$6,904					
Types of Assitance, 2605(c)(1), (B) & (D)					
5.11 What LIHEAP weatherization measures do you provide ? (Check all categor	ies that apply.)				
V Weatherization needs assessments/audits	✓ Energy related roof repair				
✓ Caulking and insulation	✓ Major appliance Repairs				
✓ Storm windows	✓ Major appliance replacement				
✓ Furnace/heating system modifications/ repairs	V Windows/sliding glass doors				
✓ Furnace replacement	V Doors				
✓ Cooling system modifications/ repairs	V Water Heater				
Water conservation measures Cooling system replacement					
✓ Compact florescent light bulbs	Other - Describe: Insulation, air infiltration, cooling (only if it is deemed medically necessary).				

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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):

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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.).
Joint application for multiple programs

Intake referrals to/from other programs

One - stop intake centers

Other - Describe:

LIHEAP applicants, interested and eligible for weatherization, are referred unless the waitinglist nesccessitates suspension - Applications for low income electricity sales tax exemptions are provided to qualifying applicants - DHS County Office administers TEA, Medicaid, SNAP, and similar programs - Local LIHEAP agencies issue news release to the media at the beginning and ending of program activities.

	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES						
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN						
		SF - 424 - N	IANDATORY				
	Section 8: Agency Designation		Assurance 6 (Requ n of Puerto Rico)	ired for state gran	tees and the		
8.1 How	would you categorize the primary responsibility	of your State agency?					
	Administration Agency						
	Commerce Agency						
~	Community Services Agency						
	Energy / Environment Agency						
	Housing Agency						
	Welfare Agency						
	Other - Describe:						
Alternat	te Outreach and Intake, 2605(b)(15) - Assurance	15					
If you se	elected "Welfare Agency" in question 8.1, you mu	st complete questions 8	.2, 8.3, and 8.4, as applicab	le.			
8.2 How	do you provide alternate outreach and intake for	r HEATING ASSISTAN	CE?				
8.3 How	do you provide alternate outreach and intake for	r COOLING ASSISTAN	CE?				
8.4 How	do you provide alternate outreach and intake for	r CRISIS ASSISTANCE	?				
8.5 LIH	EAP Component Administration.	Heating	Cooling	Crisis	Weatherization		
8.5a Wh	o determines client eligibility?	Community Action Agencies	Community Action Agencies	Community Action Agencies	Other		
8.5b Wh vendors	o processes benefit payments to gas and electric ?	Community Action Agencies	Community Action Agencies	Community Action Agencies			
8.5c who vendors	o processes benefit payments to bulk fuel ?	Community Action Agencies	Community Action Agencies	Community Action Agencies			
8.5d Wh measure	to performs installation of weatherization es?				Other		
If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.							
8.6 Wha	8.6 What is your process for selecting local administering agencies?						
The Ark	The Arkansas Low Income Home Energy Assistance Program sub-grant with the 16 local Community Action Agencies around the state of Arkansas.						

8.7 How	8.7 How many local administering agencies do you use? 16					
<b>8.8 Have</b> No	8.8 Have you changed any local administering agencies in the last year? No					
8.9 If so	, why?					
	Agency was in noncompliance with grantee requirements for LIHEAP -					
	Agency is under criminal investigation					
	Added agency					
	Agency closed					
	Other - describe					
	of the above questions require further explanation or clarification that could not be made in the fields provided, a document with said explanation here.					

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## LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

 9.1 Do you make payments directly to home energy suppliers?

 Heating
 No

 Cooling
 No

 Crisis
 No

 Are there exceptions?
 No

 If yes, Describe.
 Volume

All payments to energy suppliers are made from the sub-grantees, local Community Action Agencies. Payments are made to the applicants if the households energy supplier has been disqualified or has chosen not to participate in the program and when utility costs are included in the rent or the household uses wood as its source of heat.

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

The clients are sent a (DCO 2001) Notice of Action by mail which details the status of their application. This information includes LIHEAP payment amount, name of energy supplier, date the payment will be submitted to the energy supplier.

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?

Supplier Agreements are signed by all LIHEAP participating energy suppliers between the supplier and the local administering agency as required prior to making a direct payment. The contract outline policies and regulations that will affect the energy supplier and the LIHEAP client rights are outlined in the agreement as well.

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?

Random monitoring visits are made to the energy suppliers to assure funds are applied accurately to energy accounts and LIHEAP participants are not treated adversely.

9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? No

If so, describe the measures unregulated vendors may take.

Payments are made only to vendors who has entered into a Supplier Agreement with the Community Action Agencies. Payments are made to the applicants if the households energy supplier has been disqualified or has chosen not to participate in the LIHEAP program.

		TMENT OF HEALTH A TION FOR CHILDRE	NND HUMAN SERVICES N AND FAMILIES	August 1987, rev	ised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017			
	LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY							
		Secti	on 10: Program, Fiscal Mo	nitoring, and Audit, 2605(b	)(10)			
The Depa adhere to	rtment federal	of Human Services is requ	l policies. Subgrantees request for disburse	nd Administration policies and procedures. ments are reviewed weekly and compared to				
Audit Pr	ocess							
<b>10.2. Is y</b> Yes	our LII	HEAP program audited a	annually under the Single Audit Act and	OMB Circular A - 133?				
				table condition cited in the A-133 audits, gency from the most recently audited fisca				
No Findi	ngs 🗸							
Findi								
r mu	ng	Туре	Brief Summary	Resolved?	Action Taken			
1	ng	Туре	Brief Summary	Resolved?	Action Taken			
1 10.4. Au	lits of I pes of a	Local Administering Age nnual audit requirement:			Action Taken			
1 10.4. Au What tyj	lits of I bes of an that ap	Local Administering Age nnual audit requirement oply.	ncies s do you have in place for local adminste					
1 10.4. Au What tyj	lits of I bes of an that ap Local a	Local Administering Age nnual audit requirement oply. agencies/district offices a	ncies s do you have in place for local adminste	ring agencies/district offices? ompliance with Single Audit Act and OM				
1 10.4. Au What ty	lits of I pes of a that ap Local : Local :	Local Administering Agen nnual audit requirement oply. agencies/district offices a agencies/district offices a	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth	ring agencies/district offices? ompliance with Single Audit Act and OM	B Circular A-133			
1 10.4. Au What ty	lits of I pes of an that ap Local a Local a	Local Administering Age nnual audit requirement oply. agencies/district offices a agencies/district offices '	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance	B Circular A-133			
1 10.4. Au What ty	lits of L pes of an that ap Local a Local a Local a	Local Administering Agen nnual audit requirement oply. agencies/district offices a agencies/district offices ' agencies/district offices ' ee conducts fiscal and pr	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance	B Circular A-133			
1 10.4. Aud What typ Select all	lits of L pes of an that ap Local a Local a Local a Grante	Local Administering Agen nnual audit requirement oply. agencies/district offices a agencies/district offices ' agencies/district offices ' agencies/district offices ' agencies/district offices ' nitoring	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance	B Circular A-133 process.			
1 10.4. Aud What typ Select all	lits of I pes of an that ap Local : Local : Local : Granto nce Mo cribe th	Local Administering Agen nnual audit requirement oply. agencies/district offices a agencies/district offices a agencies/district offices ' agencies/district offices a agencies/district offices a age	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des	lits of I pes of an that ap Local a Local a Local a Grante nce Mo cribe th employ	Local Administering Agen nnual audit requirement oply. agencies/district offices a agencies/district offices a agencies/district offices ' agencies/district offices a agencies/district offices a age	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des	lits of I pes of an that ap Local : Local : Local : Granto cribe th employ Interna	Local Administering Agen nnual audit requirement oply. agencies/district offices a agencies/district offices a agencies/district offices ' agencies/district offices ' ae conducts fiscal and pro nitoring he Grantee's strategies fo ees:	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des	lits of I bes of an that an Local a Local a Local a Granto cribe th employ Intern Depart	Local Administering Agen nnual audit requirement oply. agencies/district offices a agencies/district offices ' agencies/district offices' agencies/district offices' ee conducts fiscal and pro nitoring he Grantee's strategies fo ees: al program review	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri r monitoring compliance with the Grant	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des	lits of I pes of an that ap Local a Local a Local a Grante ance Mo cribe th employ Interna Depart Second	Local Administering Age nnual audit requirement oply. agencies/district offices a agencies/district offices ' agencies/district offices' ' ee conducts fiscal and pr nitoring he Grantee's strategies fo ees: al program review tmental oversight lary review of invoices an	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri r monitoring compliance with the Grant	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des	lits of I pes of an that ap Local a Local a Local a Grante ance Mo cribe th employ Interna Depart Second	Local Administering Age nnual audit requirement oply. agencies/district offices a agencies/district offices ' agencies/district offices' ' ee conducts fiscal and pr nitoring he Grantee's strategies fo ees: al program review tmental oversight lary review of invoices an	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri r monitoring compliance with the Grant nd payments	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des Grantee Complia	lits of I bes of an that an Local a Local a Local a Granto cribe th employ Interna Depart Second Other	Local Administering Age nnual audit requirement oply. agencies/district offices a agencies/district offices a agencies/district offices ' agencies/district offices ' agen	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri r monitoring compliance with the Grant nd payments isms are in place. Describe:	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des Grantee Grantee Complia	lits of I bes of an that ap Local a Local a Local a Grante a Grante minster Second Other	Local Administering Agen nnual audit requirement: oply. agencies/district offices a agencies/district offices a agencies/district offices '/ ee conducts fiscal and pr nitoring he Grantee's strategies fo ees: al program review tmental oversight dary review of invoices an program review mechan program review mechan	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri r monitoring compliance with the Grant nd payments isms are in place. Describe:	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des Grantee Complia	lits of I bes of an that an Local a Local a Local a Granto Cribe th employ Interna Depart Second Other	Local Administering Age nnual audit requirement oply. agencies/district offices a agencies/district offices a agencies/district offices ' agencies/district offices ' ee conducts fiscal and pro nitoring he Grantee's strategies for ees: al program review tmental oversight lary review of invoices an program review mechan program review mechan ring Agencies / District O ite evaluation	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri r monitoring compliance with the Grant nd payments isms are in place. Describe:	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			
1 10.4. Aud What typ Select all Complia 10.5. Des Grantee Grantee Local Ad	lits of I bes of an that an Local a Local a Local a Granto cribe th employ Intern Depart Second Other Other	Local Administering Agen nnual audit requirement: oply. agencies/district offices a agencies/district offices a agencies/district offices '/ ee conducts fiscal and pr nitoring he Grantee's strategies fo ees: al program review tmental oversight dary review of invoices an program review mechan program review mechan	ncies s do you have in place for local adminste re required to have an annual audit in co re required to have an annual audit (oth A-133 or other independent audits are re ogram monitoring of local agencies/distri r monitoring compliance with the Grant nd payments isms are in place. Describe: Offices:	ring agencies/district offices? ompliance with Single Audit Act and OM er than A-133) viewed by Grantee as part of compliance ict offices	B Circular A-133 process.			

## ✓ Client File Testing / Sampling

#### Other program review mechanisms are in place. Describe:

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

#### HEAP FY 2014 WINTER MONITORING SCHEDULE

Monday	Agency	Dates	Monitor
03/31/2014	CADC Regular	April 2-3	Boyce & Thompson
04/07/2014	CADC Regular	April 8-10	Boyce & Thompson
04/14/2014	CADC Crisis	April 15-18	Boyce & Thompson
04/21/2014			
04/28/2014	EOAWC	April 29-May 1	Boyce
	CAPCA	April 29-May 1	Thompson
05/05/2014	MDCS	May 6 -May 8	Wms
05/12/2014	BRAD	May 13-15	Boyce
	OHC	May 13-15	Thompson
05/19/2014	ACAAA Conference	North Little Rock, AR	ALL
05/26/2014	NADC	May 27-29	Boyce
Memorial Day 5-26	CSO	May 27-29	Thompson
05/26/2014	MCAEOC	May 27-28	Wms
06/02/2014	CSCDC	June 3-5	Wms
06/09/2014	ARVAC	June 10-12	Boyce
	PBJCEOC	June 10-12	Thompson
06/16/2014	NEUAC Conference	Kansas City, MO	ALL
06/23/2014	IOO	June 24-26	Boyce
	SWADC	June 24-25	Wms
06/30/2014	SEACAC	July 1-July 3	Thompson
Independence Day 7-4	SWADC	01-Jul-14	Wms
07/07/2014			
Summer HEAP Begins 7-7			
07/14/2014	CRDC	July 15-17	Wms
07/21/2014			
07/00/0014			
07/28/2014	CDDC	L-1- 20 21	War
08/04/2014	CRDC	July 29-31	Wms
00/04/2014			
-			

08/11/2014
08/18/2014
08/25/2014
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits:
Program Monitoring
Community Action Agencies are monitored for all LIHEAP programs implemented during a LIHEAP program year or as needed.
Subgrantee HEAP program activities are monitored periodically by DCO staff to ensure compliance with DCO policies and procedures and administrative efficiency and effectiveness. Program monitoring provides a preliminary evaluation of program implementation within Subgrantees' areas of responsibility. Program monitoring also serves in identifying weaknesses in policy and procedures and in evaluating effectiveness in meeting program objectives.
Areas of compliance review include the OCS HEAP Policy Manual, the Subgrant Agreement and any instructional directives (HEAP Letters) issued during the current Federal Fiscal Year applicable to a particular program.
Monitoring activities include, but are not limited to, such area of compliance as coordination with weatherization and conservation services, as well as the WAP case files of HEAP applicants whose homes have been weatherized, outreach, eligibility determination, amount of assistance, timeliness of assistance, income verification, Case Management Activities, agreements with home energy suppliers, maintenance of HEAP records, PE and income verification listings as well as compliance with reporting requirements.
Subgrantees will be contacted by HEAP Unit staff for the purpose of scheduling program monitoring visits.
At the conclusion of the monitoring reviews, an exit conference will be conducted. Each preliminary finding of the review will be discussed with the Executive Director or his designated representative. The Subgrantee will have an opportunity during the exit conference to express any disagreement with the preliminary findings. If applicable, corrective measures will also be discussed.
The Subgrantee will implement corrective action immediately regarding findings for which there is no disagreement and for which the cause of the error has been identified.
In instances where the findings discussed concern issues of eligibility and/or payment and the request for corrective action includes documentation of income, crisis situation, household composition, corrective payment to the household and/or supplier, applications denied in error, etc., the Subgrantee will begin implementation of these actions immediately after review of the program.
A report of each monitoring evaluation will be provided to the Executive Director of the Subgrantee agency. If the subgrantee expressed disagreement with preliminary findings discussed in the exit conference, such disagreement will be considered when the report is prepared.
Desk Reviews:
A review is implemented with clients files and the information is also used to review payment information directly made from the CAA to the energy suppliers based on the information extracted from client receords.
10.8. How often is each local agency monitored ?
All Subgrantee HEAP program activities are monitored for each LIHEAP program annually or as needed by DCO staff to ensure compliance with DCO policies and procedures, administrative efficiency and effectiveness of the LIHEAP program.
10.9. What is the combined error rate for eligibility determinations? OPTIONAL
10.10. What is the combined error rate for benefit determinations? OPTIONAL
10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 7
10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0
If any of the above questions require further explanation or clarification that could not be made in the fields provided,

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	ENERGY ASSISTANCE PROGR MODEL PLAN F - 424 - MANDATORY	AM(LIHEAP)
Section 11: Timely and Mean	ingful Public Participation, 2605(	(b)(12), 2605(C)(2)
11.1 How did you obtain input from the public in the developmen Select all that apply.	nt of your LIHEAP plan?	
Tribal Council meeting(s)		
Public Hearing(s)		
V Draft Plan posted to website and available for comment	t	
Hard copy of plan is available for public view and com	nent	
<ul> <li>Comments from applicants are recorded</li> </ul>		
<ul> <li>Request for comments on draft Plan is advertised</li> </ul>		
Stakeholder consultation meeting(s)		
Comments are solicited during outreach activities		
Other - Describe:		
A legal notice is published in the state wide newspaper advising of th in separate areas of the state and providing an address for written cor <b>11.2 What changes did you make to your LIHEAP plan as a resu</b>	nment.	of location and dates of public hearings to be held
There were no public comments and there were no changes to the Ar	kansas State Plan as a result of public comments.	
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) $\left( \frac{1}{2} \right)$	on the proposed use and distribution of your LIH	EAP funds?
	Date	Event Description
1	06/09/2014	Publics Hearings held: DARDANELLE, PINE BLUFF, NEWPORT and PRESCOTT, AR
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).		
There were no public comments verbal or written addressing the 201	5 Arkansas LIHEAP State Plan.	
11.6 What changes did you make to your LIHEAP plan as a resu	It of the comments received at the public hearing(	s)?
Thee were no changes to the Arkansas State plan as a result of public	comments.	
If any of the above questions require further ex attach a document with said explanation here.	planation or clarification that could	not be made in the fields provided,

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

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

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

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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? N/A

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

There were no Fair Hearings conducted for Arkansas LIHEAP during 2014 program year.

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

Applicants are informed of their rights to appeal any decision made regarding their application and/or assistance. The right to appeal the denial of the household's application is also indicated on the notice to inform the household of the action on its application.

12.5 When and how are applicants informed of these rights?

The applicant rights are listed on all HEAP applications (HEAP long, abbreviated and PE) and are clarified during the interview process with applicants.

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

Applicants may request a hearing regarding claims not acted upon in a timely manner unless the delay is due to lack of cooperation on the part of the applicant in providing necessary information so that eligibility can be established.

12.7 When and how are applicants informed of these rights?

The applicant rights regarding the disposition of the application are listed on the HEAP application and are clarified during the interview process with applicants.

Catagories 6 and 7 of the Applicants Rights state:

6. The applicant will be sent written notification of the disposition of the application within 30 days for Regular Assistance and within 18/48 hours for Crisis Intervention.

7. The applicant if eligible, will receive payment, goods or services within 35 days for Regular and 20 days for Crisis Intervention.

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 06/30/2017 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 activities are services provided which encourage and enable households to reduce their home energy needs and thereby, their need for energy assistance through achieving a higher degree of self sufficiency. These activities may include, but are not limited to, Needs Assessments, Counseling, Assistance with Energy Vendors, referrals to other coordinated services, presenting educational programs on fuel energy usage, meter reading, household budgeting, etc. Case Management Activities (CMA) will be targeted toward applicants of the Crisis Intervention Program and when deemed appropriate and necessary, the Regular Assistance Program. 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? No more than 5% of the LIHEAP funds are allocated and transferred to subgrantee agencies who implement these activities. Monitoring and review of the budgeting and allocation process helps to ensure that the total amount of funds expended does not exceed 5% of the LIHEAP funds. 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year. The Assurance 16 Case Management programs are educational based with an emphasis on the households budgeting skills and energy conservation to promote self sufficiency and to lessen the households energy burden. Most of the Assurance 16 participants have reported a decrease in energy usage and increase in the ability to budget household expenditures therefore promoting a heathier environment for a total of 728 households. 13.4 Describe the level of direct benefitsprovided to those households in the previous Federal fiscal year. No more than 5% of the LIHEAP funds are allocated and transferred to subgrantee agencies to implement A16 activities. There was a total of \$738,455.00 allocated to the 16 CAAs for the Assurance 16 component. A total of \$505,606.00 was paid in direct services on behalf of A 16 households to Utility Suppliers and in some cases the repair or replacement of energy star appliance. 13.5 How many households applied for these services? 866 13.6 How many households received these services? 728 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
Doction.	<b>T</b> 1	Develuging	Incomer ve	I I U SI uIII	,200/11

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## 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

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

The following funds should be included in Arkansas Funds for Leveraging: cash contributions from various churches, faithbased organizations and fuel funds to assist low income households with their energy bills, funds that are used in conjunction with LIHEAP when those benefits are insufficient to meet the households need and/or when LIHEAP benefits have been depleted.

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.  $\hat{A}$  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?
	Entergy Arkansas Power to Care	and also Enfergy Arkansas Hund	Program starts when LIHEAP benefits have been depleted. This program target persons 60 and older and person with a disability.

Section 15 - Training

E

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: 06/30/2017
LOW INCOME HOME ENERGY ASSISTANCE MODEL PLAN SF - 424 - MANDATORY	
Section 15: Training	
15.1 Describe the training you provide for each of the following groups:	
a. Grantee Staff:	
Formal training on grantee policies and procedures	
How often?	
Annually	
Biannually	
As needed	
Other - Describe:	
Employees are provided with policy manual	
Other-Describe:	
b. Local Agencies:	
Formal training conference	
How often?	
Annually	
Biannually	
As needed	
Other - Describe:	
On-site training	
How often?	
Annually	
Biannually	
As needed	
Other - Describe:	
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	

Policies are outlined in a vendor manual

Other - Describe:

15.2 Does your training program address fraud reporting and prevention? Yes

August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017

## 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.

Arkansas LIHEAP is in the process of;

1) revising the HEAP applications to capture primary and secondary energy suppliers alone with account numbers, release of information to include data from energy supplier, annual income, etc.

2) working with the energy suppliers to develop an information format design for the collection of HEAP data.

3) Communicating with Apprise for the guideness necessary to lunch a successful product for the implementation of the 2015 data collection tool.

Section 1	17 -	Program	Integrity,	2605	(b)	(10)	)

August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 06/30/2017 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**  $\sim$ Report directly to local agency/district office or Grantee office ~ **Report to State Inspector General or Attorney General** Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply ~ **Printed outreach materials**  $\checkmark$ Addressed on LIHEAP application ~ Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. **Collected from Whom? Type of Identification Collected** Applicant Only All Adults in Household **All Household Members** Required Required Required Social Security Card is photocopied and retained Requested Requested Requested Required Required Required Social Security Number (Without actual Card) Requested Requested Requested Required Required Required Government-issued identification card (i.e.: driver's license, state ID, Tribal Requested Requested Requested ID, passport, etc.) All Adults in All Adults in All Household All Household Applicant Only Applicant Only Other Household Household Members Members Required Requested Required Required Requested Requested

1 to stu St	her supporting documentation is used verify the applicant: Utility Bills to ify residence, SSI/SSA, Check bs, Child Support docs, Bank tement, Work Force, DHS, VA ard letter, etc.
b. Desc	ibe any exceptions to the above policies.
17.3 Id	entification Verification
Descri	e 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:
	ng documentation and State I.D. will be used to verify applicants: Utility Bills to verify residence, SSI/SSA, Check stubs, Child Support Enforcement, Bank t, Work Force, DHS, VA award letter, etc.
17.4. C	tizenship/Legal Residency Verification
What a	re your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.
~	Clients sign an attestation of citizenship or legal residency
<u> </u>	Client's submission of Social Security cards is accepted as proof of legal residency
~	Noncitizens must provide documentation of immigration status
	Citizens must provide a copy of their birth certificate, naturalization papers, or passport
	Noncitizens are verified through the SAVE system
	Tribal members are verified through Tribal enrollment records/Tribal ID card
	Other - Describe:
	come Verification
What	nethods does your agency utilize to verify household income? Select all that apply.
~	Require documentation of income for all adult household members
	Pay stubs
	Social Security award letters
	Bank statements
	Tax statements
	Zero-income statements
	Vuemployment Insurance letters
	Other - Describe:
	Computer data matches:
	Income information matched against state computer system (e.g., SNAP, TANF)
	Proof of unemployment benefits verified with state Department of Labor
	Social Security income verified with SSA

	Utilize state directory of new hires
	Other - Describe:
7.6. Prote	ction of Privacy and Confidentiality
escribe t	he financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
✓ Pol	icy in place prohibiting release of information without written consent
🗸 Gr	antee LIHEAP database includes privacy/confidentiality safeguards
🗸 En	ployee training on confidentiality for:
~	Grantee employees
~	Local agencies/district offices
🗸 En	ployees must sign confidentiality agreement
~	Grantee employees
~	Local agencies/district offices
V Ph	vsical files are stored in a secure location
Otl	ner - Describe:
7.7. Veri	ying the Authenticity
	ies are in place for verifying vendor authenticity? Select all that apply.
All	vendors must register with the State/Tribe.
All	vendors must supply a valid SSN or TIN/W-9 form
✓ Ve	ndors are verified through energy bills provided by the household
🗸 Gr	antee and/or local agencies/district offices perform physical monitoring of vendors
	her - Describe and note any exceptions to policies above:
7.8. Bene	its Policy - Gas and Electric Utilities
S71	
vnat poli	ies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
	ties are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
A	
	oplicants required to submit proof of physical residency
	oplicants required to submit proof of physical residency oplicants must submit current utility bill
Ay Ay Data	oplicants required to submit proof of physical residency oplicants must submit current utility bill ata exchange with utilities that verifies:
	oplicants required to submit proof of physical residency oplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership
A A D C C C	oplicants required to submit proof of physical residency oplicants must submit current utility bill nta exchange with utilities that verifies: Account ownership Consumption Balances
	oplicants required to submit proof of physical residency oplicants must submit current utility bill ata exchange with utilities that verifies: Account ownership Consumption Balances Payment history
	oplicants required to submit proof of physical residency oplicants must submit current utility bill nta exchange with utilities that verifies: Account ownership Consumption Balances
Ay Ay Do V V	pplicants required to submit proof of physical residency pplicants must submit current utility bill atta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe:
A) A) D) V V C	pplicants required to submit proof of physical residency pplicants must submit current utility bill atta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities
A) A) D) V V C C C	pplicants required to submit proof of physical residency pplicants must submit current utility bill tta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities entralized computer system automatically generates benefit level
	pplicants required to submit proof of physical residency pplicants must submit current utility bill ta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities entralized computer system automatically generates benefit level paration of duties between intake and payment approval
A) A D C C C C C C C	pplicants required to submit proof of physical residency pplicants must submit current utility bill ta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities entralized computer system automatically generates benefit level paration of duties between intake and payment approval yments coordinated among other energy assistance programs to avoid duplication of payments
A) A D C C C C C C C	pplicants required to submit proof of physical residency pplicants must submit current utility bill ta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities entralized computer system automatically generates benefit level paration of duties between intake and payment approval
A) ✓ A) ✓ D) ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	pplicants required to submit proof of physical residency pplicants must submit current utility bill ta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities entralized computer system automatically generates benefit level paration of duties between intake and payment approval yments coordinated among other energy assistance programs to avoid duplication of payments
A) A) D) V V V V V V V V V V V V V	pplicants required to submit proof of physical residency pplicants must submit current utility bill tate acchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities entralized computer system automatically generates benefit level paration of duties between intake and payment approval syments to utilities and invoices from utilities are reviewed for accuracy
A)	pplicants required to submit proof of physical residency pplicants must submit current utility bill tta exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other - Describe: entralized computer system/database tracks payments to all utilities entralized computer system automatically generates benefit level paration of duties between intake and payment approval wyments to utilities and invoices from utilities are reviewed for accuracy

17.9. Benefits Policy - Bulk Fuel Vendors

	Benefits Policy - Bulk Fuel Vendors
	t procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fue ors? Select all that apply.
	Vendors are checked against an approved vendors list
	Centralized computer system/database is used to track payments to all vendors
~	Clients are relied on for reports of non-delivery or partial delivery
~	Two-party checks are issued naming client and vendor
~	Direct payment to households are made in limited cases only
	Vendors are only paid once they provide a delivery receipt signed by the client
	Conduct monitoring of bulk fuel vendors
	Bulk fuel vendors are required to submit reports to the Grantee
~	Vendor agreements specify requirements selected above, and provide enforcement mechanism
	Other - Describe:
17.10	). Investigations and Prosecutions
	ribe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed . Select all that apply.
	Refer to state Inspector General
	Refer to local prosecutor or state Attorney General
	Refer to US DHHS Inspector General (including referral to OIG hotline)
~	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
~	Grantee attempts collection of improper payments. If so, describe the recoupment process
We re	quest repayment of funds and if the funds are not repaid the vendor becomes disqualified to participate in the program.
	Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
~	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated Vendors found to have committed fraud may no longer participate in LIHEAP

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

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

Instructions for Certification

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

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

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

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

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

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

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

agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

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

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

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

normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

**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)

Department of Human Services <u>* Address Line 1</u>		
700 Main Street Address Line 2		
Address Line 3		
Little Rock/Pulaski County <u>* City</u>	Arkansas <u>* State</u>	72203 <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

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

(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 disbursal of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

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

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

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

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

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

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

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

## Plan Attachments

## PLAN ATTACHMENTS

The following documents must be attached to this application

• Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.

- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).