

# DETAILED MODEL PLAN (LIHEAP)

## Mandatory Grant Application SF-424

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

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

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

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

#### 7. APPLICANT INFORMATION

<b>* a. Legal Name:</b> IDAHO DEPARTMENT OF HEALTH AND WELFARE			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 82-6000995		<b>* c. Organizational DUNS:</b> 82-520-14-86	
<b>* d. Address:</b>			
<b>* Street 1:</b>	DIVISION OF WELFARE	<b>Street 2:</b>	450 WEST STATE STREET, 2ND FLOOR
<b>* City:</b>	BOISE	<b>County:</b>	
<b>* State:</b>	ID	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	83720 - 0036

#### e. Organizational Unit:

<b>Department Name:</b> Idaho Department of Health and Welfare	<b>Division Name:</b> Division of Welfare
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#### f. Name and contact information of person to be contacted on matters involving this application:

<b>Prefix:</b>	<b>* First Name:</b> Kristin	<b>Middle Name:</b>	<b>* Last Name:</b> Matthews
<b>Suffix:</b>	<b>Title:</b> Program Manager	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (208) 334-5553	<b>Fax Number:</b> (208) 334-5817	<b>* Email:</b> matthek1@dhw.idaho.gov	

#### \* 8a. TYPE OF APPLICANT:

A: State Government

#### b. Additional Description:

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

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

#### 11. Descriptive Title of Applicant's Project


#### 12. Areas Affected by Funding:

STATE

#### 13. CONGRESSIONAL DISTRICTS OF:

<b>* a. Applicant</b> 2	<b>b. Program/Project:</b> Statewide
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Attach an additional list of Program/Project Congressional Districts if needed.

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2014	<b>b. End Date:</b> 09/30/2015	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
NO			
<b>Explanation:</b>			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
<b>**I Agree ✓</b>			
<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.</b>			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Richard M. Armstrong		<b>18c. Telephone (area code, number and extension)</b> ( 208) 334- 5500 Ext.	
		<b>18d. Email Address</b> ArmstrongR@dhw.idaho.gov	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 08/29/2014	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
Expiration Date: 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. (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	06/30/2015
	Cooling assistance		
✓	Crisis assistance	10/01/2014	09/30/2015
✓	Weatherization assistance	10/01/2014	09/30/2015

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

The end date for heating assistance is estimated. This category is dependent on the amount of funding received.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	54.92%
Cooling assistance	0.00%
Crisis assistance	5.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%
Used to develop and implement leveraging activities	0.08%
<b>TOTAL</b>	<b>100.00%</b>

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

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

	Heating assistance		Cooling assistance
	Weatherization assistance	✓	Other (specify:) Crisis assistance

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

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? Yes

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

	Heating	Cooling	Crisis	Weatherization
TANF	Yes		Yes	Yes
SSI	Yes		Yes	Yes
SNAP	Yes		Yes	Yes
Means-tested Veterans Programs	No		No	No

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1					

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

If Yes, explain:

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

In determining benefits for the heating component, there is no differentiation between non-categorically and categorically eligible participants. The benefit level is established by using a heating matrix which shows an average heating cost by region in the State. The benefit amount received by an eligible household is based on the household income, fuel type and energy burden. The household with the greatest energy burden receives the greatest energy benefit. Households with members who are disabled, over 60 and have children under the age of six (6) are considered vulnerable populations and are given a target benefit. Application intake for senior and/or disabled households begins on October 1 and all other applicant intake begins on November 1 each season.

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP

<input checked="" type="checkbox"/>	Wages
<input checked="" type="checkbox"/>	Self - Employment Income
<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance

✓	Strike Pay				
✓	Social Security Administration (SSA ) benefits				
	<table border="1"> <tr> <td></td> <td>Including MediCare deduction</td> <td>✓</td> <td>Excluding MediCare deduction</td> </tr> </table>		Including MediCare deduction	✓	Excluding MediCare deduction
	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				

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

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

## Section 2 - HEATING ASSISTANCE

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

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

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

## Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE? Yes

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

Do you require an Assets test ? No

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

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

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

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

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

Vulnerable households are defined as those with members who are disabled, have members over the age of 60 or under the age of six (6). Senior and/or disabled household application intake begins one month prior to general application intake. All vulnerable household eligible for a LIHEAP benefit receive increased funding through a target benefit as determined by the state. The target amount for the program year is \$25.

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

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

Vulnerable households are defined as those with members who are disabled, have members over the age of 60 or under the age of six (6). Senior and/or disabled household application intake begins one month prior to general application intake. All vulnerable households eligible for a LIHEAP benefit receive increased funding through a target benefit as determined by the state. The target amount for the program year is \$25.

#### 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
  - Individual bill
  - Dwelling type
- Energy burden (% of income spent on home energy)
- Energy need

**Other - Describe:**

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

**2.6 Describe estimated benefit levels for FY 2015:**

<b>Minimum Benefit</b>	\$40	<b>Maximum Benefit</b>	\$667
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? Yes**

**If yes, describe.**

In the event of an area-wide emergency or disaster situation declared by the Governor, private resources supplement program services with donations such as firewood, blankets, clothing and portable space heaters.

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



**Section 3 - COOLING ASSISTANCE**

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

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 MODEL PLAN  
 SF - 424 - MANDATORY**

**Section 3 - Cooling Assistance**

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

**3.1 Designate The income eligibility threshold used for the Cooling componenet:**

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

**3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE?**

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

**Do you require an Assets test ?**

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

**Renters?**

**Renters Living in subsidized housing ?**

**Renters with utilities included in the rent ?**

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

**Elderly?**

**Disabled?**

**Young children?**

**Households with high energy burdens ?**

**Other?**

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

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

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

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

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

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

**3.6 Describe estimated benefit levels for FY 2015:**

<b>Minimum Benefit</b>	\$0	<b>Maximum Benefit</b>	\$0
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**3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?**

If yes, describe.

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

**Section 4 - CRISIS ASSISTANCE**

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

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

**Section 4: CRISIS ASSISTANCE**

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	150.00%

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

Idaho defines a crisis as a situation where an eligible household:

1. Is at risk of disconnection of utility service;
2. Has had their utility service disconnected; or
3. Has less than 48 hours of bulk fuel.

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

Idaho defines a life-threatening crisis as a situation where an eligible household contains at least one household member:

1. Who has chronic health issues exasperated by lack of heat;
2. Is considered vulnerable (i.e., elderly or disabled) and/or
3. The household has less than 18 hours of bulk fuel during the heating season.

These households are given first priority in receiving assistance.

**Crisis Requirement, 2604(c)**

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

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

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

**4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?** Yes

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

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

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

<b>Elderly?</b>	Yes
<b>Disabled?</b>	Yes
<b>Young Children?</b>	Yes
<b>Households with high energy burdens?</b>	No
<b>Other?</b>	No

**In Order to receive crisis assistance:**

**Must the household have received a shut-off notice or have a near empty tank?** Yes

**Must the household have been shut off or have an empty tank?** Yes

**Must the household have exhausted their regular heating benefit?** No

**Must renters with heating costs included in their rent have received an eviction notice ?** No

**Must heating/cooling be medically necessary?** No

<b>Must the household have non-working heating or cooling equipment?</b>	Yes		
<b>Other?</b>			
<b>Do you have additional / differing eligibility policies for:</b>			
<b>Renters?</b>	No		
<b>Renters living in subsidized housing?</b>	No		
<b>Renters with utilities included in the rent?</b>	No		
<b>Explanations of policies for each "yes" checked above:</b>			
<p>The intake process for crisis application uses the same intake process as regular benefits. This allows the agency to determine whether a household applying for crisis has members who are elderly, disabled or young children. If the household contains at least one vulnerable population demographic, the crisis application is prioritized and processed within 48 hours. In addition the applicant is required to provide proof they are in imminent risk of losing energy services or have already lost services. In some cases, the agency is able to verify this information directly from the energy provider. In instances where cooling is medically necessary, applicants are required to provide proof of medical condition.</p>			
Determination of Benefits			
<b>4.8 How do you handle crisis situations?</b>			
<input checked="" type="checkbox"/>	Separate component		
<input type="checkbox"/>	Fast Track		
<input type="checkbox"/>	Other - Describe:		
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>			
<input checked="" type="checkbox"/>	Amount to resolve the crisis.		
<input type="checkbox"/>	Other - Describe:		
Crisis Requirements, 2604(c)			
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>			
Yes Explain.			
Each agency provides application intake either in their offices or in off-site locations such as senior centers and low-income housing.			
<b>4.11 Do you provide individuals who are physically disabled the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
Yes If No, explain.			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
No If No, explain.			
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>			
Idaho provides intake services through home visits or by telephone for the physically infirm (i.e., elderly or disabled).			
Benefit Levels, 2605(c)(1)(B)			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	\$0 maximum benefit		
Summer Crisis	\$0 maximum benefit		
Year-round Crisis	\$750 maximum benefit		
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
Yes If yes, Describe			
In the event of an area-wide emergency or disaster situation declared by the Governor, private resources supplement program services with donations such as firewood, blankets, clothing and portable space heaters.			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
Yes			
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Winter	Summer	Year-round Crisis

	Crisis	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-ups			✓
Other (Specify):			

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

Yes

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

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

Households that include elderly, disabled or children under 6 that are customers of a regulated utility qualify. The plan allows you to pay less than the full amount of your bill during the winter months (November 1 through March 31).

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

**Section 5 - WEATHERIZATION ASSISTANCE**

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

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**Section 5: WEATHERIZATION ASSISTANCE**

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

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

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

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

**5.3 If yes, name the agency.**

**5.4 Is there a separate monitoring protocol for weatherization?**Yes

**WEATHERIZATION - Types of Rules**

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

Entirely under LIHEAP (not DOE) rules

Entirely under DOE WAP (not LIHEAP) rules

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

Income Threshold

Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

Other - Describe:

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

Income Threshold

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

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

Other - Describe:

Weatherize buildings if at least 66% of units (50% in 2- and 4- unit buildings) are eligible units or will become eligible within 180 days.

Weatherize shelters temporarily housing primarily low-income persons (excluding nursing homes, prisons and similar institutional care facilities).

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

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

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

**Renters** No

**Renters living in subsidized housing?** No

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

**Elderly?** Yes

**Disabled?** Yes

**Young Children?** Yes

**House holds with high energy burdens?** Yes

Other?

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.

Idaho considers the presence of elderly, disabled or young children in the household as well as households with high energy burdens as priority demographics for weatherization prioritization.

**Benefit Levels**

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

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

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

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

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

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

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

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

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

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

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

Other (specify):

Provide intake services through home visits or by telephone for the physically infirm (i.e., elderly or disabled).

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



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

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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:

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

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

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

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

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

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

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

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

Idaho provides intake services through home visits or by telephone for the physically infirm (i.e., elderly or disabled). Applications are mailed to participants as requested and off-site applications are taken at senior centers and low-income housing in rural areas. In addition, categorically eligible households (those receiving SNAP, TANF, or SSI) can complete their application via telephone.

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

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

Idaho provides intake services through home visits or by telephone for the physically infirm (i.e., elderly or disabled). Applications are mailed to participants as requested and off-site applications are taken at senior centers and low-income housing locations in rural areas. In addition, categorically eligible households (those receiving SNAP, TANF or SSI) can complete their application via telephone.

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

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

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

Idaho's Administrative Rule 16.04.14 defines local administering agencies as "a non-profit organization serving low-income participants in all counties of the state and is contracted with the Department for the provision of services for the purpose of LIHEAP."

**8.7 How many local administering agencies do you use? 6**

**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

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

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

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes

Cooling No

Crisis Yes

Are there exceptions? Yes

If yes, Describe.

Idaho does make payments directly to the participant when the following conditions are met: household benefit is for heat in rent payment, home energy supplier is a two-party vendor, or household utilizes small (25 gallons or less) propane tanks for primary heating fuel. The two-party vendor payments are dual endorsement warrants which are mailed directly to the household.

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

Upon completion of their application the household receives an eligibility notice stating whether or not the household is eligible for assistance.

If the household is determined to be eligible the notice includes the approximate benefit amount, energy supplier and account number as applicable. When requested, a copy of the eligibility notice is provided to the home energy supplier who is then expected to provide the required protections to the eligible household.

If the household is determined ineligible, the eligibility notice states the reason for denial of services and their appeal rights.

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?

Idaho requires a signed agreement with each participating energy supplier to be on file prior to the start of the program season. The signed Vendor Agreement ensures that program eligible households are treated fairly and not discriminated against in the cost of goods or services provided and that the full amount of assistance is applied to the household account. The primary contractor also monitors energy suppliers to verify that a random sample of program participants did receive the LIHEAP benefit posted to their account within the timeline required in the Vendor Agreement.

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?

Idaho requires a signed agreement with each participating energy supplier to be on file prior to the start of the program season. The signed Vendor Agreement ensures that program eligible households are treated fairly and not discriminated against in the cost of goods or services provided and that the full amount of assistance is applied to the household account.

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.

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

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

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

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

LIHEAP funds are tracked using Direct Service Provider invoices which are submitted at least weekly and at a maximum, monthly. The funds requested by Direct Service Providers are reviewed by the primary contractor and the Department prior to payment. Fiscal activities are monitored throughout the year. Additionally, on-site monitoring is performed annually. On-site monitoring includes an in-depth financial review of the program year. The Direct Service Providers are also required through contracts to have an annual audit conducted in accordance with the Single Audit Act.

Program activities are monitored during the season using reports generated by the Department computer system (i.e., number of applications per county and per Direct Service Provider; number of days to process applications).

The Department monitors all fiscal and program performance activities of the primary contractor on an annual basis (unless more frequent monitoring is indicated due to poor monitoring results) and is subject to an annual independent financial audit.

**Audit Process**

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

Yes

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

**No Findings**

Finding	Type	Brief Summary	Resolved?	Action Taken
1	reporting	Program Data not retained for appropriate period outlined in federal guidance.	Yes	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

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

**Compliance Monitoring**

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

**Grantee employees:**

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

**Local Administering Agencies / District Offices:**

On - site evaluation  
 Annual program review  
 Monitoring through central database  
 Desk reviews  
 Client File Testing / Sampling  
 Other program review mechanisms are in place. Describe:

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

Eastern Idaho Community Action Partnership	June 16-20 2014
SouthEastern Idaho Community Action Agency	July 21-25, 2014
Community Action Partnership	August 11-15, 2014
El- Ada Community Action	September 22-26, 2014
South Central Community Action Partnership	October 6-9, 2014
Western Idaho Community Action Partnership	October 21-24, 2014

LIHEAP is reviewed on a monthly basis through QA reviews of participant files. Quarterly information is also compiled and submitted to the Department for review. Annual monitoring reviews are completed and include participant file reviews, desk review of policy, processes and procedures, and fiscal/administrative and program/contractual compliance regardless of program performance.

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

**Site Visits:**  
All agencies are monitored on an annual basis.

**Desk Reviews:**  
LIHEAP monitoring is completed via desk review of documentation and teleconference interview.

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

The Department and CAPAI monitor all fiscal and program performance activities of the primary contractor on an annual basis (unless more frequent monitoring is indicated due to poor monitoring results) and is subject to an annual independent financial audit.

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

The combined error rate for eligibility determinations based on 399 file reviews is .002%.

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

The combined error rate for benefit determinations based on 399 file reviews is 0%.

**10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0**

**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, attach a document with said explanation here.**



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

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

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

Tribal Council meeting(s)

Public Hearing(s)

Draft Plan posted to website and available for comment

Hard copy of plan is available for public view and comment

Comments from applicants are recorded

Request for comments on draft Plan is advertised

Stakeholder consultation meeting(s)

Comments are solicited during outreach activities

Other - Describe:

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

The intended use and distribution of LIHEAP funds has not changed since our last detailed State Plan. No additional program focus has been added and no prior program focus has been deleted.

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

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

	Date	Event Description
1	08/15/2014	PY 15 LIHEAP Public Hearing held at 3350 W. Americana Terrace, Suite 360 in Boise, ID

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).

Idaho did not receive any verbal comments at the public hearing.

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

None, there were no comments.

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



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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 2

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

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

None

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

Process for households whose applications are denied:

The household is given an informal eligibility notice upon completion of their application. The participant's appeal rights are included on the informal eligibility notice and also on the formal 'Notice of Denial'. If the participant feels they were wrongly denied services, the Direct Service Provider holds an informal conference with the participant to attempt to resolve their appeal. If unresolved, the Direct Service Provider assists the household with completing and mailing the appeal form to the Department of Health and Welfare's Hearing Officer.

Upon receipt of the participant's appeal request, the Department of Health and Welfare proceeds with the standard fair hearing procedure as outlined in the section below. To accommodate the applicant, hearings are conducted at the Regional Health and Welfare office closest to their residence through a telephone conference.

Standard fair hearing procedure:

Administrative fair hearings are available to any household applying for or receiving a LIHEAP benefit in accordance with Idaho Administrative Code. Any program applicant or recipient may request a hearing. Included with all determination notices is a form that instructs customers how to request a hearing if they disagree with the action taken by the Department or if they feel they have been discriminated against. Fair Hearing Requests must be received within 30 days of the determination and can be submitted using the Department's Hearing Request Form (HW-0406) or by submitting in writing their name, address and phone number, and the remedy requested.

Once a fair hearing request is received, the Department acknowledges the fair hearing request and has 30 days to schedule a hearing. The Department contacts each individual before scheduling the hearing to discuss the basis of the hearing and to address any misunderstandings or miscommunication that may have occurred. If the individual does not request to withdraw their hearing request then the hearing will take place as scheduled. The hearing is conducted by a hearing officer. Once the hearing has taken place the hearing officer has 30 days to file a preliminary order, which is distributed to both the Department and the individual. The individual will receive a written copy of the hearing decision by mail. If the individual does not agree with the hearing officer's decision, he or she has an opportunity to appeal the decision. These appeals are managed by the office of the Director of Health and Welfare and the Deputy Attorney General.

- *DIVISION OF WELFARE: TIME FOR FILING APPEAL. A decision issued by the Department in a Division of Welfare program will be final and effective unless an individual or representative appeals within thirty (30) days from the date the decision was mailed, except that a recipient or applicant for Food Stamps has ninety (90) days to appeal. An individual or representative may also appeal when the Department delays in making an eligibility decision or making payment beyond the limits specified in the particular program within thirty (30) days after the action would have been taken if the Department had acted in a timely manner. (5-8-09)*

12.5 When and how are applicants informed of these rights?

When applying for assistance, the applicant reads and signs the following:

*NON-DISCRIMINATION*

If you believe the Department has discriminated against you because of race, color, sex, handicap, national origin, religious creed or political belief, you may file a complaint with:

Administrative Procedures Section

Department of Health and Welfare

P.O. Box 83720  
450 W. State St., 10th Floor  
Boise, ID 83720-0036

The household is given an informal eligibility notice upon completion of their application. The participant's appeal rights are included on the informal eligibility notice and on the 'Notice of Denial.'

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

All fair hearing processes are handled within the process described under section 12.4.

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

When applying for assistance, the applicant reads and signs the following:

*NON-DISCRIMINATION*

If you believe the Department has discriminated against you because of race, color, sex, handicap, national origin, religious creed or political belief, you may file a complaint with:

Administrative Procedures Section

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P.O. Box 83720

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Boise, ID 83720-0036

The household is given an informal eligibility notice upon completion of their application. The participant's appeal rights are included on the informal eligibility notice and on the 'Notice of Denial.'

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

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

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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?**

Services provided to encourage and enable households to reduce their home energy needs include informal and formal education. This includes printed materials on the following topics: energy budgeting, payment and energy conservation session with application intake, and assessment of household energy use. In addition, the Direct Service Providers provide referrals to address weatherization needs through networking between the LIHEAP program, Weatherization program, and other community services programs. The regulated electric utilities throughout Idaho provide low-cost/ no-cost weatherization materials for distribution to their customers.

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

Each budget component is assigned a Program Cost Accounting (PCA) code. Expenditures applicable to these activities are coded to the specific PCA. The fiscal accounting of the Direct Service Providers is monitored to ensure costs are coded to the appropriate PCA for the type of activity being billed.

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

Idaho is not currently tracking this metric but expects to do so in PY 15 through an analysis of energy consumption changes made by eligible households who receive informal or formal energy conservation education and/or weatherization services.

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

Idaho is not currently tracking this metric but expects to do so in PY 15.

**13.5 How many households applied for these services? N/A**

**13.6 How many households received these services? N/A**

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

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

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**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.**

DSPs pursue enhanced weatherization funding through leveraging activities according to the guidelines set in the DOE Grant Guidance and 10 CFR 440. DSPs will ensure all funds obtained from leveraging are used to expand energy efficiency services and/or increase the number of dwelling units completed for weatherization eligible participants. DSPs are responsible for retaining this information. DSPs are required by contract to submit an Annual Leveraging Report yearly no later than October 14th.

**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. Â§ 96.87(d)(2)(iii), describe the following:**

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Cash donations	Community Members	Cash donations are used to offset utility bill assistance to low income households.
2	Discount/Waiver	Local Businesses	Discount/Waivers provided to low income households to increase impact of utility bill assistance.
3	Volunteer Time	Community Members	Donation of time and talent to the Agency by community members to provide firewood to low-income households, referred by Agency to partner organization.
4	Utility Funding for Weatherization	Local Businesses	Funding allocated to Agencies by utilities to be used to provide weatherization services to low-income housing.
5	Donated Winter Clothing/ Blankets	Community Members	Donations of warm clothing, blankets, and space heaters to Agency to be used to benefit low-income households and individuals.
6	Energy Kits	Local Businesses	Idaho Power and Rocky Mountain Power provide our agencies Energy Kits to distribute amongst our participants who use these vendors to increase impact of utility bill assistance through energy conservation and education.
7	Donated Wood	Community Members	Contribution of cut firewood to supplement agency efforts to provide LIHEAP services to eligible households and increase impact of utility bill assistance to these households.
8	Donated Services	Community Members	Handymen, community members, and chimney sweepers donated services to low income households to increase impact of utility bill assistance to these households.
9	Paint Magic	Local Businesses	Painting services donated to local low income community members to improve dwelling durability.
10	Housing Preservation Grant	Grant Funding	Allows weatherized homes to get non-energy improvements to improve dwelling durability.
11	Mobile Home Grant	Grant Funding	Allows weatherized mobile homes to get non-energy improvements to improve dwelling durability.
12	Landlord Contribution to Weatherization	Property Owners	Contribution of funds to Agency toward weatherization of rental units and/ or provision of repair that resulted in Weatherization services to low-income households.

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

Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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

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

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

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### 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.**

Idaho has already made preparations to collect the information necessary to report on the new LIHEAP performance measures next year.

Database modifications: Idaho has added new data fields to the LIHEAP intake database to ensure all necessary information can be collected from LIHEAP applicants during the application and intake process.

Policy Manual Updates and Staff Training: In September 2014, Idaho will update the PY 15 LIHEAP Intake Manual and incorporate the process changes necessary to collect the new data elements and enter the elements appropriately into the LIHEAP intake database. During pre-season training sessions, LIHEAP workers will also be trained on the new processes and new data fields Idaho has added for the upcoming season. This Intake Manual update and worker training will be completed by October 1, 2014. After October 1 and throughout the PY 15 heating season, data entry in the new database fields will be monitored to ensure that new data elements are being entered correctly into the LIHEAP intake system.

Modified Vendor Agreements: Idaho has modified its Vendor Agreements to identify the new data elements and establish data reporting requirements. For larger vendors, it is anticipated that data will be available through their respective online interfaces. Smaller vendors or vendors without an online interface will be required to submit data to the Department on an annual basis. The modified Vendor Agreements will be distributed in September 2014 and a series of conference calls will be held during that month to educate Vendors on the new data collection and reporting requirements. Each Vendor will need to sign and return the new agreement by October 1, 2014 in order to continue their status as an approved LIHEAP Vendor. Throughout the PY 15 program year, Idaho will continue to work with the Vendors to address any challenges and/or concerns that arise regarding the new data elements and reporting requirements. Per the new agreement, Vendors are required to submit their first data reports by July 15, 2015. Once Idaho receives these data reports, the data will be analyzed in preparation for reporting on the new LIHEAP performance measures.

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

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

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
 OMB Clearance No.: 0970-0075  
 Expiration Date: 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
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:

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

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

Idaho statewide 2-1-1 customer care-line.

17.2. Identification Documentation Requirements

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

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



	Other	Applicant Only Required	Applicant Only Requested	Household Required	Household Requested	Members Required	Members Requested
1	Documented Refugees and Lawful Permanent Resident (LPR) visa	✓		✓		✓	
<b>b. Describe any exceptions to the above policies.</b>							
Applicants do not have to give a SSN if it is against their religious or political beliefs to provide one, or if an applicant is living temporarily in the United States for work or educational purposes. The reason that an applicant did not provide a SSN must be documented in the "Notes" section of the intake database. If a SSN is not available, the applicant will be assigned a "C00" case number by the DSP, following the sequential numbering system used by that DSP.							
<b>17.3 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
Verify SSNs with Social Security Administration							
Match SSNs with death records from Social Security Administration or state agency							
✓ Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
Match with state Department of Labor system							
Match with state and/or federal corrections system							
Match with state child support system							
Verification using private software (e.g., The Work Number)							
In-person certification by staff (for tribal grantees only)							
Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
✓ Other - Describe: In-person certification by staff.							
<b>17.4. Citizenship/Legal Residency Verification</b>							
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.							
✓ Clients sign an attestation of citizenship or legal residency							
✓ Client's submission of Social Security cards is accepted as proof of legal residency							
✓ Noncitizens must provide documentation of immigration status							
Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
Noncitizens are verified through the SAVE system							
Tribal members are verified through Tribal enrollment records/Tribal ID card							
Other - Describe:							
<b>17.5. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							
✓ Require documentation of income for all adult household members							
✓ Pay stubs							
✓ Social Security award letters							
✓ Bank statements							
✓ Tax statements							
✓ Zero-income statements							
✓ Unemployment Insurance letters							
Other - Describe:							
✓ Computer data matches:							
✓ Income information matched against state computer system (e.g., SNAP, TANF)							
✓ Proof of unemployment benefits verified with state Department of Labor							
Social Security income verified with SSA							

Utilize state directory of new hires
Other - Describe: Online verification is done through the Department of Labor using their website.
<b>17.6. Protection of Privacy and Confidentiality</b>
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
Other - Describe:
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: Idaho verifies the authenticity of energy vendors being paid with LIHEAP funding using the Home Energy Vendor Agreement.
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input checked="" type="checkbox"/> Account is properly credited with benefit
Other - Describe:
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities

<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:

<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.
<input checked="" type="checkbox"/> Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/> Centralized computer system/database is used to track payments to all vendors
Clients are relied on for reports of non-delivery or partial delivery
<input checked="" type="checkbox"/> Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
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
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:

<b>17.10. Investigations and Prosecutions</b>
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.
Refer to state Inspector General
Refer to local prosecutor or state Attorney General
Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
Grantee attempts collection of improper payments. If so, describe the recoupment process
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
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
Other - Describe:

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

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

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

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.**
- 2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.**
- 3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.BrBbr.**
- 4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
- 5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.**
- 6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.**
- 7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or**

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

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

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

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

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

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

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

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

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

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

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

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

### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.**
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.**
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is**

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

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

***Controlled substance* means a controlled substance in Schedules I through V of the**



Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

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

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

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

#### Certification Regarding Drug-Free Workplace Requirements

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

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;**
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);**
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --**
  - (1) Abide by the terms of the statement; and**
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --**
  - (1) Taking appropriate**

personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or  
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;  
(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).  
(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

450 West State Street

**\* Address Line 1**

Address Line 2

Address Line 3

Boise

**\* City**

Idaho

**\* State**

83720

**\* Zip Code**

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

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

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

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

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

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

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

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

Assurances

Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

### PLAN ATTACHMENTS

The following documents must be attached to this application

- **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).**