DETAILED MODEL PLAN (LIHEAP)

Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES										
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY										
* 1.a. Type of S Plan	ıbmissio	n:	* 1.b. F Annual	requency:		* 1.c. Consolic Application/P		ng Request	?	* 1.d. Version: Resubmission
						Explanation:				
2. Date Received: State Use Only:										
3. Applicant Identifier:										
						4a. Federal E	-			5. Date Received By State:
						4b. Federal A	ward Ident	tifier:		6. State Application Identifier:
7. APPLICANT	INFOR	MATION	·			• 				
* a. Legal Name	: NC De	ept. of Health and	Human	Services - Div. of	Social Ser.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 566023166 E6 * c. Organizational DUNS: 809785363										
* d. Address:										
* Street 1:		ATTENTION:	CONTR	OLLER		Street 2:		2019 MA	IL SE	RVICE CENTER
* City:		RALEIGH				County:		Wake		
* State: NC					Province:					
* Country:		United States				* Zip / Pos	tal Code:	27699 -		
e. Organizational Unit: Department Name: NC Dept. of Health and Human Services Division of Social Services										
f. Name and contact information of person to be contacted on matters involving this application:										
Prefix:	Betsy E Moore									
Infinition: Organizational Affiliation: Program Manager II Organizational Affiliation:										
* Telephone Number: (919)527- 6316 Ext.	Number: (919) 527-1265 betsy.e.moore@dhhs.nc.gov (919)527-									
* 8a. TYPE OF APPLICANT: A: State Government										
b. Additional Description:										
* 9. Name of Federal Agency:										
			log of Federal Domestic Assistance Number:			CFDA Title:				
10. CFDA Numbers and Titles 93568 Low-Income Home Energy Assistance										
		Applicant's Proje sistance Program		g, Crisis Assistanc	e, Weatherization	n and Heating ar	nd Air Repa	air and Repl	aceme	ent
12. Areas Affect Statewide	ed by Fi	inding:								
13. CONGRESS	IONAL	DISTRICTS OF	7:							
* a. Applicant						b. Program/P Statewide	roject:			
2 Statewide Attach an additional list of Program/Project Congressional Districts if needed. Statewide										

14. FUNDING PERIOD: 15. ESTIMATED FUNDING:					
a. Start Date: 10/01/2014	b. End Date: 09/30/2015		* a. Federal (\$): \$0	b. Match (\$): \$0	
* 16. IS SUBMISSION SUBJECT TO R	EVIEW BY STATE UNDER EXECUTIV	VE ORDER 12	2372 PROCESS?		
a. This submission was made availab	le to the State under the Executive Order	12372			
Process for Review on :					
b. Program is subject to E.O. 12372 b	out has not been selected by State for revie	ew.			
c. Program is not covered by E.O. 12372.					
* 17. Is The Applicant Delinquent On Any Federal Debt? NO					
Explanation:					
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I Agree					
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.					
18a. Typed or Printed Name and Title of Authorized Certifying Official 18c. Telephone (area code, number and extension				number and extension)	
			18d. Email Address		
18b. Signature of Authorized Certifying Official18e. Date Report Submitted (Month, Day, Year)					
Attach supporting documents as specified in agency instructions.					

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

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

Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20447

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

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

Section 1 Program Components

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

	I.1 Check which components you will operate under the LIHEAP program. Dates of Operation Note: You must provide information for each component designated here as requested elsewhere in this plan.) Dates of Operation						
		Start Date	End Date				
>	Heating assistance	12/01/2014	03/31/2015				
	Cooling assistance						
Crisis assistance 10/01/2014							
>	Weatherization assistance	10/01/2014	09/30/2015				
Prov	Provide further explanation for the dates of operation, if necessary						
Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16							
	1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.						
Н	Heating assistance 44.9						
С	Cooling assistance 0.						
C	Crisis assistance 36.35						
W	Weatherization assistance 12.25 Carryover to the following federal fiscal year 0.00						
C	Carryover to the following federal fiscal year						
Administrative and planning costs Services to reduce home energy needs including needs assessment (Assurance 16)							
Se	0.00%						
Used to develop and implement leveraging activities							
TOTAL 100.00%							
Alte	Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)						
1.3	1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:						

	Heating assistance Cooling assistance								
	Weatherization assistance								
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8									
		-	eholds categorically eligible if one hou			tegories of benefits in the	e left column below?No		
			0.0		5	tegories of benefits in the			
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									
TAN	F			Heating	Cooling		weatherization		
SSI									
SNA	Р								
Mea	ns-tested Veterans	Prog	rams						
			Program Name	Heating	Cooling	Crisis	Weatherization		
Othe	r(Specify) 1								
1.5 1	Do you automatic	ally	enroll households without a direct an	nual application?No					
If Y	es, explain:								
			ere is no difference in the treatment o d benefit amounts?	of categorically eligible	households from those n	ot receiving other public	assistance when		
SNA	AP Nominal Paymo	ents							
1.7a	1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?Yes								
If yo	ou answered "Yes	s'' to	question 1.7a, you must provide a res	sponse to questions 1.7	/b, 1.7c, and 1.7d.				
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: \$200									
1.70 Amount of Assistance \$200 1.7c Frequency of Assistance									
✓ Once Per Year									
Once every five years									
Other - Describe:									
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?									
Require verification of heating vendor									
Determination of Eligibility - Countable Income									
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?									
✓ Gross Income									
Net Income									
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP									
✓ Wages									
~	Self - Employment Income								
~	Contract Inco	me							
~	Payments from	n mo	ortgage or Sales Contracts						
~	Unemploymen	ıt ins	surance						
	Strike Pay								

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

~	Funds received by household for the care of a foster child
	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
~	Reimbursements (for mileage, gas, lodging, meals, etc.)
~	Other
	Railroad Retirement
	Trade Readjustment Benefits
	Worker's Compensation
	Work Release
	Military Allotment
	Brown or Black Lung Benefits
	Educational Assistance - scholarships - after allowable deductions
	Assistance from other agencies and organizations if such aid is for rehabilitation purposes, special training, or educational opportunities. This includes VA Educational Assistance
	Incentive payments from vocational rehabilitation program
	Per Capita Gaming Payments made under Per Capita Act PL 98-64
	Special Assistance

	Section 2 -	HEATING	ASSIST	ANCE
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Section 2 - Heating Assistance						
Eligibility, 2605(b)(2) - Assurance 2					
.1 Designate the ir	ncome eligibility threshold used for the heating	g componen	et:			
Add	Household size		Eligibility Guideline	Eligibility Threshold		
1	All Household Sizes		HHS Poverty Guidelines	130.00%		
2.2 Do you have additional eligibility requirements for Yes #EATING ASSITANCE? Yes						
.3 Check the appropriate boxes below and describe the policies for each.						
Do you require an Assets test ? Yes						
Do you have additi	onal/differing eligibility policies for:					
Renters ?		No				
Renters Livir	ng in subsidized housing ?	No				
Renters with	utilities included in the rent ?	Yes				
Do you give priorit	y in eligibility to:					
Elderly?		Yes				
Disabled?		Yes				
Young childr	en?	No				
Households v	vith high energy burdens ?	Yes				
Other?	Other?					
Explanations of polo	licies for each "yes" checked above:					
Determination of Be	enefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)					
We target the most who hrough the Division	vulnerable population for the heating program - of Aging and Adult Services (DAAS) are eligib	only househo le to potenti	ble populations,e.g., benefit amounts, early applie lds containing an elderly person age 60 and above or ally receive benefits from December 1 st through Dec All other households are potentially eligible from J	r a disabled person receiving services cember 31 st or until funds are		
2.5 Check the varia	bles you use to determine your benefit levels.	(Check all t	hat apply):			
✓ Income						
✓ Family (household) size						
✓ Home energy cost or need:						
Fuel type						
Climate/region						
Individual bill						
Dwelli	ng type					
Energy	y burden (% of income spent on home energy)					
Energy	y need					
✓ Other - Describe:						

Those customers who use wood and Coal receive a set \$200.00							
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)							
2.6 Describe estimated benefit levels for FY 2015:							
Minimum Benefit \$200 Maximum Benefit \$400							
2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?No							
If yes, describe.							
If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.							

	Section 3	- COOLING	ASSISTANCE
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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	Add Household size Eligibility Guideline Eligibility Threshold					
1 0.00%						
3.2 Do you have ad COOLING ASSITA	lditional eligibility requirements for ANCE?	No				
3.3 Check the appr	ropriate boxes below and describe the policies	for each.				
Do you require an	Assets test ?	No				
Do you have additi	onal/differing eligibility policies for:					
Renters?		No				
Renters Livi	ng in subsidized housing ?	No				
Renters with	utilities included in the rent ?	No				
Do you give priorit	ty in eligibility to:					
Elderly?		No				
Disabled?		No				
Young childr	ren?	No				
Households v	with high energy burdens ?	No				
Other? No						
Explanations of policies for each "yes" checked above:						
3.4 Describe how y	ou prioritize the provision of cooling assistance	e tovulnera	ble populations,e.g., benefit amounts, early applic	ation 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):						
Іпсоте						
Family (household) size						
Home energy cost or need:						
Fuel type						
Climate/region						
Individual bill						
Dwelling type						
Energ	y burden (% of income spent on home energy))				
Energ	y need					
Other	- Describe:					

A household is in a crisis if it is experiencing or is in danger of experiencing a life threatening or health related emergency due to a heating or cooling issue and sufficient, timely and appropriate assistance is not available from any other source. Household must have a shut-off notice.

Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)			
3.6 Describe estimated benefit levels for FY 2015:			
Minimum Benefit	\$0	Maximum Benefit	\$0
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? No			
If yes, describe.			
If any of the above questions require further exattach a document with said explanation here.	xplanation o	r clarification that could not be made in the field	s provided,

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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.				

A household is in a crisis if it is experiencing or is in danger of experiencing a life threatening or health related emergency due to a heating or cooling issue and sufficient, timely and appropriate assistance is not available from any other source.

4.3 What constitutes a <u>life-threatening crisis?</u>

Life-threatening is defined as a household which has no heating or cooling source or has a disconnect notice for their primary heating or cooling service and the health or well-being of a household member would be in danger if the heating or cooling crisis was not alleviated. Each household should be evaluated on a case by case basis to determine if there is a heating or cooling crisis.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 18 - 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? 18 - 48 Hours

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

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

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 :			
Elderly?	Yes		
Disabled?	Yes		
Young Children?	Yes		
Households with high energy burdens?	Yes		
Other?			
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?	Yes		
Must the household have non-working heating or cooling equipment?	No		
Other?			
Do you have additional / differing eligibility policies for:			
Renters?	No		

	Renters living in subsidized housing? No		
	Renters with utilities included in the rent? Yes		
Exp	Explanations of policies for each "yes" checked above:		
sou	useholds must have a shut-off notice, already be shut-off, have a near empty tank, have an empty tank and must have medically necessary reason for their heating/cooling rce. does not pay rent assistance		
Det	ermination of Benefits		
	How do you handle crisis situations?		
	Separate component		
~			
~	Fast Track		
	Other - Describe:		
	1. Time Frame For Authorizing Assistance For Households With a Disconnect Notice.		
	Authorize benefits to avoid disconnection; however, all applications must be processed within 48 hours (2 calendar days) of application. This includes households with a future disconnect date. This does not mean issuance of benefits, but you must authorize eligibility to alleviate the crisis. These deadlines apply even if another agency is taking the application.		
	2. Time Frame For Authorizing Assistance For Households Without A Heating or Cooling Source.		
	Authorize benefits within 18 hours of application. This does not mean issuance of benefits, but you must authorize eligibility to alleviate the crisis. These deadlines apply even if another agency is taking the application.		
4.9	If you have a separate component, how do you determine crisis assistance benefits?		
~	Amount to resolve the crisis.		
	Other - Describe:		
Cris	sis Requirements, 2604(c)		
	Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?		
	/es Explain.		
	ny counties have multiple offices within their counties.		
4.1	1 Do you provide individuals who are physically disabled the means to:		
S	bubmit applications for crisis benefits without leaving their homes?		
Y	/es If No, explain.		
T	Travel to the sites at which applications for crisis assistance are accepted?		
Y	/es If No, explain.		
If y	ou answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?		
	nefit Levels, 2605(c)(1)(B)		
	2 Indicate the maximum benefit for each type of crisis assistance offered.		
	Winter Crisis \$0 maximum benefit		
	Summer Crisis \$0 maximum benefit		
	Year-round Crisis \$600 maximum benefit		
	3 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?		
Yes	5 If yes, Describe		
In-k	cind services such as blankets, space heaters, and warm clothing		

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

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

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

4.15 Check appropriate boxes below to indicate type(s) of assistance provided.				
	Winter Crisis	Summer Crisis	Year-round Crisis	
Heating system repair			✓	
Heating system replacement			>	
Cooling system repair			✓	
Cooling system replacement			✓	
Wood stove purchase			>	
Pellet stove purchase			✓	
Solar panel(s)			✓	
Utility poles / gas line hook-ups			✓	
Other (Specify):				
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?				
No				
If you responded "Yes" to question 4.16, you must respond to question 4.17.				
4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.				

ADMINISTRATION FOR CHILDREN AND			OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017	
LOW INCOM		Y ASSISTANCE PROGRAM(LIH	IEAP)	
MODEL PLAN SF - 424 - MANDATORY				
5F - 424 - MANDATOR F				
C.				
Se	ection 5: WEATHE	ERIZATION ASSISTANCE		
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance	2			
5.1 Designate the income eligibility threshold used for the Weatherization component				
Add Househo	old 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	t agency administer a WEATHERIZATION comp	oonent?Yes	
5.3 If yes, name the agency. NC Dept. of Environ	ment and Natural Resources			
5.4 Is there a separate monitoring protocol for w	veatherization?Yes			
WEATHERIZATION - Types of Rules				
5.5 Under what rules do you administer LIHEA	P weatherization? (Check or	nly one.)		
Entirely under LIHEAP (not DOE) rules				
Entirely under DOE WAP (not LIHEAP)	rules			
Mostly under LIHEAP rules with the follo	wing DOE WAP rule(s) who	ere LIHEAP and WAP rules differ (Check all that	t apply):	
✓ Income Threshold	0			
-	y housing structure is nerm	itted if at least 66% of units (50% in 2- & 4-unit b	uildings) are eligible units or will	
become eligible within 180 days	y nousing structure is perm		unungs) are engine units or win	
Weatherize shelters temporarily hou	ising primarily low income p	persons (excluding nursing homes, prisons, and sin	nilar institutional care facilities).	
V Other - Describe:				
Reporting and Monitoring				
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 a	verage cost per dwelling unit.		
Weatherization measures are not su	bject to DOE Savings to Inv	estment Ration (SIR) standards.		
Other - Describe:				
Eligibility, 2605(b)(5) - Assurance 5				
5.6 Do you require an assets test?	No			
5.7 Do you have additional/differing eligibility po	olicies 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? Households with high energy usage Yes				

US DEDARTMENT OF HEALTH AND HUMAN SERVICES

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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.

Households with high energy usage

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 Assitance, 2605(c)(1), (B) & (D)			
5.11 What LIHEAP weatherization measures do you provide ? (Check all catego	ries that apply.)		
✓ Weatherization needs assessments/audits	 Energy related roof repair 		
✓ Caulking and insulation	Major appliance Repairs		
✓ Storm windows	Major appliance replacement		
✓ Furnace/heating system modifications/ repairs	Windows/sliding glass doors		
✓ Furnace replacement	V Doors		
✓ Cooling system modifications/ repairs	V Water Heater		
Water conservation measures	Cooling system replacement		
Compact florescent light bulbs	Other - Describe: Attic, sidewall and floor insulation		

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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):

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Section 7: Coordination, 2605(b)(4) - Assurance 4			
7.1 Desc	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:		
Varies by Implementing agencies, case workers are provided elgibility criteria of all programs. Following assessment client will be referred as needed.			

	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES ADMINISTRATION FOR CHILDREN AND FAMILIES			arance No.: 0970-0075	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY					
	Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)				
8.1 How	8.1 How would you categorize the primary responsibility of your State agency?				
	Administration Agency				
	Commerce Agency				
	Community Services Agency				
<	Energy / Environment Agency				
	Housing Agency				
<	Welfare Agency				
	Other - Describe:				
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? NC is county administered and state supervised. The Energy program is administer by the local Department of Social Services. The Weatherization portion of the program is administered by Department of Environment and Natural Resources. 8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE? NC is county administered and state supervised. The Energy program is administer by the local Department of Social Services. The Weatherization portion of the program is administered by Department of Environment and Intake for CRISIS ASSISTANCE? NC is county administered and state supervised. The Energy program is administer by the local Department of Social Services. The Weatherization portion of the program is administered by Department of Environment and Natural Resources.					
8.5 LIHI	EAP Component Administration.	Heating	Cooling	Crisis	Weatherization
8.5a Wh	o determines client eligibility?	Local County Government	Non-Applicable	Local County Government	Community Action Agencies
8.5b Wh vendors	o processes benefit payments to gas and electric	Local County Government	Non-Applicable	Local County Government	
8.5c who vendors	processes benefit payments to bulk fuel	Local County Government	Non-Applicable	Local County Government	
8.5d Wh measure	o performs installation of weatherization s?				Community Action Agencies
	If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.				

8.6 What is your process for selecting local administering agencies?

NC WAP ensures that all areas of the State have a Subgrantee assigned to provide weatherization services to the eligible population. The majority of Subgrantees provide services in multiple counties that generally conform to the traditional service areas of the selected community action agency or other nonprofit or public organization designated to provide services. Currently, weatherization is administered through 23 Subgrantees comprised of 18 community action agencies, two regional councils of government, two units of local government and one non-profit entity. Weatherization services will continue to be provided in each area by existing Subgrantees from year to year based on the successful performance of the Subgrantee on the previous year's contract. The public is provided an opportunity to comment on the performance of an existing Subgrantee's service level during the public comment period held prior to the annual public hearing and during the public hearing.

8.7 How many local administering agencies do you use? 123

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

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

9.1 Do you make payments directly to home energy suppliers?

Yes

Yes

Heating

Cooling Crisis

Are there exceptions? No

If yes, Describe.

All vendors who agree to accept LIEAP and CIP as payment of energy service must enter into an agreement with the county department of social services to accept it as payment in order to continue or provide heating or cooling service to the recipient household. This agreement meets all assurances requirements of Section 2605(7).

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

The State requires that the applicant for CIP and for LIEAP be notified of the application and the amount of payment paid on his behalf to the vendor if approved. This is done via form DSS-8107 for approvals and denials.

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?

Once eligibility has been determined, an applicant is provided a system-generated Approval/Denial Notice (DSS-8107). If eligibility is approved, payment is submitted to the utility provider for the household.

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?

NC uses a Home Energy Supplier Agreement (DSS-8163) to ensure vendors do not treat recipients adversely. This contract ensures funds paid on behalf of the recipient are properly applied to the recipients' account to alleviate a heating or cooling emergency. The Home Energy Supplier Agreement meets all assurances in Section 2605(7).

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

If so, describe the measures unregulated vendors may take.

August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 06/30/2017 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10) 10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds? North Carolina's Division of Social Services operates under a county administered, state supervised, system. The county DSS determine eligibility for client participation in the heating and crisis components of LIHEAP. Both state and county administrative costs of direct case work are charged directly to the appropriate program and supervisory, and overhead costs are allocated in accordance with the cost allocation plan approved by the Department of Health and Human Services, Division of Cost Allocation. NC DHHS fiscal/budget Division tracks in-house and sub grantee and administrative costs. Indirect costs are handled through cognizant agencies prior to the final indirect cost rate being developed. Expenditures on all components of the LIHEAP are recorded in the NC Div. of Social Services' accounting records by Fund, Cost Center and line item. Documentation for county expenditures (administrative costs, crisis and heating assistance) are maintained by the county finance officers. Documentation of State office expenditures are maintained by the NC Div. of Social Services accounting office. Applications for the crisis and heating component are taken by Dept. of Social Services personnel and additional State and local governmental entities or community-based organizations. The applications are processed by the county and are retained by the county. 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 💙 **Resolved**? Finding Туре **Brief Summary** Action Taken

10.4. Audits of Local Administering Agencies
What types of annual audit requirements do you have in place for local adminstering 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 Adminstering 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.
LIHEAP follows the same monitoring schedule as the SNAP program
Small counties - every 3 years
Medium counties - every 2 years
Large counties - every year
10.7. Describe how you select local agencies for monitoring reviews.
Site Visits:
LIHEAP follows the same monitoring schedule as the SNAP program
Small counties - every 3 years
Medium counties - every 2 years
Large counties - every year
Desk Reviews:
Desk reviews are conducted through monitoring of the Statewide Energy database
10.8. How often is each local agency monitored ?
Annually

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

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

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY				
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 developme Select all that apply.	ent of your LIHEAP plan?			
Tribal Council meeting(s)				
✓ Public Hearing(s)				
✓ Draft Plan posted to website and available for comment				
Hard copy of plan is available for public view and com	nment			
 Comments from applicants are recorded 				
✓ Request for comments on draft Plan is advertised				
Stakeholder consultation meeting(s)				
Comments are solicited during outreach activities				
V Other - Describe:				
11.2 What changes did you make to your LIHEAP plan as a rest None	ult of this participation?			
Public Hearings, 2605(a)(2) - For States and the Commonwealth	1 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 LI	HFAP funds?		
11.5 List the date and rocation(5) that you need public nearing(5)	Date	Event Description		
1	05/09/2014	Public Hearing - NC DHHS/Div. of Social Services office, Dorothea Dix Campus, 820 S. Boylan Ave., McBryde Building, Raleigh, NC27603		
2	05/14/2014	Public Hearing for Weatherization program - Weatherization Office, 217 W. Jones Street, Raleigh, NC 27603		
2 11.4. How many parties commented on your plan at the hearing		Public Hearing for Weatherization program - Weatherization Office, 217 W. Jones Street,		
2 11.4. How many parties commented on your plan at the hearing 11.5 Summarize the comments you received at the hearing(s).		Public Hearing for Weatherization program - Weatherization Office, 217 W. Jones Street,		
	(s)? 3	Public Hearing for Weatherization program - Weatherization Office, 217 W. Jones Street, Raleigh, NC 27603		
 11.5 Summarize the comments you received at the hearing(s). Those that attended the hearing were information seekers. They wa portion of the program. 11.6 What changes did you make to your LIHEAP plan as a rest 	(s)? 3	Public Hearing for Weatherization program - Weatherization Office, 217 W. Jones Street, Raleigh, NC 27603		
11.5 Summarize the comments you received at the hearing(s). Those that attended the hearing were information seekers. They wa portion of the program.	(s)? 3	Public Hearing for Weatherization program - Weatherization Office, 217 W. Jones Street, Raleigh, NC 27603		

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

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

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 0

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

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

None

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

Households that apply for crisis or heating assistance are explained their rights at the time of application. NC issues notices for both approved and denied cases for CIP and LIEAP. The notice includes fair hearing and rights. The household has the right to an appeal when:

a. It is denied the right to apply for benefits; or

b. Benefits are denied; or

c. A decision is not make on the application in a timely manner; or

d. The payment is less than the household believes it should be.

Households have 60 calendar days from the date on the approval/denial notice to request a hearing. The hearing can be requested orally or in writing. The household has a right to request a State hearing only after a local appeal hearing has been held, and the decision has been rendered. The household must request a State appeal within five calendar days from the date of the local hearing decision. The State hearing officer will have 15 calendar days to render a decision.

If the household is not satisfied with the final decision following the State hearing, it may, within 30 calendar days of receipt of the decision, file a petition for a judicial review in superior court.

12.5 When and how are applicants informed of these rights?

Households that apply for crisis or heating assistance are explained their rights at the time of application. The fair hearing rights are also included on both the approval and denial notices that are provided to the client on the day of application.

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

Households that apply for crisis or heating assistance are explained their rights at the time of application. The fair hearing rights are also included on both the approval and denial notices that are provided to the client on the day of application.

12.7 When and how are applicants informed of these rights?

Households that apply for crisis or heating assistance are explained their rights at the time of application. The fair hearing rights are also included on both the approval and denial notices that are provided to the client on the day of application.

Section 13 - Reduction of home energy needs, 2605(b)(16) - Assurance 16 August 1987, revised 05/92,02/95,03/96,12/98,11/01 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB Clearance No.: 0970-0075 ADMINISTRATION FOR CHILDREN AND FAMILIES Expiration Date: 06/30/2017 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) **MODEL PLAN** SF - 424 - MANDATORY Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16 13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance? n/a 13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities? n/a 13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year. n/a 13.4 Describe the level of direct benefitsprovided to those households in the previous Federal fiscal year. n/a 13.5 How many households applied for these services? 0 13.6 How many households received these services? 0

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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.

The State, non-profit agencies, and county Dept. of Social Services receive in-kind contributions and money from fuel funds, city and county governments, private citizens and corporations. Non-profit agencies and county Dept. of Social Services sign guarantees of deposits for utilities. A utility company has a rate reduction program for SSI receipients. The funds received, deposit guarantees and rate reduction programs assist persons with energy expenses who meet the federal LIHEAP eligibility guidelines.

All programs, except the rate reduction program, are considered prior to, or in conjunction with, the use of LIHEAP crisis funds. Many of the agencies disbursing the funds administer the above programs and the Crisis Program under LIHEAP. Other agencies coordinate with the agencies that administer the Crisis Program under LIHEAP before disbursing funds. There is no duplication of benefits.

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

1Heating/Cooling AssistanceProgress Energy's Energy Neighbor program. Funds are 100% from monies contributed by Progress Energy customers and employees and from corporate donations.These benefits are considered prior to, or in conjunction with, the use of LIHEAP crisis funds.2Heating/Cooling AssistanceWake Electric Co. Round-up. Funds are 100% from monies contributed by Wake Electric Membership Corporation (WEMC) customers and employees.These benefits are considered prior to, or in conjunction with, the use of LIHEAP crisis funds.3Heating/Cooling AssistanceHaywood Electric Co. Helping Each Member Cope. Funded 100% from monies contributed by Haywood Electric Membership Corporation customers and employees.These benefits are considered prior to, or in conjunction with, the use of LIHEAP crisis funds.4Heating/Cooling AssistancePiedmont Natural Gas Companys Share the Warmth, funded 100% from monies companys Share the Warmth, funded 100% f	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?
2Heating/Cooling AssistanceFunds are 100% from monies contributed by Wake Electric Membership Corporation (WEMC) customers and employees.These benefits are considered prior to, or in conjunction with, the use of LIHEAP crisis3Heating/Cooling AssistanceHaywood Electric Co. Helping Each Member Cope. Funded 100% from monies contributed by Haywood Electric Membership Corporation customers and employees.These benefits are considered prior to, or in conjunction with, the use of LIHEAP crisis funds.3Heating/Cooling AssistancePiedmont Natural Gas Companys Share the Warmth. funded 100% from moniesThese benefits are considered prior to, or in conjunction with the use of LIHEAP crisis	1		Neighbor program. Funds are 100% from monies contributed by Progress Energy customers and employees and from	
3 Heating/Cooling Assistance Each Member Cope. Funded 100% from monies contributed by Haywood Electric Membership Corporation customers and employees. These benefits are considered prior to, or in conjunction with, the use of LIHEAP crisis funds. 9 Piedmont Natural Gas Companys Share the Warmth. funded 100% from monies These benefits are considered prior to, or in conjunction with the use of LIHEAP crisis	2		Funds are 100% from monies contributed by Wake Electric Membership Corporation (WEMC) customers and	
Companys Share the Warmth. funded 100% from monies These benefits are considered prior to or in conjunction with the use of LIHEAP crisis	3		Each Member Cope. Funded 100% from monies contributed by Haywood Electric Membership Corporation	
Gas (PNG) customers and employees, as well as corporate donations	4	Heating Assistance	Companys Share the Warmth. funded 100% from monies contributed by Piedmont Natural Gas (PNG) customers and employees, as well as corporate	

Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017				
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY					
Section 15: Trainir	ng				
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

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.

NC is currently reviewing the specific requirements related to the performance measures, and comparing them with the NC Energy database used for applications. Any information not currently being captured will be added to the application in order to capture appropriate data for the new performance measures report.

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

Other Applicant Only Applicant Only Household Household Members Members	U.S. DEPARTMENT OF HEALTH ADMINISTRATION FOR CHILDR		AND HUMAN SERVICES				sed 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 06/30/2017				
17.1 Frand Reporting Mechanisms a. Describe all mechanisms available to the public for reporting cases of suspected waste, frand, and abuse. Select all that apply. Other Frand Reporting Dedicated Frand Reporting Hotine Print Frand Reporting Electric of General or Altorney General Forms and procedures in place for local agencies/district offices and vendors to report frand, waste, and abuse. Other - Describe: b. Describe instances for advertising the above -referenced resources. Select all that apply Print dorter durate durate fraids V Other - Describe: b. Describe instances for advertising the above -referenced resources. Select all that apply Verified dortrace materials Verified outrace materials Verified outrace materials 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 Required Required Required Required Social Security Number (Without actual ageneided in the spector in the s	LOW I	NC		MODEL	LΡ	LAN	ROGRAM(L	_IHI	EAP)		
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 Holine • Report directly to local agency/district office or Grantee office Image: Control of Con			Section 17	7: Program	Inte	egrity, 2605((b)(10)				
Online Fraud Reporting Dedicated Fraud Reporting Holline Report directly to local agency/district office or Grantee office Report directly to local agency/district office or Grantee office Perms and procedures in place for local agencie/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for local agencie/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 outrach materials Addressed on LHEAP application Website Other - Describe: 12.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Type of Identification Collected Social Security Card is photocopied and retained Required Required Required Required Required Social Security Number (Without actual Card) Required Required Required Required Required Required Required Government-issued identification cond (i.e.; driver's licen	17.1 Fraud Reporting Mechanisms										
Dedicated Frank Reporting Hoffine Report directly to local agency/district office or Grantee office Report to State Inspector General or Attorney General Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials Addressed on LIHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household All Household Members Social Security Card is photocopied Required Required	a. Describe all mechanisms available to	o the	public for reporting	cases of suspected	d was	ste, fraud, and abu	se. Select all that a	apply	·•		
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 agenciex/district offices and vendors to report fraud, waste, and abuse Other - Describe: b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials Addressed on LIHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household All Household Members Social Security Card is photocopied and relatived Required Required Required Required Required Required Required Social Security Number (Without actual Card) Required Required Required Government-issued identification contend Required Required Required ID, pasport, etc.) Applicant Only All Adults in Household Required ID, pasport, etc.) Required Required Required	Online Fraud Reporting										
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 Medessed on LHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Type of Identification Collected Addressed Applicant Only All Adults in Household All Household Members Social Security Number (Without actual principation Required Required Required Social Security Number (Without actual principation Required Required Required Required Social Security Number (Without actual principation Required Required Required Required Required Social Security Number (Without actual Card) Required		Hot	line								
✓ 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 LHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household All Household Members Social Security Card is photocopied and retained Required Required Required Required Social Security Number (Without actual Card) Required Required Required Required Required Government-issued identification and infication and presented identification and infication and inficati	Report directly to local age	ncy/d	istrict office or Gran	tee office							
Private on proceedings in place on rock in agrice/creative or rock in an extension of the open of radie, market, mar advice Other - Describe: Describe strategies in place for advertising the above-referenced resources. Select all that apply Addressed on LHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household Social Security Card is photocopied and retained Required Requested Requested Social Security Number (Without actual Card) Required Querted Required Required Required Querted Required Querted Required Required Required Required <td></td> <td>ener</td> <td>al or Attorney Gener</td> <td>al</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		ener	al or Attorney Gener	al							
b. Describe strategies in place for advertising the above-referenced resources. Select all that apply Printed outreach materials Addressed on LIHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household All Household Members Social Security Number (Without actual Card) Required Required Required Social Security Number (Without actual Card) Required Required Required Required Required Required Government-issued identification card (i.e. driver's license, state ID, Triball D, passport, etc.) Required Other Applicant Only Applicant Only All Adults in Household All Household All Household All Household		lace f	or local agencies/dist	rict offices and v	endo	ors to report fraud,	waste, and abuse				
✓ Printed outreach materials ✓ Addressed on LHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household All Household members Social Security Card is photocopied and retained Required Required Required Image: Required </td <td>Other - Describe:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Other - Describe:										
✓ Addressed on LHEAP application Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Type of Identification Collected Applicant Only All Adults in Household Social Security Card is photocopied and retained Required Required Required Social Security Number (Without actual Card) Required Required Required Required Required Required Required Social Security Number (Without actual Card) Required Required Required	b. Describe strategies in place for adve	rtisin	g the above-referenc	ed resources. Sel	ect a	ll that apply					
Website Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members. Collected from Whom? Type of Identification Collected Collected from Whom? Social Security Card is photocopied and retained Image: Required Required Required Required Social Security Number (Without actual Card) Image: Required Required Required Required Image: Required Required Required Required Government-issued identification card (Lee, cirvier's license, state IID, Tribal ID, passport, etc.) Required Required Required Required Required Required All Adults in Household All Household	Printed outreach materials										
Other - Describe: 17.2. Identification Documentation Requirements a. Indicate which of the following forms of identification are required or requested to be collected from LHEAP applicants or their household members. Collected from Whom? Type of Identification Collected Applicant Only All Adults in Household All Household Members Social Security Card is photocopied and retained Required I Required Required <td>Addressed on LIHEAP app</td> <td>licati</td> <td>on</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Addressed on LIHEAP app	licati	on								
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b. Describe any exceptions to the above policies.							
17.3 Id	entification Verification						
Describ	be what methods are used to verify	the authenticity of ide	ntification documen	ts provided by clien	ts or household meml	bers. Select all that a	pply
`	Verify SSNs with Social Security A	Administration					
~	Match SSNs with death records fr	om Social Security Ad	ministration or state	agency			
~	Match SSNs with state eligibility/c	case management system	m (e.g., SNAP, TAN	F)			
~	Match with state Department of L	abor system					
~	Match with state and/or federal co	orrections system					
~	Match with state child support sys	stem					
~	Verification using private software	e (e.g., The Work Num	ber)				
	In-person certification by staff (fo	r tribal grantees only)					
	Match SSN/Tribal ID number wit	h tribal database or en	rollment records (fo	r tribal grantees onl	y)		
	Other - Describe:						
17.4. C	itizenship/Legal Residency Verific	ation					
What a	re your procedures for ensuring th	hat household member	s are U.S. citizens or	aliens who are qua	lified to receive LIHE	AP benefits? Select	all that apply.
	Clients sign an attestation of citiz	enship or legal residen	cy				
`	Client's submission of Social Secu	urity cards is accepted	as proof of legal res	dency			
~	Noncitizens must provide docum	entation of immigratio	n status				
	Citizens must provide a copy of t	heir birth certificate, n	aturalization papers	s, or passport			
~	Noncitizens are verified through	the SAVE system					
>	Tribal members are verified thro	ough Tribal enrollment	records/Tribal ID c	ard			
~	Other - Describe:						
U. S. cit	izenship - client's statement is accep	ted unless questionable.					
17.5. In	acome Verification						
What n	nethods does your agency utilize to	o verify household inco	me? Select all that a	pply.			
~	Require documentation of income for all adult household members						
	✓ Pay stubs						
	✓ Social Security award letter	rs					
	Bank statements						
	✓ Tax statements						
	Zero-income statements						
	Vunemployment Insurance l	letters					
	Other - Describe:						
>	Computer data matches:						
	✓ Income information match	ed against state compu	ter system (e.g., SNA	AP, TANF)			
	✓ Proof of unemployment be	nefits verified with stat	e Department of La	bor			
	✓ Social Security income veri	ified with SSA					
	✓ Utilize state directory of ne	w hires					
	Other - Describe:						
17.6. Pı	rotection of Privacy and Confident	tiality					

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
Policy in place prohibiting release of information without written consent
✓ Grantee LIHEAP database includes privacy/confidentiality safeguards
Employee training on confidentiality for:
Grantee employees
Local agencies/district offices
✓ Employees must sign confidentiality agreement
Grantee employees
✓ Local agencies/district offices
Physical files are stored in a secure location
Other - Describe:
17.7. Verifying the Authenticity
What policies are in place for verifying vendor authenticity? Select all that apply.
✓ All vendors must register with the State/Tribe.
✓ All vendors must supply a valid SSN or TIN/W-9 form
✓ Vendors are verified through energy bills provided by the household
Grantee and/or local agencies/district offices perform physical monitoring of vendors
Other - Describe and note any exceptions to policies above:
17.8. Benefits Policy - Gas and Electric Utilities
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
✓ Applicants required to submit proof of physical residency
Applicants must submit current utility bill
Data exchange with utilities that verifies:
Account ownership
Consumption
Balances
Payment history
Account is properly credited with benefit
Other - Describe:
✓ Centralized computer system/database tracks payments to all utilities
Centralized computer system automatically generates benefit level
✓ Separation of duties between intake and payment approval
 Payments coordinated among other energy assistance programs to avoid duplication of payments
✓ Payments to utilities and invoices from utilities are reviewed for accuracy
Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
Direct payment to households are made in limited cases only
 Procedures are in place to require prompt refunds from utilities in cases of account closure
Vendor agreements specify requirements selected above, and provide enforcement mechanism
Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fue vendors? Select all that apply.

~	Vendors are checked against an approved vendors list
~	Centralized computer system/database is used to track payments to all vendors
>	Clients are relied on for reports of non-delivery or partial delivery
>	Two-party checks are issued naming client and vendor
	Direct payment to households are made in limited cases only
>	Vendors are only paid once they provide a delivery receipt signed by the client
	Conduct monitoring of bulk fuel vendors
	Bulk fuel vendors are required to submit reports to the Grantee
>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
	Other - Describe:
17.10.	Investigations and Prosecutions
	be the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed Select all that apply.
	Refer to state Inspector General
	Refer to local prosecutor or state Attorney General
	Refer to US DHHS Inspector General (including referral to OIG hotline)
>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
	Grantee attempts collection of improper payments. If so, describe the recoupment process
	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
>	Vendors found to have committed fraud may no longer participate in LIHEAP
	Other - Describe:
•	y of the above questions require further explanation or clarification that could not be made in the fields provided, h 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.

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)

set out above.

820 S. Boylan Ave <u>* Address Line 1</u>		
2420 Mail Service Center Address Line 2		
Address Line 3		
Raleigh <u>* City</u>	NC <u>* State</u>	27699-2420 <u>* Zip Code</u>
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		

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

Plan Attachments

PLAN ATTACHMENTS

The following documents must be attached to this application

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

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