

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

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

**Grantee Name:** DEPARTMENT OF HEALTH & HUMAN SERVICES

**Report Name:** DETAILED MODEL PLAN (LIHEAP) Revision # 1

**Report Period:** 10/01/2025 to 09/30/2026


**Report Status:** Submission Accepted by CO (Revision #1)

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# Mandatory Grant Application SF-424

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b>		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-013 Expiration Date: 02/28/2027	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>			
<b>* 1.a. Type of Submission:</b> <input checked="" type="radio"/> Plan	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual	<b>* 1.c. Consolidated Application/ Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	
		<b>4a. Unique Entity Identifier (UEI)</b> LHYCCN1V3DU5	<b>5. Date Received By State:</b>
		<b>4b. Federal Award Identifier:</b>	<b>6. State Application Identifier:</b>
<b>7. APPLICANT INFORMATION</b>			
<b>* a. Legal Name:</b> Nevada Division of Social Services			
<b>* b. Address:</b>			
<b>* Street 1:</b>	DIVISION OF WELFARE & SUPPORT SERVICES	<b>Street 2:</b>	1470 EAST COLLEGE PARKWAY
<b>* City:</b>	CARSON CITY	<b>County:</b>	
<b>* State:</b>	NV	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	89706 - 7924
<b>c. Organizational Unit:</b>			
<b>Department Name:</b> Nevada Department of Health and Human Services		<b>Division Name:</b> Division of Social Services	
<b>d. Name and contact information of person to be contacted on matters involving this application: (person will be listed on Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list webpage)</b>			
<b>* First Name:</b> Maria		<b>* Last Name:</b> Wortman-Meshberger1	
<b>Title:</b> N/A		<b>Organizational Affiliation:</b> Division of Social Services	
<b>* Telephone Number:</b> (775) 684-0506		<b>Fax Number</b> 775-684-0680	
<b>* Email:</b> mrwortman@dwss.nv.gov			
<b>* 8. TYPE OF APPLICANT:</b>			
A: State Government			
<b>* a. Is the applicant a Tribal Consortium:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>* b. If yes please attach at least one the following documentation:</b>			
		<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>9. CFDA Numbers and Titles</b>		93.568	Low-Income Home Energy Assistance Program
<b>10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>			
Energy Assistance Program			
<b>11. AREAS AFFECTED BY FUNDING:</b>			
Statewide			
<b>12. CONGRESSIONAL DISTRICTS OF APPLICANT:</b>			
2			
<b>13. FUNDING PERIOD:</b>			
<b>a. Start Date:</b> 10/01/2025		<b>b. End Date:</b> 09/30/2026	
<b>* 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			

a. This submission was made available to the State under Executive Order 12372	
Process for review on:	
b. Program is subject to E.O. 12372 but has not been selected by State for review.	
c. Program is not covered by E.O. 12372.	
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
<input type="radio"/> YES <input checked="" type="radio"/> NO	
If Yes, explain:	
16. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <b>**I Agree</b> <input checked="" type="checkbox"/>	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
17a. Typed or Printed Name and Title of Authorized Certifying Official Maria R. Wortman-Meshberger1	17c. Telephone (area code, number and extension) (775) 684-0506
	17d. Email Address mrwortman@dwss.nv.gov
17b. Signature of Authorized Certifying Official 	17e. Date Report Submitted (Month, Day, Year) 08/26/2025

## Section 1 - Program Components

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

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

## Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)		Dates of Operation	
		Start Date	End Date
<input checked="" type="checkbox"/>	Heating assistance	10/01/2025	09/30/2026
<input type="checkbox"/>	Cooling assistance		
<input type="checkbox"/>	Summer crisis assistance		
<input type="checkbox"/>	Winter crisis assistance		
<input checked="" type="checkbox"/>	Year-round crisis assistance	10/01/2025	09/30/2026
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2025	09/30/2026

Provide further explanation for the dates of operation, if necessary

Nevada has a combined year-round heating and cooling program. All the information will be provided in the Heating Assistance section.

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )	Prior year totals
Heating assistance	85.00%	81.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	1.00%	1.00%
Weatherization assistance	5.00%	5.00%
Carryover to the following federal fiscal year	2.00%	4.00%
Administrative and planning costs	7.00%	9.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	0.00%
Used to develop and implement leveraging activities	0.00%	0.00%
<b>TOTAL</b>	<b>100.00%</b>	<b>100.00%</b>

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative

costs in excess of these limits must be paid from non-federal sources.			
Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)			
1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:			
<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify:) No separate funds are reserved for winter crisis. Instead, the regular eligibility certification and determination of benefits for an eligible household experiencing a winter crisis are expedited to alleviate the crisis. In this way, the State ensures the winter energy crisis of all eligible households are alleviated through expedited processing, whether the crisis occurs prior to or after March 15.
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8			
1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.			
	Heating	Cooling	Crisis
TANF	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
1.4a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e, do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.			
1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If Yes, explain:			
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?			
SNAP Nominal Payments			
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <input type="radio"/> Yes <input checked="" type="radio"/> No			
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.			
1.7b Amount of Nominal Assistance: \$0.00			
1.7c Frequency of Assistance			
<input type="checkbox"/>	Once Per Year		
<input type="checkbox"/>	Once every five years		
<input type="checkbox"/>	Other - Describe:		
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?			
Determination of Eligibility - Countable Income			
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?			
<input checked="" type="checkbox"/>	Gross Income		
<input type="checkbox"/>	Net Income		
<input type="checkbox"/>	Other - Describe		
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP			
<input checked="" type="checkbox"/>	Wages		
<input checked="" type="checkbox"/>	Self - Employment Income		
<input checked="" type="checkbox"/>	Contract Income		

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

<input checked="" type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<b>Other</b> Personal Property Income, Military Income, Property Income, Church/Charitable Support, etc. Income is any type of payment that is a gain or benefit to a household. When determining eligibility, any income not specifically listed as exempt is counted. If a state of emergency is declared by the Governor, the DSS Administrator has the authority to exempt income used to determine eligibility and benefit amount.
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	
1.10 Do you have an online application process? <input checked="" type="radio"/> Yes <input type="radio"/> No	
1.10a If yes, describe the type of online application (Select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.
<input type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
Please include a link(s) to a statewide application, if available:	
<a href="https://dwss.nv.gov/Energy/2_Apply_for_Assistance/">https://dwss.nv.gov/Energy/2_Apply_for_Assistance/</a>	
1.10b Can all program components be applied for online? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If no, explain which components can and cannot be applied for online.	
1.11 Do you have a process for conducting and completing applications by phone? <input type="radio"/> Yes <input checked="" type="radio"/> No	
1.12 Do you or any of your subrecipients require in person appointments in order to apply? <input type="radio"/> Yes <input checked="" type="radio"/> No	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, please describe
	Fax

Hidden for Section 1

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### Section 2 - Heating Assistance

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

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

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

2.2 Do you have additional eligibility requirements for Heating Assistance? ☒ Yes ☐ No

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe: Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

Renters living in subsidized/public housing where all utilities are included in the rent, and they are not billed separately for their energy costs are ineligible for an EAP benefit unless they have an energy burden.

Renters with utilities included in the rent? ☒ Yes ☐ No

If yes, describe:

Renters living in housing where all utilities are included in the rent, and they are not billed separately for their energy costs are ineligible for an EAP benefit unless they have an energy burden.

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

Prior recipient households will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications should be processed within 30 days (rather than 60 days) of receipt.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Prior recipient households will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications should be processed within 30 days (rather than 60 days) of receipt.

Young children? ☒ Yes ☐ No

If yes, describe:

Applications should be processed within 30 days (rather than 60 days) of receipt.

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

Other? Fast-Track ☒ Yes ☐ No

If yes, describe:

Fast-Track - The Fast-Track component provides expedited application processing for eligible households whose energy source is in danger of being interrupted. Specific eligibility



criteria must be met to qualify. In addition to other qualifying criteria, the household must have experienced an unexpected loss or reduction in income during the last 6 months.

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

1. Identification of the applicant is required. If the utility bills are not in the applicant's name, a statement from the individual named on the utility bill(s) with their address and phone number will be required. If it is a property management company, then a letter written by the property manager on the company's letterhead with their address and phone number will be required.

2. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household.

(Exceptions to the additional eligibility requirements may be granted by the Chief of Employment and Support Services if a hardship exists).

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

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

A flat \$100 increase to the benefit cap will apply to households with elderly, disabled, and/or have a child less than 6 years of age member and the application should be processed within 30 days of receipt.

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

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

1. Eligible households having a Fixed Annual Credit (FAC) benefit of zero to and including \$359 will receive a payment of \$360.

2. Eligible households residing in master metered residences will have the following rules applied:

- If all utilities are in the landlord's name and included in the rent, and the household does not reside in subsidized housing, and does not receive a separate bill that includes consumptions and dollar usage, the household will receive an annual payment of \$360.
- If all utilities are in the landlord's name but the household receives a separate bill that includes consumption and dollar usage, the household is eligible for a fixed annual credit or \$360, whichever is greater, payable to the household.
- If one of the utilities is in the landlord's name and one is in the household's name, the household will receive a fixed annual credit based on the utility in the household's name payable to the household's utility, unless the household receives a separate bill from the landlord that includes energy consumption and dollar usage.
- If the household receives both, the household may receive a fixed annual credit based on both utilities payable to the household's utility not to exceed the annual usage, and the remainder payable to the household.

1. Eligible households with a solar vendor are eligible for the minimum annual payment of \$360 for the solar vendor, unless their usage is more.

An eligible household with a solar vendor and a non-solar vendor, will be eligible to receive no more than \$360 for the solar vendor and the benefit for the non-solar vendor will be calculated under the current method.

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

**2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note: the maximum and minimum benefits must be shown in the payment matrix.**

Minimum Benefit	\$360	Maximum Benefit	\$3,136
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? ☒ Yes ☐ No**

**If yes, describe.**

Funds may be utilized to provide emergency supplies to households experiencing loss of electricity and/or heating for an extended period of time.

The emergency supplies provided would depend on the emergency situation and the needs of the households impacted, which could include costs for temporary shelter for individuals in hotels or other living situations in which homes have been destroyed or damaged, costs for

transportation to move individuals away from the crisis to shelters, when safety is endangered by loss of access to heating or cooling, utility reconnection costs/fees, coats and blankets, crisis payments for utilities and utility deposits, purchase generators, purchase of air conditioners, swamp coolers, or fans.

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

## Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

### Section 3 - Cooling Assistance

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

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

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

3.2 Do you have additional eligibility requirements for Cooling assistance? ☒ Yes ☐ No

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

Do you require an Assets test? ☐ Yes ☒ No

If yes, describe:

Do you have additional/differing eligibility policies for:

Renters? ☐ Yes ☒ No

If yes, describe:

Renters Living in subsidized housing? ☒ Yes ☐ No

If yes, describe:

Nevada has a year-round program. See Heating Assistance for details.

Renters with utilities included in the rent? ☒ Yes ☐ No

If yes, describe:

Nevada has a year-round program. See Heating Assistance for details.

Do you give priority in eligibility to:

Older Adults (60 years or older)? ☒ Yes ☐ No

If yes, describe:

Nevada has a year-round program. See Heating Assistance for details.

Individuals with a disability? ☒ Yes ☐ No

If yes, describe:

Nevada has a year-round program. See Heating Assistance for details.

Young children? ☒ Yes ☐ No

If yes, describe:

Nevada has a year-round program. See Heating Assistance for details.

Households with high energy burdens? ☐ Yes ☒ No

If yes, describe:

Other? Fast-Track ☒ Yes ☐ No

If yes, describe:

Nevada has a year-round program. See Heating Assistance for details.

Explanations of policies for each "yes" checked above:

Nevada has a year-round program. See Heating Assistance for details.

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

Nevada has a year-round program. See Heating Assistance for details.			
<b>Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.5 Check the variables you use to determine your benefit levels. (Check all that apply):</b>			
<input checked="" type="checkbox"/>	Income		
<input checked="" type="checkbox"/>	Family (household) size		
<input checked="" type="checkbox"/>	Home energy cost or need:		
<input checked="" type="checkbox"/>	Fuel type		
<input type="checkbox"/>	Climate/region		
<input checked="" type="checkbox"/>	Individual bill		
<input checked="" type="checkbox"/>	Dwelling type		
<input checked="" type="checkbox"/>	Energy burden (% of income spent on home energy)		
<input type="checkbox"/>	Energy need		
<input checked="" type="checkbox"/>	Other - Describe:		
Nevada has a year-round program. See Heating Assistance for details.			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>3.6 Describe estimated benefit levels for the fiscal year for which this plan applies. <i>Please note: the maximum and minimum benefits must be shown in the payment matrix.</i></b>			
Minimum Benefit	\$360	Maximum Benefit	\$3,136
<b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, describe.			
Nevada has a year-round program. See Heating Assistance for details.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

## Section 4 - CRISIS ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

#### 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. If you administer multiple crisis assistance programs (winter, summer, and/or year-round), Include all program definitions.**

"Energy emergency" for Division of Social Services purposes has three meanings. The first means a household has had, or is in danger of having, their heating or electric service disconnected within 48 hours or is in need of heating fuel and has less than 10% in their tank or is in need of a deposit or if having a loss of energy causes a life-threatening situation and must have requested a payment plan from the utility and been denied. The second means a household is in crisis when annual gross income exceeds the current income limit except allowable qualifying expenses attributable to the crisis reduces the income to the current income limit or less. The third means a household that has an established arrearage on their account with their heating and/or cooling vendor and such arrearage may result in utility shut off.

"Energy emergency" for Housing Division purposes means the household's primary heating system is unsafe or inoperable during the winter months, or the primary cooling system is unsafe or inoperable during the summer months.

In the event of an unexpected 'emergency' or an emergency declared by the Governor that threatens the health and safety of a household member or members the DSS Administrator has the discretion to authorize the use of LIHEAP funding to assist eligible recipients with in-kind and energy-related needs.

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

If the loss of energy causes a life-threatening situation; for household members a serious illness or other medical condition that requires electrical medical equipment or life support or which would otherwise be aggravated by interruption or termination of electrical service.

**Crisis Requirement, 2604(c)**

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
<b>4.6 Do you have additional eligibility requirements for Crisis Assistance?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4.7 Check the appropriate boxes below to indicate type(s) of assistance provided</b>			
0			
<b>Do you require an Assets test?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you give priority in eligibility to:</b>			
<b>Older Adults (60 years or older)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Individuals with a disability?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Young Children?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Households with high energy burdens?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (Specify):</b> 1) Fast Track, 2) Crisis Intervention, 3) Arrearage Payment (When funding permits at the discretion of the Administrator).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>In Order to receive crisis assistance:</b>			
<b>Must the household have received a shut-off notice or have a near empty tank?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must heating/cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): 1) Fast Track, 2) Crisis Intervention, 3) Arrearage Payment (When funding permits at the discretion of the Administrator).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Do you have additional/differing eligibility policies for:</b>			
Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explanations of policies for each "yes" checked above:</b>			
<p><b>4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?</b></p> <p><b>Additional Eligibility Requirements:</b></p> <ol style="list-style-type: none"> <li>1. Identification of the applicant is required.</li> <li>2. Applications must be submitted by the person whose name appears on the utility bill, or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household. (Exceptions to the additional eligibility requirements may be granted by the Chief of Employment and Support Services if a hardship exists.)</li> </ol> <p><b>4.7 Check the appropriate boxes below and describe the policies for each.</b></p> <p><b>Do you give priority in eligibility to:</b></p> <p>Prior recipient households consisting of elderly and/or disabled members will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications received by households consisting of elderly, disabled, and/or have a child under 6 years of age should be processed within 30 days (rather than 60 days) of receipt.</p> <p>The Fast-Track Component provides expedited application processing for eligible households whose energy source is in danger of being interrupted. Specific eligibility criteria must be met to qualify. In addition to other qualifying criteria, the household must have experienced an unexpected loss or reduction of income during the last 6 months.</p> <p><b>Must the household have received a shut-off notice or have a near empty tank?</b></p> <p>Fast Track:</p> <p>The household must 1) have received a 48-hour disconnect notice from their heating or electric service, or 2) have been disconnected, or 3) be in need of heating fuel and have less than 10% in their tank, or 4) need a deposit to establish service, or 5) have a life-threatening situation if they lose energy; and 6) have requested a payment plan and been denied or already have a payment plan established but are unable to meet the payment requirements.</p> <p>Other:</p> <p>Nevada has the following crisis components available: 1) Fast Track, 2) Crisis Intervention, and 3) Arrearage Payment (When funding permits at the discretion of the Administrator).</p> <p><b>Do you have additional / differing eligibility policies for:</b></p> <p>Renters living in subsidized/public housing where all utilities are included in the rent, and they are not billed separately for their energy costs are ineligible for an EAP benefit.</p> <p>If the utility account(s) are in the landlord's name and the utilities are included in the rent, and the residence is not master-metered, and eligible household may receive the minimum annual payment of \$360 paid directly to the household if all other eligibility criteria are met.</p> <p>Eligible households with a solar vendor are eligible for the minimum annual payment of \$360 for the solar vendor, unless their usage is more.</p>			

Determination of Benefits	
<b>4.8 How do you handle crisis situations?</b>	
<input type="checkbox"/>	Separate component
<input checked="" type="checkbox"/>	<b>Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.</b>
<input checked="" type="checkbox"/>	<p><b>Other - Describe:</b></p> <p>Fast Track:</p> <p>The Fast-Track Component is the expedited processing of an energy assistance application to respond in emergent situations.</p> <p>Application Processing Times:</p> <p>a) When an eligible household, if having a loss of energy causes a life-threatening situation, applies for energy crisis benefits, their case will be processed within 18 hours of receipt of their application and proof of eligibility.</p> <p>b) If an eligible household has received a 48-hour disconnect notice their case will be processed within 48 hours of receipt of their application and proof of eligibility.</p> <p>Other:</p> <p>The Crisis Intervention Component assists households experiencing a special circumstance or crisis and whose gross annual income exceeds the current income limits to be set by the Administrator, not to exceed 150% of poverty except for allowable qualifying expenses that reduce the annual income to the current income limits of poverty or less.</p> <p>Qualifying expenses may include: 1) Unreimbursed medical expenses for medical emergencies or long-term, chronic medical conditions; 2) Unreimbursed compulsory and necessary home repairs; 3) Automobile repairs only if transportation is needed for ongoing medical care, the repairs are critical to the operation of the vehicle, and it is the only registered vehicle in the household. Regular maintenance is excluded, including tire purchases. The qualifying expense must be supported by valid and verifiable documentation and must create financial hardship for a period of no less than three (3) months.</p> <p>A household that meets the criteria for Fast Track or Crisis Intervention receives the amount to which they are entitled based on the FAC benefit not to exceed the benefit cap for the household's size and income.</p> <p>And/or Arrearage Payment Component:</p> <p>This component enables targeted low-income households to achieve energy self-sufficiency through a combined arrearage payment and an ongoing FAC benefit. The DSS Administrator has the flexibility to restrict the Arrearage Payment Component to special households (child under 6, elderly, or disabled), suspend the program entirely when program funding is limited following a 30 day public notice period or to reduce or eliminate the energy burden to optimize the assistance provided to eligible households based on projected caseload, available program funding, and/or circumstances that warrant an adjustment (e.g., moratoriums on utility payments, etc.).</p> <p>The arrearage payment is an amount eliminating the applicant's debt owed to their heating and/or cooling vendor(s).</p> <p>The following criterion applies:</p> <ol style="list-style-type: none"> <li>The household's gross annual income must not exceed the current gross annual income limits of the federally designated level signifying poverty, as determined by the Division of Social Services.</li> <li>An eligible household may receive an arrearage payment once every five years based on the program year the prior arrearage payment was received. The only exceptions are households with chronic, long-term medical conditions that create financial hardship and/or increase energy consumption. The payment may be for both energy vendors. However, a subsequent request for an arrearage payment may not be paid at a later date in the event the previous arrearage payment did not cover one of the household's energy vendors.</li> </ol> <p>An eligible household that meets the criteria for the Arrearage Payment Component, receives both an arrearage payment [the amount necessary to satisfy the past due debt incurred with their energy vendor(s)] and their regular FAC (not to exceed the cap) benefit.</p>
<b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>	
<input type="checkbox"/>	Amount to resolve the crisis. \$0
<input type="checkbox"/>	Other - Describe:
<b>Crisis Requirements, 2604(c)</b>	
<b>4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?</b>	

<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>			
<p>The Division of Social Services has service provider contracts with intake site locations throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting customers in completing the application, copying all required verifications and documentation, and making provisions for customers who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, churches, and various other agencies.</p>			
<b>4.11 Do you provide individuals who are individuals with a disability the means to:</b>			
<b>Submit applications for crisis benefits without leaving their homes?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If No, explain.</b>			
<b>Travel to the sites at which applications for crisis assistance are accepted?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>If No, explain.</b>			
Applications can be mailed/faxed/mailed to any Welfare office.			
<b>If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?</b>			
<b>Benefit Levels, 2605(c)(1)(B)</b>			
<b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>			
Winter Crisis	\$0.00	maximum benefit	
Summer Crisis	\$0.00	maximum benefit	
Year-round Crisis	\$3,136.00	maximum benefit	
<b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, Describe</b>			
<p>Funds may be utilized to provide emergency supplies to households experiencing loss of electricity and/or heating for an extended period of time.</p>			
<b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>If you answered "Yes" to question 4.14, you must complete question 4.15.</b>			
<b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>			
	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If you responded "Yes" to question 4.16, you must respond to question 4.17.</b>			



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

The moratorium period for all customers is temperature-based, above 105 degrees or below 15 degrees, unless the household has an elderly or disabled person the temperature-base is above 95 degrees or below 20 degrees.

Special dispensation received by all customers:

Disconnection is delayed for 30 days, with one renewal, if medical emergency.

Customers must pay the bill in installments within the next 90 days.

Elderly and handicapped must have 48-hour notice.

Disconnection is delayed if customers agree to pay the bill in installments within the next 90 days.

Consumer Bill of Rights: [http://puc.nv.gov/Consumers/Be\\_Informed/Consumer\\_Bill\\_of\\_Rights/](http://puc.nv.gov/Consumers/Be_Informed/Consumer_Bill_of_Rights/)

**4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations?** ☐ No ☒ Yes

**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 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

## Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency and attach a copy of the Internal Agreement or Contract. Department of Business and Industry, Housing Division

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

#### WEATHERIZATION - Types of Rules

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

☐ Entirely under LIHEAP (not DOE) rules

☐ Entirely under DOE WAP (not LIHEAP) rules

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

☐ Income Threshold

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

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

☐ Other - Describe:

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

☒ Income Threshold

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

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

☒ Other - Describe:

Weatherization activities/materials noted in 45 CFR Section 96.87 may be included in the services offered. Also, when LIHEAP funds are not used in conjunction with DOE funds, DOE Health & Safety requirements do not apply.

Allowable countable income is based on DOE rules. DOE allows 200% poverty so for LIHEAP customers eligibility for those households will be at or below 200% of the poverty level, except that the Secretary may establish a higher level if it is determined that a higher level is necessary. The DOE average cost per unit is not applicable because most projects require additional weatherization measures exceeding this limit. A figure of \$8,000 will be used.

The FEAC eligibility list is used instead of an SIR for weatherization measures.

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

5.6 Do you require an assets test? ☐ Yes ☒ No

5.7 Do you have additional/differing eligibility policies for :

Renters ☒ Yes ☐ No

Renters living in subsidized housing? ☒ Yes ☐ No

Renters with utilities included in the rent? ☒ Yes ☐ No

<b>5.8 Do you give priority in eligibility to:</b>	
<b>Older Adults?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Individuals with a disability?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Young Children?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>House holds with high energy burdens?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Other? Weatherization related health and safety hazard.</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p><b>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.</b></p> <p>5.7 Households living in master metered complexes or other properties where both utilities are in the landlord's name and the tenant does not receive a separate bill that includes their consumption and usage, the household is not eligible to receive weatherization services.</p> <p>If utility usage is unable to be verified for the applicant, the household is not eligible to receive Weatherization services.</p> <p>Priority assistance is provided to households who have weatherization related health and safety hazards or inoperative primary heating or cooling systems. Then to households whose members are either elderly, disabled, contain children under the age of six, or have a high energy burden.</p> <p>Funds may be utilized to provide emergency supplies such as portable space heaters, coolers or fans to households experiencing loss of electricity and/or heating for an extended period of time.</p> <p>Multifamily buildings are eligible if 66% of the dwelling units in the building (50% if fewer than 5 units) meet WAP's income eligibility requirement of 200% below poverty. If a multifamily building meets the eligibility requirement, the entire building may be weatherized.</p> <p>* Renters need to qualify for the weatherization program (not the homeowner) and a Homeowner/Landlord.</p> <p>Do you give priority in eligibility to:</p> <p>Priority assistance is provided to households who have weatherization related health and safety hazards or inoperative primary heating or cooling systems. Then to households whose members are either elderly, disabled, or contain children under the age of six, or have a high energy burden, funds may be utilized to provide emergency supplies such as portable space heaters, coolers or fans to households experiencing loss of electricity and/or heating for an extended period of time.</p>	
<b>Benefit Levels</b>	
<b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>5.9a If yes, what is the maximum?</b> \$10,000	
<b>5.10 Do you use an Average Cost per Unit (ACPU).</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>5.10a If so, what is the ACPU amount?</b> \$8,000	
<b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>	
<b>5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)</b>	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input type="checkbox"/> Roof top solar	<input type="checkbox"/> Community solar projects
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> <b>Other - Describe:</b> Solar screens, storm doors, mobile home roof coating, LEDs, air infiltration sealing, carbon monoxide and smoke alarms.
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

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

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

## 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:

<input checked="" type="checkbox"/>	Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.
<input type="checkbox"/>	Publish articles in local newspapers or broadcast media announcements.
<input checked="" type="checkbox"/>	Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.
<input checked="" type="checkbox"/>	Mass mailing(s) to prior-year LIHEAP recipients.
<input checked="" type="checkbox"/>	Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.
<input checked="" type="checkbox"/>	Execute interagency agreements with other low-income program offices to perform outreach to target groups.
<input checked="" type="checkbox"/>	Web Posting
<input type="checkbox"/>	Email
<input type="checkbox"/>	Texting
<input type="checkbox"/>	Events
<input checked="" type="checkbox"/>	Social Media
<input checked="" type="checkbox"/>	Other (specify):  Outreach to Welfare recipients. Identified staff to go out into the community for outreach.  The Energy Assistance Program has a web page on the Division's website and some energy vendors have the program information and links to the Division website on their websites.

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

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

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

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

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

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

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

1. Public Assistance - Recipients of other Division of Social Services (DSS) services such as TANF, SNAP and Medicaid are maintained in the NOMADS database. Through a fully automated process, recipient households in NOMADS meeting LIHEAP/Energy Assistance Program (EAP) income guidelines, and who have not applied for energy assistance in the previous or current year, may be periodically mailed a special EAP application preprinted with data from NOMADS. A cover letter accompanies each application explaining the household may qualify for energy assistance by reviewing the application, completing missing information and correcting any errors in the preprinted data, signing, and dating the application and submitting to EAP.
2. Weatherization Assistance Program (WAP) - A list of eligible EAP households can be provided to the Housing Division's WAP, to notify the WAP of high energy usage households.
3. Independent Fuel Funds - The DSS coordinates the eligibility criteria and applicant information with energy providers and organizations that administer fuel fund programs.
4. Other Programs - The DSS provides program brochures, posters and/or applications (that includes the Weatherization Assistance Program website) for dissemination to their customers.

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

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

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

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

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	State Department of Welfare (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development Agency
<input type="checkbox"/>	Other - Describe:

Include current list of subrecipient name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number. *Used for Near hotline and OCS Service Provider Tool and clearinghouse.*

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

If you selected "State Department of Welfare (administers TANF, SNAP, and/or Medicaid)" 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?

The Division of Social Services has service provider contracts with intake site locations throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting customers in completing the application, copying all required verifications and documentation, and making provisions for customers who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, churches, and various other agencies.

##### 8.3 How do you provide alternate outreach and intake for cooling assistance?>

The Division of Social Services has service provider contracts with intake site locations throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting customers in completing the application, copying all required verifications and documentation, and making provisions for customers who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, churches, and various other agencies.

##### 8.4 How do you provide alternate outreach and intake for crisis assistance?

The Division of Social Services has service provider contracts with intake site locations throughout the State of Nevada to provide

outreach and intake services to applicants. Intake sites provide information about the Energy Assistance Program including basic eligibility rules, assisting customers in completing the application, copying all required verifications and documentation, and making provisions for customers who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail, or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, churches, and various other agencies.

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

**Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.**

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?

Weatherization has an annual application and scoring process.

8.7 How many local administering agencies do you use? 3

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

- ☒ Yes  
☐ No

8.9 If so, why?

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

Agency no longer chooses to provide weatherization services.

Please Note: Validation error occurs when only Other is selected. 'Agency Closed' was selected to remove validation error. The agency did not close but choose to no longer provide weatherization services.

8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? ☐ Yes  
☒ No

8.10a If yes, please explain.

8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. ☐ Yes ☒ No

8.10c If yes, please explain.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

##### 9.1 Do you make payments directly to home energy suppliers?

Heating ☒ Yes ☐ No

Cooling ☒ Yes ☐ No

Crisis ☒ Yes ☐ No

Are there exceptions? ☒ Yes ☐ No

If yes, Describe.

If a customer's utility vendor has not entered into an agreement with the Division of Social Services or if the customer does not have an account with a utility vendor (i.e., the utilities are in the landlord's name), the benefit may be paid directly to the customer.

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

Each recipient is mailed a formal notice that explains their eligibility status, benefit amount and method of payment, or denial reason if determined ineligible.

##### 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?

In addition to formalized vendor agreements, an audit is conducted each year that requires vendors to verify and certify that the benefits paid to them were, indeed, credited to the eligible household's account. At the same time, a random sample of eligible households are sent a letter describing the benefits paid and requesting verification that the benefits were accurately credited to their accounts. All discrepancies are fully investigated and resolved.

##### 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?

Formalized Vendor Agreements

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

☐ Yes ☒ No

If so, describe the measures unregulated vendors may take.  
Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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



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

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

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

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

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

The Division of Social Services uses a system of checks and balances to ensure accurate fiscal accounting and tracking. The LIHEAP/EAP Program Manager develops and maintains spreadsheets to track obligations and expenditures against the federal fiscal year, which are regularly reconciled with the Accounting Unit's fiscal records utilizing the State fiscal year. Funds are disbursed by the State Controller, with proper disbursement of and accounting for funds monitored through the Integrated Financial System (IFS). This system records and reports all aspects of financial activity within the program.

##### 10.1a Provide your definitions of the following:

###### Obligation

Amount of funds committed by September 30<sup>th</sup> to be expended on or before the expenditure timeframe.

###### Expenditures

Funds paid out/spent for the program during expenditure timeframe.

###### Expenditure timeframe

Forty-five (45) days after the end of the grant period unless extension is agreed upon by the Division Chief Financial Officer in writing.

###### Administrative costs

Expenses incurred in support of the daily operations for the program.

##### Audit Process

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

☒ Yes ☐ No

##### 10.2a - if yes, describe your auditor selection process.

Single Audit – As a recipient of federal funds, the Division is subject to Single Audits. These audits are conducted annually by an independent vendor contracted through the State's Controller's Office. Not all programs are reviewed each year. The LIHEAP Program was audited in FY 2023, and FY 2024 – awaiting findings.

##### 10.3. Describe any audit findings of the grant recipient (i.e. State/Tribe/Territory) rising to the level of material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.

No Findings ☐

Finding	Type	Brief Summary	Resolved?	Action Taken
1	other	Type--Eligibility The amount of assistance to provide was not calculated with accurate information. Action Taken Supervisory case reviews will be in compliance ongoing.	Yes	training changes
2	other	Type--Eligibility Supervisory case reviews were not performed in accordance with the State Plan. Action Taken The Division has filled the supervisor vacancies.	Yes	staffing/management changes
3	reporting	The projected unobligated balance for CARES Act funds did not agree to the actual unobligated balance. Action Taken Two CARES act drawdowns that were incorrectly coded in the 425 Report. When they were identified they were corrected	Yes	training changes

		and reported to ACF in subsequent reports.		
4	other	Type--Documentation Supporting documentation was not maintained by the Division for amounts provided by subrecipients. Action Taken The Division has a new system tracking that allows for subgrantees to upload documents and track all required criteria. Completed January 2022	Yes	training changes
5	reporting	Required subaward information was not reported in the FFATA Subaward Reporting System. Action Taken The Division has established procedures to ensure all subawards are entered into the FFATA system. Completed August 2022.	Yes	staffing/management changes
6	monitoring	Subawards did not contain all the required information, the subrecipients were not monitored to ensure audits required by Uniform Guidance were performed. Action Taken The Division has established monitoring procedures for federal and state award are met. Completed June 2022.	Yes	procedure/policy changes

**10.4. Audits of Local Administering Agencies**

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

☐ Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

☒ Local agencies/district offices are required to have an annual audit (other than A-133)

☐ Local agencies/district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process.

☐ Grant recipient conducts fiscal and program monitoring of local agencies/district offices

☐ Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133

**Compliance Monitoring**

**10.5. Describe your monitoring process for compliance at each level below. Check all that apply.**

Grant recipients have a policy in place for appropriate separation of duties and internal controls.

☐ Internal program review

☐ Departmental oversight

☐ Secondary review of invoices and payments

☒ Other program review mechanisms are in place. Describe:

A fully automated computer system determines eligibility and benefits. The Program Manager receives computer generated activity reports by case workers, including each case received and the date, each case processed and the date, status of each case, and any amount of benefits issued (delineated by source of revenue; i.e., LIHEAP, Rate-Payer Funded Universal Energy Charge (UEC), or any other available revenue). Files are selected for review to ensure compliance with all applicable regulations and procedures and to ensure accurate and expedient processing. The computer generates a pay record to the State's Integrated Financial System (IFS) where checks are disbursed. Pay records are verified by the Accounting Unit as well as the LIHEAP/EAP Program Manager and Program Officer, prior to disbursement, which further ensures accuracy and reduces potential fraud and abuse.

The Housing Division inspects a minimum of 10% for which weatherization assistance is provided. All Sub-grantees receiving Weatherization Assistance Program funding are monitored annually.

See Nevada's Weatherization Assistance Program (WAP) Monitoring Process for the Department of Energy (DOE) Compliance

**Local Administering Agencies/District Offices:**

☐ On - site evaluation

☒ Annual program review

☒ Monitoring through central database

☐ Desk reviews

☒ Client File Testing/Sampling



Other program review mechanisms are in place. Describe:

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

Annual Program Evaluation - Nevada Revised Statute requires the Division to contract with an independent auditor for a comprehensive annual evaluation of the Energy Assistance Program to include statutory compliance, performance measurements, information technology support, business operations, effectiveness, efficiency, and the identification of any benefit and program deficiencies with recommendations to improve them. Annual evaluations are provided to the governor, the legislative commission, and members of the legislative interim finance committee. Annual Management Evaluations - Case reviews are conducted by administrative office program staff to ensure district offices are complying with established program policy and to evaluate the accuracy of benefit calculation/distribution. The review data is entered, compiled, and stored in a system application, which produces summary reports. Any review element which falls below a 95% compliance rate is subject to a corrective action plan involving the Deputy of Field Services, the Program Manager, Chief of Employment and Support Services and Program Staff. A subsequent targeted review is conducted to determine if the corrective action was sufficient to bring the office into compliance or if additional corrective action is required.

Staff Performance Case Reviews – Supervisors/trainers are required to complete a set number of case reviews per worker per month to monitor staff performance. Trainees and staff with performance issues are subject to 100% review prior to the posting of benefits. The Program Manager reviews a subset of the review completed by the supervisors to ensure they are adequately identifying and addressing performance issues. Staff who fail to meet performance standards are subject to progressive disciplinary procedures.

Single Audit - As a recipient of federal funds, the Division is subject to Single Audits. These audits are conducted annually by an independent vendor contracted through the State's Controller's Office. Not all programs are reviewed each year. We were audited last year, FY24, we are waiting for the outcome.

All Weatherization Sub-grantees are selected for monitoring every year and ten percent (10%) of individual weatherization projects are randomly selected for monitoring by the Nevada Housing Division inspector.

**10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized.**

**Site Visits:**

Nevada Housing Division staff conducts on-site file and office reviews once a year. Ten percent (10%) of files are examined to verify client eligibility. Sub-grantees and contractors' insurance, licenses and other certifications are reviewed at this time.

**Desk Reviews:**

All Sub-grantees must submit monthly fiscal and building weatherization reports for desk review of completed projects.

**10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.**

Annually

**10.9. How many local agencies are currently on corrective action plans? 0**

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

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

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

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

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

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

*Note: Tribes do not need to hold a public hearing but must ensure participation through other means.*

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

The Division of Social Services and Housing Division conduct joint Policy Advisory Council (PAC) meetings, which meets public hearing requirements. This provided an avenue for public participation in the development of the plan by soliciting input from consumer advocates, other agencies, energy vendors, and the public; and posting the information on multiple websites.

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

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

	Date	Event Description
1	04/24/2025	Policy Advisory Council (PAC) Meeting

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

11.4 Summarize the comments you received at the hearing(s).

No comments or suggestions were made at the PAC Meeting held on April 24, 2025.

11.5 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?

The PAC meeting was held on April 24, 2025. During the meeting the members and public were informed that neither the Energy Assistance Program nor the Weatherization Assistance Program had significant changes to the LIHEAP State Plan. No comments or suggestions were made.

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

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

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

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

12.1 How many fair hearings did the Grant recipient have in the prior federal Fiscal Year? 41

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

12.3 Describe any policy and/or procedural changes made in the last federal Fiscal Year as a result of fair hearings?

There were no policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings.

12.4 Describe your fair hearing procedures for households whose applications are denied and/or not acted upon in a timely manner.

The Division of Social Services provides an opportunity for an administrative hearing to individuals whose claims for assistance are denied or who claim their application was not acted upon with reasonable promptness. The procedure for requesting a hearing is as follows:

- Applicant/Recipient submits a written request for a hearing and/or case review within 90 days of the date of notice.
- A pre-hearing conference may be held. The pre-hearing conference is an informal proceeding between the applicant/recipient and the LIHEAP/EAP Program Manager and/or Program Officer or another designated representative. The applicant/recipient may authorize a representative to assist with the pre-hearing conference.
- If the issues are not resolved, a Hearing Officer, who shall be designated by the Division of Social Services Administrator, conducts a formal hearing within 90 days of receipt of the hearing request. The hearing decision may be appealed to the district court.

12.5 When and how are applicants informed of these rights?

Applicants are advised of their right to an administrative hearing through the "Rights and Obligations" and "Notice of Decision" forms.

The "Rights and Obligations" form is provided to every person who requests an application. If an applicant is denied benefits, he/she is sent formal notification specifying the reason for the denial. This notice outlines the applicant's rights, including the right to request an administrative hearing if they disagree with the decision made on their case.

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

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

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

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

## 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?**

LIHEAP/EAP staff assists households by mediating with the utility companies and other energy vendors, coordinating sources of assistance, counseling, and making referrals to other agencies and programs.

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

This is a non-financial benefit and managed through the agency's cost allocation methodology.

**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 benefits provided to those households in the previous federal Fiscal Year.**

N/A

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

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

## Section 14 - Leveraging Incentive Program ,2607A

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

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

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

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

☒ Yes ☐ No

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

Information is requested for the prior fiscal year on how many households were served, what resource benefit was provided, and the total value of the assistance that was provided.

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Discounted rates Households served: 176 Amount of assistance: \$67,186.47	City of Boulder Citys Discount Program	Boulder City Emergency Aid is a local non-profit organization that assists people in emergency situations. Eligibility is determined by Emergency Aid interviews and review of income. Boulder Citys discount program is closely coordinated with LIHEAP. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
2	Weatherization/ Conservation Measure Households served: 1 Amount of assistance: \$3,124.97	Lincoln County Power District	Households whose annual gross income is at or below 150% of the federal poverty income guideline (established by OMB) are eligible for assistance, the Lincoln County Power District Customer Assistance Fund is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
3	Cash Households served: 10 Amount of assistance: \$9,417.82	Mt. Wheeler Power Company Cooperative Assistance for Residential Energy (CARE)	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Mt. Wheeler Power Company's CARE Program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resources/benefit.
4	Cash Households served: 776 Amount of assistance: \$834,223.52	Nevada Housing Division 15% Set Aside Program	In order to maximize the impact and effectiveness of both Nevadas LIHEAP and the Housing Division's 15% Set Aside program, families eligible for housing assistance who were not able to pay utility deposits and/or initial utility bills were screened to determine if any benefits had already been awarded to the applicant by either program. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the implementation of this resource/benefit.
5	Cash Households served: 205 Amount of assistance: \$1,327,980	Universal Energy Charge Fund for Weatherization Administered by the Nevada Housing Division	TTThe Nevada LIHEAP provides a monthly database download report to the Housing Division's Weatherization Assistance Program identifying eligible households whose energy assistance benefit was \$600 or greater. The UEC statute (Nevada Revised Statute 702) requires the energy assistance program to establish a mechanism to communicate high energy users to the weatherization program for prioritization for energy conservation measures. A list of eligible EAP households can be provided to the Housing Divisions WAP, to notify the WAP of high energy usage households. This interagency partnership enables low-income Nevadans to pay the high cost of energy while maintaining a safe and healthy home.
6	Cash Households served: 929 Amount of: \$222,466.79	NV Energy Sierra Pacific Power Companys United Way of Northern Nevada and the Sierras - Special	Provides utility bill payment assistance to the low-income, elderly and disabled, as well as families facing short-term financial crises. SAFE distributes financial assistance to customers, once annually, through social service agencies that voluntarily administer the program in communities served by NV Energy Sierra

		Assistance Fund for Energy-SAFE	Pacific Power in northern Nevada and northeastern California. United Way of Northern Nevada and the Sierra. NV Energy Sierra Pacific Power United Way of Northern Nevada and the Sierra supports all administrative costs for the program and provides a level of annual financial support authorized by its shareholders and supplemented by other SAFE resources.
7	Cash Households served: 2,129 Amount of assistance: \$556,566.01	NV Power Company Project Reach.	Designed to help vulnerable adults 62 years and older, medically fragile people, seniors who are isolated, as well as deployed Reserve and National Guard members in need of emergency energy, cooling and utility bill assistance. The program is currently available during the summer months until funds are exhausted. The Project Reach program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to those who otherwise would not have received assistance due to insufficient federal funds. In order to maximize the impact and effectiveness of both programs, Project Reach applicants were screened to determine if any benefits had already been awarded by either program to determine how much additional assistance was needed. This coordination of efforts has been instrumental in the development and implementation of this resource/benefit.
8	Cash Households served: 1,636 Amount of assistance: \$450,408.	Southwest Gas Corporation Energy Share Program	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, the Energy Share program coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due insufficient funds or the constraints of LIHEAP eligibility. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
9	Weatherization/Conservation measure Households served: 95 Amount of assistance: \$427,599.35	Governor's Office of Energy Weatherization Assistance	The Governors Office of Energy set income guidelines at 200% of the federal poverty guidelines to provide services to those households above the states income guidelines for LIHEAP. Households approved for Home Energy Retrofit Opportunities for Seniors (H.E.R.O.S.) must be seniors over 60 years old and a NV Energy customer. Computerized lists of LIHEAP customers are provided to the weatherization program for outreach and eligibility purposes.
10	Cash Households served: 13,283 Amount of assistance: \$2,476,239.29	Universal Energy Charge (UEC) Fund for Energy Assistance	The Energy Assistance Program uses its UEC revenue in conjunction with LIHEAP funding to serve additional low-income households at or below 150% of the poverty level. The funds may only be paid to households who are customers of the seven regulated utilities and who are required to pay the UEC. Financial Assistance is paid directly to energy vendors on behalf of LIHEA eligible households.
11	Waiver of reconnection fees Households served: 226 Amount of Assistance: \$43,746.00	Valley Electric Association	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Valley Electric Associations Customer Assistance Fund is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient federal funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resources/benefit.

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



## Section 15 - Training

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

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

## Section 15: Training

15.1 Describe the training you provide for each of the following groups:

**a. Grant recipient Staff:**

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☐ Annually

☐ Biannually

☒ As needed

☒ Other, describe: Investigations and Recovery training is provided annually. All other training is provided as needed.

☒ Employees are provided with policy manual

☐ Other, describe:

**b. Local Agencies:**

☐ Formal training provided virtually, on-site, and/or 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

<input type="checkbox"/> Other, describe:	
15.2 Does your training program address fraud reporting and prevention?	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-013  
Expiration Date: 02/28/2027

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

#### 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 (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

Nevada's EAP computer system has been updated to capture and report the required information. Nevada is compliant with the reporting requirements.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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## Section 17: Program Integrity, 2605(b)(10)

### 17.1 Fraud Reporting Mechanisms

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

- ☒ Online Fraud Reporting
- ☒ Dedicated Fraud Reporting Hotline
- ☒ Report directly to local agency/district office or Grant recipient 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
- ☐ Posted in local administering agencies offices.
- ☒ 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	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Other		Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required
1						

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**17.3. Citizenship/Legal Residency Verification**

What are your procedures for ensuring LIHEAP recipients are U.S. citizens or qualified non-citizens who are eligible to receive LIHEAP benefits? Select all that apply.

<input checked="" type="checkbox"/>	Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen
<input type="checkbox"/>	Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.
<input checked="" type="checkbox"/>	Non-Citizens must provide documentation of immigration status
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport
<input checked="" type="checkbox"/>	Non-Citizens are verified through the SAVE system
<input type="checkbox"/>	Tribal members are verified through Tribal enrollment records/Tribal ID card
<input type="checkbox"/>	Other - Describe:

**17.4. Income Verification**

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

<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input checked="" type="checkbox"/>	Bank statements
<input checked="" type="checkbox"/>	Tax statements
<input checked="" type="checkbox"/>	Zero-income statements
<input checked="" type="checkbox"/>	Unemployment Insurance letters
<input checked="" type="checkbox"/>	Other - Describe:
	Other - Describe: <ul style="list-style-type: none"> <li>written/signed statement from employer</li> <li>self-employment records</li> <li>statement from 3rd parties contributing funds to the household</li> </ul>
<input checked="" type="checkbox"/>	Computer data matches:
<input checked="" type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input checked="" type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input checked="" type="checkbox"/>	Social Security income verified with SSA
<input checked="" type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:

**b. Describe any exceptions to the above policies.**

**17.5 Identification Verification**

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

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

<input type="checkbox"/> Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grant recipient LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Employees must sign confidentiality agreement
<input checked="" type="checkbox"/> Grant recipient employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Electronic files are protected in a secure location.
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
What policies are in place for verifying vendor authenticity? Select all that apply.
<input checked="" type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grant recipient and/or local agencies/district offices perform physical monitoring of vendors
<input type="checkbox"/> Other - Describe and note any exceptions to policies above:
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input checked="" type="checkbox"/> Account ownership
<input checked="" type="checkbox"/> Consumption
<input checked="" type="checkbox"/> Balances
<input checked="" type="checkbox"/> Payment history
<input type="checkbox"/> Account is properly credited with benefit
<input checked="" type="checkbox"/> Other - Describe:  Other - Describe:  An annual audit is undertaken whereby a random sample of unregulated energy customers is contacted to determine if their energy vendor's monthly customer statement reflected an accurate crediting of their energy assistance payment. In situations where a potential discrepancy exists, the energy vendor's record for the customer is audited to resolve the issue.
<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure

<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe:  Other - Describe: Multi step process for payment approvals
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
Describe the Grant recipients procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General
<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	<p><b>Grant recipient attempts collection of improper payments. If so, describe the recoupment process</b>  Grant recipient attempts collection of improper payments. If so, describe the recoupment process.</p> <p>If the claim is collectible by recouping monies credited to the household's utility vendor(s) immediate action shall be taken by the EAP worker to notify the utility vendor(s) to return any unused monies to DSS. These monies will be deducted from the claim balance owed by the household. If a claim balance remains, the case shall be referred to the I&amp;R unit for recovery.</p> <p>If a claim balance remains and the household applies for benefits in the subsequent program year, the claim balance may be deducted from the subsequent year's benefit to satisfy the claim if the household is eligible and agrees to amend any previous repayment agreement negotiated with the Division. This can be accomplished without regard to whether the household receives a vendor payment or direct payment. Once these benefits are withheld, the I&amp;R unit shall be notified so their debtor file can record the 'collection'.</p>
<input checked="" type="checkbox"/>	<p><b>Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?</b> See Attached or First Violation One program year (State Fiscal Year). Second Violation Two program years (State Fiscal Year). Third Violation Permanently Ineligible (lifetime).</p>
<input type="checkbox"/>	Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/>	Vendors found to have committed fraud may no longer participate in LIHEAP
<input type="checkbox"/>	Other - Describe:
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

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

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

**Instructions for Certification**

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

##### **Instructions for Certification**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. By signing and/or submitting this application or grant agreement, the Grant recipient 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 Grant recipient 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 Grant recipients other than individuals, Alternate I applies.
4. For Grant recipients who are individuals, Alternate II applies.
5. Workplaces under grants, for Grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the Grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the Grant recipient 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 Grant recipients 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 Grant recipient 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. Grant recipients 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 Grant recipient 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 Grant recipients payroll. This definition does not include workers not on the payroll of the Grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the Grant recipients payroll; or employees of subrecipients or subcontractors in covered workplaces).

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

##### **Alternate I. (Grant recipients Other Than Individuals)**

The Grant recipient 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 Grant recipients 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 Grant recipients 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 Grant recipient 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 ( *That this must be physical address. No PO Boxes allowed.* )**

2527 N Carson St Ste 260, Carson City, NV 89706

**\* Address Line 1**

3330 E Flamingo Rd Ste 55, Las Vegas, NV 89121

**Address Line 2**

**Address Line 3**

Carson City

**\* City**

NV

**\* State**

89706

**\* Zip Code**

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

**Alternate II. (Grant recipients Who Are Individuals)**

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

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

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



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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

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

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

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



By checking this box, the prospective primary participant is agreeing to the Assurances set out above.

## Plan Attachments

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