DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance
Grantee Name: COOK INLET TRIBAL COUNCIL, INC.
Report Name: DETAILED MODEL PLAN (LIHEAP)
Report Period: 10/01/2025 to 09/30/2026
Report Status: Submission Accepted by CO

Report Sections

Mandatory Grant Application SF-424

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

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

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

*** 1.a. Type of Submission:** ● Plan	*** 1.b. Frequency:** ● Annual	*** 1.c. Consolidated Application/ Plan/Funding Request?** **Explanation:**	*** 1.d. Version:** ● Initial ○ Resubmission ○ Revision ○ Update
		2. Date Received:	**State Use Only:**
		3. Applicant Identifier:	
		4a. Unique Entity Identifier (UEI) SD65DABQARQ1	**5. Date Received By State:**
		4b. Federal Award Identifier:	**6. State Application Identifier:**

7. APPLICANT INFORMATION

*** a. Legal Name:** Cook Inlet Tribal Council

*** b. Address:**

*** Street 1:**	3600 San Jeronimo Drive	**Street 2:**	
*** City:**	ANCHORAGE	**County:**	Default
*** State:**	AK	**Province:**	
*** Country:**	United States	*** Zip / Postal Code:**	99508 -

c. Organizational Unit:

Department Name:	**Division Name:**

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)

*** First Name:** Antoinette	*** Last Name:** Horn
Title: Senior Manager	**Organizational Affiliation:** Cook Inlet Tribal Council
*** Telephone Number:** 9077933292	**Fax Number** 907-793-3394

*** Email:**
a.horn@citci.org

*** 8. TYPE OF APPLICANT:**
K: Indian/Native American Tribally Designated Organization

*** a. Is the applicant a Tribal Consortium:** ○ Yes ● No

*** b. If yes please attach at least one the following documentation:**

	Catalog of Federal Domestic Assistance Number:	CFDA Title:
9. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Heating Assistance

11. AREAS AFFECTED BY FUNDING:
Municipality of Anchorage

12. CONGRESSIONAL DISTRICTS OF APPLICANT:
00

13. FUNDING PERIOD:

a. Start Date: 10/01/2025	**b. End Date:** 09/30/2026

*** 14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

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?**
○ YES
● 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)**

****I Agree** ☑

**** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.**

17a. Typed or Printed Name and Title of Authorized Certifying Official Antoinette Horn	**17c. Telephone (area code, number and extension)**
	17d. Email Address a.horn@citci.org
17b. Signature of Authorized Certifying Official E-sign	**17e. Date Report Submitted (Month, Day, Year)** 09/02/2025

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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**
☑	**Heating assistance**	10/01/2025	09/30/2026
☐	**Cooling assistance**		
☐	**Summer crisis assistance**		
☐	**Winter crisis assistance**		
☑	**Year-round crisis assistance**	10/01/2025	09/30/2026
☑	**Weatherization assistance**	10/01/2025	09/30/2026

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	**Percentage (%)**	**Prior year totals**
Heating assistance	55.00%	55.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	0.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	20.00%	20.00%
Weatherization assistance	15.00%	15.00%
Carryover to the following federal fiscal year	0.00%	0.00%
Administrative and planning costs	10.00%	10.00%
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%
TOTAL	100.00%	100.00%

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:

☑	**Heating assistance**	☐	**Cooling assistance**
☐	**Weatherization assistance**	☐	**Other (specify:)**

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

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

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

	Heating	**Cooling**	**Crisis**	**Weatherization**
TANF	● Yes ○ No	○ Yes ● No	● Yes ○ No	● Yes ○ No
SSI	● Yes ○ No	○ Yes ● No	● Yes ○ No	● Yes ○ No
SNAP	● Yes ○ No	○ Yes ● No	● Yes ○ No	● Yes ○ No
Means-tested Veterans Programs	○ Yes ○ No	○ Yes ● No	○ Yes ● No	○ Yes ● 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.

Categorically eligible for heating assistance, particularly under program like Low Income Home Energy Assistance Program (LIHEAP), means that a household is automatically considered eligible if at least one member receives benefits from certain other assistance programs. These programs typically include

* Temporary Assistance for Needy Families (TANF)

* Supplemental Nutrition Assistance Program (SNAP)

* Supplemental Security Income (SSI)

1.5 Do you automatically enroll households without a direct annual application? ○ Yes ● 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?

Catergoral eligibility is only used for the income verification portion of the grant calculation. All households must complete an application, and meet all other eligibility criteria. We use the same benefits determination for all households.

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: $0.00

1.7c Frequency of Assistance

☐	**Once Per Year**
☐	**Once every five years**
☐	**Other - Describe:**

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

Determination of Eligibility - Countable Income

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

☑	**Gross Income**
☐	**Net Income**
☐	**Other - Describe**

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

☑	**Wages**

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

☐ **Income tax refunds**

☐ **Stipends from senior companion programs, such as VISTA**

☑ **Funds received by household for the care of a foster child**

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

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

☐ **Other**

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.

1.10 Do you have an online application process ● **Yes** ○ **No**

1.10a If yes, describe the type of online application (Select all boxes that apply)

☐ **A PDF version of the application is available online and can be downloaded, filled out and mailed in for processing.**

☐ **A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing.**

☑ **One or more locally available online applications that allows a customer to complete data entry and submit an application electronically for processing.**

☐ **Online application that is also mobile friendly**

☐ **Other, please describe**

Please include a link(s) to a statewide application, if available:

1.10b Can all program components be applied for online? ● Yes ○ 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 ● Yes ○ No

1.12 Do you or any of your subrecipients require in person appointments in order to apply ○ Yes ● 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:

☑ **In-person**

☑ **Mail**

☑ **Email**

☑ **Portal application**

☐ **Other, please describe**

Hidden for Section 1

Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	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:

CITC applies specific guidelines to determine heating assistance eligibility for renters living in subsidized housing:

1. **Renters whose heat is included in their rent**
   Households residing in subsidized housing where heating costs are fully covered as part of the rent are **not eligible** for a heating assistance grant.
2. **Renters who pay a heating vendor and receive a utility allowance**
   Households in subsidized housing who pay a heating vendor directly and also receive a utility allowance will be eligible for **50% of the standard heating assistance grant**. This adjustment reflects the fact that these households are not responsible for the full cost of their utilities.
3. **Renters who pay for their own heat and do not receive a utility allowance**
   Households in subsidized housing who pay for their own heating costs and **do not receive a utility allowance** are eligible for the **full heating assistance grant**, as they bear the full financial responsibility for heating expenses.

Renters with utilities included in the rent? ○ Yes ● No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)? ● Yes ○ No

If yes, describe:

Outside of crisis applications, CITC follows a structured prioritization system to ensure timely support for vulnerable populations. The priority order is as follows:

1. **Elderly applicants**
2. **Applicants with disabilities**
3. **Families with young children**
4. **All other applicants, processed by date stamp order**

To streamline access for high-priority groups, CITC mails applications in late August to elderly and disabled individuals who applied for heating assistance in the previous fiscal year. These applicants are allowed to reapply beginning **September 1**, ahead of the general application period.

Families with young children who applied in the prior fiscal year, as well as households currently receivingTe**mporary Assistance for Needy Families (TANF)**,receive their applications around **September 23**, just prior to the official program start date of **October 1**.

Individuals with a disability? ● Yes ○ No

If yes, describe:

Outside of crisis applications, CITC follows a structured prioritization system to ensure timely support for vulnerable populations. The priority order is as follows:

1. **Elderly applicants**
2. **Applicants with disabilities**
3. **Families with young children**
4. **All other applicants, processed by date stamp order**

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Families with young children who applied in the prior fiscal year, as well as households currently receiving **Temporary Assistance for Needy Families (TANF)**, receive their applications around **September 23**, just prior to the official program start date of **October 1**.

Young children? ● Yes ○ No

If yes, describe:

Outside of crisis applications, CITC follows a structured prioritization system to ensure timely support for vulnerable populations. The priority order is as follows:

1. **Elderly applicants**
2. **Applicants with disabilities**
3. **Families with young children**
4. **All other applicants, processed by date stamp order**

To streamline access for high-priority groups, CITC mails applications in late August to elderly and disabled individuals who applied for heating assistance in the previous fiscal year. These applicants are allowed to reapply beginning **September 1**, ahead of the general application period.

Families with young children who applied in the prior fiscal year, as well as households currently receiving **Temporary Assistance for Needy Families (TANF)**, receive their applications around **September 23**, just prior to the official program start date of **October 1**.

Households with high energy burdens? ○ Yes ● No

If yes, describe:

Other? ○ Yes ● No

If yes, describe:

Explanations of policies for each "yes" checked above:

Eligibility for Renters in Subsidized Housing

CITC applies specific criteria to determine heating assistance eligibility for renters in subsidized housing:

- **Heat Included in Rent**: Renters whose heating costs are fully covered as part of their rent are

not eligible for a heating assistance grant.

- **Utility Allowance Provided**: Renters who pay a heating vendor directly and receive a utility allowance are eligible for **50% of the standard heating assistance grant**, as they are not responsible for the full cost of their utilities.
- **No Utility Allowance**: Renters who pay for their own heating costs and do **not receive a utility allowance** are eligible for the **full heating assistance grant**.

Application Prioritization Process

Outside of crisis applications, CITC follows a structured prioritization system to ensure timely support for vulnerable populations. The priority order is:

1. Elderly individuals
2. Persons with disabilities
3. Families with young children
4. All other applicants, processed by date stamp order

To facilitate early access for high-priority groups:

- **Elderly and disabled applicants** who applied in the previous fiscal year receive mailed applications in **late August** and may begin applying as early as **September 1**.
- **Families with young children** who applied in the prior year, along with households currently receiving **Temporary Assistance for Needy Families (TANF)**, are mailed applications around **September 23**, ahead of the official program start date of **October 1**.

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.

In addition to mailing applications to vulnerable populations prior to the start of the fiscal year, CITC provides **priority processing** for applications received in the following order:

1. Elderly individuals
2. Persons with disabilities
3. Families with young children (under age 6)

To further support these groups, applicants who fall into one or more of these categories receive an **additional 2.0 points** during the eligibility determination process. This scoring adjustment reflects their status as vulnerable populations and helps ensure timely access to heating assistance.

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

☑ **Income**

☑ **Family (household) size**

☑ **Home energy cost or need:**

- ☑ **Fuel type**
- ☑ **Climate/region**
- ☐ **Individual bill**
- ☑ **Dwelling type**
- ☐ **Energy burden (% of income spent on home energy)**
- ☐ **Energy need**
- ☐ **Other - Describe:**

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

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

Minimum Benefit	$10	**Maximum Benefit**	$2,000

2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?2 ● Yes ○ No

If yes, describe.

In addition to the regular heating assistance grant, CITC may provide eligible households with a one-time **payment for the purchase of space heaters**, contingent upon budget availability. As an alternative, CITC may also offer **a one-time weatherization kit** to help improve energy efficiency and reduce heating costs. These kits may include items such as window insulation film, door sweeps, and weather stripping.

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

Section 3 - COOLING ASSISTANCE

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

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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			0.00%

3.2 Do you have additional eligibility requirements for Cooling assistance?	○ Yes ● No

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

Do you require an Assets test?	○ Yes ● No

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 with utilities included in the rent?	○ Yes ● No

If yes, describe:

Do you give priority in eligibility to:

Older Adults (60 years or older)?	○ Yes ● No

If yes, describe:

Individuals with a disability?	○ Yes ● No

If yes, describe:

Young children?	○ Yes ● No

If yes, describe:

Households with high energy burdens?	○ Yes ● No

If yes, describe:

Other?	○ Yes ● No

If yes, describe:

Explanations of policies for each "yes" checked above:

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

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

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

- ☐ **Income**
- ☐ **Family (household) size**
- ☐ **Home energy cost or need:**
  - ☐ **Fuel type**
  - ☐ **Climate/region**
  - ☐ **Individual bill**

☐ **Dwelling type**

☐ **Energy burden (% of income spent on home energy)**

☐ **Energy need**

☐ **Other - Describe:**

N/A

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

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

Minimum Benefit	$0	**Maximum Benefit**	$0

3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? ○ Yes ● No

If yes, describe.

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.

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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	1	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.

The household must be within 48 hours of shutoff, out of fuel, or within a day of depleting fuel supply. Also their income for the month prior to the date they signed their application must be less than their shelter cost combined (mortgage/rent, electric, and/or heat) for the same period.

4.3 What constitutes a life-threatening crisis?

Life-threatening crisis application is the same as above except for the outdoor temperature is below 32 degrees or there was a pre-existing medical condition that threatens the life of a household member if the heat is disconnected. Medical verification must be provided at the time of application.

Crisis Requirement, 2604(c)

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

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

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

	Winter Crisis	**Summer Crisis**	**Year-Round Crisis**
4.6 Do you have additional eligibility requirements for Crisis Assistance?	☐	☐	☑
4.7 Check the appropriate boxes below to indicate type(s) of assistance provided 0			
Do you require an Assets test?	☐	☐	☐
Do you give priority in eligibility to:			
Older Adults (60 years or older)?	☐	☐	☑
Individuals with a disability?	☐	☐	☑
Young Children?	☐	☐	☑
Households with high energy burdens?	☐	☐	☑
Other (Specify):	☐	☐	☐
In Order to receive crisis assistance:			
Must the household have received a shut-off notice or have a near empty tank?	☐	☐	☑
Must the household have been shut off or have an empty tank?	☐	☐	☐
Must the household have exhausted their regular heating benefit?	☐	☐	☑
Must renters with heating costs included in their rent have received an eviction notice?	☐	☐	☑
Must heating/cooling be medically necessary?	☐	☐	☐
Must the household have non-working heating or cooling equipment?	☐	☐	☐

Other (Specify):	☐	☐	☐
Do you have additional/differing eligibility policies for:			
Renters?	☐	☐	☐
Renters living in subsidized housing?	☐	☐	☐
Renters with utilities included in the rent?	☐	☐	☐

Explanations of policies for each "yes" checked above:

Determination of Benefits

4.8 How do you handle crisis situations?

☐	**Separate component**
☑	**Benefit Fast Track, no separate amount of crisis funds is issued. Rather benefits are issued to crisis customers within crisis response time frames.**
☐	**Other - Describe:**

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

☐	**Amount to resolve the crisis.** $0
☐	**Other - Describe:**

Crisis Requirements, 2604(c)

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

● Yes ○ No **Explain.**

Applications are made available online and applicants may apply by mail, fax, or emailing their applications to CITC's office or any Department of Public Assistance office. In extenuating circumstances, CITC will take the application over the phone, calculate the grant, and send it to the household for signatures and documentation.

4.11 Do you provide individuals who are individuals with a disability the means to:

Submit applications for crisis benefits without leaving their homes?

● Yes ○ No

If No, explain.

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

○ Yes ● No

If No, explain.

In extenuating circumstances, CITC will take an application over the phone, calculate the grant, and send it to the household for signatures and documentation.

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?

Benefit Levels, 2605(c)(1)(B)

4.12 Indicate the maximum benefit for each type of crisis assistance offered.

Winter Crisis	$2,000.00	**maximum benefit**
Summer Crisis	$0.00	**maximum benefit**
Year-round Crisis	$5,000.00	**maximum benefit**

4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

○ Yes ● No **If yes, Describe**

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

● Yes ○ No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	☐	☐	☑

Heating system replacement	☐	☐	☑
Cooling system repair	☐	☐	☐
Cooling system replacement	☐	☐	☐
Wood stove purchase	☐	☐	☐
Pellet stove purchase	☐	☐	☐
Solar panel(s)	☐	☐	☐
Utility poles / gas line hook-ups	☐	☐	☐
Other (Specify):	☐	☐	☐

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

○ Yes ● No

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

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

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

If yes, describe

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

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 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	1	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.

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 Ration (SIR) standards.**
  - ☐ **Other - Describe:**

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
5.8 Do you give priority in eligibility to:	
Older Adults?	● Yes ○ No
Individuals with a disability?	● Yes ○ No
Young Children?	● Yes ○ No
House holds with high energy burdens?	○ Yes ○ No

Other?	○ Yes ● No

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

If a household has an elder, disabled individual, or a child under the age of six, their weatherization application is moved ahead of other households so that they can be addressed ahead of other households.If the applicant lives in subsidized housing, weatherization is usually accessible through their housing authority.If the applicant is renting, they are not eligible for weatherization as it is their landlord's responsibility to maintain the property and complete repairs.

Benefit Levels

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

5.9a If yes, what is the maximum? $5,000

5.10 Do you use an Average Cost per Unit (ACPU). ○ Yes ● No

5.10a If so, what is the ACPU amount? $0

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

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

☐ **Weatherization needs assessments/audits**	☐ **Energy related roof repair**
☐ **Caulking and insulation**	☐ **Major appliance repairs**
☐ **Storm windows**	☐ **Major appliance replacement**
☑ **Furnace/heating system modifications/repairs**	☑ **Windows/sliding glass doors**
☑ **Furnace replacement**	☑ **Doors**
☐ **Cooling system modifications/repairs**	☑ **Water Heater**
☐ **Water conservation measures**	☐ **Cooling system replacement**
☐ **Roof top solar**	☐ **Community solar projects**
☐ **Compact florescent light bulbs**	☑ **Other - Describe:** Any Health and Safety Concerns as needed

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.

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

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

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

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

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

☑	**Joint application for multiple programs (indicate programs included)** TANF, General Assistance
☑	**Intake referrals to/from other programs (indicate programs included)** TANF & General Assistance
☑	**One - stop intake centers**
☐	**Other - Describe:**

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

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

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

☐	**Administration Agency**
☐	**Commerce Agency**
☑	**Community Services Agency**
☐	**Energy/Environment Agency**
☐	**Housing Agency**
☐	**State Department of Welfare (administers TANF, SNAP, and/or Medicaid)**
☐	**Economic Development Agency**
☐	**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?

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

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

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

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?

8.7 How many local administering agencies do you use?

8.8 Have you changed any local administering agencies in the last year?
○ Yes
● No

8.9 If so, why?

☐	**Agency was in noncompliance with Grant recipient requirements for LIHEAP -**
☐	**Agency is under criminal investigation**
☐	**Added agency**
☐	**Agency closed**
☐	**Other - describe**

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
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 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.

Payments are either mailed directly to the vendor, or CITC has an energy assistance account set up with the vendor by which payments are deducted directly from.Direct payments are made payable to the applicant whose heat is included in their rent and they are not living in subsidized housing. Exceptions are made for homeless applicants in which a direct payment can be made to them provided that they have been in their same homeless location for 60 day or more.

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

Applicants are mailed a Notice of Approval to their home once their heating assistance grant has been approved and the payment has been sent to the vendor. The amount received per household varies based on CITC's point system and eligibility factors. The notice details the payment amount to each vendor (some applicants chose to have part of their grant paid towards their electric account).

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?

This is covered in the vendor agreement

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

This is covered in the vendor agreement. CITC investigates any report from applicants of unfair treatment they feel they have suffered.

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)

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

1. **Case Workers** are responsible for processing applications and calculating grant amounts based on program guidelines.
2. **The Program Manager** reviews and audits each application to ensure accuracy and compliance before approving payments. Once approved, the data is entered into the database and monitored for accuracy.
3. The Program Manager also generates reports using data from CITC’s Accounting Department and actively monitors program spending.
4. **External Auditing Firms** conduct periodic audits to verify that CITC is administering the program in accordance with grant requirements.
5. The Program Manager meets regularly—at least monthly—with the **Senior Comptroller** to review expenditures, ensure proper tracking, and confirm ongoing compliance with program policies. Additional meetings are held as needed.

10.1a Provide your definitions of the following:

Obligation

This means the funds are specifically allocated for designated purposes—such as heating assistance, administrative costs, or other allowable expenses outlined in the program guidelines.

Expenditures

Expenditures refers to the actual spending or disbursement of the funds that have been obligated. Expenditures indicate the liquidation of funds, meaning the money has been spent on eligible activities such as heating assistance, weatherization, or adminstrative costs.

Expenditure timeframe

The expenditure timeframe for LIHEAP refers to the period during which obligated funds must be spent

Administrative costs

Adminstrative costs refer to expenses necessary for the proper adminstration of the program. These cost typically include: Taking applications, determing eligibility and benefit levels and monitoring assistance provided.

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.

1.Selection and Engagement. The section of the firm to conduct the annual audit will be made by President & CEO in consultation with the Board of Directors Finance Committee.

2.Periodic Change. The selection process should reevaluate the auditor relationship with the firm and/or require a change in lead auditor every 5 to 7 years to ensure independence and objectivity.

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				

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:**

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.

Currently, managers and supervisors conduct a **100% review of all approved applications** to ensure accuracy, compliance with program guidelines, and proper documentation prior to payment authorization.

To enhance efficiency while maintaining oversight, we plan to implement **periodic quality assurance reviews** covering **no less than 25% of the LIHEAP caseload**. These reviews will be conducted at regular intervals and will focus on identifying trends, ensuring continued compliance, and supporting staff development through feedback and training opportunities.

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

Site Visits:

N/A

Desk Reviews:

N/A

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? 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.

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 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:**

Comment boxes regarding the LIHEAP program and plan are made available throughout the year to encourage ongoing public input. All submitted comments are reviewed by LIHEAP program staff and, when appropriate, are incorporated into the following year's program plan to improve service delivery and responsiveness.

Additionally, we have posted both the current **LIHEAP Plan** and the **Public Comment Document** in the Heating Assistance section of our website. This provides applicants and recipients of heating assistance with a clear opportunity to review the plan and share feedback, helping ensure the program remains aligned with community needs and expectations.

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		

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

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

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

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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 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? 0

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

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

N?A

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

1. **Initial Appeal Request**
   Applicants may submit a written request to appeal an administrative decision related to eligibility determination or the level of assistance within **30 days** of the decision date. Upon receiving the request, a supervisor will schedule a meeting with the applicant to review relevant documentation and discuss the concerns.
2. **Final Appeal Review**
   If the initial appeal meeting does not result in a resolution, the applicant may request a final review in writing within **five business days** of the appeal meeting. A **Senior Manager** will then review the case, including all documentation and the initial decision, and issue a **final written determination**. This concludes the appeal process.
   Note: No assistance will be provided during the appeal process until a final decision is made.
3. **Informal Dispute Resolution**
   For concerns unrelated to eligibility determination or assistance level—such as administrative procedures or service experience—applicants are encouraged to contact the appropriate staff member promptly to engage in an **informal discussion** aimed at resolving the issue collaboratively.

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights on the application, verbally during intake, and by a letter when the application is denied.

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.

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

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

N/A

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

N/A

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year.

N/A

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

N/A

13.5 How many households received these services?

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.

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 14:Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program?
○ Yes ● No

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

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

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

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

Section 15: Training

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:**

☑ **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**

☐ **Other, describe:**

15.2 Does your training program address fraud reporting and prevention?
● Yes
○ No

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.

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.

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.

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 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	☐ Required	☐ Required	☐ Required
	☐ Requested	☐ Requested	☐ Requested
Social Security Number (Without actual Card)	☐ Required	☐ Required	☑ Required
	☐ Requested	☐ Requested	☐ Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	☑ Required	☐ Required	☐ Required
	☐ Requested	☐ Requested	☐ Requested

	Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested
1							

		☐	☐	☐	☐	☐	☐

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.

☑ **Clients sign an attestation of citizenship or U.S. Citizen or Qualified Non-Citizen**

☑ **Client's submission of certain Social Security Administration cards is accepted as proof of U.S. Citizen or Qualified Non-Citizen.**

☐ **Non-Citizens must provide documentation of immigration status**

☐ **Citizens must provide a copy of their birth certificate, naturalization papers, or passport**

☐ **Non-Citizens are verified through the SAVE system**

☑ **Tribal members are verified through Tribal enrollment records/Tribal ID card**

☐ **Other - Describe:**

17.4. Income Verification

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

☑ **Require documentation of income for all adult household members**

- ☑ **Pay stubs**
- ☑ **Social Security award letters**
- ☑ **Bank statements**
- ☑ **Tax statements**
- ☑ **Zero-income statements**
- ☑ **Unemployment Insurance letters**
- ☑ **Other - Describe:**

Self-employment finance logs and most recent tax documentation showing business income and loss and if not filed, the applicant will provide proof if this was not claimed on taxes.

☑ **Computer data matches:**

- ☐ **Income information matched against state computer system (e.g., SNAP, TANF)**
- ☑ **Proof of unemployment benefits verified with state Department of Labor**
- ☐ **Social Security income verified with SSA**
- ☐ **Utilize state directory of new hires**
- ☑ **Other - Describe:**

Proof of child support income.

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

☐ **Verify SSNs with Social Security Administration**

☐ **Match SSNs with death records from Social Security Administration or state agency**

☑ **Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)**

☑ **Match with state Department of Labor system**

☐ **Match with state and/or federal corrections system**

☑ **Match with state child support system**

☐ **Verification using private software (e.g., The Work Number)**

☑ **In-person certification by staff (for tribal Grant recipients only)**

☐ **Match SSN/Tribal ID number with tribal database or enrollment records (for tribal Grant recipients only)**

☐ **Other - Describe:**

IHS Eligibility Verification.

17.6. Protection of Privacy and Confidentiality

Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.

☑ **Policy in place prohibiting release of information without written consent**

☑ **Grant recipient LIHEAP database includes privacy/confidentiality safeguards**

☑ **Employee training on confidentiality for:**

- ☑ **Grant recipient employees**
- ☐ **Local agencies/district offices**

☑ **Employees must sign confidentiality agreement**

- ☑ **Grant recipient employees**
- ☐ **Local agencies/district offices**

☑ **Physical files are stored in a secure location**

☑ **Electronic files are protected in a secure location.**

☐ **Other - Describe:**

17.7. Verifying the Authenticity

What policies are in place for verifying vendor authenticity? Select all that apply.

☐ **All vendors must register with the State/Tribe.**

☑ **All vendors must supply a valid SSN or TIN/W-9 form**

☐ **Vendors are verified through energy bills provided by the household**

☐ **Grant recipient and/or local agencies/district offices perform physical monitoring of vendors**

☐ **Other - Describe and note any exceptions to policies above:**

17.8. Benefits Policy - Gas and Electric Utilities

What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.

☑ **Applicants required to submit proof of physical residency**

☑ **Applicants must submit current utility bill**

☑ **Data exchange with utilities that verifies:**

- ☑ **Account ownership**
- ☐ **Consumption**
- ☑ **Balances**
- ☐ **Payment history**
- ☑ **Account is properly credited with benefit**
- ☐ **Other - Describe:**

☑ **Centralized computer system/database tracks payments to all utilities**

☑ **Centralized computer system automatically generates benefit level**

☑ **Separation of duties between intake and payment approval**

☑ **Payments coordinated among other energy assistance programs to avoid duplication of payments**

☑ **Payments to utilities and invoices from utilities are reviewed for accuracy**

☑ **Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities**

☑ **Direct payment to households are made in limited cases only**

☐ **Procedures are in place to require prompt refunds from utilities in cases of account closure**

☑ **Vendor agreements specify requirements selected above, and provide enforcement mechanism**

☐ **Other - Describe:**

17.9. Benefits Policy - Bulk Fuel Vendors

What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.

☑ **Vendors are checked against an approved vendors list**

☑ **Centralized computer system/database is used to track payments to all vendors**

☐ **Clients are relied on for reports of non-delivery or partial delivery**

☐ **Two-party checks are issued naming client and vendor**

☑ **Direct payment to households are made in limited cases only**

☐ **Vendors are only paid once they provide a delivery receipt signed by the client**

☐ **Conduct monitoring of bulk fuel vendors**

☐ **Bulk fuel vendors are required to submit reports to the grant recipient.**

☐ **Vendor agreements specify requirements selected above, and provide enforcement mechanism**

☐ **Other - Describe:**

17.10. Investigations and Prosecutions

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.

☐ **Refer to state Inspector General**

☐ **Refer to local prosecutor or state Attorney General**

☐ **Refer to US DHHS Inspector General (including referral to OIG hotline)**

☑ **Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public**

☑ **Grant recipient attempts collection of improper payments. If so, describe the recoupment process**

Participants who have received an improper payment are required to enter into a formal **repayment agreement**, which includes signing a **promissory note**, a **confession of judgment**, and establishing a **reasonable and practical repayment plan** based on their financial circumstances.

In cases where a participant fails to make a good-faith effort to repay the improper payment, **future grant awards may be reduced by up to 50%** until the outstanding balance is recovered. This policy ensures accountability and supports the integrity of the program while allowing continued access to assistance.

☑ **Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?** varies

☐ **Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated**

☐ **Vendors found to have committed fraud may no longer participate in LIHEAP**

☑ **Other - Describe:**

Unannounced home visits may be conducted to verify household composition as part of routine eligibility checks or fraud investigations. If a fraud investigation is underway, **pending applications will not be impacted** unless there is questionable or inconsistent information directly related to the pending case.

If fraud is identified and the applicant **disagrees with the findings**, they may request an **administrative hearing** to address potential disbarment from the program. CITC will consider the outcome of the administrative hearing to be **final and binding**.

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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

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

1. By signing and/or submitting this application or grant agreement, the 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.)*

3600 San Jeronimo Drive
*** Address Line 1**

Address Line 2

Address Line 3

Anchorage *** City**	Alaska *** State**	99508 *** 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

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

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

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

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

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

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

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

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

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

☑ **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
• **Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.**
• **Heating component benefit matrix, if applicable**
• **Cooling component benefit matrix, if applicable**
• **Minutes, notes, or transcripts of public hearing(s).**
• **Policy Manual.**
• **Subrecipient Contract.**
• **Model Plan Participation Notes for Tribes.**