DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance
Grantee Name: STATE OF MONTANA DEPARTMENT OF HEALTH AND HUMAN SERVICE
Report Name: DETAILED MODEL PLAN (LIHEAP)
Report Period: 10/01/2026 to 09/30/2027
Report Status: Submission Accepted by CO

Report Sections

1. ***Mandatory Grant Application SF-424***
2. ***Section 1 - Program Components***
3. ***Section 2 - HEATING ASSISTANCE***
4. ***Section 3 - COOLING ASSISTANCE***
5. ***Section 4 - CRISIS ASSISTANCE***
6. ***Section 5 - WEATHERIZATION ASSISTANCE***
7. ***Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)***
8. ***Section 7 - Coordination, 2605(b)(4) - Assurance 4***
9. ***Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6***
10. ***Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7***
11. ***Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10***
12. ***Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)***
13. ***Section 12 - Fair Hearings,2605(b)(13) - Assurance 13***
14. ***Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16***
15. ***Section 14 - Leveraging Incentive Program ,2607A***
16. ***Section 15 - Training***
17. ***Section 16 - Performance Goals and Measures, 2605(b)***
18. ***Section 17 - Program Integrity, 2605(b)(10)***
19. ***Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters***
20. ***Section 19: Certification Regarding Drug-Free Workplace Requirements***
21. ***Section 20: Certification Regarding Lobbying***
22. ***Assurances***
23. ***Plan Attachments***

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: 02/28/2028

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) TR3DAXR9MCN8	**5. Date Received By State:**
		4b. Federal Award Identifier:	**6. State Application Identifier:**

7. APPLICANT INFORMATION

*** a. Legal Name:** State of Montana

*** b. Address:**

*** Street 1:**	P.O. BOX 202956	**Street 2:**	
*** City:**	HELENA	**County:**	
*** State:**	MT	**Province:**	
*** Country:**	United States	*** Zip / Postal Code:**	59624 - 2956

c. Organizational Unit:

Department Name:	**Division Name:**
Department of Health and Human Services	Human and Community Services Division

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:** Marc	*** Last Name:** Burr
Title: .Energy Services Section Supervisor	**Organizational Affiliation:**
*** Telephone Number:** 4064391427	**Fax Number**
*** Email:** marc.burr@mt.gov	

*** 8. TYPE OF APPLICANT:**
A: State Government

*** 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:
Low Income Home Energy Assistance Program

11. AREAS AFFECTED BY FUNDING:
State of Montana

12. CONGRESSIONAL DISTRICTS OF APPLICANT:
1,2

13. FUNDING PERIOD:

a. Start Date: 10/01/2026	**b. End Date:** 09/30/2027

*** 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 Marc Burr	**17c. Telephone (area code, number and extension)**
	17d. Email Address marc.burr@mt.gov
17b. Signature of Authorized Certifying Official E-sign	**17e. Date Report Submitted (Month, Day, Year)** 09/01/2026

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: 02/28/2028

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	10/01/2026	09/30/2027
☐	Cooling assistance		
☐	Summer crisis assistance		
☐	Winter crisis assistance		
☑	Year-round crisis assistance	10/01/2026	09/30/2027
☑	Weatherization assistance	10/01/2026	09/30/2027

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	65.00%	52.00%
Cooling assistance	0.00%	0.00%
Summer crisis assistance	0.00%	8.00%
Winter crisis assistance	0.00%	0.00%
Year-round crisis assistance	9.00%	0.00%
Weatherization assistance	15.00%	25.00%
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)	1.00%	5.00%
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.

SNAP Categorically Eligible Households: Households applying for LIHEAP who: 1. Are currently eligible for or receiving SNAP benefits. 2. Received or were approved to receive SNAP benefits during the month of the LIHEAP application. AND 3. When all members of the LIHEAP household are SNAP eligible, even if there are additional members in the SNAP household, they will be determined to be SNAP categorically eligible for LIHEAP benefits. LIHEAP/SNAP Categorically Eligible households applying for LIHEAP must: 1. Be currently eligible for SNAP benefits. 2. Received or were approved to receive SNAP benefits during the month of the LIHEAP application. 3. Each household member must be SNAP eligible.

SSI, and/or TANF Households: SSI, and/or TANF benefit amount(s) of a household will be used to determine the amount of the LIHEAP benefit. Income documentation of SSI, and/or TANF benefit showing eligibility prior to the month in which the LIHEAP application is submitted, must be in the client file CHIMES/Perceptive bank statement, SSI letter, etc.).

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

If Yes, explain:

Households determined eligible for the Subsidized Housing Energy Assistance modified LIHEAP benefit whose economic and housing situation does not change would be determined LIHEAP eligible for a period of five (5) years.

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?

Income, household size, type of home, type of fuel and geographic location are the factors used to determine the benefit level. It is inconsequential whether they are categorically eligible or not. If the categorically eligible household's income exceeds the program income limit, the household will still receive a benefit using the lowest multiplying factor.

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: $25.00

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?

Residents of subsidized housing whose energy costs are included as a portion of their rent or who reside in subsidized housing and have an obligation to pay a base load electric bill are not eligible for a regular LIHEAP benefit as determined in ARM 37.70.601. However, these households are eligible for a modified LIHEAP benefit. The modified LIHEAP benefit is paid at the rate of 5% of the amount of the regular LIHEAP benefit as identified by Montana's LIHEAP benefit award matrix. A minimum payment of $25 will be paid to the household annually. Basing payments to these households on the matrix will ensure that assistance is provided to them in proportion to need in accordance with LIHEAP statute (42 U.S. Code 8623) Applications and Requirements Section 2605 (b)(5).

In order to document the subsidized household has an energy burden the agency will document either:

1. The amount of rent the household pays; or
2. Proof the electric bill is in the client's name.

Households determined eligible for the Subsidized Housing Energy Assistance modified LIHEAP benefit whose economic and housing situation does not change will be determined LIHEAP eligible for a period of five (5) years.

The LIHEAP application cover letter and the LIHEAP application contain statements informing the client to reapply when they move or their circumstances change to continue LIHEAP eligibility. In addition, the Office of Public Assistance (SNAP Office) notifies clients of the requirement to reapply when circumstances change or they move to a new dwelling.

Residents of subsidized housing whose economic or housing situation changes during the five (5) year eligibility period will need to reapply. The households do not need to wait five (5) years before reapplying.

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:

Montana DPHHS - SNAP, TANF, LIHEAP and Health Coverage Assistance Application (mt.gov)

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** FAX

Hidden for Section 1

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	1	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	HHS Poverty Guidelines	150.00%
11	11	HHS Poverty Guidelines	150.00%
12	12	HHS Poverty Guidelines	150.00%
13	13	HHS Poverty Guidelines	150.00%
14	14	HHS Poverty Guidelines	150.00%
15	15	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:

1. The applicant must be living in the dwelling at the time of application.
2. Note: The household may also have business assets whose equity value does not exceed $25,000.
    1. BUSINESS EQUITY – A household having equity value in business assets in excess of $25,000 is ineligible. Formula for determining equity value:

Fair Market Value

\- Less amount owing

= Equity value*

LIHEAP & Weatherization

2025-2026 Program Year Resource Limits

Number in Household	Non-Business Resources
1	$14,358
2	$21,966
3	$23,431
4	$24,896
5	$26,360

6	$27,825
7	$29,290
8	$29,290
9	$29,290
10	$29,290
11	$29,290
12	$29,290

Add additional $1,465 for each member up to $29,290 maximum per household.

Do you have additional/differing eligibility policies for:

Renters?	○ Yes ◉ No

If yes, describe:

Renters Living in subsidized housing?	◉ Yes ○ No

If yes, describe:

Note that subsidized rent households that have the heating bill in their name are eligible for regular LIHEAP benefit and the benefit will be paid directly to the fuel vendor.

Residents of subsidized housing whose energy costs are included as a portion of their rent or who reside in publicly subsidized housing and have an obligation to pay a base load electric bill are not eligible for a regular LIHEAP benefit as determined in ARM 37.70.601. However, these households will be eligible for a modified LIHEAP benefit. The modified LIHEAP benefit will be paid at the rate of 5% of the amount of a regular LHIEAP benefit as identified by Montana's LIHEAP benefit award matrix. A minimum payment of $25 will be paid to the household annually. Basing payments to these households on the matrix will ensure that assistance is provided to them in proportion to need in accordance with LIHEAP statute (42 U.S. Code 8623) Applications and Requirements Section 2605 (b)(5).

In order to document the subsidized household has an energy burden the agency will document either:

1. The amount of rent the household pays; or
2. Proof the electric bill is in the client's name.

Households determined eligible for the Subsidized Housing Energy Assistance modified LIHEAP benefit whose economic and housing situation does not change will be determined LIHEAP eligible for a period of five (5) years. These households would receive an annual benefit.

Residents of subsidized housing whose economic or housing situation changes during the five (5) year eligibility period will need to reapply. The households will not be required to wait five (5) years before reapplying.

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

If yes, describe:

UTILITIES INCLUDED IN THE RENT (TENANTS): For eligible non-subsidized housing Low Income Home Energy Assistance Program (LIHEAP) tenant households where energy costs are included in rental payments, reimbursement to the client will be made.

Note: Paid rent must be verified by receipts before reimbursement. Payments shall not exceed fifty percent (50%) of the amount of paid rent evidenced by the monthly rent receipt(s) **or** a pro-rata monthly amount of the benefit, whichever is **less**. The pro-rata monthly amount of the benefit is determined by dividing the benefit amount for the eligible household by the number of months in the heating season. The heating season is usually October through April, which is a seven (7) month period, so the benefit amount will be divided by seven (7).

Note: Requests for reimbursement of paid rental costs must be made to the agency no later than June 20th. Failure to request reimbursement on or before June 20th, will result in forfeiture of any remaining benefits for the heating season. The June 20 date will be extended when the heating season has been extended.

Reimbursements to utilities in rent households may be made monthly, in two (2) payments, or in one (1) payment. Reimbursements cannot exceed the household's benefit amount for the heating season.

Do you give priority in eligibility to:

Older Adults (60 years or older)?	(•) Yes ( ) No

If yes, describe:

Pre-printed applications will be sent to households that heat with a deliverable fuel (Wood, Coal, Fuel Oil and Propane) beginning in September. This allows the households to purchase fuel at cheaper prices.

Pre-printed applications will be sent to fixed income households (elderly and disabled) beginning in October. This allows the vulnerable populations to receive a LIHEAP benefit quicker.

Individuals with a disability?	(•) Yes ( ) No

If yes, describe:

Pre-printed applications will be sent to households that heat with a deliverable fuel (Wood, Coal, Fuel Oil and Propane) beginning in September. This allows the households to purchase fuel at cheaper prices.

Pre-printed applications will be sent to fixed income households (elderly and disabled) beginning in October. This allows the vulnerable populations to receive a LIHEAP benefit quicker.

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:

Pre-printed applications will be sent to households that heat with a deliverable fuel (Wood, Coal, Fuel Oil and Propane) beginning in September. This allows the households to purchase fuel at cheaper prices.

Pre-printed applications will be sent to fixed income households (elderly and disabled) beginning in October. This allows the vulnerable populations to receive a LIHEAP benefit quicker.

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.

Pre-printed applications will be sent to households that heat with a deliverable fuel (Wood, Coal, Fuel Oil and Propane) beginning in September. This allows the households to purchase fuel at cheaper prices.

Pre-printed applications will be sent to fixed income households (elderly and disabled) beginning in October. This allows the vulnerable populations to receive a LIHEAP benefit quicker.

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

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

Other - Describe:

In addition, the benefit level is determined based on the number of physical bedrooms in the dwelling.

Attached to the Model Plan is a detailed step-by-step example on how to calculate a LIHEAP benefit. It is labeled "Heating Benefit Matrix".

Ineligible member(s) will not be counted in determining household size for benefit calculation. This allows households with ineligible member(s) to receive a LIHEAP benefit. In households with ineligible members, only the total number of eligible members will be counted for purposes of calculating the benefit. However, all the income will be counted for both ineligible and eligible household members. Chimes will still track total number of members in the household (both ineligible and eligible) for weatherization purposes

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	$150	**Maximum Benefit**	$3,362

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

If yes, describe.

Space heaters are provided to alleviate a life-threatening or emergency situation.

Cooling assistance is allowable during sustained high temperatures. Cooling assistance will be limited to the purchase of fans, operation or support of local cooling centers, coordination with local social service agencies, relocation to a hotel/motel and providing an air conditioner to cool one room (where medically necessary).

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: 02/28/2028

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:**	

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.

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: 02/28/2028

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	State Median Income	60.00%
2	2	State Median Income	60.00%
3	3	State Median Income	60.00%
4	4	State Median Income	60.00%
5	5	State Median Income	60.00%
6	6	State Median Income	60.00%
7	7	State Median Income	60.00%
8	8	State Median Income	60.00%
9	9	State Median Income	60.00%
10	10	HHS Poverty Guidelines	150.00%
11	11	HHS Poverty Guidelines	150.00%
12	12	HHS Poverty Guidelines	150.00%
13	13	HHS Poverty Guidelines	150.00%
14	14	HHS Poverty Guidelines	150.00%
15	15	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.

Emergency Assistance benefits are available from October through September.

Emergency Assistance under the Low Income Home Energy Assistance Program (LIHEAP) may be provided to an eligible household in the following circumstances only when such circumstances present an imminent threat to the health and safety of the household.

The household is responsible, at its own expense, for documenting that circumstances exist which present a serious, immediate threat to the household. The sub-grantee may, in its discretion, assist the household in identifying and documenting such circumstances, if the subgrantee has the expertise and resources to do so.

CONDITIONS OF EMERGENCY:

1. The household's primary supply of energy is interrupted because of weather conditions and other supply or a different type of energy is necessary.
2. Weather or other forces outside the control of the household damages the household's dwelling and causes the dwelling to suffer a severe loss of heat.
3. Hazardous or potentially hazardous conditions exist in the household's primary home space heating system, and safety modification are required.
4. Any other home energy-related condition caused by severe weather conditions, fuel shortages, and/or acts of God.
5. The household has a documented medical need for home energy related safety modifications.

LIHEAP funds can be used to relight a furnace pilot light if it is the primary heat source.

Crisis cooling assistance is allowable during sustained high temperatures. Cooling assistance will be limited to the purchase of fans, operation or support of local cooling centers, coordination with local social service agencies, relocation to a hotel/hotel and air conditioners (where medically necessary).

The policy regarding cooling crisis involves: an eligible household that is income qualified must have a household member that has and provides a letter from a qualified medical provider stating that a life-threatening condition exists where an air conditioner will eliminate or significantly reduce the possibility of loss of life or heat related illness. The letter does not have to include the diagnosis or condition; it only has to indicate there is a need for air conditioning and be signed by the qualified medical provider.

Cooling centers may be activated when the temperatures are expected to reach 90 degrees for at least three (3) consecutive days.

Transportation to the cooling center will not be provided.

The sub-grantee must obtain departmental approval before providing crisis cooling assistance.

4.3 What constitutes a life-threatening crisis?

Life-threatening: A life-threatening crisis exists when condition(s) are present that may cause death or severe permanent damage to the health of one or more household members. Such conditions include:• Household is without primary heat source of electric or natural gas service, or has less than 10% of a deliverable fuel (propane, wood, coal, fuel oil)o and has no secondary or alternate heat source,o and the outside temperature is below 32°F.• Household whose members' health and/or well-being would likely be endangered without the availability of their primary heat source or emergency cooling assistance which may include those who suffer more severe adverse effects from extreme temperature changes or exposure to extreme temperatures due to a medical condition.• Additional special circumstances are considered on case-by-case basis and determined by LIHEAP specialists at sub-contracting local agencies.

Crisis Requirement, 2604(c)

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

Assets Test:

The following are the maximum non-business resources allowed:

$14,717 for a single person

$21,966 for a two-person household

Add $1,465 for each additional member up to $29,290 maximum per household.

Resources include, but are not limited to the following:

1. cash on hand;
2. certificates of deposit;
3. checking/savings accounts;
4. market value of stocks, bonds, and/or other negotiable resources;
5. equity value of real property which is not the primary residence; and
6. contract for deed (countable resource if can be sold).

Note: The household may also have business assets whose equity value does not exceed $25,000.

Medically Necessary Explanation:

Window air conditioners can be installed only when a household member has a documented medical need. The primary heat source may be switched if the household has a documented medical need.

Renters:

The landlord is responsible for replacing or repairing the furnace as per the Montana Landlord and Tenant Act. After providing and/or documenting that backup or temporary heat has been provided, the LIHEAP recipient (tenant/renter) needs to give the landlord written notice informing the landlord of the furnace problem and give the landlord "reasonable" time to fix the problem. Emergency situations, according to section 70-24-406, Montana Code Annotated must be addressed by the landlord within 3 working days. Montana Legal Services has developed a form the LIHEAP recipient can used to notify the landlord of the emergency.

Montana Legal Services has also developed a Landlord Tenant Law Information sheet. The LIHEAP recipient should send the Information Sheet to the landlord along with the letter notifying the landlord of the emergency.

In addition, the agency should encourage the LIHEAP recipient to contact Montana Legal Services at 1-800-666-6899 for assistance.

The Montana Residential Landlord and Tenant Act of 1977 (Montana Codes Annotated (MCA) 70-2425 states at 70-24-303 (1)'A landlord:

shall maintain in good and safe working order and condition all electrical, plumbing, sanitary, heating, ventilating, air-conditioning, and other facilities and appliances, including elevators, supplied or required to be supplied by the landlord;

shall supply running water and reasonable amounts of hot water at all times and reasonable heat between October 1 and May 1, except if the building that includes the dwelling unit is not required by law to be equipped for that purpose of the dwelling unit is so constructed that heat or hot water is generated by an installation within the exclusive control of the tenant;'.

Unless a landlord can demonstrate that they are low-income or have some mitigating circumstances, the responsibility for the maintenance, repair or replacement of the home heating system in the rental unit is the responsibility of the landlord. Mitigating circumstances may include, but are not limited to:

The landlord is absentee and the agency cannot contact the landlord and the maintenance, repair or replacement of the appliance is necessary to alleviate the health and safety related issue.

The landlord refuses to maintain, repair or replace the appliance and the occupants of the dwelling have a health and safety issue with the appliance.

The landlord cannot maintain, repair or replace the appliance in a timely manner to alleviate the health and safety issue.

All mitigating circumstances regarding the landlord not maintaining, repairing or replacing an appliance in a health and safety related circumstance must be documented in the participant's case file. IHSB would strongly encourage agencies to pursue written documentation of mitigating circumstances from landlords whenever practical, but detailed case notes will suffice if written documentation cannot be obtained. The agency may contact the Department for guidance in determining a mitigating circumstance.

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:** Payment may be made for actual cost to alleviate an emergency or life threatening emergency.

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 for energy crisis assistance are accessible to all eligible households in the area to be served.

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.

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	$0.00	**maximum benefit**
Summer Crisis	$0.00	**maximum benefit**
Year-round Crisis	$9,999.00	**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**

Crisis assistance is provided year-round. Payment may be made for actual cost to alleviate an emergency or life threatening emergency.

Emergency benefits can be used to alleviate energy-related emergencies. Emergency benefits can be used to purchase blankets, space heaters or other goods or services necessary to relieve energy related emergencies.

Crisis cooling assistance is allowable during sustained high temperatures. Cooling assistance will be limited to the purchase of fans, operation or support of local cooling centers, coordination with local social service agencies, relocation to a hotel/motel and air conditioners (where medically necessary).

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.

Under certain circumstances, regulated utilities are allowed to proceed with non-pay disconnects during the winter moratorium period, which runs from November 1 to April 1.

NorthWestern Energy, Montana-Dakota Utilities, Energy West, and other regulated utilities must obtain approval from the Public Service Commission (PSC) before proceeding with non-pay disconnects on delinquent accounts during the winter moratorium period. The PSC will not approve a request for disconnect if the account holder has income at or below the federal poverty guidelines, if the account holder is a recipient of a public assistance program, if a member of the customer's household is 62 years old or older, or if a member of the household is handicapped. It is the customer's responsibility to let the utility company know, prior to disconnect, if any of the above conditions exist in the home and they will likely be asked to provide documentation to the utility.

Companies not regulated by the PSC, such as cooperatives and propane distributors, are not required to obtain PSC approval prior to disconnecting utility service and have their own procedures to follow for winter terminations.

Customers are advised to contact their utility company to discuss their account. If the customer is not satisfied or has unanswered questions after talking to a regulated utility company they may contact the Public Service Commission at 1-800-646-6150

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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:**

Other - Describe:

1. Section 2605 (b)(1)(C) of the LIHEAP statute authorizes grantees to "provide low-cost residential weatherization and other cost-effective energy related home repair" and section 2605 (k) allows grantees to use LIHEAP funds for "low-cost residential weatherization or other energy-related home repair for low income households."
2. Use of LIHEAP funds for low cost/no cost energy conservation activities. Additionally, LIHEAP funds may be used for cost-effective, efficiency-related fuel switching. The Montana Computerized Energy Audit is used to determine the SIR of any fuel switch.
3. Montana utilizes Department of Energy (DOE) Weatherization Assistance Program (WAP) income eligibility limits of up to 200% the Federal Poverty Guidelines (FPL) provided under DOE WAP regulations contained in 10 CFR Part 440. Poverty income guidelines are revised annually and published in the Federal Register.
4. Final inspections are required on every LIHEAP completion, but Quality Control Inspections performed by a BPI-Certified Quality Control Inspector are not required for LIHEAP completions.
5. Re-Weatherization Requirements: A dwelling can be re-weatherized if the dwelling prior weatherization date is greater than 5 years.
6. Emergency heating system situations might need or require residential weatherization at a previous weatherized home before 5 years, agencies can submit a work order plan to address the situation. Residential weatherization services provided at a previous weatherized home within 5 years will require pre-approval.
7. Montana tends to utilize 15% of LIHEAP weatherization funds for training and technical assistance as allowed under CFR 440.23(e).
8. Equipment purchased with LIHEAP Weatherization funds which is no longer needed by the subgrantee who initially purchased it will be offered to other Montana LIHEAP Weatherization subgrantees at no charge. If no other LIHEAP Weatherization subgrantee in the state accepts the equipment, the subgrantee who initially purchased the equipment shall sell it at fair market value (FMV). All proceeds from the

sale of equipment purchased with LIHEAP Weatherization funds will be reinvested into the LIHEAP.

9. Window or door egress can be corrected as a Health and Safety Minor Repair measure when weatherization activities directly cause egress compliance to apply. LIHEAP funds can be used to replace, repair, or install doors and windows to comply with egress codes when a door or window doesn't pay back as an energy conservation measure in the Energy Audit tool, provided the WAP installed measure directly causes the egress requirement to apply. This is restricted to situations where a code-compliant egress window or door is not currently installed, is inoperable, or is removed. The wall framing must be able to support the replacement or installation of a door or window, i.e. an existing header is present in the wall. (Health and Safety Minor Repair is allowed up to a total of $1600 in aggregate.
10. Unsafe (including non-mobile home and non-EPA approved) secondary solid fueled heat sources (wood, coal, and pellet stoves) can be replaced using LIHEAP Weatherization funds. This requires prior written departmental approval.
11. When budget constraints do not allow completion of all "Major Measures" which meet an SIR of 1.0 or greater, the lowest SIR measure may be eliminated without need for deferral if using LIHEAP Weatherization funding.
12. Subgrantees can spend LIHEAP funds to co-fund a measure.
13. The Average Cost Per Unit (ACPU) weatherized is $15,000.
14. Subgrantees have the option to use the Department of Energy Optional Regional Weatherization Priority Lists (PL) for Single Family Site-Built (SB) and Manufactured Homes (MH) projects to facilitate greater impacts.
15. Subgrantees can replace Window and Door measures utlizing BPA Qualified Deemed Measures guidance following:
    Window not to exceed $45/sq ft ,Low-E Storm Window not to exceed $45/sq ft ,Exterior Insulated Door not to exceed $700/door,Patio Door not to exceed $45/sq ft
16. Weatherization work needed to make the dwelling weatherization ready

Allowable costs include, but are not limited to:

Staff time to identify eligible dwellings and arrange initial inspections.

Staff time for inspection and audit of dwelling to determine scope of weatherization readiness work to be done to be come weatherization ready. (Time will be charged even if no remediation work is completed.)

Staff time for work associated with remediation of issues that prevent the dwelling form being weatherized.

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? Health and safety	(•) 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.

5.6 The following are the maximum non-business resources allowed:

1. $14,717 for a single person
2. $22,515 for a two-person household
3. Add $1,502 for each additional member up to $31,524, maximum per household

Resources include, but are not limited to the following:

1. cash on hand;
2. certificates of deposit;
3. checking/savings accounts;
4. market value of stocks, bonds, and/or other negotiable resources;
5. equity value of real property which is not the primary residence; and
6. contract for deed (countable resource if can be sold).

The household may also have business assets whose equity value does not exceed $25,000.

5.8 In determining which eligible households will receive weatherization services and in what order, priority for weatherization services shall be: a. a household with a primary space heat or primary water heater emergency, may be moved the top of the priority list. Emergency must be documented in the client file. b. an elderly household member; or c. a disabled household member; or d. a household with a member who is a child. e. If there exists a weatherization-related imminent threat to the health or safety of an eligible household, the home may be given a higher priority. It is the obligation of the household to provide proof of an imminent threat to the health or safety of the household to the local

contractor. The local contractor must have documentation of the weatherization related imminent threat to the health or safety of the household in the client file. Giving Preference to Clients: Local Sub-grantees may give preference for weatherization services to households meeting two or more of the priority criteria listed (e.g. elderly + persons with disabilities).

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? $0

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

5.10a If so, what is the ACPU amount? $15,000

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:** Fuel Switch

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: 02/28/2028

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:

- [x] **Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.**
- [x] **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.**
- [x] **Mass mailing(s) to prior-year LIHEAP recipients.**
- [x] **Inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.**
- [x] **Execute interagency agreements with other low-income program offices to perform outreach to target groups.**
- [x] **Web Posting**
- [ ] **Email**
- [ ] **Texting**
- [x] **Events**
- [x] **Social Media**
- [x] **Other (specify):**

Other (specify):

Each administering agency targets client outreach for all eligible households in accordance with annual work plans submitted by each agency. Each work plan describes the eligible activities and then describes how the activity will be accomplished.

Examples of activities:

1. The purpose of this Outreach is to increase participation in the Low-Income Home Energy Assistance Program through enhanced outreach efforts; get income-eligible households to (re)-apply for LIHEAP; and help households avoid the need to apply for emergency fuel assistance. Outreach activities are necessary to target those households most vulnerable to the effects of cold, especially young children, the elderly and people with a disability.

2. Energy vendors are asked to advise their customers about LIHEAP, are provided a supply of current LIHEAP applications, and make referrals to the agency.

3. Include inserts in energy vendor billings to inform individuals of the availability of LIHEAP assistance.

4. Inform low-income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

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

6. Coordinate efforts with local fuel funds through Energy Share.

7. Provide a Website and on-line LIHEAP application

8. Provide LIHEAP applications to other social service offices (Head Start, WIC Offices, child care centers, Offices of Public Assistance) and agencies in their service area. LIHEAP brochure/pamphlet mailed to recipients of other cash assistance and

service programs.

9. Place posters/flyers and LIHEAP applications in local and county social service offices. Area Agencies on Aging, Social Security office, VA, Senior Centers, etc.

10. Contact local churches, synagogues and other faith-based organizations to get notices in church bulletins.

11. Meet with city and town officials, including elderly commissions and Area Agencies on Aging, to review the program and place notices in senior papers.

12. Get information out through the public school system.

13. Get information out through the local housing authorities.

14. Post notices around public transit in larger cities.

15. Get information out through supermarkets, local neighborhood stores, food pantries, soup kitchens, community events, hospital social workers, local youth organizations, temporary employment centers, career centers, neighborhood health-care centers, second hand stores, thrift stores, labor organizations, local bingo halls, private daycare centers, fraternal organizations, local veterans organizations, city halls, town halls, municipal halls, libraries, banks, check cashing outlets, local immigrant organizations, meals on wheels, other elderly programs, pre-release programs, jail release programs, and common areas in apartment complexes.

16. Public speaking appearances by LIHEAP staff at local community groups.

17. Provide LIHEAP information at Health Fairs and County Fairs.

18. Provide intake service through home visits or by telephone for the elderly and disabled.

19. Provide applications with return, pre-stamped envelopes mailed to homebound individuals who need help in applying for benefits.

20. Following up with households who have incomplete applications.

21. Assist targeted applicants to gather needed documentation.

22. Innovating with or continuing successful local outreach projects.

23. Provide a toll-free phone line.

Outreach Innovative Mini Grant(s) awarded by the administering agency to build a network of community outreach ambassadors to address energy self-sufficiency for low to moderate income individual and families.

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

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

The same agencies that contract with the department to deliver Montana LIHEAP also operate the weatherization assistance program and several federal housing programs. Policy manuals and regulations are in place governing these programs in Montana. Both programs are monitored using a standardized monitoring instrument. The same contracts are used for all agencies.

Additionally, the Section 8 and other housing programs as well as Energy Share, USB Energy Programs and local Emergency Services programs are operated by Community Action Agencies. Those programs are monitored under the auspices of the Community Service Block Grant (CSBG) standard monitoring instrument. The housing programs such as Section 8 are monitored and assessed based upon their own program standards. Energy programs are also required to meet standards established by their funders.

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

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

☐	**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:** Human and Community Services

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?	Community Action Agencies		Community Action Agencies	Community Action Agencies
8.5b Who processes benefit payments to gas and electric vendors?	Community Action Agencies		Community Action Agencies	
8.5c who processes benefit payments to bulk fuel vendors?	Community Action Agencies		Community Action Agencies	
8.5d Who performs installation of weatherization measures?				Community Action Agencies

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?

8.6 What is your process for selecting local administering agencies?

Montana LIHEAP policy for selecting local administering agencies mirrors the Community Services Block Grant policy for selecting local agencies. State regulations mirror Federal regulations. The following United States Code Title 42 Chapter 106 is followed for selecting and procuri administering agencies.

(a) Qualified organization in or near area

(1) In general If any geographic area of a State is not, or ceases to be, served by an eligible entity under this chapter, and if the chief execut the State decides to serve such area, the chief executive officer may solicit applications from, and the designate as an eligible entity -

(A) a private nonprofit organization (which may include an eligible entity) that is geographically located in the unserved area, that is capabl a broad range of services designed to eliminate poverty and foster self-sufficiency, and that meets the requirements of this chapter; and

(B) a private nonprofit eligible entity that is geographically located in an area contiguous to or within reasonable proximity of the unserved already providing related services in the unserved area.

(2) Requirement In order to serve as the eligible entity for the area, an entity described in paragraph (1)(B) shall agree to add additional me board of the entity to ensure adequate representation-

(A) in each of the three required categories described in subparagraphs (A), (B), and (C) of section 9910(a)(2) of this title, by members that community comprised by the unserved area; and

(B) in the category described in section 9910(a)(2)(B) of this title, by members that reside in the neighborhood to be served.

(b) Special consideration In designating an eligible entity under subsection (a), the chief executive officer shall grant the designation to an of demonstrated effectiveness in meeting the goals and purposes of this chapter and may give priority, in granting the designation, to eligible entiti providing related services in the unserved area, consistent with the needs identified by a community-needs assessment.

(c) No qualified organization in or near area If no private, nonprofit organization is identified or determined to be qualified under subsec serve the unserved area as an eligible entity the chief executive officer may designate an appropriate political subdivision of the State to serve as an for the area. In order to serve as the eligible entity for that area, the political subdivision shall have a board or other mechanism as required in secti this title.

Montana LIHEAP policy for selecting local administering agencies mirrors the Community Services Block Grant policy for selecting local administering agencies. State regulations mirror Federal regulations. The following United States Code Title 42 Chapter 106 is followed for selecting and procuring local administering agencies.

(a) Qualified organization in or near area

(1) In general If any geographic area of a State is not, or ceases to be, served by an eligible entity under this chapter, and if the chief executive officer of the State decides to serve such area, the chief executive officer may solicit applications from, and the designate as an eligible entity -

(A) a private nonprofit organization (which may include an eligible entity) that is geographically located in the unserved area, that is capable of providing a broad range of services designed to eliminate poverty and foster self-sufficiency, and that meets the requirements of this chapter; and

(B) a private nonprofit eligible entity that is geographically located in an area contiguous to or within reasonable proximity of the unserved area and that is already providing related services in the unserved area.

(2) Requirement In order to serve as the eligible entity for the area, an entity described in paragraph (1)(B) shall agree to add additional members to the board of the entity to ensure adequate representation-

8.7 How many local administering agencies do you use? 10

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.

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: 02/28/2028

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 made directly to households in cases where there is not a fuel vendor.

1. **Tenants:** Utilities are included in the rent and eligible households are reimbursed based on paid rent receipts.

2. **Account not in Household Member's Name:** Vendor payments cannot be made to accounts that are not in a household member's name. Eligible households are reimbursed based on paid energy receipts.

3. **Wood:** Some eligible wood households are reimbursed based on paid wood receipts, up to the maximum amount of benefit. Eligible households heating with wood may receive their benefit directly without payment receipt(s). Households electing to receive direct benefits without paid wood receipt(s) must sign a waiver, waiving all future current year fuel assistance benefits, including any benefits derived from changing address or fuel type.

4. **Coal:** Some eligible households using coal to heat their homes will be reimbursed based on submitted paid coal receipts.

Subsidized Rent Households: Residents of publicly subsidized rent housing whose energy costs are included as a portion of their rent, or who reside in publicly subsidized housing and have an obligation to pay a base load electric bill are not eligible for a regular benefit as determined in ARM 37.70.601. However, these households may be eligible for a modified LIHEAP benefit. The modified LIHEAP benefit consists of a minimum payment of $25 or 5% of the regular LIHEAP benefit is paid to the household annually. Basing payments to these households on the matrix will ensure that assistance is provided to them in proportion to need in accordance with LIHEAP statute (42 U.S. Code 8623) Applications and Requirements Section 2605 (b)(5).

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

Notification letters regarding approvals, denials and pending status are sent to each household. The notification letters are generated from the Low Income Home Energy Assistance Program (LIHEAP) Chimes computer system. The local contractor must inform every applicant/ recipient in writing at the time of application and at the time any action affects his benefits of the right to request a fair hearing.

The subgrantee shall notify every household:

1. Of the eligibility determination of the Low Income Home Energy Assistance Program (LIHEAP) application and reason for any action if applicable.
2. Of the Notice of Fair Hearing rights.
3. If the applicant has been determined eligible for Weatherization, notification to the household shall contain the following: "Because of limited funds, homes are weatherized on a priority basis with special consideration given to disabled and elderly. You will be notified when funds become available to weatherize your home. If not notified within one year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again."
4. When recipients discontinue utility service, change address or fuel type, the balance of their Low Income Home Energy Assistance Program (LIHEAP) benefit will be returned to the department.
5. That the household who is reimbursed for paid energy costs must provide payment receipts no later than June 20th. When the heating season is extended the June 20 date, to submit paid receipts, can be extended to correspond with the heating season end date.

DOCUMENTATION REQUIREMENTS: The notification letter is available on the Low Income Home Energy Assistance Program (LIHEAP) Chimes computer system. A hard copy of the notification letter will be available to the agency, upon request, for the recipient's case record.

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?

Please see the attached copies of the local area vendor agreement and the vendor contract, which are used for fuel and crisis benefit payments.

In addition, fuel vendors are visited during annual state monitoring visits. The vendor monitoring tool is attached.

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?

Please see the attached copies of the local area vendor agreement and the vendor contract, which are used for fuel and crisis benefit payments.

In addition, fuel vendors are visited during annual state monitoring visits. The vendor monitoring tool is attached.

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.

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)
MODEL PLAN

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

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

All LIHEAP administering agencies are, by contract, required to conduct the program in accordance with the Office of Management and Bu Guidance.

Agencies are required to submit final expense reports and provide appropriate reconciliation.

Each administrating agency is monitored on-site by the department at least annually.

The Department has a fiscal tracking sheet in place that requires the local administering agency to report and track all (federal and non-fede used, regardless of fund type.

The Montana automated LIHEAP system and fiscal accounting systems produce the data which (a) permit preparation of reports required b authorizing the block grant and (b) permit the tracking of funds to a level of expenditure adequate to establish that such funds have not been used i the restrictions and prohibitions of the statute authorizing the block grant.

These reports are entered into the HHS On-Line Data Collection System (OLDC) within the required timeframes. The reports are approved by Apprise and OCS staff.

In Montana, the LIHEAP benefits are calculated by the Chimes Database System and are issued via the AWACS (Agency Wide Accountin AWACS is a collection of functionality at the core of many DPHHS application systems. AWACS provides a common financial application interfa services for generating payment and journal transaction in the Statewide Accounting, Budgeting, & Human Resource System (SABHRS).

The possibility of error is diminished and program integrity is ensured because the benefit determination and payment processing is automa control and fund accounting procedures are established through Montana's automated LIHEAP benefits system to assure the proper disbursal of an for Federal funds paid.

New sub-grantee LIHEAP staff attend both Policy/Procedure training and Chimes/LIHEAP system training at the beginning of the heating Experienced workers attend LIHEAP refresher training.

Sub-grantee agency workers are responsible for the entry of LIHEAP case data into Chimes. Approximately, 80% of the cases are applicant served the previous year. Each heating season pre-printed applications are sent to potential applicants who are requested to change any information longer accurate. Applicants are required to include information for each household member, provide verification of all household income and a cop recent fuel bill. Each household member 16 years of age or older must sign the application attesting to the completeness of the information and pro authorization for the Department to obtain personal information needed to verify information provided on the application.

Sub-grantee agency workers create a new case (for the heating season) in Chimes which contains some pre-populated data from the previou required by Chimes for benefit calculation must be entered each year to ensure the data is reviewed for accuracy.

Sub-grantee agency workers are responsible for the entry of LIHEAP case data into Chimes, such as income, number of bedrooms, housing demographics (elderly, disabled, children), fuel type, fuel vendor, and fuel vendor account number. Various system edits work to ensure case data correctly.

Sub-grantee agency workers are required to verify income and resource information on all cases except those meeting Categorically Eligibil requirements. The State of Montana, Department of Labor, Wage and Unemployment system is accessed to verify income.

Sub-grantee agencies also verify fuel vendor information including account numbers. For the larger vendors (comprising approximately 70% Montana fuel vendors) verifying active fuel account numbers is automated and the LIHEAP benefit cannot be issued until account verification has

For situations in which required data is missing the worker issues a notice of missing information to the client with a due date for response. information must be provided and verified before the case is approved.

Automated Social Security Number verifications are completed for all household members through Chimes.

Qualified alien procedures are built into Chimes allowing the household to receive a reduced benefit if some members are unqualified alien

The Chimes system contains tables which are used to calculate the benefit amounts, based on the base benefit amount for the household typ bedrooms and fuel type. The automated calculation considers the household income level and percentage of poverty along with the Heating Degree multiplier applicable to the agency service area in which the client resides.

Chimes system security roles do not allow users to access the tables used to perform benefit calculations.

Payments are issued directly to fuel vendors each week. Fuel vendors enter into a contract with DPHHS specifying how the LIHEAP payme applied to the recipients account. (Fuel vendor contract is attached.) Payments scheduled to be released are visually checked to ensure there are not issuances per household, or the wrong payment type has been indicated, etc.

Chimes system utilizes LIHEAP fund accounting speed chart numbers to verify the payment is allocated to the appropriate fund (e.g. Regul

and Early Fuel).

The Chimes system transfers the payment request to the Statewide Accounting system which verifies the funds available and verifies the fu current (non-expired W-9) on file with the Department prior to issuing the payment. If funds (spending authority) are not available the payments w a review is conducted and funds are made available by DPHHS fiscal personnel. If the W-9 has expired the system will not allow a payment to be i vendor.

In situations where there is not a fuel vendor (e.g. wood) or in emergency situations the sub-grantee agency may issue a payment from the C Revolving Fund (CRF). CRF payments are recorded on the Chimes LIHEAP case. Chimes does not allow sub-grantee staff to enter CRF payments the Chimes LIHEAP calculated benefit amount. CRF reconciliations are completed for each agency semi-annually.

10.1a Provide your definitions of the following:

Obligation

Montana DPHHS-IHSB Definition of Obligation

To determine the reported carryover, current expenditures as of 9/30 are added to expected obligations as defined below:

1. **1. Contracts extending into the second year that are entered into for a specific purpose-ie LIEAP admin, LIEAP Wx, LIEAP Client Ed, LIEAP Outreach, Conservation Corp, IT contracts, T & TA contracts. Unpaid contract amounts are obligated.**
2. **2. Early Propane-expected to be paid in July-September of the second year. Obligation amount is based on historical data.**
3. **3. Payroll expected for the second year. Obligation amount is based on current salaries.**
4. **4. Administrative Costs expected for the second year- the Obligation is based on historical data**

When figuring the obligation reports, obligations are added to current expenditures to meet the 10% carryover

Expenditures

10.1a Expenditures_MOM-SFSD-POL-SAB 318-Miscellaneous Expenditure Topics" Document

Expenditure timeframe

"10.1a Expenditures_MOM-SFSD-POL-SAB 318-Miscellaneous Expenditure Topics" Document

Administrative costs

10.1a Administrative Costs_MOM-SFSD-POL-SAB 391- Indirect Cost Recovery" & "10.1a Administrative Costs_HHS-Agency Wide Fiscal Management-POL-Cost Allocation Restrictions" documents

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.

Montana's federal Single Audit is a biennial audit that completes the reporting requirements of the Single Audit Act Amendments of 1996, and the Uniform Administrative Requirements, Cost principles, and Audit Requirements for Federal Awards.

Audits are available to view at **https://leg.mt.gov/publications/audit/year-search-report/**

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:**

The department is audited through the Legislative Auditor's office on a two (2) year cycle. Administering agencies are required, by contract, to conduct a financial audit under the single audit act.

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:**

Each administrating agency is monitored on-site by the department annually. Random case file reviews are conducted to determine if client eligibility was determined correctly. Agencies are required to perform necessary corrective actions.

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

LIHEAP files are reviewed annaully. These files are requested in advance of the on-site visit to enable the monitor sufficient time to review. Files are specifically selected to include cases from each fuel type; each housing type; each county served by the agency; a variety of income levels and a mixture of categorically eligible and non-categorically eligible cases.

Agencies are monitored annually and LIHEAP files are chosen for desk review. These files are requested in advance of the on-site visit to enable the monitor sufficient time to review. Files are specifically selected to include cases from each fuel type; each housing type; each county served by the agency; a variety of income levels and a mixture of categorically eligible and non-categorically eligible cases.CRF files from both the heating season and non-heating season months are also chosen for review. Agencies must have a plan in place to address CRF emergencies outside the heating season timeframe.Documentation collected and examined within the course of the review will include, but are not limited to the following:• Client Education (Assurance 16)• Client Outreach• Two Fuel Vendor Site Visits• Timesheets (2)Notes taken during the review of these files will be discussed with the agency during the visit. After discussion, a review will be given of the LIHEAP program.

Weatherization files are reviewed . Information and reports from Chimes and the Energy Audit tool are reviewed. These reports are compared with the previous year and the statewide percentages. This information may identify additional areas of monitoring focus. These reports include but are not limited to:

- percent of dwellings weatherized with the various ECMs addressed
- agency Average Cost Per completion and compare to statewide Average cost per completion.

Documentation collected and examined within the course of the review will include, but are not limited to the following:

- Procurement
- Debarment
- Timesheets (2)
- Equipment Inventory over $10,000
- Stock Inventory
- Vehicles
- Office/Storage Space
- Inventory Expenditures
- Weatherization Expenditures
- Certifications
- Training
- Policies and Procedures Manuals

• Insurance

General contract requirements state that 5% of the agency's completions must have home inspections conducted, and 10% of the agency's completions must have a file review.

Inspections

Each dwelling will be thoroughly inspected to ensure that all invoiced work was completed in a workman-like manner, all SIR driven measures were performed and that ASHRAE and health and safety items were appropriately addressed. This will include the following health and safety measures:

ASHRAE fans, broken glass replacement, range hoods, bathroom fans, dryer vents, gable vents, roof vents, pressure relief valves, and lead safe measures.

Clients will be asked:

• about crew and/or contractor professionalism, education received and if they have experienced reduced energy related costs

• if the agency informed the NWE clients that NWE paid a portion of the weatherization costs in their homes

• if an insulation certificate is posted.

All water heaters will receive a visual inspection to confirm venting, temperature and pressure relief valves and drain pipe. It will be verified that earthquake straps are installed on all mobile home water heaters. For single family and multi-family dwellings, it will be verified that the smoke detectors and CO detectors are installed for the client, as opposed to given to the client for the client to install themselves.

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

Site Visits:

Each administrating agency is monitored on-site by the department at least annually. Random LIHEAP case file reviews are conducted to determine if client eligibility was determined correctly. Agencies are required to perform necessary corrective actions. Additional field reviews may be conducted to address potential problems and ensure compliance with required corrective actions. Monitoring will address subgrantee program administration and production. The review of program administration will cover financial management, personnel management, property management, inventory control, record keeping, client file documentation, labor and materials procurement, reporting, and compliance documentation.

A review of program production will cover energy audit procedures, quality of workmanship, program support costs, production goals, compliance with State and Federal material standards, monitoring of prices paid for labor and materials by subgrantees, and monitoring of the accuracy of subgrantee pre- and post-work inspections.

Desk Reviews:

Monthly desk monitoring is an important component of quality control in Montana. Desk monitoring will include routine analysis of the LIHEAP monitoring report, energy audits, energy audit/fuel switch report, and quarterly energy conservation program status reports. Information contained in these reports will enable the grantee to ensure benefits are issued correctly and homes are weatherized as deemed necessary.

Weekly LIHEAP case file reviews are conducted to identify outliers. LIHEAP case file reviews include a routine analysis of LIHEAP cases. These reviews allow the grantee to ensure benefits are issued correctly.

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

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

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

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: 02/28/2028

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:**

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	08/25/2026	Zoom Virtual Meeting

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

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

Written Comments attached

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

Updated Section 5 weatherization to reflect current policy.

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: 02/28/2028

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? 11

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?

The State of Montana did not have any LIHEAP programmatic changes due to Fair Hearings during FFY2026

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

Notification letters regarding denials are sent to each household. The notification letters will be generated from the Low Income Home Ene Program (LIHEAP) Chimes computer system. The notification letters contain the language explaining the household's right to a fair hearing. At the action affecting the recipient's benefits, the subgrantee notifies the applicant of their fair hearing rights.

The subgrantee shall notify every household:

1. of the eligibility determination of the Low Income Home Energy Assistance Program (LIHEAP) application, and
2. of the right to a Notice of Fair Hearing.

DEFINITION OF REQUEST - A request for a hearing is any clear expression, oral or written, by the claimant or authorized representative or her case to a higher authority. The claimant who orally requests a Fair Hearing will be asked to fill out the form on the Low Income Home Energ Program (LIHEAP) notification letter. The sub-grantee shall assist the household in preparing the written request, if necessary.

TIME ALLOWED TO FILE - The claimant shall have reasonable time, not to exceed ninety (90) days, in which to request a hearing.

REQUESTING A FAIR HEARING

Prior to the steps below, the eligibility worker has sent a notification of fair hearing from the CHIMES system

1. Claimant completes the "Energy Assistance Request for Fair Hearing" form.
2. Mails the request form to the Office of Administrative Hearings, Box 202922, Helena, MT 59620.

SCHEDULING AN ADMINISTRATIVE REVIEW

1. The hearings officer will notify the subgrantee that an administrative review has been ordered.
2. Upon receipt of form DPHHS-LS-007, a time and place for the Administrative Review is set and the claimant is notified.
3. Notification includes: A statement indicating the purpose and scope of the Administrative Review, the effect the review has on the claimant's rig Hearing, and the claimant's right to representation.

Fair hearing: If the claimant is still dissatisfied after the administrative review, the hearings officer sets the time and place for the fair hearin the claimant.

The decision written by the administrative law judge is technically a proposed decision rather than a final decision. The proposed decision b decision when neither party appeals it to the Board of Public Assistance.

A proposed decision must be appealed within 15 days. This means a written request to appeal must be received by the Office of Fair hearin days after the proposed decision is mailed to the parties. The certification of service at the end of the decision shows the date it was mailed.

The LIHEAP application contains language that notifies the applicant of the right to be informed of the fair hearing process.

In taking a LIHEAP application a subgrantee must:

1. **Review and act on a submitted application within (45) days. Action includes approval, denial or sending a letter of missing information.**
2. **Request any additional information or documentation needed to determine the eligibility or benefit amount, or both. If an applicant fail information or documentation necessary for a determination of eligibility within 45 days of the date of the most recent request for addit information, the application must be denied, but the household may reapply for assistance.**
3. **Determine eligibility within forty-five (45) days of receipt of the completed application.**
4. **Notify applicants of determination of eligibility within forty-five (45) days of receipt of the completed application. Written notice of the**

is sent to applicants and recipients when assistance has been authorized, denied or terminated, using the Chimes LIHEAP system. The n letter of authorization states the action taken and the amount authorized. The notification letter of denial or termination states the speci denial or termination and the individual's right to request a fair hearing.

Notification letters regarding approvals, denials and missing information are to be sent to each household. The notification letters w generated from the LIHEAP Chimes computer system. The notification letters contain language explaining the household's right to a fair h the time of any action affecting the recipient's benefits, the subgrantee notifies the applicant of their fair hearing rights.

The subgrantee shall notify every household:

1. **of the eligibility determination of the LIHEAP application and**
2. **of the right to a fair hearing.**

The Administrative Rules of Montana (ARM) address the fair hearing requirement. The following is an excerpt from the ARM.

37.70.311 PROCEDURES FOLLOWED IN PROCESSING APPLICATIONS (1) (A): An application is filed by the applicant toget verification for determining financial eligibility and benefit award. After an application is filed, the local contractor may request an additi information or documentation needed to determine the eligibility or benefit amount, or both. If an applicant fails to provide information o documentation necessary for a determination of eligibility within 45 days of the date of the most recent request for additional information, application will be denied, but the household may reapply for assistance.

TIME ALLOWED TO FILE - The claimant shall have a reasonable time, not to exceed ninety (90) days, in which to request a hear

12.5 When and how are applicants informed of these rights?

An applicant or recipient is informed of the right to a fair hearing when there is an adverse action as defined in Administrative Rules of Montana 37.5.304 (1)(a)-(c).

"Adverse action" means:

- a failure of the department to provide a claimant an opportunity to make application or reapplication for benefits;
- a failure of the department to act with reasonable promptness on a claimant's application for benefits; and
- an action by the department denying, suspending, and reducing or terminating benefits of a claimant, or an action by the department demanding repayment of or to recover an overpayment of benefits to a claimant.

Notification letters regarding receipt of application, approvals, denials, and missing information are sent to each household. The notification letters will be generated from the Low Income Home Energy Assistance Program (LIHEAP) Chimes System. The LIHEAP application and notification letters contain language explaining the household's right to a fair hearing. At the time of any action affecting the recipient's benefits, the subgrantee notifies the applicant of their fair hearing rights.

The subgrantee shall notify every household:

1. of the eligibility determination of the LIHEAP application and of the right to a fair hearing.

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: 02/28/2028

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?

Assurance 16 services are provided through ten (10) local Human Resource Development Councils.

We use LIHEAP funds to help households reduce their home energy needs by providing energy-conservation education to every household assistance. Each household is sent an **Energy Savings Tips** handout that gives practical, low-cost actions residents can take to lower energy use, in appliance efficiency, and reduce future reliance on energy assistance.

The handout encourages households to:

- Clean or replace furnace, air-conditioner, and heat-pump filters monthly to help equipment operate efficiently and avoid wasted f
- Set thermostats to 68°F during winter months and lower the setting by at least 5°F while sleeping or away from home.
- Clean the dryer lint filter after every load to reduce drying time and energy consumption.
- Lower water-heater temperatures to 120°F, since bathing and showering can represent a significant portion of household energy u
- Turn off lights and electronics when leaving a room to prevent unnecessary electricity use.
- Maintain refrigerators at 36–40°F and freezers at 0°F, avoiding overcooling that increases energy consumption.

By distributing these energy-saving recommendations to all assisted households, we provide basic energy-use counseling and promote beha that can lower utility costs, improve household energy efficiency, and help families better manage their energy needs over time.

Each administering agency targets client education activities for eligible households in accordance with annual work plans submitted by ea Each work plan describes the eligible activity and then describes how the activity will be accomplished.

All LIHEAP applicants are eligible for Assurance 16 activities. Examples of activities include:

LIHEAP Eligible Households:

Maintain a display rack of pamphlets about conservation; Public Service Commission regulations and the companies they regulat understanding "unbundled bills"; Consumer Credit Counseling, etc.

Design, produce and distribute more extensive energy information to those households outlining general energy information, ener conservation information, and notifying if the availability of vendor discounts, low-cost/no-cost materials, emergency furnace repairs, and referrals resources.

Design, produce and distribute more extensive energy information to those households who request additional information in the newsletter.

Referrals:

Make appropriate referrals to programs about job training, retraining, housing, etc. to help applicants become more self-sufficient.

Have work stations available for clients to review newspapers, use phones, practice computer skills, create resumes, and access inte research the availability of resources that may help them to become more self-sufficient.

Give or send card confirming receipt of LIHEAP application and reinforcing awareness of responsibility for paying utility costs unt Letter of Notification and after benefit has been exhausted and providing additional energy information.

Other Activities:

Encourage low income clients to participate in budget billing, to stay in contact with fuel vendors, and to make arrangements on acc Advocate when necessary.

Make LIHEAP available starting in September to allow the deliverable fuel customers who receive LIHEAP benefits to purchase de when prices are lower.

Information and education on reading the meter is provided.

Information on fuel bill analysis is provided.

Energy savings tips are provided.

Information is provided on water heaters.

Information on flushing the hot water tank is also provided.

Collaborate with other non-profits to work with financially vulnerable individuals.

Leveraging Additional Resources:

•Work with vendors to develop, expand, modify and/or continue discounts relative to age, disability and/or low-income status.

•Provide eligibility determination, referrals and notification to various vendors for low to moderate income households to receive a variety o fee waivers and emergency funding. Staff salary and fringe, telephone costs, postage, travel, and space costs to provide client education services.

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

One percent (1%) of available LIHEAP funds are contracted for Assurance 16 activities with contractors. These contracted activities are monitored as part of the department's monitoring activities.

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

Each administering agency targets client education activities for all eligible households in accordance with annual work plans submitted by work plan describes the eligible activity and then describes how the activity will be accomplished.

It is difficult to ascertain how many households benefited from the Assurance 16 services provided by the subgrantees (13.6 below) as infor provided at community events.

Perceived program impacts:

•Encouraged new LIHEAP applicants to apply

•Provided energy education

•Encouraged energy conservation

•Promoted awareness of energy assistance resources

•Facilitated referrals to other resources

•Encouraged the use of budget billing

•Provided awareness of potential LIHEAP eligibility

•Provided awareness of Public Service Commission regulations and the companies they regulate

•Provided understanding of "unbundled bills"

•Provided awareness of Consumer Credit Counseling

•Provided awareness of the availability of vendor discounts

•Provided awareness of the availability of low-cost/no-cost materials

•Provided awareness of assistance with emergency furnace repairs

•Assisted applicants to become more self-sufficient

•Encouraged applicants to use energy more efficiently

•Provided education on how to read an energy meter

•Increased awareness of the fuel bill, and increased awareness of energy usage.

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? 13773

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: 02/28/2028

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.

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: 02/28/2028

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 15: Training

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

a. Grant recipient Staff:

- [x] **Formal training provided virtually, on-site, and/or formal training conference**

How often?

- [x] **Annually**
- [ ] **Biannually**
- [x] **As needed**
- [ ] **Other, describe:**

- [x] **Employees are provided with policy manual**
- [ ] **Other, describe:**

b. Local Agencies:

- [x] **Formal training provided virtually, on-site, and/or formal training conference**

How often?

- [x] **Annually**
- [ ] **Biannually**
- [x] **As needed**
- [ ] **Other, describe:**

- [ ] **On-site training**

How often?

- [x] **Annually**
- [ ] **Biannually**
- [ ] **As needed**
- [ ] **Other, describe:**

- [x] **Employees are provided with policy manual**
- [x] **Other, describe:**

Agency staff are trained on program changes as needed via meetings, roundtables, monitoring, webinars and policy bulletins.

c. Vendors

- [ ] **Formal training conference**

How often?

- [ ] **Annually**
- [ ] **Biannually**
- [x] **As needed**
- [x] **Other, describe:** A letter is sent to the fuel vendors annually explaining how to apply the LIHEAP benefits to applicant accounts. Fuel vendors are monitored during each monitoring visit.

☑	**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: 02/28/2028

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.

Montana LIHEAP continues to collect and report household-level data needed to meet all four required LIHEAP performance measures and has submitted Performance Measures data via the LIHEAP Performance Data Form (LPDF) in OLDC for the prior federal fiscal year. The LIHEAP application includes targeted questions on cooling equipment, recent utility past-due notices, current deliverable-fuel levels, termination status, whether the household is out of fuel, and whether the main heating system is working properly, which allow the Central LIHEAP database to distinguish households that had heating or cooling equipment repaired or replaced prior to failure from those where broken equipment required repair or replacement after failure.

Each year, DPHHS analyzes fuel costs, consumption patterns, income/poverty levels, fuel type, and prior-year Performance Measures results when setting benefit levels for the upcoming LIHEAP season, with the goal of ensuring high-burden households have a larger share of their energy burden covered by LIHEAP benefits.

During the coming federal fiscal year, Montana will focus on improving the accuracy of energy-cost, strengthening data-sharing with utility partners and using our targeting indices to refine our benefits so households with the highest energy burden receive appropriately higher assistance and greater burden reduction.

We anticipate that these efforts will enhance the effectiveness of LIHEAP in preventing loss of service to high-risk households statewide.

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: 02/28/2028

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**
- [x] **Report directly to local agency/district office or Grant recipient office**
- [ ] **Report to State Inspector General or Attorney General**
- [x] **Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse**
- [x] **Other - Describe:**

Other - Describe:

Section 37.70.107 of the ARM (Administrative Rules of Montana) states:

37.70.107 REFERRALS TO THE DPHHS OFFICE OF INSPECTOR GENERAL PROGRAM COMPLIANCE BUREAU

The Department of Public Health and Human Services (DPHHS), Office of Inspector General, Program Compliance Bureau has the power

1. investigate matters relating to Low Income Home Energy Assistance including, but not limited to, applications, awards of benefits, and informat relating to an application;
2. determine, based on the evidence gathered, whether an overpayment of benefits has occurred; and
3. whether the overpayment was due to:

1. . a false or misleading statement or a misrepresentation, concealment, or withholding of facts; or
2. . any other action intended to mislead, misrepresent, conceal, or withhold facts.

Local contractors may make reports of possible overpayments or fraud to the Department of Public Health and Human Services (DPHHS), Intergovernmental Human Services Bureau (IHSB), P.O. Box 202956, Helena, MT 59620. IHSB will review cases referred prior to referral to the I of Inspector General, Program Compliance Bureau.

37.70.110 FRAUD/TRANSFER OF RESOURCES (1) Whoever knowingly obtains by means of a willfully false statement, representation, impersonation or other fraudulent device low income energy assistance to which he is not entitled is guilty of theft as provided in 45-6-301, MCA ineligible for assistance for the entire current heating season.

(2) If an individual appears to have received assistance fraudulently, the local contractor must report all facts of the matter to the Intergover Human Service Bureau (IHSB) to determine if the case should be referred to the department's Office of Inspector General, Program Compliance B The PCB may refer the matter to the Department of Justice or the county attorney of the county in which the person resides for further action.

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

- [x] **Printed outreach materials**
- [ ] **Posted in local administering agencies offices.**
- [ ] **Addressed on LIHEAP application**
- [x] **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:**

The State of Montana has an interface with the Social Security Administration to verify Social Security Numbers.

Providing verification and documentation:

Including social security number, proof of U.S. citizenship, proof of lawful permanent residency, or qualified alien status for all household members, as well as photo identification for all household if not previously provided.

Photo ID's for all household members or birth certificates for household members under 18 years of age are no longer required, if the agency has verified the SSN.

A non-citizen who has lawfully entered the U.S. with the intent of establishing permanent residency is commonly known to have a "green card". Officially such a person is called a "lawful permanent resident (LPR)".

Individuals of households who refuse to submit social security numbers, proof of citizenship, proof of lawful permanent residency, or qualified alien status will be deemed ineligible members of the household. See the Naturalization Eligibility Worksheet Instructions (Form M-480) at: **https://www.uscis.gov**.

A voter's registration card is not acceptable verification for proof of citizenship when citizenship is questionable since an individual is not required to verify citizenship to register to vote.

Marriage to a U.S. citizen has no effect on the ineligible member's eligibility for LIHEAP. A person does not automatically become a lawful permanent resident or a U.S. citizen by marrying a U.S. citizen. The marriage has no effect on the person's LIHEAP eligibility.

To Verify Lawful Entry into the United States as a "Qualified Alien"

Certificate of Naturalization (DHS Forms N-550 or N-570).

Certification of U.S. Citizenship (DHS Forms N-560 or N-561).

Certification of Birth Abroad of a U.S. Citizen (Form FS-240 or FS-545).

U.S. Citizen Identification Card (Form I-197)

Alien Registration Receipt Card (Form I-551)

Arrival-Departure Record (Form I-94)

Temporary Resident Card (Form I-688)

Or other proof of Qualified Alien status as provided by the Department of Homeland Security.

Verification must be requested and provided. Note: Some of the above forms (e.g. Arrival- Departure Record (Form I-94)) may prove lawful entry but do not prove intent to establish permanent residency. See the U.S. Citizenship and Immigration Services website at: **https://www.uscis.gov**.

Current and future benefits will be denied to any persons and households who refuse to submit social security numbers; proof of U.S. citizenship; proof of status as a qualified alien as defined in 8 U.S.C. 1641(b); or whose social security numbers, proof of residency or citizenship cannot be verified.

ELIGIBLE ALIENS- To be determined eligible for LIHEAP, individuals must be a US Citizens/Nationals OR meet one of the following criteria.

QUALIFIED ALIEN CATEGORIES - *INCLUDE*

A 'qualified alien' is an alien, who at the time he/she applies for or receives LIHEAP benefits, meets one of the 'qualified categories' listed below.

1. **Lawfully Admitted to the United States for Permanent Residence (LAPR)** - an alien granted status as a LAPR by the Immigration and Nationality Act (INA).
2. **Cuban and Haitian entrant status** - an alien granted status as a Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980.
3. **Citizens of COFA countries** (the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau) residing in the United States.

17.4. Income Verification

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

- [x] **Require documentation of income for all adult household members**
  - [x] **Pay stubs**
  - [x] **Social Security award letters**
  - [x] **Bank statements**
  - [x] **Tax statements**
  - [x] **Zero-income statements**
  - [x] **Unemployment Insurance letters**
  - [ ] **Other - Describe:**

Other - Describe:

It is the responsibility of the applicant to provide verification of earned income and unearned income.

EARNED INCOME:

Verification Information Generally Available From the Applicant or Recipient:

Pay stubs

Pay envelopes

Employee W-2 forms

Income tax returns-state/federal

Self-employment bookkeeping records or the most recently filed income tax return (within the last 12-18 months)

Sales and expenditure records

Verification Information From Other Sources

Employer's wage/payroll records

State form for clearance of earnings for employment

Employment Security Office

Occupation Tax Agency

State Income Tax Bureau - Department of Revenue (DOR)

Tax statements-Federal/State

CHIMES inquiry (SNAP Database)

MUSE (Wage and UI Inquiry)

State Compensation Insurance Fund

UNEARNED INCOME:

Verification Information Generally Available From the Applicant or Recipient

RSDI Benefit Check

RSDI Award Letter

Correspondence on SSA Benefits

Educational grant or scholarship award letter

Unemployment compensation award letter

Pension award notice

Veteran's Administration award letter

Correspondence on benefits

Income tax record -state and federal

Railroad retirement award letter

Social Security & Supplementary Security Income (SSI) award letter

Worker's compensation benefits award notice

Verification Information From Other Sources

Utilities subsidy payments (Section 8)

Social Security District Office

Bureau of Employment Security - Unemployment Compensation Section

Employer's Records

Union Records

Worker's Compensation Records

Veteran's Administration

Lawyer's Records

Insurance Company Records

Lodge, Club, or Fraternal Organization Records

Personal income tax records

Railroad retirement board records

United Mine Workers Union (Black Lung Benefits)

Social Security Administration Records

College and University Financial Aid Records

Bureau of Indian Affairs Records

Indian Tribal Business Council Records

County Clerk of the Court Records

Child Support Enforcement Agency Records

Financial Institution Records

Personal Records of Contributions

Money orders

Personal Checks

Statement from person making the contribution

Income tax return

In addition, any economic impact payments from the Internal Revenue Service (IRS) will not be counted as income.

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

b. Describe any exceptions to the above policies.

17.5 Identification Verification

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

- [x] **Verify SSNs with Social Security Administration**
- [ ] **Match SSNs with death records from Social Security Administration or state agency**
- [x] **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:**

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.

- [x] **Policy in place prohibiting release of information without written consent**
- [x] **Grant recipient LIHEAP database includes privacy/confidentiality safeguards**
- [x] **Employee training on confidentiality for:**
  - [x] **Grant recipient employees**
  - [x] **Local agencies/district offices**
- [x] **Employees must sign confidentiality agreement**
  - [x] **Grant recipient employees**
  - [x] **Local agencies/district offices**
- [x] **Physical files are stored in a secure location**
- [x] **Electronic files are protected in a secure location.**
- [x] **Other - Describe:**

Applicants' and Recipients' personally identifiable information (PII) is not sent by email. All communication with PII is sent through Montana's Secure File Transfer Service.

17.7. Verifying the Authenticity

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

- [x] **All vendors must register with the State/Tribe.**
- [x] **All vendors must supply a valid SSN or TIN/W-9 form**
- [x] **Vendors are verified through energy bills provided by the household**

- [x] **Grant recipient and/or local agencies/district offices perform physical monitoring of vendors**
- [x] **Other - Describe and note any exceptions to policies above:**

  LIHEAP payments will only be sent to authorized fuel vendors who have a signed contract agreement with the State of Montana.

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.

- [x] **Applicants required to submit proof of physical residency**
- [x] **Applicants must submit current utility bill**
- [x] **Data exchange with utilities that verifies:**
  - [x] **Account ownership**
  - [x] **Consumption**
  - [x] **Balances**
  - [x] **Payment history**
  - [x] **Account is properly credited with benefit**
  - [ ] **Other - Describe:**
- [x] **Centralized computer system/database tracks payments to all utilities**
- [x] **Centralized computer system automatically generates benefit level**
- [x] **Separation of duties between intake and payment approval**
- [x] **Payments coordinated among other energy assistance programs to avoid duplication of payments**
- [x] **Payments to utilities and invoices from utilities are reviewed for accuracy**
- [x] **Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities**
- [x] **Direct payment to households are made in limited cases only**
- [x] **Procedures are in place to require prompt refunds from utilities in cases of account closure**
- [x] **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.

- [x] **Vendors are checked against an approved vendors list**
- [x] **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**
- [x] **Direct payment to households are made in limited cases only**
- [ ] **Vendors are only paid once they provide a delivery receipt signed by the client**
- [x] **Conduct monitoring of bulk fuel vendors**
- [x] **Bulk fuel vendors are required to submit reports to the grant recipient.**
- [x] **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**

OVERPAYMENTS

Current and future program year payments of Low Income Home Energy Assistance will be reduced the full amount of prior overpayments, unless the administrative cost would exceed the amount of overpayment.

Additionally, cases in which the recipient willfully made false statements or withheld information causing overpayment are to be referred to IHSB for determination as to whether the case should be referred to the DPHHS Office of Inspector General, Program Compliance Bureau for determination of fraud as provided in the Administrative Rules of Montana 37.70.110.

Cases of fraud at the client, vendor and employee level:

1. Complete the LIHEAP Investigative Referral Form (See attached)
2. Field Monitor will evaluate and determine if a referral to the Office of Inspector General Program Compliance Bureau is appropriate.
3. If referred, the Office of Inspector General Program Compliance Bureau will review the case.

1. . If additional information is needed the Program Compliance Bureau will work directly with the subgrantee.
2. . Once investigation is complete the findings will be reported to the Field Monitor to either drop or pursue the case.

When it is discovered that the local contractor caused an overpayment of LIHEAP or weatherization services, at the sole discretion of the department the local contractor may be required to repay the entire overpayment to the department, rather than the overpayment being withheld from the recipient's future payments.

Over payments are recouped in the following ways:

1. Lump sum payment
2. Installment payments (A repayment agreement will be sent.)
3. Reduction of future LIHEAP benefits to repay entire unpaid balance.
4. A letter and with the fair hearing language will be sent to the recipient explaining the overpayment.

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

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

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

☐ **Other - Describe:**

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.)***

Human and Community Services Division *** Address Line 1**		
Intergovernmental Human Services Bureau **Address Line 2**		
1400 Carter Drive **Address Line 3**		
Helena *** City**	MT *** State**	59620 *** 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

(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.**