

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: MINNESOTA

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2016 to 09/30/2017

Report Status: Submission Accepted by CO

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Mandatory Grant Application SF-424

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

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

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

| | | | |
|--|---|---|--|
| * 1.a. Type of Submission: <input checked="" type="radio"/> Plan | * 1.b. Frequency: <input checked="" type="radio"/> Annual | * 1.c. Consolidated Application/Plan/Funding Request? Explanation: | * 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update |
| | | 2. Date Received: | State Use Only: |
| | | 3. Applicant Identifier: | |
| | | 4a. Federal Entity Identifier: | 5. Date Received By State: |
| | | 4b. Federal Award Identifier: | 6. State Application Identifier: |

7. APPLICANT INFORMATION

| | | | |
|--|----------------------------------|---|------------------------------|
| * a. Legal Name: State of Minnesota | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 1-416-7162-B2 | | * c. Organizational DUNS: 804885929 | |
| * d. Address: | | | |
| * Street 1: | Minnesota Department of Commerce | Street 2: | 85 7th Place East, Suite 500 |
| * City: | St. Paul | County: | Ramsey |
| * State: | MN | Province: | |
| * Country: | United States | * Zip / Postal Code: | 55101 - 2198 |
| e. Organizational Unit: | | | |
| Department Name: Minnesota Department of Commerce | | Division Name: Division of Energy Resources | |

f. Name and contact information of person to be contacted on matters involving this application:

| | | | |
|---|------------------------------------|--|---------------------------------|
| Prefix: | * First Name: John | Middle Name: M | * Last Name: Harvanko |
| Suffix: | Title: Director | Organizational Affiliation: Minnesota Department of Commerce | |
| * Telephone Number: (651) 539-1805 | Fax Number: 651-539-0109 | * Email: john.harvanko@state.mn.us | |

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

b. Additional Description:

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

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

11. Descriptive Title of Applicant's Project
Energy Assistance Program

12. Areas Affected by Funding:
Statewide

| | |
|--|---|
| 13. CONGRESSIONAL DISTRICTS OF: | |
| * a. Applicant 04 | b. Program/Project: Statewide |

Attach an additional list of Program/Project Congressional Districts if needed.

| | | | |
|-------------------------------------|-----------------------------------|----------------------------------|------------------------------|
| 14. FUNDING PERIOD: | | 15. ESTIMATED FUNDING: | |
| a. Start Date: 10/01/2016 | b. End Date: 09/30/2017 | * a. Federal (\$): \$0 | b. Match (\$): \$0 |

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

a. This submission was made available to the State under the Executive Order 12372

Process for Review on :

b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

*** 17. Is The Applicant Delinquent On Any Federal Debt?**

YES

NO

Explanation:

18. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

****I Agree**

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

| | |
|--|---|
| 18a. Typed or Printed Name and Title of Authorized Certifying Official Bill Grant | 18c. Telephone (area code, number and extension) (651) 539-1801 |
| | 18d. Email Address bill.grant@state.mn.us |
| 18b. Signature of Authorized Certifying Official  | 18e. Date Report Submitted (Month, Day, Year) 08/30/2016 |

Attach supporting documents as specified in agency instructions.

Section 1 - Program Components

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

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

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

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

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

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

Section 1 Program Components

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

| 1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.) | | Dates of Operation | |
|---|---------------------------|--------------------|------------|
| | | Start Date | End Date |
| <input checked="" type="checkbox"/> | Heating assistance | 10/01/2016 | 05/30/2017 |
| <input type="checkbox"/> | Cooling assistance | | |
| <input checked="" type="checkbox"/> | Crisis assistance | 10/01/2016 | 06/30/2017 |
| <input checked="" type="checkbox"/> | Weatherization assistance | 10/01/2016 | 09/30/2017 |

Provide further explanation for the dates of operation, if necessary

Energy Related Repair (ERR) Crisis assistance Start date: 10/01/2016 or when funds are available, whichever is later. End date: 06/30/2017

When a date of operation falls on a weekend or holiday the effective date will be the first business day following the listed date with the exception of 09/30. The last date of operation for the Federal Fiscal year is 09/30 or the last business in September if 09/30 is on a weekend.

- Applications must be received or postmarked by 05/31; heating assistance payments must be obligated by July 15.
- Crisis assistance will begin on 10/01 or when funding is available, whichever is later.
- Emergency (Crisis) benefits and Energy Related Repair (ERR) benefits may be approved through 06/30, if funding is available.

Funding for Weatherization Assistance will be available to the Weatherization Assistance Program in the Minnesota Department of commerce (Commerce) after receipt of 100% of the expected regular LIHEAP federal allocation and the approval of the EAPWX State Annual Plan.

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

| 1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%. | Percentage (%) |
|---|------------------|
| Heating assistance | 58.50% |
| Cooling assistance | 0.00% |
| Crisis assistance | 19.00% |

| | |
|--|----------------|
| Weatherization assistance | 4.50% |
| Carryover to the following federal fiscal year | 3.00% |
| Administrative and planning costs | 10.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 5.00% |
| Used to develop and implement leveraging activities | 0.00% |
| TOTAL | 100.00% |

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

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

| | | | |
|-------------------------------------|---------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Heating assistance | <input type="checkbox"/> | Cooling assistance |
| <input type="checkbox"/> | Weatherization assistance | <input checked="" type="checkbox"/> | Other (specify:) Remain in the Crisis Assistance component |

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

1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? Yes 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 | <input type="radio"/> Yes <input type="radio"/> No | |
| SSI | <input type="radio"/> Yes <input type="radio"/> No | |
| SNAP | <input type="radio"/> Yes <input type="radio"/> No | |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input type="radio"/> No | |
| Other(Specify) 1 | Program Name | Heating | Cooling | Crisis | Weatherization |
| | | <input type="radio"/> Yes <input type="radio"/> No |

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

If Yes, explain:

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

SNAP Nominal Payments

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

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

1.7b Amount of Nominal Assistance: \$0.00

1.7c Frequency of Assistance

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

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

Determination of Eligibility - Countable Income

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

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

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

| | |
|-------------------------------------|-------|
| <input checked="" type="checkbox"/> | Wages |
|-------------------------------------|-------|

| | | | |
|-------------------------------------|---|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Self - Employment Income | | |
| <input checked="" type="checkbox"/> | Contract Income | | |
| <input type="checkbox"/> | Payments from mortgage or Sales Contracts | | |
| <input checked="" type="checkbox"/> | Unemployment insurance | | |
| <input checked="" type="checkbox"/> | Strike Pay | | |
| <input checked="" type="checkbox"/> | Social Security Administration (SSA) benefits | | |
| <input type="checkbox"/> | Including MediCare deduction | <input checked="" type="checkbox"/> | Excluding MediCare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) | | |
| <input checked="" type="checkbox"/> | Retirement / pension benefits | | |
| <input checked="" type="checkbox"/> | General Assistance benefits | | |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits | | |
| <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) benefits | | |
| <input type="checkbox"/> | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits | | |
| <input type="checkbox"/> | Loans that need to be repaid | | |
| <input checked="" type="checkbox"/> | Cash gifts | | |
| <input type="checkbox"/> | Savings account balance | | |
| <input type="checkbox"/> | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. | | |
| <input checked="" type="checkbox"/> | Jury duty compensation | | |
| <input checked="" type="checkbox"/> | Rental income | | |
| <input type="checkbox"/> | Income from employment through Workforce Investment Act (WIA) | | |
| <input type="checkbox"/> | Income from work study programs | | |
| <input checked="" type="checkbox"/> | Alimony | | |
| <input type="checkbox"/> | Child support | | |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties | | |
| <input checked="" type="checkbox"/> | Commissions | | |
| <input type="checkbox"/> | Legal settlements | | |
| <input checked="" type="checkbox"/> | Insurance payments made directly to the insured | | |
| <input type="checkbox"/> | Insurance payments made specifically for the repayment of a bill, debt, or estimate | | |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits | | |

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Earned income of a child under the age of 18 |
| <input type="checkbox"/> | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| <input type="checkbox"/> | Income tax refunds |
| <input type="checkbox"/> | Stipends from senior companion programs, such as VISTA |
| <input checked="" type="checkbox"/> | Funds received by household for the care of a foster child |
| <input type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| <input type="checkbox"/> | Reimbursements (for mileage, gas, lodging, meals, etc.) |
| <input checked="" type="checkbox"/> | <p>Other</p> <p>Insurance payments that are not for reimbursements/repayments are counted for months designated during the 3-month eligibility period.</p> <p>Foster care: The household can elect to include foster member and income or exclude the foster member and income.</p> |

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

Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 2 - Heating Assistance

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

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

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|------------------------|-----------------------|
| 1 | 1 | State Median Income | 50.00% |
| 2 | 2 | State Median Income | 50.00% |
| 3 | 3 | State Median Income | 50.00% |
| 4 | 4 | State Median Income | 50.00% |
| 5 | 5 | State Median Income | 50.00% |
| 6 | 6 | State Median Income | 50.00% |
| 7 | 7 | State Median Income | 50.00% |
| 8 | 8 | State Median Income | 50.00% |
| 9 | 9 | State Median Income | 50.00% |
| 10 | 10 | State Median Income | 50.00% |
| 11 | 11 | State Median Income | 50.00% |
| 12 | 12 | State Median Income | 50.00% |
| 13 | 13 | State Median Income | 50.00% |
| 14 | 14 | State Median Income | 50.00% |
| 15 | 15 | HHS Poverty Guidelines | 110.00% |

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

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

Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young children? Yes No

Households with high energy burdens ? Yes No

Other? Households with an energy emergency Yes No

Explanations of policies for each "yes" checked above:

2.2 The primary household member must have a verifiable Social Security Number or an Authorized Alternative Document.

Ineligible non-citizens are not counted as household members, however, their income is added to household income.

Households must be vulnerable to rising energy costs. For heat included in rent households, rising energy costs can result in higher rent if rent is not subsidized based on income.

2.3 For subsidized housing, if heat and electric is included in rent, the household is not eligible for energy assistance as they are not vulnerable to rising energy costs, if rent is based on income and not energy cost.

Other: Applications are processed on a first-come first-served basis. Priority is given to households with an energy emergency (disconnect, disconnect notice, low or out of delivered fuel, etc.)

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.

Households are served on a first come/first served basis unless they have an energy emergency that must be addressed to restore or retain energy in the home.

Applications are sent to approved households from the previous year. Most households on fixed incomes have their applications printed first for mailing. Households on fixed incomes generally include elderly and disabled households.

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

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

Annual heating cost. If annual heating cost is not available, the benefit level is determined from a back-up matrix and averages.

Note: The Cost-Based Matrix and Back-Up Matrix for determining benefit levels is not available until late September.

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

2.6 Describe estimated benefit levels for FY 2017:

| | | | |
|-----------------|-------|-----------------|---------|
| Minimum Benefit | \$100 | Maximum Benefit | \$1,400 |
|-----------------|-------|-----------------|---------|

2.7 Do you provide in-kind (e.g., blankets, space heaters) 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.

Section 3 - COOLING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 3 - Cooling Assistance

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

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

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|-----------------------|-----------------------|
| 1 | | | 0.00% |

3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE? Yes No

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

Do you require an Assets test ? Yes No

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

Do you give priority in eligibility to:

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

Explanations of policies for each "yes" checked above:

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

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

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

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

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

3.6 Describe estimated benefit levels for FY 2017:

| | | | |
|------------------------|-----|------------------------|-----|
| 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.

Minnesota does not have a cooling assistance program component.

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

Section 4 - CRISIS ASSISTANCE

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

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

Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|------------------------|-----------------------|
| 1 | 1 | State Median Income | 50.00% |
| 2 | 2 | State Median Income | 50.00% |
| 3 | 3 | State Median Income | 50.00% |
| 4 | 4 | State Median Income | 50.00% |
| 5 | 5 | State Median Income | 50.00% |
| 6 | 6 | State Median Income | 50.00% |
| 7 | 7 | State Median Income | 50.00% |
| 8 | 8 | State Median Income | 50.00% |
| 9 | 9 | State Median Income | 50.00% |
| 10 | 10 | State Median Income | 50.00% |
| 11 | 11 | State Median Income | 50.00% |
| 12 | 12 | State Median Income | 50.00% |
| 13 | 13 | State Median Income | 50.00% |
| 14 | 14 | State Median Income | 50.00% |
| 15 | 15 | HHS Poverty Guidelines | 110.00% |

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

To receive a Crisis benefit, a household must:

- Request assistance with an energy emergency by either:
- Submitting a bill, disconnect notice or disconnection document verifying the energy emergency.

OR

- Notifying the Service Provider of an energy emergency.
- Be EAP eligible.
- Have received a Primary Heat benefit that did not resolve the emergency.
- Have the emergency situation verified and documented by the Service Provider with the energy vendor at the time the Crisis benefit is determined.
- Be occupying the dwelling at the time Crisis is requested and the benefit is determined.
- Not have a redundant heating system that has fuel. An exception is that households with a redundant heating system are eligible for Crisis if the heating system that is out of fuel is needed to allow continuous heat to the dwelling (e.g. if the electric portion of the redundant heating system is on an off-peak discount program that interrupts electric heat to the dwelling.)
- Not have a Crisis payment that results in a credit on an account.
- Have one of the following Crisis reasons:
 - Heat Related Shut Off.
 - Heat Related Disconnection Notice.
 - Less than 20% in Fuel Tank and Refusal to Deliver (RTD).
 - Less than One Week Biofuel.
 - Non-Heat Electric Shut Off.
 - Non-Heat Electric Disconnection Notice.
 - Senior Past Due or Current Energy Bill.

4.3 What constitutes a life-threatening crisis?

1. Life threatening situations include:

- No heat in the house
- No heat distribution

And air temperature is not at a safe level and the household does not have an alternative or temporary heat source.

Crisis Requirement, 2604(c)

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

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

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

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

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

Do you require an Assets test ? Yes No

Do you give priority in eligibility to :

- | | |
|---|---|
| Elderly? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Disabled? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Young Children? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Households with high energy burdens? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Other? | <input type="radio"/> Yes <input type="radio"/> No |

In Order to receive crisis assistance:

- | | |
|--|---|
| Must the household have received a shut-off notice or have a near empty tank? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must the household have been shut off or have an empty tank? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must the household have exhausted their regular heating benefit? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Must renters with heating costs included in their rent have received an eviction notice ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Must heating/cooling be medically necessary? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Must the household have non-working heating or cooling equipment? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other? Mal-functioning heating unit that still operates | <input checked="" type="radio"/> Yes <input type="radio"/> No |

Do you have additional / differing eligibility policies for:

- | | |
|---|---|
| Renters? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters living in subsidized housing? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Renters with utilities included in the rent? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Explanations of policies for each "yes" checked above:

- Have one of the following Crisis reasons:
- Heat Related Shut Off.
- Heat Related Disconnection Notice.
- Less than 20% in Fuel Tank and Refusal to Deliver (RTD).
- Less than One Week Biofuel.
- Non-Heat Electric Shut Off.
- Non-Heat Electric Disconnection Notice.
- Senior Past Due or Current Energy Bill.

Energy Related Repair (ERR) is a Crisis program for heating systems that do not heat, do not distribute heat, are mal-functioning or have a health and safety issues (such as producing carbon monoxide). Households must be homeowners as landlords are required to maintain heat in rental units.

If the regular heating benefit resolves a crisis, no Crisis funds are used. Some crisis situations need to use remaining regular heating benefits and Crisis funds to resolve the situation.

Determination of Benefits

4.8 How do you handle crisis situations?

| | |
|-------------------------------------|--------------------|
| <input checked="" type="checkbox"/> | Separate component |
| <input type="checkbox"/> | Fast Track |
| <input type="checkbox"/> | Other - Describe: |

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

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amount to resolve the crisis. |
| <input checked="" type="checkbox"/> | Other - Describe: If the Crisis cannot be resolved with the EAP funds available to a household, Crisis funds may be applied to the energy vendor account if the funds do not create a credit balance. In other situations where additional funds are needed, Crisis funds are obligated after the arrangements for additional funds are accepted by the energy vendor. Example: HH has \$300 Crisis funds available. However, \$500 is needed to deliver fuel. Arrangements and other resources are needed for the \$200 shortfall before EAP will obligate the \$300 available. |

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.**

Offices are physically accessible to all households. Crisis assistance can be requested by phone, fax, or email or US mail. Households are not required to request Crisis in person, as 4.11 states households do not need to leave their home.

4.11 Do you provide individuals who are physically disabled 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 | \$500.00 maximum benefit |
| Summer Crisis | \$0.00 maximum benefit |
| Year-round Crisis | \$0.00 maximum benefit |

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

Yes No **If yes, Describe**

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

Yes No

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

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

| | Winter Crisis | Summer Crisis | Year-round Crisis |
|----------------------------|-------------------------------------|--------------------------|--------------------------|
| Heating system repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Utility poles / gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | |
| <input type="radio"/> Yes <input checked="" type="radio"/> 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. | | | |
| | | | |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. | | | |

Section 5 - WEATHERIZATION ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01
OMB Clearance No.: 0970-0075
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

| Add | Household Size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|------------------------|-----------------------|
| 1 | 1 | State Median Income | 50.00% |
| 2 | 2 | HHS Poverty Guidelines | 200.00% |
| 3 | 3 | HHS Poverty Guidelines | 200.00% |
| 4 | 4 | HHS Poverty Guidelines | 200.00% |
| 5 | 5 | HHS Poverty Guidelines | 200.00% |
| 6 | 6 | HHS Poverty Guidelines | 200.00% |
| 7 | 7 | HHS Poverty Guidelines | 200.00% |
| 8 | 8 | HHS Poverty Guidelines | 200.00% |
| 9 | 9 | HHS Poverty Guidelines | 200.00% |
| 10 | 10 | HHS Poverty Guidelines | 200.00% |
| 11 | 11 | 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.

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

WEATHERIZATION - Types of Rules

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

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE WAP (not LIHEAP) rules
- Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):
 - Income Threshold
 - Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
 - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
 - Other - Describe:
- Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)
 - Income Threshold
 - Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
 - Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
 - Other - Describe:

LIHEAP weatherization assists homeowners and renters, including mechanical work on heating systems.

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

5.8 Do you give priority in eligibility to:

Elderly? Yes No

Disabled? Yes No

Young Children? Yes No

House holds with high energy burdens? Yes No

Other? Yes No

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

5.8 PRIORITY FOR PROVIDING WEATHERIZATION SERVICE

POLICY: Service Providers must have in place a priority system that is:

1. Used to determine the order of service for program eligible clients.
2. Applied equally to both owner and renter occupied dwellings.

PROCEDURE: Client priority systems will incorporate households where one or more of the following exist:

1. Elderly member (60 years or over).
2. Handicapped member.
3. Child or children under the age of 19.
4. High energy consumption.

Service Providers may choose the order in which priority households are served.

The eHEAT WAP Priority list will be used to select clients for Weatherization energy conservation services. Applicants with a higher priority will be inserted into the waiting list ahead of applicants with lower priority criteria.

STANDARD: Service Providers must be able to show how their local priority determination is made, and how it best serves the eligible population in their service areas.

EXCEPTIONS: The priority process may be waived when there is an:

1. Emergency referral from the Energy Assistance Program (EAP).
2. Opportunity to complete other rehabilitation work with funds not directly administered through the DOE weatherization program.
3. Official state or federal disaster designation.

Benefit Levels

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

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

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

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

| | |
|---|---|
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits | <input checked="" type="checkbox"/> Energy related roof repair |
| <input checked="" type="checkbox"/> Caulking and insulation | <input checked="" type="checkbox"/> Major appliance Repairs |
| <input checked="" type="checkbox"/> Storm windows | <input checked="" type="checkbox"/> Major appliance replacement |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs | <input checked="" type="checkbox"/> Windows/sliding glass doors |
| <input checked="" type="checkbox"/> Furnace replacement | <input checked="" type="checkbox"/> Doors |
| <input type="checkbox"/> Cooling system modifications/ repairs | <input checked="" type="checkbox"/> Water Heater |
| <input checked="" type="checkbox"/> Water conservation measures | <input type="checkbox"/> Cooling system replacement |
| <input checked="" type="checkbox"/> Compact florescent light bulbs | <input checked="" type="checkbox"/> Other - Describe: X EAPWX funds can be used to complete measures included on the MN Department of Commerce's "Allowed Activities and Measure Type Chart": including "Base-load" activities/measures. |

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

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

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

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

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

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

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

The State issues press releases regarding LIHEAP. The State may work with other entities such as AARP to mail postcards to households. The mass mailing to prior-year LIHEAP recipients includes an application for the upcoming program year.

The above outreach activities are allowable outreach activities the local EAP Service Providers may provide in their area.

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

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

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

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

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

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

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Joint application for multiple programs |
| <input checked="" type="checkbox"/> | Intake referrals to/from other programs |
| <input type="checkbox"/> | One - stop intake centers |
| <input checked="" type="checkbox"/> | Other - Describe: |

Minnesota administers LIHEAP and DOE Weatherization (WAP) in the Department of Commerce, Division of Energy Resources. This helps facilitate coordination between similar and related services. The *Minnesota Energy Assistance Programs Application* serves as the application for LIHEAP and weatherization activities funded by LIHEAP or DOE. LIHEAP Service Provider staff determine income for most recipients of weatherization programs.

The energy programs application instructions provide information for the Cold Weather Rule administered by the Public Utilities Commission (PUC). Coordination on the state level includes negotiations between state departments and with vendors.

The EAP application consent section and accompanying Privacy Notice permits organizations with access to EAP data for EAP administration to use the data to identify eligible participants for low-income affordability and conservation programs. Energy vendors include Xcel Energy and CenterPoint Energy provide affordability programs for EAP-recipient households, and state-mandated low-income utility conservation improvement programs (CIP).

Local administering agencies (Service Providers) develop plans for local coordination with other human services providers and community organizations

Service Providers may also administer similar and related programs including the Community Services Block Grant, Head Start, income assistance programs and housing programs.

State law requires the local Service Providers to provide voter registration information to households, as needed.

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

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

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

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

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

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

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

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

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

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

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? | Local County Government Community Action Agencies Non-profits Tribal Government | Non-Applicable | Local County Government Community Action Agencies Non-profits Tribal Government | Local County Government Community Action Agencies Non-profits Tribal Government |
| 8.5b Who processes benefit payments to gas and electric vendors? | Local County Government Community Action Agencies Non-profits Tribal Government | Non-Applicable | Local County Government Community Action Agencies Non-profits Tribal Government | |
| 8.5c who processes benefit payments to bulk fuel vendors? | Local County Government Community Action Agencies Non-profits Tribal Government | Non-Applicable | Local County Government Community Action Agencies Non-profits Tribal Government | |
| | | | | Community Action |

8.5d Who performs installation of weatherization measures?

Agencies
Non-profits
Tribal Government

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?

Selecting Successor Service Providers

Upon learning an existing Service Provider will resign or has resigned as an EAP provider, the DOC will:

1. Solicit a letter of intent with attached documentation of a formal board resolution, both signed and dated by the chair of the governing board or the chair's designee, from Service Providers in the categories described in 1 and 2 in "Identification of a Successor Service Provider," below.
2. Issue a request for proposals to Service Providers in the categories described in category 3 in "Identification of a Successor Service Provider," below.
3. Issue a general request for proposals.

The successor Service Provider will be the one most closely matching these criteria:

- Is in the highest priority category as listed in number one of "Identification of a Successor Service Provider," below.
- Has demonstrated quality administration of programs, as shown by audits, reports to grantor Service Providers, and customer satisfaction.
- Has a strong history of successful program level advocacy.
- Has identified staff capable of operating the program.

Identification of a Successor Service Provider

The recommendation of the community and the resigning Service Provider will hold considerable weight when choosing a successor Service Provider. Current Service Providers in good standing and other private not-for-profit organizations will be considered for the successor Service Provider. The priority order for consideration of the successor Service Provider will be:

1. The surviving entity when two or more current Service Providers merge.
2. A current Service Provider serving the same service territory as the resigning Service Provider.
3. A current Service Provider serving a territory surrounding the resigning Service Provider's service territory.
4. A current Service Provider serving a territory contiguous to the resigning Service Provider's service territory.
5. A current Service Provider serving a non-contiguous territory for EAP, but providing Service Provider services in the resigning Service Provider's full service territory; and a private not-for-profit organization that provides services similar to EAP services in the resigning Service Provider's full service territory.
6. A current Service Provider serving a non-contiguous territory for EAP but providing Service Provider services in a significant portion of the resigning Service Provider's service territory; and a private not-for-profit organization that provides services similar to EAP services in a significant portion of the resigning Service Provider's service territory. A private not-for-profit organization that provides services similar to EAP services that demonstrates ability to provide EAP services in the resigning Service Provider's service territory.

8.7 How many local administering agencies do you use? 30

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

- Yes
 No

8.9 If so, why?

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

Two existing agencies merged together. One of the agencies continued as the same legal entity with a new name.

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

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

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

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

9.1 Do you make payments directly to home energy suppliers?

Heating Yes No

Cooling Yes No

Crisis Yes No

Are there exceptions? Yes No

If yes, Describe.

Direct Payments

Households may receive direct payments under limited circumstances. eHEAT first subtracts from the payment any electric costs. Those payments are distributed to the electric vendor. The remaining amount is then distributed in one direct payment to the household as a check Make direct payments to:

- Households with biofuel if a biofuel vendor or usable biofuel (e.g. seasoned wood) is not available. Biofuel payments must go to a biofuel vendor whenever possible. Service Providers must maintain knowledge of the biofuel vendors in their service area.
- The Service Provider must document there is no biofuel vendor or usable biofuel available in the eHEAT 'Crisis' or 'Completion' screen notes.
- Households with all energy utilities, electric and heat included in the rent.
- Households with heat included in rent, and only the amount that exceeds their electric costs for the previous year.
- Households whose energy vendors refused to sign the energy vendor agreement.
- Households unable to secure an energy vendor.

Note: Reimbursements to applicants for payments made to energy vendors are not allowed.

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

Households receive a letter stating the amount paid to energy vendor(s) or, in some instances, the amount paid directly to the household.

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?

Vendors must sign and comply with a vendor agreement to be eligible to receive payments for heating assistance or crisis assistance on household's energy accounts. Vendor payments are made through a centralized payment system. Local administering agencies work closely with vendors throughout the program year and perform ongoing formal monitoring of a percentage of the vendors annually to assure that all requirements of this assurance are met. State monitors review the vendor monitoring activity performed by the local service provider.

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?

Vendors must sign and comply with a vendor agreement to be eligible to receive payments for heating assistance or crisis assistance on household's energy accounts. Vendor payments are made through a centralized payment system. Local administering agencies work closely with vendors throughout the program year and perform ongoing formal monitoring of a percentage of the vendors annually to assure that all requirements of this assurance are met. State monitors review the vendor monitoring activity performed by the local service provider.

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.

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

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

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

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

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

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

Fiscal accounting and tracking of LIHEAP funds takes place on the state and local levels. Local administering agencies are allowed only three days' cash on hand. The MN Department of Commerce requires local administering agencies to submit monthly financial status reports and track and monitors those reports on an ongoing basis.

After the initial allocation of funds to each LIHEAP service Provider Commerce allocates funds as needed and reviews requests for additional funds for Energy Related Repair on a ongoing basis.

Quality and Performance Control tracking is performed to reduce late payments and process energy vendor refunds in a timely manner.

Audit Process

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

Yes No

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

No Findings

| Finding | Type | Brief Summary | Resolved? | Action Taken |
|---------|------|---------------|-----------|--------------|
| 1 | | | | |

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

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

Grantee employees:

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

- Local agencies/district offices are required to have an annual audit in compliance with the Single Audit Act and OMB 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for U.S. Department of Health and Human Services (HHS) Awards.
- Grantee conducts fiscal and program monitoring of local agencies/district offices

Local Adminstering Agencies / District Offices:

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

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

All local agencies are monitored on site at least once a year.

Agencies may have an initial on-site monitoring visit depending on risk and other factors. All agencies have a full monitoring visit.

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

Site Visits:

Site Visits: All EAP Service Providers are selected for monitoring reviews.

Desk Reviews:

Desk Reviews: All EAP Service Providers are monitored by Commerce EAP staff.

10.8. How often is each local agency monitored ?

At least one on-site monitoring visit per federal fiscal year.

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

Unknown - this is not tracked in aggregate.

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

Unknown - this is not tracked in aggregate.

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

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

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

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

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

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

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

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

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

Public hearing and public comment period are published in the Minnesota State Register.

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

Recommendations come from EAP Coordinators who administer local LIHEAP agencies. Meetings are held with representation by EAP Coordinators and Commerce LIHEAP staff to recommend changes in policy or procedures.

Changes were made to policies and procedures in the EAP Policy Manual. These changes do not affect content for this Minnesota LIHEAP State Plan.

An income eligibility change allows the use of paystubs by pay period end date when all are available and paystubs by pay date are not.

Language was added to select the surviving entity as the successor when two or more current LIHEAP delivery agencies merge.

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

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

| | Date | Event Description |
|---|------------|---|
| 1 | 06/30/2016 | Public hearing re: FFY2017 LIHEAP State Plan held in St. Paul, MN |

11.4. How many parties commented on your plan at the hearing(s)? 1

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

Stated that the Minnesota Community Action Partnership supported the draft Minnesota LIHEAP State Plan.

Particularly supporting the timely investment and information technology infrastructure, as well as the increased efficiency and the ability to administer operations in a planful (sic) manner during mergers.

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

None - Comments made at the public hearing supported the changes already in the draft LIHEAP plan.

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

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

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

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OMB Clearance No.: 0970-0075
Expiration Date: 06/30/2017

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

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

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

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

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

N/A

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

Households have 30 days from the date they receive their notification letter to appeal decisions made regarding their energy assistance application. Applicants are informed of this right when they receive their application and again on their notification letter. Grounds for appeal are:

- Disagreement about questions of fact (such as income, household size, previous year's heating costs, etc.) used to determine eligibility and amount of assistance.
- Application was denied.
- Application was not acted on in 30 days.
- The Energy Related Repair services at the time of completion or final inspection were not adequate or were inappropriate.

The three levels of appeal are:

- Local, including investigation and a written response.
- State, including investigation and a written response.
- Hearing with an administrative law judge followed by a written recommendation to the Commissioner of the Department of Commerce.

12.5 When and how are applicants informed of these rights?

The household received a "Rights and Responsibilities" form with their application. They are also notified in their EAP award or denial letters.

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

Households may contact their local agency to inquire about their application.

Households also have the right to appeal and fair hearing as stated in item 12.4 above.

12.7 When and how are applicants informed of these rights?

The household received a "Rights and Responsibilities" form with their application. The applicant's rights are listed in the form.

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

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

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

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

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

Minnesota uses LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. The supported activities are referred to as Assurance 16 (A16). Assurance 16 allowable activities may include:

Budget counseling

- Energy conservation education
- Facilitation of household negotiations for budget payments
- Advocacy with fuel suppliers on behalf of households
- Household energy assessments
- Referrals
- Case management
- Public relations and outreach

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

Funds for Assurance 16 activities are assigned a dedicated project code in the State Accounting System and a dedicated line item on the contract with local administering agencies. The use of Assurance 16 funds is monitored by EAP Program Performance Auditors and activities are recorded in LIHEAP software. This process assures expenditures for these activities do not exceed the allowable 5% of the LIHEAP federal allocation.

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

- Sustainable, transformative household improvements in regard to energy use and bill payment.
- Enable and encourage a household's optimal, or most desirable, energy usage.
- Increase the affordability of energy.
- Enable household access to services and opportunities that increase or improve income and/or assets.
- Encourage increased household housing/energy provider options.

Energy Self-Sufficiency includes activities that help reduce household energy need and enable energy security by affecting one or more of the following areas:

- Enabling and encouraging a household's optimal, or most desirable, energy usage (e.g., more efficient, reduced usage).
- Increasing the affordability of energy.
- Enabling household access to services and opportunities that increase or improve income and/or assets.
- Encouraging increased household housing/energy provider options.
- Seek to help households substantially improve their energy security in the long-term.

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 applied for these services? Number is not available

13.6 How many households received these services? Number is not available

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

Section 14 - Leveraging Incentive Program ,2607A

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

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.

Separate instructions/leveraging survey forms are attached for:

- EAP Service Providers/Non-profit agencies
- Delivered fuel vendors
- Connected utility vendors

The Minnesota Department of Commerce and the local administering agencies acquire non-federal leveraged resources for Minnesota EAP. These leveraged resources are administered by the State or the local administering agencies or in collaboration and cooperation with the local administering agency and made available to federally qualified low-income households under 2605(b)(2).

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

| Resource | What is the type of resource or benefit ? | What is the source(s) of the resource ? | How will the resource be integrated and coordinated with LIHEAP? |
|----------|--|--|---|
| 1 | Contributions to the State or local administering agencies | Sources of the contributions include State or local governments, foundations, individuals, businesses, and other entities. | The resource will be used to provide assistance to supplement LIHEAP payments, in accordance with federal program requirements. |
| 2 | CIP Funds used assist low-income EAP households. | Contributions and monies received under Minnesota Statutes 216B.241, "Energy Conservation Improvements," | E. The purchase of blankets, space heating devices and space cooling devices and equipment (including stoves and refrigerators) which meet MN Stat. 216C.19 Energy Conservation. F. The purchase, delivery and installation of electrical conservation materials to households where electricity is required to help meet the household's home heating needs. |
| 3 | Monies expended by local governments, foundations, individuals, businesses or other entities that assist the energy assistance program, including primary heat, crisis, weatherization and energy related repair assistance. | Minnesota social services agencies have informally agreed on a protocol for providing low-income home energy assistance, beginning with federal funds, then state and local government funds. Community resources may be spent after federal funds or after state and local government funds, depending upon the purposes of the resources. The agreement also provides for coordination and collaboration of funding and advocacy efforts to assist households to meet home energy needs. | These monies assist low-income households to meet the costs of home energy in accordance with federal program requirements and Funds are integrated into the energy assistance program through coordination activities to assist low-income EAP households. |
| 4 | Local delivery agencies contract with energy vendors to administer vendor sponsored fuel funds. These funds use energy assistance | Energy vendors and community groups operate fuel funds that integrate with the energy assistance program through coordination of eligibility determination and grant award determination. The energy assistance program maintains strong communications ties with | The energy assistance program maintains strong communications ties with these fuel funds, which piggy-back their activities on the energy assistance program. |

| | eligibility criteria and supplement Energy assistance funding. | these fuel funds, which piggy-back their activities on the energy assistance program. | |
|---|---|---|---|
| 5 | The State of Minnesota, local administering agencies and will collaborate to ensure integration with the energy assistance program. Heat Share is a private fuel fund that receives voluntary contributions collected from energy vendor customers and stockholders. a. a negotiated price discount for an agreed-upon number of gallons of heating fuel. The agreed-upon number of gallons of heating fuel will be available to EAP households at the discounted price. E. The purchase of blankets, space heating devices and space cooling devices and equipment (including stoves and refrigerators) which meet MN Stat. 216C.19 Energy Conservation. | the Salvation Army Heat Share Program | Heat Share and the local administering agencies coordinate services though eligibility determination, referral networks, and joint training meetings. Heat Share accepts EAP eligibility as proof of income eligibility and accepts EAP certified income as verified household income. The State of Minnesota and the Salvation Army cooperate on many levels including reciprocal membership in advisory boards. |
| 6 | The purchase, delivery and installation of electrical conservation materials to households where electricity is required to help meet the household's home heating needs. The reduction in home energy bills obtained when a household participates in a utility or energy supplier's Special Rate or Practices Plan. These include programs designed to reduce the cost of home energy needs of the household and minimize the risk of an energy crisis. Special rate programs may include but are not limited to: discount rate, off-peak, time of day or dual heating plans. | Energy Vendors | Discounts or reductions in bulk fuel prices. Contracts at the local level with oil or liquid propane vendors will guarantee |
| 7 | The purchase, delivery and installation of electrical conservation materials to households where electricity is required to help meet the household's home heating needs. | Energy Vendors | The reduction in home energy bills obtained when a household participates in a utility or energy supplier's Special Rate or Practices Plan. These include programs designed to reduce the cost of home energy needs of the household and minimize the risk of an energy crisis. Special rate programs may include but are not limited to: discount rate, off-peak, time of day or dual heating plans. |

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

Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

Section 15: Training

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

a. Grantee Staff:

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe: During weekly staff meetings.

Employees are provided with policy manual

Other-Describe:

Any updates to the policy manual are distributed via "The Energizer". The Energizer is produced weekly.

b. Local Agencies:

Formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

On-site training

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

Training is provided bi-monthly at Energy Assistance Coordinator Association (EACA) meetings. Training and technical assistance is provided during initial monitoring visits, as needed. Additional training is provided as needed. Local agencies also receive The Energizer, which is distributed approximately 35 times during the program year.

c. Vendors

Formal training conference

How often?

Annually

Biannually

As needed

| |
|---|
| <input type="checkbox"/> Other - Describe: |
| <input checked="" type="checkbox"/> Policies communicated through vendor agreements |
| <input checked="" type="checkbox"/> Policies are outlined in a vendor manual |
| <input checked="" type="checkbox"/> Other - Describe: Local EAP Service Providers may provide training and technical assistance during vendor monitoring, when obtaining energy consumption data or when securing vendor agreements. |
| 15.2 Does your training program address fraud reporting and prevention? <input checked="" type="radio"/> Yes <input type="radio"/> 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. |

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

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

Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.

Minnesota is currently able to meet data collection and reporting requirements of the four required LIHEAP performance measures.

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

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

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

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

17.1 Fraud Reporting Mechanisms

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

- Online Fraud Reporting
- Dedicated Fraud Reporting Hotline
- Report directly to local agency/district office or Grantee office
- Report to State Inspector General or Attorney General
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse
- Other - Describe:

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

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

17.2. Identification Documentation Requirements

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

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

All Adults in All Adults in All Household All Household

| | Other | Applicant Only Required | Applicant Only Requested | Household Required | Household Requested | Members Required | Members Requested |
|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | An Authorized Alternative Document may be used, such as providing a tax identification number or an I-94 number. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

b. Describe any exceptions to the above policies.

Safe at Home Program participants apply using a Safe at Home number.

17.3 Identification Verification

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

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

Other - Describe:

Identification is not verified.

17.4. Citizenship/Legal Residency Verification

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card

Other - Describe:

A household member provides a Social Security Number or an Authorized Alternative Number, such as a Individual Tax Identification Number (ITIN), for legal residency.

17.5. Income Verification

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

- Require documentation of income for all adult household members
 - Pay stubs
 - Social Security award letters
 - Bank statements
 - Tax statements
 - Zero-income statements
 - Unemployment Insurance letters
 - Other - Describe:
Signed statements from employers. Tribal Casino Per Capita Letters

Computer data matches:

| |
|--|
| <input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF) |
| <input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor |
| <input type="checkbox"/> Social Security income verified with SSA |
| <input type="checkbox"/> Utilize state directory of new hires |
| <input checked="" type="checkbox"/> Other - Describe: No data matching takes place. |

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.

| |
|--|
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent |
| <input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards |
| <input checked="" type="checkbox"/> Employee training on confidentiality for: |
| <input checked="" type="checkbox"/> Grantee employees |
| <input checked="" type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement |
| <input checked="" type="checkbox"/> Grantee employees |
| <input checked="" type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Physical files are stored in a secure location |
| <input type="checkbox"/> Other - Describe: |

17.7. Verifying the Authenticity

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

| |
|---|
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe. |
| <input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form |
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household |
| <input checked="" type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| <input type="checkbox"/> Other - Describe and note any exceptions to policies above: |

17.8. Benefits Policy - Gas and Electric Utilities

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

| |
|--|
| <input type="checkbox"/> Applicants required to submit proof of physical residency |
| <input type="checkbox"/> Applicants must submit current utility bill |
| <input checked="" type="checkbox"/> Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> Account ownership |
| <input checked="" type="checkbox"/> Consumption |
| <input checked="" type="checkbox"/> Balances |
| <input type="checkbox"/> Payment history |
| <input checked="" type="checkbox"/> Account is properly credited with benefit |
| <input type="checkbox"/> Other - Describe: |
| <input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities |
| <input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level |
| <input checked="" type="checkbox"/> Separation of duties between intake and payment approval |
| <input type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |

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

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Vendors are checked against an approved vendors list |
| <input checked="" type="checkbox"/> | Centralized computer system/database is used to track payments to all vendors |
| <input checked="" type="checkbox"/> | Clients are relied on for reports of non-delivery or partial delivery |
| <input type="checkbox"/> | Two-party checks are issued naming client and vendor |
| <input checked="" type="checkbox"/> | Direct payment to households are made in limited cases only |
| <input type="checkbox"/> | Vendors are only paid once they provide a delivery receipt signed by the client |
| <input checked="" type="checkbox"/> | Conduct monitoring of bulk fuel vendors |
| <input type="checkbox"/> | Bulk fuel vendors are required to submit reports to the Grantee |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> | Other - Describe: |

17.10. Investigations and Prosecutions

Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | Refer to state Inspector General |
| <input checked="" type="checkbox"/> | Refer to local prosecutor or state Attorney General |
| <input type="checkbox"/> | Refer to US DHHS Inspector General (including referral to OIG hotline) |
| <input checked="" type="checkbox"/> | Local agencies/district offices or Grantee conduct investigation of fraud complaints from public |
| <input checked="" type="checkbox"/> | Grantee attempts collection of improper payments. If so, describe the recoupment process |

Overpayments and Recovery of EAP Funds

Overpayment recovery is required when an EAP benefit is overpaid by \$10 or greater. Until an overpayment process is complete, the household is not eligible to receive Crisis benefits. Service Providers must track and maintain a single log of households with overpayments, to ensure all recovery steps are conducted and Crisis is not provided until the recovery process is complete. Follow the overpayment recovery procedures for an error, waste, abuse, or suspected fraud below:

Overpayments Resulting from Error

If **error** results in overpayment of EAP funds the Service Provider must attempt to recover funds in the following order:

1. If identified immediately, work with the energy vendor to determine if the incorrect payment can be easily refunded.
2. Adjust scheduled payments, if possible.
3. Recover credit on energy vendor account, if possible.
4. Write to the client by certified mail to:
 - Notify them of the situation.
 - Request repayment of overpaid EAP funds not recovered.
 - Clarify the household's rights and responsibilities, hardship option, and appeals process.
 - Offer to meet with them.
 - Set up a repayment schedule including installment payments as needed ensuring that full repayment is made by September 30 of the current program year.
1. If repayment poses a hardship for the household:
 - Obtain a signed and dated declaration from the household describing the hardship.
 - Retain the declaration in the household's file.
 - Terminate recovery of EAP funds.
1. If the household does not respond to Service Provider's certified letter within 30 days of the letter's date:
 - Call the household regarding overpayment recovery information in #4 above.
 - If unable to reach the household by phone, mail a certified "overpayment second notice" letter, including all information from #4 above.
 - If the household does not respond within 30 days of the "overpayment second notice" letter's date:
 - Document attempts made by the Service Provider to recover overpaid funds
 - Terminate the recovery effort.
1. If the household does not maintain planned repayment schedule:

- Call the household regarding missed payment and other information in #4 above.
- If unable to reach the household by phone, mail a certified "payment plan reminder" letter, including all information from #4 above.
- If the household does not respond within 30 days of the "payment plan reminder" letter's date:
- Document attempts made by the Service Provider to recover overpaid funds
- Terminate the recovery effort.

Overpayment recovery efforts must be tracked by Service Providers to ensure timelines are met. The household is eligible to request Crisis assistance when one of the following occurs:

- Overpayment is recovered or repaid in full
- Household submits a signed declaration of hardship regarding the overpayment

The household is not eligible for a Crisis benefit if they have been non-responsive to Service Provider communication regarding attempts to recover an overpayment.

Overpayments Resulting from Waste and Abuse

If **waste** or **abuse** results in overpayment, the DOC will review and determine actions.

- Service Providers could be subject to repayment with non-federal funds.
- Energy vendors could be subject to repayment and determined non-cooperative (See [Chapter 3 - Energy Vendors, Non-Cooperating Energy Vendors](#) section).
- Contractors could be subject to repayment and unable to receive future EAP payments.
- The DOC reserves the right to take additional steps.

Overpayments Resulting from Suspected Fraud

All cases of **suspected fraud** must be reported to proper authorities. See Investigation procedures above. The following rules guide overpayment recovery of EAP funds for instances of suspected fraud:

- **Households** suspected of fraud must repay funds. Recover funds in the following order:
 1. If identified immediately, work with the energy vendor to determine if incorrect payment can be easily refunded.
 2. Recover credit on energy vendor account, if possible.
 3. Write to the client by certified mail to:
 - Notify them of the situation.
 - Request repayment of overpaid EAP funds not recovered.
 - Clarify the household's rights and responsibilities and appeals process.
 - Offer to meet with them.
 - Set up a repayment schedule including installment payments as needed ensuring full repayment is made by September 30 of the current program year.
 - 1. If the household does not respond to Service Provider's certified letter within 30 days of the letter's date:
 - Call the household regarding overpayment recovery information in #3 above.
 - If unable to reach the household by phone, mail a certified "overpayment second notice" letter, including all information from #3 above.
 - If the household does not respond within 30 days of the "overpayment second notice" letter's date:
 - Document attempts made by the Service Provider to recover overpaid funds
 - Terminate the recovery effort notify the DOC with an updated Incident Report.
 - 1. If the household does not maintain planned repayment schedule:
 - Call the household regarding missed payment and other information in #3 above.
 - If unable to reach the household by phone, mail a certified "payment plan reminder" letter, including all information from #3 above.
 - If the household does not respond within 30 days of the "payment plan reminder" letter's date:
 - Document attempts made by the Service Provider to recover overpaid funds
 - Terminate the recovery effort and notify the DOC with an updated Incident Report.
 - 1. The DOC reserves the right to deny a household suspected of fraud for the current program year and require all EAP benefits be repaid. The household will be denied by DOC with the "Application Denied by DOC" reason.
 - 2. The DOC reserves the right to take additional steps.
- **Service Providers** suspected of fraud are reviewed by the DOC.
 - § The DOC determines actions including repayment with non-federal funds.
 - § The DOC reserves the right to take additional steps
 - **Energy vendors or contractors** suspected of fraud are reviewed by the DOC.
 - § The DOC determines actions that could include repayment and the energy vendor being determined uncooperative.
 - § The DOC reserves the right to take additional steps.

Overpayment Documentation

Service Providers must document overpayments when recovering EAP funds paid to a household, energy vendor or contractor. The documentation must include:

- List of households for which an overpayment was made.
- Date the household, Service Provider, energy vendor or contractor was notified of the overpayment.
- Description of the incident and when it occurred.
- How and when the incident was discovered.
- The disposition made, e.g., amount to recover.
- Date and/or amount of any recovery or the amount of un-collectible funds.
- Corrective action to prevent similar occurrences.

All overpayments must be refunded to the DOC and should be made payable to DOC. An attached note should include:

- Household number.

- Reason for the overpayment.
- Indicate primary heat, crisis or ERR benefit.
- Service Provider ID.
- Service Provider Name.

If the recipient chooses to pay in monthly installments, the Service Provider must send the payments to the DOC as they are received. If the repayment requires a repayment plan in excess of one year, full payment is expected to be made as soon as possible.

Costs and Responsibility

Except in the case of Service Provider fraud, Service Provider recovery costs (legal action, fees, investigations, etc.) are allowable administrative expenses.

Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? Current Program Year

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

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

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

Instructions for Certification

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

will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.**
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.**

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

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

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

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

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

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

Section 19: Certification Regarding Drug-Free Workplace Requirements

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 point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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

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

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

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

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

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

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

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

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

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

| | | |
|--|-----------------------------|----------------------------|
| 85 7th Place E, Suite 500, St Paul, Ramsey, MN, 55101 * Address Line 1 | | |
| | | |
| Address Line 2 | | |
| | | |
| Address Line 3 | | |
| St. Paul * City | Minnesota * State | 55101 * Zip Code |

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

Alternate II. (Grantees Who Are Individuals)

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Assurances

Assurances

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

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

(B) intervene in energy crisis situations;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) provide assurances that,

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

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

(9) provide that--

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

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

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

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

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

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

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

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

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

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

Plan Attachments

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