

DETAILED MODEL PLAN (LIHEAP)

Program Name: Low Income Home Energy Assistance

Grantee Name: Nebraska

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

Report Period: 10/01/2019 to 09/30/2020

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

Report Sections

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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: 09/30/2020

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/PI an/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 Nebraska

*** b. Employer/Taxpayer Identification Number (EIN/TIN):** 470491233
*** c. Organizational DUNS:** 808819957

*** d. Address:**

| | | | |
|--------------------|----------------|-----------------------------|--------------------------------------|
| * Street 1: | P.O. BOX 95026 | Street 2: | 301 CENTENNIAL MALL SOUTH, 3RD FLOOR |
| * City: | LINCOLN | County: | Lancaster |
| * State: | NE | Province: | |
| * Country: | United States | * Zip / Postal Code: | 68509 - 5026 |

e. Organizational Unit:

Department Name: Department of Health and Human Services
Division Name: Economic Assistance

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

| | | | |
|----------------------------|-------------------------------|------------------------------------|---------------------|
| Prefix: | * First Name: | Middle Name: | * Last Name: |
| Mr | Matt | | Thomsen |
| Suffix: | Title: | Organizational Affiliation: | |
| | LIHEAP & CSBG Program Manager | | |
| * Telephone Number: | Fax Number: | * Email: | |
| 402-417-9435 | 402-471-9286 | Matt.Thomsen@nebraska.gov | |

*** 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
2020 Nebraska State Plan

12. Areas Affected by Funding:

| | | | |
|--|-----------------------------------|--|------------------------------|
| DHHS LIHEAP and Weatherization | | | |
| 13. CONGRESSIONAL DISTRICTS OF: | | | |
| * a. Applicant 01 | | b. Program/Project: Statewide | |
| Attach an additional list of Program/Project Congressional Districts if needed. | | | |
| 14. FUNDING PERIOD: | | 15. ESTIMATED FUNDING: | |
| a. Start Date: 10/01/2019 | b. End Date: 09/30/2020 | * 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? | | | |
| <input type="radio"/> YES <input checked="" type="radio"/> 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 <input checked="" type="checkbox"/> | | | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | | | |
| 18a. Typed or Printed Name and Title of Authorized Certifying Official Matt Thomsen | | 18c. Telephone (area code, number and extension) | |
| | | 18d. Email Address | |
| 18b. Signature of Authorized Certifying Official  | | 18e. Date Report Submitted (Month, Day, Year) 10/01/2019 | |
| 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: 09/30/2020

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 20201

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
 OMB Approval No. 0970-0075
 Expiration Date: 09/30/2020

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 | 10/01/2019 | 03/31/2020 |
| <input checked="" type="checkbox"/> Cooling assistance | 06/01/2020 | 08/31/2020 |
| <input checked="" type="checkbox"/> Crisis assistance | 10/01/2019 | 09/30/2020 |
| <input checked="" type="checkbox"/> Weatherization assistance | 10/01/2019 | 09/30/2020 |

Provide further explanation for the dates of operation, if necessary

Nebraska provides heating assistance to eligible households during the heating season (October through March). In addition, Nebraska may determine a household's eligibility for heating assistance after the heating season, if a household applied for LIHEAP assistance during the heating season and eligibility was not determined and/or a household had a current application (an active Economic Assistance program) during the heating season and eligibility was not determined.

Nebraska currently provides a year round crisis assistance program. For each program year (October through September), Nebraska accepts and processes applications and crisis assistance requests according to the earliest application date until Nebraska determines that pending payments will exhaust available funds for the program year. Upon making this determination, Nebraska will accept no more applications for crisis assistance for the program year.

Nebraska contracts with the Nebraska Department of Environment and Energy (formerly known as the Nebraska Energy Office) to administer the weatherization assistance program.

The availability of the cooling assistance program and the variables used to determine eligible households will depend on the LIHEAP funding received for the current fiscal year.

For heating and/or cooling eligible households, an extra payment may be made in the form of a supplemental payment or an increase in the regular season's payment during the current energy year. The supplemental payments may be processed and issued at any time during the current LIHEAP program year (October through September). The need for a supplemental payment for households that received heating and/or cooling assistance may be identified during or following the heating or cooling season, as the reason for the supplemental issuance may be due to circumstances including but not limited to high energy costs, extreme weather, excess or additional funding, etc.

For example, a supplemental payment may be issued in the month following the end of the cooling season for households that received cooling

ling assistance, if it is identified excess funds exist. Processing and issuing the supplemental at this time, allows Nebraska to determine the number of households that will receive the supplemental payment. These payments may be issued to either a provider or to the household. Supplemental payments are typically issued to the utility provider; however, below are some situations in which a supplemental payment would be issued to the household:

- The utility provider does not cooperate with DHHS in accepting payments; or
- An economically vulnerable household's utilities are included in rent.

A copy of Nebraska's current LIHEAP regulations (Title 476) are attached.

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 | 55.00% |
| Cooling assistance | 15.00% |
| Crisis assistance | 3.00% |
| Weatherization assistance | 8.00% |
| Carryover to the following federal fiscal year | 9.00% |
| Administrative and planning costs | 10.00% |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 0.00% |
| 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 type="checkbox"/> Heating assistance | <input checked="" type="checkbox"/> Cooling assistance |
| <input type="checkbox"/> Weatherization assistance | <input checked="" type="checkbox"/> Other (specify): Nebraska runs a year round crisis assistance program at this time. Nebraska provides year round deposit assistance. Nebraska provides repair/replacement assistance. Nebraska operates a fan program. Nebraska also may provide supplemental payments for heating and/or cooling eligible households depending on whether there are additional funds, etc. |

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 checked="" type="radio"/> No | |
| SSI | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| SNAP | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Means-tested Veterans Programs | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| | Program Name | Heating | Cooling | Crisis | Weatherization |
| Other(Specify) 1 | | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

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

If Yes, explain:

If a household has a current application (active Economic Assistance program - ADC, CC, AABD, SSAD, or SNAP), Nebraska is able to determine eligibility for LIHEAP assistance (the type is dependent upon the time of year, etc.) without requiring an application for LIHEAP. If a household is only receiving LIHEAP benefits with no other active Economic Assistance programs, a new application is required each energy program year. Households are informed of their right to a fair hearing on applications and on Economic Assistance program approval or denial notices. Both the EA-117 (DHHS Economic Assistance application) and the LIHEAP only application are included as an attachment.

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?

Nebraska utilizes standard benefit amounts that are determined by factors such as the number of household members, income, dwelling type, and fuel type. The same factors are utilized to determine eligibility for all Nebraska residents.

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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Including MediCare deduction |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Excluding MediCare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) |
| <input checked="" type="checkbox"/> | Retirement / pension benefits |
| <input 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 type="checkbox"/> | Jury duty compensation |

| | |
|---|--|
| <input type="checkbox"/> | |
| <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 checked="" type="checkbox"/> | Child support |
| <input checked="" type="checkbox"/> | Interest, dividends, or royalties |
| <input checked="" type="checkbox"/> | Commissions |
| <input checked="" type="checkbox"/> | Legal settlements |
| <input checked="" type="checkbox"/> | Insurance payments made directly to the insured |
| <input type="checkbox"/> | Insurance payments made specifically for the repayment of a bill, debt, or estimate |
| <input checked="" type="checkbox"/> | Veterans Administration (VA) benefits |
| <input type="checkbox"/> | Earned income of a child under the age of 18 |
| <input type="checkbox"/> | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| <input type="checkbox"/> | Income tax refunds |
| <input type="checkbox"/> | Stipends from senior companion programs, such as VISTA |
| <input checked="" type="checkbox"/> | Funds received by household for the care of a foster child |
| <input type="checkbox"/> | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid |
| <input checked="" type="checkbox"/> | Reimbursements (for mileage, gas, lodging, meals, etc.) |
| <input checked="" type="checkbox"/> | <p>Other</p> <p>For purposes of calculating and treating income for LIHEAP eligibility, Nebraska applies the rules and regulations from the Supplemental Nutrition Assistance Program, Title 475 NAC.</p> <p>Thus, some of the aforementioned income types may be considered as income in some circumstances but excluded as income in other circumstances. For example, the earned income of a child age 17 or younger and attending elementary or secondary school at least half-time is excluded. However, the income of a 16 or 17 year old that is not attending school half-time must be counted. Some other examples include but are not limited to General Assistance, VISTA, WIA, etc.</p> <p>Nebraska LIHEAP does not deduct medical costs from gross income when determining eligibility. Thus, medicare is not considered as a deduction for LIHEAP. Nebraska considers the gross amount of income a client is eligible for from Social Security to be countable unearned income, regardless whether the household utilizes a portion of his/her Social Security to pay for a Medicare premium.</p> |
| <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.</p> | |

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 | All Household Sizes | HHS Poverty Guidelines | 130.00% |

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? Yes No

Explanations of policies for each "yes" checked above:

For subsidized housing, the household must be responsible for a portion of the heating payment to be eligible for heating.

For renters with utilities included in the rent, the household must be responsible for a portion of the heating.

Eligibility and the benefit payment amount for heating assistance are determined based upon factors such as income level, dwelling type, fuel type, number of household members, etc. Thus, households with the lowest income receive the highest benefit amount.

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.

Nebraska reviews the household size, income, dwelling type and fuel type to determine benefit payment amount. Households with the least income, receive higher benefit payment amounts.

See the attached LIHEAP Heating Season Payment Table (matrix).

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

| | |
|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Income |
| <input checked="" type="checkbox"/> | Family (household) size |
| <input checked="" type="checkbox"/> | Home energy cost or need: |
| <input checked="" type="checkbox"/> | Fuel type |
| <input type="checkbox"/> | Climate/region |

| | | | | | |
|---|--|-----------------|-----------------|---------|--|
| <input type="checkbox"/> | Individual bill | | | | |
| <input checked="" type="checkbox"/> | Dwelling type | | | | |
| <input type="checkbox"/> | Energy burden (% of income spent on home energy) | | | | |
| <input type="checkbox"/> | Energy need | | | | |
| <input checked="" type="checkbox"/> | Other - Describe: | | | | |
| <p>In the future, Nebraska plans to utilize the previous season's LIHEAP Energy Burden data to evaluate whether the benefit levels are adequately reducing the energy burdens for high energy burden households, etc.</p> | | | | | |
| <p>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</p> | | | | | |
| <p>2.6 Describe estimated benefit levels for FY 2020:</p> | | | | | |
| <table border="1"> <tr> <td>Minimum Benefit</td> <td>\$220</td> <td>Maximum Benefit</td> <td>\$1,050</td> </tr> </table> | Minimum Benefit | \$220 | Maximum Benefit | \$1,050 | |
| Minimum Benefit | \$220 | Maximum Benefit | \$1,050 | | |
| <p>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> | | | | | |
| <p>If yes, describe.</p> | | | | | |
| <p>Nebraska provides financial assistance for furnace/heating system repair and replacement up to \$750 for eligible households. If extenuating circumstances exist, Nebraska may exceed the \$750 maximum.</p> | | | | | |
| <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.</p> | | | | | |

Section 3 - COOLING ASSISTANCE

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN 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 component:

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1 | All Household Sizes | HHS Poverty Guidelines | 130.00% |

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? Medical necessity Yes No

Explanations of policies for each "yes" checked above:

In order to qualify for cooling assistance in Nebraska, a household must qualify for LIHEAP and include a household member who is a child under age six who receives ADC, is age 70 or older, has a severe illness or condition which is aggravated by extreme heat as verified by a medical statement signed by a licensed healthcare provider, or has received an air conditioner from the Department within four years of the application date. Thus, Nebraska gives priority to elderly individuals (70 and over), individuals with a severe illness or condition aggravated by extreme heat, and young children (5 years and under and ADC eligible) for cooling assistance purposes.

Medical necessity for cooling assistance is documented on the IM-55. See attached IM-55 form.

For subsidized housing, the household must be responsible for a portion of the cooling payment to be eligible for cooling.

For renters with utilities included in rent, the household must be responsible for a portion of the cooling utilities.

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

Nebraska reviews the household size, income, and dwelling type to determine benefit payment amount. Households with the least income, receive higher benefit payment amounts. In addition, as previously stated, to be eligible for cooling a household member must be age 70 or older, be a child under the age of six and receiving ADC, have received an air conditioner from the Department within four years of the application date, or have a severe illness or condition aggravated by extreme heat.

See the attached LIHEAP Cooling Season Payment Table (matrix).

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):

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

LIHEAP Cooling Season Payment Table (matrix) is subject to update later in the year (closer to the cooling season) depending on funding availability. Cooling season is June through August.

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

3.6 Describe estimated benefit levels for FY 2020:

| | | | |
|------------------------|-------|------------------------|-------|
| Minimum Benefit | \$300 | Maximum Benefit | \$700 |
|------------------------|-------|------------------------|-------|

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

If yes, describe.

Fans are distributed through community agencies with LIHEAP reimbursement for fans purchased. Expenditures for fans are included in the cooling assistance totals. Receipt of a fan does not qualify a household for cooling assistance.

LIHEAP funds are utilized to provide financial assistance to households meeting the cooling assistance and other eligibility requirements to purchase window air conditioning units. In some instances, financial assistance is provided for a portable air conditioner rather than a window air conditioner.

Nebraska provides financial assistance to eligible households to assist with central air conditioner/cooling system repair and replacement up to \$750. If extenuating circumstances exist, Nebraska may exceed the \$750 maximum.

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
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Section 4: CRISIS ASSISTANCE

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

4.1 Designate the income eligibility threshold used for the crisis component

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|---------------------|------------------------|-----------------------|
| 1 | All Household Sizes | HHS Poverty Guidelines | 130.00% |

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

Nebraska defines a crisis situation as a household that is under immediate threat of loss of home energy because it has received a shut off notice, had utilities discontinued, lacks energy service delivery, or anticipates removal from a provider's budget plan.

To qualify for crisis assistance, a household must be eligible for LIHEAP, be in a crisis situation, and have an unanticipated inability to pay home energy costs because within the most recent 90 days the household experienced an unanticipated medical or household expense; a significant, permanent and involuntary loss of work hours, wages, or employment; the departure of a primary wage earner; the inability of a primary wage earner to work because of illness or injury; or a significant loss because of the death of a household member. A household may also be eligible for an unspecified crisis related to a loss or inability to pay as determined in the Department's discretion.

The criteria for crisis can be found at 476 NAC 2-004.01. Title 476 regulations are attached.

4.3 What constitutes a life-threatening crisis?

Nebraska defines a crisis to be life-threatening if the household is experiencing loss of the ability to heat or cool their home and the household contains a member that is frail (receiving disability - SSA/SSI, VA or other types of disability payment), has a medical condition aggravated by extreme heat or cold that is verified by a licensed medical provider, is elderly (60 or older), is a young child (under the age of 6 - does not have to be receiving ADC), or must use a medical device that requires electricity.

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? Yes No

Disabled? Yes No

Young Children? Yes No

Households with high energy burdens? Yes No

Other? Households with medical devices. Yes No

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank? Yes No

| | |
|--|---|
| Must the household have been shut off or have an empty tank? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Must the household have exhausted their regular heating benefit? | <input type="radio"/> Yes <input checked="" 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 type="radio"/> Yes <input checked="" type="radio"/> No |
| Other? Nebraska considers anticipation of removal from a provider's budget plan to be a crisis situation. Nebraska also considers extenuating circumstances when determining eligibility for crisis assistance. | <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 checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters with utilities included in the rent? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Explanations of policies for each "yes" checked above: | |
| <p>A LIHEAP eligible household must be in a crisis situation, as per Title 476 NAC (Nebraska's regulations), in order to receive crisis assistance. A crisis situation is defined as a household that is under immediate threat of loss of home energy because it has received a shut off notice, had utilities discontinued, lacks energy service delivery, or anticipates removal from a provider's budget plan. If the household has already received a heating payment and the crisis situation involves the heating source, this means the heating payment was utilized in full by the heating utility provider. Crisis assistance may also be requested for the cooling utility provider. Crisis for the heating or cooling source may be requested year-round.</p> <p>Once this has been determined, the Department will determine whether the household has previously received a crisis payment in the same energy year. If the household has not already received crisis assistance in the same energy year, the Department determines whether the household meets the crisis criteria, as identified at 476 NAC 2-004.01. If the household meets the crisis criteria and all requested information is obtained, eligibility is determined. If the household does not meet the crisis eligibility criteria, the Department determines whether the household has extenuating circumstances. This is determined based upon the Department's discretion.</p> <p>If the household qualifies for crisis assistance, the Department will make a payment up to the amount needed to alleviate the shut off. However, in some instances, a household may be responsible for a portion of the payment before the Department will pay the remainder of the amount to alleviate the shut off. An instance in which a household may be responsible for a portion of the payment is when the utility bill includes utilities that are not covered by LIHEAP. When households are determined to be ineligible for a crisis payment, the Department refers the household to another agency for potential assistance through other funding.</p> <p>For extenuating circumstances and second crisis requests (within the same energy year), the Department determines whether any members of the household are considered to be vulnerable. The Department's definition of vulnerable includes elderly, disabled, young children, those with high energy burdens, and those whom require the energy source for essential medical devices. These populations are given priority in this manner. The Department also reviews and considers the household's income and ability to pay. This is what the Department considers "high energy burden". In addition, the Department takes into consideration the household's payment history for the most recent 6 months. A household may be responsible for a portion of the bill before the Department will pay the remainder of the amount needed to alleviate the shut off, in some circumstances.</p> <p>For subsidized housing, the household must be responsible for a portion of the heating or cooling payment to be eligible for crisis assistance.</p> <p>If utilities are included in the rent and there is an eviction notice, the eviction notice would need to be resolved prior to receiving crisis assistance through LIHEAP.</p> | |
| 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 type="checkbox"/> | Other - Describe: |
| <p>For households eligible for crisis assistance, Nebraska may provide financial assistance in the amount needed to resolve the crisis, up to a maximum of \$500. Amounts requested in excess of \$500 may be approved with Central Office authorization. Households may also be required to pay a portion of the crisis prior to the Department paying the remainder of the amount necessary to alleviate the crisis.</p> | |
| 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.**

Nebraska accepts online applications. Thus, households are able to apply for benefits from their homes, etc. Households may also call the Department's 1-800 number to request assistance. Nebraska has the ability to take applications via telephone.

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?

Nebraska accepts online applications. In addition, households may also call the 1-800 number to request assistance. If the household has already been determined eligible for heating or cooling, a new application is not needed. If the household has not been determined eligible for heating or cooling and has a current application on file (active Economic Assistance Program), a new application is not needed. If the household does not have a current application on file, the Department can complete the application via telephone, can send an application via mail to the household, or can provide the website at which the household can complete the application on-line. Thus, individuals are able to submit applications/make LIHEAP requests without leaving their homes.

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

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

| | |
|-------------------|--------------------------|
| Winter Crisis | \$0.00 maximum benefit |
| Summer Crisis | \$0.00 maximum benefit |
| Year-round Crisis | \$500.00 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**

4.12 - The maximum benefit for crisis assistance is \$500, unless extenuating circumstances exist.

4.13 - Nebraska provides deposit and reconnection fee assistance to households meeting the eligibility criteria as identified at 476 NAC 2-004.05.

Nebraska operates a Fan Program; however, this is a function of the cooling program and is included in the cooling expenditures.

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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles / gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| <p>Other (Specify): Nebraska does provide financial assistance with furnace/heating system and central air conditioner/cooling system repair and replacement up to \$750 for eligible households; however, this is not a function of the crisis assistance program. LIHEAP funds are also utilized for Weatherization to provide assistance with furnace/heating system and central air conditioner/cooling system repair and replacement; however, this is also separate from the crisis assistance program. Nebraska provides eligible households with financial assistance to purchase window air conditioners upon request; however, this is not a function of the crisis assistance program either.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <p>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</p> | | | |
| <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> | | | |
| <p>If you responded "Yes" to question 4.16, you must respond to question 4.17.</p> | | | |
| <p>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</p> | | | |
| <p style="text-align: center;">Some Nebraska utility providers will not shut off a household's utilities, if the temperatures are below thirty two degrees Fahrenheit.</p> | | | |
| <p style="text-align: center;">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.</p> | | | |

Section 5 - WEATHERIZATION 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 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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

5.3 If yes, name the agency. Nebraska Department of Environment and Energy (formerly known as the Nebraska Energy Office)

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:

Weatherization is not subject to the DOE WAP maximum health and safety cap. The Nebraska Department of Environment and Energy (formerly known as the Nebraska Energy Office) NEAT (frame built/multi-family) & MHEA (mobile) audit tool approved by DOE on June 2016 will be utilized to determine cost effective measures that meet a savings to investment ratio of 1.0 or greater. This is for small multi-family buildings of 24 units or less. The Multea tool is used for multi family dwellings greater than 24 units. DOE guidance is used for this as described in the section of the attached WAP State Plan for July 1, 2019 through June 30, 2020.

Please see the attached Weatherization Program Bulletin regarding the procedures for augmenting LIHEAP and DEO funding.

Section 5.11 Information:

Weatherization operates a furnace (heating system) and central air conditioner (cooling system) repair and replacement assistance program that is separate from household weatherization.

In addition, there is replacement of refrigerators, that is actually based on SIR.
- 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.

| | |
|---|---|
| <input type="checkbox"/> Other - Describe: | |
| Eligibility, 2605(b)(5) - Assurance 5 | |
| 5.6 Do you require an assets test? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 5.7 Do you have additional/differing eligibility policies for : | |
| Renters | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Renters living in subsidized housing ? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 5.8 Do you give priority in eligibility to: | |
| Elderly? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Disabled? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Young Children? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| House holds with high energy burdens? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Other? High energy users | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>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.</p> <p>(5.6) The Nebraska Department of Environment and Energy (formerly known as the Nebraska Energy Office) subgrantees get financial statements from clients to determine income eligibility. There is no resource test.</p> <p>(5.7) Renter's must have a landlord agreement to approve modifications to the household and to ensure the landlord will not raise rent expense or sell the property in a 12 month period.</p> <p>(5.8) These populations have a higher priority as weatherization services would be expedited to be completed prior to the households that do not contain these types of household members.</p> <p>The Nebraska Department of Environment and Energy (formerly known as the Nebraska Energy Office) gives priority to those that have high energy usage/burden.</p> | |
| Benefit Levels | |
| 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> 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 type="checkbox"/> Major appliance Repairs |
| <input checked="" type="checkbox"/> Storm windows | <input checked="" type="checkbox"/> Major appliance replacement |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs | <input checked="" type="checkbox"/> Windows/sliding glass doors |
| <input checked="" type="checkbox"/> Furnace replacement | <input checked="" type="checkbox"/> Doors |
| <input checked="" type="checkbox"/> Cooling system modifications/ repairs | <input checked="" type="checkbox"/> Water Heater |
| <input checked="" type="checkbox"/> Water conservation measures | <input checked="" type="checkbox"/> Cooling system replacement |
| <input checked="" type="checkbox"/> Compact florescent light bulbs | <input checked="" type="checkbox"/> Other - Describe: Air Ventilation, Carbon Monoxide Detectors, LED Lighting, Fire Alarms/ smoke detectors, and Health and Safety Measures |
| <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.</p> | |

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

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

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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):

Nebraska has Community Support Specialists that work with community organizations along with Community Action Agencies to update and inform the agencies and the clients of available programs. The agencies also inform clients of the program. The Community Support Specialists attend different functions in the communities and set up booths for people to make applications, as well as to provide information to the public.

Nebraska has a list of community partners across the state that participate in the fan program to distribute fans in the cooling season.

Energy providers also reach out to Nebraska residents with energy assistance needs.

ACCESSNebraska has a website to inform clients of the program and applications can be submitted via this website as well. In addition, DHHS utilizes one application for all Economic Assistance Programs. Thus, when a client applies for one program he or she is made aware of all available programs on the application.

Nebraska is also a member of NEAN (Nebraska Energy Assistance Network).

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

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

Nebraska DHHS administers all low-income programs within the same area through ACCESSNebraska. Households can complete one application to request all of the Economic Assistance Programs offered.

DHHS also sends a list of all currently eligible LIHEAP households to the Weatherization Program Staff, as a referral for Weatherization.

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

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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 checked="" type="checkbox"/> | Administration Agency |
| <input type="checkbox"/> | Commerce Agency |
| <input type="checkbox"/> | Community Services Agency |
| <input type="checkbox"/> | Energy / Environment Agency |
| <input type="checkbox"/> | Housing Agency |
| <input checked="" type="checkbox"/> | 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?

Nebraska DHHS handles all low-income programs. Individuals can apply for all Economic Assistance Programs on one application. If an application is on file and is current (active Economic Assistance Program), a new application is not required for LIHEAP.

Early in the heating season, the NFOCUS eligibility system conducts a "mass run" to determine eligibility for heating assistance for households the system identifies as having met the pre-determined eligibility factors/requirements.

8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?

Nebraska DHHS handles all low-income programs. Individuals can apply for all Economic Assistance Programs on one application. If an application is on file and is current (active Economic Assistance Program), a new application is not required for LIHEAP.

At the beginning of the cooling season, the NFOCUS eligibility system conducts a "mass run" to determine eligibility for cooling assistance for households the system identifies as having met the pre-determined eligibility factors/requirements.

8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?

Nebraska DHHS handles all low-income programs. Individuals can apply for Economic Assistance Programs on one application. A household can verbally request crisis assistance, if a current application is on file (active Economic Assistance Program). If the household does not have a current application on file (active Economic Assistance Program including LIHEAP), an application is required. A paper, online, or telephone application can be completed. An application can be completed to apply for multiple Economic Assistance Programs or an application specific to LIHEAP can be completed (see attached).

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

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?

Nebraska LIHEAP is administered by the state office. The state office accepts applications, determines eligibility, and issues LIHEAP payments. No other agencies determine LIHEAP eligibility for Nebraska households.

Weatherization is administered through the Nebraska Department of Environment and Energy (formerly known as the Nebraska Energy Office). This is the only agency that Nebraska has ever contracted with to administer the weatherization component of LIHEAP. The Nebraska Department of Environment and Energy contracts with eight of the nine Community Action Agencies in Nebraska and a non-profit agency (Habitat for Humanity) to perform the actual weatherization components.

If the Nebraska Department of Environment and Energy would no longer perform/contract weatherization with DHHS, Nebraska DHHS would look into the competitive bidding process for weatherization. Since the Nebraska Department of Environment and Energy has contracts with these agencies and the resources to conduct the training and technical assistance, at this time, it reduces/eliminates the duplication of work between the two state agencies.

8.7 How many local administering agencies do you use? 1

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 type="checkbox"/> | 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 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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.

Nebraska makes the majority of LIHEAP payments directly to providers. However, some exceptions to paying the provider are identified below:

- Providers that do not cooperate with DHHS in accepting payments;
- Households whose utilities are included in rent but still meet economic vulnerability;
- Refunds from the prior program year and refunds paid to households no longer responsible for utilities; and
- Financial assistance for window air conditioners, furnace (heating system) repair or replacement, and central air conditioner (cooling system) repair or replacement.

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

A notice is generated by the NFOCUS eligibility system and sent to the household (see attached client notice of action) within one day of benefit determination. The household can also view the notice electronically by creating a 'My Account' on the State AccessNebraska website. In addition, the provider that is receiving the payment is emailed an explanation of benefit amount. This ensures payments are made to the correct account for that client.

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?

Provider agreements are signed by all providers that receive direct payments from Nebraska DHHS, which require that the provider apply the payment amount appropriately.

See attached provider agreement.

Nebraska is working on a revised LIHEAP Provider Agreement for home energy suppliers throughout Nebraska. The goal is to implement this agreement in FFY 2020. During FFY 2020, the LIHEAP Program Team will be creating a Provider Guidance Document to provide clarification of LIHEAP provider policies and procedures.

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?

A provider agreement is executed (copy attached) to assure that the LIHEAP households are treated in the same manner as private pay customers and to assure the utility supplier will comply with state statute in regards to provisions and termination of utility services.

The Nebraska LIHEAP Program Staff follow up on any complaints of adverse treatment by energy suppliers when reported. There are also reviews of LIHEAP payments submitted to home energy suppliers completed weekly.

Nebraska is working on a revised LIHEAP Provider Agreement for home energy suppliers.

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.

Unregulated vendors also sign the aforementioned provider agreement.

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

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

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

LIHEAP expenditures are accounted for in Nebraska's EnterpriseOne (E1) accounting system. Eligibility and authorization services are now entered and tracked through the NFOCUS system. NFOCUS interfaces with E1 to issue payments.

In addition, LIHEAP administration has monthly meetings with the Department's financial services section and also the Nebraska Department of Environment and Energy to discuss and track grant spending.

E1 tracks the funds being spent within the program year and cannot be overspent. Nebraska tracks the expenditures and obligations for Weatherization through the E1 system, as well. Nebraska has a tracking system for refunds, which is done through OnBase using subsidiary codes. Subsidiary codes are also utilized for crisis/deposit/repair/replacement. This is also tracked in NFOCUS.

The DHHS Economic Assistance Program Accuracy Specialist Team tests a sample of LIHEAP Payments daily in order to ensure LIHEAP funds are spent according to State and Federal Regulations.

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 | monitoring | Per Single Audit A-133, NEO did not have adequate monitoring procedures and did not adequately document the monitoring performed. NEO did not have adequate documentation or procedures to ensure clients met eligibility requirements. | In Progress | procedure/policy changes |
| 2 | financial | Per Single Audit A-133, the Field Office Social Services Casework cost center was allocated incorrectly. The Department excluded certain observations if the worker selecting them did not normally work on that program. However, the observations selected by the workers were valid and should be included in the allocation. The errors resulted in questioned costs. | In Progress | procedure/policy changes |
| 3 | financial | Per Single Audit A-133, the Federal Financial Report (FFR) for the FFY 2017 grant was inaccurate and was submitted late. The income levels of households assisted was not accurately reported on the LIHEAP Household Report for the FFY 2017 grant. | Yes | procedure/policy changes |
| 4 | monitoring | Additional controls needed for vendor payments and refunds based upon | In Progress | procedure/policy changes |

| | | | | |
|----|------------|---|-------------|--------------------------|
| | | an Office of Community Services compliance review conducted in 2017 of FFY 2015. | | |
| 5 | monitoring | Inadequate monitoring of LIHEAP Weatherization Program based upon an Office of Community Services compliance review conducted in 2017 of FFY 2015. | In Progress | procedure/policy changes |
| 6 | other | Additional controls needed regarding waste, fraud, and abuse based upon an Office of Community Services compliance review conducted in 2017 of FFY 2015. | Yes | procedure/policy changes |
| 7 | financial | Additional controls needed for Administrative costs (primarily regarding NEO) based upon an Office of Community Services compliance review conducted in 2017 of FFY 2015. | In Progress | procedure/policy changes |
| 8 | monitoring | Additional controls needed for reimbursement of Weatherization transactions based upon an Office of Community Services compliance review conducted in 2017 of FFY 2015. | In Progress | procedure/policy changes |
| 9 | financial | Lack of supporting documentation for general ledger transactions based upon an Office of Community Services compliance review conducted in 2017 of FFY 2015. | Yes | procedure/policy changes |
| 10 | reporting | Additional controls needed for completion of carryover report and SF-425 based upon an Office of Community Services compliance review conducted in 2017 of FFY 2015. | In Progress | procedure/policy changes |
| 11 | other | N/A | Yes | procedure/policy changes |
| 12 | other | N/A | Yes | procedure/policy changes |

10.4. Audits of Local Administering Agencies

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

- Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- Local agencies/district offices are required to have an annual audit (other than A-133)
- Local agencies/district offices' A-133 or other independent audits are reviewed by 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:

Nebraska DHHS is the grantee administering agency. We strive to comply with federal laws and regulations. The DHHS Economic Assistance Program Accuracy Team completes reviews of a sample of payments in order to ensure compliance with Federal and State LIHEAP regulations, policies, and procedures. This team also completes reviews of LIHEAP eligibility determinations to ensure compliance with Federal and State regulations, policies, and procedures.

Local Administering Agencies / District Offices:

- On - site evaluation

| |
|---|
| <input type="checkbox"/> Annual program review |
| <input type="checkbox"/> Monitoring through central database |
| <input type="checkbox"/> Desk reviews |
| <input type="checkbox"/> Client File Testing / Sampling |
| <input checked="" type="checkbox"/> Other program review mechanisms are in place. Describe: |
| DHHS does not utilize a local administering agency or district office to distribute funds to eligible households. |
| 10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol. |
| DHHS does not utilize a local administering agency or district office to distribute funds to eligible households. |
| 10.7. Describe how you select local agencies for monitoring reviews. |
| Site Visits: The Nebraska Department of Environment and Energy (Nebraska Energy Office) provides the oversight and reviews of the agencies that are contracted with and perform the risk assessments. DHHS also contracts with these agencies in other capacities and other programs and are reviewed through those programs as well. |
| Desk Reviews: N/A |
| 10.8. How often is each local agency monitored ? N/A |
| 10.9. What is the combined error rate for eligibility determinations? OPTIONAL |
| 10.10. What is the combined error rate for benefit determinations? OPTIONAL |
| 10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0 |
| 10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0 |
| 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)

| | |
|---|---|
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| <p>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY</p> | |

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:

Please see attached - State Plan Hearing Affidavits

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

No changes were made to the LIHEAP state plan as a result of public comments, at this time. However, DHHS is following up with Nebraska Appleseed based upon the comments received from their organization for further discussion.

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 | 08/12/2019 | LIHEAP FFY 2020 State Plan Public Hearing was held at the Nebraska State Office Building. |

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

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

No comments were received at the hearing. However, Nebraska Appleseed provided comments in the form of a letter to include topics such as:

- Processing benefits all year for categorically eligible households;
- Utilizing net income (including medical expense deductions);
- Shifting energy burden from renters to those responsible for maintaining properties;
- Utilizing Assurance 16;
- Discontinuing/re-evaluating the Fan Program;
- Request for LIHEAP to review, record, and publish error rates for eligibility decisions and benefit amounts; and
- Increased LIHEAP outreach and public input.

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

At this time, Nebraska has not implemented any changes based upon the comments received from Nebraska Appleseed. DHHS is following up with Nebraska Appleseed regarding the received comments.

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

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

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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? 23

12.2 How many of those fair hearings resulted in the initial decision being reversed? 2

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

There were a total of 23 appeal decisions received as of 8/23/2019. Two of the appeals filed affirmed the decision of Nebraska DHHS. Eight of the appeals filed resulted in a failure to appear by the appellant. Eleven of the appeals filed resulted in a dismissal. Two of the appeals filed were reversed. This number may change, if additional appeal decisions are received between 8/23/2019 and 9/30/2019.

No policy or procedural changes have been made as a result of fair hearings, at this time. However, both reversals occurred within the most recent month. Thus, these are being reviewed to determine if policy or procedural changes should be made in the future.

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

Households must request an appeal in writing. Nebraska DHHS utilizes form DA-6 (attached) for this. A fair hearing is held unless the situation can be alleviated prior to the hearing. Attached is the AccessNebraska Economic Assistance Guide for Client Appeals, which outlines the steps to the fair hearing process, etc.

Note: Clients who are not satisfied with the determination on their application may also request an informal conference.

12.5 When and how are applicants informed of these rights?

Applicants are informed of their rights to a fair hearing on the application forms utilized to determine LIHEAP benefits. See the attached IM-29 (LIHEAP only application) and the attached EA-117 (paper application for economic assistance programs).

The IM-29 states "I understand I have the right to appeal, and to ask for a fair hearing if I am not satisfied with the action taken by the state or local offices".

The EA-117, economic assistance recertification application (EA-RA), telephone application, and electronic application (E-app) are different types of applications utilized for multiple economic assistance programs, including LIHEAP. Each of these applications provides information regarding fair hearings that is similar to the language displayed on the attached EA-117. The EA-117 states, "If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing. Fair hearing for SNAP can be requested verbally by contacting DHHS. You may continue to receive your current level of assistance until a hearing decision is made IF (1) DHHS receives your request for a hearing within 10 days from the mail date listed on an agency notice, and (2) for SNAP benefits only, your certification period has not expired. A fair hearing request must be made within 90 days of the action or inaction. You or your representative have the right to examine your case record. At the hearing, you may represent yourself or be represented by another person".

The Notice of Action that is sent to the client also contains the right to appeal information (see attached client notice of action for approval-denial).

In addition, Title 465 Regulations also provide fair hearing information (see attached).

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

The fair hearing procedures for failure to act with reasonable promptness are the same as those described for denials.

If an application is not acted on in a timely manner, it could result in a need for additional crisis assistance to remedy the household's situation. The timeliness of LIHEAP eligibility determinations is monitored by Economic Assistance Administration, the LIHEAP Pr

ogram Unit, and Supervisors.

12.7 When and how are applicants informed of these rights?

Applicants are informed of the right to a fair hearing/the right to appeal in Title 465 NAC (regulations), on the application, and on the Notice of Action (see attached client notice of action for approval-denial). When telephone applications are completed, the rights and responsibilities are addressed at the time the telephone application is completed.

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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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?

Nebraska does not utilize LIHEAP funds for Assurance 16, at this time.

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

Nebraska does not utilize LIHEAP funds for these activities, at this time.

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

N/A

13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.

N/A

13.5 How many households applied for these services? N/A

13.6 How many households received these services? N/A

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

Section 14 - Leveraging Incentive Program ,2607A

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Section 14:Leveraging Incentive Program, 2607(A)

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

Yes No

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

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

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

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

Section 15 - Training

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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: New Hires

Employees are provided with policy manual

Other-Describe:

Refresher trainings can be conducted when needed. DHHS has an information sharing website that has helpful material available for staff to review when questions arise and for training needs. The LIHEAP Program Unit creates and maintains help tools and desk aids for staff to accurately and efficiently determine eligibility for LIHEAP households. The LIHEAP Program creates and distributes policy and informational memos when needed.

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

DHHS has some online classes/refreshers for workers to utilize. The LIHEAP Program Unit participates in State Wide meeting to provide updated policy and procedure information for the LIHEAP Program regularly throughout the program year.

c. Vendors

Formal training conference

How often?

Annually

Biannually

| | |
|--|---|
| <input type="checkbox"/> | 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: LIHEAP is creating a Provider Agreement Guide. LIHEAP is using a Vendor Manual for the LIHEAP Performance Measures to provide information on how to submit households energy consumption data (attached). LIHEAP Staff send e-mails to utility vendors to provide updated information throughout the year. In addition, LIHEAP Staff conduct meetings with utility vendors as needed. |
| 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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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.

Nebraska started collecting client energy usage from vendors starting in October/November 2016. The data collection table was sent to all Nebraska utility vendors. Data was compiled by the NFOCUS system and reported out to the Program Manager for Federal Reporting in January of 2017. Nebraska DHHS received a return rate of 91% on account data requested for FFY 2016. Nebraska issued a LIHEAP Performance Measures Handbook to Vendors for the FFY 2017 data submission in efforts to get an increased participation rate. Nebraska received a return rate of 94%. Nebraska DHHS received a return rate of 96% for FFY 2018. DHHS will continue with the same approach this next year to maintain consistent participation of LIHEAP Vendors. Attached is the guide provided to LIHEAP Vendors throughout the State.

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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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:

Application and notice address the need to provide truthful/accurate information, etc. An overpayment guide provides guidance for DHHS staff in regards to how to make a fraud referral.

17.2. Identification Documentation Requirements

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

| Type of Identification Collected | Collected from Whom? | | |
|--|------------------------------------|------------------------------------|--|
| | Applicant Only | All Adults in Household | All Household Members |
| Social Security Card is photocopied and retained | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input type="checkbox"/> Required |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested |
| Social Security Number (Without actual Card) | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input checked="" type="checkbox"/> Required |
| | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested | <input type="checkbox"/> Requested |
| | <input type="checkbox"/> Required | <input type="checkbox"/> Required | <input type="checkbox"/> Required |

| | | | | | | | |
|--|--|--------------------------|--------------------------|----------------------------------|-----------------------------------|-------------------------------------|---------------------------------|
| Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | <input type="checkbox"/> | Requested | |
| | Other | Applicant Only Required | Applicant Only Requested | All Adults in Household Required | All Adults in Household Requested | All Household Members Required | All Household Members Requested |
| 1 | Nebraska LIHEAP does not require verification of identity for LIHEAP. Nebraska accepts declaration of identity. Nebraska requires client declaration of social security numbers, and N-FOCUS (Nebraska's eligibility system) interfaces with the Social Security Administration to validate the information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Describe any exceptions to the above policies. | | | | | | | |
| 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 | | | | | | | |
| <input checked="" type="checkbox"/> Verify SSNs with Social Security Administration | | | | | | | |
| <input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency | | | | | | | |
| <input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) | | | | | | | |
| <input checked="" type="checkbox"/> Match with state Department of Labor system | | | | | | | |
| <input checked="" type="checkbox"/> Match with state and/or federal corrections system | | | | | | | |
| <input checked="" type="checkbox"/> Match with state child support system | | | | | | | |
| <input checked="" type="checkbox"/> Verification using private software (e.g., The Work Number) | | | | | | | |
| <input type="checkbox"/> In-person certification by staff (for tribal grantees only) | | | | | | | |
| <input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only) | | | | | | | |
| <input type="checkbox"/> Other - Describe: | | | | | | | |
| 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. | | | | | | | |
| <input checked="" type="checkbox"/> Clients sign an attestation of citizenship or legal residency | | | | | | | |
| <input checked="" type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency | | | | | | | |
| <input checked="" type="checkbox"/> Noncitizens must provide documentation of immigration status | | | | | | | |
| <input checked="" type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport | | | | | | | |
| <input checked="" type="checkbox"/> Noncitizens are verified through the SAVE system | | | | | | | |
| <input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card | | | | | | | |
| <input type="checkbox"/> Other - Describe: Client attestation/declaration of citizenship is accepted, unless the information received is questionable. Verification of immigration status is required for non-citizens. LIHEAP applies the regulations for the Supplemental Nutrition Assistance Program (Title 475 NAC) in regards to citizenship/legal residency. | | | | | | | |
| 17.5. Income Verification | | | | | | | |
| What methods does your agency utilize to verify household income? Select all that apply. | | | | | | | |
| <input checked="" type="checkbox"/> Require documentation of income for all adult household members | | | | | | | |
| <input checked="" type="checkbox"/> Pay stubs | | | | | | | |
| <input checked="" type="checkbox"/> Social Security award letters | | | | | | | |

| |
|--|
| <input type="checkbox"/> Bank statements |
| <input checked="" type="checkbox"/> Tax statements |
| <input checked="" type="checkbox"/> Zero-income statements |
| <input checked="" type="checkbox"/> Unemployment Insurance letters |
| <input checked="" type="checkbox"/> Other - Describe: <p>Nebraska requires self-employed individuals to provide a current tax return or daily/weekly/monthly ledgers that will provide income, expenses, etc. Nebraska utilizes collateral contacts directly to employers and/or the source of earned/unearned income to obtain verification of income. Nebraska also utilizes the Work Number to verify earned income. Nebraska utilizes award letters and weekly/bi-weekly/monthly/etc. income statements from organizations regarding unearned income. Nebraska LIHEAP applies the same income verification guidelines as the Supplemental Nutrition Assistance Program.</p> |
| <input checked="" type="checkbox"/> Computer data matches: |
| <input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF) |
| <input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor |
| <input checked="" type="checkbox"/> Social Security income verified with SSA |
| <input checked="" type="checkbox"/> Utilize state directory of new hires |
| <input checked="" type="checkbox"/> Other - Describe: <p>Child Support Enforcement</p> <p>*Some of these matches require information submitted from the household as it is considered a lead only match.</p> |
| 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 type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement |
| <input checked="" type="checkbox"/> Grantee employees |
| <input type="checkbox"/> Local agencies/district offices |
| <input checked="" type="checkbox"/> Physical files are stored in a secure location |
| <input checked="" type="checkbox"/> Other - Describe: <p>Nebraska utilizes a release of information, signed by the household, to obtain information for the household from outside sources.</p> |
| 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 type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form |
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household |
| <input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors |
| <input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above: <p>Nebraska DHHS must verify the account name and account number through submission of the actual billing statement or verification from the utility provider. Nebraska DHHS only makes payments to utility vendors that have signed the provider agreement with DHHS.</p> <p>Nebraska performs payment reviews to ensure payments are being made to vendors correctly.</p> <p>Nebraska reviews vendor refund information from utility vendors and addresses any vendor complaints from LIHEAP households.</p> |
| 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 checked="" type="checkbox"/> | Applicants required to submit proof of physical residency |
| <input checked="" type="checkbox"/> | Applicants must submit current utility bill |
| <input checked="" type="checkbox"/> | Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> | Account ownership |
| <input checked="" type="checkbox"/> | Consumption |
| <input checked="" type="checkbox"/> | Balances |
| <input checked="" type="checkbox"/> | Payment history |
| <input type="checkbox"/> | Account is properly credited with benefit |
| <input checked="" type="checkbox"/> | Other - Describe: Verification of physical residency is required if questionable. Households must submit current utility bills to verify account information or the account information must be obtained from the utility provider. |
| <input checked="" type="checkbox"/> | Centralized computer system/database tracks payments to all utilities |
| <input checked="" type="checkbox"/> | Centralized computer system automatically generates benefit level |
| <input type="checkbox"/> | Separation of duties between intake and payment approval |
| <input type="checkbox"/> | Payments coordinated among other energy assistance programs to avoid duplication of payments |
| <input checked="" type="checkbox"/> | Payments to utilities and invoices from utilities are reviewed for accuracy |
| <input checked="" type="checkbox"/> | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities |
| <input checked="" type="checkbox"/> | Direct payment to households are made in limited cases only |
| <input checked="" type="checkbox"/> | Procedures are in place to require prompt refunds from utilities in cases of account closure |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input checked="" type="checkbox"/> | Other - Describe: Provider agreement is attached. |
| 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 checked="" type="checkbox"/> | Vendors are checked against an approved vendors list |
| <input checked="" type="checkbox"/> | Centralized computer system/database is used to track payments to all vendors |
| <input checked="" type="checkbox"/> | Clients are relied on for reports of non-delivery or partial delivery |
| <input type="checkbox"/> | Two-party checks are issued naming client and vendor |
| <input checked="" type="checkbox"/> | Direct payment to households are made in limited cases only |
| <input type="checkbox"/> | Vendors are only paid once they provide a delivery receipt signed by the client |
| <input 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 checked="" type="checkbox"/> | Other - Describe: Provider agreement is attached. |
| 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 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 <p>Nebraska currently works with utility providers to collect improper payments. The provider returns funds directly to DHHS.</p> <p>DHHS withholds future benefits to LIHEAP households when the household has intentionally caused an inaccurate payment of LIHEAP Heating, Cooling, Crisis, and/or repair/replacement assistance.</p> <p>Nebraska imposes a sanction for overpayments as well as Intentional Program Violations (IPV), which would include fraud on our NFOC US eligibility system. This system change allows the state to put a sanction on someone who has an overpayment. Nebraska is able to track the individuals with overpayments to withhold benefits they would have normally received until the overpayment has been depleted.</p> <p>LIHEAP overpayments are not collected on agency caused errors, per our regulations.</p> |
| <input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? The first intentional program violation the individual is ineligible for the remainder of the program year and the next full program year, for the second the individual is ineligible for the remainder of the program year and the next three full program years, and for third results in permanent ineligibility. |
| <input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated |
| <input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP |
| <input checked="" type="checkbox"/> Other - Describe: <p>Grantee employees who commit fraud will be reprimanded and/or terminated, with the possibility of prosecution.</p> <p>Clients who commit fraud will have a sanction, see above for overpayments/Intentional Program Violations. Also the LIHEAP Regulations at 476 NAC 2-004.03c and 476 NAC 3-004 provide this information.</p> |
| <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.</p> |

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

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

Instructions for Certification

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

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

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

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

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

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

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

fication, 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," with out 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 and 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 iden

tified 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)

| | | |
|--|----------------------|----------------------------|
| 301 Centennial Mall South * Address Line 1 | | |
| 5220 S 16th St. Address Line 2 | | |
| Address Line 3 | | |
| Lincoln * City | NE * State | 68509 * 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, un

less 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

ion 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 und

er 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 p

revisions 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 reduce 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). |