

**DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: NEVADA

Report Name: DETAILED MODEL PLAN (LIHEAP)

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

Report Status: Submission Accepted by CO

**Table of Contents**

1. *Mandatory Grant Application SF-424* ..... 2

2. *Section 1 - Program Components* ..... 4

3. *Section 2 - HEATING ASSISTANCE* ..... 8

4. *Section 3 - COOLING ASSISTANCE* ..... 10

5. *Section 4 - CRISIS ASSISTANCE* ..... 12

6. *Section 5 - WEATHERIZATION ASSISTANCE* ..... 17

7. *Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)* ..... 19

8. *Section 7 - Coordination, 2605(b)(4) - Assurance 4* ..... 20

9. *Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6* ..... 21

10. *Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7* ..... 23

11. *Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10* ..... 24

12. *Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2) .....*  
27

13. *Section 12 - Fair Hearings,2605(b)(13) - Assurance 13* ..... 29

14. *Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16* ..... 31

15. *Section 14 - Leveraging Incentive Program ,2607A* ..... 32

16. *Section 15 - Training* ..... 34

17. *Section 16 - Performance Goals and Measures, 2605(b)* ..... 36

18. *Section 17 - Program Integrity, 2605(b)(10)* ..... 37

19. *Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters* ..... 41

20. *Section 19: Certification Regarding Drug-Free Workplace Requirements* ..... 45

21. *Section 20: Certification Regarding Lobbying* ..... 48

22. *Assurances* ..... 50

23. *Plan Attachments* ..... 54

## Mandatory Grant Application SF-424

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

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

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

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

#### 7. APPLICANT INFORMATION

<b>* a. Legal Name:</b> Nevada Division of Welfare and Supportive Services			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 1-88-600-0022-A9		<b>* c. Organizational DUNS:</b> 197864648	
<b>* d. Address:</b>			
<b>* Street 1:</b>	DIVISION OF WELFARE & SUPPORTIVE SERVICES	<b>Street 2:</b>	1470 COLLEGE PARKWAY
<b>* City:</b>	CARSON CITY	<b>County:</b>	
<b>* State:</b>	NV	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	89706 - 7924
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Nevada Department of Health and Human Services		<b>Division Name:</b> Division of Welfare and Supportive Services	

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

<b>Prefix:</b>	<b>* First Name:</b> Lori	<b>Middle Name:</b>	<b>* Last Name:</b> Wilson
<b>Suffix:</b>	<b>Title:</b> Chief, Employment & Supportive Serv	<b>Organizational Affiliation:</b> Division of Welfare and Supportive Services	
<b>* Telephone Number:</b> (775)684-0626	<b>Fax Number:</b>	<b>* Email:</b> lwilson@dwss.nv.gov	

<b>* 8a. TYPE OF APPLICANT:</b> A: State Government
<b>b. Additional Description:</b> Nevada Division of Welfare and Supportive Services 1470 College Parkway Carson City, NV 89706-7924
<b>* 9. Name of Federal Agency:</b>

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

<b>11. Descriptive Title of Applicant's Project</b>	
<b>12. Areas Affected by Funding:</b> Statewide	
<b>13. CONGRESSIONAL DISTRICTS OF:</b>	
<b>* a. Applicant</b> 2	<b>b. Program/Project:</b> Statewide

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

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2016	<b>b. End Date:</b> 09/30/2017	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
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.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
<b>Explanation:</b>			
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) <b>**I Agree</b> <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Lori Wilson		<b>18c. Telephone (area code, number and extension)</b>	
		<b>18d. Email Address</b> lwilson@dwss.nv.gov	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 08/17/2016	
<b>Attach supporting documents as specified in agency instructions.</b>			

## Section 1 - Program Components

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

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

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

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

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

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

### Section 1 Program Components

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

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

**Provide further explanation for the dates of operation, if necessary**

Nevada has a combined year-round heating and cooling program.

**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	71.00%
Cooling assistance	1.00%
Crisis assistance	10.00%
Weatherization assistance	5.00%
Carryover to the following federal fiscal year	5.00%
Administrative and planning costs	8.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%
Used to develop and implement leveraging activities	0.00%
<b>TOTAL</b>	<b>100.00%</b>

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

<input checked="" type="checkbox"/>	Heating assistance	<input checked="" type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input type="checkbox"/>	Other (specify:)

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

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

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

	Heating	Cooling	Crisis	Weatherization
TANF	<input type="radio"/> Yes <input type="radio"/> No			
SSI	<input type="radio"/> Yes <input type="radio"/> No			
SNAP	<input type="radio"/> Yes <input type="radio"/> No			
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No			

	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No			

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

If Yes, explain:

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

**SNAP Nominal Payments**

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

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

**1.7b Amount of Nominal Assistance:** \$0.00

**1.7c Frequency of Assistance**

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

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

**Determination of Eligibility - Countable Income**

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

- Gross Income
- Net Income

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

- Wages
- Self - Employment Income
- Contract Income
- Payments from mortgage or Sales Contracts
- Unemployment insurance

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

<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input checked="" type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	<b>Other</b> Personal Property Income, Military Income, Property Income, Church/Charitable Support, etc. <span style="float: right;">Income is any type of payment that is a gain or benefit to a household. When determining eligibility, any income not specifically listed as exempt is counted.</span>

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

## Section 2 - HEATING ASSISTANCE

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

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

### 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	150.00%

**2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE?**  Yes  No

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

**Do you require an Assets test ?**  Yes  No

**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:**

See attachment for section 2 or read below:

**2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE?**

1. Identification of the applicant is required. If the utility bills are not in the applicant's name, identification of the individual named on the utility bills will be required.
2. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household. (Exceptions to the additional eligibility requirements may be granted by the Chief of Employment and Support Services if a hardship exists.)

**2.3 Do you have additional/differing eligibility policies for:**

Renters living in subsidized/public housing where all utilities are included in the rent and they are not billed separately for their energy costs are ineligible for an EAP benefit. If the utility account(s) are in the landlord's name and the utilities are included in the rent, and the residence is not master-metered, and eligible household may receive the minimum payment of \$180 paid directly to the household if all other eligibility criteria are met.

**Do you give priority in eligibility to:**

Prior recipient households consisting of elderly and/or disabled members will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications recieved by households consisting of elderly, disabled, and/or have a child under 6 years of age should be processed within 30 days (rather than 60 days) of receipt.

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

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

A flat \$50 increase to the cap benefit will apply to households with an elderly, disabled, and/or have a child less than 6 years of age member and should be processed within

30 days of receipt of the application.

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

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

See attachment for section 2 or read below:

1. Eligible households having a Fixed Annual Credit (FAC) benefit of zero to, and including, \$179 will receive a payment of \$180.
2. Eligible households residing in master metered residences will have the following rules applied:
  - If all utilities are in the landlord's name and included in the rent, and the household does not reside in subsidized housing, and does not receive a separate bill that includes consumption and dollar usage, the household will receive a payment of \$180.
  - If all utilities are in the landlord's name but the household receives a separate bill that includes consumption and dollar usage, the household is eligible for a fixed annual credit or \$180, whichever is greater, payable to the household;
  - If one of the utilities is in the landlord's name and one is in the household's name, the household will receive a fixed annual credit based on the utility in the household's name payable to the household's utility, unless the household receives a separate bill from the landlord that includes energy consumption and dollar usage.
  - If the household receives both, the household may receive a fixed annual credit based on both utilities payable to the household's utility not to exceed the annual usage, and the remainder payable to the household.

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

**2.6 Describe estimated benefit levels for FY 2017:**

<b>Minimum Benefit</b>	\$180	<b>Maximum Benefit</b>	\$1,496
------------------------	-------	------------------------	---------

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

If yes, describe.

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

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

## Section 3 - COOLING ASSISTANCE

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

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

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

#### Section 3 - Cooling Assistance

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

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

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

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

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

**Do you require an Assets test ?**  Yes  No

**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:**

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

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

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

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

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

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

Energy need

Other - Describe:

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

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

**3.6 Describe estimated benefit levels for FY 2017:**

<b>Minimum Benefit</b>	\$180	<b>Maximum Benefit</b>	\$1,496
------------------------	-------	------------------------	---------

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

**If yes, describe.**

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

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

## Section 4 - CRISIS ASSISTANCE

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

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

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

#### Section 4: CRISIS ASSISTANCE

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

**4.1 Designate the income eligibility threshold used for the crisis component**

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

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

**See attachment for section 4 or see below:**

The Fast-Track Component is the expedited processing of an energy assistance application to respond in emergent situations.

Application Processing Times:

- a) When an eligible household, if having a loss of energy causes a life-threatening situation, applies for energy crisis benefits their case will be processed within 18 hours of receipt of their application and proof of eligibility.
- b) If an eligible household has received a 48-hour disconnect notice their case will be processed within 48 hours of receipt of their application and proof of eligibility.

To receive fast-track case processing, the applicant household must meet EACH of the following four (4) criteria:

1. The household must 1) have received a 48-hour disconnect notice from their heating or electric service, or 2) have been disconnected, or 3) be in need of heating fuel and have less than 10% in their tank, or 4) need a deposit to establish service, or 5) have a life-threatening situation if they lose energy; **and**, 6) have paid at least \$25 on their utility bill(s) during the sixty (60) days prior to the emergency; **and** 7) have requested a payment plan and been denied or already have a payment plan established but are unable to meet the payment requirements.
2. The household's annual income must not be more than the current income limits of the federally designated level signifying poverty, as determined by the Division of Welfare and Supportive Services. Eligibility is based on the income of the entire household. The household's income is reviewed and documented during the application process.
3. The household must have experienced a recent unexpected loss or reduction of income or emergency expense as approved by the program manager, in the last two to five months, of at least 15% of the household's total gross income and which caused the inability to pay heating and/or electric costs. The loss or reduction of income could not have been from a seasonal or temporary position or being terminated for misconduct. Increases in utility costs due either to harsh weather or utility fee increases levied on all residents do not qualify as unexpected since they are not individualized to any particular household. Emergency expense includes: 1) unreimbursed medical expenditures for a medical emergency, or long-term, chronic medical condition, and 2) unreimbursed compulsory and necessary home repairs; and 3) unreimbursed automobile repairs only if transportation is needed for ongoing medical care, the repairs are critical to the operation of the vehicle, and it is the only registered vehicle in the household. Regular vehicle maintenance is excluded, including tire purchases. The household must provide proof they paid for the expense out-of-pocket and was not paid by a friend or relative.
4. Households are ineligible for Fast-Track assistance if they; 1) received Fast-Track assistance in the previous program year, or 2) received an arrearage payment, unless there are extenuating circumstances, e.g. terminal illness, car accident, etc.

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

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

**Crisis Requirement, 2604(c)**

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

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

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

**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 ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you give priority in eligibility to :</b>	
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
Households with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>In Order to receive crisis assistance:</b>	
Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have been shut off or have an empty tank?	<input 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? Nevada has the following crisis components available for FY15: 1) Fast Track, 2) Crisis Intervention, 3) Arrearage Payment (When funding permits at the discretion of the Administrator).	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
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:**

See attachment for section 4 or see below:

**4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?**

Additional Eligibility Requirements:

1. Identification of the applicant is required. If the utility bills are not in the applicant's name, identification of the individual named on the utility bills will be required.
2. Applications must be submitted by the person whose name appears on the utility bill or the applicant must provide written authorization, from the individual whose name is printed on the bill, to act on their behalf. The applicant must be the person who is responsible for paying the cost of energy for the household. (Exceptions to the additional eligibility requirements may be granted by the Chief of Employment and Support Services if a hardship exists.)

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

**Do you give priority in eligibility to:**

Prior recipient households consisting of elderly and/or disabled members will be mailed a simplified re-determination application about 30 days preceding the date they may be eligible for a current year benefit. Applications received by households consisting of elderly, disabled, and/or have a child under 6 years of age should be processed within 30 days of receipt.

**Must the household have received a shut-off notice or have a near empty tank?**

Fast Track:

The household must 1) have received a 48-hour disconnect notice from their heating or electric service, or 2) have been disconnected, or 3) be in need of heating fuel and have less than 10% in their tank, or 4) need a deposit to establish service, or 5) have a life-threatening situation if they lose energy; and, 6) have paid at least \$25 on their utility bill(s) during the sixty (60) days prior to the emergency; and 7) have requested a payment plan and been denied or already have a payment plan established but are unable to meet the payment requirements.

Other:

Nevada has the following crisis components available: 1) Fast Track, 2) Crisis Intervention, and 3) Arrearage Payment (When funding permits at the discretion of the Administrator).

**Do you have additional / differing eligibility policies for:**

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

If the utility account(s) are in the landlord's name and the utilities are included in the rent, and the residence is not master-metered, and eligible household may receive the minimum payment of \$180 paid directly to the household if all other eligibility criteria are met.

Determination of Benefits

**4.8 How do you handle crisis situations?**

<input type="checkbox"/>	<b>Separate component</b>
<input checked="" type="checkbox"/>	<b>Fast Track</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b> <b>See attachment for section 4 or see below:</b> Fast Track: The Fast-Track Component is the expedited processing of an energy assistance application to respond in emergent situations. Application Processing Times: a) When an eligible household, if having a loss of energy causes a life-threatening situation, applies for energy crisis benefits their case will be processed within 18 hours of receipt of their application and proof of eligibility. b) If an eligible household has received a 48-hour disconnect notice their case will be processed within 48 hours of receipt of their application and proof of eligibility. Other: The Crisis Intervention Component assists households experiencing a special circumstance or crisis and whose gross annual income exceeds the current income limits to be set by the Administrator, not to exceed 150% of poverty except for allowable qualifying expenses that reduce the annual income to the current income limits of poverty or less. Qualifying expenses may include: 1) Unreimbursed medical expenses for medical emergencies or long-term, chronic medical conditions; 2) Unreimbursed compulsory and necessary home repairs; 3) Automobile repairs only if transportation is needed for ongoing medical care, the repairs are critical to the operation of the vehicle, and, it is the only registered vehicle in the household. Regular maintenance is excluded, including tire purchases. The qualifying expense must be supported by valid and verifiable documentation, and must create a financial hardship for a period of no less than three (3) months. A household that meets the criteria for Fast Track or Crisis Intervention receives the amount to which they are entitled based on the FAC benefit not to exceed the benefit cap for the household's size and income. And/or Arrearage Payment Component: This component enables targeted low-income households to achieve energy self-sufficiency through a combined one-time arrearage payment and an ongoing FAC benefit. The DWSS Administrator has the flexibility to restrict the Arrearage Payment Component to special households (child under 6, elderly, or disabled) or suspend the program entirely when program funding is limited following a 30 day public notice period. The arrearage payment is an amount eliminating the applicant's debt owed to their heating and/or cooling vendor(s). The following criterion applies: <ol style="list-style-type: none"><li>1. The household's income must not exceed the current income limits of the federally designated level signifying poverty, as determined by the Division of Welfare and Supportive Services.</li><li>2. An eligible household may receive an arrearage payment only once in a lifetime. The only exceptions are households with chronic, long-term medical conditions that create a financial hardship and/or increase energy consumption. The one-time payment may be for both energy vendors. However, a subsequent request for an arrearage payment may not be at a later date in the event the previous arrearage payment did not cover one of the household's energy vendors.</li></ol> An eligible household that meets the criteria for the Arrearage Payment Component, receives both an arrearage payment [the amount necessary to satisfy the past due debt incurred with their energy vendor(s)] and their regular FAC (not to exceed the cap) benefit.

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

<input type="checkbox"/>	<b>Amount to resolve the crisis.</b>
<input type="checkbox"/>	<b>Other - Describe:</b>

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?**

<input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>
<b>See attached explanation or see below:</b> The Division of Welfare and Supportive Services contracts with approximately 50 intake sites throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the energy assistance program including basic eligibility rules, assist clients in completing the application, copy all required verifications and documentation, and make provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls.

Intake Sites are required to mail or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.

**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?**

Applications can be mailed/faxed/mailed to any Welfare office.

**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 \$1,496.00 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**

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

**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"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes  No

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

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

**See attachment for section 4 or see below:**

The moratorium period for all customers is temperature-based, above 105 degrees or below 15 degrees.

Special dispensation received by all customers:

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

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

Elderly and handicapped must have 48 hours notice. Disconnection is delayed if customers agree to pay bill in installments within the next 90 days.

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

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

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

### 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	150.00%

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

**5.3 If yes, name the agency.** Department of Business and Industry Housing Division

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

**WEATHERIZATION - Types of Rules**

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

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

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

- Income Threshold
- Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.
- Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards.
- Other - Describe:

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

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

**5.6 Do you require an assets test?**  Yes  No

**5.7 Do you have additional/differing eligibility policies for :**

- Renters**  Yes  No
- Renters living in subsidized housing?**  Yes  No

**5.8 Do you give priority in eligibility to:**

- Elderly?**  Yes  No
- Disabled?**  Yes  No

Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other? Weatherization related health and safety hazard.	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

See attachment for section 5 or see below:

5.7 Households living in master metered complexes or other properties where both utilities are in the landlord's name and the tenant does not receive a separate bill that includes their consumption and usage, the household is not eligible to receive weatherization services.

5.8 DOE allows 200% of poverty but for LIHEAP customers client eligibility is for those households at or below 150% of poverty.

Priority assistance is provided to households who have weatherization related health and safety hazards or inoperative primary heating or cooling systems. Then to households whose members are either elderly, disabled or contain children under the age of six.

Funds may be utilized to provide emergency supplies such as portable space heaters, coolers or fans to households experiencing loss of electricity and/or heating for an extended period of time.

**Benefit Levels**

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

5.10 If yes, what is the maximum? \$8,000

**Types of Assitance, 2605(c)(1), (B) & (D)**

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input 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: Solar screens, mobile home roof coating, LEDs, air infiltration sealing, carbon monoxide alarms.

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

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

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

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

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

**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):

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

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

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

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

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

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

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

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

**See attachment for section 7 or see below:**

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

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

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

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

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

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

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

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

<input type="checkbox"/>	Administration Agency
<input 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?**

The Division of Welfare and Supportive Services contracts with approximately 50 intake sites throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the energy assistance program including basic eligibility rules, assist clients in completing the application, copy all required verifications and documentation, and make provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.

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

The Division of Welfare and Supportive Services contracts with approximately 50 intake sites throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the energy assistance program including basic eligibility rules, assist clients in completing the application, copy all required verifications and documentation, and make provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.

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

The Division of Welfare and Supportive Services contracts with approximately 50 intake sites throughout the State of Nevada to provide outreach and intake services to applicants. Intake sites provide information about the energy assistance program including basic eligibility rules, assist clients in completing the application, copy all required verifications and documentation, and make provisions for clients who are homebound to receive the same services utilizing home visits and/or telephone calls. Intake Sites are required to mail or fax completed applications and related documentation to the nearest LIHEAP/EAP office. The Intake Sites include senior centers and senior programs, human/social service agencies, family resource centers, not-for-profit neighbor programs, churches, housing authorities and development programs, various agencies serving the disabled, community coalitions, Native American tribal assistance agencies, Hispanic services agencies, and legal aid agencies.

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
---------------------------------------------	----------------	----------------	---------------	-----------------------

8.5a Who determines client eligibility?	State Welfare Agency	State Welfare Agency	State Welfare Agency	State Housing Agency
8.5b Who processes benefit payments to gas and electric vendors?	State Welfare Agency	State Welfare Agency	State Welfare Agency	
8.5c who processes benefit payments to bulk fuel vendors?	State Welfare Agency	State Welfare Agency	State Welfare Agency	
8.5d Who performs installation of weatherization measures?				State Housing Agency

**If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.**

8.6 What is your process for selecting local administering agencies?

8.7 How many local administering agencies do you use?

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

- Yes  
 No

8.9 If so, why?

<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  
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: 04/30/2014

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

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

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

##### If yes, Describe.

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

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

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

##### 9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?

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

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

Formalized Vendor Agreements

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

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

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

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

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

See attachment for Section 10 or see below.

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

**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	reporting	Federal Single Audit Report. As a recipient of federal LIHEAP funds, the Energy Assistance Program is subject to the Single Audit requirement. With the audit conducted in FY15, there was one finding with Nevada's FFATA reporting. The person who was new to the position has been trained and the problem has been corrected. Annual Program Evaluation - Nevada State Statute requires the Division to contract with an independent auditor for a comprehensive annual evaluation of the Energy Assistance Program to include: statutory compliance, performance measurements, information technology support, business operations, effectiveness, efficiency, and the identification of any benefit and program deficiencies with recommendations to improve them.	Yes	training 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:

A fully automated computer system determines eligibility and benefits. The Program Manager receives computer generated activity reports by caseworkers, including each case received and the date, each case processed and the date, status of each case, and any amount of benefits issued (delineated by source of revenue; i.e., LIHEAP, Rate-Payer Funded Universal Energy Charge [UEC], or any other available revenue). Hard copy files are selected for review to ensure compliance with all applicable regulations and procedures and to ensure accurate and expedient processing. The computer generates a pay record to the State's Integrated Financial System (IFS) where checks are disbursed. Pay records are verified by the Accounting Unit as well as the LIHEAP/EAP Program Manager and Program Officer, prior to disbursement, which further ensures accuracy and reduces potential fraud and abuse. Housing Division inspects a minimum of 5% for which weatherization assistance is provided.

**Local Adminstering Agencies / District Offices:**

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

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

- Annual Program Evaluation - Nevada State Statute requires the Division to contract with an independent auditor for a comprehensive annual evaluation of the Energy Assistance Program to include: statutory compliance, performance measurements, information technology support, business operations, effectiveness, efficiency, and the identification of any benefit and program deficiencies with recommendations to improve them. Annual evaluations are provided to the governor, the legislative commission, and members of the legislative interim finance committee.
- Annual Management Evaluations - Case reviews are conducted by central office program staff to ensure district offices are complying with established program policy and to evaluate the accuracy of benefit calculation/distribution. The review data is entered, compiled, and stored in a system application, which produces summary reports. Any review element which falls below a 95% compliance rate is subject to a corrective action plan involving the Deputy of Field Services, the Program Manager, Chief of Employment and Support Services and Program Staff. A subsequent targeted review is conducted to determine if the corrective action was sufficient to bring the office into compliance or if additional corrective action is required.
- Staff Performance Case Reviews - Supervisors are required to complete a set number of case reviews per worker per month to monitor staff performance. Trainees and staff with performance issues are subject to 100% review prior to the posting of benefits. Program Manager reviews a subset of the review completed by the supervisors to ensure they are adequately identifying and addressing performance issues. Staff who fail to meet performance standards are subject to progressive disciplinary procedures.

**Single Audit** - As a recipient of federal funds, the Division is subject to Single Audits. These audits are conducted annually by an independent vendor contracted through the State's Controller's Office. Not all programs are reviewed each year. The LIHEAP Program was audited in FY 2015.

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

Site Visits:

Desk Reviews:

**10.8. How often is each local agency monitored ?**

**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?**

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

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



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

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

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

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

**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:

The Division of Welfare and Supportive Services provides for public participation in the development of the plan by soliciting input from consumer advocates, other agencies, and energy vendors; by mailing copies to interested parties; and by holding public workshops and/or hearings. The Division receives input from the Energy Advisory Board which is comprised of consumer advocates, utility vendors and other interested parties.

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

See attachment for Section 11 or read below.

At the Energy Advisory Board meeting there was a discussion about the amount of projected revenue with the number of projected recipients and it was recommended that the program remain the same with a reduction in benefits.

The Division of Welfare and Supportive Services proposes:

- the program year and other relevant dates will be updated;
- and clarification of language throughout the document is proposed to be updated.

The Housing Division's proposed changes for the Weatherization Program:

- No significant program changes for the SFY 2017 State Plan were proposed other than updating one of the Leveraging Programs from Southwest Gas corporation Weatherization Assistance to the Governor's Office of Energy Weatherization Assistance and that households approved for LIHEAP funded weatherization services must be seniors over 60 years old and an NV Energy customer to be eligible.

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

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

	Date	Event Description
1	06/1/2016	Located in Carson City -- Video-conferenced in Las Vegas

**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).**

There were no comments.

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

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

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

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

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

#### 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?** 7

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

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

None

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

**See attachment for Section 12 or read below.**

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

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

**12.5 When and how are applicants informed of these rights?**

**See attachment for Section 12 or read below.**

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

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

**See attachment for Section 12 or read below:**

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

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

**12.7 When and how are applicants informed of these rights?**

**See attachment for Section 12 or read below.**

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

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

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

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

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

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

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

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

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

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

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

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

N/A

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

N/A

**13.5 How many households 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

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

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

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

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

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

Yes  No

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

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

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

Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Discounted rates	City of Boulder City's Discount Program	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Boulder City's discount program is closely coordinated with LIHEAP. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
2	Weatherization/Conservation measure	Lincoln County Power District	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, the Lincoln County Power District Customer Assistance Fund is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
3	Cash	Mt. Wheeler Power Company Cooperative Assistance for Residential Energy (CARE)	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Mt. Wheeler Power Company's CARE Program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resources/benefit.
4	Cash	Nevada State Housing Division's 15% Set Aside Program	In order to maximize the impact and effectiveness of both Nevada's LIHEAP and the Housing Division's 15% Set Aside program, families eligible for housing assistance who were not able to pay utility deposits and/or initial utility bills were screened to determine if any benefits had already been awarded to the applicant by either program. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the implementation of this resource/benefit.
5	Cash	Universal Energy Charge Fund for Weatherization Administered by the Nevada Housing Division	The Nevada LIHEAP provides a monthly database download report to the Housing Division's Weatherization Assistance Program identifying eligible households whose energy assistance benefit was \$600 or greater. The UEC statute (Nevada Revised Statute 702) requires the energy assistance program to establish a mechanism to communicate high energy users to the weatherization program for prioritization for energy conservation measures. The weatherization program tracks and reports the effects the measures had on reducing the energy burden of the household. This interagency partnership enables low-income Nevadans' to pay the high cost of energy while maintaining a safe and healthy home.
		NV Energy-Sierra Pacific	To provide year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, the SAFE program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient funds. In order to maximize the impact and

6	Cash	Power-ÂSpecial Assistance Fund for Energy" (SAFE)	effectiveness of both programs, SAFE applicants were screened to determine if any benefits had already been awarded to the applicant by either program. This coordination of efforts toward the common goal of assisting households with their energy needs has been instrumental in the development of this resource/benefit.
7	Cash	NV Power Company ÂProject ReachÂ.	Designed to help vulnerable adults 62 years and older, medically fragile people, seniors who are isolated, as well as deployed Reserve and National Guard members in need of emergency energy, cooling and utility bill assistance. The program is currently available during the summer months until funds are exhausted. The Project Reach program is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to those who otherwise would not have received assistance due to insufficient federal funds. In order to maximize the impact and effectiveness of both programs, Project Reach applicants were screened to determine if any benefits had already been awarded by either program to determine how much additional assistance was needed. This coordination of efforts has been instrumental in the development and implementation of this resource/benefit.
8	Cash	Southwest Gas Corporation Energy Share Program	To provide low income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, the Energy Share program coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due insufficient funds or the constraints of LIHEAP eligibility. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resource/benefit.
9	Weatherization/Conservation measure	Governor's Office of Energy Weatherization Assistance	Governor's Office of Energy set income guidelines at 200% of the federal poverty guidelines to provide services to those households above the state's income guidelines for LIHEAP. Households approved for LIHEAP must be seniors over 60 years old and a NV Energy customer. Computerized lists of LIHEAP clients are provided to the weatherization program for outreach and eligibility purposes.
10	Cash	Valley Electric Association Customer Assistance Fund	To provide low-income households year-round access to energy assistance and ensure the greatest number of those eligible receive assistance, Valley Electric Association's Customer Assistance Fund is closely coordinated with LIHEAP. This coordination enabled both programs to expand services to families which otherwise would not have received assistance due to insufficient federal funds. To maximize the impact and effectiveness of both programs, applicants were screened to determine if any benefits had already been awarded to the applicant by LIHEAP. This coordination of efforts toward the common goal of assisting low-income households with their energy needs has been instrumental in the development and implementation of this resources/benefit.

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

## Section 15 - Training

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

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

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

#### 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:** Investigations and Recovery training is provided annually. All other training is provided as needed.

**Employees are provided with policy manual**

**Other-Describe:**

**b. Local Agencies:**

**Formal training conference**

**How often?**

**Annually**

**Biannually**

**As needed**

**Other - Describe:**

**On-site training**

**How often?**

**Annually**

**Biannually**

**As needed**

**Other - Describe:**

**Employees are provided with policy manual**

**Other - Describe**

**c. Vendors**

**Formal training conference**

**How often?**

**Annually**

**Biannually**

**As needed**

**Other - Describe:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

##### 17.1 Fraud Reporting Mechanisms

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

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

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

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

##### 17.2. Identification Documentation Requirements

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

Type of Identification Collected	Collected from Whom?			
	Applicant Only	All Adults in Household	All 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"/> Required
	<input type="checkbox"/> Requested	<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"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested

All Adults in    All Adults in    All Household    All Household

	Other	Applicant Only Required	Applicant Only Requested	Household Required	Household Requested	Members Required	Members Requested
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe any exceptions to the above policies.							
<b>17.3 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input type="checkbox"/> Verify SSNs with Social Security Administration							
<input type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input checked="" type="checkbox"/> Match with state Department of Labor system							
<input type="checkbox"/> Match with state and/or federal corrections system							
<input checked="" type="checkbox"/> Match with state child support system							
<input checked="" type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal 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:							
<b>17.4. Citizenship/Legal Residency Verification</b>							
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 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 type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input 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:							
<b>17.5. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input checked="" type="checkbox"/> Other - Describe:							
<ul style="list-style-type: none"> <li>• written/signed statement from employer</li> <li>• self-employment records</li> <li>• statement from 3rd parties contributing funds to the household</li> </ul>							
<input checked="" type="checkbox"/> Computer data matches:							
<input checked="" type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)							
<input checked="" type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor							
<input checked="" type="checkbox"/> Social Security income verified with SSA							
<input checked="" type="checkbox"/> Utilize state directory of new hires							

Other - Describe:

**17.6. Protection of Privacy and Confidentiality**

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

Policy in place prohibiting release of information without written consent

Grantee LIHEAP database includes privacy/confidentiality safeguards

Employee training on confidentiality for:

Grantee employees

Local agencies/district offices

Employees must sign confidentiality agreement

Grantee employees

Local agencies/district offices

Physical files are stored in a secure location

Other - Describe:

**17.7. Verifying the Authenticity**

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

All vendors must register with the State/Tribe.

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

Vendors are verified through energy bills provided by the household

Grantee and/or local agencies/district offices perform physical monitoring of vendors

Other - Describe and note any exceptions to policies above:

**17.8. Benefits Policy - Gas and Electric Utilities**

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

Applicants required to submit proof of physical residency

Applicants must submit current utility bill

Data exchange with utilities that verifies:

Account ownership

Consumption

Balances

Payment history

Account is properly credited with benefit

Other - Describe:

An annual audit is undertaken whereby a random sample of unregulated energy customers is contacted to determine if their energy vendor's monthly customer statement reflected an accurate crediting of their energy assistance payment. In situations where a potential discrepancy exists, the energy vendor's record for the customer is audited to resolve the issue.

Centralized computer system/database tracks payments to all utilities

Centralized computer system automatically generates benefit level

Separation of duties between intake and payment approval

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

Payments to utilities and invoices from utilities are reviewed for accuracy

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

Direct payment to households are made in limited cases only

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

Vendor agreements specify requirements selected above, and provide enforcement mechanism

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

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

### Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Certification Regarding Drug-Free Workplace Requirements

##### Alternate I. (Grantees Other Than Individuals)

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

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

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

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

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

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

2527 N Carson St Ste 260 Carson City, NV 89706  
 \* Address Line 1

3330 E Flamingo Rd Ste 55 Las Vegas, NV 89121  
 Address Line 2

See Attachment for complete addresses  
 Address Line 3

Carson City * City	NV * State	89706 * Zip Code
-----------------------	---------------	---------------------

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

**Alternate II. (Grantees Who Are Individuals)**

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

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

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

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

## Section 20: Certification Regarding Lobbying

### Section 20: Certification Regarding Lobbying

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

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

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

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

#### Statement for Loan Guarantees and Loan Insurance

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

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

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

# Plan Attachments

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