

**DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: OHIO

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2017 to 09/30/2018

Report Status: Submission Accepted by CO

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## Mandatory Grant Application SF-424

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

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

### 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>
<b>7. APPLICANT INFORMATION</b>			
<b>* a. Legal Name:</b> State of Ohio			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 31-1334820		<b>* c. Organizational DUNS:</b> 808847743	
<b>* d. Address:</b>			
<b>* Street 1:</b>	P.O. BOX 1001	<b>Street 2:</b>	77 S. HIGH ST., 25TH FLOOR
<b>* City:</b>	COLUMBUS	<b>County:</b>	Franklin
<b>* State:</b>	OH	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	43216 - 1001
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Development Services Agency		<b>Division Name:</b> Community Services Division	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b>	<b>* First Name:</b> Tu	<b>Middle Name:</b>	<b>* Last Name:</b> Lu
<b>Suffix:</b>	<b>Title:</b> Fiscal Section Supervisor	<b>Organizational Affiliation:</b> Ohio Development Services Agency	
<b>* Telephone Number:</b> (614) 466-6432	<b>Fax Number:</b> 614-728-6832	<b>* Email:</b> Tu.Lu@Development.Ohio.Gov	
<b>* 8a. TYPE OF APPLICANT:</b> A: State Government			
<b>b. Additional Description:</b>			
<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> Low Income Home Energy Assistance (LIHEAP)			
<b>12. Areas Affected by Funding:</b> Statewide			
<b>13. CONGRESSIONAL DISTRICTS OF:</b>			

* a. Applicant 03		b. Program/Project: Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2017	b. End Date: 09/30/2018	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt?			
<input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <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.			
18a. Typed or Printed Name and Title of Authorized Certifying Official Matt Peters		18c. Telephone (area code, number and extension)	
		18d. Email Address	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 10/04/2017	
<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: 09/30/2020

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

Department of Health and Human Services  
Administration for Children and Families  
Office of Community Services  
Washington, DC 20201

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

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

### Section 1 Program Components

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

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)	Dates of Operation	
	Start Date	End Date
<input checked="" type="checkbox"/> Heating assistance	10/01/2017	09/30/2018
<input type="checkbox"/> Cooling assistance		
<input checked="" type="checkbox"/> Crisis assistance	11/01/2017	03/31/2018
<input checked="" type="checkbox"/> Weatherization assistance	07/01/2018	06/30/2019

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

The Winter Crisis program dates are indicated above. The Summer Crisis program dates are 07/01/2018 - 08/31/2018

**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	42.50%
Cooling assistance	0.00%
Crisis assistance	25.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	6.50%
Administrative and planning costs	10.00%

Services to reduce home energy needs including needs assessment (Assurance 16)	1.00%				
Used to develop and implement leveraging activities	0.00%				
<b>TOTAL</b>	<b>100.00%</b>				
Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)					
<b>1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:</b>					
<input checked="" type="checkbox"/> Heating assistance	<input type="checkbox"/> Cooling assistance				
<input type="checkbox"/> Weatherization assistance	<input checked="" type="checkbox"/> Other (specify:) Summer Crisis Assistance				
<b>Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8</b>					
<b>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?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.</b>					
	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>	
TANF	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
	<b>Program Name</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No			
<b>1.5 Do you automatically enroll households without a direct annual application?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
If Yes, explain:					
<b>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?</b>					
SNAP Nominal Payments					
<b>1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No					
If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.					
<b>1.7b Amount of Nominal Assistance:</b> \$0.00					
<b>1.7c Frequency of Assistance</b>					
<input type="checkbox"/>	Once Per Year				
<input type="checkbox"/>	Once every five years				
<input type="checkbox"/>	Other - Describe:				
<b>1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?</b>					
Determination of Eligibility - Countable Income					
<b>1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?</b>					
<input checked="" type="checkbox"/>	Gross Income				
<input type="checkbox"/>	Net Income				
<b>1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP</b>					
<input checked="" type="checkbox"/>	Wages				
<input checked="" type="checkbox"/>	Self - Employment Income				
<input checked="" type="checkbox"/>	Contract Income				

<input type="checkbox"/>	Payments from mortgage or Sales Contracts		
<input checked="" type="checkbox"/>	Unemployment insurance		
<input checked="" type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
<input type="checkbox"/>	Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input checked="" type="checkbox"/>	General Assistance benefits		
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits		
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits		
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits		
<input type="checkbox"/>	Loans that need to be repaid		
<input checked="" type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input checked="" type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.		
<input type="checkbox"/>	Jury duty compensation		
<input checked="" type="checkbox"/>	Rental income		
<input type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input 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 type="checkbox"/>	Insurance payments made directly to the insured		
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate		
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits		
<input type="checkbox"/>	Earned income of a child under the age of 18		

<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds
<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other *VA disability is EXCLUDED however VA pension is INCLUDED

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

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

#### Section 2 - Heating Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	State Median Income	60.00%

**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?                                      | <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 |

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

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

**Explanations of policies for each "yes" checked above:**

Renters who reside in subsidized housing must have a main heating or electric bill in their name to receive assistance. Renters with utilities included in the rent must show proof of responsibility and cannot live in subsidized housing. A weighted benefit is given to clients that have someone in the home over the age of 60 or a documented disability.

Explanation of 2.1 Eligibility Threshold: Ohio uses 60 percent of the State Median Income as it best correlates to 175 percent of the HHS Federal Poverty level.

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.**

All applicants that meet eligibility and are 60 years or older and/or disabled receive an increased monetary benefit based on the Benefit Matrix.

Elderly and disabled customers receive the new HEAP application by US Postal Service first.

**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:

- Increased benefit amounts for the elderly and/or disabled customers.
- Decreased benefit amounts for the Percentage of Income Payment Plan Plus (PIPP Plus) customers.

The FY2018 Payment Matrix (see attached) is submitted with the state plan assuming Ohio's LIHEAP funding level remains the same. A final version of the Matrix 2018, will be submitted once more funding information is obtained.

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

**2.6 Describe estimated benefit levels for FY 2018:**

Minimum Benefit	\$34	Maximum Benefit	\$533
-----------------	------	-----------------	-------

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

If yes, describe.

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

## Section 3 - COOLING ASSISTANCE

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

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

#### Section 3 - Cooling Assistance

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

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

Add	Household size	Eligibility Guideline	Eligibility Threshold
1			0.00%

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

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

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

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

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

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

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

Explanations of policies for each "yes" checked above:

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

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

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

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

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

**3.6 Describe estimated benefit levels for FY 2018:**

<b>Minimum Benefit</b>	\$0	<b>Maximum Benefit</b>	\$0
------------------------	-----	------------------------	-----

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

If yes, describe.

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

## Section 4 - CRISIS ASSISTANCE

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

#### Section 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	State Median Income	60.00%

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

Explanation of 4.1 Eligibility Threshold: Ohio uses 60 percent of the State Median Income as it best correlates to 175 percent of the HHS Federal Poverty level.

- For Heating Crisis Assistance: an actual disconnection, notice of disconnection, or less than 25 percent supply of deliverable fuel, or a furnace needing repair to be operable.
- For Summer Crisis Assistance: medical certification, or elderly (age 60 or older).

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

The Office of Community Assistance (OCA) Guidelines, in keeping with the LIHEAP statute, require local HEAP providers to, no later than 18 hours after a household applies, provide assistance that will resolve the crisis if the household is eligible to receive such benefits and *is in a life-threatening situation*. The LIHEAP statute does not define life-threatening situation. At this time OCA doesn't have written descriptions of all the possible situations that could be life-threatening. However, OCA and our local provider agencies understand a life-threatening situation to be a situation that is very dangerous or serious with the possibility that death could be the outcome. An example could be an eligible household containing a member with a disability or a frail elder who would be more vulnerable to experiencing a serious outcome if heat and light are not expeditiously restored. A household with a newborn baby is another example of how a utility/energy service crisis e.g. imminent shut-off, disconnection or empty fuel tank, can have more dire outcomes, up to and including death, if not quickly remedied. A life-threatening crisis could also exist when a household is without service and is restoring alternative such as kerosene heaters, for example, or using their oven.

##### Crisis Requirement, 2604(c)

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

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

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

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

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

Do you require an Assets test ?  Yes  No

Do you give priority in eligibility to :

Elderly?  Yes  No

Disabled?  Yes  No

Young Children?  Yes  No

Households with high energy burdens?  Yes  No

Other?  Yes  No

**In Order to receive crisis assistance:**

Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Must the household have been shut off or have an empty tank?	<input 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

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

**Explanations of policies for each "yes" checked above:**

For Winter Crisis Assistance: an actual disconnection, notice of disconnection, or less than 25 percent supply of deliverable fuel, or a furnace needing repair to operate.

In order to participate in the Summer Crisis program, the household must include an individual with a documented medical condition verified by a licensed physician or registered nurse practitioner, or the household must have at least one member age 60 or older.

If qualified based on age or medical condition, the household may receive a monetary benefit and/or a window air conditioner and/or fan up to the maximum benefit amount per household.

Households may receive one air conditioner, provided the household has not received an air conditioner in the prior three years, and up to the maximum benefit allowed.

Households can be provided no more than two fans, once every three years, up to the maximum benefit amount.

Tenants in subsidized housing must have written documentation of the landlord's permission to install the air conditioner and acknowledge that the tenant owns the air conditioner.

Renters whose bill is in the landlord's name must produce a lease or written documentation from the landlord verifying that the renter is responsible for the electric bill, and/or the gas bill.

**Determination of Benefits**

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

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

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

<input type="checkbox"/>	Amount to resolve the crisis.
<input checked="" type="checkbox"/>	Other - Describe: Ohio has a maximum benefit amount and required copay if necessary. Also, see Section 4.7

**Crisis Requirements, 2604(c)**

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

Yes  No **Explain.**

Intake centers are located in all 88 counties in Ohio

**4.11 Do you provide individuals who are physically disabled the means to:**

**Submit applications for crisis benefits without leaving their homes?**

Yes  No **If No, explain.**

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

Yes  No If No, explain.

If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?

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

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

Winter Crisis \$750.00 maximum benefit

Summer Crisis \$500.00 maximum benefit

Year-round Crisis \$0.00 maximum benefit

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

Yes  No If yes, Describe

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

Yes  No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input checked="" 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): Equipment repair is for minor repairs only. If the maximum is reached, there would be a required co-pay.	<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.

It is rare in Ohio for the Governor to issue a moratorium prohibiting regulated utilities from issuing disconnection notices. This only occurs when there is an extreme weather event or a significant economic downturn. However, the Public Utilities Commission of Ohio, annually issues a Reconnection Order that coincides with the Ohio HEAP Winter Crisis Program. The annual Reconnect Order requires regulated utilities to stop a disconnection or restore service for a maximum of \$175. The Reconnection Order and the Ohio Winter Crisis Program is in place from November 1st to April 15th.

See attached sample in PDF version of 2016-2017 Reconnect Order issued by PUCO.

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: 09/30/2020

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

#### Section 5: WEATHERIZATION ASSISTANCE

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

**5.1 Designate the income eligibility threshold used for the Weatherization component**

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

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

**5.3 If yes, name the agency.**

**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:

The differences are as follows: US Dept of Energy income eligibility requirements (200 percent of the Federal Poverty Level); Health and Safety is limited to no more than 25 percent of Program Operations (Materials + Support total) for LIHEAP (limit is 14.9 percent for DOE); and an additional \$600 for incidental repairs is available per single family unit with LIHEAP funds (in an effort to avoid deferrals).

**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	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

<b>Elderly?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Disabled?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Young Children?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>House holds with high energy burdens?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Other? High energy user households</b>	<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.**

The applications are prioritized as required by 10 CFR 440.16 "Minimum Program Requirements": Elderly person (s), Disabled person (s), Dependent child(ren) in the home, high energy burden households, high energy user households.

Appropriate documentation is required in the customer file to substantiate the assigned priority for service delivery. Customers meeting one or more of the priorities for service delivery as described above will be considered "Priority Applicants". Customers that apply for HWAP services and do not meet one or more of the priorities for service delivery will be considered "Traditional Applicants". All customers will be placed on the subgrantee waiting list for the applicable county in which they reside. Priority Applicants will be placed on the waiting list ahead of Traditional Applicants and ordered by eligibility date (oldest to newest). Under no circumstances shall a Traditional Applicant be served before a Priority Applicant.

Each subgrantee is assigned a specific minimum number of units to complete per program year based on funds allocated. The first 25 percent (rounded up) of those planned units for that county will be selected for service from the Priority Applicant pool (or Traditional Applicant pool if no Priority Applicants exist) based on earliest eligibility date (ordered from the oldest to newest). After the first 25 percent of eligible applicants have been selected for service from the Priority Applicant pool (or Traditional Applicant pool if no Priority Applicants exist), further eligible applicants will be selected by the subgrantee, based on a secondary criterion of the subgrantees choosing. The subgrantee may not choose a priority that does not align with the rules established by DOE.

Weatherization funds are to be used to equitably serve all eligible customers with priority for service delivery to households meeting the conditions of 10 CFR 440.16. High energy burden users are defined as a household at or below 175 percent of the Federal Poverty Level at the time of application. These households tend to expend more of their income on utility costs than the median for low income users.

To ensure permission of the landlord there is an agreement signed by the landlord, the tenant and the local provider.

NOTE: Please see attached sections of CFR 440.3 for requested documentation/explanation in this area.

NOTE: Response to 5.9 and 5.10 - Ohio has a maximum average expenditure statewide of \$7,212.

**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?** \$7,212

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance Repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input 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 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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

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

Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

Publish articles in local newspapers or broadcast media announcements.

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

Mass mailing(s) to prior-year LIHEAP recipients.

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

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

Other (specify):

The Office of Community Assistance developed a comprehensive marketing plan for customer education. It's a multi-platform plan that includes: brochures, videos, social media calendar, posters, a website, and press release templates. These materials provide program information as well as instructions on how to apply. The brochures, posters, and press releases are formatted for co-branding with local partners.

The website ([energyhelp.ohio.gov](http://energyhelp.ohio.gov)) provides comprehensive information on the energy assistance programs, including contact information for local providers and a portal for customers to check the status of their application. By logging on and entering three out of four of the following items: client number, last four digits of the social security number, last name, or mailing zip code, the user is able to ascertain what point in the process their application has reached.

The Office also operates an (800) number to answer customer questions about the energy assistance programs. The Interactive Voice Response System on the (800) number also connects non-English speaking customers to an interpreter if requested.

The Office works with the Ohio Benefit Bank, Ohio Association of Foodbanks, Ohio Department of Veterans Services, Public Utilities Commission of Ohio, Ohio Department of Job and Family Services, local libraries, and local Community Action Agencies to educate customers on the available energy assistance programs. It also partners with the Ohio Department of Aging to help older Ohioans. Last year more than 11,488 older and disabled adults completed applications for assistance. This included 1,519 homebound individuals.

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

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

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

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

Ohio uses a combined Energy Assistance application system for HEAP and PIPP Plus.

LDAs will utilize Energy Assistance Applications to identify potential customers for the Ohio Home Weatherization Program (HWAP).

HEAP customers will be notified of energy conservation and assistance efforts by the major utility and fuel companies in Ohio. Educational pamphlets and speakers, which address ways to conserve energy, will be made available by OCA.

OCA collaborate with the Ohio Department of Aging, Ohio Association of Foodbanks, Local Energy Assistance Providers, and Community Action Agencies to serve low-income households and the elderly.

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

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy / Environment Agency
<input type="checkbox"/>	Housing Agency
<input type="checkbox"/>	Welfare Agency
<input checked="" type="checkbox"/>	<b>Other - Describe:</b> The Ohio Development Services Agency is committed to creating jobs and building strong communities, while ensuring accountability and transparency of taxpayer money and exceptional customer service.

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

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

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

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

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

8.5 LIHEAP Component Administration.	Heating	Cooling	Crisis	Weatherization
<b>8.5a Who determines client eligibility?</b>	Community Action Agencies Non-profits Other	Non-Applicable	Community Action Agencies Non-profits Other	Community Action Agencies Non-profits
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	Community Action Agencies Non-profits Other	Non-Applicable	Community Action Agencies Non-profits Other	
<b>8.5c who processes benefit payments to bulk fuel vendors?</b>	Community Action Agencies Non-profits Other	Non-Applicable	Community Action Agencies Non-profits Other	
<b>8.5d Who performs installation of weatherization measures?</b>				Local City Government Local County Government Community Action Agencies Non-profits

**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?**

Most of Ohio's administering agencies have been administering LIHEAP at the local level for many years. In addition, it is extremely rare in Ohio for a local provider to be added or replaced. In those instances, the State of Ohio ensures that services to customers continue during the transition to a different provider. The practice is to identify a contiguous HEAP provider in good standing to take over services in the territory being vacated on an interim "emergency" basis. A short term contract of 6 -12 months is typically provided. Providers near the un-served area know the landscape and the population to be served. The OCA works with the new provider to quickly establish intake sites that can be easily accessed by local customers. If the interim arrangement proves to be satisfactory, OCA will name the entity providing services as the "permanent" provider of services for the area. In selecting a contiguous agency, OCA also takes into account whether the agency is already providing other services in the service territory.

**8.7 How many local administering agencies do you use? 51**

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

#### 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.

For the Crisis Program, payments are made directly to suppliers by both the state office and the Local HEAP Providers.

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

Heating: All households who complete an application receive written notice of eligibility that includes the amount of the benefit.

Crisis: Local HEAP Providers are required by the terms of the executed agreement to provide each customer with a written notice of decision that includes the amount of the benefit.

Cooling: Not Applicable

##### 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?

Bulk fuel vendors are required to provide a delivered invoice for payment so only the benefit amount is charged to the program. For utilities (regulated and un-regulated) OCA may require the client to make co-payments for amounts above the benefit threshold after confirming with the utilities the clients actual usage charges.

##### 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?

ODSA has a Home Energy Assistance Vendor Agreement and local provider grant agreements, that both include a nondiscrimination policy. Copies of a Vendor Agreement and a local provider Grant Agreement are also attached.

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

Yes  No

If so, describe the measures unregulated vendors may take.

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

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

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

**Ohio Fiscal Accounting LIHEAP Funds:**

Below are three links describing fiscal accounting used by Ohio:

- [OHIO ADMINISTRATIVE KNOWLEDGE SYSTEM \(OAKS\)](#)
- [Welcome to the OAKS FIN Account Table Online Reference](#)
- [Welcome to the OAKS FIN Process Manual](#)

**Ohio Grants Management Tracking LIHEAP Funds:**

- Ohio's grants management and database software is a web-based application, called the Ohio Community Energy Assistance Network (OCEAN). Local HEAP providers are required to complete and submit the application through OCEAN detailing their management plan and budget.
- OCEAN was designed and built with various validations to assist and ensure good fiscal accounting and tracking of LIHEAP funds in the following ways:
  1. Prevent budgeting greater than the maximum grant award
  2. Prevent budgeting maximum allowable in the administration category track expenditure reports for grant allowable period only. Track and prevent reporting total cash received smaller than sum of monthly cash received, and track and prevent reporting expenditures greater than the grant award amount.
  3. Track final expenditures with grant balance
- OCEAN also produces statewide obligation/expenditures and number of households served reports to track expenditures on heating, crisis, and weatherization by program year.
- Local HEAP providers have the opportunity to submit budget revisions, as warranted by program needs, and/or to align with actual expenditures at the end of the grant period. All requested revisions go through a complete review and approval process by OCA staff.

**Audit Process**

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

Yes  No

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

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1				

**10.4. Audits of Local Administering Agencies**

**What types of annual audit requirements do you have in place for local administering agencies/district offices?**

Select all that apply.

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

Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.

Grantee conducts fiscal and program monitoring of local agencies/district offices

**Compliance Monitoring**

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

**Grantee employees:**

Internal program review

Departmental oversight

Secondary review of invoices and payments

Other program review mechanisms are in place. Describe:

**Local Administering Agencies / District Offices:**

On - site evaluation

Annual program review

Monitoring through central database

Desk reviews

Client File Testing / Sampling

Other program review mechanisms are in place. Describe:

A structured monitoring system was implemented by the state for on-site visits by trained personnel for review of all computer collected/compiled data and through identification of special problems. The State of Ohio implemented a web-based centralized customer application and database called the Ohio Community and Energy Assistance Network (OCEAN) in 2006. This system is shared by the State and the local agencies and allows for real-time reporting as well as access to customer intake processes, income calculations, eligibility determination and customer comments. There is also an audit log which tracks any updates to a customer's record.

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

It is OCA's practice to monitor HEAP subgrantees annually. OCA has developed a monitoring tool that is provided to sub-grantees prior to the monitoring visit. This tool identifies topics to be monitored and what supporting documentation should be provided for the monitoring visit. During the exit interview, the OCA Field Representative will review the tool with subgrantee staff and leave a copy of the tool with staff to review and prepare to provide subsequent comment if necessary.

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

**Site Visits:**

It is OCA's practice to monitor HEAP subgrantees annually.

**Desk Reviews:**

Available as needed using electronic system.

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

Target is once per year. In the event of unforeseen circumstances, agencies will be monitored at a minimum of every other year.

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

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

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

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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-0075 Expiration Date: 09/30/2020
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b>  <b>MODEL PLAN</b>  <b>SF - 424 - MANDATORY</b></p>	

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

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

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

To facilitate input from the public regarding the structure of the Home Energy Assistance Program, the State of Ohio:

- Requested written comments regarding ways to improve the FY2018 HEAP program from all local delegate agencies.
- Requested meaningful input at listening sessions held at the Ohio Association of Community Action Agency's Summer and Winter Conferences.
- Received from the Ohio Department of Aging, a report and review surveys taken by Area Agencies on Aging in which elderly customers expressed energy assistance needs and their views on Ohio's HEAP.
- OCA leadership visited 100% of the local delegate agencies in 2016 to see the local programs and improve our understanding of customers' needs.

Please see attached public hearing notice.

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

The changes that we have made based on input from the public were operational. We have changed the timeline of agency training, provided additional training to agencies, created a comprehensive marketing plan for outreach to customers, and are in the process of developing an on-line energy assistance application to improve customer service.

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

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

	Date	Event Description
1	08/01/2017	FY2018 LIHEAP Public Hearing - State of Ohio Library at 274 E. First Ave. Columbus, OH 43201

**11.4 How many parties commented on your plan at the hearing(s)? 5**

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

The Executive Director of a Community Shelter expressed appreciation for utility assistance to increase stability for low-income individuals trying to maintain or move out of the shelter into new housing. The Executive Director of the state association for Community Action Agencies expressed appreciation to the Ohio Development Services Agency for accepting local agency input, providing listening sessions before the state plan is developed, and offering agencies opportunities to participate in process improvement groups. A LIHEAP and PIPP Plus customer testified to say how important these programs are to her and her family. A staff member from a local Energy Assistance Provider that has a mobile medical unit for those with breathing and health issues, expressed gratitude for the LIHEAP and PIPP Plus programs. She said these programs are essential for vulnerable, low-income customers to

stay warm in the winter and cool in the summer to stabilize health issues. Another local Energy Assistance Provider who works closely with the Veterans Administration to assist disabled, homeless veterans spoke. He said that without energy assistance, sustainable housing would be impossible for most of the veterans they serve.

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

Based on these public comments, no changes were made to the LIHEAP plan.

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

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

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

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

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

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

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

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

None

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

A household may file an appeal for the following reasons:

1. If the Regular or Crisis application was denied;
2. If the application was neither approved nor denied within 30 days for the crisis program and 90 days for regular HEAP, unless such delay was the result of the household's lack of cooperation in providing necessary and reliable evidence with which to determine eligibility;
3. If the payment was in an amount less than designated in the notice of eligibility;
4. If the payment was unduly delayed after receipt of notice of eligibility;
5. If the household was suspended from the program for violation of program rules and regulations, and contests that suspension.

Customers may file an appeal to the OCA/HEAP state office, P.O. Box 2169, Columbus, Ohio 43216. The appeal letter must contain the following: customer name, address, telephone number, client number, the reason for the appeal, the customer's signature, and supporting documentation, if necessary. Failure to sign the letter delays the appeal process. Assistance at this inquiry stage can be obtained by calling the HEAP toll-free number, 1-800-282-0880. Hearing-impaired customers with telecommunications device for the deaf (TDD) can call 711.

Within 30 days of receipt of the appeal, action will be taken by OCA, and a letter sent indicating the result. After the appeal notification form is received, appellants wishing to further their appeal will have five working days to notify OCA they would like a hearing.

All formal hearings will be conducted by the following standards:

- The hearing will be conducted at a place and time convenient to the appellant;
- The appellant will be granted the opportunity to review any written evidence which is to be used in the hearing;
- The hearing officer will be a State of Ohio Employee not involved in the decision to be appealed, and;
- The appellant and the OCA will be granted, at their own expense, the following rights:
  - The right to bring a representative of his/her choice to the hearing;
  - The right to present written or oral statements and other evidence;
  - The right to have witnesses subpoenaed;
  - The right to cross-examine witnesses, and;
  - The right to bring an interpreter, if needed, to the hearing.

Testimony must be given under oath - the hearing must be recorded and the decision must be based only on the record.

The hearing must be scheduled to be held within 40 working days following the appellant's request to have a hearing scheduled, unless otherwise agreed by the parties. For good cause, the hearing officer may continue the hearing upon the request of either party. The decision will be transmitted to the applicant via certified mail. All decisions at this level are final.

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

Customers are notified of their fair hearing rights in the following manners:

- 1) Verbal Notification: When a customer calls our toll-free call center, HEAP staff will advise customers of their application status and appeal rights.
- 2) Written Notification: Whether an application is approved or denied, all customers are notified of appeal rights in the letter containing the original determination of eligibility.
- 3) Agency Notification: For crisis assistance, all customers are interviewed face-to-face. Customers are informed of their appeal rights during that interview. Also, the Appeal Procedure described below is incorporated into the Energy Assistance Guidelines issued by OCA to all local grantees.
- 4) Weatherization: Ohio's subgrantees are required to establish and implement a client appeals procedure.
  - If the application for services is denied; or
  - If the application is not processed (neither approved nor denied) within sixty (60) days from the date of application.\*

\*(Unless the delay resulted from the customer's lack of cooperation or ability to provide the necessary information and documentation to process the application within the sixty (60) days.)

A subgrantee's customer appeal procedure must conform to the following minimum requirements:

The appeals procedure must be in writing and customers must be made aware at the time of application that an appeals procedure exists.

Customers must be allowed up to sixty (60) days following notification of application denial, or up to ninety (90) days following the date of application if the application has not been processed, to file an appeal. All appeals must clearly identify the claimant.

Customers must be notified in writing of the appeals decision within twenty-one (21) days of the date the appeal was received.

Customers wishing to further their appeal shall be allowed up to ten (10) days to request a formal hearing which provides for full disclosure of file documentation and the claimant's rights of due process. The subgrantee shall schedule the hearing within twenty-one (21) days after notification of a request for a hearing. The hearing shall be held at a mutually convenient time and place and a hearing officer shall be appointed who was not involved in the decision to appeal. Claimants must be notified in writing of the subgrantee's decision within ten (10) days of the date of the hearing. All decisions at this level are final.

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

Same as 12.4

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

Same as 12.5

**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: 09/30/2020

### 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?**

The Ohio Development Services Agency (ODSA) provides funding through Assurance 16 to The Breathing Association, a Local Energy Assistance Provider. In addition to providing HEAP intake services, The Breathing Association operates a health care clinic and a mobile medical van serving low income, HEAP eligible individuals. The Breathing Association provides educational materials to the HEAP customers that are receiving medical care. Prior to being evaluated by a Nurse Practitioner, the customer is provided a pre-test, focusing on residential energy conservation questions. After the pre-test is taken, the customer is required to watch a seven minute video about residential energy conservation. After the customer has been seen by the Nurse Practitioner, they are given a post-test on energy savings and provided additional educational materials such as brochures that highlight energy residential savings techniques.

Funding for Assurance 16 is also made available to the Ohio Partners for Affordable Energy to administer the electric utility funds and provide training to the Home Weatherization Assistance Program Network. In addition, OPAE coordinates the HEAP Intake Staff training for our local delegate agencies.

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

Less than 1 percent of the ODSA's HEAP allocation is used for Assurance 16.

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

The Breathing Association has been funded by the HEAP Assurance 16, to provide customers with residential energy savings education along with receiving a HEAP benefit.

For PY16 there was a 27% increase in patients' knowledge related to energy use and health. For PY17 they anticipate that increase in patients' knowledge to be 40%.

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

Customers received residential energy savings education along with receiving a HEAP benefit, while receiving medical care.

**13.5 How many households applied for these services?** In PY16, 884 people applied for medical assistance and energy savings education.

**13.6 How many households received these services?** In PY16, 884 people were provided medical assistance and energy savings education.

**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

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OMB Clearance No.: 0970-0075  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

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

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

Yes  No

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

The State of Ohio, OCA has and will continue to engage in activities which enhance the value of basic LIHEAP assistance to eligible households. These activities are consistent with general definitions of "leveraging" as found in Section 707 of Public Law 101-501, Section 2607A. Regulations implementing the leveraging incentive program are contained in 45 CFR Part 96. The State of Ohio will describe those activities for award of additional federal funds appropriated for this purpose.

**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	Fuel Funds	Electric Utilities / Gas Utilities	Several regulated gas and electric utilities in Ohio raise and provide funds for eligible low-income customers. Many of these fuel funds are directly administered by the State LIHEAP office or its grantees, which employ a certification of eligibility by the state office and its delegate agencies and often requires verification that the LIHEAP benefits are exhausted to qualify for assistance. Other policies, such as amount of benefit and months of availability, may vary by fund. Determination of income eligibility and certification of same is performed by the delegate agencies, as already specified in Ohio's state plan. Ohio's private fuel funds could not operate according to their program rules without information provided and/or verified by the Ohio LIHEAP program.
2	Percentage of Income Payment Plan	Universal Service Fund	The Percentage of Income Payment Plan (PIPP) is designed for low-income Ohioans who need assistance paying their utility bills in order to maintain gas and/or electric service. It can be combined with the Home Energy Assistance Program benefit to help income-eligible Ohioans manage their energy bills. PIPP is funded by the Universal Service Fund (USF). The USF is a rider on the utility bill of all customers of regulated utilities. A rider is an additional charge on a utility bill which must be approved by the Public Utilities Commission of Ohio (PUCO) for a specific purpose. The PUCO calculates the gas PIPP rate and audits utilities which provide gas PIPP. The Ohio Development Services Agency calculates the electric PIPP rate case, which determines the funding level of the USF and the electric PIPP program. The PIPP is available for Ohioans with a household income at or below 150% of the federal poverty guideline, receiving gas or electric service from a utility regulated by the PUCO.
3	Electric Partnership Program	Universal Service Fund	Each year, more than \$14 million of the USF is designated for education and energy efficiency measures. Some of the PIPP-eligible households with high consumption rates and high arrearages are identified to participate in the educational program. The program serves about 11,000 PIPP electric households each year with in-home audits to identify energy-saving measures and provide conservation education. Replacement light bulbs, weather-stripping and in some cases new appliances are provided. This service helps HEAP implement practices to reduce their energy consumption over 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 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  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 15: Training

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

**a. Grantee Staff:**

**Formal training on grantee policies and procedures**

**How often?**

**Annually**

**Biannually**

**As needed**

**Other - Describe:** ODSA staff will also have training on revisions and changes to the guidelines, program integrity, and other topics identified to strengthen their performance.

**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**

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

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

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

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

#### Section 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.**

We contacted our top ten (10) Propane/Bottle Gas, Fuel Oil/Kerosene and Wood/Coal/Other vendors and explained that the U.S. Department of Health and Human Services, which funds the Ohio Home Energy Assistance Program (HEAP), requires OCA to collect and report data on Ohio HEAP customer usage.

We enhanced our OCEAN system to make it more customer-friendly for vendors to provide the needed data.

We emailed vendors the instructions on how to retrieve the customer information of our mutual HEAP customers. We provided specific dates for vendors to use to reflect the 12 months of data needed to report the annual bill amount, annual usage, full-year at service address and 12-month client.

We have received data from the following categories of vendors:

- (9) Propane/Bottle Gas
- (9) Fuel Oil/Kerosene
- (9) Wood/Coal/Other
- (5) Gas
- (5) Electric

**Time frames and plans for meeting these requirements:**

- We require the data usage report to cover 10/1/17-9/30/18.
- We make weekly contact with fuel vendors to ensure progress is being made on data collection and to answer questions.
- We will process the data and prepare the Performance Measures Data Collection Report submission on January 31, 2018.

**What we hope to accomplish in the coming federal fiscal year:**

- OCA will make process improvements to the performance data collection and reporting based on feedback from HEAP vendors, customers and OCA staff. OCA will analyze the HEAP customer usage data to improve the program and customer service.
- OCA will ensure data is being properly collected and reported from vendors.
- Our goal is to have 95% or more of our vendors participating in the data collection and reporting process.
- Some of our vendors are building capacity over the next year to pull their data extraction processes/systems together for full participation.

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

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

##### 17.1 Fraud Reporting Mechanisms

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

- Online Fraud Reporting**
- Dedicated Fraud Reporting Hotline**
- Report directly to local agency/district office or Grantee office**
- Report to State Inspector General or Attorney General**
- Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse**
- Other - Describe:**
  - Customers can call OCA's toll-free consumer inquiries hotline; associates will submit a ticket through the OCEAN system for investigation.
  - Customers can report the suspected fraud to the utility company, who will pass the information along to OCA.

**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:**
  - Annual Energy Assistance Kickoff Training
  - Energy Assistance Guidelines

##### 17.2. Identification Documentation Requirements

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

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

Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	Requested	Requested

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

**17.3 Identification Verification**

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

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

OCEAN runs duplication reports for SSN, address, and does case review.

**17.4. Citizenship/Legal Residency Verification**

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

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

**17.5. Income Verification**

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

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

<input checked="" type="checkbox"/> <b>Computer data matches:</b>
<input checked="" type="checkbox"/> <b>Income information matched against state computer system (e.g., SNAP, TANF)</b>
<input type="checkbox"/> <b>Proof of unemployment benefits verified with state Department of Labor</b>
<input type="checkbox"/> <b>Social Security income verified with SSA</b>
<input type="checkbox"/> <b>Utilize state directory of new hires</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>
OCA has limited access to Ohio Department of Job and Family Services' Electronic Integrated Client Management System (e-ICMS).
<b>17.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>
<input checked="" type="checkbox"/> <b>Policy in place prohibiting release of information without written consent</b>
<input checked="" type="checkbox"/> <b>Grantee LIHEAP database includes privacy/confidentiality safeguards</b>
<input checked="" type="checkbox"/> <b>Employee training on confidentiality for:</b>
<input checked="" type="checkbox"/> <b>Grantee employees</b>
<input checked="" type="checkbox"/> <b>Local agencies/district offices</b>
<input checked="" type="checkbox"/> <b>Employees must sign confidentiality agreement</b>
<input checked="" type="checkbox"/> <b>Grantee employees</b>
<input checked="" type="checkbox"/> <b>Local agencies/district offices</b>
<input checked="" type="checkbox"/> <b>Physical files are stored in a secure location</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>
OCA requires all agencies to sign an OCEAN Confidentiality Agreement. Confidentiality is also included as a component for the Field Representative to check in the HEAP Monitoring Tool while conducting site visits.
Files are kept according to the record retention policy.
<b>17.7. Verifying the Authenticity</b>
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>
<input checked="" type="checkbox"/> <b>All vendors must register with the State/Tribe.</b>
<input checked="" type="checkbox"/> <b>All vendors must supply a valid SSN or TIN/W-9 form</b>
<input checked="" type="checkbox"/> <b>Vendors are verified through energy bills provided by the household</b>
<input type="checkbox"/> <b>Grantee and/or local agencies/district offices perform physical monitoring of vendors</b>
<input type="checkbox"/> <b>Other - Describe and note any exceptions to policies above:</b>
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
<b>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.</b>
<input checked="" type="checkbox"/> <b>Applicants required to submit proof of physical residency</b>
<input checked="" type="checkbox"/> <b>Applicants must submit current utility bill</b>
<input checked="" type="checkbox"/> <b>Data exchange with utilities that verifies:</b>
<input checked="" type="checkbox"/> <b>Account ownership</b>
<input checked="" type="checkbox"/> <b>Consumption</b>
<input checked="" type="checkbox"/> <b>Balances</b>
<input checked="" type="checkbox"/> <b>Payment history</b>
<input checked="" type="checkbox"/> <b>Account is properly credited with benefit</b>
<input checked="" type="checkbox"/> <b>Other - Describe:</b>
OCA utilizes and employs a statewide, online, database that prevents multiple awards to the same customer and/or household member. Payments may be made directly to the household when the utility account holder is not part of the household. For example, if the service is in the landlord's name but the applicant/tenant is responsible for paying the utility as verified.

<input checked="" type="checkbox"/> Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/> Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/> Separation of duties between intake and payment approval
<input checked="" type="checkbox"/> Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/> Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/> Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/> Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/> Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:

**17.9. Benefits Policy - Bulk Fuel Vendors**

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

<input 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 checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/> Conduct monitoring of bulk fuel vendors
<input checked="" type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/> Other - Describe:

**17.10. Investigations and Prosecutions**

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

<input checked="" type="checkbox"/> Refer to state Inspector General
<input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General
<input checked="" 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
Payment reversal / restitution plans
<input type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned?
<input checked="" type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input 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 pint is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.**

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

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

Ohio Development Services Agency <b>* Address Line 1</b>		
Office of Community Assistance <b>Address Line 2</b>		
77 South High Street, 25th Floor, PO Box 1001 <b>Address Line 3</b>		
Columbus <b>* City</b>	Ohio <b>* State</b>	43216-1001 <b>* Zip Code</b>

**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>• <b>Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Heating component benefit matrix, if applicable</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Cooling component benefit matrix, if applicable</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Minutes, notes, or transcripts of public hearing(s).</b></li></ul>