

## DETAILED MODEL PLAN (LIHEAP)

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** STATE OF WISCONSIN

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

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

**Report Status:** Submitted (Revision #1)

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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>

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> State Department of Administration			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 39-6028867		<b>* c. Organizational DUNS:</b> 825046159	
<b>* d. Address:</b>			
<b>* Street 1:</b>	P.O. BOX 8944	<b>Street 2:</b>	101 E. Wilson St
<b>* City:</b>	MADISON	<b>County:</b>	Dane
<b>* State:</b>	WI	<b>Province:</b>	
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	53707 - 8944

**e. Organizational Unit:**

<b>Department Name:</b> State Department of Administration	<b>Division Name:</b> Division of Energy, Housing & Community Resources
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Ms.	<b>* First Name:</b> Jamie	<b>Middle Name:</b>	<b>* Last Name:</b> Her
<b>Suffix:</b>	<b>Title:</b> WHEAP Section Chief	<b>Organizational Affiliation:</b>	
<b>* Telephone Number:</b> (608) 264-9762	<b>Fax Number:</b>	<b>* Email:</b> jamie.her@wisconsin.gov	

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

**b. Additional Description:**

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

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

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

**12. Areas Affected by Funding:**  
State of WI - Statewide

<b>13. CONGRESSIONAL DISTRICTS OF:</b>			
<b>* a. Applicant</b> 02		<b>b. Program/Project:</b> Statewide	
Attach an additional list of Program/Project Congressional Districts if needed.			
<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2019	<b>b. End Date:</b> 09/30/2020	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0
<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			
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.			
<b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b> Jane Blank		<b>18c. Telephone (area code, number and extension)</b> (608) 264-9762	
		<b>18d. Email Address</b> jane.blank@wisconsin.gov	
<b>18b. Signature of Authorized Certifying Official</b> 		<b>18e. Date Report Submitted (Month, Day, Year)</b> 10/07/2019	
<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	10/01/2019	05/15/2020
<input type="checkbox"/> Cooling assistance		
<input checked="" type="checkbox"/> Crisis assistance	10/01/2019	09/30/2020
<input checked="" type="checkbox"/> Weatherization assistance	07/01/2020	06/30/2021

Provide further explanation for the dates of operation, if necessary

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

1.2 Estimate what amount of available LIHEAP funds will be used for each component that you will operate: The total of all percentages must add up to 100%.	Percentage ( % )
Heating assistance	61.00%
Cooling assistance	0.00%
Crisis assistance	9.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	5.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%

Used to develop and implement leveraging activities		0.00%			
TOTAL		100.00%			
Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)					
1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:					
<input type="checkbox"/>	Heating assistance	<input type="checkbox"/> Cooling assistance			
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/> Other (specify:) Continue to use for Crisis Assistance			
Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8					
1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.					
	Heating	Cooling	Crisis	Weatherization	
TANF	<input type="radio"/> Yes <input type="radio"/> No	<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	
	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1	Households entirely composed of persons receiving Supplemental Security Income (SSI), TANF, or Food Stamps (SNAP) in each of preceding 3 months from the date of application will be deemed a categorically eligible household	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
1.5 Do you automatically enroll households without a direct annual application? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If Yes, explain:					
1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?					
SNAP Nominal Payments					
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households? <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.					
1.7b Amount of Nominal Assistance: \$0.00					
1.7c Frequency of Assistance					
<input type="checkbox"/>	Once Per Year				
<input type="checkbox"/>	Once every five years				
<input type="checkbox"/>	Other - Describe:				
1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?					
Determination of Eligibility - Countable Income					
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income ?					
<input checked="" type="checkbox"/>	Gross Income				
<input type="checkbox"/>	Net Income				
1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP					
<input checked="" type="checkbox"/>	Wages				

<input checked="" type="checkbox"/>	Self - Employment Income		
<input checked="" type="checkbox"/>	Contract Income		
<input type="checkbox"/>	Payments from mortgage or Sales Contracts		
<input checked="" type="checkbox"/>	Unemployment insurance		
<input checked="" type="checkbox"/>	Strike Pay		
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits		
<input type="checkbox"/>	Including MediCare deduction	<input checked="" type="checkbox"/>	Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )		
<input checked="" type="checkbox"/>	Retirement / pension benefits		
<input 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 checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)		
<input checked="" type="checkbox"/>	Income from work study programs		
<input checked="" type="checkbox"/>	Alimony		
<input checked="" type="checkbox"/>	Child support		
<input checked="" type="checkbox"/>	Interest, dividends, or royalties		
<input checked="" type="checkbox"/>	Commissions		
<input 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 type="checkbox"/>	Other

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

## Section 2 - HEATING ASSISTANCE

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance No.: 0970-0075  
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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?  Yes  No

Renters Living in subsidized housing ?  Yes  No

Renters with utilities included in the rent ?  Yes  No

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

Elderly?  Yes  No

Disabled?  Yes  No

Young children?  Yes  No

Households with high energy burdens ?  Yes  No

Other?  Yes  No

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

1. Renters with Utilities Included in the Rent, please see section 3.4.18

#### 3.4.18 Field #12 Own or Rent Residence (If Applicable, Landlord Information)

If the customer lives in a mobile home and claims to own the unit, indicate they are an owner even if they pay lot rent in a mobile home park.

Landlord and/or management company contact information is essential to Weatherization referrals. For all rental situations, agencies shall enter into the system, the landlord or management company contact information. The landlord's or management company's name, address and phone number are required. Workers shall enter new landlord or adopt existing landlord information. If existing landlord information is different from what was provided by the customer, workers must contact the HE+ Help Desk. If landlord or property company information is not provided, the application should remain in 'Pending' status until the customer provides the required information.

For applications with "Direct Pay Accounts", workers shall not allow an application to deny if the customer does not provide landlord information within 30 days of the application date. Applications may need to be reinstated if denied incorrectly for not providing landlord information. Workers shall document in system notes why the landlord or property management record wasn't added to the system and include any partial information provided.

For applications with 'Rental payment includes energy in the monthly rent' and/or 'Separate payment is made to the landlord...' workers are required to enter landlord or management company contact information.

Customers are required to provide verification for the following payment methods and the means of verification must be indicated in HE+ System Notes:

- Heat and/or non-heating electric included in rent
- Separate payment is made to the landlord, mobile home park owner, or no direct account with vendor
- Do not pay

Verification may include, but not is limited to:

- Observation of utility allowance on Form 50059 or Form 50058
- Observation of a lease or rental agreement,
- Verbal contact with the landlord, or
- In some cases the heating vendor can verify if heat is included.

Note: Observation of previous years' information is no longer an acceptable form of verification and new verification must be obtained.

Note: For multi-unit buildings, the agency may obtain information from the landlord/management company verifying that all units have heat and/or electric included in rent, a separate payment is made to landlord, or are 'do not pay'. This verification may be used for all units within the building and must be obtained on an annual basis. This means verification must be indicated in HE+ system notes.

2. Priority in eligibility to elderly, disabled and households with young children, please see sections:, 8.2.3, 4.2.4

### **8.2.3 Outreach**

1) Agencies are required to provide outreach services to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low-wage jobs (working poor). The "outreach indicator" is a question on the paper and system application. See Section 3.4.4 for more information about the outreach indicator.

2) Agencies are required to prominently display the Home Energy Plus Weatherization/WHEAP Co-Branding Poster in the agency's main waiting area for WHEAP intake. WHEAP agencies shall also consider displaying the poster in intake workers' offices, outreach locations, and other appropriate areas.

3) Agencies are required to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. The agency is required to provide spoken interpretation in addition to translated written publications as some individuals may not read English or other language. The agency must have a mechanism to communicate orally with people with LEP. Providing the Spanish version of the Home Energy Plus (HE+) Application is not fulfilling this policy requirement. If the applicant requires spoken communication and/or explanation in addition to the translated application, agencies shall ensure verbal interpretation is available.

4) Agencies are required to provide services to the disabled and impaired, including but not limited to assisting applicants with the completion of the application form, translation of material, interpretation services for deaf, and reading services for blind.

5) Agencies must establish HE+ application sites that are accessible to targeted households.

6) Agencies must comply with Federal Law and provide an alternate intake site separate from a site which administers W-2/TANF.

7) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound.

8) Agencies must arrange an early application period for persons in targeted groups and high-risk households.

9) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ public website under WHEAP Grantee Information. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities, and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency's contact person and the resource services provided. The plan must be made available to the Division upon request.

10) Agencies may choose to subcontract with non-profit organizations that administer W-2/TANF as long as an alternate intake method is offered which does not require applicants to apply in person.

11) Agencies may establish interagency agreements with other low-income program offices to perform some of the outreach activities to targeted groups.

### **4.2.4 Exceptions to the Crisis Benefit Limit**

The Division may grant an exception to the \$1,200 Crisis Assistance benefit limit for an applicant during a program year upon request by the local agency. Exceptions require an explanation from the agency as to why they wish to exceed this limit.

The following guidance applies to any crisis override request:

1. The agency should identify several of the following conditions to justify the request for an exception:

- Household has met the minimum contribution requirement, or
- Household faces an emergency (loss of heat) during the heating season, or
- Household faces a loss of electrical service, which will create an emergency (loss of heat) during the heating season, or
- During the past twelve (12) months the household has made payments toward the heating bills that represent more than 10% of household's annual gross income, or
- Household contains a vulnerable individual (child under 6, verified disabled individual or individual 60 or older), or
- The expected high temperatures for the next 72 hours will be below freezing (32° F), or
- Other housing options do not exist for the household (no family, friends, or other resources

are available), or

- The household has no other resources (savings or other assets) to draw upon, or
- Assisting with arrearage will help establish a payment plan the applicant will be able to meet, or help establish an account in their name. The proposed payment plan should be included in the notes.

An explanation in HE+ System Notes or customer request reason field are required to describe which circumstances justify granting the exception to the household. Be specific about the household situation on the exception to exceed the \$1,200 cost limits that has been chosen.

Crisis applications over the cost limits will have an application status of 'Paid On Hold' or 'Reserved On Hold' (for Co-payment codes). These applications will be reviewed by DEHCR, and will be approved or rejected after reviewing the notes left by the agency.

Application status on immediate pay crisis codes will change to 'Paid/Denied Submitted' status after DEHCR approves or denies the override; no further action is required by the agency.

Application status on co-payment or match payment crisis codes will change to 'Reserved Submitted' status if approved, or 'Denied Submitted' if denied. The agency must release the payment from the crisis application after the override is completed in order for the crisis application to extract.

The agency should not make a promise to pay to the vendor or applicant until the cost limits have been approved by DEHCR. If this is an emergency situation, contact the HE+ Help Desk for assistance.

The benefit formula for the State of Wisconsin provides a 4:1 ratio for households with high energy burdens. Households with the highest energy burden and the lowest income receive the highest benefit. The State of Wisconsin rounds down the median income guidelines for determining income eligibility. The benefit matrix is attached to this plan for further information.

**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.**

There is no differentiation in the formula for calculating benefits however, funds are allocated specifically to allow for outreach to vulnerable households including those with elderly, disabled or young children as residents. These households are encouraged and assisted to apply for LIHEAP benefits.

In addition, there is an early application period targeted to households with fixed income (Social Security Benefits, Pensions, dividends/ interest income and/or Veteran's Benefits) which allows them to apply in the summer months for the following Federal Fiscal Year.

**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:

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

**2.6 Describe estimated benefit levels for FY 2020:**

Minimum Benefit	\$30	Maximum Benefit	\$2,213
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**2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?**  Yes  No

If yes, describe.

Wisconsin Home Energy Assistance Program (WHEAP) agencies (sub-grantees) can provide additional services such as blankets, space heaters, weatherization stripping, light bulbs, etc. LIHEAP funds are used to provide the additional services.

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

## Section 3 - COOLING ASSISTANCE

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

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

### 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):

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

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

3.6 Describe estimated benefit levels for FY 2020:

Minimum Benefit	\$0	Maximum Benefit	\$0
-----------------	-----	-----------------	-----

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

If yes, describe.

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

## Section 4 - CRISIS ASSISTANCE

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

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

### 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.**

Households must have existing/imminent lack of adequate heat/cooling in dwelling (emergency), or a risk of a heating emergency (proactive). While there is not a formal asset test, consideration may be given to resources available to the household before assistance is provided. No household will be eligible for crisis cooling assistance without a declaration by a local or state public health agency of a heat emergency and authorization is given by the Department of Administration.

A household may receive more than one crisis assistance payment.

Determination of eligibility for regular heating assistance benefits will determine a household eligible for crisis assistance for the remainder of the program period if the household has contributed \$25 or more towards their heating costs in the three months prior to application for crisis assistance.

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

To qualify for potentially life-threatening crisis, the weather and other conditions must create a concern for the health and life of the household's residents. Determination of a threat to health or safety of an eligible household is based on four factors: expected low temperature, condition of the dwelling unit (habitable, operable furnace, etc.), presence of vulnerable persons (persons with medical need for heat -- elderly, handicapped, children under six, etc.), and alternatives available to the household (place for temporary relocation, etc.). Medical need for heat and/or cooling may be considered in determining the presence of an emergency for vulnerable persons, including households with young children, handicapped and/or elderly persons. The presence of vulnerable persons may affect the amount and type of benefit provided to the household.

**Crisis Requirement, 2604(c)**

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

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

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

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

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young Children?**  Yes  No

**Households with high energy burdens?**  Yes  No

**Other?**  Yes  No

**In Order to receive crisis assistance:**

Must the household have received a shut-off notice or have a near empty tank?	<input type="radio"/> Yes <input checked="" 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 type="radio"/> No
<b>Do you have additional / differing eligibility policies for:</b>	
Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters with utilities included in the rent?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>1. Priority in eligibility to elderly, disabled, young children, and households with high energy burdens, please see sections: 8.2.3, 4.2.4</p> <p><b>8.2.3 Outreach</b></p> <p>1) Agencies are required to provide outreach services to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low-wage jobs (working poor). The "outreach indicator" is a question on the paper and system application. See Section 3.4.4 for more information about the outreach indicator.</p> <p>2) Agencies are required to prominently display the Home Energy Plus Weatherization/WHEAP Co-Branding Poster in the agency's main waiting area for WHEAP intake. WHEAP agencies shall also consider displaying the poster in intake workers' offices, outreach locations, and other appropriate areas.</p> <p>3) Agencies are required to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. The agency is required to provide spoken interpretation in addition to translated written publications as some individuals may not read English or other language. The agency must have a mechanism to communicate orally with people with LEP. Providing the Spanish version of the Home Energy Plus (HE+) Application is not fulfilling this policy requirement. If the applicant requires spoken communication and/or explanation in addition to the translated application, agencies shall ensure verbal interpretation is available.</p> <p>4) Agencies are required to provide services to the disabled and impaired, including but not limited to assisting applicants with the completion of the application form, translation of material, interpretation services for deaf, and reading services for blind.</p> <p>5) Agencies must establish HE+ application sites that are accessible to targeted households.</p> <p>6) Agencies must comply with Federal Law and provide an alternate intake site separate from a site which administers W-2/TANF.</p> <p>7) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound.</p> <p>8) Agencies must arrange an early application period for persons in targeted groups and high-risk households.</p> <p>9) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ public website under WHEAP Grantee Information. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities, and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency's contact person and the resource services provided. The plan must be made available to the Division upon request.</p> <p>10) Agencies may choose to subcontract with non-profit organizations that administer W-2/TANF as long as an alternate intake method is offered which does not require applicants to apply in person.</p> <p>11) Agencies may establish interagency agreements with other low-income program offices to perform some of the outreach activities to targeted groups.</p> <p><b>4.2.4 Exceptions to the Crisis Benefit Limit</b></p> <p>The Division may grant an exception to the \$1,200 Crisis Assistance benefit limit for an applicant during a program year upon request by the local agency. Exceptions require an explanation from the agency as to why they wish to exceed this limit.</p> <p>The following guidance applies to any crisis override request:</p> <p>1. The agency should identify several of the following conditions to justify the request for an exception:</p> <ul style="list-style-type: none"> <li>• Household has met the minimum contribution requirement, or</li> <li>• Household faces an emergency (loss of heat) during the heating season, or</li> <li>• Household faces a loss of electrical service, which will create an emergency (loss of heat) during the heating season, or</li> <li>• During the past twelve (12) months the household has made payments toward the heating bills that represent more than 10% of household's annual gross income, or</li> </ul>	

- Household contains a vulnerable individual (child under 6, verified disabled individual or individual 60 or older), or
- The expected high temperatures for the next 72 hours will be below freezing (32° F), or
- Other housing options do not exist for the household (no family, friends, or other resources re available), or
- The household has no other resources (savings or other assets) to draw upon, or
- Assisting with arrearage will help establish a payment plan the applicant will be able to meet, or help establish an account in their name. The proposed payment plan should be included in the notes.

An explanation in HE+ System Notes or customer request reason field are required to describe which circumstances justify granting the exception to the household. Be specific about the household situation on the exception to exceed the \$1,200 cost limits that has been chosen.

Crisis applications over the cost limits will have an application status of 'Paid On Hold' or 'Reserved On Hold' (for Co-payment codes). These applications will be reviewed by DEHCR, and will be approved or rejected after reviewing the notes left by the agency.

Application status on immediate pay crisis codes will change to 'Paid/Denied Submitted' status after DEHCR approves or denies the override; no further action is required by the agency.

Application status on co-payment or match payment crisis codes will change to 'Reserved Submitted' status if approved, or 'Denied Submitted' if denied. The agency must release the payment from the crisis application after the override is completed in order for the crisis application to extract.

The agency should not make a promise to pay to the vendor or applicant until the cost limits have been approved by DEHCR. If this is an emergency situation, contact the HE+ Help Desk for assistance.

2. Renters with Utilities Included in the Rent, please see section 3.4.18

3.4.18 Field #12 Own or Rent Residence (If Applicable, Landlord Information)

If the customer lives in a mobile home and claims to own the unit, indicate they are an owner even if they pay lot rent in a mobile home park.

Landlord and/or management company contact information is essential for Weatherization referrals. For all rental situations, agencies shall enter in the system, the landlord or management company contact information. The landlord's or management company's name, address and phone number are required. Workers shall enter new landlord or adopt existing landlord information. If existing landlord information is different from what was provided by the customer, workers must contact the HE+ Help Desk. If landlord or property management company information is not provided, the application should remain in 'Pending' status until the customer provides the required information.

For applications with "Direct Pay Accounts", workers shall not allow an application to deny if the customer does not provide landlord information within 30 days of the application date. Applications may need to be reinstated if denied incorrectly for not providing landlord information. Workers shall document in system notes why the landlord or property management record wasn't added to the system and include any partial information provided.

For applications with 'Rental payment includes energy in the monthly rent' and/or 'Seperate payment is made to the landlord...' workers are required to enter landlord or management company contact information.

Customers are required to provide verification for the following payment methods and the means of verification must be indicated in HE+ System Notes:

- Heat and/or non-heating electric included in rent
- Separate payment is made to the landlord, mobile home park owner, or no direct account with vendor
- Do not pay

Verification may include, but not is limited to:

- Observation of utility allowance on Form 50059 or Form 50058
- Observation of a lease or rental agreement,
- Verbal contact with the landlord, or
- In some cases the heating vendor can verify if heat is included.

Note: Observation of previous years' information is no longer an acceptable form of verification and new verification must be obtained.

Note: For multi-unit buildings, the agency may obtain information from the landlord/management company verifying that all units have heat and/or electric included in rent, a separate payment is made to landlord, or are 'do not pay'. This verification may be used for all units within the building and must be obtained on an annual basis. The means of verification must be indicated in HE+ system notes.

**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:  Crisis emergency benefits will be determined based on the minimum required to meet the immediate threat to

health and safety. Benefits will generally not exceed \$1,200, but may be increased for special targeted populations on a case by case basis. Other resources available to the household are considered in determining benefit levels. Crisis heating emergency services may include emergency fuel delivery, furnace repair/replacement, education on energy conservation measures, and budget counseling. Crisis cooling emergency services may include room air conditioner repair/purchase, fans, education on energy conservation measures, or budget counseling. No household will be eligible for crisis cooling assistance without a declaration by a local or state public health agency of a heat emergency and authorization is given by the Department of Administration. Determination of a threat to health or safety of an eligible household is based on four factors: expected low temperature, condition of the dwelling unit (habitable, operable furnace, etc.), presence of vulnerable persons (persons with medical need for heat -- elderly, disabled, children under six, etc.), and alternatives available to the household (place for temporary relocation, etc.). Medical need for heat and/or cooling may be considered in determining the presence of an emergency for vulnerable persons, including households with young children, disabled and/or elderly persons. The presence of vulnerable persons may affect the amount and type of benefit provided to the household. Prevention services and payments will be provided to prevent the occurrence of emergencies. Examples of prevention heating assistance and cooling assistance services provided to clients are budget counseling, copayment plans, due to an energy crisis situation a first month's rent or security deposit and energy conservation counseling. Counties and tribes and their subcontractors will be required to provide some form of assistance to resolve home heating energy emergency situations within 48 hours of application and within 18 hours in a life threatening situation in eligible households. This is not to be construed as requiring the issuance of a benefit payment within the above specified time period.

The Department of Administration (Wisconsin Home Energy Assistance Program) has annually been in contract with the Keep Wisconsin Warm Fuel Fund and/or Heat for Heroes. Once the fuel fund has raised match funds, LIHEAP matched funds are awarded. These funds are another resource made available to local sub-grantees for eligible low-income customers.

A homeless applicant who has proof of a permanent address to move into may be eligible for an energy assistance benefit if the following conditions are met:

- verification of a move to a permanent address
- the applicant must have established energy accounts
- if the homeless applicant cannot secure a home energy account due to large arrearages on a previous account, or does not have the money for a deposit, prevention assistance may be used to assist them with securing energy services which in rare cases may include a first month's rent.

**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.**

The State of Wisconsin allows for crisis applications to be taken via the phone, in office, or at alternate outreach locations. Outreach locations are both categorically and geographically diverse. For more information please see section 8.2.3 of the WHEAP Operations Manual.

**8.2.3 Outreach**

- 1) Agencies are required to provide outreach services to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low-wage jobs (working poor). The "outreach indicator" is a question on the paper and system application. See Section 3.4.4 for more information about the outreach indicator.
- 2) Agencies are required to prominently display the Home Energy Plus Weatherization/WHEAP Co-Branding Poster in the agency's main waiting area for WHEAP intake. WHEAP agencies shall also consider displaying the poster in intake workers' offices, outreach locations, and other appropriate areas.
- 3) Agencies are required to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. The agency is required to provide spoken interpretation in addition to translated written publications as some individuals may not read English or other language. The agency must have a mechanism to communicate orally with people with LEP. Providing the Spanish version of the Home Energy Plus (HE+) Application is not fulfilling this policy requirement. If the applicant requires spoken communication and/or explanation in addition to the translated application, agencies shall ensure verbal interpretation is available.
- 4) Agencies are required to provide services to the disabled and impaired, including but not limited to assisting applicants with the completion of the application form, translation of material, interpretation services for deaf, and reading services for blind.
- 5) Agencies must establish HE+ application sites that are accessible to targeted households.
- 6) Agencies must comply with Federal Law and provide an alternate intake site separate from a site which administers W-2/TANF.
- 7) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound.
- 8) Agencies must arrange an early application period for persons in targeted groups and high-risk households.
- 9) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ public website under WHEAP Grantee Information. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities, and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency's contact person and the resource services provided. The plan must be made available to the Division upon request.
- 10) Agencies may choose to subcontract with non-profit organizations that administer W-2/TANF as long as an alternate intake method is offered which does not require applicants to apply in person.

11) Agencies may establish interagency agreements with other low-income program offices to perform some of the outreach activities to targeted groups.

**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 \$0.00 maximum benefit

Summer Crisis \$0.00 maximum benefit

Year-round Crisis \$1,200.00 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**

WHEAP agencies in-kind provisions include blankets, space heaters, and temporary lodging.

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

Yes  No

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

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

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility poles / gas line hook-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify): Temporary Lodging	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.**

The State of Wisconsin institutes a moratorium on disconnections for regulated utilities from November 1<sup>st</sup> to April 15<sup>th</sup>.

**If any of the above questions require further explanation or clarification that could not be made in**

**the fields provided, attach a document with said explanation here.**

## Section 5 - WEATHERIZATION ASSISTANCE

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

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

#### Section 5: WEATHERIZATION ASSISTANCE

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

5.1 Designate the income eligibility threshold used for the Weatherization component

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

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:  
50% eligibility qualification for multi-unit buildings

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

5.6 Do you require an assets test?  Yes  No

5.7 Do you have additional/differing eligibility policies for :

Renters  Yes  No

Renters living in subsidized housing?  Yes  No

5.8 Do you give priority in eligibility to:

Elderly?  Yes  No

Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? Tribal Referrals	<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.

Tribal Referrals are given priority by Weatherization grantees

Renters who receive rental assistance (Section 8 or other government assisted housing) and their heat and/or electric is included in their rent and renters who pay neither rent or heating/electric cost because of an in-kind rental agreement are not eligible for energy assistance or weatherization.

The State of Wisconsin requires outreach activities to target households with elderly, disabled or children under six years old and person working at low-wage jobs. Weatherization also targets high energy users and our statewide computer system automatically refers tribal residents to our weatherization agencies.

The State of Wisconsin's policy states that if renters receive rental assistance (Section 8 or other similar government assisted housing) and their heat/and or electric is included in rent, they are not eligible for energy assistance because they do not have an energy burden. In these situations, the renter is not directly responsible for their own heating cost because it is being paid for by a government program.

**Benefit Levels**

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

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

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

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

<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input 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 type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input type="checkbox"/> Doors
<input type="checkbox"/> Cooling system modifications/ repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact florescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: Light-emitting diode (LEDs)

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

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

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

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

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

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

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

Publish articles in local newspapers or broadcast media announcements.

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

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

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

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

Other (specify):

Allocate funds specifically for the purpose of outreach to households with elderly, disabled, rural poor, and/or young children.

An early application period is utilized prior to the heating season. This process includes accepting applications during the summer for the following Federal Fiscal Year from targeted households.

Accept applications for energy assistance at sites geographically accessible to all households in the area to be served. This includes setting up LIHEAP application sites for targeted households (contacting targeted persons or their representatives to ascertain convenient times and places, contacting community leaders to locate and serve application sites, providing information on alternate sites to organizations/programs likely to reach targeted persons, contacting targeted persons to arrange application appointments, transportation, etc.).

Provide information directly or by selective mailing to targeted applicants, e.g., assistance to understand the application form, translation of material, interpretation services for deaf, reading for blind.

Facilitate access to state weatherization programs targeted to LIHEAP eligible households and other energy-related services e.g., utility early identification and emergency intervention.

Counties and tribal agencies are required to provide outreach services to maximize participation of eligible persons in the Low Income Home Energy Assistance Program. It is the responsibility of each county/tribe to provide application sites accessible to the eligible population in the county/tribe, with particular attention to overcoming barriers for targeted households. Outreach client benefits include: taking applications, certifying application information, and processing applications at an alternate site.

**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  
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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 checked="" type="checkbox"/>	<b>One - stop intake centers</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>

Wisconsin administers LIHEAP, DOE, Public Benefit weatherization programs and housing programs through the same state office, the Department of Administration, Division of Energy, Housing and Community Resources (DEHCR). LIHEAP is coordinated at the state level with income maintenance programs through agreements and data collection/sharing with the Department of Children and Families (DCF) and Department of Health Services (DHS). DCF operates the Temporary Assistance to Needy Families (TANF), W-2, including the jobs and welfare to work program as well as other assistance programs. DHS operates Medicaid, FoodShare (SNAP), and Aging and Disability Resource Centers.

Beginning in FY2001, State of Wisconsin Public Benefits funds were used to make non-heating payments to eligible recipients. Public Benefit funds are fully integrated into the Wisconsin Home Energy Assistance Program, WHEAP.

Coordination between the state and local level is achieved by including representation from a variety of private and government agencies interested in energy services and/or services for low-income persons on the Low Income Energy Advisory Committee (LIEAC). Wisconsin also utilizes a workgroup from the Wisconsin Home Energy Assistance Program (WHEAP) agencies to provide input on new policy and system related changes.

WHEAP agencies coordinate their programs with each other, with utility-operated programs and with other government and nonprofit programs operated within their service area. WHEAP agencies are required to develop a local coordination plan annually to show what is being done to coordinate with weatherization agencies, fuel providers (utility and bulk fuels), and other local groups.

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

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
MODEL PLAN  
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**Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)**

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

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

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

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

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

Sub-grantees are required to provide alternate outreach and intake sites other than the local county/tribe office

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

N/A

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

Sub-grantees are required to provide alternate outreach and intake sites other than the local county/tribe office.

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	Local County Government	Non-Applicable	Local County Government	Local County Government
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	State Administration Agency	Non-Applicable	State Administration Agency	

8.5c who processes benefit payments to bulk fuel vendors?	State Administration Agency	Non-Applicable	State Administration Agency	
8.5d Who performs installation of weatherization measures?				Non-profits
<p><b>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.</b></p>				
<p><b>8.6 What is your process for selecting local administering agencies?</b></p> <p>State of Wisconsin Statute requires the contracts for administering the program be with Wisconsin counties. State of Wisconsin contracts with six tribes: Bad River Tribe, Lac Courte Oreilles Band, Lac Du Flambeau Tribe, Oneida Tribe, Red Cliff Tribe and Stockbridge-Munsee Tribe. Counties and tribes may elect to subcontract any or all program functions.</p> <p>Wisconsin follows Dept of Energy regulation 440.15 for selecting weatherization subgrantees.</p>				
<p><b>8.7 How many local administering agencies do you use? 78</b></p>				
<p><b>8.8 Have you changed any local administering agencies in the last year?</b></p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>				
<p><b>8.9 If so, why?</b></p>				
<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -			
<input type="checkbox"/>	Agency is under criminal investigation			
<input type="checkbox"/>	Added agency			
<input type="checkbox"/>	Agency closed			
<input checked="" type="checkbox"/>	Other - describe			
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>				

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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August 1987, revised 05/92,02/95,03/96,12/98,11/01  
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## Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7

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

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

#### If yes, Describe.

For all of the items requiring policy references, please access the Wisconsin Home Energy Assistance Program (WHEAP) Operations Manual at: <http://homeenergyplus.wi.gov/docview.asp?docid=25851&locid=25> and access the following sections:

1. Heating, please see sections 1.3.1, 7.1, 7.2, and 7.8.1
2. Crisis, please see sections 1.1.2, 4.2.1, 7.2, and 8.3.5.5
3. Exceptions, please see sections 7.1, 7.3, and 7.4

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

At the time the LIHEAP payment is sent to the vendor, a payment notification is generated and sent to the client, indicating the amount of the payment and the vendor to whom the payment was made. When applications are completed interactively, customers are informed at the conclusion of the interview and are immediately provided with a benefit summary document that also provides the amount of benefits that will be paid to their energy provider. Additionally, each Wednesday, the Wisconsin system processes all completed applications. For those customers' whose payments are issued to a Class A Utility, the payments are issued on Friday (2 business days later). All other payments are issued the following Monday (3 business days later). In addition to the payments being processed 2-3 business days later, the Wisconsin system also mails customer notification letters.

Households receiving weatherization and/or energy related repairs receive a written work agreement of work to be performed.

### 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?

The Department of Administration requires vendors to register for participation in the heating assistance program and complete and sign a Vendor Agreement. To register, fuel suppliers agree that clients will be: treated equally with non-LIHEAP households, not be adversely affected, e.g., the eligible household will be charged in the supplier's normal billing process, the price charged will be the price normally charged non-LIHEAP eligible households, invoices will clearly indicate the amount and cost of home energy provided, and no discrimination will occur against eligible households with respect to terms, deferred payment plans, credit, conditions of sales or discounts offered other home energy customers.

In addition, a Vendor Desktop Monitoring process is in place to conduct a review of LIHEAP payments and fuel provided, in comparison to non-LIHEAP customers.

Crisis assistance fuel payments are made to vendors registered for heating assistance. In addition to signing assurances guaranteeing that LIHEAP clients will be treated equally with non-LIHEAP households and will not be adversely affected, registered vendors are required to provide information on costs and procedures for emergency fuel delivery.

Energy related home repair and weatherization purchases made by LIHEAP weatherization providers follow appropriate state or federal procurement guidelines and applicable material standards.

### 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?

The Department of Administration requires vendors to register for participation in the heating assistance program and to sign a completed Vendor Agreement. To register, fuel suppliers agree that clients will be: treated equally with non-LIHEAP households, not be adversely affected, e.g., the eligible household will be charged in the supplier's normal billing process, the price charged will be the price normally charged non-

LIHEAP eligible households, invoices will clearly indicate the amount and cost of home energy provided, and no discrimination will occur against eligible households with respect to terms, deferred payment plans, credit, conditions of sales or discounts offered other home energy customers.

In addition, a Vendor Desktop Monitoring process is in place to conduct a review of LIHEAP payments and fuel provided, in comparison to non-LIHEAP customers.

Crisis assistance fuel payments are made to vendors registered for heating assistance. In addition to signing assurances guaranteeing that LIHEAP clients will be treated equally with non-LIHEAP households and will not be adversely affected, registered vendors are required to provide information on costs and procedures for emergency fuel delivery.

Energy related home repair and weatherization purchases made by LIHEAP weatherization providers follow appropriate state or federal procurement guidelines and applicable material standards.

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

Yes  No

**If so, describe the measures unregulated vendors may take.**

Unregulated vendors are subject to the same program operation policies as regulated vendors. All vendors must register with the Wisconsin Home Energy Assistance Program (WHEAP) by submitting a complete and signed vendor agreement before any payments will be made to the vendor. The vendor access to the Home Energy Plus system is limited and does not allow vendors to enter information into the system. Vendor payments are Home Energy Plus system generated and based on approved applications. All WHEAP vendors must sign the standard vendor agreement after which they are placed on a registered vendor list.

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

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

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

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

The Administrative Review (AR) team uses a multi-faceted approach to track sub-grantee awards. The AR team conducts regular analysis of sub-grantee spending which includes both contract and benefit funds. Contract fund analysis includes an ongoing assessment of the frequency and reasonableness of agency invoicing. The AR team monitors and enforces the policy governing the frequency of agency invoicing, which is required monthly for agencies with an annual contract allocation of \$25,000 or greater, and quarterly for those agencies receiving less than \$25,000. The AR team assesses spending across each of the five contract accounts to determine the appropriateness and reasonableness of agency spending. When on site, the AR team also evaluates staff activity logs and provides Training and Technical Assistance (T/TA) as needed to ensure that costs are assigned to the correct account lines. Agencies are also required to segregate the invoice creation and invoice approver duties to maintain program integrity. The AR team evaluates the three prior years of spending of contract and/or crisis benefit funds. This assessment occurs both on site and in the Desktop Monitoring (DTM) process.

The Division's Home Energy Plus (HE+) System, processes agency invoices for payment. There are safeguards built into the system to ensure that no funds are expended beyond the allowable contractual period. The Division proactively communicates with agencies via policy, training and network wide communications advising them to submit their invoices within the allowable contractual period. They are further advised that any expenses submitted outside of this period will not be paid.

The Division also relies on the findings from the required State Single Audit. Agencies are required to have a two-tier approval process for invoicing and must submit their financial audits to the State annually. Agency internal control deficiencies are discussed to determine if there is a potential to affect the integrity of the program. As part of this process, agencies are also required to disclose any instances of worker fraud.

Refunds are tracked and recorded on the HE+ System.

**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**

<b>Grantee employees:</b>
<input checked="" type="checkbox"/> Internal program review
<input checked="" type="checkbox"/> Departmental oversight
<input checked="" type="checkbox"/> Secondary review of invoices and payments
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<ul style="list-style-type: none"> <li>• The State of Wisconsin, Department of Administration, Division of Energy, Housing and Community Resources (DEHCR) conducts regular monitoring of its grantees via Administrative Reviews, and Desktop Monitoring.</li> <li>• The DEHCR Administrative Review measures policy compliance in the following key program components: Fiscal and Program Operations, Program Integrity and Case File Review.</li> </ul>
<b>Local Administering Agencies / District Offices:</b>
<input checked="" type="checkbox"/> On - site evaluation
<input checked="" type="checkbox"/> Annual program review
<input checked="" type="checkbox"/> Monitoring through central database
<input checked="" type="checkbox"/> Desk reviews
<input checked="" type="checkbox"/> Client File Testing / Sampling
<input type="checkbox"/> Other program review mechanisms are in place. Describe:
<ul style="list-style-type: none"> <li>• DEHCR Contracts with 72 local county and six tribal agencies to administer WHEAP. The six tribal agencies are: Bad River Tribe, Lac Courte Oreilles Band, Lac Du Flambeau Tribe, Oneida Nation Tribe, Red Cliff Tribe and Stockbridge-Munsee Tribe.</li> <li>• Annually, counties/tribes not scheduled for an Administrative Review are reviewed via Desktop Monitoring activities.</li> <li>• Ongoing Statewide Monitoring includes, but is not limited to, the following areas: caseload variances, accuracy of eligibility determination, customer complaints, program fraud, and contract spending.</li> <li>• Local agencies are required to conduct internal quality assurance reviews. Quality Assurance reviews to ensure that workers are correctly interpreting and applying program requirements, policies and eligibility determination.</li> </ul>
<b>10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.</b>
<p>Prior to each program year, DEHCR conducts a risk assessment that is based primarily on prior program year monitoring activities. The risk assessment outputs are used to establish a provisional schedule for Administrative Reviews (onsite) and Desktop Monitoring activities.</p>
<b>10.7. Describe how you select local agencies for monitoring reviews.</b>
<p><b>Site Visits:</b></p> <p>All 78 agencies are monitored on an annual basis. An Administrative Review (onsite) is conducted for agencies with a higher risk (score).</p>
<p><b>Desk Reviews:</b></p> <p>All agencies not scheduled for an on-site review are scheduled for a Desktop Monitoring review.</p>
<b>10.8. How often is each local agency monitored ?</b>
<p>All 78 agencies are monitored on an annual basis.</p>
<b>10.9. What is the combined error rate for eligibility determinations? OPTIONAL</b>
<p>All case files reviewed in the FFY 2019 Administrative Reviews and Desktop Monitorings identified a cumulative error rate of 0% where the error resulted in a household being wrongly determined as eligible or being wrongly determined as ineligible.</p>
<b>10.10. What is the combined error rate for benefit determinations? OPTIONAL</b>
<p>All case files reviewed in the FFY 2019 Administrative Reviews and Desktop Monitoring Reviews identified a cumulative error rate of 1%.</p>
<b>10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? None</b>
<b>10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? None</b>

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

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

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**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:

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

**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	07/25/2019	Public Hearing held at the Department of Administration 101 E Wilson Street, Madison, WI

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

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

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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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## Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

12.1 How many fair hearings did the grantee have in the prior Federal fiscal year? 6

12.2 How many of those fair hearings resulted in the initial decision being reversed? 1

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

N/A

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

Households have 45 days from the date of application process was completed to file a fair hearing if they believe their application was incorrectly denied, the application received no action in the application timeframe or incorrect facts or improper procedures were used to determine eligibility, assistance amounts, or services provided. The fair hearing procedures follows three steps:

Step 1: Local WHEAP Agency reviews the appeal request and works with the households to try to resolve the issue. If the household is not satisfied with the outcome of the WHEAP Agency's response, a written formal appeal may be submitted to the Division of Energy, Housing, and Community Resources (DEHCR).

Step 2: DEHCR reviews the formal appeal to ensure compliance with the WHEAP policies, procedures, and applicable statutes. Once DEHCR completes their review, a written appeal decision is sent to the household. If the household is still not satisfied with the outcome of DEHCR's decision, a written formal appeal may be submitted to the Division of Hearings and Appeals (DHA).

Step 3: DHA receives an appeal request and sends an email with a copy of that request, along with a Summary of Action Leading to Appeal form "summary form" and a Request Withdrawal form to the local WHEAP agency contact. The local WHEAP agency completes the summary form and emails it back to DHA.

If the local WHEAP agency is able to resolve the issue with the household, the WHEAP agency indicates that the issue was resolved and explains the actions taken in the Explanation of Action section of the summary form and advises the household to withdraw the appeal.

If the matter has not been resolved between the local WHEAP agency and household, DHA uses the information provided in the summary form to schedule the hearing.

DHA sends a letter to the household notifying them of receipt of the appeal, a letter when the hearing date is set, and a letter with outcome results.

12.5 When and how are applicants informed of these rights?

Applicants are provided these rights upon application through signing a Certification Page (<http://homeenergyplus.wi.gov/category.asp?linkcatid=566&linkid=122&locid=25>). They are also provided the information on their Benefit Notice.

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

All appeal requests are handled in the same manner regardless of the reason.

12.7 When and how are applicants informed of these rights?

Applicants are provided these rights upon application through signing a Certification Page. They are also provided the information on their Benefit Notice.

DHA sends letter to the applicant notifying them of receipt of the appeal, a letter when the hearing date is sent, and a letter with outcome results.

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

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

The State of Wisconsin may, through contract with local LIHEAP providers and/or under contract with the Wisconsin Community Action Program and/or through arrangements with other service providers, engage in the following activities:

1. Budget counseling, energy conservation training, co-payment agreements, advocacy with fuel suppliers, household energy assessments and referrals.
2. Support for services provided by leveraged funds. These services will include those provided under regular crisis assistance, but only when non-federal funds are used toward co-payments, etc.
3. Intensive case management targeted to households selected from those as "high heating costs compared to household income" and "high heating costs for dwelling type".
4. Educational classes may be offered through third party contract agencies, utilities, state staff, or other qualified individuals.

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

Wisconsin does not utilize funds under assurance 16. The State of Wisconsin conducts similar activities that are reported via the Outreach and Crisis Assistance components of the program.

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

N/A

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

N/A

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

**13.6 How many households received these services? N/A**

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

## Section 14 - Leveraging Incentive Program ,2607A

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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#### Section 14:Leveraging Incentive Program, 2607(A)

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

Yes  No

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

If leveraging funds become available Wisconsin would apply for them.

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

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

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

## Section 15 - Training

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

## Section 15: Training

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

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:  
 New employees are provided with an orientation packet that includes policy and program related information.

**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: Training is provided via ongoing help desk and monitoring activities.

Employees are provided with policy manual

Other - Describe  
 Online training modules are available for viewing throughout the course of the program year.

**c. Vendors**

Formal training conference

How often?

Annually

Biannually

<input checked="" type="checkbox"/>	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: Training is provided via help desk activities and informational transmittals emailed to our vendors.	
<p>15.2 Does your training program address fraud reporting and prevention?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>		
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>		

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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#### Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

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

The State of Wisconsin has implemented the required LIHEAP Performance Measures into our web based application intake system, as well as the paper application process. Every applicant provides a response to the performance measures questions and that information is retained and made available for reporting purposes. All required data elements will be reported by the annual deadline.

The State of Wisconsin regularly reviews our performance data to ensure that Wisconsin's targeted indices continue to meet our expectations and continue to meet or exceed national medians. We have analyzed the FFY 2019 performance data and have no plans to make related adjustments for FFY 2020.

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

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

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

**17.1 Fraud Reporting Mechanisms**

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

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

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

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

**17.2. Identification Documentation Requirements**

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

Type of Identification Collected	Collected from Whom?		
	Applicant Only	All Adults in Household	All Household Members
Social Security Card is photocopied and retained	<input type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required
	<input type="checkbox"/> Requested	<input type="checkbox"/> Requested	<input 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
Government-issued identification card	<input checked="" type="checkbox"/> Required	<input type="checkbox"/> Required	<input type="checkbox"/> Required

(i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
<b>b. Describe any exceptions to the above policies.</b>  The following are Social Security Number exceptions: <ul style="list-style-type: none"> <li>• Infants under 60 days old</li> <li>• Religiously exempt from Social Security</li> <li>• Ineligible non-citizens</li> <li>• Household members over 60 days old with Division approval</li> </ul>							
<b>17.3 Identification Verification</b>							
Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply							
<input checked="" type="checkbox"/> Verify SSNs with Social Security Administration							
<input checked="" type="checkbox"/> Match SSNs with death records from Social Security Administration or state agency							
<input checked="" type="checkbox"/> Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)							
<input type="checkbox"/> Match with state Department of Labor system							
<input type="checkbox"/> Match with state and/or federal corrections system							
<input type="checkbox"/> Match with state child support system							
<input type="checkbox"/> Verification using private software (e.g., The Work Number)							
<input type="checkbox"/> In-person certification by staff (for tribal grantees only)							
<input type="checkbox"/> Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)							
<input type="checkbox"/> Other - Describe:							
<b>17.4. Citizenship/Legal Residency Verification</b>							
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.							
<input type="checkbox"/> Clients sign an attestation of citizenship or legal residency							
<input type="checkbox"/> Client's submission of Social Security cards is accepted as proof of legal residency							
<input checked="" type="checkbox"/> Noncitizens must provide documentation of immigration status							
<input type="checkbox"/> Citizens must provide a copy of their birth certificate, naturalization papers, or passport							
<input type="checkbox"/> Noncitizens are verified through the SAVE system							
<input type="checkbox"/> Tribal members are verified through Tribal enrollment records/Tribal ID card							
<input type="checkbox"/> Other - Describe:							
<b>17.5. Income Verification</b>							
What methods does your agency utilize to verify household income? Select all that apply.							
<input checked="" type="checkbox"/> Require documentation of income for all adult household members							
<input checked="" type="checkbox"/> Pay stubs							
<input checked="" type="checkbox"/> Social Security award letters							
<input checked="" type="checkbox"/> Bank statements							
<input checked="" type="checkbox"/> Tax statements							
<input checked="" type="checkbox"/> Zero-income statements							
<input checked="" type="checkbox"/> Unemployment Insurance letters							
<input checked="" type="checkbox"/> Other - Describe:							

County agencies and tribes have access to verify through Department of Health Services eligibility/management system (CARES).

**Computer data matches:**

Income information matched against state computer system (e.g., SNAP, TANF)

Proof of unemployment benefits verified with state Department of Labor

Social Security income verified with SSA

Utilize state directory of new hires

**Other - Describe:**

County agencies and tribes have access to verify through other State Departments eligibility/management system, unemployment benefits, social security income, and utilize state directory of quarterly wage matches and new hires.

**17.6. Protection of Privacy and Confidentiality**

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

Policy in place prohibiting release of information without written consent

Grantee LIHEAP database includes privacy/confidentiality safeguards

**Employee training on confidentiality for:**

Grantee employees

Local agencies/district offices

Employees must sign confidentiality agreement

Grantee employees

Local agencies/district offices

Physical files are stored in a secure location

**Other - Describe:**

Grantees are required to agree to an online confidentiality agreement within the State's Home Energy Plus system. Grantees that don't have access to the State's Home Energy Plus database are required to fill out written confidentiality agreements and retain them in a secure location. On site reviews include a component of physical confirmation of the protection of customer information.

**17.7. Verifying the Authenticity**

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

All vendors must register with the State/Tribe.

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

Vendors are verified through energy bills provided by the household

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

**Other - Describe and note any exceptions to policies above:**

State of Wisconsin performs desktop monitoring of approved program vendors

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

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

Applicants required to submit proof of physical residency

Applicants must submit current utility bill

**Data exchange with utilities that verifies:**

Account ownership

Consumption

Balances

Payment history

<input type="checkbox"/>	Account is properly credited with benefit
<input checked="" type="checkbox"/>	Other - Describe: If account is active
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level
<input type="checkbox"/>	Separation of duties between intake and payment approval
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments
<input type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy
<input checked="" type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: The State of Wisconsin conducts program vendor monitoring in which a review of payments is conducted.
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendors list
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input checked="" type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
<b>17.10. Investigations and Prosecutions</b>	
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.	
<input type="checkbox"/>	Refer to state Inspector General
<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General
<input type="checkbox"/>	Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/>	Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/>	Grantee attempts collection of improper payments. If so, describe the recoupment process The Home Energy Plus System (Intake System) contains mechanisms for recording and collecting, and issuing communication of improper payments.
<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**

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

**Instructions for Certification**

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

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

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

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

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

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

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,"

provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

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

explanation to this proposal.

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

### **Instructions for Certification**

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.**
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.**
- 3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.**
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.**
- 5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.**
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.**
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.**
- 8. Nothing contained in the foregoing shall be construed to require**

establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

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

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

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

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

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

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

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

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

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

the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

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

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

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

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

#### **Certification Regarding Drug-Free Workplace Requirements**

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

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance

programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --(1)

Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

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

101 E Wilson Street

\* **Address Line 1**

Address Line 2

Address Line 3

Madison

\* **City**

WI

\* **State**

53703

\* **Zip Code**

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

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

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

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

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

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

Section 20: Certification Regarding Lobbying

Section 20: Certification Regarding Lobbying

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or

**entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

## Assurances

### Assurances

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant**

program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

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

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

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

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

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

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

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will

contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

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

**(8) provide assurances that,**

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

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

**(9) provide that--**

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

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

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

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

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

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

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

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

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

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

## Plan Attachments

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