

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP Model Plan Template

Note: This template cannot be submitted as an application for LIHEAP funding. The template is for demonstration purposes only. A complete LIHEAP Model Plan must be submitted in the Online Data Collection System (OLDC) to be considered for funding. Formatting within OLDC may appear different than this document.



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: 02/28/2027

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

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

7. APPLICANT INFORMATION

***a. Legal Name:** Georgia Division of Family and Children Services, LIHEAP

***b. Address:**

*Street 1:	47 Trinity Avenue, SW	Street 2:	
*City:	Atlanta	County:	Fulton
*State:	GA	Province:	
*County:	United States	*Zip/Postal Code:	30334

c. Organizational Unit:

Department Name:	Georgia Department of Human Services
Division Name:	Division of Family and Children Services

d. Name and contact information of person to be contacted on matters involving this application (person will be listed on the Notice of Funding Awards and on the U.S. Department of Health and Human Services' LIHEAP contact list web page):

*First Name:	Cynthia	*Last Name:	Bryant
Title:	LIHEAP/CSBG Director	Organizational Affiliation:	
*Telephone Number:	404-463-1679	Fax Number:	
*Email:	cynthia.bryant@dhs.ga.gov		

***8. TYPE OF APPLICANT:**

State Government

a. Is the applicant a Tribal Consortium:

If yes, please attach at least one of the following documents:

1. Current State-Tribe agreement between their state and the Consortium, signed by the State Chief Executive Officer (such as the Governor or the delegate) and the Consortium President;
2. Consortium letter listing the tribes, signed by the elected Tribal Chief or President of each tribe in the Consortium and signed by the Consortium President;
3. A current resolution letter from each tribe in the Consortium, signed by the elected Tribal Chief or President of that tribe. Each resolution letter needs to state that the Consortium has the tribes' permission to apply for, and administer, LIHEAP on their behalf and needs to designate a time period for the permission or until rescinded or revoked.

	Catalog of Federal Domestic Assistance Number	CFDA Title:
9. CFDA NUMBERS AND TITLES	93.568	Low-Income Home Energy Assistance Program

10. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Low-Income Home Energy Assistance

11. AREAS AFFECTED BY FUNDING:

Statewide

12. CONGRESSIONAL DISTRICTS OF APPLICANT:

5

13. FUNDING PERIOD:

a. Start Date: 10/1/2024		b. End Date: 9/30/2025	
*14. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under 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.			
*15. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
<input type="checkbox"/> YES			
<input checked="" type="checkbox"/> NO			
If yes, explain:			
16. 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)			
<input checked="" type="checkbox"/> I AGREE			
**The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
17a. Typed or Printed Name and Title of Authorized Certifying Official		17c. Telephone (area code, number, and extension)	
Carla Fairley			
17b. Signature of Authorized Certifying Official (on)		17d. Email Address:	
		carla.fairley@dhs.ga.gov	
17e. Date Report Submitted (Month, Day, Year)			
Attach supporting documents as specified in agency instructions			

Section 1 - Program Components

U.S. Department of Health and Human Services
The Community Action Agency was the
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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN

Section 1 – Program Components

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. 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	12/1/2024	7/31/2025
<input checked="" type="checkbox"/>	Cooling assistance	4/1/2025	7/31/2025
<input checked="" type="checkbox"/>	Weatherization assistance	10/1/2024	9/30/2025
<input type="checkbox"/>	Summer Crisis assistance		
<input checked="" type="checkbox"/>	Winter Crisis assistance	12/01/2024	03/15/2025
<input checked="" type="checkbox"/>	Year-round crisis assistance		9/30/2025

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%

		Prior year totals (auto-populate)
Heating assistance	30.00%	
Cooling assistance	24.00%	
Summer crisis assistance	0.00%	
Winter crisis assistance	16.00%	
Year-round crisis assistance	0.00%	
Weatherization assistance	10.00%	
Carryover to the following federal fiscal year	10.00%	
Administrative and planning costs	10.00%	
Services to reduce home energy needs including needs assessment (Assurance 16)	0.00%	
Used to develop and implement leverages activities	0.00%	
TOTAL:	100.00%	

Tribal grant recipients: direct-grant tribes, tribal organizations, or territories with allotments of \$20,000 or less may use for planning and administration up to 20% of the funds payable. Grant recipients that are direct grant tribes, tribal organizations, or territories with allotments over \$20,000 may use for planning and administration purposes up to 20% of the first \$20,000 (or \$4,000) plus 10% of the funds payable that exceeds \$20,000. Any administrative costs in excess of these limits must be paid from non-federal sources.

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

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

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

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

1.4 Do you consider households categorically eligible if at least one household member receives at least one of the following categories of benefits in the left column below?								
<input checked="" type="checkbox"/>	Yes				<input type="checkbox"/>	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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SSI	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SNAP	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Means-tested Veterans programs	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.								
1.5 Do you automatically enroll households without a direct annual application?								
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	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?								
Those who are categorically eligible must submit the same documents as those who are not. The benefit amount is also the same.								
SNAP Nominal Payments								
1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?								
<input type="checkbox"/>	Yes				<input checked="" type="checkbox"/>	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?								
Must have the Energy Bill submitted with the application.								
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							
<input type="checkbox"/>	Other – Describe:							
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 checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts							
<input checked="" type="checkbox"/>	Unemployment insurance							
<input checked="" type="checkbox"/>	Strike Pay							
<input checked="" type="checkbox"/>	Social Security Administration (SSA) benefits							
	<input type="checkbox"/>	Including Medicare deduction			<input checked="" type="checkbox"/>	Excluding Medicare deduction		
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI)							
<input checked="" type="checkbox"/>	Retirement/pension benefits							
<input checked="" type="checkbox"/>	General Assistance benefits							
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits							

<input type="checkbox"/>	Loans that need to be repaid		
<input type="checkbox"/>	Cash gifts		
<input type="checkbox"/>	Savings account balance		
<input type="checkbox"/>	One-time lump sum payments, such as rebates or 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 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.			
1.10 Do you have an online application process?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
1.10a If yes, describe the type of online application (select all boxes that apply)			
<input type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.		
<input type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing		
<input type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing		
<input type="checkbox"/>	Online application that is also mobile friendly		
<input type="checkbox"/>	Other, please describe		
<input type="checkbox"/>	Please include a link(s) to a statewide application, if available:		
1.10b Can all program components be applied for online?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If no, explain which components can and cannot be applied for online:			
1.11 Do you have a process for conducting and completing applications by phone:			
Yes			
1.12 Do you or any of your subrecipients require in person appointments in order to apply?			
Yes			
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.			

In person appointments are required to sign the LIHEAP application.	
1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input type="checkbox"/>	Other, describe:

Section 2 - HEATING ASSISTANCE

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

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 Medium Income	60.00%

2.2 Do you have additional eligibility requirements for heating assistance?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

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

Do you require an Assets test?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

Do you have additional or differing eligibility policies for:

Renters?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
----------	--------------------------	-----	-------------------------------------	----

If yes, describe:

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

If yes, describe:

Renters with utilities included in the rent?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--	--------------------------	-----	-------------------------------------	----

If yes, describe:

Do you give priority in eligibility to:

Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
---------------	-------------------------------------	-----	--------------------------	----

If yes, describe: The elderly 65 years of age and older will be served in the first 30 days of each program component

Individuals with a disability?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

The elderly age 65 and older are able to apply for services in the first 30 days of the program.

Young children?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
-----------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

Households with high energy burdens?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

Other?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------	-------------------------------------	-----	--------------------------	----

If yes, describe: Medically Homebound are able to apply in the first 30 days of the program.

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.

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

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input type="checkbox"/>	Home energy cost or need:
<input checked="" 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)	
2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.	
Minimum Benefit	\$400.00
Maximum Benefit	\$810.00
2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits?	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
If yes, describe.	
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.	

2.4

The first 30 days of the heating program are reserved for serving medically homebound households and elderly households with all adult members who are 65 years of age and older.

1. Medically Homebound Household – A household which, in the judgement of the eligible entity, contains no person who is able to travel to a LIHEAP intake location, and who is unable to send a representative to apply for energy assistance on their behalf, due to a medical condition which currently qualifies the applicant/household for home services through Medicaid or Medicare, and/or the household receives home delivered meals, home-health agency services, or homemaker services or the applicant/household member has disabilities which confines all adult residents to the home.

2. Elderly Household – a household which contains only household members who are sixty-five (65) years of age and older, or household members who are sixty-five (65) years of age and older plus minor dependents under the age of eighteen (18).

3. Eligible Households that have a fuel source with a credit of \$999 and below are eligible for LIHEAP. If the household has another fuel source that has a credit of \$999 or below they are able to use that fuel source.

In person is

Section 3 - COOLING ASSISTANCEU.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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**MODEL PLAN****Section 3 – Cooling Assistance****Eligibility, 2605(b)(2) - Assurance 2****3.1 Designate the income eligibility threshold used for the cooling component:**

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

3.2 Do you have additional eligibility requirements for cooling assistance?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

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

Do you require an Assets test?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
---------------------------------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

Do you have additional or differing eligibility policies for:

Renters?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
-----------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

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

If yes, describe:

Renters with utilities included in the rent?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
---	--------------------------	-----	-------------------------------------	----

If yes, describe:

Do you give priority in eligibility to:

Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
----------------------	-------------------------------------	-----	--------------------------	----

If yes, describe: The elderly 65 years of age and older will be served in the first 30 days of each program component

Individuals with a disability?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
---------------------------------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

Young children?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
------------------------	--------------------------	-----	-------------------------------------	----

If yes, describe:

Households with high energy burdens?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
---	--------------------------	-----	-------------------------------------	----

If yes, describe:

Other?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
---------------	-------------------------------------	-----	--------------------------	----

If yes, describe: Medically Homebound will be served in the first 30 days of each program component.

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)**3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.****3.5 Check the variables you use to determine your benefit levels. (Check all that apply):**

<input checked="" type="checkbox"/>	Income
<input checked="" type="checkbox"/>	Family (household) size
<input type="checkbox"/>	Home energy cost or need:
<input checked="" 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 the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix.	
Minimum Benefit	\$400
Maximum Benefit	\$500
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?	
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	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.	

3.4

The first 30 days of the cooling program are reserved for serving medically homebound households and elderly households with all adult members who are 65 years of age and older.

1. Medically Homebound Household – A household which, in the judgement of the eligible entity, contains no person who is able to travel to a LIHEAP intake location, and who is unable to send a representative to apply for energy assistance on their behalf, due to a medical condition which currently qualifies the applicant/household for home services through Medicaid or Medicare, and/or the household receives home delivered meals, home-health agency services, or homemaker services or the applicant/household member has disabilities which confines all adult residents to the home.

2. Elderly Household – a household which contains only household members who are sixty-five (65) years of age and older, or household members who are sixty-five (65) years of age and older plus minor dependents under the age of eighteen (18).

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 4 – Crisis Assistance

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

4.1 Designate the income eligibility threshold used for the cooling component:

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

4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (i.e. winter, summer, or year-round), include all program definitions.

4.3 What constitutes a life-threatening crisis?

Crisis Requirement, 2604(c)

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

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

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

	Winter Crisis	Summer Crisis	Year-Round Crisis
4.6 Do you have additional eligibility requirements for crisis assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4.7 Check the appropriate boxes below to indicate type(s) of assistance provided

Do you require an assets test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you give priority in eligibility to:			
Older adults?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Households with high energy burdens?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other? Medically Homebound	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In Order to receive crisis assistance:

Must the household have received a shut-off notice or have a near empty tank?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have been shut off or have an empty tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have exhausted their regular heating benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must renters with heating costs included in their rent have received an eviction notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must heating or cooling be medically necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must the household have non-working heating or cooling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Do you have additional or differing eligibility policies for:

Renters?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters living in subsidized housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Renters with utilities included in the rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanations of policies for each "yes" checked above:

Determination of Benefits

4.8 How do you handle crisis situations?

<input type="checkbox"/>	Separate component.
<input checked="" type="checkbox"/>	Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis

	customers within crisis response time frames.		
<input type="checkbox"/>	Other - Describe: <small>Type text here</small>		
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: No separate component		
Crisis Requirements, 2604(c)			
4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Explain. The 19 Community Action Agencies have various sites throughout the state			
4.11 Do you provide individuals with a disability the means to:			
Submit applications for crisis benefits without leaving their homes?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, explain.			
Travel to the sites at which applications for crisis assistance are accepted?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If no, explain. The Community Action Agency will travel to the residence.			
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	Maximum Benefit	\$810.00	
Summer Crisis	Maximum Benefit	\$500.00	
Year-Round Crisis	Maximum Benefit	\$0.00	
4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, describe.			
4.14 Do you provide for equipment repair or replacement using crisis funds?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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
Heating system repair		<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement		<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair		<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement		<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase		<input type="checkbox"/>	<input type="checkbox"/>
Pellet stove purchase		<input type="checkbox"/>	<input type="checkbox"/>
Solar panel(s)		<input type="checkbox"/>	<input type="checkbox"/>
Utility poles/gas line hook-ups		<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):		<input type="checkbox"/>	<input type="checkbox"/>
4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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.			
Please see below.			
4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster			

related crisis situations?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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.			

4.2

A crisis is determined when a low-income household is facing imminent disconnection within seven (7) calendar days and/or needs restoration of its heating or cooling fuel source. A crisis may also result from a weather-related emergency affecting all or a specific area of the state. Clients who utilize pre-pay vendors may be treated as a crisis. During the LIHEAP heating program, a household can only receive either a regular heating benefit or a crisis heating benefit. During the LIHEAP cooling program, a household can only receive either a regular cooling benefit or a crisis cooling benefit. Only one benefit payment is allowed per program component, either regular or crisis.

4.3

A life-threatening situation is one with a life-threatening medical condition that could be intensified if a crisis energy assistance applicant is without energy service. It must be validated by a medical professional such as a physician, public health official, licensed practitioner of the healing arts, or county health director.

4.17

Rules delay the disconnection of utilities for 30 days with medical certification. Also, the power or gas company cannot disconnect the service unless a bill is at least 45 days overdue and proper notification has been sent. No disconnection will occur during protection dates if the customer agrees and adheres to a payment plan. Also, if the temperature is going to be under 32 degrees Fahrenheit or if there is excessive heat for more than three (3) days, disconnection is not permissible, so shut offs are limited during both the summer and winter per state laws.

Section 5 - WEATHERIZATION ASSISTANCE

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 5 – Weatherization Assistance

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

5.1 Designate the income eligibility threshold used for the Weatherization component

Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200%

5.2 Do you enter into an interagency agreement to have another government agency administer a Weatherization component?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

5.3 If yes, name the agency and attach a copy of the internal agreement or contract.

Georgia Environmental Finance Authority (GEFA)

5.4 Is there a separate monitoring protocol for weatherization?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

Weatherization - Types of Rules

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

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

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

5.6 Do you require an assets test?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

5.7 Do you have additional or differing eligibility policies for:

Do you require an assets test?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------------	--------------------------	-----	-------------------------------------	----

Do you have additional or differing eligibility policies for:

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

Do you give priority in eligibility to:

Older adults?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Individuals with a disability?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Young children?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
X Households with high energy burdens?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other? Those approved but did not receive services previously.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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.			
We do not offer assistance to renters who live in subsidized housing. According to the Georgia Environmental Finance Authority, who administers weatherization for Georgia LIHEAP, priority of services, which includes installing insulation, caulking, weather-stripping, air sealing, HVAC repair or replacement, and small repairs are given to the elderly and disabled. Priority is given to the disabled, elderly, handicapped, elderly handicapped, households with children, and households with high energy usage or high energy burden. Additionally, clients who have been eligible and on the wait-list for a period of three years or more will receive priority scoring.			
Benefit Levels			
5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, what is the maximum:		\$	
Types of Assistance, 2605(c)(1), (B) & (D)			
5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)			
<input checked="" type="checkbox"/>	Weatherization needs assessments/audits	<input checked="" type="checkbox"/>	Energy-related roof repair
<input checked="" type="checkbox"/>	Caulking and insulation	<input checked="" type="checkbox"/>	Major appliance Repairs
<input checked="" type="checkbox"/>	Storm windows	<input checked="" type="checkbox"/>	Major appliance replacement
<input checked="" type="checkbox"/>	Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/>	Windows/sliding glass doors
<input checked="" type="checkbox"/>	Furnace replacement	<input checked="" type="checkbox"/>	Doors
<input checked="" type="checkbox"/>	Cooling system modifications/repairs	<input checked="" type="checkbox"/>	Water Heater
<input checked="" type="checkbox"/>	Water conservation measures	<input checked="" type="checkbox"/>	Cooling system replacement
<input checked="" type="checkbox"/>	Compact florescent light bulbs	<input type="checkbox"/>	Community Solar projects
<input type="checkbox"/>	Rooftop solar	<input checked="" type="checkbox"/>	Other - Describe: WAP-related incidental repairs; door and window repair and replacement of LED bulbs.
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.			

5.5

Other - Describe:

Weatherization is not subject to the DOE WAP average Health and Safety costs limitation per dwelling. Weatherization services may be eligible for households in FFY 2024 to re-weatherize units in which work was performed on or before September 30, 2012. Health and safety items that are not covered by DOE WAP Health and Safety Plan may be included. The following measures are allowed:

- Mobile home door installation
- Exterior door installation
- Gas cook stove repair/replacement for H&S concerns

Additional measures not called for in the audit may be implemented to reduce deferrals. LIHEAP Weatherization Readiness funds will align with the DOE Weatherization Readiness Fund (WRF) Cost Category with the following exceptions:

- A total fiscal cost of this category not to exceed 25% of the LIHEAP allocation toward weatherization services.
- No maximum allowable ACPU for LIHEAP WRF funds
- Subgrantees must submit a waiver to Grantee (GEFA) for any measures not included as allowable under DOE WRF to address for deferral reduction and receive preapproval before work commences.
- Roof Replacement is not allowable under LIHEAP WRF.

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

The County Action 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: 02/28/2027
---	---

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 6 – Outreach

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:

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

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

--

In

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

U.S. Department of Health and Human Services Administration for Children and Families		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027	
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 7 – Coordination			
Section 7: Coordination, 2605(b)(4) - Assurance 4			
7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).			
<input type="checkbox"/>	Joint application for multiple programs		
Indicate programs included:			
<input checked="" type="checkbox"/>	Intake referrals to or from other programs		
Indicate programs included:			
<input type="checkbox"/>	One-stop intake centers		
<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.			

The LIHEAP State Office contracts out to another government agency, Georgia Environmental Finance Authority (GEFA) to implement the Weatherization Program. LIHEAP and GEFA contract with the same Community Action Agencies to implement both programs. When a household comes to an agency for LIHEAP, agency staff inquires if a weatherization referral is needed to ensure a seamless referral process.

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

The Community Action

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 8 – Agency Designation

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

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

<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid)
<input type="checkbox"/>	Economic Development 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?

Applications for the Regular Energy Assistance Program that provides heating assistance are taken through local Community Action Agencies under contract to Department of Human Services. The local county offices of the Division of Family and Children Services make referrals. Outreach activities are coordinated between these agencies for each of the 159 counties in Georgia.

8.3 How do you provide alternate outreach and intake for cooling assistance?

The process is the same for cooling as it is for Regular Energy Assistance.

8.4 How do you provide alternate outreach and intake for crisis assistance?

Applications for the Crisis Assistance Program that provides energy assistance are taken through local community action agencies under contract to Department of Human Services. The local county offices of the Division of Family and Children Services make referrals. Outreach activities are coordinated between these agencies for each of the 159 counties in the State of Georgia.

8.5 LIHEAP Component Administration	Heating	Cooling	Crisis	Weatherization
8.5a Who determines client eligibility?	Community Action Agencies	Community Action Agencies	Community Action Agencies	State Energy Environment Agency
8.5b Who processes benefit payments to gas and electric vendors?	Community Action Agencies	Community Action Agencies	Community Action Agencies	
8.5c Who processes benefit payments to bulk fuel vendors?	Community Action Agencies	Community Action Agencies	Community Action Agencies	
8.5d Who performs installation of weatherization measures?				State Energy Environmental Agency

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.

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

8.6 What is your process for selecting local administering agencies? The state uses the previous administering agencies

8.7 How many local administering agencies do you use? 18

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

8.9 If so, why?

<input type="checkbox"/>	Agency was in non-compliance with grant recipient 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 Agency voluntarily relinquished their LIHEAP grant

8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

8.10a If yes, please explain:			
CAA was unable to return the unspent portion of the LIHEAP advanced			
8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc.			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.10c if yes, please explain:			
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.			

8.6

When applicable, local administering agencies are selected via the state's procurement process with consideration to the CFR governing the program.

Georgia contracts with 19 Community Action Agencies (CAAs) through the Division of Family and Children Services to administer LIHEAP. Each agency is required to go through the contracting process annually. Included in the contracting process is the submission of an operational plan that must be approved by the State Office. The list of agencies is the same each year.

The Community Action Agencies are designated agencies with established intake locations in all 159 counties in the State of Georgia. These locations must be geographically accessible to all potentially eligible households.

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

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**MODEL PLAN****Section 9 – Energy Suppliers****Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7****9.1 Do you make payments directly to home energy suppliers?**

Heating	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cooling	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Crisis	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are there exceptions?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes, Describe.

The local Community Action Agency makes the payment directly to the home energy supplier. Households whose home energy suppliers do not have a current Home Energy Supplier Agreement with the program receive funds from the local Community Action Agency to pay the bill. The State monitors this process through the Energy Assistance Program statewide data system. (This applies to both the Regular and Crisis components).

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

Upon approval by the computer system, the local administering agency provides the pink copy (indicating approval) of the application to the applicant's household. (This applies to both the Regular and Crisis components).

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 Energy Vendors must sign and comply with the Home Energy Supplier's Agreement. The Agreement will remain in effect for one year.

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 Energy Vendor must comply with the Home Energy Agreement which ensures that no person shall on the basis of race color national origin etc. will be excluded

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

If so, describe the measures unregulated vendors may take.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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.

9.3

Home Energy Suppliers who participate in the Georgia Energy Assistance Program will satisfy all of the Federal Assurances by signing and complying with the Home Energy Supplier's Agreement. The Home Energy Supplier Agreement will remain in effect for one year. If any of the information provided in the Agreement changes, the fuel supplier is required to notify the Department in writing. This partnership agreement with the home energy suppliers provides additional benefits to low-income households by providing documentation of the need for consideration for extended payment deadlines, delays in cut-off dates, and restoration of services based on the state's agreement to home energy suppliers to pay approved EAP applications.

When needed, the program has the capability to receive validation from the home energy supplier that the bill has been paid as agreed upon. Please see the attached Vendor Agreement.

9.4

Page 6, number 11 of the vendor agreement states - That no person shall, on the basis of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or part with funds made available under this subpart. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1976 or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Rehabilitation Act of 1973 shall also apply to any such Program activity.

The Division of Family and Children Services via the Department of Human Services provides a toll-free number that is to be posted in each LIHEAP intake location that can be used to report complaints against vendors should a client feel that they have been mistreated.

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

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 10 – Program, Fiscal Monitoring, and Audit

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

10.1. How do you ensure proper fiscal accounting and tracking of funds? Be specific about tracking of grant award, tracking of expenditures, tracking vendor (benefit) refunds, fiscal reporting process, and fiscal software systems being used.

10.1a Provide Definitions for the following:

Obligation:	Please see below
Expenditures:	
Expenditure timeframe:	
Administrative costs:	

Audit Process

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

10.2a If yes, describe your auditor selection process.

Through the Department of Human Services

10.3. Describe any audit findings of the grant recipient (i.e., state, tribe, territory) rising to the level of a material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.

<input type="checkbox"/>	No Findings
--------------------------	-------------

Finding	Type	Brief Summary	Resolved?	Action Taken
1.	Financial	See below	In progress	Training changes

10.4. Audits of Local Administering Agencies

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

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

Compliance Monitoring

10.5. Describe your monitoring process for compliance at each level below. Check all that apply.

Grant recipient employees:

<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:

Local Administering Agencies or District Offices:

<input checked="" type="checkbox"/>	On-site evaluation
<input 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:

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

Please see below

10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if

subrecipients are utilized.	
Site Visits:	Local agencies are monitored at least once every 3 years or more often if at a higher risk.
Desk Reviews:	
10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed.	
<input type="checkbox"/>	Annually
<input type="checkbox"/>	Biannually
<input checked="" type="checkbox"/>	Triannually
<input checked="" type="checkbox"/>	Other, Local agencies are monitored for two additional fiscal years if a Quality Improvement Plan is/was in place.
10.9. How many local agencies are currently on corrective action plans? 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.	

10.1

Any other state agency receiving funds and any local administration agency will maintain an accounting system and supporting fiscal records adequate to audit and otherwise verify that the assistance payments and administrative cost claims for reimbursement meet Federal requirements. The DFCS will use its currently established and operational PeopleSoft System to ensure proper fiscal control and fund accounting for Federal funds paid to the State under this title. In addition, a separate computer system will be used to track agency and county use of benefit fund expenditures provided under this title.

An obligation of funds is a legal liability to disburse funds based on the obligation date of the grant for the purpose of providing assistance under the State program funded.

The process of obligating funds includes entering into a contract, awarding a subgrant, receiving goods or services, or otherwise incurring allowable costs during the grant period that will require payment immediately or in the future.

10.3

1

Type	Brief Summary	Resolved?	Action Taken
Financial	Internal controls over financial statement preparation and compliance with related provisions of grants and contracts should be improved.	In progress	Training changes

2

Financial	Incorrect Bank Reconciliations and Duplicate Charges to the Federal Awards	In progress	Training changes
-----------	--	-------------	------------------

10.6

Local reporting and Division/State Office monitoring efforts will be used to ensure proper dispersal of and accounting for Title XXVI benefit funds. CAAs will provide reports of fund allocation utilization and program implementation activities. The Division/State Office shall monitor the activities of CAAs and payment processing schedules. Details of local reporting procedures are included in the LIHEAP Policy Manual. The Department of Human Services will monitor the activities of the CAAs at least every three years using on-site reviews and desk audits. In addition, we conduct desk reviews, technical assistance by phone, and monitoring of the EAP subsystem. DHS can conduct unannounced monitoring visits if the agency is at high risk or presented with reasonable evidence of fraud, abuse, or neglect of program funds or mismanagement of the program. The Division/State office will ensure that the appropriate warning statements are included on benefit applications, Home Energy Supplier's Agreements, contracts with CAAs, and Letters of Agreement to prevent, detect, and correct waste, fraud, and abuse. Should households receive an overpayment, procedures as outlined in the LIHEAP Policy Manual will be implemented for recoupment or repayment of such overpayment or referred to the office that handles fraud and abuse.

Type text re

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

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 11 – Timely and Meaningful Public Participation

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. Note: Tribes do not need to hold a public hearing but must ensure participation through other means.

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

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	6/29/2023	Virtual Live Public Hearing
2	1/20/2023	General Assembly Public Hearing, Legislative Hearing

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).

11.6 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?

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

The Community Action Agency volun

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**MODEL PLAN****Section 12 – Fair Hearings****Section 12: Fair Hearings, 2605(b)(13) - Assurance 13****12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year? 0****12.2 How many of those fair hearings resulted in the initial decision being reversed? 0****12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings?****12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner.**

Please see below

12.5 When and how are applicants informed of these rights?

Please see below

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.

12.4

Should the applicant request a fair hearing, the request is sent to the State LIHEAP office. The State will try to resolve the issue. The State will provide an opportunity for a fair hearing through the Office of State Administrative Hearings to individuals whose claims for assistance are denied or are not acted upon with reasonable promptness.

12.5

Each applicant will be notified of his or her Fair Hearings Rights or Procedures through receipt of an Information Notice at the time of application intake. Fair Hearings procedures are prescribed in the Fair Hearing Policy for individuals who are denied services or whose application is not acted upon with reasonable promptness.

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

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 13 – Reduction of Home Energy Needs

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?

N/A

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

N/A

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.

Assurance 16 was not used in the previous fiscal year.

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

13.5 How many households received these 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 14 - Leveraging Incentive Program, 2607A

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Clearance No.: 0970-0075

Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

Section 14 – Leveraging Incentive Program

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 or local agencies for submitting LIHEAP leveraging resource information and retaining records.

N/A

14.3 For each type of resource 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 benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with LIHEAP?
1	Fuel Fund	Home Energy Assistance Team (HEAT)	Funds are used for all households

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

Section 15 - Training

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95,
03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
Expiration Date: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 15 – Training

Section 15: Training

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

a. Grant recipient Staff:

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other - Describe:

☒ Employees are provided with policy manual

☐ Other - Describe:

b. Local Agencies:

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☐ As needed

☐ Other - Describe:

☐ Employees are provided with policy manual

☐ Other - Describe:

c. Vendors

☒ Formal training provided virtually, on-site, and/or formal training conference

How often?

☒ Annually

☐ Biannually

☒ As needed

☐ Other - Describe:

☒ Policies communicated through vendor agreements

☐ Policies are outlined in a vendor manual

15.2 Does your training program address fraud reporting and prevention?

☒ Yes ☐ No

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

The Community Action Agency 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: 02/28/2027
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)	
MODEL PLAN	
Section 16 – Performance Goals and Measures	
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.	
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.	

16.1

Georgia LIHEAP revised the benefits matrix to ensure that Georgia includes the energy burden for the fuel type for the household. Georgia now has various benefit amounts per fuel type. Georgia adjusted the matrix to target those households with the lowest income and the highest energy burden to receive the higher benefit payment. Georgia updated the benefit matrix to remove all households with a member aged 60 or older receive the highest energy assistance benefit available, regardless of income or energy cost. Based on historical data, this is usually well over 50% of all LIHEAP assisted households in Georgia each year. The Georgia LIHEAP network will continue to prioritize elderly households by providing them with an early application period. If the benefit goes directly to the applicant, the applicant will receive the lowest benefit amount for either level 1 or level 2. Please see the updated Benefit Matrix.

Households with a credit of \$1000 or more on their bill statement will not be eligible for LIHEAP assistance for that fuel source. The household may present another fuel source that has a credit of \$999 or less to be eligible for LIHEAP assistance.

MODEL PLAN

Section 17 – Program Integrity

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.

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Online Fraud Reporting |
| <input checked="" type="checkbox"/> | Dedicated Fraud Reporting Hotline |
| <input checked="" type="checkbox"/> | Report directly to local agency/district office or Grant recipient office |
| <input checked="" type="checkbox"/> | Report to State Inspector General or Attorney General |
| <input checked="" type="checkbox"/> | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse |
| <input checked="" type="checkbox"/> | Posted in local administering agencies offices |
| | Other - Describe: |

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

- | | |
|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Printed outreach materials |
| <input type="checkbox"/> | Addressed on LIHEAP application |
| <input checked="" type="checkbox"/> | Website |
| <input type="checkbox"/> | Printed outreach materials |
| | 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.

[illegible]

b. Describe any exceptions to the above policies.

None

17.3 Identification Verification

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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply |
| <input type="checkbox"/> | Verify SSNs with Social Security Administration |
| <input type="checkbox"/> | Match SSNs with death records from Social Security Administration or state agency |
| <input 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 grant recipients only)
<input type="checkbox"/>	Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only)
<input checked="" type="checkbox"/>	Other - Describe: Requiring the social security card from each household member.
17.4. Citizenship or Legal Residency Verification	
What are your procedures for ensuring that household members are U.S. citizens or qualified non-citizens who are qualified to receive LIHEAP benefits? Select all that apply.	
<input checked="" type="checkbox"/>	Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen.
<input checked="" type="checkbox"/>	Non-citizens must provide documentation of immigration status.
<input type="checkbox"/>	Citizens must provide a copy of their birth certificate, naturalization papers, or passport.
<input checked="" type="checkbox"/>	Non-citizens 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:
17.5. Income Verification	
What methods does your agency utilize to verify household income? Select all that apply.	
<input checked="" type="checkbox"/>	Require documentation of income for all adult household members
<input checked="" type="checkbox"/>	Pay stubs
<input checked="" type="checkbox"/>	Social Security award letters
<input 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 type="checkbox"/>	Other - Describe:
<input type="checkbox"/>	Computer data matches:
<input type="checkbox"/>	Income information matched against state computer system (e.g., SNAP, TANF)
<input type="checkbox"/>	Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/>	Social Security income verified with SSA
<input type="checkbox"/>	Utilize state directory of new hires
<input type="checkbox"/>	Other - Describe:
17.6. Protection of Privacy and Confidentiality	
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.	
<input checked="" type="checkbox"/>	Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/>	Grant recipient LIHEAP database includes privacy/confidentiality safeguards.
<input checked="" type="checkbox"/>	Employee training on confidentiality for:
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Employees must sign confidentiality agreement
<input checked="" type="checkbox"/>	Grant recipient employees
<input checked="" type="checkbox"/>	Local agencies/district offices
<input checked="" type="checkbox"/>	Physical files are stored in a secure location.
<input type="checkbox"/>	Electronic files are protected in a secure location.
<input type="checkbox"/>	Other - Describe:
17.7. Verifying the Authenticity	
What policies are in place for verifying vendor authenticity? Select all that apply.	
<input checked="" type="checkbox"/>	All vendors must register with the state/tribe.
<input type="checkbox"/>	All vendors must supply a valid SSN or TIN/W-9 form.

<input checked="" type="checkbox"/>	Vendors are verified through energy bills provided by the household.
<input type="checkbox"/>	Grant recipient and/or local agencies/district offices perform physical monitoring of vendors.
<input checked="" type="checkbox"/>	Other - Describe and note any exceptions to policies above: <small>Vendors must provide a Federal Employer Identification Number (FEIN)</small>
17.8. Benefits Policy - Gas and Electric Utilities	
What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.	
<input checked="" type="checkbox"/>	Applicants required to submit proof of physical residency.
<input checked="" type="checkbox"/>	Applicants must submit current utility bill.
<input type="checkbox"/>	Data exchange with utilities that verifies:
<input type="checkbox"/>	Account ownership
<input type="checkbox"/>	Consumption
<input type="checkbox"/>	Balances
<input type="checkbox"/>	Payment history
<input type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input type="checkbox"/>	Centralized computer system/database tracks payments to all utilities.
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level.
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval.
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments.
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy.
<input type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities.
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only.
<input checked="" type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure.
<input checked="" type="checkbox"/>	Vendor agreements specify requirements selected above and provide enforcement mechanism.
<input type="checkbox"/>	Other - Describe:
17.9. Benefits Policy - Bulk Fuel Vendors	
What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.	
<input checked="" type="checkbox"/>	Vendors are checked against an approved vendor list.
<input type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors.
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery.
<input type="checkbox"/>	Two-party checks are issued naming client and vendor.
<input checked="" type="checkbox"/>	Direct payment to households is made in limited cases only.
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client.
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors.
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the grant recipient.
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input type="checkbox"/>	Other - Describe:
17.10. Investigations and Prosecutions	
Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply.	
<input checked="" type="checkbox"/>	Refer to state Inspector General.
<input type="checkbox"/>	Refer to local prosecutor or state Attorney General.
<input type="checkbox"/>	Refer to U.S. DHHS Inspector General (including referral to OIG hotline).
<input checked="" type="checkbox"/>	Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public.

<input type="checkbox"/>	Grant recipient attempts collection of improper payments. If so, describe the recoupment process.
<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

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

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

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
The Community Action Agency

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.

XX

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 a 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

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

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 STATEWIDE 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 grant recipient 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 grant recipient 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 grant recipients other than individuals, Alternate I applies.

4. For grant recipients who are individuals, Alternate II applies.

5. Workplaces under grants, for grant recipients other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grant recipient does not identify the workplaces at the time of application, or upon award, if there is no application, the grant recipient 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 grant recipient'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 grant recipient shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grant recipients' 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 grant recipient 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 grant recipient's payroll. This definition does not include workers not on the payroll of the grant recipient (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grant recipient's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements Alternate I. (Grant

recipients Other Than Individuals)

The grant recipient 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 grant recipient'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 grant recipient'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 grant recipient 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)

47 Trinity Avenue, SW

* Address Line 1, do not enter P.O. Box

1st Floor

Address Line 2

Address Line 3

*City	*State	*Zip Code
The Community Action Agency v	Georgia	30334
<p>Check if there are workplaces on file that are not identified here. Alternate II. (Grant recipients Who Are Individuals)</p> <p>(a) The grant recipient 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;</p> <p>(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.</p> <p>[55 FR 21690, 21702, May 25, 1990]</p>		
<input checked="" type="checkbox"/>	<p>By checking this box, the prospective primary participant is providing the certification set out above.</p>	

Section 20: Certification Regarding Lobbying

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

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.

Section 21: Assurances

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: 02/28/2027

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

MODEL PLAN

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; 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

~~In person is requested to be made available to the public.~~
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 grant recipients 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.

<input checked="" type="checkbox"/>	By checking this box, the prospective primary participant is providing the certification set out above.
-------------------------------------	---

Plan Attachments

**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: 02/28/2027**

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Plan Attachments

The following documents must be attached to this application

- Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.
- Heating component benefit matrix, if applicable
- Cooling component benefit matrix, if applicable
- Minutes, notes, or transcripts of public hearing(s).

Optional: Policy Manual

Optional: Subrecipient contract

Optional: Model Plan Participation notes for Tribes