

**DRAFT**

**DETAILED MODEL PLAN (LIHEAP)**

Program Name: Low Income Home Energy Assistance

Grantee Name: Alabama

Report Name: DETAILED MODEL PLAN (LIHEAP)

Report Period: 10/01/2022 to 09/30/2023

Report Status:


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**Mandatory Grant Application SF-424**

|   |   |   |  |
|---|---|---|--|
| U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>ADMINISTRATION FOR CHILDREN AND FAMILIES                |   | August 1987, revised 05/92,02/95,03/96,12/98,11/01<br>OMB Clearance 0970-0075<br>Expiration Date:       |  |
| <b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)<br/>MODEL PLAN<br/>SF - 424 - MANDATORY</b>        |   |   |  |
| <b>* 1.a. Type of Submission:</b><br><input checked="" type="radio"/> Plan                              | <b>* 1.b. Frequency:</b><br><input checked="" type="radio"/> Annual | <b>* 1.c. Consolidated Application /Plan/Funding Request?</b><br><br>Explanation:                       | <b>* 1.d. Version:</b><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Resubmission<br><input type="checkbox"/> Revision<br><input type="checkbox"/> Update |
|   |   | <b>2. Date Received:</b>  | <b>State Use Only:</b>   |
|   |   | <b>3. Applicant Identifier:</b>   |  |
|   |   | <b>4a. Federal Entity Identifier:</b>   | <b>5. Date Received By State:</b>  |
|   |   | <b>4b. Federal Award Identifier:</b>  | <b>6. State Application Identifier:</b>  |
| <b>7. APPLICANT INFORMATION</b>   |   |   |  |
| <b>* a. Legal Name:</b> Alabama Department of Economic and Community Affairs                            |   |   |  |
| <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 63-6000619                               |   | <b>* c. Organizational DUNS:</b> 062620604  |  |
| <b>* d. Address:</b>  |   |   |  |
| <b>* Street 1:</b>  | 401 Adams Avenue  | <b>Street 2:</b>  | PO Box 5690  |
| <b>* City:</b>  | MONTGOMERY  | <b>County:</b>  | Montgomery   |
| <b>* State:</b>   | AL  | <b>Province:</b>  |  |
| <b>* Country:</b>   | United States   | <b>* Zip / Postal Code:</b>   | 36104  |
| <b>e. Organizational Unit:</b>  |   |   |  |
| <b>Department Name:</b><br>Alabama Department of Economic and Community Affairs                         |   | <b>Division Name:</b><br>Energy   |  |
| <b>f. Name and contact information of person to be contacted on matters involving this application:</b> |   |   |  |
| <b>Prefix:</b>  | <b>* First Name:</b><br>Wendy                                       | <b>Middle Name:</b>   | <b>* Last Name:</b><br>Littles   |
| <b>Suffix:</b>  | <b>Title:</b><br>Program Manager                                    | <b>Organizational Affiliation:</b>  |  |
| <b>* Telephone Number:</b><br>(334) 353-3375  | <b>Fax Number:</b><br>334-242-0552                                  | <b>* Email:</b><br><a href="mailto:wendy.littles@adeca.alabama.gov">wendy.littles@adeca.alabama.gov</a> |  |
| <b>* 8a. TYPE OF APPLICANT:</b><br>A: State Government  |   |   |  |
| <b>b. Additional Description:</b>   |   |   |  |
| <b>* 9. Name of Federal Agency:</b>   |   |   |  |
|   |   | <b>Catalog of Federal Domestic Assistance Number:</b>   | <b>CFDA Title:</b>   |
| <b>10. CFDA Numbers and Titles</b>  |   | 93.568  | Low-Income Home Energy Assistance  |
| <b>11. Descriptive Title of Applicant's Project</b><br>Low-Income Home Energy Assistance Program        |   |   |  |

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|  |                                   |   |                              |
|--|-----------------------------------|---|------------------------------|
| <b>12. Areas Affected by Funding:</b><br>Statewide   |                                   |   |                              |
| <b>13. CONGRESSIONAL DISTRICTS OF:</b>   |                                   |   |                              |
| <b>* a. Applicant</b><br>2   |                                   | <b>b. Program/Project:</b><br>Statewide   |                              |
| Attach an additional list of Program/Project Congressional Districts if needed.  |                                   |   |                              |
| <b>14. FUNDING PERIOD:</b>   |                                   | <b>15. ESTIMATED FUNDING:</b>   |                              |
| <b>a. Start Date:</b><br>10/01/2022  | <b>b. End Date:</b><br>09/30/2023 | <b>* a. Federal (\$):</b><br>\$0  | <b>b. Match (\$):</b><br>\$0 |
| <b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>   |                                   |   |                              |
| <b>a. This submission was made available to the State under the Executive Order 12372</b>  |                                   |   |                              |
| Process for Review on:   |                                   |   |                              |
| <b>b. Program is subject to E.O. 12372 but has not been selected by State for review.</b>  |                                   |   |                              |
| <b>c. Program is not covered by E.O. 12372.</b>  |                                   |   |                              |
| <b>* 17. Is the Applicant Delinquent On Any Federal Debt?</b>  |                                   |   |                              |
| <input type="radio"/> YES  |                                   |   |                              |
| <input checked="" type="radio"/> NO  |                                   |   |                              |
| <b>Explanation:</b>  |                                   |   |                              |
| <b>18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b> |                                   |   |                              |
| <b>**I Agree</b> <input checked="" type="checkbox"/>   |                                   |   |                              |
| <b>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</b>   |                                   |   |                              |
| <b>18a. Typed or Printed Name and Title of Authorized Certifying Official</b><br>Jennifer B. Lee, Acting Energy Division Chief<br>Alabama Department of Economic and Community Affairs   |                                   | <b>18c. Telephone (area code, number and extension)</b><br>334-353-3005   |                              |
|  |                                   | <b>18d. Email Address</b><br><a href="mailto:jennifer.lee@adeca.alabama.gov">jennifer.lee@adeca.alabama.gov</a> |                              |
| <b>18b. Signature of Authorized Certifying Official</b><br>   |                                   | <b>18e. Date Report Submitted (Month, Day, Year)</b>  |                              |
| <b>Attach supporting documents as specified in agency instructions.</b>  |                                   |   |                              |

## Section 1 - Program Components

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

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
OMB Clearance 0970-0075  
Expiration Date: 12/31/2023

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

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

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Approval No. 0970-0075  
Expiration Date: 12/23/2023

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

### Section 1 Program Components

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

| 1.1 Check which components you will operate under the LIHEAP program.<br>(Note: You must provide information for each component designated here as requested elsewhere in this plan.) | Dates of Operation |            |
|---|--------------------|------------|
|   | Start Date         | End Date   |
| <input checked="" type="checkbox"/> Heating assistance  | 10/01/2022         | 05/31/2023 |
| <input checked="" type="checkbox"/> Cooling assistance  | 06/01/2023         | 09/30/2023 |
| <input checked="" type="checkbox"/> Crisis assistance   | 10/01/2022         | 09/30/2023 |
| <input checked="" type="checkbox"/> Weatherization assistance   | 10/01/2022         | 09/30/2023 |

Provide further explanation for the dates of operation, if necessary

Crisis Heating Assistance -10/1/2022 - 5/31/2023  
Crisis Cooling Assistance - 6/1/2023 - 09/30/2023  
Infrastructure Investment and Jobs Act (IIJA) Supplemental Funds -10/1/2022-9/30/2023

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 (includes IIJA supplemental funds): The total of all percentages must add up to 100%. | Percentage ( % ) |
|--|------------------|
| Heating assistance (includes IIJA supplemental funds)  | 31.00%           |
| Cooling assistance (includes IIJA supplemental funds)  | 31.00%           |
| Crisis assistance  | 15.00%           |
| Weatherization assistance (Increase from 5% to 10%)  | 10.00%           |
| Carryover to the following federal fiscal year   | 2.00%            |
| Administrative and planning costs  | 10.00%           |
| Services to reduce home energy needs including needs assessment (Assurance 16)   | 1.00%            |
| Used to develop and implement leveraging activities  | 0.00%            |
| <b>TOTAL</b>   | <b>100.00%</b>   |

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

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|                                     |   |
|-------------------------------------|---|
| <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 checked="" type="checkbox"/> | Including Medicare deduction  |
| <input type="checkbox"/>            | Excluding Medicare deduction  |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI)  |
| <input checked="" type="checkbox"/> | Retirement / pension benefits   |
| <input type="checkbox"/>            | General Assistance benefits   |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits   |
| <input type="checkbox"/>            | Supplemental Nutrition Assistance Program (SNAP) benefits   |
| <input type="checkbox"/>            | Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits                          |
| <input type="checkbox"/>            | Loans that need to be repaid  |
| <input checked="" type="checkbox"/> | Cash gifts  |
| <input type="checkbox"/>            | Savings account balance   |
| <input checked="" type="checkbox"/> | One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc. |
| <input type="checkbox"/>            | Jury duty compensation  |
| <input checked="" type="checkbox"/> | Rental income   |
| <input checked="" type="checkbox"/> | Income from employment through Workforce Investment Act (WIA)                                       |
| <input 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   |

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|   |  |
|---|--|
| <input type="checkbox"/>  | Legal settlements  |
| <input type="checkbox"/>  | Insurance payments made directly to the insured  |
| <input type="checkbox"/>  | Insurance payments made specifically for the repayment of a bill, debt, or estimate                    |
| <input checked="" type="checkbox"/>   | Veterans Administration (VA) benefits  |
| <input type="checkbox"/>  | Earned income of a child under the age of 18   |
| <input type="checkbox"/>  | Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty. |
| <input type="checkbox"/>  | Income tax refunds   |
| <input type="checkbox"/>  | Stipends from senior companion programs, such as VISTA   |
| <input type="checkbox"/>  | Funds received by household for the care of a foster child   |
| <input type="checkbox"/>  | Ameri-Corp Program payments for living allowances, earnings, and in-kind aid                           |
| <input type="checkbox"/>  | Reimbursements (for mileage, gas, lodging, meals, etc.)  |
| <input type="checkbox"/>  | Other  |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here. |  |

## Section 2 - HEATING ASSISTANCE

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

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

OMB Clearance 0970-0075  
Expiration Date: 12/31/2023

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

#### Section 2 - Heating Assistance

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

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

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

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

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

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

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

**Renters?**  Yes  No

**Renters Living in subsidized housing?**  Yes  No

**Renters with utilities included in the rent?**  Yes  No

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

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

**Other?**  Yes  No

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

Vulnerable households are identified at time of application. Vulnerable households have early application periods and designated times for which only they may apply for assistance.

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.**

Administering agencies allow early application periods, specified days of the week and visits to Senior Centers. Also, vulnerable households are identified at time of application.

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

**Income**

**Family (household) size**

**Home energy cost or need:**

**Fuel type**

**Climate/region**


**Individual bill**

**Dwelling type**

**Energy burden (% of income spent on home energy)**



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|  |       |                        |  |
|--|-------|------------------------|--|
| <input checked="" type="checkbox"/> <b>Energy need</b>   |       |                        |  |
| <input type="checkbox"/> <b>Other - Describe:</b>  |       |                        |  |
| <p>Income eligibility is determined based on the household's gross income for the month prior to the month of application. Our benefits matrix is included in this State Plan as <b>Attachment A – PY2023 LIHEAP Payment Assistance Chart</b>. For example, if a household applies for assistance any time in August, they must provide verification of the gross monthly income each household member received in July.</p> <p>To calculate the income levels on the <b>FY2023 Payment Assistance Chart</b>, we used the HHS Poverty guidelines mandatory for <b>FFY2022</b> from the following website: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a></p> <p>For a 1-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is <b>\$13,590</b>. To calculate the maximum income for a 1-person household at 150% poverty, we multiplied <b>\$13,590 by 1.5 = \$20,385</b>. To determine the maximum <u>monthly</u> amount as shown on our benefits matrix, we divided <b>\$20,385 by 12 = \$1,699</b>.</p> <p>Our benefits matrix contains three income categories for each household size. The following is an example of how we calculated the income categories:</p> <p>For a 1-person household, we divided <b>\$1,699 by 3 = \$566</b>. The lowest income category (which receives the highest benefit) has a range of <b>\$0 - \$566</b>.</p> <p>The formula to calculate the next highest income category for a 1-person household (which receives a slightly lower benefit) is <b>\$567+\$566 = \$1,133</b>. Therefore, the range for that income category is <b>\$567 - \$1,133</b>.</p> <p>The highest income category for a 1-person household starts at <b>\$1,134</b>. We added <b>\$566</b> to that amount for a maximum monthly income of <b>\$1,700</b>. Therefore, the range is <b>\$1,134 - \$1,699</b>.</p> <p>We used the same method to complete the benefit matrix for households with two to eight people. To determine the maximum monthly income for households with more than eight people, we added <b>\$590</b> for each additional member.</p> <p>As stated on the matrix, households with more than four people will receive benefits in the same amount as shown for a household of four.</p> <p>If a household has a high energy need (including, but not limited to, those with children under 18, elderly members, or members with a disabling condition), subgrantees may award an additional \$50.</p> <p><b>*The same Payment Assistance Chart is used to determine income eligibility to receive a supplemental benefit from the Infrastructure Investment and Jobs Act fund. Each time a household receives a Heating benefit, the household also receives a \$100 supplemental benefit at the same time, if funding is available.</b></p> |       |                        |  |
|    |       |                        |  |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)  |       |                        |  |
| <b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies</b>   |       |                        |  |
| <b>Minimum Benefit</b>   | \$280 | <b>Maximum Benefit</b> | \$580 (Note: \$530 + optional extra \$50 for high energy households) |
| <b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No  |       |                        |  |
| <b>If yes, describe.</b>   |       |                        |  |
| <p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p>   |       |                        |  |

## Section 3 - COOLING ASSISTANCE

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

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

OMB Clearance 0970-0075  
Expiration Date: 12/31/2023

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

#### Section 3 - Cooling Assistance

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

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

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

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

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

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

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

**Renters?**  Yes  No

**Renters Living in subsidized housing?**  Yes  No

**Renters with utilities included in the rent?**  Yes  No

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young children?**  Yes  No

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

**Other?**  Yes  No

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

Vulnerable households are identified at the time of application. Early application periods, designated times to apply and visits to senior centers.

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

Administering agencies allow early application periods, designated days of the week and visits to senior centers. Also, vulnerable households are identified at the time of application.

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

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

**Income**

**Family (household) size**

**Home energy cost or need:**

**Fuel type**

**Climate/region**

**Individual bill**

**Dwelling type**

**DRAFT**

|  |       |                        |   |
|--|-------|------------------------|---|
| <input type="checkbox"/> <b>Energy burden (% of income spent on home energy)</b>   |       |                        |   |
| <input checked="" type="checkbox"/> <b>Energy need</b>   |       |                        |   |
| <input type="checkbox"/> <b>Other - Describe:</b>  |       |                        |   |
| <p>Income eligibility is determined based on the household's gross income for the month prior to the month of application. Our benefits matrix is included in this State Plan as <b>Attachment A – PY2023 LIHEAP Payment Assistance Chart</b>. For example, if a household applies for assistance any time in August, they must provide verification of the gross monthly income each household member received in July.</p> <p>To calculate the income levels on the <b>FY2023 Payment Assistance Chart</b>, we used the HHS Poverty guidelines mandatory for <b>FFY2022</b> from the following website: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a></p> <p>For a 1-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is <b>\$13,590</b>. To calculate the maximum income for a 1-person household at 150% poverty, we multiplied <b>\$13,590 by 1.5 = \$20,385</b>. To determine the maximum <u>monthly</u> amount as shown on our benefits matrix, we divided <b>\$20,385 by 12 = \$1,699</b>.</p> <p>Our benefits matrix contains three income categories for each household size. The following is an example of how we calculated the income categories:</p> <p>For a 1-person household, we divided <b>\$1,699 by 3 = \$566</b>. The lowest income category (which receives the highest benefit) has a range of <b>\$0 - \$566</b>.</p> <p>The formula to calculate the next highest income category for a 1-person household (which receives a slightly lower benefit) is <b>\$567+\$566 = \$1,133</b>. Therefore, the range for that income category is <b>\$567 - \$1,133</b>.</p> <p>The highest income category for a 1-person household starts at <b>\$1,134</b>. We added <b>\$566</b> to that amount for a maximum monthly income of <b>\$1,700</b>. Therefore, the range is <b>\$1,134 - \$1,699</b>.</p> <p>We used the same method to complete the benefit matrix for households with two to eight people. To determine the maximum monthly income for households with more than eight people, we added <b>\$590</b> for each additional member.</p> <p>As stated on the matrix, households with more than four people will receive benefits in the same amount as shown for a household of four.</p> <p>If a household has a high energy need (including, but not limited to, those with children under 18, elderly members, or members with a disabling condition), subgrantees may award an additional \$50.</p> <p><b>*The same Payment Assistance Chart is used to determine income eligibility to receive a supplemental benefit from the Infrastructure Investment and Jobs Act fund. Each time a household receives a Cooling benefit, the household also receives a \$100 supplemental benefit at the same time, if funding is available.</b></p> |       |                        |   |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)  |       |                        |   |
| <b>3.6 Describe estimated benefit levels for FY 2020:</b>  |       |                        |   |
| <b>Minimum Benefit</b>   | \$320 | <b>Maximum Benefit</b> | \$520 (Note: \$470 plus optional extra \$50 for high energy households) |
| <b>3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No   |       |                        |   |
| <b>If yes, describe.</b>   |       |                        |   |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.  |       |                        |   |

**Section 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 0970-0075  
Expiration Date: 12/31/2023

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

**Section 4: CRISIS ASSISTANCE**

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

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

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

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

The definition of crisis includes when a household member's health and/or well-being would likely be endangered if crisis assistance is not provided, when a household has been negatively impacted by a State- or Federally-declared disaster or emergency, or if a household has at least one child under 18.

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

Households in which there exists a clear and present danger to life due to extreme weather.

**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)**

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

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

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

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

**Elderly?**  Yes  No

**Disabled?**  Yes  No

**Young Children?**  Yes  No

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

**Other?**  Yes  No

**In Order to receive crisis assistance:**

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

**Must the household have been shut off or have an empty tank?**  Yes  No

**Must the household have exhausted their regular heating benefit?**  Yes  No

**DRAFT**

|   |   |
|---|---|
| <b>Must renters with heating costs included in their rent have received an eviction notice?</b>   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Must heating/cooling be medically necessary?</b>   | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <b>Must the household have non-working heating or cooling equipment?</b>  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Other?</b>   | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <b>Do you have additional / differing eligibility policies for:</b>   |   |
| <b>Renters?</b>   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Renters living in subsidized housing?</b>  | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Renters with utilities included in the rent?</b>   | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| <b>Explanations of policies for each "yes" checked above:</b>   |   |
| <p>Priority in eligibility is given to households that have been negatively impacted by a State- or Federally-declared disaster or emergency, or households with at least one child under 18, or when a household member has a weather-related medical condition which would endanger member's health and/or well-being if assistance is not provided.</p> <p>In order to receive crisis assistance, households must be negatively impacted by a State- or Federally-declared disaster or emergency, or have at least one child under 18, or have a household member with a weather-related medical condition which would endanger member's health and/or well-being if assistance is not provided.</p> |   |
| Determination of Benefits   |   |
| <b>4.8 How do you handle crisis situations?</b>   |   |
| <input checked="" type="checkbox"/>   | Separate component  |
| <input type="checkbox"/>  | Fast Track  |
| <input type="checkbox"/>  | Other - Describe:   |
| <b>4.9 If you have a separate component, how do you determine crisis assistance benefits?</b>   |   |
| <input checked="" type="checkbox"/>   | Amount to resolve the crisis.                                 |

**DRAFT**

|                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <p><b>Other - Describe:</b></p> <p>Income eligibility is determined based on the household's gross income for the month prior to the month of application. Our benefits matrix is included in this State Plan as <b>Attachment A – PY2023 LIHEAP Payment Assistance Chart</b>. For example, if a household applies for assistance any time in August, they must provide verification of the gross monthly income each household member received in July.</p> <p>To calculate the income levels on the <b>FY2023 Payment Assistance Chart</b>, we used the HHS Poverty guidelines mandatory for <b>FFY2022</b> from the following website: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a></p> <p>For a 1-person household, the maximum annual income based on 100% of HHS Poverty Guidelines is <b>\$13,590</b>. To calculate the maximum income for a 1- person household at 150% poverty, we multiplied <b>\$13,590 by 1.5 = \$20,385</b>. To determine the maximum <u>monthly</u> amount as shown on our benefits matrix, we divided <b>\$20,385 by 12 = \$1,699</b>.</p> <p>Our benefits matrix contains three income categories for each household size. The following is an example of how we calculated the income categories: For a 1-person household, we divided <b>\$1,699 by 3 = \$566</b>. The lowest income category (which receives the highest benefit) has a range of <b>\$0 - \$566</b>. The formula to calculate the next highest income category for a 1-person household (which receives a slightly lower benefit) is <b><math>\\$567 + \\$566 = \\$1,133</math></b>. Therefore, the range for that income category is <b>\$567 - \$1,133</b>.</p> <p>The highest income category for a 1-person household starts at <b>\$1,134</b>. We added <b>\$566</b> to that amount for a maximum monthly income of <b>\$1,700</b>. Therefore, the range is <b>\$1,134 - \$1,699</b>.</p> <p>ADECA followed the same methodology described above to complete the calculations for households with two to eight people on the <b>2023 Payment Assistance Chart</b>. We used the same method to complete the benefit matrix for households with two to eight people. To determine the maximum monthly income for households with more than eight people, we added <b>\$590</b> for each additional member.</p> <p><b>Determining Crisis Assistance Benefits</b></p> <p>The amount of the crisis assistance benefit must be the minimum amount necessary to alleviate the crisis and provide utility service or deliverable fuel to the household for the next 30 days. The crisis assistance benefit must not exceed 200% of the benefit the household is eligible for based on the benefits matrix. Subgrantees contact the household's energy vendor at the time of appointment to determine the minimum amount required.</p> <p>If a household has a high energy need (including, but not limited to, those with children five (5) and under, elderly members, or members with a disabling condition), local administering agencies may award an additional \$50. As noted on the benefits matrix, the additional \$50 cannot be split. In other words, the entire \$50 must be awarded, it cannot be a partial amount. Also, if awarding the additional \$50 results in the crisis benefit exceeding the minimum amount necessary to alleviate the crisis, then the \$50 must not be awarded.</p> <p>Example: A 1-person electric household with a gross monthly income of \$700 is eligible for a \$410 Heating benefit. The household qualifies for crisis assistance; therefore, they are eligible for <u>up to</u> \$820 in crisis benefits. The electric vendor was contacted and required \$900 to avoid disconnection of services. The applicant is elderly and disabled; therefore, the subgrantee awarded \$820 in crisis benefits plus the additional \$50 for a total benefit amount of \$870. The applicant was responsible for the remaining \$30 balance owed.</p> |
|-------------------------------------|---|

Crisis Requirements, 2604(c)

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

|   |
|---|
| <input checked="" type="radio"/> Yes <input type="radio"/> No <b>Explain.</b>   |
| Subgrantees maintain service centers in each county of the state.   |
| <b>4.11 Do you provide individuals who are physically disabled the means to:</b>  |
| <b>Submit applications for crisis benefits without leaving their homes?</b>   |
| <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If No, explain.</b>  |
| <b>Travel to the sites at which applications for crisis assistance are accepted?</b>  |
| <input type="radio"/> Yes <input checked="" type="radio"/> No <b>If No, explain.</b>  |
| <b>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?</b> |
|   |
| <b>Benefit Levels, 2605(c)(1)(B)</b>  |
| <b>4.12 Indicate the maximum benefit for each type of crisis assistance offered.</b>  |

**DRAFT**

| <b>Winter Crisis</b>  | \$1,110.00 <b>maximum benefit</b> (Note: \$1,060 plus the optional extra \$50 for high energy households)   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
|---|---|-------------------------------------|--------------------------|---------------|-------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------------|
| <b>Summer Crisis</b>  | \$990.00 <b>maximum benefit</b> (Note: \$940 plus the optional extra \$50 for high energy households)   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <b>Year-round Crisis</b>  | N/A <b>maximum benefit</b>  |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <b>4.13 Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?</b>   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No <b>If yes, Describe</b>   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Provide window air conditioner units, fans, portable heaters, and electric blankets, payment for the minor repair/replacement of worn parts on existing air conditioners and heating units, and providing temporary housing for households who qualify for crisis assistance. |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <b>4.14 Do you provide for equipment repair or replacement using crisis funds?</b>  |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| If you answered "Yes" to question 4.14, you must complete question 4.15.  |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <b>4.15 Check appropriate boxes below to indicate type(s) of assistance provided.</b>   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
|   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;"></th> <th style="width: 15%;">Winter Crisis</th> <th style="width: 15%;">Summer Crisis</th> <th style="width: 35%;">Year-round Crisis</th> </tr> </thead> <tbody> <tr> <td>Heating system repair</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heating system replacement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cooling system repair</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cooling system replacement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Wood stove purchase</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pellet stove purchase</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Solar panel(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Utility poles / gas line hook-ups</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (Specify):</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                                     | Winter Crisis            | Summer Crisis | Year-round Crisis | Heating system repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heating system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cooling system repair | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wood stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pellet stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Solar panel(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utility poles / gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Winter Crisis   | Summer Crisis                       | Year-round Crisis        |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Heating system repair   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Heating system replacement  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Cooling system repair   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Cooling system replacement  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Wood stove purchase   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Pellet stove purchase   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Solar panel(s)  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Utility poles / gas line hook-ups   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| Other (Specify):  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <b>4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?</b>  |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <input type="radio"/> Yes <input checked="" type="radio"/> No   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| If you responded "Yes" to question 4.16, you must respond to question 4.17.   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| <b>4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.</b>   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
|   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |
| If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.   |   |                                     |                          |               |                   |                       |                                     |                          |                          |                            |                          |                          |                          |                       |                          |                                     |                          |                            |                          |                          |                          |                     |                          |                          |                          |                       |                          |                          |                          |                |                          |                          |                          |                                   |                          |                          |                          |                  |                          |                          |                          |

**Section 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 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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SF - 424 - MANDATORY**

**Section 5: WEATHERIZATION ASSISTANCE**

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

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

| A<br>d<br>d | Household Size      | Eligibility Guideline  | Eligibility Threshold |
|-------------|---------------------|------------------------|-----------------------|
| 1           | All Household Sizes | HHS Poverty Guidelines | 200.00%               |

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

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

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

**WEATHERIZATION - Types of Rules**

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

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

A dwelling may receive re-weatherization fifteen (15) years after the date previous weatherization was completed.

Energy related home repair - the use of LIHEAP weatherization funds is allowable for structural and ancillary repairs, such as roof, wall and flooring repairs, only if the repairs are required to enable effective weatherization. These repairs will help ensure the health and safety of the clients and help reduce the occurrence of deferrals due to the condition of the homes.

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

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

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

**Renters**  Yes  No



**DRAFT**

|   |   |
|---|---|
| <b>Renters living in subsidized housing?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>5.8 Do you give priority in eligibility to:</b>  |   |
| <b>Elderly?</b>   | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Disabled?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Young Children?</b>  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Households with high energy burdens?</b>   | <input checked="" type="radio"/> Yes <input type="radio"/> No   |
| <b>Other?</b>   | <input type="radio"/> Yes <input type="radio"/> No  |
| <p><b>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.</b></p> <p>Question 5.7 – Renters must have approval of landlord prior to weatherization of the home. In addition, renters living in subsidized housing are not eligible for weatherization.</p> <p>Question 5.8 - Households applying for weatherization are awarded the following priority points if applicable:</p> <ul style="list-style-type: none"> <li>-Head of Household Disabled - 10 points</li> <li>-Head of Household Elderly (60 or older) - 10 points</li> <li>-Children under age 18 - 10 points</li> <li>-Other members elderly/disabled - 5 points</li> <li>-LIHEAP Client or utility bill is \$200 or more- 5 points</li> <li>-High Energy Burden (greater than or equal to 17%) - 5 points</li> </ul> <p>Weatherization applicants are ranked by Priority Points. Applicants with the most points are first in line to receive services when funding is available.</p> |   |
| <b>Benefit Levels</b>   |   |
| <b>5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No   |   |
| <b>5.10 If yes, what is the maximum?</b> \$8,500  |   |
| <b>Types of Assistance, 2605(c)(1), (B) &amp; (D)</b>   |   |
| <b>5.11 What LIHEAP weatherization measures do you provide? (Check all categories that apply.)</b>  |   |
| <input checked="" type="checkbox"/> Weatherization needs assessments/audits   | <input checked="" type="checkbox"/> Energy related roof repair  |
| <input checked="" type="checkbox"/> Caulking and insulation   | <input checked="" type="checkbox"/> Major appliance Repairs   |
| <input checked="" type="checkbox"/> Storm windows   | <input checked="" type="checkbox"/> Major appliance replacement   |
| <input checked="" type="checkbox"/> Furnace/heating system modifications/ repairs   | <input checked="" type="checkbox"/> Windows/sliding glass doors   |
| <input checked="" type="checkbox"/> Furnace replacement   | <input checked="" type="checkbox"/> Doors   |
| <input checked="" type="checkbox"/> Cooling system modifications/ repairs   | <input checked="" type="checkbox"/> Water Heater  |
| <input checked="" type="checkbox"/> Water conservation measures   | <input checked="" type="checkbox"/> Cooling system replacement  |
| <input checked="" type="checkbox"/> Compact florescent light bulbs  | <input checked="" type="checkbox"/> <b>Other - Describe:</b><br>Health and safety measures; LED bulb installation; code compliance; plumbing, electrical, roof or flooring repairs. |
| <p>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</p> <p style="color: red;">As indicated in Section 1 - Program Components on page 4, ADECA proposes to increase the allocation to Weatherization from 5% to 10%. An increase would allow subgrantees to complete additional houses and/or additional weatherization measures. Also, the increase would provide subgrantees with additional funds to leverage with IJA Weatherization funds from the Department of Energy over the next five years.</p>   |   |

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

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

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

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

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

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

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

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

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

The State Energy office administers the LIHEAP and the Weatherization Program improving the close coordination between these programs. The CSBG program is also housed in the same State Department. The LIHEAP is administered at the local level by community action agencies.

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

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

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

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

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

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

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

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

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

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

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

**DRAFT**

**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?**

ADECA gives special consideration to any local, public, or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program under the Economic Opportunity Act (EOA) of 1964 or any other provision of law on the day before the date of enactment of this Act. Before giving consideration, ADECA shall determine that the agency meets program and fiscal requirements established by the State.

**8.7 How many local administering agencies do you use? 18**

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

- Yes  
 No

**8.9 If so, why?**

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Agency was in noncompliance with grantee requirements for LIHEAP - Jefferson County Committee for Economic Opportunity relinquished the agency's LIHEAP program in November 2021. After temporarily placing the program with the Community Action Agency of Northeast Alabama to provide emergency services, ADECA announced a Request for Proposals for a permanent provider. The Community Action Agency of Northeast Alabama was selected as the permanent LIHEAP provider for Jefferson County on March 1, 2022. |
| <input type="checkbox"/>            | Agency is under criminal investigation   |
| <input type="checkbox"/>            | Added agency   |
| <input type="checkbox"/>            | Agency closed  |
| <input checked="" type="checkbox"/> | Other – describe<br>Marion-Winston Counties Community Action Committee, Inc. merged with the Community Action Partnership of North Alabama, effective October 1, 2021.   |

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7**

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

|                              |                                      |    |
|------------------------------|--------------------------------------|----|
| <b>Heating</b>               | <input checked="" type="radio"/> Yes | No |
| <b>Cooling</b>               | <input checked="" type="radio"/> Yes | No |
| <b>Crisis</b>                | <input checked="" type="radio"/> Yes | No |
| <b>Are there exceptions?</b> | <input checked="" type="radio"/> Yes | No |

**If yes, Describe.**

Payments to renters whose utilities are included in their rent. In these cases, payments are made directly to the client.

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

At the time of application, the client is provided a copy of the application which describes the amount of the benefit, the energy supplier the benefit will be provided to, as well as the account name and number to which the benefit is applied.

**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?**

All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. This agreement prohibits this practice. Attachment B of this State Plan includes the **FY2023 LIHEAP Energy Supplier Agreement**.

**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?**

All energy suppliers are required to sign a LIHEAP Energy Supplier Agreement with the state in order to receive payments. This agreement prohibits this practice. Attachment B of this State Plan includes the **FY2023 LIHEAP Energy Supplier Agreement**.

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

Yes  No

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

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

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

| <p>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES<br/>05/92,02/95,03/96,12/98,11/01<br/>ADMINISTRATION FOR CHILDREN AND FAMILIES<br/>0970-0075</p>  | <p style="text-align: right;">August 1987, revised</p> <p style="text-align: right;">OMB Clearance</p> <p style="text-align: right;">Expiration Date: 12/31/2023</p> |               |           |               |           |              |   |  |  |  |  |
|---|--|---------------|-----------|---------------|-----------|--------------|---|--|--|--|--|
| <p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b><br/><b>MODEL PLAN</b><br/><b>SF - 424 - MANDATORY</b></p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)</b></p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?</b></p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p>The State will follow usual fiscal controls and fund accounting procedures for the expenditure of LIHEAP funds. Subrecipients are required to submit an invoice at least once per month to request funds. The Alabama Examiners of Public Accounts will annually conduct an audit of LIHEAP funds received by the State agency. Local subgrantees are required to arrange for an annual audit of funds received and expended under this title. <span style="color: red;">Additionally, the State is in the process of revising the monthly expenditure report (invoice) to require a detailed breakdown of administrative expenditures. Further, an in-depth review of administrative expenditure documentation will be completed during the on-site monitoring review.</span></p> |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>Audit Process</b></p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?</b></p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.</b></p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p>No Findings <input checked="" type="checkbox"/></p>  |  |               |           |               |           |              |   |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">Finding</th><th style="width: 15%;">Type</th><th style="width: 40%;">Brief Summary</th><th style="width: 15%;">Resolved?</th><th style="width: 15%;">Action Taken</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td><td></td></tr></tbody></table>  |  | Finding       | Type      | Brief Summary | Resolved? | Action Taken | 1 |  |  |  |  |
| Finding   | Type   | Brief Summary | Resolved? | Action Taken  |           |              |   |  |  |  |  |
| 1   |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>10.4. Audits of Local Administering Agencies</b></p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p>What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.</p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><input checked="" type="checkbox"/> Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133</p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p><input type="checkbox"/> Local agencies/district offices are required to have an annual audit (other than A-133)</p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><input checked="" type="checkbox"/> Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.</p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p><input checked="" type="checkbox"/> Grantee conducts fiscal and program monitoring of local agencies/district offices</p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>Compliance Monitoring</b></p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><b>10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply</b></p>  |  |               |           |               |           |              |   |  |  |  |  |
| <p>Grantee employees:</p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><input type="checkbox"/> Internal program review</p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><input checked="" type="checkbox"/> Departmental oversight</p>   |  |               |           |               |           |              |   |  |  |  |  |
| <p><input checked="" type="checkbox"/> Secondary review of invoices and payments</p>  |  |               |           |               |           |              |   |  |  |  |  |

|   |
|---|
| <input type="checkbox"/> Other program review mechanisms are in place. Describe:  |
|   |
| <b>Local Administering Agencies / District Offices:</b>   |
| <input checked="" type="checkbox"/> On - site evaluation  |
| <input checked="" type="checkbox"/> Annual program review   |
| <input checked="" type="checkbox"/> Monitoring through central database   |
| <input checked="" type="checkbox"/> Desk reviews  |
| <input checked="" type="checkbox"/> Client File Testing / Sampling  |
| <input type="checkbox"/> Other program review mechanisms are in place. Describe:  |
|   |
| <b>10.6 Explain or attach a copy of your local agency monitoring schedule and protocol.</b>   |
| <p style="color: red;">Subrecipients will be monitored once every two years. LIHEAP staff will alternate visits by monitoring nine (9) subrecipients one year and the remaining nine (9) subrecipients the following year. During years without an on-site visit, the LIHEAP staff will perform a monthly desk review to include checking ten randomly selected client files for completeness and accuracy.</p> <p>The following summarizes the actions taken during each visit:</p> <ol style="list-style-type: none"><li>1. Conduct an entrance conference with the Executive Director and/or LIHEAP Coordinator to discuss the monitoring procedures</li><li>2. Review client files of regular, crisis, and <b>supplemental assistance (if applicable)</b> awarded during the current fiscal year for completeness and accuracy</li><li>3. Observe how and where paper case files are maintained to ensure confidentiality</li><li>4. Review batching and vendor payments of 10-15 client files that were reviewed during visit</li><li>5. Review general agency procedures using the LIHEAP Monitoring Review Checklist. (see attached)</li><li>6. Conduct an exit conference with the Executive Director and/or LIHEAP Coordinator to discuss any findings</li></ol> <p><b>Case Review Procedures</b></p> <p>A random sampling of current fiscal year client files from each county in the agency's service area are assessed to verify required documentation. For site visits made during the Heating season (October through May), the Program Monitor reviews Heating and Crisis Heating files. During site visits made in the Cooling season (June through September), the monitor reviews Heating and Crisis Heating as well as Cooling and Crisis Cooling files. The State has not established a minimum standard for the number of client files to be reviewed at each agency; however, the program monitor is trained to examine files from every month in both the Heating and Cooling seasons and from a variety of energy vendors.</p> <p>Client files are reviewed for the following documentation:</p> <ul style="list-style-type: none"><li>- Application - a complete application with the client's signature/electronic signature and the intake worker's signature. Accuracy of the information and award amount is confirmed during review. The monitor also reviews case notes.</li><li>- Client identification -copy of picture ID and Social Security Card</li><li>- Household member(s) identification -copies of the Social Security Card of all household members</li><li>- Household income - copies of payroll, check stubs, or checks; records of the self-employed; written statements from employers; documents from social agencies such as the Department of Human Resources; or statements of someone in a position to know the circumstances of the household. Declaration of Household Income form for household members age 18 and over that had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.; received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained; received money from family/friends; or received income not reported elsewhere</li></ul> |



**DRAFT**

- Residence - review of home energy bill, driver's license, work visa or other forms of documentation to verify that they are legal residents and have been assisted at the appropriate agency.
- Utility bill - copy of the most recent utility bill to ensure the bill is in the client or spouse's name and that the address corresponds to the client's address.

An excel spreadsheet called the "LIHEAP Monitoring Form" is completed during the case review. The monitor will enter the following information for each case file:

- Date of application
- Type of benefit
- Applicant name
- Applicant's Social Security number
- Applicant's unique identification number from our state-wide intake database (FACSPRO)
- Total household income
- Household condition to identify if there is at least one member that is elderly, disabled, or a child under 18
- Household size
- County of residence
- LIHEAP benefit amount
- Home Energy Supplier
- Comments - the energy vendor is noted as is the amount of utility allowance received (if applicable) and if the optional extra \$50 was awarded to high energy households

As part of review process, a selection of three to five energy vendors is contacted via phone or email to verify if they have been receiving LIHEAP payments from the local administering agency within 30 days of the date of the award.

Within 30 days of the monitoring review, the State Office sends a letter to the agency to summarize any findings and, if applicable, request corrective action.

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

**Site Visits:**

ADECA conducts on-site monitoring visits to nine (9) of the eighteen (18) subrecipients at least once every two years. The selection process is based subrecipient's risk assessment.

**Desk Reviews:**

During years without an on-site visit, the LIHEAP staff will perform a monthly desk review to include checking ten randomly selected client files for completeness and accuracy and checking the timeliness of vendor payments at least once during the fiscal year.

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

ADECA conducts a desk or on-site monitoring visit to all subrecipients at least once during the fiscal year.

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

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

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

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

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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August 1987, revised 05/92,02/95,03/96,12/98,11/01

OMB Clearance 0970-0075  
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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**Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)**

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

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

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

N/A

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

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

|   | Date                 | Event Description      |
|---|----------------------|------------------------|
| 1 | To be held 7/20/2022 | Virtual Public Hearing |
| 2 |                      |                        |
| 3 |                      |                        |

**11.4. How many parties commented on your plan at the hearing(s)? To be completed after the virtual public hearing has been held.**

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

**To be completed after the virtual public hearing has been held.**

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

**To be completed after the virtual public hearing has been held.**

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

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

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

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

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

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

N/A

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

ADECA provides an opportunity for a fair hearing for clients whose claims for assistance are denied or not acted upon with reasonable promptness. All hearings shall provide for a hearing officer to locally conduct hearings, submission of hearing materials to the State for final determination (and corrective action if needed), reporting of data related to the number of hearing requests received, and notification to the client of these rights at the time of application.

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

Clients are informed of their right to a hearing at the time of application. Also, if they contact the State Office concerning a complaint, we notify them in writing of the right to a hearing and the Fair Hearing policy.

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

ADECA provides an opportunity for a fair hearing for clients whose claims for assistance are denied or not acted upon with reasonable promptness. All hearings shall provide for a hearing officer to locally conduct hearings, submission of hearing materials to the State for final determination (and corrective action if needed), reporting of data related to the number of hearing requests received, and notification to the client of these rights at the time of application.

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

Clients are informed of their right to a hearing at the time of application.

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

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

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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**Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16**

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

Funds are used for activities that encourage and reduce their home energy needs such as completing a household needs assessments focusing on target groups such as the elderly, disabled and household with small children; providing one-on-one energy and/or financial counseling at time of intake; hosting financial workshops that include energy conservation tips, providing energy self-assessment packets, providing energy conservation kits, and assisting households by contacting home energy suppliers with the goal to reduce disconnects and shut-offs.

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

Funds are listed in a line-item budget in each subgrantee's grant budget. Invoices are reviewed by LIHEAP staff and ADECA's Finance Department prior to the advance of funds.

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

During the previous Federal fiscal year, 13 of our twenty-one subgrantees utilized Energy Counseling funds to reduce their clients' home energy needs, and thereby, the need for energy assistance. The following provides the results of their efforts:

- 12,641 households - received an energy conservation brochure/flyer/resource guide
- 21,515 households - received energy conservation counseling at time of intake
- 3,734 households - subgrantee contacted the household's home energy supplier to restore service or negotiate payment arrangement
- 5,135 households – subgrantee and client reviewed household expenses and developed a budget
- 777 households – client attended financial literacy/budgeting workshop (no energy conversation discussion)
- 700 households – received an energy conservation kit
- 258 households – client attended workshop that discussed both energy counseling and financial literacy/budgeting
- 356 households – client received an HVAC unit assessment
- 179 households – client attended energy workshop (no discussion of finances or budgeting)

In addition, subgrantee(s) tracked the household's energy bills of 1,887 households after they attended an energy counseling workshop and provided the following data:

- 1,828 households - energy bills were reduced 0%-5% after tracking up to 90 days after workshop
- 32 households - energy bills were reduced 5%-10% after tracking up to 90 days after workshop
- 4 households – energy bills were reduced 10%-20% after tracking up to 90 days after workshop
- 23 households - energy bills were reduced 20% or more after tracking up to 90 days after workshop

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

N/A

**13.5 How many households applied for these services? 14,976**

**13.6 How many households received these services? 14,976**

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

**Section 14 - Leveraging Incentive Program ,2607A**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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August 1987, revised 05/92,02/95,03/96,12/98,11/01

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

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

Yes  No

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

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

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

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

**Section 15 - Training**

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

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**Section 15: Training**

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

**a. Grantee Staff:**

**Formal training on grantee policies and procedures**

**How often?**

**Annually**

**Biannually**

**As needed**

**Other - Describe:**

**Employees are provided with policy manual**

**Other-Describe:**

**b. Local Agencies:**

**Formal training conference**

**How often?**

**Annually**

**Biannually**

**As needed**

**Other - Describe:**

**On-site training**

**How often?**

**Annually**

**Biannually**

**As needed**

**Other - Describe:**

**Employees are provided with policy manual**

**Other - Describe**

**c. Vendors**

**Formal training conference**

**How often?**

**Annually**

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

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

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

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

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

ADECA submitted data for all required sections of the **FY 2021** Performance Measures Report. We collected twelve months of bill payment data for approximately **36%** of LIHEAP households that received assistance between **October 1, 2020 through September 30, 2021**. Expenditure data was collected from 20 electric, natural gas, and propane vendors. Our Benefit Targeting Index for All Households was **109** and our Burden Reduction Targeting Index for High Burden Households was **90**.

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



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

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

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

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

17.1 Fraud Reporting Mechanisms

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

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

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

- Printed outreach materials
- Addressed on LIHEAP application
- Website
- Other - Describe:  
  
Fraud training and reporting provided at annual LIHEAP workshop.

17.2. Identification Documentation Requirements

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

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

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|   |                                     |                                     |                          |                                  |                                   |                                |                                 |
|---|-------------------------------------|-------------------------------------|--------------------------|----------------------------------|-----------------------------------|--------------------------------|---------------------------------|
|   | <input type="checkbox"/>            | Requested                           | <input type="checkbox"/> | Requested                        | <input type="checkbox"/>          | Requested                      |                                 |
| Government-issued identification card                         | <input type="checkbox"/>            | Required                            | <input type="checkbox"/> | Required                         | <input type="checkbox"/>          | Required                       |                                 |
|   |                                     | Requested                           |                          | Requested                        |                                   | Requested                      |                                 |
| (i.e.: driver's license, state ID, Tribal ID, passport, etc.) | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/> |                                  | <input type="checkbox"/>          |                                |                                 |
|   |                                     | Applicant Only Required             | Applicant Only Requested | All Adults in Household Required | All Adults in Household Requested | All Household Members Required | All Household Members Requested |
| 1   | Picture ID                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>       | <input type="checkbox"/>        |

**b. Describe any exceptions to the above policies.** During a State-declared or Federally-declared emergency, applicants and household members that have been assisted previously are not required to provide their Social Security cards; those who are first-time applicants and cannot provide cards may provide previous year's tax return or another State/Federal form that shows the Social Security number of the applicant and/or the household members as proof.

**17.3 Identification Verification**

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

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

**Other - Describe:**

Applicants are required to provide SS cards for all household members and a picture ID with the exception during a State-declared or Federally-declared emergency when applicants and household members that have been assisted previously are not required to provide their Social Security cards or those who are first-time applicants and cannot provide cards may provide previous year's tax return or another State/Federal form that shows the Social Security number of the applicant and/or the household members.

**17.4. Citizenship/Legal Residency Verification**

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

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

**17.5. Income Verification**

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

- Require documentation of income for all adult household members

|   |
|---|
| <input checked="" type="checkbox"/> Pay stubs   |
| <input checked="" type="checkbox"/> Social Security award letters   |
| <input type="checkbox"/> Bank statements  |
| <input checked="" type="checkbox"/> Tax statements  |
| <input checked="" type="checkbox"/> Zero-income statements  |
| <input checked="" type="checkbox"/> Unemployment Insurance letters  |
| <input checked="" type="checkbox"/> Other - Describe:<br>Income can also be verified by the following:<br>- Statements from employers<br>- Documentation from the Department of Human Resources to verify income, child support and/or TANF payments<br>- Declaration of Household Income form - completed by the applicant if any household member age 18 and over had no income for the previous month and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.; received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained; received money from family/friends; or received income not reported elsewhere.<br><br>Subrecipients can accept facsimiles, scanned documents, or legible, printable photos of required documentation.<br><br>Subrecipients can use the household member's current Social Security Administration benefits letter if the subgrantee has it on file.<br><br>During a State- or Federally-declared emergency, subgrantees may accept bank statements as proof if the applicant or household member does not have verification for child support and/or TANF received in the previous month. |
| <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:  |
| <b>17.6. Protection of Privacy and Confidentiality</b>  |
| <b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>  |
| <input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent  |
| <input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards   |
| <input checked="" type="checkbox"/> Employee training on confidentiality for:   |
| <input checked="" type="checkbox"/> Grantee employees   |
| <input checked="" type="checkbox"/> Local agencies/district offices   |
| <input checked="" type="checkbox"/> Employees must sign confidentiality agreement   |
| <input checked="" type="checkbox"/> Grantee employees   |
| <input checked="" type="checkbox"/> Local agencies/district offices   |
| <input checked="" type="checkbox"/> Physical files are stored in a secure location  |
| <input type="checkbox"/> Other - Describe:  |
| <b>17.7. Verifying the Authenticity</b>   |
| <b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>   |
| <input checked="" type="checkbox"/> All vendors must register with the State/Tribe.   |
| <input type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form  |

|  |
|--|
| <input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household  |
| <input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors   |
| <input type="checkbox"/> Other - Describe and note any exceptions to policies above:   |
| <b>17.8. Benefits Policy - Gas and Electric Utilities</b>  |
| What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.                                    |
| <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:   |
| <b>17.9. Benefits Policy - Bulk Fuel Vendors</b>   |
| What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply. |
| <input checked="" type="checkbox"/> Vendors are checked against an approved vendors list   |
| <input type="checkbox"/> Centralized computer system/database is used to track payments to all vendors   |
| <input checked="" type="checkbox"/> Clients are relied on for reports of non-delivery or partial delivery  |
| <input type="checkbox"/> Two-party checks are issued naming client and vendor  |
| <input checked="" type="checkbox"/> Direct payment to households are made in limited cases only  |
| <input checked="" type="checkbox"/> Vendors are only paid once they provide a delivery receipt signed by the client  |
| <input type="checkbox"/> Conduct monitoring of bulk fuel vendors   |
| <input type="checkbox"/> Bulk fuel vendors are required to submit reports to the Grantee   |
| <input checked="" type="checkbox"/> Vendor agreements specify requirements selected above, and provide enforcement mechanism   |
| <input type="checkbox"/> Other - Describe:   |

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|  |
|--|
| <b>17.10. Investigations and Prosecutions</b>  |
| <b>Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.</b>   |
| <input type="checkbox"/> Refer to state Inspector General  |
| <input checked="" type="checkbox"/> Refer to local prosecutor or state Attorney General  |
| <input checked="" type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)   |
| <input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public   |
| <input type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  |
| <input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 1 year  |
| <input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated  |
| <input checked="" type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP  |
| <input checked="" type="checkbox"/> Other - Describe:<br><br>Clients committing fraud (providing false information) are typically banned for one (1) year. If illegal payments are made on client's behalf, the household cannot apply for assistance until restitution has been made, at which time they must submit a request to the agency to be considered eligible to apply for benefits. |
| If any of the above questions require further explanation or clarification that could not be made in the files provided, attach a document with said explanation here.   |

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

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

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

Instructions for Certification

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

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

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

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

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

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

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

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

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

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

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

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

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

Instructions for Certification

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

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

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

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.



6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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

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

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

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

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

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

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

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

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

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

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

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

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identified the workplaces in question (see paragraph five).

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

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

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

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

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

**Certification Regarding Drug-Free Workplace Requirements Alternate I.**  
(Grantees Other Than Individuals)

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

**(a)** Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

**(b)** Establishing an ongoing drug-free awareness program to inform employees about --  
(1) The dangers of drug abuse in the workplace;  
(2) The grantee's policy of maintaining a drug-free workplace;  
(3) Any available drug counseling, rehabilitation, and employee assistance programs;  
and  
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

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

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

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

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

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

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

**(g)** Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).  
(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

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

401 Adams Avenue  
**\* Address Line 1**

Address Line 2

Address Line 3

|                             |                      |                            |
|-----------------------------|----------------------|----------------------------|
| Montgomery<br><b>* City</b> | AL<br><b>* State</b> | 36103<br><b>* Zip Code</b> |
|-----------------------------|----------------------|----------------------------|

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

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

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

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

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

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

**Section 20: Certification Regarding Lobbying**

**Section 20: Certification Regarding Lobbying**

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

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

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

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

**Statement for Loan Guarantees and Loan Insurance**

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

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

**Assurances**

**Assurances**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**(3)** conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

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

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

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

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

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;



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

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

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

**(8)** provide assurances that,

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

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

**(9)** provide that--

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

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;

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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));

**(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.

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**Plan Attachments**

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

**Plan Attachments**

- Attachment A: Payment Assistance Chart (Benefits Matrix)
- Attachment B: Home Energy Supplier Agreement
- Attachment C: Monitoring Review Tool
- Attachment D: Delegation Letter
- Attachment E: Public Hearing Summary

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**Attachment A: Payment Assistance Chart (Benefits Matrix)**

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**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
PAYMENT ASSISTANCE CHART  
PY 2023**

**1 PERSON**

| <i>Fuel Type<br/>Income Level</i> | <i>Liquid Propane</i> | <i>Natural Gas</i> | <i>Electric</i> | <i>Wood/Coal/Kerosene</i> |
|-----------------------------------|-----------------------|--------------------|-----------------|---------------------------|
| <b>\$0 – \$566</b>                | \$500                 | \$480              | \$440           | \$400                     |
| <b>\$567 – \$1,133</b>            | \$470                 | \$450              | \$410           | \$370                     |
| <b>\$1,134 – \$1,699</b>          | \$380                 | \$360              | \$320           | \$280                     |

**2 PERSON**

| <i>Fuel Type<br/>Income Level</i> | <i>Liquid Propane</i> | <i>Natural Gas</i> | <i>Electric</i> | <i>Wood/Coal/Kerosene</i> |
|-----------------------------------|-----------------------|--------------------|-----------------|---------------------------|
| <b>\$0 – \$763</b>                | \$510                 | \$490              | \$450           | \$410                     |
| <b>\$764 – \$1,527</b>            | \$480                 | \$460              | \$420           | \$380                     |
| <b>\$1,528 – \$2,289</b>          | \$390                 | \$370              | \$330           | \$290                     |

**3 PERSON**

| <i>Fuel Type<br/>Income Level</i> | <i>Liquid Propane</i> | <i>Natural Gas</i> | <i>Electric</i> | <i>Wood/Coal/Kerosene</i> |
|-----------------------------------|-----------------------|--------------------|-----------------|---------------------------|
| <b>\$0 – \$959</b>                | \$520                 | \$500              | \$460           | \$420                     |
| <b>\$960 – \$1,919</b>            | \$490                 | \$470              | \$430           | \$390                     |
| <b>\$1,920 – \$2,879</b>          | \$400                 | \$380              | \$340           | \$300                     |

**4 PERSON**

| <i>Fuel Type<br/>Income Level</i> | <i>Liquid Propane</i> | <i>Natural Gas</i> | <i>Electric</i> | <i>Wood/Coal/Kerosene</i> |
|-----------------------------------|-----------------------|--------------------|-----------------|---------------------------|
| <b>\$0 – \$1,156</b>              | \$530                 | \$510              | \$470           | \$430                     |
| <b>\$1,157 – \$2,313</b>          | \$500                 | \$480              | \$440           | \$400                     |
| <b>\$2,314 – \$3,469</b>          | \$410                 | \$390              | \$350           | \$310                     |

Note: Households with more than four persons will receive benefits in the same amount as the chart of four.

|                 |                |                  |                |
|-----------------|----------------|------------------|----------------|
| <b>5 person</b> | <b>\$4,059</b> | <b>9 person</b>  | <b>\$6,419</b> |
| <b>6 person</b> | <b>\$4,649</b> | <b>10 person</b> | <b>\$7,009</b> |
| <b>7 person</b> | <b>\$5,239</b> | <b>11 person</b> | <b>\$7,599</b> |
| <b>8 person</b> | <b>\$5,829</b> | <b>12 person</b> | <b>\$8,189</b> |

Add **\$590** for each additional member in households with more than 8

Add an additional \$50 if you have determined the household has a high energy need such as those with children five (5) and under, elderly or disabled members. The additional \$50 cannot be split and crisis awards cannot exceed minimum amount necessary to alleviate the crisis.

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**Attachment B: Home Energy Supplier Agreement**

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STATE OF ALABAMA HOME ENERGY  
SUPPLIER AGREEMENT  
LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

The undersigned (hereinafter referred to as the COMPANY) hereby agrees to the following terms and conditions of the Alabama Department of Economic and Community Affairs (hereinafter referred to as the DEPARTMENT) in order to participate in the LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) for the period of October 1, 2022 through September 30, 2023.

- (1) The Department, through its administering LIHEAP agencies, shall notify the Company of each eligible household and the amount of assistance to be paid on behalf of the household.
- (2) The Company shall charge the eligible household, in accordance with the Company's normal billing process, the difference between the actual cost of home energy and the amount of the payment made by the Department through LIHEAP.
- (3) The Company shall not treat adversely any eligible household in regard to terms and conditions of sale, credit, delivery, or price either in the costs of goods supplied or the services provided because of such assistance on behalf of an eligible household.
- (4) The Company agrees that any payment amount made by the Department or its administering LIHEAP agencies, and accepted by the Company, shall result in a prompt and timely fuel delivery, or the continuation or restoration of the home energy supply for a period of not less than thirty (30) days from the date the Company receives official notification from the local administering LIHEAP agency of the payment. Notification shall include, but may not be limited to, the receipt by the Company of the Company's copy of the LIHEAP-101 application form and shall constitute a commitment on the part of the local administering LIHEAP agency for the payment of the home energy delivered or otherwise provided. The Company shall not be required to make more than one delivery to an eligible household within a thirty (30) day period.
- (5) The Company agrees that the entire LIHEAP payment will be credited to the eligible household's account immediately upon receipt of the payment, regardless of whether the LIHEAP payment results in a credit balance on the account. The balance shall remain on the eligible household's account until it is depleted or until the account is otherwise closed.
- (6) The Company agrees to refund to the local administering LIHEAP agency any remaining LIHEAP funds balance when the household's account is closed. Unless the Company has been otherwise notified by the Department, such refunds are to be made payable to the local administering LIHEAP agency and mailed within forty-five (45) days of the account's closing date. The Company shall include the household account name and account number for reference purposes.
- (7) The Company agrees to cooperate with the Department's monitoring of this Agreement, including the Department's monitoring of documentation of energy supplied to eligible households. The Company shall observe its usual and customary practices governing the release of household account information. If requested by the Department, the Company shall provide account data including, but not limited to, annual energy costs and annual energy consumption, as authorized by the household's LIHEAP.
- (8) The Company agrees to not discriminate based on race, color, religion, sex, age, national origin, or disability in its implementation of this Agreement.
- (9) The Company agrees that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended, by Amendment No. 26. The Company further agrees that if any provision of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this



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Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void. The Company recognizes and acknowledges that the Department is an instrumentality of the State of Alabama, and as such, is immune from suit pursuant to Article 1, Section 14, Constitution of Alabama 1901. It is further acknowledged and agreed that none of the provisions and conditions of this Contract shall be deemed to be or construed to be a waiver by the Department of such Constitutional Immunity.

In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

For any and all disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

- (10) By signing this agreement, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Main Office Address

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email address

Please provide the address your company would like the LIHEAP payments to be mailed to if different from address shown above or provide an attachment with satellite office addresses, if necessary:

\_\_\_\_\_

\_\_\_\_\_

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**Attachment C: Monitoring Review Tool**

**ENERGY DIVISION  
LIHEAP MONITORING REVIEW TOOL**

**Agency:**

**Date:**

**Contact Person:**

**Analyst:**

**A. OUTREACH AND INTAKE:**

1. What Outreach/Intake mechanisms are used?

- |  |   |
|--|---|
| <input type="checkbox"/> Radio                     | <input type="checkbox"/> Satellite offices      |
| <input type="checkbox"/> Local Newspaper           | <input type="checkbox"/> Mobile Intake units    |
| <input type="checkbox"/> Flyers/Posters            | <input type="checkbox"/> Home Visits            |
| <input type="checkbox"/> Referrals--another agency | <input type="checkbox"/> 2nd Party Applications |
| <input type="checkbox"/> Other _____               | <input type="checkbox"/> Website/Social Media   |

2. List all Outreach/Intake facilities.

| Location | Days/Hours of Operation | No. of Staff | Activities Performed |
|----------|-------------------------|--------------|----------------------|
|          |                         |              |                      |
|          |                         |              |                      |
|          |                         |              |                      |
|          |                         |              |                      |

3. Does the agency have a website and/or social media?

- Yes       No

If so, what platform(s)? Are they updated on a regular basis?

4. What is the local procedure for application intake and approximately how many applications are accepted daily?

5. Are local procedures stated above (Item #3) sufficient to handle request for crisis assistance? (Explain)

- Yes    No

6. How does the agency assure accessibility of services for elderly and disabled households?

**B. APPLICATION PROCESSING:**

1. Are required items on the application being entered when completed as:

- a. Award  Yes  No
- b. Denial  Yes  No
- c. Pending  Yes  No
- d. Crisis  Yes  No
- e. Second Party  Yes  No

2. Is the household provided a copy of the application when:

- a. Award is completed  Yes  No
- b. Award is denied  Yes  No
- c. Award is placed in pending  Yes  No

3. a. Is the vendor notified of all awards?  Yes  No

b. How and when are vendors notified of an award? (Vendor copy of application mailed/emailed/faxed to vendor, award data is emailed in a spreadsheet to vendor, or award data is uploaded into vendor portal, etc).

4. Describe the local procedures for control of pending applications.

5. Do pending applications state clearly what verifications are needed?

- Yes  No

6. Is assistance in securing documentation and/or verification provided to households in accordance with agency policies?

- Yes  No

7. After expiration of the 15-day pending period, how are households notified of the award or denial?

8. Are signed statements by the head of household or spouse obtained and attached on second party applications?

- Yes  No

9. Are case records maintained according to the Manual?

- Yes  No

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10. Are wood, coal, etc., vendor files maintained according to Manual procedures?

Yes       No

11. For in-person appointments, is each statement of affirmation explained to client prior to requesting signature?

Yes       No

12. For in-person appointments, are applications signed and dated by both worker and client?

Yes       No

13. Does the agency accept electronic applications?

Yes       No

If yes, what format (mobile app, website, fillable pdf, etc)

14. Does the agency have a Board-approved electronic signature policy?

Yes       No       Not applicable

15. Is the agency providing the household the opportunity for a conference when they are dissatisfied with the action taken?

Yes       No

16. Are fair hearing procedures being followed according to Manual procedures?

Yes       No

17. Who serves as the Agency Hearing Officer?

18. Does Agency use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs?

Yes       No

If yes, what type of activities does Agency perform to provide services?

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**C. VERIFICATION:**

1. Is household income adequately verified and documented?

Yes (check all that apply)                       No (Explain)

Verification maintained (check, check stub, employer statement, self-employed records, existing agency records, other social agency records, statement from reference)

Worker Narrative

Other

Comments:

2. Is prior month's income being used to determine income eligibility?

Yes                       No

3. Are crisis cases adequately documented showing a relationship between the health condition and the need for crisis assistance?

Yes (check all that apply)                       No (Explain)

Written documentation maintained (Doctor's statement, Physician/Nurse Statement LIHEAP 124)

Crisis Assistance Checklist

Worker Narrative

Other

4. Explain local procedures for resolution of crisis cases within 18/48 hour deadline.

**D. PAYMENT PROCEDURES AND INTERNAL CONTROL:**

1. How and when are applications transmitted from satellite offices to the central office?
2. What controls are used to ensure applications are complete and accurate?
3. Are Manual procedures being followed for reporting of erroneous payments?

Yes                       No

4. a. Who maintains accounting ledgers?

b. Are they up-to-date? If no, explain.

Yes                       No

5. Are vendor payments made in a timely manner?

Yes                       No

How often?

(NOTE: Energy Suppliers should be contacted during records review to verify payments are made.)

6. How many wood, coal, etc., vendors are employed by the agency and how are they selected?
7. How does the agency assure quality and quantity of wood, coal, etc., deliveries?
8. How are payment amounts for crisis awards determined?

**E. COST ALLOCATION**

1. Does agency have an approved indirect cost rate or cost allocation plan?
2. Are personnel charges supported by time and attendance reports?
3. Are personnel costs charged to the appropriate grant based on supporting records?

**F. ENERGY COUNSELING (ASSURANCE 16)**

1. Does the agency receive funds for Energy Counseling (Assurance 16)?

Yes

No

2. If yes, describe activities and services the agency provides.





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**H. SUMMARY**

Describe any areas of weakness (as well as strength) which you see as needing additional attention and any recommendations for improving said areas (use additional sheets, if necessary).

NOTE: Any areas needing improvement should be discussed with Executive Director and LIHEAP Coordinator at time of visit.

A. Does the agency pay the LIHEAP client's bills in a timely manner (30 days)?

| <b>Vendor</b> | <b>Representative</b> | <b>Telephone #</b> | <b>A. Comments</b> |
|---------------|-----------------------|--------------------|--------------------|
|               |                       |                    |                    |
|               |                       |                    |                    |
|               |                       |                    |                    |
|               |                       |                    |                    |

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**Attachment D: Delegation Letter**

**DRAFT**

OFFICE OF THE GOVERNOR



STATE CAPITOL  
MONTGOMERY, ALABAMA 36130

KAY IVEY  
GOVERNOR

(334) 242-7100  
FAX: (334) 242-3282

**STATE OF ALABAMA**

July 25, 2017

Ms. Lauren Christopher, Director  
Division of Energy Assistance  
Office of Community Services/ACF  
U.S. Department of Health and Human Services  
370 L'Enfant Promenade, SW  
Washington, DC 20447

Dear Ms. Christopher:

As Governor of the state of Alabama, I hereby designate the Alabama Department of Economic and Community Affairs as the lead agency for the administration of the Low-Income Home Energy Assistance Program (LIHEAP) in the state of Alabama. The Director of said department is authorized to sign all assurances which may be required for the submission of the LIHEAP State Plan.

This delegation of authority shall remain in effect until modified or rescinded by federal or state statute, or by the Governor of this state.

Sincerely,

A handwritten signature in black ink that reads "Kay Ivey".

Kay Ivey  
Governor

MN/WW/sf

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**Attachment E: Public Hearing Summary**

***DRAFT***

*To be included after public hearing is held.*